The impact of Video Interaction Guidance and the underlying mechanisms of change. The parents’ perspective.

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I hereby declare that except where explicit reference is made, the work presented in this thesis is my own.

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Abstract

Video Interactive Guidance (VIG) is a goal focused, relationship based intervention, using video feedback, together with guidance from the practitioner, to support the client to reach their relational goals. VIG can be accessed by a range of individuals who are seeking support to improve their relationships, such as teachers, teaching assistants, parents, foster carers and adoptive parents. This study focuses on VIG as used with parents.

VIG is an intervention which is growing in reputation as an effective method in promoting secure relationships between parents and children (Fukkink, 2008; NICE Guidance, 2012). Educational Psychologists are among a range of professionals who are now widely using VIG to promote positive relationships for parents and their children within the community context. In view of the agenda in Health, Social Care and Education to employ evidence based practice (Swinkels, 2002; Frederickson, 2002; Slavin, 2008, Axford, 2012), there is a clear need to explore the effectiveness of VIG when used with parents.

This research adopted a case study design with parents who have engaged with a VIG intervention. The study utilizes qualitative methodologies across two phases of semi structured interview and video elicitation interviews to explore the perceived impact of VIG for parents and to explain the underlying mechanisms of how VIG brings about change for parents.

The findings suggest that VIG is effective in facilitating a range of perceived outcomes for parents, including more attuned relationships and increased attachment with their child and personal development through increased levels of self-reflection and positivity. In addition, the findings offer evidence to support
mediated learning theory and cognitive dissonance theory, specifically relating to video self-confrontation as underlying theoretical mechanisms to explain how VIG facilitates change for parents during the shared review.
Acknowledgements

I would like to take this opportunity to thank everyone who has supported me and enabled me to complete this research. Firstly I must extend gratitude to the parents who gave up their time to share their experiences and perceptions about VIG. I hope the current findings will aid our understanding of the impact of VIG for families and aid our understanding of how to effectively bring about change for parents and their families. I am grateful also to the Educational Psychologists/VIG guiders who allowed me access to their shared review films.

I would like to thank my supervisors; Maria Kambouri for her patience and expertise and Helen Upton for going the extra mile to provide both specialist knowledge and emotional support.

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Finally and most importantly, this research is dedicated to my amazing fiancé Andy for being my rock and for his four year sacrifice. Life can begin again.
Summary of Terms

The current research uses terms throughout that are specific to VIG and specific to this research. A summary of terms is included to ensure clarity of meaning for the reader:

**Attunement:** Subjective feeling of being “in tune” with another, characterised by a responsive relationship where both individuals share positive emotions within a reciprocal communication pattern.

**Attuned response:** A response to an initiative which communicates sensitivity and acceptance.

**Core principles for attuned interaction and guidance:** Core elements of communication from which the basis of the VIG intervention is built. Elements include being attentive, encouraging initiatives, receiving initiatives, developing attuned interactions, guiding and deepening discussion.

**Critical moment during the shared review:** Moments during the shared review film that I have identified as a possible moment of change. These were identified using ‘activating’ descriptors (Gromski, 2011) that suggested moments when the client considered new possibilities/ideas about something, had developed a new way of thinking/perspective on something, or when the client generalised some learning to their context, or indicated by a physiological change that a new idea/possibility had occurred to them (such as an expression of surprise).

**Guider:** VIG practitioners are referred to as guiders as they guide the client’s engagement with the video clips viewed during shared review.
**Initiative:** When an individual initiates communication, either through speech or gesture which begins or initiates a new conversation or interaction.

**Mechanism of change:** Underlying factors that facilitate and cause change to occur.

**Mediated Learning:** A concept relating to how an adult can adjust the amount of support, to enable a child to be successful in a task (Feuerstein and Klein, 1985)

**Parents:** VIG can be used with foster parents, adoptive parents and biological parents. Within this study, the term “parents” relates to biological parents. No foster parents or adoptive parents were included in the sample.

**Primary Intersubjectivity:** The basic communication between two people where emotions and intensions are expressed and received in a two way dialogue.

**Reception/ Receiving:** The ways in which one communicates that another’s initiative (either verbal or non-verbal) has been understood.

**Scaffolding:** A concept of how a skilled individual can provide support to assist others to become competent (Bruner, 1978).

**Secondary Intersubjectivity:** The communication between two people who share a third attentional interaction around a third subject such as an object or an activity.

**Self-modelling:** The observation of oneself which supports the learning of positive behaviours.

**Shared Review:** The session in which the guider and client together watch video clips and discuss together positive aspects of interaction or skill.

**Video Interaction Guidance (VIG):** A relationship based intervention, incorporating video playback with practitioner guidance on positive aspects of client’s existing skills
and resources. VIG involves identification of the client's relational strengths through the shared review of video clips that show successful interactions, within a cyclical process of further video review and goal setting. The process typically involves three cycles of VIG, each cycle comprising the making of a film followed by a shared review.
# Table of Contents

Abstract .................................................................................................................. 2  
Acknowledgements ............................................................................................... 4  
Summary of Terms ................................................................................................. 5  
Table of Contents ................................................................................................. 8  
Chapter 1 .............................................................................................................. 12  
   1.1 Overview ........................................................................................................ 12  
   1.2 Organisation of thesis ..................................................................................... 12  
   1.3 Definition of Video Interaction Guidance ...................................................... 13  
   1.4 National Context ............................................................................................ 13  
   1.5 Professional / Personal Context: ................................................................. 16  
Chapter 2 .............................................................................................................. 18  
   2.1 Overview ........................................................................................................ 18  
   2.2 The application of video in family interventions. ........................................... 18  
      2.2.1 The challenges associated with implementing video interventions: ........ 20  
      2.2.2 What is the evidence that video feedback interventions are effective? .... 21  
   2.3 The theoretical foundations of VIG ................................................................ 24  
   2.4 The process of VIG ......................................................................................... 26  
      2.4.1 Hopes for change and filming ..................................................................... 26  
      2.4.2 Identifying attuned parent – child interaction ........................................... 27  
      2.4.3 The Shared Review ................................................................................. 30  
   2.5 What is the evidence that VIG is effective in promoting change? ............... 31  
      2.5.1 Positive impact on parent/child relationship ............................................ 32  
      2.5.2 Positive impact on personal development ............................................... 35  
   2.6 Theories related to how and why VIG is effective ......................................... 37  
      2.6.1 Theories relating to collaboration, empowerment and mediated learning. 37  
      2.6.2 Theories relating to Self-modelling, Video Feedback and Cognitive ... 42  
      Dissonance ......................................................................................................... 42  
   2.7 Summary and rationale: .................................................................................. 46  
      2.7.1 Aims and research questions ..................................................................... 47  
Chapter 3 .............................................................................................................. 49  
Design and Methodology ...................................................................................... 49  
   3.1 Overview ........................................................................................................ 49  
   3.2 Epistemological considerations .................................................................... 49
3.3 Research Design ............................................................................................................ 50
  3.3.1 Case study ................................................................................................................ 50
3.4 Participants .................................................................................................................. 53
3.5 Methods ....................................................................................................................... 56
  3.5.1 Semi structured interview ....................................................................................... 56
  3.5.2 Identification of critical moments of change .......................................................... 58
  3.5.3 Video Elicitation Interviews .................................................................................... 59
3.6 Procedure ..................................................................................................................... 61
3.7 Approach to Analysis .................................................................................................. 63
  3.7.1 Process of thematic analysis .................................................................................... 65
3.8 Measures of trustworthiness ......................................................................................... 68
  3.8.1 Internal Validity / Credibility .................................................................................. 68
  3.8.2 Reliability / Consistency ......................................................................................... 70
  3.8.3 External Validity / Transferability .......................................................................... 70
  3.8.4 Reflexivity .............................................................................................................. 71
Chapter 4 ............................................................................................................................... 74
Results .................................................................................................................................... 74
  4.1 Overview ...................................................................................................................... 74
  4.2 RQ1: What do parents perceive to be the impact of VIG for themselves and their families? .......................................................................................................................... 74
    4.2.1 Theme 1: Attuned Relationship ............................................................................ 75
    4.2.2 Theme 2: Attachment ......................................................................................... 78
    4.2.3 Theme 3: Self-Reflection ..................................................................................... 79
    4.2.4 Theme 4: Positivity ............................................................................................. 80
  4.3 RQ2: How do the parents’ perspectives of VIG relate to possible theories of change? ................................................................................................................................. 82
    RQ2a: What do parents experience during critical moments of the shared review? ................................................................................................................................. 82
      4.3.1 Theme 1: I Shifted My Beliefs .......................................................................... 82
      4.3.2 Theme 2: I Became Motivated .......................................................................... 86
      4.3.3 Theme 3: I had an Emotional Experience ......................................................... 88
  4.4 RQ2b: What are the perceived mechanisms for how change is facilitated in VIG? ................................................................................................................................. 91
    4.4.1 Theme 1: Video Self-Confrontation .................................................................... 91
    4.4.2 Theme 2: Guiders’ Initiatives ............................................................................. 95
  4.5 Summary of findings .................................................................................................... 102
Chapter 5 ............................................................................................................................... 105
Discussion ............................................................................................................................. 105
  5.1 Overview ...................................................................................................................... 105
5.2 RQ1: What do parents perceive to be the impact of VIG for themselves and their families? ................................................................. 106
   5.2.1 Attuned Relationship ................................................................. 106
   5.2.2 Attachment ........................................................................... 108
   5.2.3 Self-Reflection ...................................................................... 109
   5.2.4 Positivity .............................................................................. 110
   5.2.5 Summary ............................................................................. 111
5.3 RQ2: How do the parents’ perspectives of VIG relate to possible theories of change? ................................................................. 112
   5.3.1 Theory of Mediated Learning ..................................................... 112
   5.3.2 Cognitive Dissonance Theory .................................................... 115
   5.3.3 Summary ............................................................................. 119
5.4 Quality and limitations of the research ................................................................. 122
   5.4.1 Sensitivity to context ................................................................ 123
   5.4.2 Commitment and rigour ............................................................. 124
   5.4.3 Transparency and coherence ...................................................... 127
   5.4.4 Impact and importance .............................................................. 129
5.5 Implications .................................................................................. 129
   5.5.1 Contribution to research and implications for practice .......... 129
   5.5.2 Future directions for research ..................................................... 130
   5.5.3 Implications for guiders and EPs .............................................. 131
5.6 Conclusion ................................................................................. 133
References .................................................................................... 135
Appendix 1 .................................................................................... 151
Appendix 2 .................................................................................... 152
Appendix 3 .................................................................................... 153
Appendix 4 .................................................................................... 154
Appendix 5 .................................................................................... 155
Appendix 6 .................................................................................... 156
Appendix 7 .................................................................................... 158
Appendix 8 .................................................................................... 160
Appendix 9 .................................................................................... 161
Appendix 10 .................................................................................. 163
Appendix 11 .................................................................................. 164
Appendix 12 .................................................................................. 165
Appendix 13 .................................................................................. 166
Appendix 14 .................................................................................. 167
Appendix 15 .................................................................................. 168
Figures and Tables
Figure 1: Attuned communication cycle and Discordant communication cycle. Adapted from Hundeide, (1991)
Figure 2: Building attuned relationships (Kennedy, 2011)
Figure 3: The shared review of video
Figure 4: The seven steps to attuned interaction and guidance (Taken from Kennedy, 2011)
Figure 5: Activating/Compensating model (Silhanova, 2008)
Figure 6: Model proposed by Doria, Kennedy and Strathie (2013)
Figure 7: Proposed model linking RQ1 and RQ2
Table 1: Principles of attuned interaction (Biemans, 1990)
Table 2: Descriptive information for each parent case
Table 3: Example of coded extract
Table 4: Example of how codes were collated to form a main theme
Table 5: Themes for RQ1
Table 6: Themes for RQ2a
Table 7: Themes for RQ2b
Chapter 1
Introduction

1.1 Overview

The link between children’s developmental outcomes and early care experiences has been at the foundations of social policy and legislation for many years, prompting an increasing amount of government advice and guidance to address the support provided to vulnerable families. This support is delivered by frontline services such as Clinical Psychologists, Social Workers and by staff in Children’s Centres. Traditionally, Educational Psychologists (EPs) have predominantly worked in schools but, as EPs are now positioned within the wider multi agency context of Children’s Services, they are increasingly working within the community as part of the frontline services responsible for implementing interventions to support vulnerable families and children. Finding appropriate and effective interventions to support children and families has therefore become a priority focus. This study was interested in looking at one such intervention, namely Video Interaction Guidance (VIG).

1.2 Organisation of thesis

This thesis is organised into five chapters; Chapter 1 provides an introduction to the national context and provides a professional and personal rationale for the study. Chapter 2 provides a review of the literature related to video based family interventions and the literature related to VIG specifically. Chapter 3 presents the methodology adopted for this study, followed by Chapter 4 which presents the analysis and findings. The thesis concludes with Chapter 5 which provides a summary and implications of the findings.
1.3 Definition of Video Interaction Guidance

Video Interactive Guidance (VIG) is a relational intervention which uses goal setting and video feedback to promote positive attunement in the communication between those involved. VIG is delivered by professionals in many fields such as Educational Psychology, Social Work, Clinical Psychology and Health and may be offered to address many different problems within different settings. For example, VIG has been used with teaching staff to support the management of pupil behaviour in school settings (Forsythe, 2010) and with families to enhance relationships and interactions (Savage, 2005; Feltham-King, 2010). This study is concerned with VIG, as used to support vulnerable families.

Many of the effective family interventions which are employed by helping professionals share similar theoretical foundations. The theoretical origins of VIG are presented by Kennedy (2011) and Cross and Kennedy (2011), who describe theories relating to intersubjectivity, mediated learning, self-modelling and video feedback as well as theories linked to empowerment and collaboration.

1.4 National Context

Within the last decade, there has been a drive towards adopting early interventions, which support children and families when difficulties first become apparent, and in employing methods that are evidence based, which have been shown to produce positive outcomes for children and families (Commissioning Support Programme, 2009; DSCF, 2010). Lord Laming’s Progress Report (2009) and the government response (DCSF, 2009) clearly set out the need for early intervention from all services when families face problems that affect their capacity to parent adequately.

This agenda for adopting evidence based interventions has been fuelled by reports that link early childhood adversity with long term negative effects such as mental health issues and conduct disorders (Green, McGinnity, Meltzer, Ford and
Goodman, 2004). Such studies highlight a number of risk factors linked with negative developmental outcomes, such as poverty, family violence, child maltreatment, insensitive parenting and high parental stress (Deklyen and Speltz, 2001; Wolfe, Crooks, Lee, McIntyre-Smith and Jaffe, 2003; Maughan and Cicchetti, 2003; Appleyard, Egeland, Dulmen and Sroufe, 2005).

A child’s early experiences continue to be linked with a lifelong impact on health, wellbeing, educational achievement and economic status (Blanden, 2006; Marmot, 2010; Field, 2010; Greg and Goodman, 2010). The policy paper ‘Supporting families in the foundation years’ and the ‘Families in the foundation years; evidence pack’ (DfE, 2011) suggest that parenting style is a critical factor associated with children’s developmental outcomes. It states that harsh, negative or inconsistent parenting, together with lack of emotional warmth and parental conflict, has an adverse effect on a child’s development, increasing a child’s risk of developing emotional and behavioural problems that may result in anti-social behaviour problems, substance misuse and criminal activity (Simonoff et al, 2004; Moffitt et al, 2002; Fergusson et al, 2005; Utting, 2009). The Allen Review (2011) found that neglect and poor parenting can have a profound effect on how children are emotionally ‘wired’, resulting in a reduced capacity to empathise with others and resulting in negative long term outcomes. For example, advances in neuropsychology have provided tangible evidence that parenting style and the quality of the parent/child relationship can have a considerable impact on the child’s brain development which can significantly affect the child’s future emotional and behavioural development (Roisman et al, 2009).

Studies have highlighted the protective and mediating role of positive parenting, family cohesion, family social support and positive parent-child relationships on children’s outcomes (Masten, Best and Garmezy, 1990; Prevatt, 2003; Werner,
2000; DeVore and Ginsburg, 2005; Desforges and Abouchaar, 2003; Sutton, Utting and Farrington, 2004). Research carried out for Action for Children by the New Economics Foundation (2009) showed the benefits of early intervention, including reduced costs of crime and anti-social behaviour, reduced health costs for children and the reduction of long term costs to the taxpayer for specialist education provisions and Local Authority Care provision.

Therefore, when considering the long term detrimental impact of early adversity and the potential financial benefits for public services, central government has responded by promoting the adoption of effective early intervention programmes (DfES, 2004; DCSF, 2010). These reviews highlight a number of shared characteristics of effective parenting programmes, such as those which focus on behaviour and promote positive change at the parent-child level and those which prompt changes in beliefs, attitudes and self-perceptions about parenting.

Allen (2011) highlights the need for adopting evidence based programmes and argues for investment in early intervention provisions to ensure that families receive the help they need and ensure that children have the best possible life chances. The Department for Education policy document ‘Supporting Families in the Foundation Years’ (DfE, 2011) highlights a plethora of early intervention programmes that have been found to be effective in promoting positive outcomes for children and families and again recognises that effective programmes share a central focus on promoting good quality parent-child relationships. A number of parenting programmes are listed by the National Association of Parenting Practitioners (NAPP) for having a good evidence base including the Incredible Years programme, Triple P, Mellow Parenting and Strengthening Families Together (DfE, 2010).

The central government drive to promote effective early intervention programmes for children and families has prompted reports such as ‘Safeguarding children from
emotional maltreatment: what works’ (Barlow and Schrader-Macmillan, 2010), which cites the effectiveness of Video Interaction Guidance (VIG) in preventing emotional maltreatment through improving parental sensitivity and promoting attachment security in young children. The National Society for the Prevention of Cruelty to Children (NSPCC) has also highlighted VIG as one of two recommended programmes in the NSPCC’s evidence to England’s review of the delivery of early interventions (NSPCC, 2013).

VIG continues to gain recognition as an effective relational intervention, being promoted in the NICE Guidance on social and emotional wellbeing – early years (2012). The NICE guidance highlights home visiting with Video Interaction Guidance as an effective intervention to promote social and emotional wellbeing of vulnerable children under five. As VIG seeks to empower parents and ensure positive outcomes for children, its aims are therefore consistent with aspirations set out in government and social care policy and guidelines.

1.5 Professional / Personal Context:

The current research was carried out as part of the three-year doctoral training course in Professional Educational, Child and Adolescent Psychology. As part of the course, Trainee Educational Psychologists undertake placements within Local Authority Educational Psychology Services (EPS).

VIG was used by EPs in the EPS in which the researcher was placed. At the time that the research was carried out, there were 10 EPs who had been trained in VIG, with the majority at level 1 of VIG accreditation and two EPs being at level 2. VIG guiders are accredited in the UK by the Association for Video Interaction Guidance UK (AVIGuk), which aims to set national standards for training and practice in VIG as a relational intervention. VIG has been implemented with clients in the host EPS since the first EPs were trained in late 2010.
An area of particular interest to the EPS was the impact of VIG for the clients who had engaged in the intervention although I was given the freedom to research any aspect of the intervention that was of interest to me, within ethical boundaries.

VIG has been used to support families experiencing difficulty, as well as foster families and adoptive families. Having grown up in care myself and having experienced a number of breakdowns in foster placements, I was pleased to be given the opportunity to research an intervention that has been shown to improve relationships for families (including those with fostered and adopted children). I therefore had a personal interest in the VIG intervention, as an individual who has experienced less than adequate care giving experiences, together with a professional interest as an Educational Psychologist and researcher. I had initially hoped to study the impact of VIG for foster families but this was not possible as each EP identified clients through their own generic casework and no foster parents had been identified. When considering the increasing use of VIG with families and its potential impact for facilitating change, I felt that seeking the views and experiences of parents who had engaged in the intervention could potentially add to our knowledge regarding the impact of VIG and also reveal parents’ perceptions of how change was facilitated for them.

The following section will present the literature related to video based family interventions, including the limited studies which reveal the range of outcomes for families who have engaged in VIG specifically. The research also presents the current theoretical underpinnings which explain how VIG brings about change, highlighting the need for further exploration in this area.
Chapter 2
Literature Review

2.1 Overview

Parenting programmes which incorporate video self-modelling have been found to be highly effective in promoting positive outcomes for families (Fukkink, 2008). The following section will review the effectiveness of parenting programmes incorporating video and will go on to discuss the effectiveness of VIG in promoting positive outcomes for children and families. The theory underpinning the VIG intervention will then be presented, along with the argument that further exploration into the impact of VIG for parents and families is warranted. It is also proposed that exploration of parents’ experiences and perceptions of the mechanisms that facilitate change would fill a gap in the current research and extend our knowledge of how VIG brings about change.

2.2 The application of video in family interventions.

The use of video as a method to promote change is becoming popular and has been shown to have many methodological variations in the way it is applied within interventions, with some employing positive modelling and others including training around errors (Reamer, Brady and Hawkins, 1998). Video feedback is a popular tool in programs and interventions to support family relationships and interactions, yet interventions vary in their approach and principles, drawing on many modes and methods to promote change for the individual and family. The practitioner’s role within video feedback interventions is in selecting clips for viewing and guiding the structure of the intervention adhering to established principles of the intervention.

Fukkink (2008) distinguishes between two primary approaches. The first has established foundations in a psychotherapeutic approach, using video to aid the
client in accessing early memories of their own childhood, acting out past mental representations which are theorised to impact on their current relationships. The families engaging in these interventions may have had difficult past relationships or a lack of support; therefore the positive feedback provided by the therapist is proposed to be a key process in establishing a trusting and mutually respectful relationship for the client.

The second video feedback approach as used with families is the interactive approach, occasionally referred to as sensitivity training and involves an orientation towards behavioural aspects. In these approaches, the behaviour of parent and child and the interaction between the two becomes the main focal point of the intervention (McDonough, 2005). The video feedback aspect of these interventions primarily focuses on the impact of seeing one’s own behaviour (Hung and Rosenthal, 1981), as punctuated by the selection of individual moments or interactions, thus allowing the parent to see the impact of their behaviour on the child. Later variations of video feedback interventions incorporated additional elements such as parenting support, behavioural instruction or counselling (Fukkink, 2008).

The Webster-Stratton Incredible Years parenting training programme for improving behaviour of children incorporates video in promoting positive parenting wherein parents are shown video clips of parent-child interactions to focus discussions around parenting skills (Webster-Stratton, 2003). Other parenting programmes also combine direct parent training with video modelling incorporated within the programme such as Triple P (Nowak and Heinrichs, 2008) and the Mellow Parenting Programme (Puckering, 2004).
2.2.1 The challenges associated with implementing video interventions:

Despite the widespread use of video interventions, there are a number of challenges associated with implementing such interventions and these are not referred to in the literature. Issues can arise concerning initial client engagement as the video aspect of the intervention can seem intimidating for parents who are already feeling vulnerable. This has implications for the guider, as they are required to use their interpersonal skills to establish a trusting relationship with clients in order for them to be receptive to the intervention.

The time and financial commitment is an additional challenge associated with the implementation of video interventions, which is again absent in the literature. Video interventions often require that practitioners undergo a period of training and then ongoing supervision of casework, having cost implications for Children’s and Health Services. In addition, clients are also required to commit significant amounts of their time to engaging with the video intervention, often involving several cycles of filming and review with the practitioner. Fukkink (2008) carried out a meta-analysis of video feedback interventions and is the only study to explicitly refer to the duration of programmes. Fukkink describes video interventions that were carried out between 1- 154 weeks, with the number of sessions ranging from 1 to 65. Due to the requirement for clients to often commit an extended period of time to video interventions, families who are engaged with a high number of agencies or who are in crisis may not be able to maintain the levels of commitment required. In addition, as video interventions require the willing engagement of clients in the process towards positive change, it is likely that those who have remained engaged have been open to intervention and support. In view of this, clients included in study
samples are unlikely to be those families who are hard to reach and who often resist the support of outside agencies but are likely to be clients who are seeking help.

The method of sample recruitment is therefore a significant factor for studies focusing on the impact of video interventions, as hard to reach families are unlikely to engage with interventions and therefore will not be represented in study samples.

2.2.2 What is the evidence that video feedback interventions are effective?

When family based interventions incorporate aspects of video feedback as a major component of the intervention, parents are shown to become more skilled and experience more pleasurable interactions in their parenting. Fukkink (2008) focused on family programmes using video feedback as a central feature of interventions and the results of the meta-analysis report statistically positive effects of interventions using video feedback. The studies reviewed by Fukkink suggest significant positive effects of video feedback interventions on increasing parental sensitivity, improving parental behaviour and attitude towards their role as a parent, reducing parental stress and increasing confidence in parenting. The review showed that when video feedback is used within a family programme, parents develop improved interaction skills with their child and have a more positive view of their own parenting capacity. On completion of the programmes, parents gain more pleasure from their role and report fewer problems with parenting. In addition, the review found that the programmes had a positive effect on the children’s development. The study adopted a meta-analysis methodology, including only studies which gave quantitative data so that they were able to find a statistical effect size. Fukkink analysed characteristics of the video feedback programmes finding that 27 of the 29 experiments had a behavioural focus. The effect on parenting behaviour was shown to be moderated by the duration of the programme showing that shorter interventions were more effective.
Due to the need to find a statistically significant effect size, studies not included in the meta-analysis by Fukkink (2008) were qualitative studies, single subject studies and formative evaluations of interventions. Fukkink hypothesises why video feedback is effective in bringing about changes in behaviour and attitude for parents and suggests that the focus on concrete observable changes at the parent-child level is what makes it effective. Fukkink hypothesises that the focus on video evidence enables parents to watch themselves, to pay more attention to the interaction and become more emotionally involved with their child. This meta-analysis provides empirical evidence that video interventions promote positive parenting skills, alleviates parental stress, increases parenting confidence and also has a positive impact on the child’s development.

In relation to parenting sensitivity and attachment, Juffer, Bakermans-Kranenburg and van IJzendoorn (2005) studied the effectiveness of VIPP (Video feedback Intervention to promote Positive Parenting) as a preventative intervention with adoptive children. VIPP is referred to as a structured attachment based programme, which uses video feedback to review video clips of the parent and child’s own successful interaction to promote positive change. This was a controlled study which showed that VIPP was effective in increasing maternal sensitive responsiveness and the child’s attachment security with the most positive effect being on disorganised attachment. Juffer et al conclude the study by hypothesising about why the change has occurred and suggest that one reason may be the ability to observe the child in the ‘here and now’ and suggests that the video tape feature of the intervention may have been key in helping the parents to concentrate on their child’s needs. This study employed a quantitative, repeated measures design relying on observation measures to rate both the children’s attachment and to rate the mothers’ maternal sensitive responsiveness. Employing a randomised control design allowed the
researcher to conclude that the intervention had been effective in significantly increasing maternal sensitive responsiveness and the child’s attachment security. One criticism of the study would focus on the procedures employed, specifically the risk of bias in the administrators who implemented scoring of measures. The administrators included the author of the study, so to increase the validity of the findings the researcher could employ blind measures done by those unaware of the experimental hypotheses. Due to the methods of analysis relying on observational methods, there is no analysis of change in parents’ attitudes, feelings or perceptions. In a study by Osterman, Moller and Wirtberg (2010), the Marte Meo (MM) method was used with adoptive parents. This is a video feedback intervention with the aim of helping caregivers to see the needs of their children during different stages of development and thus aiming to stimulate parents to modifying their behaviour to better enable them to support their child’s development. A central tool in the MM approach is the use of video vignettes which are clips taken of the family in different family contexts, which are then analysed and reviewed with the caregivers. In the study conducted by Osterman et al, the MM method is applied preventatively with adoptive parents and their newly adopted children, all of which had experienced many moves and were adopted internationally. Osterman et al propose that parents experience reinforcement in terms of their ability and that they gain new, constructive ideas about how they can best live together and support their child. The MM method is discussed as being similar to other video based models such as VIPP (Juffer, et al, 2005), though MM is discussed as being conducted over a period of six months and does not focus on only positive interactions, but everyday situations. The aim of the study by Osterman et al was to carry out semi structured interviews with the adoptive parents to ascertain their views on whether the intervention supported them in their interactions with their adopted child. Osterman et al report
that parents developed an increased understanding and insight into their child’s situation through MM and that they positively valued the intervention in allowing them to adjust to their child’s needs.

Sharry, Guerin, Griffin and Drum (2005) carried out a study of the impact of a video feedback intervention with similar characteristics to VIG, called Parents Plus Early Years Programme (PPEY). This programme was delivered in the same way as VIG, though it differed in that VIG is a short, intensive intervention, typically running over three sessions, in contrast to PPEY, which was delivered over 12 sessions. Sharry et al found that the Parent Plus intervention reduced behaviour problems for children and reduced parental stress. VIG does share some characteristics with some of the video interventions used, for example the Parents Plus and the Mart Meo interventions which both use video feedback of the parents existing skills in interacting with their child with the aim of empowering parents. However, as shorter interventions have been shown to be more effective (Fukkink, 2008), the brief nature of VIG and the focus on specific principles of attuned communication could potentially produce different outcomes.

2.3 The theoretical foundations of VIG

VIG differs from other video based parenting programmes as it is a short, relationship based intervention that focuses on the client’s goals and adopts a positive focus on existing strengths. Therefore, it can be adopted to address a range of reported problems. The following section presents the theoretical foundations of VIG, followed by a brief overview of how VIG is carried out.

The theoretical underpinnings of VIG are derived from the work of Stern (1985) and Trevarthen (1978, 1979) who proposed that intersubjectivity, the moment when mother and baby share an understanding, is hard wired into the brain at birth. Stern
discusses how the attachment between parent and child keeps individuals close so that intersubjectivity and intuitive recognition of intentions can develop and strengthen, and, in turn, enables the deepening of attachments (Stern, 2004). The mother’s attunement and sensitivity to the child’s needs have been shown to be essential for the child’s emotional and cognitive development (Ainsworth, Blehar, Waters, and Walls, 1978, Bowlby, 1997).

Ainsworth (1978) asserts that maternal sensitivity could be defined as the ability to understand the child’s communicative intent, to respond to the child’s affective signals and to share with the child. This ‘affect attunement’ was argued to be the most important aspect of intersubjective relatedness (Stern, 1985). It is crucial for healthy cognitive, social and personality development for parenting to provide the child with a sense of security and responsiveness (Stams, Juffer and Van Ijzendoorn, 2002).

Trevarthen and Aitken (2001, p5) define the concept of this intersubjectivity in the following way:

‘For infants to share mental control with other persons they must have two skills. First they must be able to exhibit to others at least the rudiments of individual consciousness and intentionality. This attribute of acting agents I call subjectivity. In order to communicate, infants must also be able to adapt or fit this subjective control to the subjectivity of others; they must also demonstrate ‘intersubjectivity’.

Primary subjectivity is therefore the communication between two people such as between baby and mother, where emotions are communicated and received in the communicative dance (Murray and Trevarthen, 1985). Secondary intersubjectivity involves a joint focus between parent and child on an external object, such as sharing play with a toy (Hubley and Trevarthen, 1979). Therefore, secondary intersubjectivity relates to the theory of mediated learning (Bruner, 1978) which refers to the role of the parent in scaffolding the child’s learning in situations where
the child cannot perform the task alone. This is also referred to by Vygotsky (1978), as learning in the zone of proximal development. The parent mediates and provides meaning to the child's actions and emotions with a response attuned to the child's level of understanding. Once the child's initiatives have been received and understood, the attunement is deepened when the parent is able to further provide explanations and opinions, deepening the discussion and helping to manage conflict.

Biemans (1990) became interested in how Trevarthen's work could be developed to inform a practical intervention aimed at supporting the development of positive communication in families that were experiencing difficulty. Biemans was inspired by the work of Trevarthen, particularly his observations of the subtle 'communicative dance' when the parent and child follow each other's communicative intent.

Biemans (1990) drew from theories of primary and secondary intersubjectivity and mediated learning when developing the theoretical foundations of video feedback interventions to support families to improve communication such as Video Home Training (VHT) and then Video Interaction guidance (VIG).

2.4 The process of VIG

This section provides an introduction to the VIG process, to allow the reader to become familiar with VIG and how it is delivered.

2.4.1 Hopes for change and filming

When a parent agrees to take part in a VIG intervention, the practitioner, known as 'the guider', begins the process by meeting with the family in the home context and asking the parent what it is that they would like to change, exploring their concerns, worries and hopes for change. Parents may experience a difficulty with their child's behaviour or their relationship with their child. Their initial hopes for change are often focused around an aspect of the child's behaviour such as wanting the child to
follow instructions or to eat their food. The guider explains the intervention to the parents, recognising their desires for change and inviting them to take part in the intervention.

A filming session is then carried out to capture examples of positive interactions when the parent and child are engaging in a mutually enjoyable activity (see Appendix 1 for visual example of a VIG cycle). The guider then reviews and edits the films to identify specific examples of successful interactions to be viewed with the parent, which are likely to be exceptions to the typical pattern of interaction (Kennedy, 2011). The clips are selected by the guider, based on the evidence of attuned interaction patterns between parent and child.

2.4.2 Identifying attuned parent – child interaction

Stern (1985) studied the cycles of interaction between parents and their children and identified a process which he coined ‘attunement’. Attuned communication can be described as cycles of initiating contact and response between the child and parent which were observed by Trevarthen (1979). The notion of attunement underpins VIG and for the purposes of finding examples of attuned interaction, principles for attuned interaction were developed by Biemans (1990). Examples of attuned interaction begin with being attentive, encouraging initiatives, receiving initiatives and progress to developing attuned interactions as illustrated in Table 1 below:
### Table 1: Principles of attuned interaction (Biemans, 1990; cited in Kennedy 2011)

<table>
<thead>
<tr>
<th><strong>ATTUNED</strong></th>
<th><strong>Positive responses to child’s initiatives</strong></th>
</tr>
</thead>
</table>
| **Being attentive**          | - Looking interested with friendly posture  
- Giving time and space for the other  
- Wondering about what the other is doing, thinking or feeling  
- Enjoying watching the other                                                                                                                                                     |
| **Encouraging Initiatives**  | - Waiting  
- Listening actively  
- Showing emotional warmth through intonation  
- Naming positively what you see, think or feel  
- Using friendly and/or playful intonation as appropriate  
- Saying what you are doing  
- Looking for initiatives                                                                                                                                                       |
| **Receiving Initiatives**    | - Showing you have heard, noticed the others initiative  
- Receiving with body language  
- Being friendly and/or playful as appropriate  
- Returning eye contact, smiling, nodding in response  
- Receiving what the other is saying or doing with words  
- Repeating/using the others words or phrases                                                                                                                                 |
| **Developing attuned interactions** | - Receiving and then responding  
- Checking the other is understanding you  
- Waiting attentively for your turn  
- Having fun  
- Giving a second (and further) turn on the same topic  
- Giving and taking short turns  
- Contributing to interaction/activity equally  
- Cooperating – helping each other                                                                                                                                               |

The VIG principles of attuned communication provide a framework to support the identification of attunement during VIG. Through the use of these principles, VIG aims to support parents to rediscover how to communicate effectively, to be attentive and positive in their interactions and to develop attunement with their child. Hundeide (1991 cited in Kennedy 2011) proposed a model of communication patterns, which is associated with turn taking and expressing emotions that that are attuned i.e. received positively and reciprocated, or discordant. These are referred to as Yes Cycle and No Cycle patterns of communication.
In an attuned interaction cycle, the parent encourages the child to communicate, which in turn is received and responded to. This is in contrast with the Discordant No-Cycle patterns, which is depicted by a breakdown in communication where attempts to initiate communication (known as initiatives) are disregarded or ignored.

Kennedy (2011) describes how parents can build an attuned relationship through developing a hierarchical organisation of skills, referred to as the building blocks. Figure 2 shows how the elements lower down must be achieved before the more complex positive interactions are able to develop. Kennedy suggests that once an attuned interaction pattern or Yes Cycle is constructed, the parent can then guide the child by extending their ideas and making new suggestions.
2.4.3 The Shared Review

The shared review session involves the client and guider jointly viewing the guider’s pre-selected clips of successful, attuned interactions (See Appendix 1 for visual example of shared review). The most important aspect of attuned interaction, according to Kennedy (2011), is to become attentive to the child’s needs and initiatives. It is the guider’s role to support the client to reconnect with their own successful interaction styles and to reinforce these positives.

The clips, selected by the guider, are based on the principles for attuned interaction by Biemans (1990) and provide visual examples of when the client has demonstrated some aspect of attuned communication, such as responding positively to the child’s initiative using verbal and non-verbal communication. Shared reflection and focus on the clips, when combined with conversation with the guider, is aimed at
promoting the client's awareness of observed strengths and success in their interactions and relationships. The guider aims to encourage the client to reflect on what they had done to enable the interaction to be successful and encourage the client to identify any positive observations regarding their interactions or their own ability. The guider provides mediation (Bruner, 1978) to encourage the client to see the positives in what they have observed about their own skills and strengths using the checklist for attunement in a shared review conversation (See Appendix 1).

At the end of the shared review, the guider and client jointly identify further aspects about their interactions that the client would like to change before the next film is recorded. The process continues in stages of video recording and shared review. In VIG, the process of making a film and the shared review of clips is known as a cycle. A typical VIG intervention includes three cycles but the number may be more or less depending on the client’s needs.

2.5 What is the evidence that VIG is effective in promoting change?

Kennedy, Landor and Todd (2010) accept that though there is little evidence pertaining to the effectiveness of the VIG intervention specifically, its similarity and symmetry to other video feedback approaches 'contributes to the theoretical validity of VIG.' There is, though, growing evidence for the effectiveness of VIG in enhancing parenting sensitivity, reducing parental stress and positively impacting on the child’s behaviour and cognitive functioning (Kennedy, Landor and Todd, 2010; Fukkink 2008; Robertson and Kennedy, 2009 cited in Fukkink et al, 2011). Due to the scarcity of published research focusing specifically on the effectiveness of VIG in promoting positive outcomes for parents and families, the literature review will also consider unpublished dissertations and theses relating to the effectiveness of VIG.
2.5.1 Positive impact on parent/child relationship

Fukkink, Kennedy and Todd (2011) and Klein Velderman (2011) discuss the current evidence which suggests that VIG is effective in promoting maternal sensitivity and positive parent-child interactions and relationships. The first paper to evaluate the effectiveness of VIG in promoting positive outcomes for families in the UK was carried out by Simpson, Forsyth and Kennedy (1995), who carried out detailed micro-analysis of videoed interaction and found that parents made significantly more positive or attuned responses to their child’s initiatives following the VIG intervention and became more actively involved. Simpson et al measured interaction patterns in the first and final films of parent/child play and triangulated this data with qualitative data on parents’ perceptions of change. Parents reported an increase in positive shared experiences, improvements in communication and feeling more effective in their management strategies. The study concluded that parents became more attuned to their child’s initiatives, developed better management strategies and felt better about their parenting skills.

The study by Simpson et al (1995), which had a small sample of five families, prompted further interest in VIG intervention and further research. For example, Savage (2005) presented findings which again suggested that the frequency of parents’ attuned interactions increased when micro-analysis techniques were used to measure behaviours pre and post VIG. Savage (2005) used a sample of three families to measure changes in parenting stress, changes in communication patterns and the severity of their child’s emotional behavioural difficulties through self-report questionnaires which were administered pre and post VIG. Savage found positive changes in all measures of mother-child communication following engagement in VIG whereby mothers became more attuned to their child’s communication, making increased attuned responses to their child’s initiatives. Positive changes were also
found in the areas of parenting stress and the parents’ reports of the severity of the child’s emotional behavioural difficulties.

A study carried out by Kennedy, Landor and Todd (2010) presents findings to suggest that VIG is a highly effective intervention in aiding the development of secure attachment and sensitive care giving behaviours in parents. The authors argue that it is a focus on the relationship between the child and parent that warrants attention, not on encouraging change in the behaviour of either child or parent. In attempting to evidence that VIG is an effective intervention to promote secure attachment, the method adopted was a repeated measures design, comparing the interactions of parent-child dyads in a treatment condition and a control condition. Kennedy et al state that the parent-child dyads were screened at the pre-test stage and at the post test stage after either receiving VIG or receiving their regular support. One key criticism of this study is the potential for bias. The authors, being some of the core founders of VIG in the UK, may have approached this study with preconceptions and bias towards its potential effectiveness, therefore the findings should be received with caution. As this study was a pilot, Kennedy et al (2010) do highlight the need for a stronger research design and recognise the need for a randomised control trial and triangulation of measures combined with the observer measurement of the CARE-Index. In relation to these limitations, the study draws tentative conclusions that VIG has been successful in increasing parental sensitivity and attachment. There are further imitations to be considered including the sampling method adopted. Parents who had recently become accommodated within a treatment centre for families experiencing difficulty, were offered the VIG intervention. Kennedy et al does not provide details of the percentage of families that took up VIG compared to those who did not, however the context in which they were offered VIG is likely to have implications for the findings. As stated, many of
the parents were accommodated as a step before their children are removed, therefore they may have felt compelled to engage with the VIG intervention with the possible threat of having their children removed. This is likely to have implications for the findings as parents may also have had very different goals and very different problems, which is likely to have an impact on the results, however this is not referred to in the paper.

Doria, Kennedy and Strathie (2011, 2013) explored parents’ perceptions of the impact of the VIG intervention as part of their study looking at how VIG brings about change. Doria et al asked parents ‘what was the impact of VIG for your personal life and your family?’ Of the outcomes described by parents, many referred to their relationship with their child, describing more positive interactions, interpersonal communication, as well as interpersonal closeness, respect and trust. These outcomes were not presented in the final explanatory model, possibly due to the methodological approach used: the parents’ responses were merged with the guiders’ and VIG supervisors’ responses, in the course of which aspects of the parents’ voices were lost. A study by Gromski (2011) also found evidence to support the existing findings: that VIG results in improved parent/child interactions and improved relationships.

Forsyth and Sked (2011) discuss the use of video in interaction-focused interventions to increase parents’ understanding of their children on the autistic spectrum. Forsyth and Sked cite a review by Short (2010) who found positive outcomes relating to parent child interactions and increased attunement. Forsyth and Sked suggest that VIG therefore shows promise with parents and their autistic children, when the aim is to enhance the quality of the interaction.
The published research available suggests positive outcomes for the parent-child relationship as a result of engagement with VIG but the evidence base is limited and this highlights the need for further exploration.

2.5.2 Positive impact on personal development

Cross and Kennedy (2011) propose that VIG increases well-being. They refer to the optimistic aspects of the intervention and the importance of capturing strengths that enable parents to have hope for a better future and develop feelings of self-efficacy. The findings of a study by Lomas (2012) go some way to support this. Lomas used a mixed methodology design using parent interviews, questionnaires, video analysis and parent diaries and findings suggest that parents experienced a reduction in stress and anxiety and increased feelings of pride and self-efficacy following engagement with VIG.

The findings by Gromski (2011) also support the suggestion that VIG promotes well-being. Gromski (2011) explored processes and outcomes of VIG and found that VIG improved parent-child interactions, promoted increased self-efficacy and resulted in decreased parenting stress. Gromski reports that VIG had a greater impact for some parents than others but that all parents reported that the VIG intervention enabled them to feel better about their parenting and all reported an increased sense of self-efficacy in their parenting skills.

The findings presented by Doria et al (2011, 2013) also support the proposition that VIG promotes wellbeing as the results from parent interviews suggested that parents were a lot happier and more positive following their engagement the VIG intervention. Parents specifically described raised confidence, happiness and self-esteem and they also described how it helped depression. As the study was aimed at formulating a theory for the process of VIG, the parent interview data was merged with guider interview data and then manipulated by VIG supervisors to create a
model of the VIG process. The final proposed model suggests that VIG promotes feelings of happiness, self-esteem and self-efficacy.

Fukkink, Kennedy and Todd (2011) assert that VIG interventions lead not only to emotional gains but also impact on clients at a cognitive level and there is some indication that VIG promotes self-reflection, metacognition and mindfulness. Doria et al (2013) carried out detailed qualitative analysis of shared review sessions between parents and guiders, finding that, over time, parents became more self-reflective, showing increased constructive self-criticism and insight. Self-reflection is described as the times when the client reflects on their own behaviour, thoughts and feelings. As the shared reviews progressed, parents made more spontaneous remarks about their interaction with their child, their child's behaviour and their thoughts about themselves and also made more comments about how they planned to change.

When parents were asked about the impact VIG had on their personal lives and their family, they reported a self-reflection/metacognitive impact. James (2011) describes a case study with a parent and her deaf child, presenting a rich description of how the parent came to identify the changes she needed to make in her interactions with her child. James suggests that VIG scaffolds parents and trains parents to become more reflective and analytic in their approach to parenting, through developing their observational skills.

Similarly, VIG has also been suggested to have a positive impact on mindfulness (Vermeulen, Bristow and Landor (2011). Vermeulen et al describe mindfulness as a state in which clients are in the ‘being mode’, focusing on what is happening in the moment rather than being in their thoughts such as when in a ‘doing’ mode. Lomas (2012) found that parents spontaneously described increased mindfulness as an outcome from engaging in VIG and Lomas suggests that the concept of mindfulness should be explored further. The research therefore suggests that VIG may facilitate
some cognitive change for clients, promoting self-reflection, metacognition and mindfulness.

2.6 Theories related to how and why VIG is effective

Simpson, Forsyth and Kennedy (1995) propose theories linked with empowerment and collaboration, mediated learning, self-modelling and video feedback as discrete theoretical standpoints to explain why VIG is effective and these will be individually addressed in further detail below.

2.6.1 Theories relating to collaboration, empowerment and mediated learning

Moran, Ghate and van der Merwe (2004) note that the most effective interventions to support families should recognise parents’ expertise in their own lives, emphasising the positive impact of engaging parents in partnership working. Simpson, Forsyth and Kennedy (1994) emphasise the importance of establishing a collaborative relationship between guider and client, rather than a prescriptive one where parents are taught specific skills. Cross and Kennedy (2011) cite Wels (2004) who suggests that VIG promotes empowerment through accepting and respecting the parents’ own natural skills of interaction and communication and aims to strengthen their skills rather than highlighting weaknesses.

When exploring the question ‘Why does VIG work when it does?’, Kennedy (2008) found the most frequent explanation presented by guiders through focus groups was attributed to the quality of the relationships between guider and client. Other themes included the value of the video as a tool for solution focused support and the empowering nature of the intervention. The data suggests aspects about VIG that are deemed valuable in enabling the intervention to be effective. The limitation of this study was that parents’ views were not sought and therefore any conclusions
drawn on why VIG works is constructed from the perspectives of the trained guider, providing a limited perspective.

Cross and Kennedy (2011) also discuss factors which may explain how and why VIG is effective, again referring to the relationship between guider and client. Cross and Kennedy suggest that empowerment is achieved through the attuned relationship between guider and client, where the guider co-constructs meaning. This co-construction of meaning is presented in Figure 3:

![Co-creating new meanings solutions, change](image)

**Figure 3: The shared review of video (Kennedy, 2011)**

Kennedy (2011) asserts that the guiders’ approach is grounded in the belief that their clients, who are experiencing difficulty, do want to change and that guiders themselves are guided by principles of respect for the client and respect for the difficulties that they are managing. These concepts are linked with humanistic theories (Rogers, 1995), where partnership working, listening, empathy and respect are central tenets.
Kennedy (2011) proposes that VIG works by actively engaging clients in the change process, driven by the goal of developing better relationships with others who are important to them. Kennedy highlights the mediating role of the guider during the shared review, in activating the clients to experience and think about their own change. Kennedy suggests that guiders activate the clients by asking the question ‘What is it that you are doing that is making the difference?’, with the intention to instil a sense that the client themselves hold the power and ability to bring about change. Kennedy (2011) presents a model called the seven steps to attuned interaction and guidance (Figure 4), which aims to illustrate the decisions made by the guider, in whether they should activate the client by encouraging them to say what they see, or whether they should compensate and provide thoughts and knowledge.

Figure 4: The seven steps to attuned interaction and guidance (Taken from Kennedy, 2011)
Kennedy (2011) refers to an ‘activating’ and ‘compensating’ model, proposed by Beaufortova (2001, cited in Kennedy 2011). In a study by Silhanova (2008), Beaufortova’s activating/compensating model was used to explore discussions between client and guider during shared review sessions in VIG. Silhanova developed a model to present how discussions between the guider and client develop during the shared review sessions; this is depicted in Figure 5:

**Figure 5: Activating/Compensating model (Silhanova, 2008)**

Gromski (2011) extended the research by Silhanova by analysing transcripts of discussions during shared review sessions between guider and parent. Gromski’s findings support the propositions made by Silhanova that in ‘Activating’ moments, the clients reach a deeper understanding which is evidenced in their narratives during shared review transcripts, where clients have come up with their own solutions, have extended conversations and applied their new knowledge and skills to their personal context. Gromski (2011) suggested that Silhanova’s model shares links with the theory of mediated learning, highlighting the benefits of a more activating approach.
to guidance. Gromski uses the principles of mediated learning (Feuerstein and Klein, 1985) to describe how the guider enables the client to find meaning in their own situations through the use of the contact principles. Gromski proposes that the aim of the guider is to develop transcendence or ‘bridging’, supporting the client to apply new meaning into their own daily interactions and family life. However, this study had a number of limitations; firstly Gromski employed a methodology where a framework approach to qualitative analysis was used as developed from the Activating/Compensating model. This methodology relies on the researcher’s interpretation of the utterances between guider and parent during the shared review. The limitation of this methodology is that Gromski was not able to access the parents’ internal thoughts and perceptions. It may be possible, that during shared review discussions, parents may not ‘extend conversation’ or ‘apply their new knowledge and skills to an outside context’ in an observable way, but may still be reaching new understandings, beliefs and intentions that are not voiced during discussion with the guider.

In relation to the guider role in facilitating change, Doria et al (2011, 2013) suggest that the guider’s reception and guidance is a key component in how VIG brings about change and describes how the guider facilitates the client’s process of change by practicing the VIG principles of attunement and guidance. When asked about how VIG works, parents described many factors including the role of the guider. Doria states that the guider leads the client into a process of reconstructing a new reality. In the proposed model, the mechanism of ‘shared construction of new reality’ has been added by the VIG supervisors through the focus group phase but this has not been triangulated with the parents’ or the guiders’ data and has been included as a result of the dominant voice of the VIG supervisors. How the guider facilitates change is not described in detail, providing an opportunity for further exploration.
2.6.2 Theories relating to Self-modelling, Video Feedback and Cognitive Dissonance

The concept of self-modelling is claimed to be a central process within the VIG intervention (Kennedy, 2011). VIG employs the use of video feedback of the parents’ own successful interactions, therefore promoting the self as a model with which to demonstrate existing strengths and skills.

Modelling evolved through social learning theory and was derived from the work of Bandura (1977) who proposed that learning could be facilitated through observation. Three models were presented to describe observational learning including the ‘Live’ model whereby a person demonstrates the behaviour, by ‘Verbal Instruction’ whereby another individual verbally guides the desired behaviour and provides instruction, as well as the ‘Symbolic’ model in which the desired behaviour is modelled through media such as TV, literature or the internet.

Over the course of his research into the area of modelling, Bandura (1977, 1997) demonstrated that it had a great impact on the development of children, as they were able to acquire new skills through observing others perform rather than through their own experiences. The process of modelling, according to Bandura, involves steps such as attention to the behaviour being modelled, retention and remembering the behaviour so as to enable reproduction of the desired behaviour and motivation or incentive driving the desire to reproduce the desired behaviour.

Video modelling describes how the desired behaviour is modelled and played back to the individual through the medium of video, allowing them to imitate the behaviour demonstrated. Video self-modelling allows the individual to see themselves successfully adopting the target behaviours and further imitate these target behaviours. Research has evidenced the efficacy of video self-modelling in bringing about changes in behaviour (Dowrick, 1999). Dowrick states that the most
successful interventions may be those which highlight examples of successful completion of target behaviours and often utilise the aspect of video modelling or video self-modelling as the primary theoretical foundation. Dowrick provides a review of interventions which adopt video to promote a change in behaviour, such as physical skills in sports and rehabilitation, academic skills, to communication and personal or social interaction skills. For example, Delano (2007) reviewed empirical studies involving the use of video modelling with autistic children which emphasise the image of desired target skills and behaviours.

Kennedy (2011, p29) discusses video self-modelling and proposes that, ‘Through the use of film clips, the client sees a mirror of the successful self, so although the process does not teach clients how to interact better, the act of seeing oneself enables the desirable behaviour to be self –modelled.’ Therefore, video self-modelling of the desired behaviour is achieved through parents witnessing themselves engaging in successful interactions. Kennedy claims that through naming what is viewed in the films and the effects of the changes that are being demonstrated in the films, the guider promotes skills of reflection. When these interactions are highlighted, the individual receives positive reinforcement of this behaviour from the guider, which, according to social learning theory, leads to further reproduction of the desired behaviour.

The Doctoral thesis by Lomas (2012) provides evidence to support social learning theory as a mechanism for how VIG brings about change. Lomas reports that parents were able to recognise and engage in more attuned interactions as modelled in the video feedback session and that parents themselves identified self-modelling as a significant factor in helping them to make changes. Lomas found that all three parents who engaged in the study referred to the impact of seeing the effect of what they were doing and learning from what they saw. This finding, although derived
from a small sample, provides weight to theories of video self-modelling in encouraging parents to replicate the positive self-behaviours viewed.

Cross and Kennedy (2011) specifically highlight theories of self-confrontation, self-modelling and self-efficacy to suggest how VIG is effective. Self-confrontation or video-confrontation is explained as the point when the person who perceives themselves to be lacking or inadequate is ‘confronted with evidence in the video that challenges their own negative self-evaluation’ (Kennedy et al, 2011).

Doria, Kennedy and Strathie (2011, 2013) sought the perspectives of families and guiders through semi structured interviews to find their views on how VIG works. Of particular interest were the parents’ views that the main factor underlying the effectiveness of the intervention was the self-reflection process involved, then the video component. This result suggests that the intervention promoted change for the clients through the facilitation of reflection and through the video feedback component. The guiders were also interviewed to establish their thoughts on how the intervention works. In addition to the factors raised by parents such as the video component and self-reflection, the guiders mentioned factors such as the positive success focus, counter reality and self-modelling.

The perspectives of VIG supervisors were also sought through a focus group to integrate findings with VIG supervisors own perspectives and these were merged to devise a proposed model to explain how VIG works. In the final model Doria makes the distinction between methodological components, underlying mechanisms and outcomes. Of the methodological components presented as key factors for how VIG facilitates change, the model highlights both videoed interaction and the edited video as proof of success and change. Doria suggests that the video component is a very powerful medium for change, allowing clients to start believing that they can be successful. This new insight, in which clients begin to believe they can be
successful is described as a ‘metacognitive process’ and is presented as an underlying mechanism of how VIG works.

Doria et al (2011, 2013) suggest that the theory of cognitive dissonance (Festinger, 1957 cited in Cooper, 2007) could explain the change which parents experience during the shared review. This theory suggests that when faced with inconsistency between cognitions or cognitions and behaviour, the individual experiences dissonance; a state of tension, prompting motivation to alter these cognitions in order to maintain a state of congruence and equilibrium, or prompting motivation to change behaviour. Festinger proposed that when it is difficult to deny that one has performed a behaviour that is inconsistent with existing cognitions, then changes to cognitions are more likely to occur.

Cross and Kennedy (2011, p61) go further to explain how cognitive dissonance theory may be an underlying explanation for how VIG works, suggesting that ‘it is the evidence of positive behaviour in themselves and their children that the parent views on the video which is incompatible with prior negative self-beliefs’. Cross and Kennedy suggest that VIG deliberately creates conditions through which parents are confronted with visual images of their good interactions with others and they propose that with enough challenge to negative self-beliefs, the parent begins to shift their beliefs to fit with the positive self-behaviours and positive self-child interactions observed on film.

Although cognitive dissonance theory has now been highlighted as a possible underlying mechanism for how VIG promotes change, there have not yet been any studies linking this theory with parents’ experiences of change during the shared review.
2.7 Summary and rationale:

Despite the widespread promotion of VIG as an intervention to support positive change for parents and families (NICE, 2012; NSPCC, 2013), there have been few published studies evaluating its effectiveness (Simpson et al, 1995; Savage, 2005; Kennedy et al, 2010). However, together with unpublished theses (Gromski, 2011; Lomas, 2012), the studies begin to highlight the many varied outcomes for parents when they have engaged in the VIG intervention, including increased parenting sensitivity and attachment, increased attunement and improved communication, decreased stress, raised self-efficacy and confidence as well as improved attitudes and improved child behaviour. Due to the scarcity of research evaluating the impact of VIG for parents and their families, the literature typically draws from similar video based interventions. As VIG is a short term, goal focused and relationship based intervention, it differs from many of the other video interventions used with parents and families. Fukkink, Kennedy and Todd (2011) state that further research is needed to widen the impact of VIG, beyond the areas already highlighted. Therefore, further research focusing on the impact of VIG for parents and families is very much warranted.

This chapter has reviewed the range of research which has focused on building an evidence base to support the effectiveness of VIG in promoting the above positive outcomes. However, evaluation research cannot facilitate our understanding of how change was facilitated, or what happened along the journey of change. Hinshaw (2007) argues that understanding the active ingredients that yield benefits in an intervention is crucial, that intervention programmes require an explicit conceptual foundation.
There is only one published paper (Doria et al, 2013) and a small number of unpublished theses (Gromski, 2011; Lomas, 2010), which explore the processes and theoretical mechanisms involved in how VIG brings about change. Doria also calls for further study to explore the role of cognitive dissonance as an underlying mechanism for how VIG brings about change and concludes that understanding the success of VIG from the perspective of those who use it is of high value. There has been no research carried out to explore parents’ experiences of change within the shared review sessions, and therefore this leaves scope for further investigation.

Fukkink, Kennedy and Todd (2011) also support the need for more research to investigate the process by which VIG is effective, suggesting that post-intervention interviews with parents together with examination of shared review tapes could be valuable in highlighting how VIG promotes change.

Kennedy (2011) asserts that VIG is now at the stage where its theoretical background and research evidence can be clearly described. However, I argue that VIG is still in its infancy as an intervention in the UK and with the drive towards establishing a clear evidence base for interventions to support children and families, the need for ongoing research is vital in establishing a strong evidence base and revealing the theoretical underpinnings which can explain its apparent success.

2.7.1 Aims and research questions

This research firstly aims to contribute to the evidence base for VIG by exploring the perceived impact of the intervention for parents and their families. Secondly, this study aims to explore parents’ experiences during critical moments of the shared review and to reveal parents’ perceptions of the underlying mechanisms that facilitate change during VIG in order to reveal theoretical underpinnings for how VIG facilitates change. It is anticipated that potential findings will help to inform practice
and inform the evidence base. The research questions framed to inform the study are:

RQ1: What do parents perceive to be the impact of VIG for themselves and their families?

RQ2: How do the parents' perspectives of VIG relate to possible theories of change?

RQ2a: What do parents experience during critical moments of the shared review?

RQ2b: What are the perceived mechanisms for how change is facilitated in VIG?

In the next chapter, I will propose a research design to address these questions.
Chapter 3
Design and Methodology

3.1 Overview

This chapter makes explicit the research approaches adopted in the present study and presents a rationale for procedures used to collect and analyse data.

3.2 Epistemological considerations

When deciding upon a research methodology, the first point to contend with should be the research paradigm (Doyle, Brady and Byrne, 2009). This can be described as the philosophical position; what one believes about the nature of reality (Ontology) and the nature of Knowledge (Epistemology). Therefore epistemology is concerned with how knowledge is defined within a discipline (Bryman, 2008).

The interpretive researcher’s ontological assertion is that there is no objective reality, but that social reality is constructed between humans through interaction. Therefore, research that adopts an interpretive approach accepts that reality is socially constructed through language and shared meanings, or through documents and other tools (Klein and Myers, 1999).

I identify myself as an interpretive researcher, meaning that I position myself as the vehicle through which reality is revealed. I believe that my values and world view will have impacted on the research, from the conceptual stage of the research, through to the interactions I had with participants during data collection and interpretation of the data and findings. Through my interpretations of parents’ perceptions and experiences, I have been able to explore aspects of the VIG phenomenon, focusing on the impact for parents and families and on the experiences of change as well as the mechanisms which facilitate change during VIG. An interpretive stance therefore
allowed me to gain deep insight into the ‘complex world of lived experience from the point of view of those who live it’ (Schwandt, 1994, pp118).

3.3 Research Design

Merriam (2009) suggests that qualitative research differs from quantitative research in reference to the types of questions that it aims to address. The purpose of this research was to explore the perceived impact of VIG for the parents who engaged in the intervention and their families. In addition, it aimed to explore parents’ experiences during critical moments of the shared review and also aimed to explore parents’ perceptions on the mechanisms that facilitate change within the shared review sessions. As the research draws solely from parents' perceptions and experiences, a qualitative approach to data collection was required.

A qualitative mixed methods design (Gabb, 2010) was used to address the research questions across two phases, utilising semi structured interviews with video elicitation interviews. The video elicitation methodology facilitated discussion about non-observable changes in parents’ feelings and thoughts in relation to themselves, their relationships and their children during potential critical moments in the shared review. By employing a mixed methodology design, this enabled triangulation of data across the two phases.

3.3.1 Case study

This is a case study carried out with parents who have engaged in a VIG intervention in a South East England Local Authority, which is characterised by a diverse mix of both urban and rural areas. The socio-economic status of the residents within the Local Authority depicts a wide range from affluent to socially deprived. The most recent census (2011) records the population at 263,925 with ‘White British’ being the
predominant ethnic group (85%) and ‘Asian or Asian British’ being the second largest ethnic group (2.7). 20% of the population is children (69,000) and in 2007 the Local Authority was ranked 150th most deprived.

Willig (2001) asserts that a case study is not a research design in itself but is an approach that allows for the study of phenomena through utilising a range of methods of data collection and analysis. The case study involves an in-depth exploration of situations, moments or experiences and is characterised by its uniqueness and particularity. Yin (2009) describes a case study as an empirical enquiry that investigates contemporary phenomena within its context. The case study is therefore an appropriate method when the aim is to gain an in depth understanding of a phenomenon such as VIG.

Each VIG intervention is conducted with different goals, with a range of methods used to facilitate different outcomes. Therefore, client experience and resulting outcomes may differ in each application of the intervention. With this in mind, the most appropriate methodology dictates a case study design, allowing for exploration of similarities and differences across cases.

Parallel to ascertaining parents’ perceptions of the impact of VIG, the research aims to establish an understanding of the experiences of parents during critical moments of the shared review and the underlying mechanisms that facilitate change. Darke, Shanks and Broadbent (1998) suggest that case studies can be adopted in research focusing on newer, less well-developed research areas where a focus on the context and the dynamics of a situation are deemed important. The case study therefore allows for rich in depth exploration of the underlying mechanisms of how VIG brings about change.
The study aims to generate and extend our knowledge of the VIG phenomenon. Therefore, qualitative methods of inquiry would be appropriate to construct meaning through discussion with those who have experienced the intervention first hand, as reported by Guba and Lincoln (1994). Yin (2009) suggests that case study research is designed to provide descriptions of phenomena, to develop theory or to test theory where the existing knowledge is limited. To this end, the study can be defined as an instrumental case study as it aims to add to our understandings of how VIG brings about change. The case (the parents who have engaged in VIG) will facilitate my understanding of mechanisms of change within the shared review.

The case study methodology has been challenged by researchers who adopt a positivist epistemological stance and who claim that findings derived from case study methodologies cannot be generalised to the wider population. Yin (2009) warns that researchers who adopt a case study design should be aware that their findings will be challenged as this approach rejects scientific positivist approaches and lacks sufficient precision, objectivity and rigour. However, in adopting purposeful sampling of parents who have engaged in a VIG intervention, I am gaining a deep insight into the lived experience of these parents, helping me to build a theoretical explanation of how change is facilitated. The aim of the case study methodology is therefore theoretical generalisation, allowing other researchers to build on these findings, rather than statistical generalisation or exactness. Although Yin argues that the case study methodology lacks scientific rigour, the role of the scientist in the interpretivist paradigm is to ‘understand, explain and demystify social reality through the eyes of different participants’ (Cohen et al, 2007. P19).
3.4 Participants

The focus of the study and the unit of analysis were parents who had engaged in a VIG intervention. As VIG was a relatively new intervention being adopted by the EPs in the Local Authority, there was no existing tracking or record of who had engaged in a VIG intervention. It was therefore necessary to devise a screening questionnaire used with EP Guiders to identify who had engaged in the intervention and establish potential parent participants for inclusion in the current study. The questionnaire was used for identification purposes only and was not of analytical interest (see Appendix 2). The results of the questionnaire showed that a range of individuals had participated in the intervention, such as teaching assistants, teachers, parents and teenagers themselves. However, the intervention had been used most prevalently with parents. As the use of VIG was still in its infancy within the Local Authority, the numbers of parents who had received the intervention was low. Marshall (1996) states that some informants enable a richer description than others and that this select group is likely to provide insight and understanding for the researcher. Marshall advises purposeful sampling to allow the researcher to answer the research questions. Therefore, in order to provide a rich description of the impact of VIG for parents and their families, purposeful sampling was adopted to ensure that all participants were parents who had engaged in the VIG intervention with their child and within the previous two years. Further criteria for which parents were selected were as follows:

a) The parent had completed a VIG intervention with themselves and their child
b) The parents were available for interviewing during work hours
c) The parents shared review films were available
d) There were no objections from the guider or parents with regard to participation or with regard to the parents and me viewing the shared review films between guider and parent
Invitations to participate in the study were sent to 13 parents who had completed a VIG intervention. Of the 13 parents contacted, nine parents agreed to participate. However, during the initial semi structured interview, two of the parents were found to be unsuitable for inclusion in the study due to variations of the VIG intervention that had been used. For example, one parent was revealed to have been permitted to video herself and her family during difficult interactions, without the presence of the guider, meaning the fidelity of the intervention was jeopardised as VIG seeks to highlight positive interactions, not negative interactions. Another parent reported that she had not been filmed interacting with her child but had viewed films of her son interacting with his teacher, meaning that she did not meet the sampling criteria as VIG had been done with her child and his teacher. I aimed to ensure that parents who were included in the sample were those with which the fidelity of the VIG intervention had been adhered to and I was also mindful that the sample should be homogenous, all having engaged in VIG as an intervention to improve their relationship with their child. In view of these considerations and to enhance the validity of the data, both parents were thanked for their time and excluded from the study.

Of the remaining seven parents, one parent was used to pilot the semi structured interview questions and this data was not included in the main sample. The study therefore consisted of six parents, two of whom received the intervention as a married couple and are included as a participant dyad (parent 3a and parent 3b).

In general, parents who agreed to participate in the study were similar in age and social class. The contextual, descriptive information in Table 2 provides the reader with a sense of each parent’s individual context and the problems and goals of each parent which have been taken from the guider’s case notes. It is important to address the variation in individual context and individual goals for each parent as
these goals will have an impact on the perceived outcomes as reported for each parent. As each VIG intervention is targeted at individual goals and individual contexts, each parent is likely to report changes in different areas, which is typical of the individualised nature of the intervention.

Table 2: Descriptive information for each parent case

<table>
<thead>
<tr>
<th></th>
<th>Parent 1</th>
<th>Parent 2</th>
<th>Parent(s) 3a/3b</th>
<th>Parent 4</th>
<th>Parent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
<td>Single mum. Describes difficulties with communicating and interacting with child and low self confidence in parenting ability</td>
<td>Single dad. Describes difficult interactions and communication with child, CAF initiated</td>
<td>Married couple dyad. Describe difficulty with child’s behaviour associated with diagnosis of ASD. Child recently medicated</td>
<td>Married mother. Describes negative affect as related to child with ASD diagnosis</td>
<td>Single mother. Describes difficulties communicating and developing relationship with child as associated with diagnosis of ASD</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>To improve verbal communication by responding better to child</td>
<td>To have better relationship with child</td>
<td>To enjoy spending time together as a family</td>
<td>To enjoy family time and more enjoyable times with child</td>
<td>To have more communication and interaction with child</td>
</tr>
<tr>
<td><strong>Time elapsed since engaged with VIG</strong></td>
<td>1 year</td>
<td>11 months</td>
<td>2 weeks</td>
<td>1 month</td>
<td>1 year 8 months</td>
</tr>
<tr>
<td><strong>VIG Guider</strong></td>
<td>Guider 1 (At level 2 of training)</td>
<td>Guider 1 (At level 2 of training)</td>
<td>Guider 2 (At level 1 of training)</td>
<td>Guider 3 (At level 1 of training)</td>
<td>Guider 4 (At level 1 of training)</td>
</tr>
</tbody>
</table>

All parents shared that prior to engaging in the VIG intervention, they had experienced continued and frequent difficulties in their interactions with their children and reported emotional consequences of these difficulties such as feeling low and feeling negative. Some of the parents had been invited to engage with VIG as part of the EP’s casework with their family (Parents 3a and 3b, 4 and 5) or because it had been offered through multi agency family support meetings such as a Team Around the Child (TAC) meeting (Parents 1 and 2).
3.5 Methods

This study employed a mixed, qualitative methodology, using semi structured interviews and video elicitation interviews, the details of which will be presented below.

3.5.1 Semi structured interview

Initially a semi structured interview was carried out with parents with the aim of focusing on the perceived impact of VIG for parents themselves and their families. The semi structured interview approach was adopted using an interview guide for questions and issues that were of interest to the researcher (See Appendix 7), based on previous research in the area and the research questions framed for the study. Questions were asked in an open-ended format, allowing exploration of areas of interest and the opportunity to elucidate the points of view of participants without limiting their responses through standardised or closed questioning, which is more characteristic of quantitative methods of data collection and analysis. Interviews are deemed to be appropriate where depth of meaning is important and the research is focused on gaining insight and understanding (Gillham, 2000). The effectiveness of the semi structured interview method is described as being heavily dependent on the communication skills of the interviewer (Clough and Nutbrown, 2007). I practised good interpersonal skills which I have developed through my practice as an Educational Psychologist in Training to ensure the parents felt at ease, by adopting a friendly expression and body language throughout the interview, whilst also using prompts and pauses appropriately to encourage the parents to talk freely.

The semi structured format was favoured above structured interviews as this method gave me more flexibility and enabled me to follow up on interesting points raised in greater depth (Smith, Harre and Langenhove, 2005), thus encouraging the
respondent to share their thoughts and feelings and resulting in the collection of richer data. Smith et al (2005) suggest that semi structured interviews are a suitable approach to use when one is particularly interested in complexities, processes or occasions when the topic is controversial or of a personal nature. As the study focused on personal and individual impact of VIG as well as an exploration of mechanisms of change, it was assumed that each parent would have had a very personal journey and therefore semi structured interview enabled me to address the research questions in a way that was sensitive to each parent’s experience. Semi-structured interviews enabled me to use prompts as part of the interview script as this was considered necessary as a result of the pilot interview (see Appendix 6). As is typical of semi-structured interviews, the method allowed for modification of the interview structure so that I was free to follow up on certain lines of inquiry or change the order of questioning. The semi-structured interview method enabled the same topics to be covered, thus allowing for later across case comparison of similarities and differences and also enabled me to follow up on unexpected themes and topics, which helped me to go beyond initial pre-conceptions. However, one challenge of using semi structured interviews when compared with more focused, structured interviews is that this approach can result in too much superfluous information being collected which can overload the efficiency of the data analysis process.

Interview questions were devised to explore the relevance of potential outcomes for parents and drew from previous research on the impact of VIG interventions for parents and their families. Interview questions drew from a number of theories that have been previously linked to VIG including attachment theory, social learning theory and self-modelling, attribution theory, mediated learning theory and theories of intersubjectivity and attunement.
3.5.2 Identification of critical moments of change

Prior to phase two, the video elicitation interview, I needed to identify potential critical moments during the shared review. I firstly became familiar with the shared review videos between parents and guiders by watching the films several times, becoming immersed in what was occurring from an observer perspective and taking systematic notes to identify possible critical moments.

These critical moments are defined as events in which something appears to change for the client and these were identified from the content of their narrative or changes in the parents’ expressions. I used ‘activating’ descriptors (Gromski, 2011), to indicate when the client seemed to consider a new possibility/idea about something, seemed to develop a new way of thinking/perspective on something, or when the client generalised some learning to their context. An example of a critical moment when they seemed to consider a new possibility about their own ability was: “oh yeah, maybe I’m not such a bad parent after all!” or “Well it just shows that maybe we can get on”.

As I was using a visual image, I was also able to use visual indicators to identify a physiological change, such as an expression of surprise, or an expression that suggested they were touched emotionally, that may indicate that a new idea/possibility had occurred to them. Identification of critical moments involved open coding of video footage of the shared review sessions which were used solely for use within the video elicitation interview and the data was not transcribed or analysed for any other purpose.

According to Rice and Greenberg (1984) ‘the most promising phenomena to select for study are points in the process at which some particular client change is taking place. These are the points at which theoretical issues often come into focus.’
I chose a range of moments to review during video elicitation interviews; some were moments that parents had indicated as being of significance during the initial semi structured interview. Parents shared memories of significant moments of change as experienced during the shared review sessions, which provided an indicator of potential critical moments worthy of further exploration prior to me having viewed the shared review films. For example parent 3a and 3b described the significance of the guider explicitly pointing out the eye contact between them and their son after they were unable to see any positives about the clips she had shown them. In selecting this for one point of focus during the video elicitation interview, I was able to explore the incident in further detail with the use of the videoed moment. As I was also reliant on my own judgement of other moments to focus on during the video elicitation interviews, this meant that some moments were not of significance for parents and resulted in limited response and no significant data relating to how change occurred. Therefore, the limitation of relying on my own judgement of potential critical moments is that my judgement was subjective and therefore liable to error.

In order to allow the reader to become familiar with the types of event that was identified, an example of a critical moment can be found in Appendix 8. The critical moments were edited to provide clear beginning and end points. On average, five critical moments of change were selected for in depth analysis during the video elicitation interview.

**3.5.3 Video Elicitation Interviews**

Phase two involved carrying out a video elicitation interview (Henry and Fetters, 2012), focusing on the pre identified critical moments of change in the VIG shared review videos between the participants and the guider. The aim of this phase was to
explore what change parents were experiencing and identify what mechanisms had facilitated that change.

As Henry and Fetters (2012) state ‘Video elicitation interviews can produce high-quality data, but they are also more time consuming and complicated than standard qualitative methods’. Individuals’ memory and insight are imperfect and inaccurate when remembering specific events, therefore this technique can facilitate more accurate recall, prompting participants to remember and reconstruct what was occurring during the critical moment of change. The video elicitation method is a valuable approach to ground the participant in re-experiencing the interaction of focus. Henry and Fetters (2012) suggest that video elicitation interviews (VEI) facilitate investigation of specific events during interactions and changes in participant’s thoughts and feelings within an interaction. Therefore, the video elicitation methodology is capable of picking up rich and detailed information about critical moments, to focus on the tacit thoughts, feelings and beliefs of the participants which are not accessible by other methods.

An interview schedule was constructed, adapted from Henry and Fetters (2012) to facilitate discussion during VEI (see Appendix 9). The process of VEI involved me sitting with the parent and playing the clips which I had identified as critical moments of change. Once we had watched the clip, I questioned the parent on what thoughts and feelings they were having in the clips and what had prompted them to think/feel the way they had. During the VEI, the participants were encouraged to see themselves as collaborators and to provide a commentary regarding what was occurring. The researcher and participant were able to stop the film to discuss it at any points of interest, so that the VEI allowed exploration of potential moments of change, as if they were occurring in the present. The VEI facilitated recollection and enabled me to elicit greater depth of thoughts, beliefs and emotions regarding the
identified potential moments of change, and also enabled me to explore what had facilitated change.

3.6 Procedure

During the first stage, parents who had engaged in the VIG intervention were contacted via telephone call and post and provided with details of the study and invited to participate (see Appendix 3). To maintain standards of integrity (Section 4; BPS, 2009), the parent was provided with verbal and written details regarding the nature of the study (Appendix 4 and 5) in line with guidelines relating to informed consent (Section 3; BPS, 2009). Participants were reminded about their right to withdraw from the research at any point (Section 6; BPS, 2009). The participants were contacted to arrange times for the initial semi-structured interviews and parents were informed that the interviews would take place in their homes and would be audio recorded.

A pilot phase was initially carried out (see Appendix 6) with one parent participant to ensure that participants would be able to understand what was being asked during the semi-structured interview, ensuring there were no issues around ambiguity (Hayes, 2007) and that the semi-structured interview schedule facilitated discussion around pertinent topics of interest. The parent selected for piloting the semi-structured interview was the first parent who agreed to be part of the study. Her responses were not included within the main body of the research but her feedback on the interview questions helped me to change the phraseology of the questions as some were felt to be ambiguous. For example, I had originally asked ‘Whilst you were engaged in the intervention, did your views or thoughts change in any way?’ This produced confusion and resulted in me adapting and focusing my questions to ensure clarity. In this example parents were subsequently asked: ‘It has been
claimed that parents begin to have a higher opinion of themselves and their parenting since engaging with VIG. Are there any ways in which your opinion of yourself as a parent has changed?’ (See Appendix 7 for final interview schedule).

During the initial period of data collection, semi structured interviews were arranged with parents and carried out at their homes. Parents were informed that they were able to withdraw from the study at any time and that interview data would be anonymised. Following the completion of the semi structured interview, parents were debriefed (Section 5; BPS, 2009) and provided with contact details of the researcher. They were reminded they could contact their guider should they wish to discuss concerns which have arisen for them during the course of the interviews (Section 8; BPS, 2009).

At the end of the semi structured interview, participants were invited to participate in phase two, where the aim and nature of VEI was explained. In order to avoid issues relating to coercion, parents were informed about the nature of the second phase and provided with an opportunity to consider before giving consent, although all parents gave immediate consent and showed no reluctance. A time for conducting the VEI was arranged.

Consent was sought from both parent and the Educational Psychologist who was the guider for the VIG intervention for the shared review video footage to be viewed by me and the parent. In accordance with the Data Protection Act 1998, the footage was not released outside of the study in line with the BPS standard of privacy and confidentiality (Section 12, 2009). Parents were reassured that the shared review films were held securely at the Educational Psychology Service and all audiotapes would be destroyed after successful completion of the doctoral research transcription.
As with the initial semi structured interviews, the VEIs were held at the participants’ homes. Parents were shown clips of critical moments of change via a laptop. Each parent viewed an average of five critical moment clips, which were each approximately three minutes in length (see Appendix 8). These clips were replayed to the parent to elicit their thoughts and feelings during these events in order to allow the researcher to elicit what was being experienced by the parent at the time of the change events and to elicit parents’ thoughts on perceived mechanisms of change. A semi structured interview schedule was used for video elicitation (see Appendix 9), and the video elicitation interview was audio recorded. On average, each video elicitation interview concluded after 1hr 15 minutes. Parents were informed that interview data would be transcribed and that the audio files would be destroyed post transcription. Parents were made aware that they and their children would be given pseudonyms in the written transcripts to ensure anonymity and confidentiality (Section 7; BPS, 2009).

3.7 Approach to Analysis

In qualitative data analysis, the researcher is constantly looking for concepts and themes that will provide the best explanation of what is going on in an inquiry. Srivastava and Thompson (2009) propose that the process of analysis requires a skilful interpretation of the data whereby the data analyst relies on a systematic and rigorous method. In choosing a method of data analysis, I was mindful that the quality of the research would only be as good as my ability to engage with it (Angen, 2000). As I am the instrument through which the topic will be interpreted, this requires that I am able to have an intense personal involvement with the process. As I had already engaged with the literature and had some theoretical hypotheses regarding mechanisms of change, I required a method of analysis that would allow
me to engage in an iterative process of analysing the data whilst also referring back to the literature in order to find the best explanation for what the parents were telling me in their interview data.

The literature review has highlighted the range of research (though limited) focusing on the impact of VIG for parents, and has also highlighted the few studies which have begun to explore the mechanisms through which VIG facilitates change. These studies have offered a range of theoretical mechanisms which have been suggested to be at the core of VIG and, as a result, this study was not concerned with building a theory. The central aim of the study was to explore the voice of parents in order to understand the impact of the intervention for them and to reveal more about how change is experienced as well as the perceived mechanisms which facilitate change during the shared review session. Thematic Analysis was chosen as an appropriate method of qualitative analysis to analyse both the semi structured interviews and the video elicitation interviews due to its flexible approach and accessibility for the novice researcher. Regarding its flexibility as an approach, Braun and Clarke (2006) describe how themes and patterns can be identified either through an inductive (or bottom up) way, through a deductive (or top down) way or both. The present study approached analysis from a deductive, top down level (Boyatzis, 1998; Hayes, 1997), whereby analysis was driven by my research questions and hypotheses during the coding process. Imposing a structure aided me in organising and making sense of the data, though this may have resulted in a less rich description of the whole data. For example, as I was influenced by a model and hypotheses presented in prior research during coding, which may have resulted in missing some of what the parents were telling me. By re-coding the data through validity checks with my supervisors, this was found to be a reasonable way of organisating and reducing the data.
3.7.1 Process of thematic analysis

The process guidelines for carrying out thematic analysis proposed by Braun and Clarke (2006) were adhered to during the data analysis stage of this study as these provided a clear systematic approach to the data analysis. These stages are presented below. At each stage, I continually engaged with the literature and theory around VIG to aid me in the coding process:

Stage 1: Detailed reading of the data

Initially, the interviews were transcribed verbatim to allow me to become immersed in the data. Following this, it was necessary to read and re-read the dataset, identifying features of the data that appeared salient in regard to the research questions by noting initial thoughts. Braun and Clarke (2006) assert that reading and repeated re-reading of the data allows for immersion whilst the reader actively searches for meanings and patterns in the data. Initial notes were recorded from the initial reading stages and I generated a summary for each parent case to aid the analysis (see Appendix 10).

Stage 2: Generating initial codes

When I was familiar with the data, interesting segments of the transcripts were coded according to their relevance to the research questions (see Appendix 11 for coded transcript). A coded segment related to the most basic meaning of the raw data that could be assessed (Boyatzis, 1998). A coded segment of the transcript often featured several codes, an example of which is presented in Table 3 below:
Table 3: Example of a coded data extract

<table>
<thead>
<tr>
<th>Data extract</th>
<th>Coded for</th>
</tr>
</thead>
<tbody>
<tr>
<td>P5: I think I’ve got more love for Kenny now because of his attitude I sort</td>
<td>More love for child.</td>
</tr>
<tr>
<td>of put that barrier up whereas now I can say actually Kenny I love you and</td>
<td>More open with each other.</td>
</tr>
<tr>
<td>he says I love you too…we are more open with each other, we are more open</td>
<td>Trust each other more</td>
</tr>
<tr>
<td>now, and I trust him more and he trusts me a little bit more now</td>
<td></td>
</tr>
</tbody>
</table>

Coding was carried out at a semantic level, meaning that the themes were identified at the explicit level, taking surface meanings of the data. This is opposed to a latent or interpretive level of analysis which would dictate that the analyst would go beyond what the participant said.

Stage 3: Searching for themes:

I engaged in Stage 3 when all of the data had been initially coded. This provided a long list of different codes which had been generated across the dataset (see Appendix 12). I adopted a hands on approach to sorting the initial codes into potential themes, whereby the codes where cut out, allowing me to move them around and review their grouping whilst considering how they may be combined to create overarching themes (see Appendix 13). As suggested by Braun and Clarke (2006), some initial codes were used to form main themes whilst others were collated to form subthemes. An example of how codes were combined to form overarching themes is presented in Table 4 below:
Table 4: An example of how codes were collated to form a main theme

<table>
<thead>
<tr>
<th>Code</th>
<th>Main theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closer</td>
<td></td>
</tr>
<tr>
<td>More love</td>
<td></td>
</tr>
<tr>
<td>More bonding</td>
<td></td>
</tr>
<tr>
<td>More trust</td>
<td>} Attachment</td>
</tr>
</tbody>
</table>

During the process of collating and combining codes, I used visual representations to organise themes and subthemes (see Appendix 14). Throughout the process, the researcher focused on the research questions at the core of the thematic analysis.

Stage 4: Reviewing themes

Reviewing potential themes began once themes had been devised, involving reading all extracts for each theme to ensure they formed a coherent overall level of meaning. During this phase, some themes were split into further subthemes and some subthemes were subsumed into overarching themes. Peer debriefing (Cresswell, 2014) during this stage enabled me to enhance the accuracy of the account. For example, my supervisor pointed out that a theme called ‘Increased Mindfulness’ could be classed as ‘Intrapersonal Attunement’. Through further review and constant comparison between coded segments, this theme then became ‘Self-Reflection’. Also it was advised that I revisited the raw data around the themes ‘Improved Relationship’ and ‘Improved Quality and Frequency of Interactions’ which it was felt could be further drawn out and defined within an overarching theme of ‘Attuned Relationship’. As a result I went back and revisited earlier stages of the thematic process again to ensure that I was accurately reflecting the meanings pertinent to the whole dataset. To ensure accurate reflection of the data, it was important for me to continually re-engage with the raw data to ensure the themes reflected the overall meanings present.
Stage 5: Defining and naming themes

Extracts from the raw data were provided to support each theme. Inclusion and identification of themes were not based on prevalence but whether it was considered pertinent to the identification of new insights and understandings, which is supported by Braun and Clarke (2006). I engaged with the literature again during this stage, aiding me in defining and naming themes. The detailed analysis presented in Chapter 4 provides an in depth exploration of the themes which were identified.

3.8 Measures of trustworthiness

Merriam (2009) states that in order to have an effect on practice and the theory of a field, research studies should be rigorously conducted, where the insights and conclusions presented ring true for readers, practitioners and other researchers.

Merriam (2009) argues that validity and reliability are criteria used to evaluate the quality of research within the positivist paradigm, suggesting that these concepts should be viewed differently. An interpretive approach differs from the positivist paradigm from the purpose of a study to the underlying assumptions and the processes adopted, meaning that judgements about the quality of the research are fundamentally different (Merriam, 2009). The following section addresses the strategies used to enhance the validity and reliability of this study.

3.8.1 Internal Validity / Credibility

Internal validity deals with the degree to which the findings of research represent reality (Merriam, 2009) but as the data is being interpreted through me as the researcher, I chose to look at credibility and the degree to which the findings are credible given the data presented (Lincoln and Guba, 1985).
Lincoln and Guba (1985) suggest that credibility should be essential criteria from which the quality of research should be judged. Credibility check is also suggested by Merriam (2009) who refers to specific steps that qualitative researchers can take to increase the credibility of the findings and each will be addressed below:

- **Triangulation**: This can be achieved through the use of multiple methods, multiple sources of data or multiple theories to confirm emerging findings. Cresswell (2014) also suggests that triangulation of data from different sources builds a coherent justification for themes. The present study has utilised multiple methods of data collection such as semi structured interview and VEI. In addition, I have kept several theories in mind throughout the study, which I have then used to explain the findings.

- **Peer review**: To ensure the credibility of the thematic analysis, coded extracts have been presented to my research supervisors throughout the process of analysis to scrutinise the data for its credibility. In addition, my supervisors have read the thesis at each stage of its development to ensure the findings are plausible.

- **Adequate engagement in data collection**: Through prolonged engagement in the field, the researcher develops a rich understanding of the phenomenon being studied, allowing them to convey detail about the phenomenon that lends credibility to the narrative account and supports accuracy and validity of findings (Creswell, 2014). During data collection, I spent a prolonged amount of time interviewing parents across two phases and have also spent a large amount of time watching each parent’s shared review films in order to immerse myself in what was potentially being experienced by the parents. This prolonged time in the field ensured the opportunity for me to develop an
in depth understanding of VIG from the parents’ perspectives and through the eyes of a non VIG trained researcher.

3.8.2 Reliability / Consistency

Reliability refers to the extent to which the findings can be replicated but there can be varying interpretations of the same data. Therefore, a more appropriate question may address the degree to which the results are consistent with the data collected (Merriam, 2009). Gibbs (2007) advises a number of steps to ensure reliability:

- Transcript checks: When transcription of the interviews was complete, I rechecked the audio tapes with the transcripts to ensure they did not contain errors.
- Inter-coder agreement: This step is used to cross check the reliability of coding. The cross checking process involved double coding of 40 segments from one interview transcript that had been chosen at random. The interview data and code descriptions (see Appendix 15) were given to a colleague who had completed the DEdPsy and who took the role of cross-checker. Percentage agreement scores were calculated by dividing the number of times the cross-checker agreed with my coding by the total number of coded excerpts which yielded a percentage agreement of 92.5%. Miles and Huberman (1994) recommend that the consistency of coding should be in agreement at least 80% of the time for good quality reliability, indicating that coding of the data was consistent and reliable.

3.8.3 External Validity / Transferability

External validity is the extent to which the findings can be generalised to individuals, sites or situations outside of the present study (Gibbs, 2007). However, Creswell
(2014) proposes that particularity rather than generalisability is the sign of good qualitative research. Yin (2009) suggests that qualitative case study results can be generalised to a broader theory, whereby generalisation results when qualitative researcher to study additional cases and generalise findings to the new cases. Creswell states that qualitative researchers should document the steps within their procedures in as much detail as possible, to enable other researchers to replicate their steps. Throughout the study, I have ensured that I have been transparent in the methods and approaches used.

3.8.4 Reflexivity

Cresswell (2014) refers to reflexivity as self-reflection and suggests that good qualitative research contains comments by the researcher regarding the interplay between the researcher’s background and the researcher’s interpretations of the findings. Willig (2001) reports that alternative interpretations of the research data are always possible and the researcher must address the importance of reflexivity throughout the research process. As a result, I have ensured a degree of reflexivity throughout, being reflective about the impact of my perspectives and values on my interactions with participants and on my interpretations of the data, being mindful of the active role of the researcher in interpreting and constructing reality.

Reflexivity requires the researcher to be actively aware of her own experience and values, and to be mindful of how these experiences may influence and impact on the research from the point of conception through to data collection and analysis. In adopting an interpretive stance, I assert that I can only present one possible interpretation of the data, of which there may be others. I practiced reflexivity during the coding and analysis process, which allowed me to remain open to other interpretations of the data. I was mindful of the influence of my previous
engagement with the literature and the potential to bias my interpretations of it. Due to my role as a researcher and a non-VIG trained Educational Psychologist, I believe that I have fewer biases than other researcher practitioners.

I have remained mindful that my experiences and beliefs - personal, cultural and political - may all account for the decisions made throughout the research process. I have previously presented details of how this current research project was established and below are further details of experiences, beliefs and values which will have influenced the research from point of conception, to data gathering and analysis.

I am a 33 year old, white female who has spent 27 years growing up in the foster care system. As a consequence of these life experiences, I can appreciate the value of early intervention programmes that prevent children from entering the care system and interventions which empower families to draw from their own resources and remain a functioning family unit. It is expected that my life experiences and my resulting values and motivations will have contributed to the co-construction of meaning whilst engaged in field work. For example, through the formulation of interview questions and through my responses to parents during interview, my enthusiasm to hear positive outcomes may have prompted parents to feel a sense of wishing to please the interviewer. As I am myself the vehicle through which parents’ experiences and views have been interpreted, it has therefore been valuable to maintain a written account of my thoughts, reflections and ideas throughout the research process, aiding me in becoming aware of biases and encouraging reflexivity.

In the following chapter, I will present the results of the analysis, firstly focusing on parents’ perceptions of the impact of VIG for themselves and their families, followed
by an analysis of parents' experiences during critical moments of the shared review to explore how the parents’ experiences relate to possible theories of change.
Chapter 4
Results

4.1 Overview

Chapter 3 outlined the methodology that has been adopted for this study. The aim of this research was firstly to investigate the perceived impact of the VIG intervention for parents and their families; secondly, it aimed to explore parents’ experiences during critical moments of change and identify the perceived mechanisms for how change is facilitated through VIG.

To explore the hypotheses that cognitive dissonance theory and mediated learning theory may be possible underlying theoretical mechanisms for how VIG facilitates change, the data was analysed with these theories in mind.

4.2 RQ1: What do parents perceive to be the impact of VIG for themselves and their families?

The main themes are presented in Table 5 below. The following section provides parent quotes to illustrate the codes which comprise the themes.

Table 5: Themes for RQ1.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Themes</th>
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<tr>
<td>RQ1: What do parents perceive to be the impact of VIG for themselves and their families?</td>
<td>Attuned Relationship</td>
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<td></td>
<td>Attachment</td>
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<td></td>
<td>Self-Reflection</td>
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<td>Positivity</td>
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All parents spoke about the positive impact of VIG on themselves and their families, which seems to have occurred at many levels of communication and interaction. Parents also described how VIG had impacted on themselves, describing how they
are more able to self-reflect whilst in the moment and how VIG has had prompted increased positivity for them.

4.2.1 Theme 1: Attuned Relationship

Attuned relationship refers to parents’ reports of increased attunement between themselves and their child. All parents reported that through engaging with VIG, this had impacted positively on their relationship with their children in a range of ways. Parents described how they are more attentive to their child, are more encouraging of their child's initiatives, are more sensitive in the way they receive their child's initiatives and many described how they have developed attunement with their child, describing having more fun and an increased understanding of their child.

Parent 4 described how she has built an attuned interaction style by being more attentive, in that she now shows her child that he has been heard by stopping what she is doing and responding to him:

Now I stop and say “What, what do you want?” “What do you want to tell me?” I sort of make myself stop. Not all of the time. But more of the time I stop and listen to what he is saying or if Charlie… and I am not quite getting it I am like “Charlie, what are you trying to say”… Instead of me carrying on making a cup of tea or carrying on putting the washing in the machine. Stop. “Right tell Mummy” or “point to Mummy” (Parent 4)

Parent 1 described how she is more encouraging of her child's initiatives now, reporting that she now names what she is thinking and planning which then prompts her child to respond to her initiative:

I tell her what I'm thinking and she responds back (Parent 1)

Parent 1 went on to describe how she also is more able to communicate how she feels since the intervention, evidence that VIG encourages parent initiatives:

I'm more talkative… And it’s helped me in expressing my feelings as well (Parent 1)
Other parents such as Parent 3a and Parent 2 described how they now receive their child's initiatives more positively, through talking calmly or praising positive behaviours:

*Well I think we give him a lot more praise because he’s quite controlling of what I do, so if I use the phone or he lets me use the phone I sort of thank him for that or like if he touches my hair I sort of thank him for doing it gently and it’s that sort of thing* (Parent 3a)

*I’m calmer, I talk things out, yeah, like instead of shouting, talk about it…it’s the interaction with him isn’t it, when he starts freaking out I just say Billy calm down* (Parent 2)

Parents described ways in which they now provide positive guidance and support to their child. Parent 3b describes how he guides his child to be more independent through making suggestions and encouraging his child:

*Every time he needed to go to the toilet he would drag Rose up there too whereas now we say ‘you go up there, you’re a big boy you can go up on your own’* (Parent 3b)

Parent 5 described how she is able to provide guidance to her child which is responded to positively, describing how this is different to how they interacted before VIG:

*Well he allows me to help him more and go into his world sort of thing …Whereas before he would shut me out…’I don’t need help, I can do it’…But now he’s like ‘ok mum, I need help,’ whereas before he would struggle on on his own* (Parent 5)

Interestingly, Parent 4 described how she has changed the level of guidance that she uses with her child, describing how she used to provide a high level of guidance as she felt she needed to teach her child how to follow an adult’s lead. She describes how she now contributes to the interaction by following her child's initiative and allowing him to have fun:
I mean things have always been adult led, we are always doing adult led things … you have to pick your battles so it’s like ‘well what do you want mummy to do?’ rather than ‘well let’s do this and let’s do that’, instead of it always being a lesson, does that sound weird? Instead of it always being like trying to teach him something it’s nice for him to show me, ‘well this is what I can do’ (Parent 4)

Some parents described how they had developed attuned interactions as there was more communication between them and their child since their engagement with VIG:

But now we have started doing more things together and he will say ‘mum this is what I’m doing, what do you think?’ then I say what I think…and so yeah we do, there’s just more communication (Parent 5)

I couldn’t interact with Kerry as much as I can do now (Parent 1)

Parent 2 and Parent 5 described how they now enjoy interacting with their child and have fun:

Yeah well it was the fun loving side of it, I’ve got it all on the sheet with the targets…It’s enjoying the interaction (Parent 2)

I feel yeah actually, I enjoy having him around, I really do sometimes, especially when he comes in and says ‘Can I have a cuddle mum?’ and I’m like ‘yeah you can have a cuddle.’ But that’s when things changed, because I think, wow, he wouldn’t have let me do that a little while ago (Parent 5)

Other parents described how they had developed a deeper level of attunement with their child, which was referred to through reports that they had developed a better understanding of their child. Interestingly, three parents with autistic children said that they are more understanding or considerate of their child and their child’s internal experience since engaging with VIG:

I think that I understand Kenny a lot more now…yeah I think it’s just the understanding, understanding Kenny a lot more (Parent 5)

I know that is his level of coping, it is too much, too busy, whereas before I just thought oh “he is just being stroppy he just wants to go home”, he’s being controlling. It is not that. It’s overload … it is just his level of coping
and sometimes it just spills over and he can't cope with it, but I am more in tune to seeing that before it happens (Parent 4)

We think about the way he feels a lot more now, sort of how hard it is for him (Parent 3a)

The theme of attuned relationship illustrates the range of ways in which parents perceive that they have become more attuned in their relationship with their child, from the way that they interact with their child to the degree in which they relate to their child's experience. To identify instances when parents referred to attunement, the principles of attuned interaction were used (Table 1, section 2.4.2). Although there are similarities between the different levels of attunement the parents report, the above quotes illustrate the varying ways in which they have developed attunement. This provides evidence that VIG is a relationship based intervention that meets individual need.

4.2.2 Theme 2: Attachment

Attachment refers to the bond between individuals. Parent 3b and Parent 5 describe becoming closer to their children:

I'm closer to Danny now than I was before (Parent 3b)

Well I'd say that Kenny and I have got a little bit closer, um, he still has an attitude and the behaviour…that'll never change in Kenny I don't think, um but yeah we have got closer, I mean we did start doing more things together now, whereas like I said, before we would just be two separate people doing our own thing. (Parent 5)

Parents also described a sense of bonding more and developing more love or trust for their child as a result of their engagement with VIG. This was evident in both Parent 2 and Parent 5’s narrative:

We are bonding more than we were (Parent 2)
I think I've got more love for Kenny now, because of his attitude I sort of put that barrier up whereas now I can say actually Kenny I love you and he says I love you too…we are more open with each other, we are more open now (Parent 5)

I trust him more and he trusts me a little bit more now (Parent 5)

The theme of attachment illustrates how VIG can have a deep and significant impact on the relationship between parents and their child, at the emotional level.

4.2.3 Theme 3: Self-Reflection

Self –Reflection refers to one’s ability to reflect or think carefully about one’s own style of communicating or parenting whilst in the moment. Parents reported that they are now more aware and self-reflective of their own communication style and behaviour whilst in the moment. This theme was pertinent for Parent 3a, Parent 5 and Parent 4, who all describe developing the ability to reflect and question themselves and their style of parenting which allowed them to adapt the way they interact in the moment.

Parent 3a described how she questioned the likely impact of her actions, which allowed her to change her behaviour and avoid a challenging interaction with her son:

*If you dropped a pair of socks in the middle of the floor, you know that if you try and pick it up, you know that you would get a hit for it, so you think ‘Right I’ll leave that there and I’ll get it a bit later on’ and try and look at it like ‘Does that really matter?’ And trying to change the way you think and your approach, basically (Parent 3a)*

Similarly, Parent 5 described how she is able to reflect on her manner of communicating with her child when she is in the moment, enabling her to respond more sensitively at these times:

*Sometimes I can get up in the morning and I’m like really snappy and now I’m like ‘Sorry Kenny I shouldn’t have done that’ so I now actually realise*
what I’ve said and actually the way I say things…I’m like ‘aw I’m sorry Kenny that shouldn’t have come out like that’ whereas before I wouldn’t really (Parent 5)

There was some indication from Parent 4 that the process of being filmed may facilitate the ability to reflect on her interactions with her child whilst in the moment. She described questioning her approach and changing the way she interacts as a result of the reflection:

Because when you’re being filmed you’re conscious of ‘am I doing it right or am I not?’ and so it was probably something that I became aware of while I was doing things, just thinking ‘let’s see how it goes with him being in charge’… I just thought ‘oh ok, let him be’ and he was quite happy telling me what he was doing and I thought ‘why does it always have to be adult led, why do I feel I have to be always teaching him?’ (Parent 4)

This theme suggests that VIG promotes a level of personal cognitive development for parents, enabling them to become more self-reflective in the moment when interacting, which allowed parents to alter their style of communication or change their behaviour.

4.2.4 Theme 4: Positivity

Three of the parents reported a more positive feeling and positive outlook since engaging with the VIG intervention; related to their own ability and about the future. Parent 1 and Parent 5 both describe how they think more positively about their own ability as parents, which Parent 5 described as a realisation that she is cut out to be a mum:

I would put myself down and think ‘I can’t do this, I really can’t do this’. But now I think ‘I am cut out to be a mum, I can do it’ I think it’s just being pushed in the right direction and my opinion of myself has changed quite a lot, it’s made me look at my whole approach to life really, and I think ‘you can do this and you will do this’ (Parent 5)
Parent 1 described a positive emotional impact of VIG, saying that she feels happier since engaging in the intervention, as a consequence of an improved relationship with her child:

    Well our relationship has got a hell of a lot better and so I’m happier as well (Parent 1)

Parent 3a described how she is now more positive about the way that she has handled and managed difficult interactions, showing an increased sense of positivity about her own parenting skills:

    So we are not highlighting the negatives we are highlighting the positives now because it just lowers your self-esteem. You know you keep looking back and you think “Christ!…that’s a bad day”…But then you go past that and you look at the positive “well we did do that” you know…Otherwise you might as well bury your head in the sand. You know so yeah that is what we are doing now… So we really have just changed haven’t we for the better. (Parent 3a)

Parent 3b stated that he feels an increased sense of positivity in general since VIG:

    I think that’s what’s definitely changed in that I feel a bit more positive since the guider’s done VIG (Parent 3b)

Further to this, Parent 5 described how she feels more positive about the future, describing light at the end of the tunnel as a way to communicate her increased sense of positivity and hope that the future will be bright:

    I just thought things were only gonna get worse, Kenny was gonna get older and get to the teenage stage and with his autistic behaviour and with teenage behaviour I just didn’t think there was a way forward and that what I told the consultant, that I didn’t think there was a way forward anymore, ‘it’s the end of the road’ and that’s how I felt, whereas now it’s like ‘well the road’s ten miles long now and it’s longer than I thought and we can get to the end of the road and there is a light at the end of the tunnel’ (Parent 5)

This theme suggests that the positive focus of the intervention has an impact on the parents’ own outlook, seemingly able to continue focusing on the positives about
their individual situations for some time after their engagement with the VIG intervention has ceased.

4.3 RQ2: How do the parents’ perspectives of VIG relate to possible theories of change?

This question is addressed through RQ2a and RQ2b, the results of which will be presented sequentially here.

RQ2a: What do parents experience during critical moments of the shared review?

During critical moments of change the parents described both a cognitive shift in their beliefs and motivations as well as an emotional experience. The following section will present an overview of the themes and subthemes that were developed as presented in Table 6 below:

Table 6: Themes and subthemes for RQ2a.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
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<tbody>
<tr>
<td>What do parents experience during critical moments of</td>
<td>I shifted my beliefs</td>
<td>Shifted beliefs about child and relationships</td>
</tr>
<tr>
<td>the shared review?</td>
<td></td>
<td>Shifted self-efficacy beliefs</td>
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<td></td>
<td>I became motivated</td>
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<td></td>
<td>I had an emotional experience</td>
<td>Pleasure</td>
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<td></td>
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<td>Relief of anxiety vs feelings of guilt</td>
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4.3.1 Theme 1: I Shifted My Beliefs

The theme ‘I shifted my beliefs’ refers to parents’ descriptions of developing new ideas and views about their self-efficacy, their relationships and their children during critical moments of change. For some parents, it was more apparent that they had
shifted beliefs about themselves, whereas other parents described the significance of shifted beliefs about their child and their relationship.

- **Shifted Beliefs about Child and Relationships**

Many of the parents described how they shifted their beliefs about their children and their relationships when they viewed positive images of their child and their interaction. Parent 3a described the impact of seeing a clip of herself and her child interacting positively which was an exception to the rough patch that they were going through, describing how it prompted her to consider the possibility that she and her child can have enjoyable times together:

> It is all really positive and it shows that we can have some nice times together. We were going through quite a rough patch at that time (Parent 3a)

Parent 5 described her previous negative belief that she and her child did not engage in positive shared activities. When she viewed the positive interaction between herself and her child on film, she shifted her beliefs to fit with the positive interaction viewed:

> Kenny and I would never sit down and play a game together and then I saw it and thought ‘Oh Kenny and I can get on ok after all (Parent 5)

Similarly Parent 2 described how he began to believe that his child can have fun with him because he had seen the evidence of it on film:

> He can have fun with me, cuz I seen it
  (What did you see?)
  Yeah well it was seeing his expressions (Parent 2)

Parent 4 reported that when she viewed a clip that highlighted her child's positive interaction skills, she began to develop more positive beliefs about her child’s future and the possibility that he does have the social skills to enable him to be successful:
There is hope! It’s just we… he is getting there …But all them life skills and social skills you have to have when you grow up and I think that does make me think ‘No he is going to be ok!’ (Parent 4)

Parent 3a also described developing more positive beliefs about her child’s future when she viewed clips of the positive interactions between herself and her son:

*It’s really, really nice it gives you that hope for the future you sort of think ‘Maybe he can fit in easier than perhaps we first thought’. You know things like that really. It gives you hope for the future really. You know.* (Parent 3a)

In contrast, Parent 4, who had experienced a great deal of turmoil regarding the impact of her child’s behaviour on the rest of the family, described how she began to believe that they are a happy family when she viewed the clips of herself and her children interacting:

*It’s the realisation we are a happy family* (Parent 4)

This subtheme has provided evidence to indicate that parents shifted their beliefs about their child and their relationships and illustrates the strong influence of the visual image in removing doubt, helping parents to develop more positive beliefs.

- **Shifted Self-Efficacy Beliefs**

Overall consideration of this subtheme gave indication that many parents developed more positive beliefs about their ability to be successful parents when faced with the evidence of their own strengths and abilities on film. In the quotes below, Parent 1 and Parent 3b described how the video evidence of their positive interaction with their child helped them begin to believe that they are good parents:

*Knowing that I can actually be a proper mum for my daughter (Yeah ok, can you think of any time when you realised that?) On the film, when I was reading stories to her and she was engaging in it* (Parent 1)
Parent 3a also described the positive impact of seeing evidence of her positive parenting skills which prompted her to consider the possibility that her parenting was not as bad as she had previously believed, and to consider the possibility that they were doing well in their parenting:

You just feel quite nice about yourself… ‘Oh ok we are not that bad after all, we are doing alright’ (Parent 3a)

Similarly, Parent 4 also described the impact of the film in prompting her to believe that she is not doing as badly as she had previously believed, describing how she began to consider that she was doing ok in her parenting:

Well yeah I just thought ‘well I’m not actually doing it all wrong’ so yeah it was quite reassuring, like he will get there and what I’m doing is ok! (Parent 4)

Parent 1 described how she began to believe that she can be successful as a mum, attributing this new knowledge about herself to the evidence of her successful self on video:

Knowing that I can actually do it myself (And what helped you to realise that?)
Because I’ve seen it on video! (Parent 1)

Overall consideration of this theme suggests that as well as developing more positive views about their child and their relationships, parents also begin to develop more positive views about their own parenting ability when faced with evidence of their successful selves on video.
4.3.2 Theme 2: I Became Motivated

Motivation refers to parents’ descriptions of deciding to change their behaviour or deciding to change the frequency of their behaviours when faced with positive clips of themselves, their child and their interactions.

Parents reported feeling more motivated to make changes in different ways. Parent 1 describes making plans for the future, describing how she planned to do more with her child, which she attributed to the experience of seeing evidence of her own ability during interactions with her child:

*Just that I was gonna do a lot more with her*
*(Yeah, and how did the change come about for you?)*
*Actually watching it back and seeing what I can actually do (Parent 1)*

Parent 3b also described the impact of seeing the positive interaction between himself and his child which prompted him to consider the need to spend more time with his child:

*I think that seeing the way that we are on the clips, I think it’s needed and he needs to have daddy around a lot more rather than being more elusive (Parent 3b)*

Parent 4 reflected on her previous tendency to rush around and described how seeing the positive interaction between herself and her son made her see the need to be more attentive to her child:

*Because as a mum you think ‘well I’ll do this play for ten minutes then I’ve gotta go and do this or that’ and actually it made me think ‘you’ve gotta stop that you need good time and quality time to let him know’. (Parent 4)*

Parent 5 described how the images of herself and her son collaborating in an everyday task prompted her to consider the need to allow her child to contribute
towards activities more equally and also prompted her to consider the need to spend
time getting to know her child more:

*I think it was the third or fourth visit from the guider and we were doing
something, making something on the hob and I thought ‘actually Kenny
does know what he’s doing, I should let him join in a bit more’, rather than
say ‘oh no mummy will do that’ because its quicker and easier, I need to
let him join in a bit more and I need to get to know him a bit more (Parent 5)*

Parent 2 described how the video of positive interaction between himself and his son
helped him to consider the need to respond to his son more sensitively:

*Yeah you realise that when you interact with each other you get on better,
in some ways…and that there’s no point in shouting at your child, you
don’t need to raise your voice (Parent 2)*

Interestingly, three of the parents who had autistic children described how they now
felt motivated to be less directive with their child, describing the need to allow their
child more autonomy and more opportunities to experience self-direction. Parent 4
described making plans to allow her child to play more rather than focusing on
teaching her son:

*I thought, for me…that I needed to let him play more, rather than it being a
learning thing all the time to just let him play and maybe for me as well,
maybe I need a bit of play time instead of thinking consciously ‘ok let’s do
adult led, less …can I have the small sheep, can I have the big sheep’, so
sometimes it should just be ‘can I have the sheep?’ (Parent 4)*

Similarly, Parent 3a described feeling less pressured, relating to her previous
motivations to constantly be teaching her child:

*And I think it just takes the pressure off a bit too, whereas before I would
be thinking God I’ve got to do something with Danny I can’t leave him
there I must teach him this and we must do that (Parent 3a)*
Parent 5 relates to seeing her successful interactions with her son which prompted her to consider the need to replicate those behaviours more in her everyday interactions with her son, to give him more autonomy:

*A few times I saw in the video I was like ‘Kenny, what would you like to do?’, and I think that during that it made me think ‘hang on, he is a person and he needs to answer questions, so I need to ask him questions and let him have an input into what he wants to do’ (Parent 5)*

This theme suggests that video evidence of successful interactions and evidence of their own skills prompted motivation, whereby parents made plans to change their behaviour to fit with the positive exceptions viewed, or made plans to replicate the success witnessed on film.

**4.3.3 Theme 3: I had an Emotional Experience**

This theme reflects the range of emotions experienced by parents as they engaged in the shared review process. There were some unexpected findings, which suggest that as well as feelings of pleasure, parents may also experience feelings of guilt. However, emotions predominantly related to feelings of pleasure and relief of anxiety.

- **Pleasure**

Parents described a range of positive emotions linked with what they viewed on film. Parent 5 described feeling warm as a result of seeing that she and her child can enjoy their time together:

*Just to see a smile on his face, it was nice to just see him smile for a change. I just felt all warm, like I’ve made him smile, I’ve made that difference and it just made me feel all warm and cuddly inside that we can enjoy each other’s company and we can enjoy spending time together (Parent 5)*
Parent 3b also described feeling ‘warm’ and suggested that the experience was of great value, comparing it to feeling as though he had won the lottery:

*So when you see those moments especially played back it is really nice to see. It is like winning the lottery! It makes you feel nice, it makes you feel nice and warm and wanted and stuff* (Parent 3b)

Parent 2 described feeling happier as a result of seeing how much his son appeared to enjoy the interaction he witnessed in the clips viewed:

*I mean it made me more happier because I’m seeing me enjoying myself and my son’s enjoying himself and you can tell because we are laughing and joking about it and er, it’s the interaction and fun and that…you know* (Parent 2)

Similarly Parent 3b referred to feeling a sense of deep pleasure indicated through his gesture to his heart. He associates the high value of seeing the attuned interaction between himself and his child as indicated through the eye contact:

*When I look back on it I think, that looks lovely that is sterling, that just touches me here [gestures to heart] because I could see that he wanted it and the eye contact was fantastic* (Parent 3b)

Parent 3a described viewing positive images of her son’s apparent enjoyment whilst interacting which induced pleasurable feelings:

*Seeing that it looked like he was actually enjoying spending time with us as well you know which just gives you a nice feeling* (Parent 3a)

Similarly, Parent 2 described how he was feeling when he viewed a clip of himself and his child engaged in an enjoyable interaction, comparing his feelings to the experience of watching his child take his first steps:

*Happy, happy and enjoying it, yep…it was like seeing your child take his first step* (Parent 2)
Parent 4 described feelings of pride when viewing clips of her child’s successful interaction skills which helped her to see how much progress he had made:

*So when you see it back you think … I’m just proud. Cos all that hard work (Parent 4)*

- **Relief of anxiety vs feelings of guilt**

Parent 1 and Parent 3a described a relief of anxiety as associated with the visual evidence of success and the guider’s feedback:

*She showed me the videos back and I noticed that I can actually do it myself*

*(Yeah ok, and so you saw it on the video and how did you feel?)*

*I just felt relieved (Parent 1)*

*Yeah she has sort of commented on that when she has been round to us hasn’t she and said you are really you know on it (Parent 3b)*

*And that does make you feel better, it does have an impact, she does make you feel an awful lot better, you know. (Parent 3a)*

In contrast to these feelings of relief reported by parents, Parent 5 reported that she experienced feelings of guilt when viewing the positive interaction between herself and her child. Parent 5 seemed to reflect on her previous sub optimal treatment of her child, which was in contrast to what she viewed in the positive interaction on film. The negative feelings seemed to link to a motivation to change her behaviour:

*I felt guilty, I did feel guilty because I thought well this is the way that I have treated Kenny for so long, I just thought my approach needs to change completely (Parent 5)*

This theme suggests that as well as experiencing positive emotions during critical moments of change, parents may also experience negative emotions, comparing the positive images with what they perceive to be their behaviour in reality. However, as this was only reported by one parent, this may be due to the individual character or personality of the individual.
4.4 RQ2b: What are the perceived mechanisms for how change is facilitated in VIG?

Mechanisms refer to factors which prompt change during critical moments during the shared review. Parents described how change had been facilitated for them, referring to factors associated with what the guider did or said and with video self-confrontation. The themes and subthemes relating to mechanisms of change are presented in Table 7 below, followed by further descriptions of each theme as supported by parents’ descriptions.

Table 7: Themes for RQ2b

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the perceived mechanisms for how change is facilitated in VIG?</td>
<td>Video Self-Confrontation</td>
<td>Confronted with successful self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confronted with child's signals and positive interaction</td>
</tr>
<tr>
<td></td>
<td>Guiders’ initiatives</td>
<td>Scaffolding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appraising and Affirming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Naming child’s feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Giving advice</td>
</tr>
</tbody>
</table>

4.4.1 Theme 1: Video Self-Confrontation

Video self-confrontation refers to the viewing of images that are in conflict with what parents perceive to be typical. Parents described a sense of surprise when confronted with video clips of their child's signals, evidence of positive interactions and when viewing clips of themselves being successful. These themes are explored in further detail in the following sections:

- Confronted with Successful Self

Many of the parents reported the significance of seeing themselves being successful. This theme reflected the powerful influence of the visual image, which confronted parents with positive evidence of their own success during positive
interactions between themselves and their child. Parent 1’s aims of the intervention were focused around developing self-confidence and better communication skills, therefore seeing herself being successful was described as an important factor in shifting her beliefs about her ability as a parent:

*When the guider was actually showing me the clips and going back, I was seeing that I actually can do it (Parent 1)*

*When we had the one on one ourselves and she showed me the videos back and I noticed that I can actually do it myself (Parent 1)*

The aims of Parent 1 were to be able to interact more with her child, meaning that seeing herself being successful in this way was valuable as it linked to her ideal outcomes. Parents often expressed a sense of surprise when they viewed themselves being successful, which indicates that what was viewed was in conflict with their beliefs about themselves:

*Seeing myself do something I didn’t think I could do, that’s the bit that surprised me … it was just looking back and thinking…I mean looking back at the videos and thinking ‘wow, did I really do that? (Parent 5)*

*We dealt with it well and you don’t see that when you are actually doing it. But look back at it and you think wow… Because you do get on a low. You do think oh I am not doing things right. This is not working. But when you look at things like that you think, well actually it is it is working and it is all sort of positive stuff. (Parent 3b)*

*Well yeah, it was just looking back and thinking…I mean looking back at the videos and thinking ‘wow, did I really do that? And I just thought I need to change my behaviour (Parent 5)*

There was some evidence that parents may have difficulty accepting the image of their successful self. Parent 5 described some disconnection between the successful self on film and her actual self:

*Yeah I was surprised, very surprised I mean it was as if it was a different person sitting there doing it all, as if it wasn’t me, like I was a puppet sort of thing like someone was pulling my strings (Parent 5)*
• Confronted with child's signals and positive interaction

Parents described how significant it was for them to see their child on film. For most parents, it was of significant value to see their child's enjoyment when interacting with them, which was often something that they had not previously been aware of, or was something they had been doubtful about. Parent 2, whose aim was to enjoy interactions with his son and to have fun with his son, reported that he was amazed when he saw his son enjoying the interactions, indicating that this was not what he had expected to see:

Well I was amazed, just to see his face and to see his expression, that he was happy (Parent 2)

Other parents also described a sense of surprise from seeing their child's positive facial expressions and positive reactions in the visual image of positive interaction:

Just seeing on the film that she was actually reading along with the story and engaging more (Parent 1)

Parent 5 described how valuable it was to see the visual evidence that her autistic son can use appropriate social communication skills when interacting, which she saw as evidence that he was trying to change too:

Just seeing that he can smile and he can look people in the eyes and that he wants to change too (Parent 5)

For Parent 3b, Parent 4 and Parent 5, whose children are autistic, seeing their child's social skills and response to them in social interactions was highly valuable, possibly because these moments are exceptions to how their children typically interact with them. Parent 3b’s autistic son was typically very focused on his mother, meaning that he felt that his son did not want him around. He describes the value of hearing his son's enjoyment during the interaction with him:
He is having fun such a lot of fun and you can clearly hear him laughing his head off can’t you…I think that is a more treasurable one for me (Parent 3b)

Similarly, Parent 3a described the value of seeing her son and his father interacting positively, which she contrasts with the typical interactions that she sees between her son and husband:

They were enjoying being in each other’s company, that they didn’t really need me to have a good time. You know they can manage perfectly alright…He tends to focus in on me constantly all the time he would tend to push Don out of the picture. So if we are doing game or we were talking, ‘Don’t want Daddy, Go!’ sort of thing. He would literally push you out of the door wouldn’t he and shut the door on him… You know …and I think it is really important to see that. (Parent 3a)

Parent 4 perceived that her child was paying attention in the interaction viewed and that he was enjoying the interaction which was a surprise to her, indicating this was not something she had previously believed to be the case:

Yeah I saw on the film, I could see his face and I said to the guider ‘aw look at his face’ because when you are reading or pointing something out you don’t usually know if they are looking at the right bit but seeing him, he was and he was actually enjoying it which I’d not really been able to see before (Parent 4)

Similarly, Parent 5 described how pleasurable it was to see her child's smile, which she describes as being something that was not typical:

Um…just to see a smile on his face, it was nice to just see him smile for a change (Parent 5)

The theme of video self-confrontation highlights the significance of the visual image in providing evidence that is often in conflict with what parents had believed to be typical about their parenting skills, their relationships or their child. Parents frequently described a sense of surprise, disbelief or amazement during video confrontation, indicating that what was viewed was not anticipated.
4.4.2 Theme 2: Guider’s Initiatives

The guider’s initiatives can be described as what the guider did or said during critical moments of change. This was described by parents as the guider’s use of questioning and guidance, asking the parents about what they could see in the video or explicitly framing or pointing things out. Parents also described the value of the guider’s appraisal, naming what the child may have felt during the video clip and the value of the guider’s advice, all of which were described as prompting change for the parents. To support the coding process, I continually engaged with the literature, specifically drawing from the checklist for attunement in shared review conversations (see Appendix 1).

- **Scaffolding**

Parents spontaneously discussed how the guider’s questions and framing of the film prompted them to look to the video for the evidence of what was being referred to. Some parents described having difficulty seeing the salient positive moments with the guider’s questioning alone, describing how they needed further repeated viewing of the clip or further support from the guider. Parent 3b described how the guider’s questions prompted him to scan the visual image, though he was not initially able to see the salient moment being referred to:

> Because obviously things like eye contact and even the way that Danny sort of turns his head to you like that. You don’t pick those things up, you wouldn’t and [the guider] would say “what do you see in that clip?” You think well there has got to be something but I can’t actually see it (Parent 3b)

There was some evidence that without the guider’s skilled framing of the video clips, parents may have missed the positives about the clips being viewed. Parent 1 described how she was not able to see how she responded well to her child when first viewing the film, until the guider replayed the clip and framed the evidence for
her. This shows how the guider successfully used the video to scaffold the parent’s awareness of her skills:

(\textit{So at this point were you aware of times when you were responding to her initiative?})
\textit{Not the first time I saw it but the second time she showed me (Parent 1)}

There was also evidence to suggest that some parents needed an increased level of scaffolding which enabled them see the positives being referred to, promoting a higher level of self-awareness and understanding. In the below quotes, Parent 5 and Parent 3b described how the guider used questioning and prompting to frame the image, guiding the parent to look at a particular feature of the film:

\textit{He just helped me to understand it a bit more and he sort of prompted me to look at things that I never thought of looking at before, he was good, very good at pointing things out (Parent 5)}

\textit{You know when she’s bringing out all the key points, you know. Like ‘what do you see there about your good eye contact?’ (Parent 3b)}

Parents reported that the guider’s initiatives such as framing the positive evidence on film encouraged them to notice alternatives and raised their awareness of their own skills. Parent 5 described how she would view the films in a certain way but that she could see the evidence of her own skills when the guider reframed the visual image, using positive dialogue to help her see an alternative possibility:

\textit{It was his way of putting things sometimes because I would be looking at it one way and [the guider] was like, but if you look at this you’re actually doing this…and I was thinking ‘yeah I am actually’ (Parent 5)}

Similarly, Parent 3b and Parent 1 described how they were able to realise their own skills and abilities when the guider specifically highlighted them within the videos:

\textit{You don’t see it yourself do you? It is only when like [the guider] comes and showed us the clips and pointed these things out... You just don’t realise you are doing it (Parent 3b)}
It’s just [the guider] showing me the clips back, showing me that I can actually do it (Parent 1)

There was evidence to suggest that parents recognised the value of looking at the film with a skilled other, who is able to provide mediation and guidance. Parent 3b described how the guider’s positive naming of the child’s signals helped them to become aware of the positives which he had previously missed when initially viewing the film without guidance:

*Obviously [the guider] points out the key points as well and you think oh yeah well I didn’t see that but yeah you’re right that is good… like things like eye contact and things and the way he’s smiling or looking at you or pointing and it’s like well I didn’t see that* (Parent 3b)

Parents seemed to value the strengths based approach when viewing the films. Parent 3a and Parent 3b described their beliefs that they would not have noticed the positives and would not have felt any better about themselves without the guider’s skills:

*So I think if the guider wasn’t there and I was just looking at it just as we were looking at it ourselves I don’t think I would have come away feeling that much better, that much more confident* (Parent 3b)

*Yeah see probably if I was watching the clips I would probably be thinking ‘Right, well I could have done that better’ or I would be criticising myself. I’d sort of think ‘oh you didn’t do that very well’, you know… ‘I need to do this a bit more’* (Parent 3a)

This subtheme provides evidence of how the guider’s scaffolding and guidance provide the essential conditions to prompt parents to notice the positives in the clips they viewed. Parents may need different levels of support either through scaffolded questioning or explicit framing and guidance. This suggests that the guider’s scaffolding supports video self-confrontation to occur, as without the guider’s mediating skills parents remained unaware of the positive salient moments in the clips.
Parents reported the value of the guider’s positive dialogue and strengths based approach which seemed to reaffirm parents’ confidence in their abilities as parents. Parent 3a and Parent 3b describe the reassurance gained from the guider’s naming of their interaction skills:

"You question whether what you’re doing is the right way but you just try you know and she was just saying ‘well you engage with him really well and you read his signals really, really well’ and that was quite nice for someone on the outside to be able to look in and see what you’re doing and say that what you’re doing is alright you know (Parent 3a)"

"that’s what’s needed sometimes when you’re feeling low, you know we do get a lot of praise and it’s very, very nice to hear you know and it makes you feel better you know that you’re doing everything right (Parent 3b)"

Similarly Parent 1 described how the guider’s positive appraisal of her actions provided some reassurance:

"She’s reassuring me and saying well done, that I’ve done good (Parent 1)"

There was evidence to suggest that the guider supports the parents’ constructions of a new reality or new possibility. Parent 4 described how the positive approach used by the guider functioned as a form of affirmation, making it real:

"It was all just positive things that were pointed out that we did or that Charlie did. It was all just positive things. Just confirming and making it real if you like (Parent 4)"

Parents described the value of the guider’s positive reception and appraisal of the positive aspects in the film, which often prompted an emotional shift, feeling proud or feeling relieved of anxiety and negativity. This was significant for Parents 3a and 3b who had described the difficulty they experienced in managing their son’s behaviour
as linked with his ASD. They described the guider’s positive reception and appraisal of the skills viewed, which prompted a sense of pleasure for them:

> It’s the person telling you “look, you’re doing it and you’re managing really well you know and I think that you can probably see differences in Danny’s behaviour because of the way that you’ve dealt with the situation”, which is nice you know, it just makes you feel nice (Parent 3a)

> And the praise that she has given us just puts us on a high (Parent 3b)

Parents reported a link between the appraisals provided by the guider with a shift in their self-efficacy beliefs, often reporting that they began to develop a new narrative about themselves and their parenting. Parent 3a described the guider’s positive reception of his management skills which made him feel more confident that he could manage difficult situations with his child:

> Sometimes you get in a bit of a downward spiral and sometimes it just takes like one little comment to just pick you up, like when she says “well actually you did really well there, you handled it really, really well” …and it boosts your confidence that you can handle the situation better, you know (Parent 3a)

Parent 5 described how the guider’s naming of her positive interaction skills prompted her to believe that she can be successful as a parent:

> Because [the guider] was like, “that’s good eye contact” and “blah blah blah” and I used to think ‘wow, I can do this’ (Parent 5)

Parent 3b also described the value of the guider sharing their views on what they were doing well, when the guider named specific skills. This prompted Parent 3b to consider that he wasn’t doing as badly as a parent and made him feel more confident:

> She was pointing out all the things you know that she felt that we were doing right and she was saying you know did you notice what you were doing there, you know you really picked up on his signals well and it was
like oh ok well maybe we are not doing so badly then you know, it just makes you feel a bit more confident in yourself (Parent 3b)

There was some indication that the guiders’ positive appraisals provided a degree of validation for parents. Parent 3a described the significance of having feedback from a skilled professional, affirming the possibility that they are doing well in their parenting:

So if someone actually like in her profession says well actually you have done a good job on this you just feel quite nice about yourself… ‘Oh ok we are not that bad after all, we are doing alright’ (Parent 3a)

This subtheme highlights the significance of the guider’s appraisals, which facilitated the co-creation of a new narrative about themselves as parents and reaffirmed their self confidence in their own abilities. The strengths based dialogue used by the guider also seemed significant in reassuring the parents and promoting an emotional response. There was some indication that the validation from a skilled other was significant for parents.

- **Naming child’s feelings**

Parents described the significance of times when the guider named and highlighted the feelings of the child in the video clips viewed. Parent 3b described how the guider’s naming of the child’s feelings prompted him to attune to how the child was feeling in the interaction:

It was just very, very nice because [the guider] pointed out that bit you know, ‘Wow, Dad has asked me a question… wow!’ and everything and she seemed so positive with it and you know I thought ‘Yeah actually, you know, yeah he is pretty chuffed with that’ (Parent 3b)

There was some evidence that naming the child's positive feelings may prompt parents to feel successful in their parenting. Parent 1 was asked to identify the part of the shared review which was most significant in helping her to see that she was a
good parent, she identified the guider’s naming of her child’s feelings as the significant moment:

*The bit when she said that Kerry felt safe and happy* (Parent 1)

Parent 1 reported that when the guider named and highlighted the child’s positive feelings in the films, this prompted her to feel successful as a parent:

*The guider* goes on to focus on talking out loud and how that gives Kerry the confidence to respond to you.  
(Tell me what you were thinking there?)  
That I can think out loud and I can be a mum (Parent 1)

This theme provides some initial evidence that when the guider names the feelings of the child during shared review, parents are supported to relate to the child's experience and may enable them to feel successful.

- **Giving Advice**

Parents reported the value of times when the guider provided advice and information, which was viewed as helpful for some parents in enabling them to consider new ways of approaching the issues they face. Parent 4 and Parent 3a both have young children with autism and both described the guider’s advice or sharing of knowledge as valuable in helping them to identify new ways of managing difficulties. Parent 4 described how the guider’s advice about the interactions viewed on film helped her to become aware of the possible cause of her child's refusals at dinner time:

*He said ‘mummy too much, too big’ or ‘too much’ and I didn’t realise and I’d said “no try it” and the guider said “well do you think the portion size is maybe too big? I mean I’m aware he’s not eating it but not about why he’s not eating it, like maybe it’s too big a portion and I hadn’t even realised* (Parent 4)
Similarly, Parent 3a described the value of the guider’s knowledge and advice which seemed to normalise the problems they had been facing and provided them with alternative solutions to their problem:

*The guider’s* very knowledgeable about these things, she’s very, very good you know about all of the difficulties and if we highlighted something then she would say “well that’s actually very common with someone who’s got autism and that sort of thing and have you tried dealing with it this way” (Parent 3a)

There was some evidence to suggest that the guider’s advice may be unwelcome if it is not linked with the parent’s own goal for the intervention (to have fun and become closer to his child). This was in contrast to the positive reception of the guider’s advice, from parents who had indicated that their aim was to develop better parenting skills. This may provide some indication that guiders’ initiatives that divert from the parent’s goal may not be effective in promoting change. Parent 2 described how the perceived attempt of the guider in advising him on aspects of his parenting was received with a sense of resistance:

*Basically, basically she’s telling me things that I already knew; you know I already knew what to do, I mean nobody tells me how to bring my child up* (Parent 2)

This subtheme suggests that the compensating aspect of the guider’s initiatives may be valued, especially the guider’s knowledge and skills regarding conflict management which was especially valued by parents with autistic children.

However, there was some indication that when the guider’s advice was incongruent with the parents’ goals, this prompted a negative response.

4.5 Summary of findings

The current study highlights a range of ways that VIG has impacted positively on the parent’s development and on their relationship with their child. Parents reported an
increased attuned relationship with their child, describing becoming more attentive to their child, more encouraging of their child's initiatives, more sensitive in the way they receive their child's initiatives and also reporting evidence to suggest that they have developed attuned interactions with their child. Findings also suggested a further impact on the relationship between parent and child as parents reported that they had developed an increased attachment with their child.

Regarding the impact of VIG on the parents' development, findings suggest that parents become more reflective about their own communication and parenting style as a result of engagement with VIG. Parents described how they were able to question their own approach or reflect on the way they interact whilst in the moment which allowed them to respond more sensitively to their child's needs. In addition, parents reported becoming more positive as a result of their engagement with VIG, perhaps unsurprisingly so considering the strengths focused approach of the intervention.

In relation to the second focus of the research, which concerns the theoretical underpinnings of the intervention, support was found for cognitive dissonance theory through successful video self-confrontation of the self, child and positive interaction. This prompted parents to shift their beliefs regarding themselves, their child and their relationships to fit with the positive images viewed. Parents also described how they became motivated as a result of video self-confrontation, again supporting the theory of cognitive dissonance which states that parents will either shift their beliefs to fit with the positive images viewed or that they will change their behaviours to achieve consistency with the positive behaviours viewed. Parents also described how video confrontation led to a deeper emotional impact, referring to being relieved and feeling intense pleasure. However, there was some indication that video self-confrontation may also prompt negative emotional responses as one parent
described how viewing positive images made her feel guilty about the way she typically interacts with her son which she described as being inconsistent with the positive images viewed.

There was also evidence to support mediated learning theory, whereby parents described the mediating and reinforcing role of the guider’s initiatives during shared review of positive clips. The guider’s initiatives were described as valuable in aiding the parents to see the salient positive moments, which, without the guider’s skills, were sometimes missed, requiring an increased level of mediation from the guider. Parents described the reinforcing and supporting role of the guider at an emotional level, describing the guider’s appraisal of positives viewed on film as aiding them to feel a sense of relief from worry and causing them to feel better about themselves and their parenting, which they had previously doubted to be good enough.

The following section will link the findings with the existing literature relating to the impact of VIG for parents and their families, whilst also focusing on the theoretical explanations for how VIG facilitates change.
Chapter 5
Discussion

5.1 Overview

The aim of this study was to explore the impact of VIG for parents who had engaged in the intervention. In addition, I wished to explore parents’ experiences during critical moments in the shared review to ascertain how change had been facilitated for them.

The specific questions addressed throughout the study were:

RQ1: What do parents perceive to be the impact of VIG for themselves and their families?

RQ2: How do the parents’ perspectives of VIG relate to possible theories of change?

RQ2a: What do parents experience during critical moments of the shared review?

RQ2b: What are the perceived mechanisms for how change is facilitated in VIG?

In order to address these research questions, five parents who had participated in a VIG intervention were asked to provide me with a semi structured interview, followed by a video elicitation interview. They were asked to think about the ways in which VIG had impacted on themselves and their families. Secondly, they were asked to watch clips identified as critical moments of change from the shared review session between themselves and the guider in order to elicit their views of what change was being experienced and what had facilitated the change. The parents’ responses
from these interviews were transcribed verbatim and analysed using thematic analysis which yielded several themes related to the research questions.

This chapter provides interpretation and clarification from the findings presented in Chapter 4, linking the findings with existing research to generate new understandings to add to the knowledge base around VIG. The research questions are addressed sequentially and limitations will be considered, followed by exploration of the implications for practice and future research.

The following sections review the current findings in the context of the previous literature and research.

5.2 RQ1: What do parents perceive to be the impact of VIG for themselves and their families?

5.2.1 Attuned Relationship

VIG is an intervention that seeks to help parents to establish a more attuned interaction pattern with their child whilst also being able to meet individual need. The findings suggest that VIG has been successful in promoting change for the parents who participated in the current study. The themes which emerged relating to the impact of VIG were complex and were linked to outcomes related both to the parents own development and to their relationship with their child.

Kennedy (2011) reports how the process and building blocks of VIG aim to support parents to develop attuned relationships, suggesting that parents are first guided to be attentive to their child, with the second step being encouraging of the child's initiatives, such as leaving space for the child to communicate through naming what they are doing or naming their thoughts and feelings. Kennedy suggests that watching the child and considering what the child is thinking and feeling is an
important step. When a child makes an initiative, Kennedy states that it can be received in an attuned manner with parents then responding and adding to the interaction. Once this attuned interaction pattern is reached, Kennedy suggests that parents can then guide their child by making suggestions. The findings from this study provide evidence that parents perceive that they have developed attuned relationships, with each parent reporting varying steps they have reached to enable them to be attuned with their child.

Each of the parents in the present study reported varying ways in which they had become more attuned with their child, as described by Biemans’ (1990) principles of attuned interactions. Whilst some parents described how they are now more attentive to their child, using their body language to communicate that they have heard their child, other parents described how they are now more able to use skills such as naming what they are thinking in order to encourage their child’s initiatives. Other parents described becoming more attuned to their child’s feelings, developing an increased understanding of their child and the reasons behind their child’s behaviours which enabled them to be more responsive to their child’s needs.

The findings support previous research (Simpson, Forsyth and Kennedy, 1995; Savage, 2005; Gromski, 2011; Doria, Kennedy and Strathie, 2011, 2013) which found that VIG promotes improved relationships and attuned interaction between parents and their children.

Interestingly, three of the five parents in the study had children on the autistic spectrum. These parents particularly reported how they had gained an insight into their child’s behaviour which had helped them to understand their child and their child’s needs. Although it is not the aim of the study to explore the impact of VIG for parents with autistic children, the findings support the limited literature (Short, 2010 cited in Forsyth and Sked, 2011) which suggests that VIG may be effective in
promoting attuned interactions and relationships between parents and their children on the autistic spectrum.

5.2.2 Attachment

The current findings provide support for previous research by Kennedy, Landor and Todd (2010), who report that VIG promotes secure attachment between parents and their children. Kennedy et al present evidence that VIG is an effective intervention in promoting sensitive care-giving behaviours in families identified as vulnerable, which supports earlier data by Robertson and Kennedy (2009, cited in Fukuënk et al, 2011) who found that VIG is effective with families where there were severe attachment needs.

The current findings support the previous research as three of the parents who participated in the study reported that they felt an increased attachment with their child since engaging in VIG. They described how they felt closer to their child, had bonded more or had developed more love and trust with their child. Arguably, increased attachment may be linked to the fact that parents reported that they now experience a more attuned relationship with their child, being more understanding of their child's experience and more sensitive in their response to their child. Kennedy, Landor and Todd (2010) propose that VIG is a sensitivity focused intervention, where parents are supported to resolve difficulties through increasing sensitivity to their child and attunement in their interactions therefore it is possible to hypothesise that this would promote an increased bond and feelings of being closer to their child. One parent described how he began to bond with his child through the process of VIG, which had enabled him to spend valuable time with his son and to bond when sharing a positive activity. As two of these parents had been offered VIG through multi agency meetings that seek to support vulnerable families, the fact that these
parents now feel an increased attachment may support the findings by Kennedy et al that VIG is successful in promoting positive attachment in vulnerable families.

Kennedy et al suggested that it was important to gain long term follow up data on whether parents maintain progress from VIG. In the current study, a number of parents had engaged in VIG quite some time prior to being interviewed (Parent 5 had engaged in VIG two years previous). Parents who had more recently engaged in VIG as well as the parent who had engaged in VIG two years previous (Parent 5) all reported an increased attachment with their child. This provides some evidence that the improved feelings of attachment to their child may be maintained over time, though this still warrants further exploration.

5.2.3 Self-Reflection

Fukkink, Kennedy and Todd (2011) proposed that VIG may impact on clients at a cognitive level. Studies have referred to parents becoming more reflective. For example, James (2011) presented a single parent case study to illustrate how parents may become more reflective and analytic regarding their approach to parenting. Similarly, Doria et al (2011, 2013) found that parents became more self-reflective as shared reviews progressed, providing evidence that their skills in this area improved as the VIG sessions progressed. In addition, the parents themselves referred to the self-reflective impact of the intervention as one of the key outcomes for themselves and their families. The findings of the current study supports this as parents reported being more reflective of themselves in the moment when interacting with their child, being more aware of their own style of communication and being able to adapt and alter their behaviour as a result. This finding supports the proposition by Fukkink et al (2011), that VIG promotes changes for clients at the cognitive level.
5.2.4 Positivity

There are currently a limited number of studies which provide evidence to support the proposition that VIG promotes factors associated with wellbeing. Doria, Kennedy and Strathie (2011, 2013) found that parents reported feeling a lot happier and more positive as a result of engaging with VIG and Doria et al suggest that happiness, self-esteem, self-efficacy and attitude change are possible outcomes of VIG. In addition, findings by Gromski (2011) and Lomas (2012) suggest that parents experience a reduction in stress, increased feelings of positivity about their own abilities as parents and increased feelings of hope for the future.

The current findings support the previous research that VIG has a positive emotional and attitude impact as parents in the current study reported increased levels of positivity since engaging with VIG. Some parents reported that they feel more positive about the future and about their own parenting ability and one parent described feeling happier since engaging with VIG.

As VIG focuses on the positive aspects of parents existing skills and strengths, it follows that the impact of the intervention would be one of feeling more positive. Many of the parents included in the study had engaged in VIG up to two years previous to being interviewed and the results therefore indicate that the positive effects of VIG can be felt by parents for some time following the intervention. Previous research by Gromski (2011) indicated that some parents reported reduced stress levels at six week follow up after engaging in VIG and the findings of the current study support the findings that parents experience a sustained positive emotional impact of VIG. Although the findings presented were elicited through qualitative measures rather than pre and post quantitative measures of wellbeing, the findings present an interesting area for future research to explore in greater detail.
5.2.5 Summary

The impact of VIG for the parents who participated in this study appears to have occurred at many levels.

Parents described how they had developed more attuned relationships with their child, indicating that VIG promoted change at the cognitive level, with parents describing an increased understanding of their child. Parents described a deeper level of attuned understanding with their child, being more able to attune to their child's experience and feelings. In addition, parents reported a change at the personal cognitive level, describing an ability to be more self-reflective about their own communication and behaviour. It is possible to hypothesise that the act of reflecting on one’s own behaviour on film during shared review enables parents to assimilate this outsider observer position during their everyday interactions, reflecting on their behaviour whilst in the moment as if seeing themselves on film.

Some parents described changes at the behavioural level, referring to changing the way that they interact with their child, becoming more attentive to their child, being more able to encourage their child's initiatives or becoming more sensitive in the ways they respond to their child. Parents described how they now do more with their child and how interactions had increased.

Many parents described how VIG had impacted on their relationship with their child at a much deeper emotional level, describing an increased love and bond in their attachment with their child. When describing how they had developed attuned interactions, parents described an increased level of joy their interactions with their child, again providing evidence of a deeper level of emotional attunement in their relationship. Interestingly, these outcomes had been a goal for all of the parents at the beginning of the intervention, describing how they wished to be closer to their child and wished to bond or wished to enjoy their interactions.
At a personal emotional and attitudinal level, parents described becoming more positive about their own ability and about the future and also reported feeling happier.

Previous research has called for examination of the impact of VIG over time. Parents who participated in the current study had engaged with VIG up to two years previous to being interviewed, reporting how they perceived the impact of the intervention to have been maintained throughout this time. Parents reported positive outcomes for themselves and their relationship up to two years following engagement with VIG. Therefore, the current findings support the previous research (Gromski, 2011) which suggested that, for some parents, VIG may facilitate outcomes that are maintained over time.

These findings could be seen as evidence that VIG supports families to be resilient as it has been shown to encourage the development of an attuned relationship and increased attachment and that outcomes are maintained over time.

5.3 RQ2: How does the parents’ perspectives of VIG relate to possible theories of change?

5.3.1 Theory of Mediated Learning

The theory of mediated learning (Feuerstein and Klein, 1985) relates to the role of the ‘skilled other’ in providing structure and support in order to enable individuals to move from what they do not know to what they know. This process of mediation is referred to as scaffolding (Bruner, 1978) and learning in the zone of proximal development (Vygotsky, 1978).

Kennedy (2011) suggests that the aim of the guider is ‘to support the client to become as active as possible in experiencing and thinking about their own change’,
suggesting that it is the client’s response to the guider’s initiatives which is important, rather than whether the initiatives used were activating or compensating (Gromski, 2011). Kennedy suggests that it is important for the guider to leave space for the parent to enable them to develop new thoughts, feelings and intentions and to identify new narratives.

Doria, Kennedy and Strathie (2010, 2013), proposed that the guider’s reception and guidance is a key component for how VIG promotes change. Doria et al suggest that through use of the principles of attuned communication, guiders co-create meaning with the client. Through parent interviews, Doria also asked parents what they perceived to be the key factors in how VIG works and found that parents viewed the guidance of the professional as one of the main success factors of the intervention. Doria suggests that the success focused, in depth analysis of video clips within the shared review session leads parents to ‘metacognitive reflection’ and reconstruction of new realities.

The current findings support the mediating role of the guider in activating change for clients at several levels. Firstly, the findings suggest that the guider mediates the clients at a perceptual level, with parents describing the value of the scaffolding provided by the guider, which helped them to see the pertinent moments in the shared review clips. Many parents reported having difficulty seeing the salient positive moments without the guider’s mediation. It seems that some parents needed different levels of mediation, with some parents describing how even with several replays of the clip, they remained unable to see the salient points in the film. Some parents described how they were immediately able to see the positives about themselves and their child when the guider framed the salient moment for them through explicitly pointing out the positives. Parents described how they would typically see the negatives about the interactions viewed without the guider’s framing
of the positives in the clips, highlighting the crucial relationship between the mediating role of the guider and successful video –self confrontation.

Parents described the value of the guider’s skills in naming the child's emotional state during interactions viewed. Parents reported that when the guider named the child's feelings (for example, naming that the child felt safe or happy) this helped parents to attune to the child's experience and also prompted them to consider the possibility that they were being good parents. Doria et al (2011, 2013) refer to the co-construction of a shared reality and the findings of this study would support the suggestion that the guider supports the parents to consider new realities, that they are good parents and that they are not doing as badly as they had previously feared.

Parents also described a different kind of mediating role of the guider, referring to the positive emotional effect of the guider’s appraisal and affirmation of their strengths. Parents described being reassured, feeling a sense of pleasure and increased confidence as a result of the guider’s positive dialogue. These findings support the proposition made by Doria, Kennedy and Strathie (2011, 2013), that VIG promotes positive outcomes, though the current findings add to the findings of Doria et al, directly linking these positive outcomes with the guider’s initiatives during shared review.

The present findings suggest that when the guider provides a high level of mediation, through giving advice, this was valued, especially by parents who were open to advice and who were seeking support for their parenting skills. However, one parent described a negative response to what he perceived to be advice on his parenting. This parent had identified goals related to developing enjoyment in his interactions with his child. Therefore, any guidance that relates to his own personal skills may not have been received positively due to the incompatibility with his goals for the intervention.
The current findings suggest that the mediating skills of the guider seem to be an important factor in the success of the shared review as without these skills, parents are often unable to see the salient perceptual points. Therefore, without successful mediation at the perceptual level, video confrontation may not be successful.

5.3.2 Cognitive Dissonance Theory

Cross and Kennedy (2011) discuss how VIG enables parents to see evidence of their positive behaviour and that with support from the guider and the opportunity to challenge negative self-belief, the existing negative self-beliefs would gradually shift with the positive self-behaviours and positive self-child interactions observed. Cross and Kennedy explain that ‘self-confrontation in VIG is when the person who is depressed or lacking confidence in their abilities is confronted with evidence in the video that challenges their own negative self-evaluation.

Cross and Kennedy (2011) propose that the experience of seeing and discussing positive video clips that are incongruent with the parents’ negative views of themselves is at the foundation of why VIG is effective. Clients experience cognitive dissonance, a discrepancy between what they see themselves doing and what they believe. Cross and Kennedy refer to the role of self-confrontation in prompting change for parents and link this to Festinger’s (1957 cited in Cooper, 2007) theory of cognitive dissonance.

Cognitive dissonance relates to the uncomfortable mental state which arises when people experience a discrepancy between what they do and what they think they should do. According to Festinger (1957), people’s basic need to avoid this discomfort and dissonance causes people to change either their thoughts or their behaviour in order to achieve congruence. The phenomenon that parents experience some sense of surprise or disbelief when faced with images that conflict with their evaluations of themselves is consistent with this theory. The theme of
video –self confrontation is linked with the themes of ‘I shifted my beliefs’ and ‘I became motivated’, as parents shifted their beliefs to form more positive beliefs about themselves, their relationships and their children when confronted with positive images which challenged their existing negative views, or parents became motivated to change their behaviours when confronted with positive exceptions.

Previous research by Doria, Kennedy and Strathie (2011, 2013) was the first to suggest that cognitive dissonance theory could provide an underlying explanatory theory to explain the success of the intervention. Doria et al carried out a study into how VIG brings about change, incorporating views of parents, guider and VIG supervisors in order to evolve an explanatory model. In the earlier unpublished working paper, Doria et al (2011) propose that new shared realities are co-constructed during the VIG process, where parents develop new thoughts, feelings and narratives about themselves as parents and their view of their own parenting. Doria explains how parents begin changing their cognitions associated to themselves, their child and their relationships.

In the present study, there was evidence to support the theory of cognitive dissonance through the mechanism of video self-confrontation. The findings suggest that successful video self-confrontation is vital to prompt a shift in beliefs. For some parents, successful video self-confrontation was achieved when they viewed themselves being successful. Parents frequently described a sense of surprise or disbelief as the positives viewed were in conflict with what they had previously believed about their parenting skills. Parents described shifts in beliefs about their own self-efficacy as a result of video self-confrontation. Self – efficacy relates to parents’ beliefs in their own ability. Some parents described considering the possibility that they were not doing as badly as they had thought, whereas other
parents described how they started to believe the possibility that they were good parents and were doing well.

Doria, Kennedy and Strathie (2011, 2013) highlight that parents begin to change the cognitions associated with their child and their relationships during the shared review. The evidence from the current findings support the proposition made by Doria et al as, during video self-confrontation, parents reported shifting their beliefs about their relationships and about their children to fit with the positive clips viewed. Parents reported that they began to consider the possibility that they and their child can get on and that they can enjoy their time together, or that their child does enjoy interacting with them. Other parents described shifts in beliefs as related to their child’s ability and their child’s future, describing how they began to consider the possibility that their child might be more able than they had previously thought and therefore might have more of a positive future than they had previously considered. The findings provide further support for the theory of cognitive dissonance as parents described a shift in beliefs about their child or their relationships to accommodate the positive images viewed.

Cognitive dissonance theory also suggests that when one is confronted with evidence of positive behaviours, individuals also become motivated to change their behaviour to fit with the positive behaviours viewed. Doria (2011, 2013) found that both parents and guiders viewed VIG as a motivator for change. This theme was presented in the proposed model by Doria (2011) as an outcome of the intervention. However, in the published paper (2013) this theme seems to have been subsumed into the theme ‘Attitude – behaviour change’. Cross and Kennedy (2011) suggested that when a person’s attention is drawn to themselves, this prompts a state of self-awareness, where an individual engages in a comparison between the perceived self
and their ideal self. Cross and Kennedy suggest that when this occurs, an individual becomes motivated to close the gap and to change.

The proposition that individuals become motivated during video self-confrontation of positive behaviour is supported by the current findings. Parents described becoming motivated to change their behaviour when confronted with video evidence of successful self and successful parent/child interactions. Some parents described how they began making plans to do more with their child whilst others reported that they started to consider the need to change the way they interact and communicate with their child, making plans to be more attentive and more sensitive in the way they respond to their child. Parents engaged in a reflection on their previous communications style or previous behaviours and made plans to move towards more ideal ways of communicating and behaving.

Doria et al (2011) suggested that parents experience positive feelings as a consequence of changing cognitions and in Doria et al (2013) this is extended to include outcomes relating to happiness, self-esteem, self-efficacy, attitudes and behaviours. The current findings provide some support for the proposed outcomes as parents often described an emotional experience during critical moments of change. Emotions described by parents were often feelings of pride and pleasure or a relief of anxiety. Parents in the current study also reported feeling a sense of relief, or feeling better suggesting that VIG supports parents to feel less stress or worried, which is in line with findings by Gromski (2011) who found that during the process of VIG, parents experience decreased levels of stress.

There was also some evidence that parents may feel some discomfort and guilt during video self-confrontation, due to the incongruence between the positive images viewed and the comparison with their everyday manner of interacting with their child, which they recognised as less than ideal. The possibility that parents may
experience negative feelings and responses during the shared review was highlighted by Doria et al (2011, 2013), who proposed that the experience of negative feelings is not uncommon during the initial stages of the intervention and is expected. Doria found that parents spontaneously gave negative information about themselves during the shared review, though this reduced as shared review sessions progressed. Doria suggested that this dispels some criticism that VIG is a positive approach. For the parent in the current study who experienced guilt, this prompted her to consider the need to change her behaviour and the way that she treated her child, therefore the negative emotion did not prevent positive change.

5.3.3 Summary

The findings of the current study extend our knowledge about the underlying theoretical mechanisms involved in promoting change for parents during VIG. Firstly, evidence is found that supports the role of cognitive dissonance theory through video self-confrontation.

From the current findings, it is clear that the parents who participated in this study reported a range of cognitive and emotional experiences during video self-confrontation. Parents began to develop new thoughts and considered new possibilities relating to their own self-efficacy and related to their child and relationships. Parents also reported becoming motivated to change their behaviour, either motivated to increase the positive behaviours viewed or being motivated to change their behaviour. Findings also suggest that parents experienced a range of emotions, in the most part feeling relieved or feeling a sense of pleasure associated with video self-confrontation. However, there was some evidence that parents may also feel guilt when viewing positive images of themselves, as a result of a comparison between the positive image viewed and their perceptions of their typical behaviours in everyday interactions.
Secondly, there is evidence to support the role of mediated learning through the skills of the guider. The evidence suggests that the guider supports the parents journey of change, supporting them to perceive positive salient moments in the film and also providing reinforcement and reassurance. The initiatives used by the guider seem to create the vital situation needed to enable video self-confrontation to be successful, prompting parents to shift their beliefs about themselves, their child and their relationships to be more in line with the positive images viewed. During these moments, parents experience a range of emotions, some reporting relief of anxiety and worry, or pride and pleasure associated with the positive reinforcement of the guiders appraisals.

The findings from the present study and builds on the previous model proposed by Doria et al (2013), as seen in Figure 6 below:

**Figure 6: Model proposed by Doria et al (2013)**

Doria et al used data derived from VIG Supervisors’ focus groups to construct the above model. The factors marked with * indicate those themes which have been
added by supervisors and therefore do not incorporate the parents' views and experiences revealing a weakness in the proposed model. The model proposed by Doria allowed me to know something about how change might occur for parents during VIG but it was not enough to map onto an existing theoretical theory. In view of this limitation, the findings of the current study are significant; providing further explanation for the theoretical underpinnings of how VIG facilitates change.

Figure 7 builds on the proposed model by Doria et al (2013), augmenting findings from RQ1 and RQ2. The model explains parents' experiences during critical moments within the shared review as linked with the perceived mechanisms that facilitate change and the perceived outcomes of the intervention for parents and their families. It is important to recognise that this model can only be considered within the context of the present study, focusing on VIG with parents.

Figure 7: Proposed model linking RQ1 and RQ2
The model illustrates the role of cognitive dissonance theory through video self-confrontation which prompts clients to shift their beliefs and become motivated to change.

The model also clarifies the role of mediated learning theory as the skills of the guider facilitate video self-confrontation which in turn leads to a shift in beliefs, emotional experiences and increased motivation. As parents reflected on how VIG has impacted on themselves and their families, the model allows us to see how increased motivation, shifted beliefs and the emotional experiences can be linked with the range of reported outcomes for parents and their families. The model therefore links to the previous model by Doria et al (2013), whilst also extending their findings, providing a theoretical explanation for how change is facilitated during VIG, whilst drawing solely from the experiences and views of the parents.

5.4 Quality and limitations of the research

The present study adopts a qualitative inquiry approach and therefore the quality of the research may be viewed in terms of principles detailed by Yardley (2000) which will be addressed in turn, providing evidence of how the current research has met the different principles presented. Yardley argues that qualitative research should not be judged against the same principles as quantitative research, such as sample size, reliability or validity, as qualitative and quantitative research are two very different approaches. As quantitative approaches are concerned with generalising findings to a wider context, stability and generalisability of findings are important aspects, requiring large sample sizes and samples that are representative of the wider population for which the findings relate. When conducting qualitative inquiry, the aim is often unrelated to the generalisability of the findings, but often is concerned with exploring phenomena in depth in order to reveal new or under
researched areas of interest. This is true of the present study, which aimed to explore both perceived outcomes and processes of change for parents who had engaged in the VIG intervention. In order to explore this phenomenon in depth, a small sample size was required as a large sample size would not allow scope for such detailed interpretation of data or thorough exploration of processes of change. The principles against which qualitative research should be evaluated are addressed sequentially here:

5.4.1 Sensitivity to context

Being sensitive to the context in which the research is carried out is presented firstly as the need to have theoretical understanding. The current research presents evidence of my theoretical understanding of VIG and the theories linked with the intervention. In addition, sensitivity to context also relates to possessing an awareness of the social and cultural context in which the research is conducted. Having grown up in a similar socio-economic area to many of the parents who participated in the study, I am sensitive to the experiences of many of the families who may be viewed as hard to reach. In addition, a number of the families had children with autism and, having worked in specialist provisions for children, I have an understanding of the challenges faced by these parents, allowing me to position myself as an interested, non-judgemental party. However, I am mindful that I may have been perceived as a judgemental professional and this introduces the concept of power imbalance.

During fieldwork, when in contact with the parents, I remained mindful of the parents’ perceptions of me, both as researcher and as a ‘helping professional’. Many of the parents had received support and intervention from many helping professionals as a result of their difficulties with their child or relationship with their child. It may be that my level of interest in the impact of VIG, along with the power imbalance between
interviewer and interviewee, or parent and professional, may have impacted on the information provided by the parents. It is possible that such dynamics may have prompted parents to wish to ‘please’ me as the interviewer or as a professional, possibly positioning me as an evaluator of their ability to implement certain aspects of the intervention. Consideration of this dynamic introduces the possibility that parents may have presented the impact of VIG as more positive than they may have otherwise. This could be seen as a limitation of the present study, as consideration of social constructionist positions would denote that my presentation and personal characteristics, together with my responses and line of questioning, may have impacted on the parents’ discourse. It is this awareness that allows me to suggest that the findings of the present study may reflect a limited representation of the parents’ experiences and perceptions of VIG, being only those views which the parents wished to present to me, as an EP interviewer. It may be that if I had presented myself as a parent, of different age or gender, the parents’ talk regarding VIG may have been different to that which they presented to me. This aspect, although being unavoidable, is important to highlight when reporting my findings as it is possible that parents presented ‘their best side’ when discussing the impact of VIG for themselves and their families. Although I attempted to circumvent the issue of power concerning myself as professional, through highlighting my interest first and foremost as a student researcher, the power imbalance even with this dynamic may have yielded certain talk from the parents and as such, consideration should be given to the inequality during the interview and interpretation levels.

5.4.2 Commitment and rigour
Commitment is in reference to engagement to the area being researched and ability to immerse oneself in the pertinent data, evidence of which is clear through the range of studies explored and presented when reviewing the literature linked to VIG
and related video intervention methods. As a researcher who has not been trained in VIG, this required an initial immersion in the data in order to understand what VIG was and how it was delivered. This initial stage of immersion in order to understand the intervention itself was key. In order to find an explanation for the key theories which might provide an explanation for how VIG brings about change, I continually re-engaged with the literature at each level of the research, from developing the research questions, to developing interview schedules and understanding the themes occurring in the data, meaning that this has been an iterative process of immersion in data and immersion in research literature. Due to this, I believe I have demonstrated a clear commitment, having engaged with the literature and the data over a prolonged period.

Rigour is in reference to thorough and complete collection of data and level of interpretation. In reference to complete data collection, which encompasses sample size, there are practical constraints concerning reasons for the small sample size of the present study, namely the requirements that the participants have actually engaged with the intervention being investigated and the need for a homogenous sample. In the Local Authority in which the research was carried out, VIG is in its infancy. Therefore the number of individuals who have engaged with it as clients is limited. In addition, the question of fidelity arose as a limiting factor, reducing the possible sample of potential participants as during the semi structured interview for two separate parents, it became clear that one guider who had been in the early stages of training had allowed parents to film themselves interacting or had used video playback of their child interacting with others. This resulted in two parents being eliminated from the study. Regarding the nature of the sample, one further parent was not invited to participate in the study due to EP concerns that there was a high degree of social care involvement and therefore a degree of stress on the
family. In addition, another parent was very hard to reach and was finally eliminated due to her time commitments which did not fit with the timeframes of the study. It could be argued that the smaller sample size allowed for more rich, in depth exploration of data which may not have been possible with a larger sample size but it is viewed as a limitation of the study.

Rigour refers to the completeness of the interpretation and analysis of data. It could be suggested that there are some weaknesses in this area, as the data relies on the parents’ views which are not triangulated with any other views, for example with those of the guider. This was a purposeful and considered decision as I wished to explore the parents’ views of the impact of VIG for them as well as their own perceptions of how VIG brings about change, without their voices becoming lost with the inclusion of the voice of the guider. This method of triangulating data from parents, guiders and VIG supervisors was employed by Doria, which was highlighted during the literature review as a possible weakness of the study, as this resulted in the voice of the client being lost. Therefore, in order to ensure the voice of the parent remained at the centre of the research and was not diluted by inclusion of other dominant voices, the parents’ data were not triangulated with any other data. It was considered that information from parents’ case files could be included in the research in order to triangulate findings, by including Target Monitoring Evaluation sheets. However, I chose not to include these so as to avoid diverting from what the parents wished to tell me at the point of interview. However, one parent seemed to view these sheets as evidence of the ways in which he had changed, being keen to present them to me during interview rather than rely on telling me himself about how VIG had impacted on his situation following engagement in the intervention. Yardley (2000) suggests that an indication of quality in qualitative research is clarity and coherence between the aims and the methods and approaches adopted to address
those aims. It is proposed that eliciting additional views other than those of the parents would conflict with the aims of the research.

5.4.3 Transparency and coherence

These principles relate to the ways in which the research is presented, whereby the research should present a coherent story that is accessible and meaningful for the reader, requiring clear and quality narrative. Transparency concerns the extent to which the research presents a clear purpose (presented in Chapter 2) and explicit processes of data analysis (presented in Chapter 3).

The current study demonstrates that it adheres to the principle of coherence, being meaningful to both VIG guiders and non VIG trained EP practitioners through clear explanations of the history and nature of the intervention, through to the presentation and construction of meaning presented at the stage of analysis. In addition, the principle of coherence is related to the relationship between the research questions and the philosophical stance adopted by the researcher. The research questions relate to parents’ perspectives on the ways in which VIG has impacted change, whilst also exploring their experiences of the change process, both of which dictate that a qualitative approach is adopted with the parents voice being central to the method of analysis. The philosophical stance with which the current research is positioned, relates to social constructionism, recognising that within an exchange of communication, each individual constructs and interprets, making meaning and sense of the world (Burr, 2003).

The use of thematic analysis as an approach has meant that I have been the tool through which interpretation of meaning is made. It is likely that my own experiences and beliefs have heavily influenced the data throughout the study. It could be viewed that the reliance on parents’ interview data is a limitation but the inclusion of video elicitation methodology ensured that the visual record of the shared review
meeting acted as a real record of what was occurring during the shared review session. Although the discourses from the shared review films were not transcribed, they were used as a prompt for further discussion around moments identified as critical moments of change for the parents and allowed me to further co-construct what the parents were experiencing and thinking during such moments. My identification of critical moments of change is also an interpretation and it is possible that another individual would have selected other moments as critical moments of change. However, I have attempted to be transparent in how I identified these moments to ensure that this approach could be replicated in future research. One limitation of the video elicitation method is that the semi structured interview prompts that were used for exploration of underlying mechanisms of change and exploration of parents’ experiences of change were individually designed for the purposes of this research, being adaptable in the moment to allow the freedom to follow up on interesting topics that arose. As a result, the format of questioning was individual and flexible, depending on the area of interest being explored during critical moments of change. It is recognised that this limits the ability to easily replicate the methodology.

Being transparent in my philosophical position allows me to present the findings as one possible truth, from which there may be many. The use of thematic analysis as a method of analysing the data could also be viewed as a weakness or limitation. Criticism of this method has suggested that the approach is not a method in its own right, rather an aspect of analysis which forms the basis of other methods of analysis such as grounded theory (Boyatzis, 1998). As a novice to the area of qualitative analysis, this approach enabled me to follow a clear set of stages and I would suggest that the approach allowed me to clearly set out these stages so that the
method of analysis could be understood and replicated, supporting the principle of transparency.

5.4.4 Impact and importance

In assessing the quality of the research, the impact and theoretical importance of the findings are an important aspect and this is largely addressed in the following section on implications. The current findings suggest that VIG is an effective intervention in facilitating a range of positive change for parents and their families. In the current climate in which national bodies, such as the National Institute for Health and Clinical Excellence (NICE, 2012), are beginning to recognise the importance of early intervention and support to promote social and emotional well-being in young children, the dissemination of research findings which suggest the effectiveness of interventions in facilitating positive change for families is crucial. Dissemination of findings through publication and presentations adds to the evidence base so that such effective interventions continue to be commissioned and the commitment to VIG training is secured. Despite its developing reputation as an effective intervention to support families to recognise their own existing resources for positive change, explanatory theories of how and why VIG is effective are rare. As the current research adds to only a very small number of studies exploring the mechanisms underlying the success of the intervention, the findings are important as they provide an explanatory theory as to how VIG is effective, enabling practitioners to develop a more focused model of delivery.

5.5 Implications

5.5.1 Contribution to research and implications for practice

The findings of the present thesis have added to the sparse literature which exists on the mechanisms underlying the success of VIG with parents. This study is one of
the few pieces of research which has explored the mechanisms of change during the shared review, as linked with the perceived impact of the intervention for parents and their families. The current research has provided a unique and distinct contribution to existing literature on the mechanisms of change in that the parent voice and experience of change has remained central to the data, providing insight into the process of change from the client user’s perspective.

The study highlights the importance of the guiders mediating role in creating a perceptual space for the parents to notice the salient information during shared review of video, paving the way for successful video self-confrontation which were found to be the main mechanisms in facilitating changes in parents’ beliefs, feelings and intentions. In attempting to find an explanatory theory of how VIG promotes change, the research provides evidence to support cognitive dissonance theory, whereby parents experienced a discrepancy between the positive images viewed and their existing negative beliefs, which in line with cognitive dissonance theory, was shown to prompt parents to shift their beliefs and make plans to change their actual behaviour.

A further contribution of the present research is the use of video elicitation methods to elicit parents’ experiences of change during critical moments during the shared review. These methods have allowed a distinct approach to eliciting client users experiences and views regarding the mechanisms of change, by enabling the researcher to revisit key moments in order for in depth exploration of points of interest.

5.5.2 Future directions for research

There may be a variety of potential lines of inquiry which future studies could expand on. Firstly, replication of the research with families who report difficulties in their attachment with their child may provide further support for the current findings which
suggest that VIG is an effective method to promote attachment. This line of inquiry would be particularly pertinent given the conflicting research around VIG and attachment, whereby Kennedy, Landor and Todd (2010) suggest VIG promotes secure attachment but the results of a meta-analysis by Bakermans-Kranenburg, Van Ijzendoorn and Juffer (2003) suggest that VIG was not found to more any more effective in influencing attachment in children when compared to other programs. Such future studies could extend the current findings, that VIG is effective in promoting parents' feelings of attachment to their children by examining the process of change as related to feelings of closeness and metacognitive emotional attunement to their child. Some studies have begun to explore the impact of VIG for adoptive families and foster families. I would suggest that this would be a key group with which future studies could explore the impact and mechanisms of change, with attunement, attachment and feelings of low self-efficacy as parents being possible factors contributing to the breakdown of foster and adoptive placements for already vulnerable children. Future research may utilise self-efficacy measures and attachment measures with adoptive and foster carers as pre and post measures to explore the effectiveness of VIG with this client group. As three of the parents in this study had children with a diagnosis of autism, another area for future research may be to explore the impact of VIG with families of autistic children. Future research may also use video elicitation methods to further explore the experiences of clients during the shared review process. This could extend the current findings through replication of the methods presented here, as used with other client groups such as teachers.

5.5.3 Implications for guiders and EPs

The findings are anticipated to be mostly of importance to VIG practitioners, enabling them to better understand the mechanisms and processes involved with how VIG is
effective in facilitating change for parents. By providing further evidence about the theoretical basis of how change is facilitated, VIG practitioners will be better able to understand the process and mechanisms of change, allowing them to deliver a more effective intervention. Highlighting the parents’ experiences and thoughts during critical moments of change enables the guiders to develop a better understanding of the impact of what they do during the shared review, as experienced by the client. In highlighting the theoretical explanations for the success of effective interventions such as VIG, policy makers and those responsible for funding are able to make better educated decisions about which interventions are likely to facilitate positive change. For example, the current research supports the effectiveness of interventions that adopt methods of video self-confrontation with aspects of positive guidance and mediation. As the profession of Educational Psychology continues to evolve into traded services, the need for research which highlights the effectiveness of interventions delivered by EPs will enable the profession to deliver interventions with a strong evidence base, ensuring value for money when competing with other businesses for trade. The findings highlight the value of EPs carrying out small scale research, evaluating outcomes and exploring processes in order to add to our knowledge of the interventions we deliver.

In the Local Authority in which the current research was carried out, guiders are beginning to deliver introductory presentations and training for other front line professionals within Children’s Services, such as Social Workers and Early Years Advisory Teachers. It is anticipated that the current findings will be disseminated through similar presentations within the Local Authority and within the VIG community, for both the benefit of VIG practitioners and other researchers. In addition, the findings may inform decision making by key stakeholders within Children’s Services, potentially providing evidence to support the maintenance of
funding to enable continued training and supervision of EPs who are using VIG in their casework.

5.6 Conclusion

This study has added to the growing research into the positive impact of VIG as an effective method in facilitating positive change for parents and families. Parents perceived that VIG had enabled them to develop more attuned relationships with their children, describing how they are more attuned to their child's internal world and more attentive to their child when communicating and more sensitive in their response to their child when communicating. In addition, some parents reported an increased attachment with their children. There was also evidence that parents felt a positive emotional and attitudinal impact, describing increased feelings of positivity as a result of engagement with VIG.

The research presented in this thesis has also provided a valuable contribution to the literature attempting to explain the underlying theoretical mechanisms of how VIG facilitates change. The study has utilised new approaches to explore the process of change using video elicitation techniques and has provided new insights through the intrinsic case study methodology. Firstly, the findings suggest that mediated learning theory plays a vital role in how change is facilitated in VIG. The guiders’ initiatives are key in providing the foundations for successful video confrontation, often having to scaffold parents’ perceptual experiences in order for them to notice the salient positive moments viewed.

Secondly, the findings suggest that cognitive dissonance theory is a useful theory to explain the shift in cognitive and emotional responses during video self-confrontation. Festinger (1957) proposed that the recognition of inconsistency between two or more cognitions or between cognition and behaviour would prompt
discomfort in the form of psychological tension, or dissonance. Festinger suggested that people are fundamentally motivated to re-establish equilibrium by reducing dissonance, which is possible through either behaviour change or changes of cognition. Festinger theorised that when an individual cannot deny having performed a specific inconsistent behaviour, such as viewing oneself being successful, this is likely to result in changes in cognition. As Doria previously proposed, the current findings support this notion as video self-confrontation often led to a shift in beliefs or motivations to change their behaviours to fit with the observed successful self or successful parent-child interaction viewed. This video self-confrontation prompts parents to shift their beliefs about their own self-efficacy and to shift their beliefs about their relationships and their children. In addition, parents also experience an emotional shift in response to the positives viewed and become motivated to make changes to their behaviour. This research extends the previous research which called for further exploration into the role of cognitive dissonance in VIG.


Available from: [www.spinlink.eu](http://www.spinlink.eu) [Accessed on 20th October 2012]


Appendix 1

Illustration to depict the VIG cycle of filming/shared review session.  
http://www.kenttrustweb.org.uk/eps/eps_VIG.cfm

VIDEO RECORDING
the VIG guider films the family in interaction

PLUS

SHARED REVIEW
The guider edits the video selecting the most successful moments to be watched and reviewed by the client and guider together

Checklist provided by AVIGuk during 2 Day Introductory Course on 29th and 30th May 2014
Appendix 2

WIG Questionnaire

This is just an information seeking exercise for myself, to aid my thinking about how to explore the effectiveness of VIG as an intervention for my thesis research. The following questions should take no more than 5 minutes.

1) **Please circle/highlight** the relevant info regarding each of your VIG interventions, noting the **age of the child**, at what **stage** you are at (e.g. complete or planned for future) and who the intervention was carried out with (e.g. Teacher). A brief description of the aims of the intervention would also be helpful, (e.g. to empower teaching assistant to manage child’s behaviours)

   **First Case:**
   Age of child?   Early years  Infant  Primary  Secondary
   Stage of completion?  Complete  Currently undertaking  Planned for future
   Who with?  TA  Teacher  Parent  Child  Other (specify)
   Brief description of aims of intervention:

   **Second Case:**
   Age of child?   Early years  Infant  Primary  Secondary
   Stage of completion?  Complete  Currently undertaking  Planned for future
   Who with?  TA  Teacher  Parent  Child  Other (specify)
   Brief description of aims of intervention:

   **Third Case:**
   Age of child?   Early years  Infant  Primary  Secondary
   Stage of completion?  Complete  Currently undertaking  Planned for future
   Who with?  TA  Teacher  Parent  Child  Other (specify)
   Brief description of aims of intervention:

   **Fourth Case:**
   Age of child?   Early years  Infant  Primary  Secondary
   Stage of completion?  Complete  Currently undertaking  Planned for future
   Who with?  TA  Teacher  Parent  Child  Other (specify)
   Brief description of aims of intervention:

   **Fifth Case:**
   Age of child?   Early years  Infant  Primary  Secondary
   Stage of completion?  Complete  Currently undertaking  Planned for future
   Who with?  TA  Teacher  Parent  Child  Other (specify)
   Brief description of aims of intervention:

2) How many cases do you plan to take on in the next year December 2011 – December 2012?

Many thanks for your time. Please ensure your name is on the top of this sheet as I may need to approach you in future. You can either email your response or print and place in my in tray.
Dear

I am writing following your recent telephone conversation with *. * advises me that you have taken part in Video Interaction Guidance, where you and your child were filmed and then you received guidance and feedback about your interactions.

I am looking for parents who are willing to be interviewed as part of my research project as I am interested in parent’s perspectives and experiences of the Video Interaction Guidance intervention.

The information provided in the interviews would remain confidential and anonymous so what you tell me cannot be linked back to you. As I am a Trainee Educational Psychologist, my research supervisor at the Institute of Education will be the only person to have access to the information from the interviews. You will have the right to withdraw from the study at any time.

I have enclosed an information sheet for you to read and a consent form. If you decide that you would like to take part and would like more information, please email me; clare. hawtin@medway.gov.uk, telephone * or return the consent form enclosed using the prepaid envelope provided. I will then follow up with you to organise an interview at a time which is suitable for you.

I thank you in advance for your time.

Kind Regards

Clare Hawtin
Trainee Educational Psychologist
Appendix 4

Parent’s views and experiences of Video Interaction Guidance

Your expert views required!

Information for parents

My name is Clare Howlin and I work as a Trainee Educational Psychologist at Medway Educational Psychology Service. I am currently studying for my doctorate in Educational and Child Psychology and I am carrying out my research on Video Interaction Guidance, specifically I am interested in parents’ experiences of the VIG intervention.

I am aiming to find out your views and opinions about the Video Interaction Guidance intervention. I hope this information will be used to inform others about parents’ views of the intervention.

This leaflet tells you about my research – I hope it will be useful and I would be pleased to answer any questions you have.

What will you have to do if you choose to participate?

I will contact you to see if you are willing to participate in an interview, and I will then arrange to come and see you at your home at a time that is convenient for you. During my visit I will carry out the initial interview about your experiences of VIG. This should take approximately one hour.

If you consent to be interviewed you can stop the interview at any time without having to provide a reason. The information you have provided will be withdrawn.

Once the interview is finished, you will have the chance to talk to me about anything that may have worried or upset you. In addition, help and support will be available from the Educational Psychology Service.

Who will see the information that you provide?

I will record the interview to help me remember what you have said. The information that is collected will be confidential, both your name and identity will not be documented in any way to make sure you cannot be identified. Although I am working within Medway Educational Psychology Service, I am carrying out this research as part of the Institute of Education and therefore the Educational Psychologist who carried out VIG with you will not have access to the interview transcripts and therefore you will remain anonymous.

Who is authorising the research?

The Institute of Education (University of London), as well as Medway Local Authority are authorising the research. The Faculty Research Committee has reviewed the project.

Do you have to take part?

Your views and your participation are hugely valuable to me, but it is up to you to decide if you would like to take part. If you say yes, you can opt to drop out at any time and you do not have to answer any questions that you don’t want to.

Thank you for reading this leaflet. I will contact you to follow up with you and to find out if you are willing to participate.

Clare Howlin
Email: chowlin@ioe.ac.uk
Tel: 01634 335647
Appendix 5

RESEARCH ETHICS: CONSENT FORM


Clare Hawtin, Trainee Educational Psychologist, Medway Educational Psychology Service

Please Initial Box

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

2. I agree to take part in the above study.

3. I agree to the interview being audio recorded.

4. I agree to the use of anonymised quotes in publications.

Name of Participant

Date

Signature

Clare Hawtin

23/11/2012

Name of Researcher

Date

Signature
Appendix 6

Pilot Semi Structured Interview


<table>
<thead>
<tr>
<th>Parent’s Name (Remain Anonymous):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s age when received intervention:</td>
<td></td>
</tr>
<tr>
<td>When engaged in VIG intervention:</td>
<td></td>
</tr>
<tr>
<td>Name of EP who ran intervention:</td>
<td></td>
</tr>
</tbody>
</table>

Initial briefing:

Provide verbal aims of study and purpose of interview. Remind them that it will be tape recorded. Remind them about confidentiality and anonymous quotes from interview being used in Thesis. Remind them that they have the right to withdraw at any time or stop the interview if they feel upset at any point. Do they have any questions before beginning interview?

Q1. Do parents report experiencing change in through VIG intervention?

Q2. What change do parents report to experience through the intervention?

1. You met with [the guider], an Educational Psychologist with Medway Educational Psychology Service and you worked with her using an intervention called Video Interaction Guidance. As part of this you were filmed doing an activity with your child and then you watched and talked about some clips from these films with [the guider]. Can you tell me a little about the reason why you received the support?

Prompt: Can you describe an example of the situation that you were seeking help for?

2. At times when you experienced this problem, how did you feel?

Prompt: Can you describe any other feelings you had?

3. Did you have any hopes or expectations for the outcomes of the VIG intervention? What were they?

4. Before you engaged with VIG, what were your thoughts about the future regarding your relationship with your child?

Prompts: Can you tell me any more about that? What did you believe your relationship would be like in the future?

You have told me about the situation you were experiencing before you engaged with VIG. I’d like you to now think about how things were during the VIG intervention.
5. Whilst you were engaged in VIG, in your view did anything change in the way you interacted with your child? *If yes*... Can you give me an example of the way your interactions changed? Can you say anything more about that?

6. Whilst you were engaged in the intervention, did your views or thoughts change in any way?

   Prompts: Can you tell me more about that? Can you describe how you felt when your thoughts and views changed?

7. It has been claimed that parents’ feelings change when engaged in VIG. It is claimed that parents become more hopeful, positive, motivated and confident about their situation. Did your feelings change in any way?

   Prompt: Can you describe if your feelings changed? Can you tell me about any time when you were aware of this happening whilst you were receiving VIG? What do you think helped you to feel different?

8. Whilst you were doing VIG, did you learn anything new? Either about yourself, your child or your relationship?

   Prompts: Can you give me an example of something you learned? Can you tell me anything more about that? Did this learning impact on how you felt about your situation, yourself, your child, your relationship or the future?

9. Whilst you were engaged in the intervention, did your views or beliefs change at all?

   Prompt: In what way did your views or beliefs change? Related to yourself, your child, your relationship or the future? Did this impact on how you felt?

10. Whilst you were engaged in VIG, did you experience success or a sense of satisfaction?

    Prompt: Can you tell me what this relates to? Your interactions? Your relationship? Yourself? Your child? Can you tell me anymore about that? How did you feel at that point?

11. Is there anything else that you would like to share regarding anything that changed for you whilst you were engaged with VIG?

    Prompt: Anything about your thoughts, beliefs, hopes and expectations or feelings? About yourself, your child, your relationship, the future?

**Debrief:**

Does the participant wish to add anything further? What was the participant’s experience of the interview? Feedback on interview process: Any particular questions they found hard/easy?
Appendix 7


Semi Structured interview Schedule

Initial briefing:
Provide verbal aims of study and purpose of interview. Remind them that it will be tape recorded. Remind them about confidentiality and anonymous quotes from interview being used in Thesis. Remind them that they have the right to withdraw at any time or stop the interview if they feel upset at any point. Do they have any questions before beginning interview?

<table>
<thead>
<tr>
<th>Parent’s Name ( Remain Anonymous):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s age when received intervention:</td>
</tr>
<tr>
<td>Year/month when engaged in VIG intervention:</td>
</tr>
</tbody>
</table>
| Name of EP who ran intervention:

You met with [the guider], an Educational Psychologist with Medway Educational Psychology Service and you worked with her using an intervention called Video Interaction Guidance. As part of this you were filmed doing an activity with your child and then you watched and talked about some clips from these films with [the guider].

Backward looking:
Can you tell me a bit about how it came about that you were offered VIG?

Parents receive the VIG intervention because there is something they would like help with changing, some might experience difficulties with their child’s behaviour, some feel they do not have the skills to manage and some feel they would like to improve their relationship with their child.
Can you tell me about the reasons why you received the VIG intervention?
Prompts: Can you describe your situation before you had VIG?

Forward looking:
What was it that you wanted help with?
Prompts: Child, own skills, relationship with child

What were your hopes and expectations about the outcomes of VIG? How did you want things to be at the end of the intervention?

Backward looking:
People engage with VIG because there is something they would like help with changing. Do you think your situation /the problem changed at all since you received VIG? If yes…in what ways are things different? Prompt: Can you say anything more about that?
In your view did anything change in the way you interact with your child since you received VIG? *If yes…in what ways are your interactions different?*

Did anything change regarding your relationship with your child since doing VIG? *If yes…in what ways has your relationship changed?*

Do you think you became more aware of anything since doing VIG? *If yes…what things have you become more aware of?*

Do you think you have changed as a parent since VIG? *If yes…in what ways are you different?*

Inward looking:

When you think of yourself before and after VIG, do you think you have changed in any way? *In what ways have you changed?*

It has been claimed that parents begin to have a higher opinion of themselves and their parenting since engaging with VIG. Since you received VIG, has your opinion of yourself as a parent changed at all? *In what ways has your opinion of yourself changed?*

Some parents feel more confident or more positive when they have received VIG. Can you tell me if you feel any more confident or positive since VIG?

How did you feel when you saw yourself on film? *Were you surprised by anything that you saw in the video clips? Was it helpful? In what way was it helpful?* Did you find anything especially satisfying or valuable about what you saw on video? *What aspect/part of the intervention has been most helpful to you?*

**Debrief:**

Does the participant wish to add anything further?

Summarise some of the main points drawn from interview.

State that interview is now over, is there anything they wish to ask about?

Remind them that if they are left with any questions or anything they wish to discuss, they should feel able to contact me or the EP who did the VIG.

***INVITATION TO PARTICIPATE IN SECOND PHASE***

What do parents experience during the shared review session? Video Elicitation Interview.

The second phase of the research involves parents sitting with me to view a selection of clips from the shared review between you and the EP, and possibly from the activity film between you and your child. Here I am interested in finding out the parents’ experiences within the shared review process. We would view the clips and I would ask you questions about your perspectives on what is going on for you in that clip between you and the guider. This would take approximately one hour. Do I have your permission to view the shared review films between yourself and (the guider)?

Date and time??
Appendix 8

Example of potential moments of change in shared review that were used for VEI

**Potential moments of change identified for Video Elicitation Interview:**

**Clip 1 >> 05.15 – 08.45**
Parent 1: ‘I’m thinking what a good parent I am.’

**Clip 2 >> 18.25 – 19.56**
Parent 1: ‘When I’m saying what I’m thinking, she’s saying what, she’s responding to me.’

**Clip 3 >> 18.25 – 19.56**
Guider: ‘Any thoughts or feelings?’
Parent 1: ‘Yeah, I feel like a happy mummy.’

**Clip 4 >> (04.25 – 07.30)**
Parent 1: ‘By telling her what I’m thinking, she knows what’s coming, it’s more fun for her.’

**Clip 5 >> (14.11)**
Guider: ‘What are you, Claire thinking or feeling now?’
Parent 1: ‘That I can do all of it.’
Appendix 9


Video elicitation interview schedule

Script:

In this research, I am interested in parents’ experiences during the shared review and what was helpful about the shared review. As you watch the video of your shared review, I would like you to think back to what it felt like to experience a shared review and to go through your clips of yourself and your child interacting. You may want to comment on times when you realised something new or when you were surprised by anything that you saw or that was discussed. Also, I would like for you to identify and comment on moments of the shared review that you found either valuable or helpful.

Let’s watch the video of the shared review. Please talk me through what is happening and feel free to stop the film at any moment.

While watching the video back, if any moments are particularly commented on, interviewer should attempt to elicit further information where appropriate, e.g.:

- How were you feeling here?
- What were you thinking?
- Did anything come as a surprise?

Interviewer to ask most of the below questions, or approximations of them, at some point during the interview. Questions can be adapted according to what arises in the VEI.

To ask during or after watching the shared review clips with participant:

1. Can you describe what was happening during this clip? Prompt: Was there anything surprising about what you saw? What were you thinking? What were you feeling?

2. Was there anything that you found particularly valuable / helpful about that point in the shared review? Can you describe it in more detail?

3. Was there anything particularly helpful that the guider did during the shared review?

4. Can you describe any ways in which your views or perspective changed as a result of this shared review? Prompt: Changed perception about self/child/relationship

5. Were there any clips that were more valuable than others? Prompt: What made these clips valuable?

6. Choose a moment from the video that you think was valuable to watch again. Why was this so valuable? What is happening at this point? How were you feeling? What were you thinking? Did anything come as a surprise?

7. What sorts of issues or learning points arose for you during your shared review(s)? Prompt: Anything surprising / How did you realise this? Who noticed this? What was it like to realise this?
8. In what ways did the shared reviews have the biggest impact for you? What did you find helpful?

9. Is there anything else you would like to say about the clips we have just watched?

The methodology for VEI adapted from Henry and Fetters (2012).

- Remind participants of the study purpose and encourage them to pause the video and comment during discussions of their experience of VIG
- Incorporate open-ended questions about parents’ experiences of VIG shared review.
- Interviewer to pause the video (if participant does not) when participant discusses experiences of VIG in detail or anything pertinent to research questions.
- For taciturn participants, interviewer to pause the video and ask participant to comment on their thoughts and feelings
- Interviewer to keep participants focused on the specific moments or events they observe on the video recording.
- Interviewer should be able to recognize and prompt participants to provide the kinds of data desired at that moment (ie, recall, reliving, or reflection), and be able to recognise unanticipated comments that are potentially relevant to the study.
Case Summary – David

David said that he does more with his child now, plays more games with him whereas before VIG he would let his son play computer games on his own.

David thinks he is calmer and that he talks things through now rather than shouting at his child. David said that the difference in their interactions before and after VIG is the fun loving interactions and happiness.

David said that he and his son are better now than they were before VIG because he is able to say that they need to sit down and talk and he realised this through VIG. Now that their interactions are more fun loving, David enjoys his interactions with his son more.

David said that what changed was seeing his son happy, which made him realise that they can have fun, happy interactions and enjoy themselves.

David said that it helped him to realise that he can bring up his child on his own. David said that he has become more confident with his son and that David thinks that VIG made him and his son learn.

David said that he and his son are closer and are bonding more than they were and having more of a laugh together. David said that VIG made him happier because he saw that he and his son can enjoy their interactions, he said that he learned that his son can have fun with him because he saw it on the film. David said that he and his son get on a lot better since VIG, that there is no shouting any more.

David was surprised to see that his son enjoyed interacting with his dad as this is something he hadn’t previously believed was true.

David said that seeing he and his son on film helped him to realise how fun loving his son can be.
Example of coded transcript
Appendix 12

Example of list of codes generated
Appendix 13

Examples of how codes were collated to create themes.
Appendix 14

Image to illustrate how codes, subthemes and themes were devised during analysis
Appendix 15

Extracts coded by researcher and code checker (highlighted section indicates disagreement)