

A Study of the Effectiveness of Self-Video  
Interventions on Parent-Child Interaction and  
Children's Verbal Communication Skills and the  
Experience of Video Interaction Guidance for  
Parents of Children with Communication  
Difficulties.

Amelia Fay Taylor

Thesis submitted for the degree of Doctorate in Applied  
Educational Psychology  
School of Education, Communication and Language Sciences  
Newcastle University  
September 2013

Declaration

No part of the material contained within this thesis has been previously submitted for a degree at Newcastle University or any other university.

Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published without her prior written consent and information derived from it should be acknowledged.

## Abstract

It is widely believed that positive parent-child interaction fosters child development. Interventions involving participants viewing videos of their own interactions (self-video interventions) can support the development of interaction skills. The systematic literature review focused on the effectiveness of self-video interventions on parent-child interaction and the verbal communication skills of children. The study focused on nine published, empirical studies. Findings suggested some positive outcomes relating to parents' interaction skills and aspects of children's expressive and receptive language skills. Whilst there is some evidence that self-video interventions can have a positive effect on parent-child interactions and children's verbal communication skills, less is known about the parental experience of self-video interventions (Lomas, 2011). One specific self-video intervention, video interaction guidance (VIG) was then investigated in a practitioner research project. The project aimed to uncover the parental experience of VIG. Three participants took part in one cycle of VIG and one interview with the researcher who was a trainee VIG guider. Interview data were analysed using Interpretive Phenomenological Analysis (IPA). The findings indicated parents valued the opportunity for reflection using video and they felt empowered to make positive changes in their relationships with their children through one cycle of VIG. The findings also raised questions about parents' experiences of control and feelings of being judged during VIG. Participants felt the VIG experience involved a degree of professional judgement of their parenting skills and their children's verbal communication skills. This is discussed within the wider socio-cultural context of practitioner-client relationships. Understanding of the function of the relationship between the guider and the VIG client was identified as a key area for future research.

## List of Acronyms

CELF-P – Clinical Evaluation of Language Fundamentals-Preschool

DCI - Direct Child Intervention

EAS - Emotionality Activity and Sociability dimensions

IPA - Interpretive Phenomenological Analysis

IYPP - Incredible Years Parenting Program

LARSP - Language Assessment Remediation and Screening Procedure

MLU - Mean Length of Utterance

NCATS - Nursing Child Assessment Teaching Scale

PLS-3 - Preschool Language Scale-3

PSS - Parenting Satisfaction Survey

PVHT - parent Video Home training

RCT - Randomised Controlled Trial

RFI - Relationship Focused Intervention

RLDS - Reynell Language Development Scales

SET-PC - Supportive Expressive Therapy-Parent Child

VHT - Video Home Training

VIG - Video Interaction Guidance

VIP - Video Interaction Project

VIPP - Video-feedback Intervention to promote Positive Parenting

VIPP-R - Video-feedback Intervention to promote Positive Parenting with a Representational focus

WoE - Weight of Evidence

## **Table of Contents**

<b>What is Known about the Effectiveness of Self-Video Interventions in Supporting Parent-Child Interactions and the Verbal Communication Skills of Children? A Systematic Literature Review. ....</b>	<b>8</b>
<i>Abstract</i> .....	8
<i>Introduction</i> .....	9
What are interaction and verbal communication? .....	9
Verbal communication difficulties .....	10
Prevalence of verbal communication difficulties.....	10
Why early intervention is important .....	11
Introduction to self-video interventions.....	12
Broad theoretical basis for self-video interventions.....	14
Introduction to the published research demonstrating the efficacy of self-video interventions.....	15
<i>Method</i> .....	15
Identifying and describing studies: The initial search - Steps 2 and 3 of Petticrew and Roberts (2006) .....	16
Screening the studies: Step 4 of Petticrew and Roberts (2006).....	17
Detailed description of studies in the in-depth review – Step 5 of Petticrew and Roberts (2006) .....	17
Assessing quality of studies and weight of evidence (WoE) .....	18
<i>Results</i> .....	19
General characteristics of the studies included in the in-depth review – Step 6 of Petticrew and Roberts (2006) .....	19
Experimental design of the studies included in the in-depth review .....	25
Weight of evidence.....	26
<i>Outcomes and effectiveness: Short-term effects – Step 7 of Petticrew and Roberts (2006) .....</i>	<i>27</i>
Children’s language skills.....	29
Parent-child interactions.....	30
<i>Outcomes and effectiveness: Long term effects – Step 7 of Petticrew and Roberts (2006) .....</i>	<i>32</i>
Children’s language skills.....	33

Parent-child interactions.....	33
<i>Conclusions and recommendations</i> .....	34
<i>Limitations of this review</i> .....	36
<i>Recommendations for further research and practice</i> .....	36
<i>Implications for practice</i> .....	37
<b>Bridging Document.....</b>	<b>38</b>
<i>Aims of the bridging document</i> .....	38
<i>Links between the systematic review and research project</i> .....	38
<i>My Journey through the Research Process</i> .....	39
Initial thoughts.....	39
Epistemology and research methods.....	39
Interpretative phenomenological analysis, IPA.....	41
Sampling.....	41
<i>Ethical considerations of practitioner research</i> .....	41
That it should observe ethical protocols and processes.....	42
That it should be transparent in its processes.....	43
That it should be collaborative in its nature.....	45
That it should be transformative in its intent and action.....	46
That it should be able to justify itself to its community of practice.....	46
<i>Conclusion</i> .....	47
<b>How do Parents of Children with Language and Communication Difficulties</b>	
<b>Experience Video Interaction Guidance? A Practitioner Research Project. ....</b>	<b>48</b>
<i>Abstract</i> .....	48
<i>Introduction</i> .....	49
Introduction to video interaction guidance (VIG).....	49
Current research.....	50
Issues warranting further exploration.....	51
<i>Introduction to the research process</i> .....	51
Aims of research.....	51
Context of research.....	51
IPA theoretical rationale.....	52
<i>Method</i> .....	52
Participants.....	52

Procedure .....	52
Ethical Considerations .....	53
Interview Procedure .....	54
Process of analysis .....	55
<i>Findings from analysis</i> .....	55
Summary Table of Super-Ordinate Themes for the Group .....	56
Unique reflection .....	57
Empowerment.....	58
Control over the process .....	59
Feeling judged during VIG .....	60
<i>Discussion</i> .....	61
Unique reflection .....	62
Empowerment.....	62
Control over the process .....	63
Feeling judged during VIG .....	64
<i>Limitations of this study</i> .....	65
<i>Implications for practice and future research</i> .....	66
<i>Conclusion</i> .....	67
<i>References</i> .....	67
<i>Appendix 1</i> .....	73
Principles of attuned interactions and guidance .....	73
<i>Appendix 2</i> .....	74
Consent form for persons participating in research projects .....	74
<i>Appendix 3</i> .....	75
Information About This Study .....	75
<i>Appendix 4</i> .....	77
Annotated extract from Gina’s interview transcript.....	77

**List of Tables**

Table 1: The systematic review stages (from Petticrew & Roberts 2006) .....	15
Table 2: Terms used for the literature search.....	16
Table 3: Inclusion and exclusion criteria.....	17

Table 4: Mapping information .....	18
Table 5: Weight of evidence domains .....	19
Table 6: General characteristics of the studies included in the in-depth review .....	20
Table 7: Weight of evidence .....	26
Table 8: Results according to outcome variable (short term) .....	28
Table 9: Results according to outcome variable (follow up) .....	32
Table 10: Framework for analysis .....	55
Table 11: Summary table of super-ordinate themes for the group .....	56

#### Acknowledgements

I would like to thank my research supervisor, Wilma Barrow, for her support in helping me devise a research plan which held my relationship with the participants as the central aspect of my work. My thanks also to David Lumsdon for casting a fresh eye over my writing, and to Catriona Davis-McCabe for her emotional support through the bracketing process.

I would also like to thank the participants who gave their time and reflections so generously in the pursuit to learn about relationships.

# **What is Known about the Effectiveness of Self-Video Interventions in Supporting Parent-Child Interactions and the Verbal Communication Skills of Children? A Systematic Literature Review.**

## **Abstract**

Self-video interventions can be utilised to develop interaction skills between adults and children. Research has shown successful parent-child interactions foster child development in many domains. This systematic literature review addressed the question, 'What is known about the effectiveness of self-video interventions in supporting parent-child interactions and the verbal communication skills of children?' The review aimed to critically consider the weight of research evidence in relation to the research question. A total of nine studies met inclusion criteria. All studies investigated the outcomes of video interventions that involved parents seeing footage of themselves interacting with their child. In order to systematically review the available literature, the steps outlined by Petticrew and Roberts (2006) were followed. The EPPI-Centre weight of evidence (WoE) tool was used to assess the quality of each study in relation to the review question. Results were mixed, with wide ranging effect sizes in both the short and long term. The results indicated some positive effects of self-video interventions in relation to children's grammaticality, conversational coherence, general expressive language skills and general receptive language skills. Effect sizes also indicated some positive effect sizes in relation to maternal sensitivity, parent-negative communication and general parent-child interaction. A tentative conclusion can be made that self-video interventions may develop parent-child interaction skills and children's verbal communication skills in the domains of general parent-child interaction and children's expressive and receptive language skills. Further research is required to address the review question.



## Introduction

Research has highlighted that positive parent-child interaction fosters child development across social, cognitive, emotional and behavioural domains longitudinally (Elardo, Bradley, & Caldwell, 1977; Kelly & Barnard, 2000; Kelly, Morisset, Barnard, Hammond, & Booth, 1996; Landry, Smith, MillerLoncar, & Swank, 1997; Tamis-LeMonda, Bornstein, & Baumwell, 2001; Wacharasin, Barnard, & Spieker, 2003). This review investigates interventions that aim to support parent-child interaction thus enhancing child development in the domain of verbal communication skills. This introduction provides a rationale for reviewing parental interaction skills alongside children's verbal communication skills, discusses the nature and prevalence of verbal communication difficulties, outlines the importance of early interventions and discusses self-video interventions specifically.

Links between parental interaction skills and children's verbal communication skills

Positive parent-child interaction can enhance children's verbal communication skills (Greenspan & Shanker, 2004; Manolson, Ward, & Dodington, 1995). Magill-Evans and Harrison (2001) demonstrated parent-child interactions at twelve months predicted expressive language development at four years. Findings indicated that mother's and father's interactions with their 12-month-old child were a predictor of later child language development. However, only two subscales of the Clinical Evaluation of Language Fundamentals Preschool, CELF-P, (Wiig, Secord, & Semel, 1992) were administered to measure language development. The authors suggested further studies using 'more in-depth measures of language' are needed (Magill-Evans & Harrison, 2001, p. 147). Furthermore, other variables that may predict language development need to be explored as a large proportion of the variance in language scores remained unexplained.

This indicates a link between parent-child interaction and the development of children's verbal communication skills.

### What are interaction and verbal communication?

For the purpose of this review, the term interaction refers to the social process in which parents and children play an active role (Poesio & Vieu, 2006). Interaction is a broad term subsuming a number of skills including: sharing attention, the ability to express and receive initiatives, developing reciprocal relationships, sharing and

collaboration, and managing conflict (Kennedy, Landor, & Todd, 2011). Many of these skills can also involve the development of expressive and receptive language skills.

Verbal communication refers to the intentional processes of encoding and decoding language (Sperber, 1994). These receptive and expressive language skills also involve speech production skills and hearing ability. For successful verbal communication, those involved require skills to generate and process utterances to create and identify meaning. People are able to verbally communicate effectively when they are 'closely attuned to each others' immediate knowledge and perspectives.' (Krauss, 2002, p. 9). This reduces the cognitive demands of production and comprehension. Thus verbal communication is socially situated and closely related to interaction.

#### Verbal communication difficulties

Children identified as having early verbal communication difficulties often experience difficulties in communicative, social, cognitive and academic domains (Dockrell, Lindsay, Palikara, & Cullen, 2007; Johnson et al., 1999; Lindsay, 2007; McCormack, Harrison, McLeod, & McAllister, 2011). Findings indicate variance in outcomes, including; reading, writing, overall school achievement, peer relationships, bullying and enjoyment of school, between children with and without verbal communication difficulties is greater than variance attributed to sex, age and socio economic status (McCormack et al., 2011).

#### Prevalence of verbal communication difficulties

Research into prevalence of verbal communication difficulties is limited cross culturally (Broomfield & Dodd, 2004; Hannus, Kauppila, & Launonen, 2009). A systematic review which included cross cultural studies (Law, 1998) showed prevalence of verbal communication difficulties in children aged up to seven years to range from 0.6–33.6% with a mean of 5.95%. The Centre 4 Excellence and Outcomes (2011) estimated prevalence to be up to 10% in the UK. However, this is based on a systematic review also provided by Law (2000) which cited two studies (Mackeith & Rutter, 1972; Tomblin et al., 1997). The first (Mackeith & Rutter, 1972) is dated and findings were based on criterion-referenced approaches that assessed intelligibility of expressive language rather than expressive or receptive

communication skills. The second study (Tomblin et al., 1997) focused on children in North America. Further research is required to determine current prevalence in the UK.

#### Why early intervention is important

Bercow (2008) highlighted key requirements to develop children's verbal communication skills in the early years. These included; the importance of interactions between parents and their children and the value of practitioners working with parents to develop children's verbal communication skills.

The Centre 4 Excellence and Outcomes (2011) suggested interventions designed to support parents in promoting positive interaction skills with their pre-school children can represent value for money and lasting change. Their findings were based on 25 research submissions that met their criteria for effective practice. The submissions were subject to a validation process to assess their impact and potential for replication in different contexts in other localities. Details of the validation process are not published leaving the quality of studies included open to possible criticism.

The success of such early interventions has been measured in relation to reduced welfare and criminal justice expenditures, higher tax revenues, improved physical and mental health, improved educational attainment, reduced crime and fewer instances of child abuse and neglect (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Bercow, 2008; Karoly, Kilburn, & Cannon, 2005). Early intervention can improve chances to develop verbal communication skills (Bercow, 2008).

Despite this, bias for late intervention practices remains although likely to be costly and less successful (Allen, 2011). Further evidence regarding the efficacy of early intervention for children with verbal communication difficulties is required to reduce risks relating to lower educational attainment, behavioural, emotional and psychological difficulties, poorer employment prospects, and in some cases, criminality (Bercow, 2008).

Fitting with research demonstrating the importance of early interventions to support parent-child interaction and thus develop children's verbal communication skills (Greenspan & Shanker, 2004; Magill-Evans & Harrison, 2001; Manolson et al.,

1995), my review investigated early interventions using self-video techniques to engage parents in a process aimed at enhancing interaction between themselves and their pre-school children and to develop children's verbal communication skills.

As I am training to facilitate a specific self-video intervention, video interaction guidance, and I facilitate a group for parents of children experiencing communication difficulties; I was interested in understanding the effectiveness of self-video interventions in promoting parental interaction skills and children's verbal communication skills. Self-video interventions are discussed below.

### Introduction to self-video interventions

A number of approaches have been developed that use self-video techniques. These involve parents seeing footage of themselves interacting with their child and reviewing these most often with a therapist. Self-video techniques may focus solely on positive aspects of interactions or identify strengths and weaknesses in interactions. Examples of such approaches are discussed below.

An intervention based on coercive parent-child interaction theory (Patterson, DeBaryshe, & Ramsey, 1989), is supportive expressive therapy – parent child, SET-PC (Cummings & Wittenberg, 2008). Coercive parent-child interactions exist when the parent gives directions and the child does not comply. This results in the parent repeating the directions and the child experiencing negative emotions (Patterson, 1982). SET-PC aims to support children's emotional and behavioural development through developing the parent-child relationship. A therapist reviews the parent-child play footage with the parent reflecting on the parent's state of mind during interactions. It supports the parent to see how interaction patterns link to positive changes in the child.

The relationship focused intervention, RFI, (Kim & Mahoney, 2005) assumes parental responsiveness influences many aspects of child development including attachment and language. It is made up of four factors, one of which involves training parents to observe and rate their interactive behaviours when seeing footage of themselves playing with their child. It is based on communication theories of language development that suggest early language development (Kim & Mahoney, 2005, p. 120) is primarily based on children learning to communicate intentions by

using nonverbal and preverbal communication (Bates, Benigni, Bretherton, Camaioni, & Volterra, 1979).

Video home training, VHT, (Weiner, Kuppermintz, & Guttman, 1994) involves strengthening positive communication in families by viewing successful family interactions on video. More recently, VHT has developed into video interaction guidance, VIG. VIG stems from the work of Biemans (1990). It is based on Trevarthen's concepts of primary and secondary 'intersubjectivity' (Trevarthen & Aitken, 2001), self-modelling theory, (Dowrick, 2012), mediated learning or scaffolding (Wood, Bruner, & Ross, 1976) and social learning theory (Bandura, 1977). Primary intersubjectivity refers to the reciprocal interaction between two people. New born babies have an inbuilt mechanism driving them to interact with their primary caregiver (Trevarthen & Aitken, 2001). Secondary intersubjectivity develops when two people share joint attention on a shared object of reference. Learning is extended beyond communication to include reference to the outside world (Trevarthen & Aitken, 2001). The VIG process increases parental awareness of the building blocks of interaction, or attunement principles (Kennedy et al., 2011), between parents and children through mediated learning with a VIG guider. Through the self-modelling process of observing their own successful interactions, (Dowrick, 2012), parents learn to increase their attunement behaviours encouraging more interaction between themselves and their child.

Doria (2013) suggests two key psychological processes are at work during shared reviews of video footage. Firstly, parents may develop their self-esteem and self-efficacy when they are presented with visual proof of their successful interactions through edited video clips. This is important as parents who are referred to specialist services have typically lost self-efficacy (Cross & Kennedy, 2011). Secondly, Doria (2013) proposes that viewing self-video footage can create cognitive dissonance (Festinger, 1985) promoting meta-cognitive and self-reflection processes which may enable parents to self-correct their interaction behaviours and develop their understanding of their relationships with their children.

There is a range of theories underlying self-video techniques emphasised in practice. For example, video self-modelling and feedback (Magill-Evans, Harrison, Benzies, Gierl, & Kimak, 2007) is based on self-modelling theory (Dowrick, 1999). Self-

modelling is emphasised during the review of the video footage. A key aspect of the video interaction project (Mendelsohn et al., 2005) is the caring relationship developed between the facilitator and the client, which forms the foundation for the intervention.

Although there are differences between the approaches, there is a number of similarities in the practice and procedures. For example, the self-video interventions generally involve a therapist videoing interactions and facilitating a shared review of the footage with the parent. There is also a broad theoretical basis underlying such interventions. This is considered in the next section.

### Broad theoretical basis for self-video interventions

It is arguable that the theoretical basis for the efficacy of many self-video interventions can be explained from a social learning perspective (Bandura, 1977). VIG assumes that positive behaviour can be positively reinforced to increase the self-efficacy of parents. Interaction skills are developed between people rather than internally (Trevarthen, 2002; Vygotsky, 1986). Vygotsky's learning theory proposes adults in the child's environment mediate learning. Socially created language or 'external' language is internalised to 'inner' language, which forms the child's capacity for purposeful thought and actions. Thus, language, inherent in communication, mediates thought.

Critics of Vygotsky's work consider 'self-communication' as the mechanism which develops self-awareness which develops our 'understanding of interpersonal communication' not vice versa (Jones, 2009). However, physiological factors which drive attachment behaviours in neonates have been described by Hofer (2006) indicating babies are born communicators (Trevarthen & Aitken, 2001). The drive to communicate appears to be innate and significant adults mediate communication development. If Vygotsky's theory is accepted, then developing parent-child interaction skills will increase adult mediation and increase children's verbal communication skills.

In addition to the theoretical underpinnings endorsing self-video interventions which might explain how self-video interventions work, there is a growing evidence base for the efficacy of such techniques outlined below.

## Introduction to the published research demonstrating the efficacy of self-video interventions

Research demonstrates self-video interventions can have positive effects across a range of domains.

VHT is designed to develop family interactions by reinforcing potential family strengths (Weiner et al., 1994). VHT is specifically carried out in the home environment. It has been shown to develop parent-child communication and support families to gain better control over their family life (Haggman-Laitila, Seppanen, Vehvilainen-Julkunen, & Pietila, 2010; Weiner et al., 1994)

VIG is the UK version of VHT and can be applied in any settings. Kennedy (2011) described VIG as ‘an intervention where the client is guided to reflect on video clips of their own successful interactions’. There is a growing evidence base for the efficacy of interventions involving video and client-centred feedback. VIG has been shown to affect maternal sensitivity, enhance classroom communication and develop relationships in many other contexts (Fukkink, Trienekens, & Kramer, 2011; Hayes, Richardson, Hindle, & Grayson, 2011; Kennedy et al., 2011).

Interventions, such as VIG, VHT and other self-video approaches, can increase parental awareness of their skills which foster intersubjectivity (Trevarthen & Aitken, 2001) and develop their use of these skills with children (Kennedy et al., 2011).

This systematic review aims to investigate the evidence base for a range of self-video interventions as a means to develop parent-child interactions and children’s verbal communication skills.

## Method

To carry out this systematic review, the steps described by Petticrew and Roberts (2006) were followed. These are summarised in Table 1 below.

**Table 1: The systematic review stages (from Petticrew & Roberts 2006)**

1 Clearly define the review question in consultation with anticipated users. The review question was defined in consultation with Trainee Educational Psychologists who received training in VIG.
2 Determine the types of studies needed to answer the question.

3 Carry out a comprehensive literature search to locate these studies.
4 Screen the studies found using inclusion criteria to identify studies for in-depth review.
5 Describe the included studies to 'map' the field, and critically appraise them for quality and relevance.
6 Synthesise studies' findings.
7 Communicate outcomes of the review.

Identifying and describing studies: The initial search - Steps 2 and 3 of Petticrew and Roberts (2006)

Electronic databases were searched using terms shown in Table 2 to locate relevant studies. Thesauri were used to ensure that appropriate synonyms to the search terms were included.

**Table 2: Terms used for the literature search**

<p><i>Target population terms</i></p> <p>parent* OR father* OR mother* OR guardian* OR caregiver* OR carer*</p> <p><i>and</i></p> <p>young child* OR preschool*OR nursery OR 0-4 year* OR 0-48 month*</p>
<p><i>Outcome terms</i></p> <p>language* OR convers* OR discourse* OR speech* OR communicat* OR connection* OR contact* OR interchange* OR intercommunication OR talk* OR interact* OR reciprocal* OR social* OR intersubjectiv*</p>
<p><i>Intervention terms</i></p> <p>video* OR VIG OR video interaction guidance</p> <p><i>and</i></p> <p>intervene* OR mediation* OR program* OR feedback*</p>

The following electronic databases were searched as they were considered to hold the most relevant journals to address the review question: CSA illumina, Web of Science and Proquest Education Databases (including Educational Resource Index and Abstracts, British Education Index and Australian Education Index). All searches were conducted between August 25<sup>th</sup> and September 15<sup>th</sup> 2011.



### Screening the studies: Step 4 of Petticrew and Roberts (2006)

The inclusion and exclusion criteria shown in table 3 below were employed to screen studies collected from the initial searches.

**Table 3: Inclusion and exclusion criteria**

<b>Participants:</b> Parents or carers with full time care of their pre-school aged child.
<b>Intervention:</b> Described an intervention using self-video techniques to develop interaction skills between parents and children, short or longer term. Interventions that focused solely on behaviour or that involved videos of others were excluded.
<b>Study design:</b> Studies were required to report quantitative data. Those solely reporting qualitative data were excluded. Those that collected and reported their own data (reviews and meta-analyses) were excluded.
<b>Time and language:</b> Studies were reported in English, and completed by 2011.
<b>Publication:</b> All studies were selected from peer reviewed journals or books.

The initial search process identified 26 articles through screening using titles, abstracts and keywords to determine eligibility. The next stage involved screening articles by examining full texts to determine eligibility for inclusion. 16 articles were considered unsuitable. The majority of these either used videos of others in the interventions or focused on measures of behaviour rather than communication or interaction. This identified 10 studies. One of these provided follow-up data to a previous study. These are treated as one study leaving 9 overall studies for inclusion.

### Detailed description of studies in the in-depth review – Step 5 of Petticrew and Roberts (2006)

The nine studies that met inclusion criteria were mapped according to the information presented in table 4 below.

Table 4: Mapping information

<b>Study title and reference.</b>
<b>Purpose of the study:</b> What the aims were.
<b>Participants:</b> Numbers, gender, ethnicity and ages (where provided).
<b>Groupings:</b> Intervention and control groupings (where appropriate) and details of interventions provided.
<b>Duration and frequency of interventions that involved participants viewing video footage of themselves interaction with their child.</b>
<b>Measures:</b> Instruments used to collect data.
<b>Procedures:</b> Study design.
<b>Gains made:</b> (where available) for each of the relevant measures.
<b>Effect sizes</b> (calculated where possible).

Effect sizes were calculated where possible from data provided using a spread sheet which enables the calculation of Cohen's *d* (Thalheimer & Cook, 2002). The Cohen's *d* statistic was selected as it is increasingly reported in studies enabling further comparison of published articles (Cole, 2008; Thalheimer & Cook, 2002). Cohen's *d* is defined as the difference between two means divided by the pooled standard deviation for those means (Cole, 2008). To compare effect sizes, the guidelines provided by Thalheimer and Cook (2002) were followed:

- negligible effect ( $\geq -0.15$  and  $< 0.15$ );
- small effect ( $\geq 0.15$  and  $< 0.40$ );
- medium effect ( $\geq 0.40$  and  $< 0.75$ );
- large effect ( $\geq 0.75$  and  $< 1.10$ );
- very large effect ( $\geq 1.10$  and  $< 1.45$ ) and
- huge effect ( $> 1.45$ ).

#### Assessing quality of studies and weight of evidence (WoE)

The EPPI-Centre weight of evidence (WoE) tool was used to assess the quality of each study in relation the review question. Quality of evidence was determined in relation to four domains described by Gough (2007) in table 5 below:

**Table 5: Weight of evidence domains**

WoE A	Assesses the generic quality of the independent study.
WoE B	Assesses the quality of the study research design and analysis in relation to the review question.
WoE C	Assesses the quality of the study in relation to the focus of the study and the specific review question.
WoE D	Combines the above assessments to provide overall comparable scores for each study included.

## Results

### General characteristics of the studies included in the in-depth review – Step 6 of Petticrew and Roberts (2006)

The characteristics of the nine studies included in the review are summarised in Table 6 below.

**Table 6: General characteristics of the studies included in the in-depth review**

Article	Purpose	N	Groups	Duration	Instruments	Procedure	Gains made (*=significant effect, p<0.05)	Effect Size
1) Magill-Evans et al. (2007)	To evaluate the effects of video self-modelling with feedback	Opportunity sample of 162 first time fathers and their children (aged five and six months) in Canada	1) Video self-modelling intervention group 2) Control group received home visits to discuss toys	Visits at 5, 6 and 8 months  Visits at 5 and 8 months	Nursing Child Assessment Teaching Scale (NCATS) – Parent Total score	Randomised controlled study	NCATS Parent Total Scores p=0.001* at 5 months  NCATS Parent Total Scores p=0.001* at 8 months	D=0.13 Negligible effect  D=0.78 Large effect
2a) Mendelsohn et al. (2005)	To assess the impact of the video interaction project (VIP)	Opportunity sample of 91 mother – child dyads. Latino children at risk of developmental delay on the basis of poverty and low maternal education aged 21 months in North America.	1) VIP (N=51) 2) Control (N=48, given the same primary care paediatricians but no VIP)	12 sessions from age 2 weeks to 3 years.	Preschool Language Scale-3 expressive score  Preschool Language Scale-3 receptive score  Language development semi-structured	Randomised controlled study	PLS-3 Expressive For children of mothers with <7 years education p=0.58  For children of mothers with >7 years education p=0.008*  PLS-3 Receptive For children of mothers with <7 years education p=0.72  For children of mothers with >7 years education p=0.25  For children of mothers with <7 years education p=0.04*  For children of mothers with >7 years education p=0.001*	D=0.15 Small effect  D=1.13 Very large effect  D=0.1 Negligible effect  D=0.43 Medium effect  D=0.07 Negligible effect  D=0.19 Small effect

Article	Purpose	N	Groups	Duration	Instruments	Procedure	Gains made (*=significant effect, p<0.05)	Effect Size
2b) Mendelsohn et al. (2007)	Follow up to above study (Mendelsohn et al., 2007)	Opportunity sample of 52 (VIP) 47 (Control) as above in North America.	As above	Follow up at 33 months	PLS-3	Randomised Controlled Study	PLS-3 for all children included in the study p=0.86  PLS-3 for children of mothers with >7 years education p=0.48	D=0.04 Negligible effect  D=0.22 Small effect
3) Cummings and Wittenberg (2008)	To compare Supportive Expressive Therapy-Parent Child (SET-PC) with Incredible Years Parenting program (IYPP)	Opportunity sample of 37 parent – child dyads. Sample included 2 fathers. Children aged 30-72 months. All referred to outpatient psychiatry in Canada.	1) SET-PC group 2) IYPP group	16 sessions lasting 1 hour 10 minutes of SET-PC  12-14 weekly 2 hour group sessions for IYPP	Parenting Satisfaction Survey (PSS) Parent-Child Relationship	Randomised Controlled Study	Parenting Satisfaction Survey (PSS) Parent-Child Relationship p=0.50 post treatment  Parenting Satisfaction Survey (PSS) Parent-Child Relationship p=0.50 follow up	D=0.08 Negligible effect  D=0.04 Negligible effect
4) Weiner et al. (1994)	To determine whether the Orion Project could be provided as an alternative treatment	Opportunity sample of 116 families with problems in parent-child interactions in Israel.	1) Orion group (52 families) 2) Control group (64 families) visited twice within the 3 to 6 months	One visit per week from 3 to 6 months	Parent-child Positive Communication Index  Parent-child Negative Communication Index	Quasi Experimental Design - Group Comparison Study	P scores not provided	D=0.39 Small effect  D=0.44 Medium effect

Article	Purpose	N	Groups	Duration	Instruments	Procedure	Gains made (*=significant effect, p<0.05)	Effect Size
5) Van Balkom, Verhoeven, Van Weerdenburg, and Stoep (2010)	To assess the efficacy of Parent Video Home Training (PVHT) in relation to linguistic and conversational outcomes compared to a Direct Child Language Intervention (DCI)	Opportunity sample of 22 mother – child dyads. Young children had developmental language delay aged 2.02 to 3.01 in the Netherlands.	1) 11 dyads in PVHT 2) 11 dyads in DCI	PVHT 13 weeks 6 bi-weekly home visits lasting 90 minutes.  DCI 12 weekly 45 minute sessions	Mean length of utterance (MLU)  Grammaticality  Appropriate conversational coherence-all derived from spontaneous speech samples using GRAMAT which is the Dutch version of the language Assessment Remediation and Screening Procedure (LARSP)  Language Comprehension derived from Dutch version of Reynell Language development scales (RLDS)	Randomised Controlled Study	Post-test p=0.819  Follow up p=0.915  Post-test p=0.675  Follow up p=0.15*  Post-test p=0.16*  Follow up p=0.002*  Post-test p=0.912  Follow up p=0.542	D=0.14 Negligible effect D=0 Negligible effect  D=0.49 Medium effect D=1.24 Very large effect D=1.28 Very large effect D=2.15 Huge effect  D=0.06 Negligible effect D=0.50 Medium effect

Article	Purpose	N	Groups	Duration	Instruments	Procedure	Gains made (*=significant effect, p<0.05)	Effect Size
6) Kim and Mahoney (2005)	To examine the impact of relationship focused intervention on Korean mothers with their pre-school children	Opportunity sample of 18 mother-child dyads. The pre-school children were identified as having developmental problems in Korea.	1) Relationship Focused Intervention (RFI) 10 dyads 2) Control non-intervention 8 dyads	RFI=1.5 to 2 hours of instruction weekly for 3 months including 2 self-video sessions. Control= as above but children attended Civic Special Education Institute	Parenting stress index- parent-child relationship sub scale	Randomised controlled Study	Parenting stress index- parent-child relationship sub scale p<0.001*	D=0.05 Negligible effect
7) Mendelsohn et al. (2011)	To determine the effects of paediatric primary care interventions on parent-child interactions in families with low socio economic status	Opportunity sample of Mother-new born dyads from the Bellevue Hospital Center 126 VIP 134 Control in North America.	1) Video interaction project) VIP group 2) Control received standard paediatric care.	VIP= 4x 30 to 45 minute sessions delivered from 0-6 months.	Parent-child interactions assessed at 6 months using the StimQ-Infant	Randomised controlled Study	Parent-child interactions assessed at 6 months using the StimQ-Infant p<0.001	D=0.49 Medium effect

Article	Purpose	N	Groups	Duration	Instruments	Procedure	Gains made (*=significant effect, p<0.05)	Effect Size
8) Phaneuf and McIntyre (2011)	To examine the utility of a three tier intervention system in reducing negative parenting strategies, increasing positive parenting strategies and reducing child behaviour problems in parent-child dyads.	Opportunity sample of 8 mother-child dyads 2-4 year old children with developmental difficulties took part in the study however only 3 participated in tier 3 of the intervention in North America.	Single subject group	11 week parent training program consisting of tier 1 (reading material), tier 2 (group training) and tier 3 (video feedback)	Observed parent-child interactions coded on criteria designed for this study. Negative and positive parenting strategies were coded.	Single-subject changing conditions design	The mean baseline ratio for positive to negative parenting strategies was 1:1. Post tier 3 for the three dyads who completed this stage the mean ratio was 9:1.	Not provided
9) Velderman et al. (2006)	To evaluate the effects of VIPP and VIPP-R on children's preschool behaviour problems	Opportunity sample of 55 First time mothers and children aged 7 months and identified as high risk sample with insecure adult attachment representations) in the Netherlands.	Control n=27 VIPP n=28	5 VIPP intervention visits lasting 1.5 hours and 3 to 4 weeks apart. Control received initial visit.	EAS Maternal sensitivity scores  Follow up EAS Maternal sensitivity scores	Randomised Controlled Study	EAS Maternal sensitivity scores p=0.44  Follow up EAS Maternal sensitivity scores p=0.44	D=0.46 Medium effect  D=0.04 Negligible effect



The table highlights all studies used opportunity samples whereby participants were drawn from populations convenient to the researchers (Cole, 2008). Seven of the nine studies included participants whose children were previously referred to other services or were screened to have existing developmental difficulties. One study drew on participants with no previous concerns (Magill-Evans et al., 2007) and one study drew on participants from a sample of families attending a hospital centre for those with low socio-economic status (Mendelsohn et al., 2005). Studies primarily involved mother-child dyads (N=6). One study involved father-child dyads (Magill-Evans et al., 2007), another involved families (Weiner et al., 1994) and one involved mothers or fathers and their child (Cummings & Wittenberg, 2008). Sample sizes ranged from 8 to 260. The number of intervention visits ranged from 3 to 16 and ranged in length from 30 to 120 minutes. Programmes ran from between 11 weeks and 1 year. Less than half of the studies (N=4) provided follow-up data.

#### Experimental design of the studies included in the in-depth review

The majority of studies (N=7) were randomised-controlled studies (RCTs) with the exception of the study by Phaneuf and McIntyre (2011) which used a single-subject changing conditions design and the study by Weiner et al. (1994) which was a quasi experimental design comparing an intervention and control group. Some studies further increased the validity of their studies by matching participants (Kim & Mahoney, 2005; Van Balkom et al., 2010; Velderman et al., 2006) and using single blind procedures (Cummings & Wittenberg, 2008; Magill-Evans et al., 2007; Mendelsohn et al., 2005; Van Balkom et al., 2010).

Due to ethical concerns relating to allocating participants experiencing difficulties to a non-intervention control group, two studies did not use a control (Cummings & Wittenberg, 2008; Van Balkom et al., 2010). Both studies compared video interventions to other interventions. Cummings & Wittenberg (2008) compared Supportive-Expressive Therapy-Parent Child (SET-PC), with the Incredible Years Parenting Programme (IYPP). Van Balkom et al (2010) compared a parent Video Home Training (VHT) intervention with a Direct Child Intervention (DCI) programme. Methodological difficulties arise in such studies due to similarities and differences between interventions and difficulties determining which factors are responsible for any effect sizes calculated. Additionally, findings could be attributable to the unique

social situation created by participants' involvement in research studies, the Hawthorn effect (Parsons, 1974).

The remaining (N=5) RCTs used control groups with varying measures provided. Several studies (N=4) provided the same paediatric care that families would have otherwise received (Kim & Mahoney, 2005; Mendelsohn et al., 2005; Mendelsohn et al., 2011; Velderman et al., 2006). Others (N=2) provided home visits without the use of video interventions as a control group (Magill-Evans et al., 2007; Weiner et al., 1994). The remaining study (Phaneuf & McIntyre, 2007), which used a single subjects-changing conditions design, provided pre and post measures. Although this design may demonstrate some evidence of intervention effects, findings are limited due to possible outcomes relating to participant maturation.

### Weight of evidence

The weight of evidence tool described above was used to provide overall weightings of each of the studies. Weight of evidence findings are summarised in Table 7 below.

**Table 7: Weight of evidence**

	A (Trustworthy in terms of own question)	B (Appropriate design and analysis in terms of this review question)	C (Relevance of focus to this review question)	D (Overall weight of evidence in relation to review question)
Magill-Evans, J., Harrison, M., Benzies, K., Gierl, M., & Kimak, C. (2007)	High / Medium	High	High	High
Mendelsohn, A. L., Dreyer, B. P., Flynn, V., Tomopoulos, S., Rovira, I., Tineo, W., Nixon, A. F. (2005) <b>AND</b> Mendelsohn, A. L., Valdez, P. T., Flynn, V., Foley, G. M., Berkule, S. B., Tomopoulos, S., Dreyer, B. P. (2007)	High	High	High / Medium	High
Cummings, J. G., & Wittenberg, J. V. (2008)	Medium	High	Medium	High /Medium
Weiner, A., Kuppermintz, H., & Guttman, D. (1994)	Low	Medium	Medium	Medium/Low
Van Balkom, H., Verhoeven, L., van Weerdenburg, M., & Stoep, J. (2010)	High	High	High	High
Kim, J. M., & Mahoney, G. (2005)	High	High	Medium	High/Medium
Mendelsohn, A. L., Huberman, H. S., Berkule, S. B., Brockmeyer, C. A., Morrow, L. M., & Dreyer, B. P. (2011)	High	High / Medium	High / Medium	High / Medium
Phaneuf, L., & McIntyre, L. L. (2011)	Low	Low	Low	Low
Velderman, M. K., Bakermans-Kranenburg, M. J., Juffer, F., Van Ijzendoorn, M. H., Mangelsdorf, S. C., & Zevalkink, J. (2006)	Medium	Medium	Low	Medium

The table indicates over half of the studies (N=7) achieved an overall weighting of medium to high. These studies were RCTs with a sample size ranging from 18 to

260 adult-child dyads. The studies were considered methodologically rigorous using standardised measures and research designs appropriate to address the review question to determine the extent that self-video interventions develop communication between parents and pre-school children experiencing communication difficulties.

Two studies, Weiner et al. (1994) and Velderman et al. (2006), received two medium and one low weighting but their overall weightings differed. This was because the raw weighting scores attributed to Weiner et al. (1994) were lower overall than those attributed to Velderman et al. (2006) and I believed this should be reflected in the overall weightings. There may be some minor variation between studies which achieve the same overall weightings.

The two studies that achieved a weighting of medium/low to low (Phaneuf & McIntyre, 2011; Weiner et al., 1994), were considered less rigorous in their research designs. In one study the observers carrying out the interventions had previously known and chosen the participants (Weiner et al., 1994). In the other (Phaneuf & McIntyre, 2011), a single-subject changing conditions design was used rather than a RCT and data collected was not sufficient to calculate effect sizes. Furthermore, a small sample size of three adult-child dyads took part in the video intervention tier of the study limiting the generalisability of findings.

### Outcomes and effectiveness: Short-term effects – Step 7 of Petticrew and Roberts (2006)

The studies summarised in Table 6 measure different outcomes relating to the review focus of interaction between parents and children and children's communication skills. Comparisons of the studies were difficult due to variations in measures used and length and duration of interventions provided. Therefore, studies were coded according to outcome variables, which broadly fell into two categories:

- measures of children's language skills; and
- measures of parent-child interactions.

The first group was subdivided into receptive, expressive and general language skills in-line with the foci of the study authors. The results are summarised in Table 8.

**Table 8: Results according to outcome variable (short term)**

Outcome variable	Specifics	Study	Significant gains made?	Effect size
Measures of children's language skills - Expressive language skills	Mean length of utterance	Van Balkom <i>et al</i> (2010)	N	D=0.14 Negligible effect
	Grammaticality	Van Balkom <i>et al</i> (2010)	N	D=0.49 Medium effect
	Conversational coherence	Van Balkom <i>et al</i> (2010)	Y	D=1.28 very large effect
Measures of children's language skills - Receptive language skills	General expressive language for children with mothers with <7 years education	Mendelsohn <i>et al</i> (2005)	N	D=0.15 Small effect
	General expressive language for children with mothers with >7 years education	Mendelsohn <i>et al</i> (2005)	Y	D=1.13 Very large effect
General language development	Language comprehension	Van Balkom <i>et al</i> (2010)	N	D=0.06 Negligible effect
	General receptive language skills for children with mothers with <7 years education	Mendelsohn <i>et al</i> (2005)	N	D=0.1 Negligible effect
	General receptive language skills for children with mothers with >7 years education	Mendelsohn <i>et al</i> (2005)	N	D=0.43 Medium effect
Measures of parent-child interactions	Language development for children with mothers with <7 years education	Mendelsohn <i>et al</i> (2005)	Y	D=0.07 Negligible effect
	Language development for children with mothers with >7 years education	Mendelsohn <i>et al</i> (2005)	Y	D=0.19 Small effect
Measures of parent-child interactions	Parent-child relationship	Cummings <i>et al</i> (2008)	N	D=0.08 Negligible effect
		Kim <i>et al</i> (2005)	Y	D=0.05 Negligible effect
	Maternal sensitivity	Velderman <i>et al</i> (2006)	N	D=0.46 Medium effect
	Parent-child positive communication	Weiner <i>et al</i> (1994)	Not provided	D=0.39 Small effect
	Parent-child negative communication	Weiner <i>et al</i> (1994)	Not provided	D=0.44 Medium effect

Outcome variable	Specifics	Study	Significant gains made?	Effect size
Measures of parent-child interactions	General parent-child interaction	Mendelsohn <i>et al</i> (2011)	Y	D=0.49 Medium effect
		Phanuef <i>et al</i> (2011)	Not provided	Not provided
		Magill-Evans <i>et al</i> (2007)	Y	D=0.78 Large effect

### Children's language skills

Table 8 demonstrates mixed effect sizes in each of the outcome variable categories. Most significantly, measures of children's expressive language skills varied in effect sizes from negligible to very large effects. The study generating the very large effect size (Mendelsohn et al., 2005) was considered high in relation to the weight of evidence tool.

#### *Expressive language skills*

Very large effect sizes were found in relation to children's conversational coherence and general expressive language with children with mothers with greater than seven years education using standardised assessments (Mendelsohn et al., 2005). The researchers found effect sizes for expressive language outcome measures increased when mothers had greater than seven years education. This finding was replicated for their receptive language outcome variables.

Medium effect sizes were found in relation to grammaticality (Van Balkom et al., 2010) in the short-term and based on in-clinic samples of spontaneous speech which provide a view of the child's language skills in that context.

Negligible to small effect sizes were found for measures of general expressive language regardless of maternal education level (Mendelsohn et al., 2005). These measures were taken from coded videotapes based on a ten-minute sample of play. It is possible that videoing interactions with a researcher present may influence interactions between parents and children. Therefore results collected may not reflect typical language development in the child's usual context. Negligible effect sizes were also found in relation to mean length of utterance (Van Balkom et al., 2010) based on in-clinic language samples.

Findings in relation to children's expressive language skills ranged from negligible to very large. Maternal education appeared to mediate the effects of the video interventions. As mothers in the UK are expected to be in statutory education for greater than seven years, this factor is unlikely to mediate effect sizes in the UK.

### *Receptive language skills*

Smaller effect sizes were found in relation to receptive language outcome measures ranging from negligible to medium.

Effect sizes for general receptive language increased from negligible to medium with an increase in maternal education level (Mendelsohn et al., 2005). A negligible effect size was found for language comprehension based on in-clinic language samples previously described. Overall it appears that video interventions have a lesser effect on children's receptive language skills than on their expressive language skills.

The variation in findings relating to expressive and receptive language skills may be attributable to variation in data collection methods. Standardised tests, video samples and in-clinic samples are difficult to compare as any results are contextual and require triangulation over time to gain a clearer picture of language skills.

### *General language development*

The data indicate negligible to small effect sizes relating to general measures of language development for children.

### Parent-child interactions

In the short term, measures of changes in parent-child interactions ranged from negligible to large effect sizes.

Medium effect sizes were found for maternal sensitivity (Velderman et al., 2006) and parent-child negative communication (Weiner et al., 1994). Measures of maternal sensitivity were collected from ten-minute samples of free play at the child's home. It is notable that control group participants in the study by Velderman et al. (2006) received only one home visit whereas the experimental group participants received seven and a half hours of intervention. This marked difference may have impacted on the findings. Measures of parent-child negative interaction were based on coded at-home observations. Researcher presence may skew the scores in both areas.

Medium to large effect sizes were found, where provided, for general parent-child interaction (Magill-Evans et al., 2007; Mendelsohn et al., 2011). Measures of general parent-child interaction were based on semi-structured interviews with parents and observations. Social desirability effects may bias these. The large effect sizes were found in relation to parent-child interaction in one study (Magill-Evans et al., 2007). This study was based on father-infant interactions coded using standardised measures in the child's home during structured play sessions. The results indicate video interventions are efficacious in developing parent-child interaction with fathers in the context of this study. Although Phaneuf et al's (2011) study does not provide effect sizes, it indicates a small increase in positive general parent-child interaction based on a small sample size of three.

Small effect sizes were found for parent-child positive interactions, based on coded at-home observations (Weiner et al., 1994). Negligible effect sizes were found for parent-child relationship, using the parent satisfaction scale (Cummings & Wittenberg, 2008) and the parenting stress index (Kim & Mahoney, 2005), in the short term. It is notable that the SET-PC intervention studied by Cummings and Wittenberg (2008) primarily focused on the parent-child relationship as a means to support children's behavioural and emotional skills rather than interaction and verbal communication skills. Additionally, self-video interventions represented a small part of the relationship focused intervention in the study by Kim and Mahoney (2005) meaning effect sizes could be attributable to other intervention factors including group instruction.

Effect sizes calculated in these areas ranged from negligible to large. They indicate some short-term positive effects of video interventions in relation to maternal sensitivity, parent-negative communication and general parent-child interaction. The variety of measures used and the differences between the interventions make it very difficult to draw further conclusions.

Outcomes and effectiveness: Long term effects – Step 7 of Petticrew  
and Roberts (2006)

A summary of the longer-term outcomes of studies in the review is provided in Table 9. The studies are coded in the manner described above for short-term effectiveness.

**Table 9: Results according to outcome variable (follow up)**

Outcome variable	Specifics	Study	Follow up period	Significant gains made?	Effect size
Measures of children's language skills - Expressive language skills	Mean length of utterance	Van Balkom <i>et al</i> (2010)	3 months	N	D=0 Negligible effect
	Grammaticality	Van Balkom <i>et al</i> (2010)	3 months	N	D=1.24 Very large effect
	Conversational coherence	Van Balkom <i>et al</i> (2010)	3 months	Y	D=2.15 Huge effect
Measures of children's language skills - Receptive language skills	Language comprehension	Van Balkom <i>et al</i> (2010)	3 months	N	D=0.50 Medium effect
General language development	Expressive and receptive language skills for all children included in the study	(Mendelsohn <i>et al.</i> , 2007)	1 year	N	D=0.04 Negligible effect
	Expressive and receptive language skills for children with mothers with >7 years education	(Mendelsohn <i>et al.</i> , 2007)	1 year	N	D=0.22 Small effect
Measures of parent-child interactions	Parent-child relationship	Cummings <i>et al</i> (2008)	1 year	N	D=0.04 Negligible effect
	Maternal sensitivity	Velderman <i>et al</i> (2006)	2 years and 5 months	N	D=0.04 Negligible effect

Four studies provided follow up data. As can be seen from Table 9, the effect sizes in the long term are as variable as those in the short term. The effect sizes vary from negligible to huge effects. It is notable that follow up periods ranged from three months to two years and five months. This makes it difficult to compare studies.



## Children's language skills

### *Expressive language skills*

There appears to be an overall increase between short-term and longer-term effect sizes in relation to expressive language skills in the one study which focused on this area (Van Balkom et al., 2010). Follow up data in this instance was collected at three months post intervention, a relatively short follow up period. This may not indicate that such progress is sustainable over a longer time period.

### *Receptive language skills*

Only one study provided follow up data in this area (Van Balkom et al., 2010). Again, the results indicate an increase in effect size from post intervention to follow up at three months.

### *General language development*

A negligible effect size was found at follow up for general language development (Mendelsohn et al., 2007) for all children participating in the study. However, when the researchers split the results using maternal education level, the data highlighted that the effect size for children of mothers with greater than seven years education rose from negligible to small. This is consistent with the short-term results.

## Parent-child interactions

The available results demonstrate negligible effect sizes in relation to parent-child relationship and maternal sensitivity at follow up (Cummings & Wittenberg, 2008; Velderman et al., 2006). Notably, the effect size relating to maternal sensitivity decreased from medium effect post intervention to negligible effect at follow-up, a year later. This may indicate that a longer-term intervention is required to sustain such development.

The limited longer-term data available indicates mixed longer-term effects of video interventions. This is broadly in-line with the short-term data. It is likely that differences between the studies, in relation to samples, intervention procedures and measures, contribute to the mixed findings.

## Conclusions and recommendations

The available literature relating to the study question ‘What is known about the effectiveness of self-video interventions in supporting parent-child interactions and the verbal communication skills of children?’ demonstrates mixed findings. A number of conclusions are drawn below.

There is variation between effect sizes in the shorter and longer-term results for the nine studies reviewed. This is likely to be attributable to variation in terms of methodology (differences in experimental design, control procedures, measures and sample sizes and populations), intervention procedures (duration, length of intervention and specific nature of intervention) and follow up periods (which varied from three months to two years and five months). This indicates further research is required to address the review question.

Despite variation in effect sizes, some positive effects were noted following the self-video interventions. In the short-term, medium to very large effect sizes were found relating to grammaticality, conversational coherence and general expressive language skills for children of mothers with greater than seven years education (Mendelsohn et al., 2005; Van Balkom et al., 2010). With the exception of the latter (for which specific expressive language follow up data is not provided) these effect sizes increased at follow up indicating some positive effects of self-video interventions on aspects of expressive language skills.

A medium effect size was found relating to general receptive language skills for children of mothers with greater than seven years of education (Mendelsohn et al., 2005). No specific receptive language skills follow up data were provided. Findings differentiated by maternal education level revealed a trend indicating self-video interventions may be more efficacious with mothers with greater than seven years of education. This variable is unlikely to affect mothers in the UK who generally have more than seven years education. However, it is unclear why this trend exists. Further research may investigate parental experiences of self-video interventions to explore this pattern in more depth. In light of the weight of evidence (WoE) tool used to compare the studies both methodologically and theoretically, it is notable that studies by Mendelsohn et al (2005) and Van Balkom et al (2010) were judged ‘high’ in terms of study quality for the review purpose.

Medium to large effect sizes were calculated relating to parent-child interactions. These were short-term effects for measures of maternal sensitivity (Velderman et al., 2006), negative parent-child interactions (Weiner et al., 1994) and general parent-child interactions (Magill-Evans et al., 2007; Mendelsohn et al., 2011). As previously noted, findings from Velderman et al. (2006) are subject to some criticism due to differences in the treatment received by the control and experimental groups. The limited follow up data indicated these effect sizes were not maintained in the longer-term. These studies were judged to be in the 'medium' to 'high' range in terms of WoE.

The large effect size found for general parent-child interaction using the Nursing Child Assessment Teaching Scale (NCATS) which was rated by certified instructors using a standardised training program provided by the University of Washington (Magill-Evans et al., 2007). The NCATS has come under criticism as the subscales are more related to cognitive factors than affective factors underlying parent-child relationships (Gross, Conrad, Fogg, Willis, & Garvey, 1993). However, this was interesting as it was the only study that specifically focused on fathers. This study was judged 'high' in terms of WoE. Further investigations involving both parents and measuring outcomes related to affect rather than cognitive domains may explore whether there is evidence for the efficacy of self-video interventions as a means of developing parental interaction skills.

There were a higher number of negligible to small effect sizes overall in the studies included in the review as described above. These relate to all categories coded. However, effect sizes for language comprehension data increased at three months follow up. This may indicate a longer time period following intervention is needed for children to develop skills in this area.

The overall longer-term efficacy of self-video interventions for developing parent-child interactions and children's verbal communication skills requires further investigation. Only four of the nine studies provided follow up data and the follow-up periods varied greatly yielding mixed results.

### Limitations of this review

I acknowledge a number of limitations to this review. I independently devised the study inclusion criteria and coding. Thesauri were used to identify all synonyms of the search criteria and the structure outlined by Petticrew and Roberts (2006) was followed to provide some transparency in the review process. However, multiple coders were not used meaning the review remains subject to bias due to the interpretations of a single coder who admits an interest in the application of self-video interventions.

Additionally, I attributed the weight of evidence judgements. Although the WoE criteria aim to provide transparency, judgements remain partly subjective. For example, I applied my own judgement to rate the ethicality of the studies.

A further limitation concerns the variability between studies selected for inclusion criteria. There are methodological differences between studies. Varying sized participant samples were selected from different populations. The children's ages varied from five months to six years, a wide spectrum. Measures included coded video samples both at the child's home and in-clinic as well as standardised assessments and parental reports. A comparison of varied measures is challenging and generalisability to the wider population is limited.

Studies reviewed were drawn from published articles within the study time frame. Unpublished articles were excluded. The study is at risk of the 'file drawer problem' (Rosenthal, 1979). This suggests studies reporting significant results are more likely to be published than those that do not. Therefore this study may be biased based on only published articles.

A final limitation is an acknowledgement of my own practice of self-video interventions. Therefore researcher bias towards positive effects of self-video interventions may skew findings reported in this study.

### Recommendations for further research and practice

The review highlighted areas for further research that have been discussed. Further research which provides follow-up data and which focuses on both parents is

required. Such research would require a high WoE rating to be considered quality evidence.

Qualitative studies were not included as the focus of the review question was to investigate 'What is known about the effectiveness of self-video interventions in supporting parent-child interactions and the verbal communication skills of children?' The experience of self-video interventions requires a high level of parental commitment and further research might investigate the parental view of self-video interventions.

### Implications for practice

Due to the wide variation in effect sizes and difficulties comparing studies which vary in their designs and measures, it is not possible to provide precise implications for practice. The review findings highlight a need for further research. They also provide tentative evidence that self-video interventions can have positive effects on some aspects of children's expressive and receptive language skills and on general parent-child interactions.

# **Bridging Document**

## **Aims of the bridging document**

This bridging document has four aims:

- To make explicit links between my systematic literature review and my research project.
- To provide a context for decisions I considered important during the research process.
- To explain the philosophical foundations on which the research rests.
- To discuss ethical issues raised through the research project.

## **Links between the systematic review and research project**

I was interested in conducting a systematic review to critically consider the weight of evidence relating to the efficacy of self-video interventions for developing parent-child interaction and children's verbal communication skills. The review aimed to determine evidence related to self-video interventions that could be generalised.

The conclusions highlighted some positive effects of self-video interventions relating to children's language skills and parent-child interactions. The review highlighted further research investigating the parental experience of self-video interventions is required.

My practitioner research project aimed to explore the parental experience of video interaction guidance, VIG, (Kennedy et al., 2011) from an insider's perspective. It was conducted in my role as a trainee educational psychologist and trainee VIG guider. My practitioner research project aimed to inform future research and practice taking parental experiences into account. The purpose would be to provide analytical generalisation rather than statistical generalisation (Yin, 2009, p. 38).

A qualitative study design was employed.

## My Journey through the Research Process

### Initial thoughts

This bridging document will demonstrate some of the challenges and shifts in my thinking, which came about as a result of the research process. My thinking developed considerably through the process of planning and implementing the research during the research process. This can be illustrated by outlining the ways the final project differed from my earlier plans and the reasons for some decisions I made. These are illustrated below.

I initially considered using an anonymous open-ended questionnaire and thematic analysis to explore participants' experiences of VIG. I hoped to avoid bias associated with participant-researcher relationships. I rejected my initial proposal for these reasons:

- A questionnaire may not be accessible to all participants.
- I would not be able to actively engage with participants to explore arising themes.
- Participants might give limited responses resulting in little data being collected.

I then decided to carry out an initial questionnaire to collect themes arising and carry out a smaller number of semi-structured interviews to collect more detailed information. Due to a limited number of participants, I reconsidered.

I planned to carry out semi-structured interviews. This gave rise to two difficulties:

- I had an established relationship with each participant. They attended the parents' group I facilitated and I carried out VIG with them. This may lead to bias in the participants' responses to interview questions.
- I considered employing another interviewer. Another person might interpret the participants' responses differently. I felt that would distance me from the data and findings. I wanted to experience all aspects of the research journey.

### Epistemology and research methods

The research journey led me to critically consider my role in the interpretation of data. Discussions with research supervisors and additional reading (Smith, 2008) led

me to adopt a hermeneutic phenomenological stance focusing on the transparency of my role as a researcher. The key aspects of hermeneutic phenomenological research relevant to my practitioner research project are:

- It aims to provide a rich description of lived experience. In this instance, of VIG.
- It explores relationships between people and situations. That is between the participants and the VIG intervention.
- It allows a focus on the researcher's active role. This allowed me to consider my role as practitioner-researcher simultaneously and to apply a psychological lens to interpret the raw data.
- It allows a focus on the double hermeneutics of the participants interpreting their experience and the researcher interpreting the participants' interpretation of their experience (Smith & Osborn, 2008).

I planned to use Interpretative Phenomenological Analysis, IPA, to interpret the data. Smith and Osborn (2008, p. 57) suggest semi structured interviews are the 'exemplary method for IPA'. During my time studying educational psychology, I experimented with practice stemming from various epistemological positions. My systematic review was underpinned by a positivist epistemology and I have shifted towards a hermeneutic phenomenological epistemological stance. This reflects my understanding that experience is coloured by our individual lenses. In my view, the VIG occurred in the real world but, as a researcher, I cannot directly access the parental experience of VIG. Through the interview process I asked participants to provide their interpretation of the experience. I interpreted their interpretation through a process of double hermeneutics.

I was interested in interpreting the participants' personal experience of the intervention, not in creating a shared view of this. I cannot however bracket out my involvement in the research process as I provided a research structure and brought my own experiences and recognise that these would impact upon the interpretive process. The participants could also not bracket their pre-existing experiences and views. Their reported stories were coloured by their views of me as a researcher, trainee educational psychologist and trainee VIG guider (Edwards, 1993).



### Interpretative phenomenological analysis, IPA

IPA attempts to make sense of the psychological processes through which participants view their life experiences by looking at their stories of situations (Chapman & Smith, 2002). IPA is concerned with subjective information. The process is dependent on participants' abilities to provide an account of their experiences and the researcher's abilities to interpret and analyse these (Baillie, Smith, Hewison, & Mason, 2000). These variables influence the findings.

### Sampling

The purposive sample was parents and a grandparent with parental responsibility for her child, attending a pre-school intervention for children with speech, language and communication difficulties identified by speech and language therapists. I used the term 'parents' throughout to include the grandparent who had parental responsibility for her grandchild.

A volunteer sampling method was employed as VIG requires a high level of commitment from the VIG guider and participant. It involves jointly constructing thoughts about relationships of importance to the client. Findings resulting from the study may not be generalisable beyond the sample but could be considered to transferable and comparable to other contexts (Lincoln & Guba, 1985). Instead of contextual effects being removed, as in experimental research, the use of these terms allows attention to be given to the context. Readers can then judge whether the findings in the research context may be applicable to other contexts.

The study sample, three, was limited due to a shortage of volunteers. This may be because parents and carers did not wish to be videoed or because involvement in the study could be time consuming. Smith and Osborn (2008) suggest three is a suitable sample number for researchers using IPA for the first time.

### Ethical considerations of practitioner research

Practitioner research gives rise to ethical questions which may not be as evident in research processes that do not actively involve the researcher as closely as practitioner research. As Smith (2009, p. 91) concludes, philosophical changes and a focus on the 'person as researcher rather than researcher as a person' means that

research is a matter of telling stories and there can be no universal criteria to judge story quality. Judgments about research quality remain 'contestable because our criteria change as we change and we change as our criteria change' Smith (2009, p. 91). However, quality of evidence can be judged by both the means in which it has been collected and the application it has in the community. Ethics and quality are inextricably linked (Groundwater-Smith & Mockler, 2007).

Gorman (2007) suggests, unethical research has the capacity to harm at the individual, institutional and professional level. It is probable where there is opportunity for benefits resulting from research, there is capacity for harm or damage (Gorman, 2007). Where this exists in research or practice, analysis of cost/risk and benefits must be carefully considered (British Psychological Society, 2009). I aimed to provide participants with transparent information to enable them to make their own analysis of cost/risk and benefits before considering whether to take part in the study (see pages 49-51).

Groundwater-Smith and Mockler (2007, pp. 205-206) suggest an ethical framework which practitioner research should adhere to. I have applied this framework to outline how I attempted to overcome ethical issues throughout the research process below.

#### That it should observe ethical protocols and processes

The British Psychological Society (BPS) Code of Ethics and Conduct (2009) and the BPS Code of Human Research Ethics (2010) were adhered to in order to ensure ethical protocols and processes were observed. To maintain privacy and confidentiality, written records were anonymised. I did not keep video data beyond what was necessary for the VIG shared reviews. It was stored securely. All information gained was treated confidentially with identifying information removed from the written report. The practitioner research project outline was scrutinised through Newcastle University's ethical procedures.

The participants were parents with whom I had a pre-existing professional relationship. This could be considered unethical in relation to gaining free consent. However, as a practitioner, I view research as an integral part of practice. Cochran-Smith and Lytle (2007, p. 27) suggest, 'Learning from practice is an essential task of practitioners across the professional lifespan.'

Participants were given written information about the intervention and research (see Appendix 3). This included the nature and purpose of the research. They had the opportunity to discuss this with me.

To maintain participants' self-determination, they were made aware of their right to withdraw at any point during the research, including on completion of the intervention. In that case, data gathered would be destroyed.

To ensure the protection of the participants, they were informed the intervention would focus on the positive features of their interaction with their child. There would be no harm arising from the intervention. They were reassured they could choose not to answer any interview questions.

#### That it should be transparent in its processes

To make transparent my changing views relating to aspects of the research, I engaged in two bracketing interviews with a counselling psychologist. Tufford and Newman (2012, p. 80) suggest bracketing can 'mitigate the potentially deleterious effects of preconceptions that may taint the research process'. I took a different view. Bracketing can be used to investigate the researcher's personal and professional experiences during the research process (Rolls & Relf, 2006). Edwards (1993) suggests that the researcher's experience should be analysed at both the intellectual level and a reflexive level as an integral part of the research process.

Mockler (2007, p. 91) cites Winston Churchill's quote, 'History will be kind to me, for I intend to write it', she suggests this provides an insight into ethics of story. I understood my previous experiences and conceptions have a bearing on my interpretation of the research data. Whilst I viewed it as impossible to remove these influences, it is possible to increase self-awareness of these thoughts and make them transparent. I hoped bracketing interviews would add transparency and credibility to the research.

Two interviews took place with the counselling psychologist who had experience with bracketing and was independent of my university institution and the Local Authority in which I practice. The first interview was one week before the first data collection interview. The second interview was one week after data collection and before data analysis.

### *Bracketing Interview 1*

During the first interview the counselling psychologist and I discussed my experiences of VIG and my relationship with the participants. Several themes emerged from my experiences during and reflections after the bracketing interview.

The bracketing process revealed self-doubts about my abilities as a VIG guider and concerns about the participants' understanding of what guiders can offer through VIG.

We discussed my relationships with the participants. If I did not know the participants, this may have impacted on their level of engagement with the process; they may not be comfortable working with me in their homes. This was important because it is the genuine context for the intervention adding to the ecological validity of the research. Participants may also offer different interview responses. These may not be as ecologically valid since a VIG guider is likely to have an existing relationship with a VIG client. I came to view the researcher-participant relationship as a positive both for me as a practitioner-researcher and for them as VIG clients and research participants. I was originally wary about these relationships as I had thought they could reduce the validity of the data.

In a later reflection, I realised I gained confidence around conducting the interviews following the bracketing interview. I felt less need to stick rigidly to an interview script and able to genuinely explore the participants' experiences.

### *Bracketing Interview 2*

During the second bracketing interview, we explored how I experienced the interviews. This highlighted my anxiety that I would not have enough data to offer valuable insights into VIG. I had become lost in the idea that this was *my* research and I had to find useful perspectives for educational psychologists and other practitioners using VIG. Stenhouse (1981, p. 17) writes, 'What seems to me most important is that research becomes part of a community of critical discourse. But perhaps too much research is published to the world, too little to the village.' I felt I had lost sight of the importance of the research in the 'village' context. The bracketing process helped me refocus on the meaning of the research to the participants and to my local practice.

In reality, there are multiple owners of the research. In feeling I had not collected enough data, I was not valuing the participants' authentic accounts of actual living (Campbell & McNamara, 2007). One ethical concern is that research remains owned by the researcher and academia. There are ethical issues concerning authorship, ownership, representation and co-option (Cochran-Smith & Lytle, 2007). I cannot escape the underlying reason for the research, which stems from my university course requirements. This imposes constraints on authorship and ownership that I acknowledge. The second bracketing interview helped contain my anxieties related to data collection. It also helped me reframe the research as collaboration rather than as *my* research. I had not considered that I was maintaining ownership.

I also aimed to make the research process transparent to participants. This entailed discussing the purpose and process of the research with parents before asking for volunteers. I continued these discussions with participants at each stage of the process.

#### That it should be collaborative in its nature

This ethical guideline highlights that research should include opportunities for colleagues to develop the research through sharing views, discussion and debate (Groundwater-Smith & Mockler, 2007). During the course of the research, I was able to discuss the research project with two research supervisors, my VIG supervisor and colleagues in both formal and informal forums. The discussions highlighted problems in the process as well as possible ways of working through these and prompted me to reconsider problems from an alternate stance.

A further aspect of collaboration, which is not highlighted by Groundwater-Smith and Mockler (2007), is collaboration between the participants and I. There were a number of ethical issues arising that are relevant.

There is a feminist idea that researchers can elicit more information from participants and reduce the power differential by a process of reciprocity or sharing themselves (Oakley, 1981). This may carry risks of the creation of a 'fake friendship'. This is an ethical concern. Duncombe and Jessop (2002) write of interviews during which interviewers used reciprocity to trick participants into revealing information. Whilst I agree this raises ethical questions, in my case, there was no need to use reciprocity as a researcher as I had a pre-existing relationship with each participant, which

developed regardless of their participation in the research. For this reason, I believe 'fake friendships' cannot be held as an ethical criticism of my research. The building of rapport had already been established at some distance from the research although in a different role.

A further concern in relation to the concept of power in relationships is the participants' view of my role within the local authority as a professional involved in the statutory assessment process. Participants could perceive that declining to participate in research would disadvantage their children in terms of access to local authority services. It is important to recognise that this role may have impacted upon the dynamics of my relationships with the participants.

#### That it should be transformative in its intent and action

My primary aim was to generate knowledge that would be useful to my practice and those of others. Groundwater-Smith and Mockler (2007, p. 202) argue that if research which is relevant to practitioners is not valued then 'there has been a serious omission in ethical terms'. The research provided information to inform practitioners and parents considering using VIG in the future by accessing the view of the VIG process from the insider perspective of parents of children with communication difficulties. Both practitioners and parents will bring their own different interpretations of the practitioner research project during their reading. The interpretation of an educational psychologist is likely to result in a different meaning to the interpretation of a parent. These different interpretations may then impact on practice in different ways.

A further way that the research has been transformative relates to the effects of the research process on me as a researcher. My epistemology has changed and my awareness of power differentials in research and my practice as an educational psychologist has also shifted. I have become more aware of the complexities involved in ethical research on all those involved in the process. I ask more open ended questions and recognise the value in multiple professional interpretations in my practice.

#### That it should be able to justify itself to its community of practice

The term 'community of practice' can refer to multiple communities in this research context. Educational psychologists could be considered to be part of many different

communities and hold different roles within each. This makes justifying the research to all communities of practice a complex issue. In terms of the local community of practice being the geographical location in which I practice, the research did not use the time agreed between schools and the educational psychology service in their service level agreement. It was conducted during dedicated university time.

In terms of the 'community of practice' being the community of educational psychologists and others using VIG, I consider the research justified in terms of providing findings relating to a growing intervention which can be used to develop practice.

### Conclusion

Critical reflection on the complexities of the ethical issues involved in practitioner research is an important part of ensuring research quality (Groundwater-Smith & Mockler, 2007). Applying Groundwater-Smith and Mockler's framework has led me to reflect on my practice and relationships I develop in the community. I have become increasingly aware of power differentials and some ways to reduce these in relation to ethical and transparent practice. In setting out to learn about self-video interventions and VIG, I discovered the task was much more complex than I had envisioned. There are many different choices I could have made which could have created different findings in relation to my research questions. I acknowledge that I have formulated one response from many possibilities. I attempted to research in a manner respectful of others. This became challenging at times because I had a personal gain from carrying out the research.

The complexities of research are not ones that I have easily been able to overcome but I have learnt to recognise them and be more thoughtful in my wider practice and to consider the possible effects of power differentials on the people I work with. When so much of the work of educational psychologists' might be considered research, the ethical framework applied above may provide a wider framework for my practice.

# **How do Parents of Children with Language and Communication Difficulties Experience Video Interaction Guidance? A Practitioner Research Project.**

## **Abstract**

Previous research has demonstrated the positive effects of video interaction guidance (VIG) and other self-video interventions in supporting parent-child dyads to develop interaction skills. Less is known about the parental experience of VIG. This practitioner research paper addresses the question 'How do parents of children with language and communication difficulties experience Video interaction Guidance?' The research sought to provide an interpretation of the parental experience of VIG from the perspective of a trainee educational psychologist and VIG guider. A total of two mothers and one grandmother participated in one cycle of VIG and one interview about their experiences. Transcripts were analysed using interpretive phenomenological analysis (IPA) following the framework outlined by Smith, Flowers, and Larkin (2009). The findings indicated that parents valued the opportunity to use video to reflect on their interaction skills. They also felt empowered to use their new understanding to develop relationships with their children. Questions emerged about parents' experiences of control over the process and feeling judged during one cycle of VIG. Participants felt the VIG experience involved aspects of judgement of their parenting skills and their children's verbal communication skills. This is discussed within the wider socio-cultural context of practitioner-client relationships. The practitioner research paper highlighted implications for VIG practitioners to be honest about their positions and mindful of the feelings of the clients they support. Understanding of the function of the relationship between the guider and the VIG client was identified as a key area for future research.



## Introduction

### Introduction to video interaction guidance (VIG)

Research demonstrates positive effects of VIG and other self-video interventions in supporting parent-child dyads to develop interaction skills (Fukkink, 2008; Haggman-Laitila et al., 2010; Mendelsohn et al., 2011; Van Balkom et al., 2010; Weiner et al., 1994). The term 'interaction skills' is defined on pages 9-10. Positive effects of self-video interventions include development of some expressive and receptive language skills of children and general parenting skills including parenting behaviours and attitudes (see pages 28-29 and page 32).

This research sought to provide an interpretation of the parental experience of VIG from my perspective as a trainee educational psychologist and VIG guider.

VIG is a therapeutic approach to developing relationships. In VIG, the building blocks of successful interactions are known as the 'principles of attunement' (Kennedy et al., 2011) see Appendix 1. VIG involves clients reflecting on the details of what they are doing when they interact more successfully than usual (Kennedy, 2011, p. 20). The client identifies who they would like to improve the quality of their interactions with. The process involves filming the client interacting with this person for approximately ten minutes. Short clips demonstrating the principles of attunement are identified by the guider in a microanalysis process. A shared review between guider and client is structured to enable the client to notice the principles of attunement, which occurred during their interactions as demonstrated in the short clips shown. The shared review is a parallel process. The guider models the principles of attunement to develop a therapeutic relationship with the client. The psychological foundations which underlie VIG are outlined on pages 13-14.

VIG emphasises a therapeutic relationship between the VIG guider and client. The relationship focus is to develop a shared understanding of the principles of attunement and ways these can be used to develop a relationship of importance to the client. This collaborative approach enables a more equal power balance between the guider and client than traditional instructional approaches to intervention (Kennedy & Sked, 2008). It aims to engender a sense of control for the client

(Lomas, 2011) encouraging them to apply the successful strategies they notice during the shared review. Trivette, Dunst, Hamby, and O'Herin (2009) contend on the basis of a review of approaches to adult learning that the opportunity to reflect of real life contexts and a framework for self-evaluation enable adults to learn more effectively.

### Current research

There is a growing research base for the efficacy of VIG, or Video Home Training and Video Feedback which are closely related, with parents and children (Haggman-Laitila et al., 2010; Mendelsohn et al., 2011; Van Balkom et al., 2010; Weiner et al., 1994). VIG has been used to develop relationships in a variety of contexts (Fukkink et al., 2011).

Cross and Kennedy (2011) associated the success of VIG in developing attuned interactions between people to a number of psychological theories. One possible cognitive explanation concerns the concept of 'video-confrontation'. Clients experiencing negative beliefs about their relationships are presented with video evidence of successful interactions. They suggest this creates cognitive dissonance (Festinger, 1985) encouraging clients to change their beliefs or behaviour to create consistency and avoid dissonance.

Cross and Kennedy (2011) highlighted the importance of intersubjectivity (Trevarthen & Aitken, 2001) as a core theory underlying VIG. VIG provides scaffolding incorporating the principles of attunement. Through raising awareness of the principles of attunement which underlie intersubjectivity, parents can rediscover their 'intuitive parenting' (Papoušek & Papoušek, 1997). Intuitive parenting refers to parenting skills we are pre-adapted to acquire. It concerns the natural ability to adapt facial, vocal and gestural communication skills with children during parenting (Papoušek & Papoušek, 1989). This implies that parents do not need to be taught parenting skills because they can relearn skills from observing their interactions with their child.

Less is understood about parents' views on what makes VIG successful (Lomas, 2011).

### Issues warranting further exploration

Lomas (2011) proposed parents considered VIG a positive intervention to develop their interactions with their children. Lomas (2011) suggested the success of VIG from the parents' perspective may be attributable to social learning theory, theories of attunement and experiences akin to mindfulness. Lomas described mindfulness as the parents' ability to re-experience moments with their children through video. The scaffolding process incorporating the principles of attunement during the shared review is also likely to be a key element of the VIG experience for parents (Fukkink et al., 2011).

Previous research has focused on outcomes from VIG as an intervention to develop relationships and interaction skills (Fukkink, 2008; Fukkink et al., 2011; Haggman-Laitila et al., 2010; Kennedy & Sked, 2008). I considered it important to explore the parental experience of VIG to uncover emotions experienced by parents and their changing thoughts about their relationships. This may enable practitioners to build on the strengths of VIG and consider concerns arising from the parental perspective in practice.

## Introduction to the research process

### Aims of research

I aimed to answer the question, 'How do parents of children with language and communication difficulties experience video interaction guidance?' I focused on the experience of VIG from an insider perspective. I aimed to provide a unique interpretation of the VIG experience of parents of pre-school children experiencing communication difficulties from my perspective as a trainee VIG guider.

### Context of research

The three participants attended a group for parents of pre-school children experiencing communication difficulties. I used the term 'parents' to include one grandparent who had parental responsibility for her grandchild. I acted as researcher and VIG guider, meaning I was able to maintain a close relationship to the phenomenon being studied.

### IPA theoretical rationale

IPA is a unique research approach as it focuses on the double hermeneutics of the participants interpreting their experience and the researcher interpreting the participants' interpretation of their experience (Smith & Osborn, 2008). IPA enables the researcher to provide a rich description of lived experience. IPA combines a detailed account of the participants' experiences with the theoretical knowledge and experiences of the researcher.

IPA enabled me to explore the experiences of three participants during the VIG process. IPA focuses on the active role of the researcher in the research process. This was important since I had an established relationship with the participants. This developed during a 6-week parents' group I facilitated. I was also the VIG guider. I wanted to use an approach that explicitly recognised the researcher's role in creating the findings. I recognise, as a researcher, I provided a unique interpretation of the participants' accounts of their experiences.

## Method

### Participants

The study participants were two mothers and one grandmother. Although there were two fathers in the parents' group, they did not volunteer to participate in the study. Each participant had full time care of a pre-school aged child. The three children were referred, by speech and language therapists, to a nine-week specialist provision for pre-school children experiencing communication difficulties. As part of this placement, the parents accessed a parents' group, which I facilitated. This ran for one morning per week over six weeks. Participants were recruited from the parents' group.

### Procedure

Participants were provided with information about VIG and the research project (see Appendix 3). Those who volunteered provided fully informed written consent (see Appendix 2). I facilitated one cycle of VIG with participants in their homes. Research into VIG has generally used between two and five cycles of video and shared review (Hayes et al., 2011; Lomas, 2011; McCartan, 2009; Rautenbach, 2010). I was

unable to locate research that provided empirical evidence of an optimal number of VIG cycles for clients. More research is needed in this area (Klein-Velderman, 2011). Kennedy (2011) suggests good progress can be made in three or four VIG cycles but the length of intervention can be tailored to the nature of the difficulties, the wishes of the client, other interventions and the time constraints of the guider. In this study I considered one cycle to be appropriate since participants had already attended a parents' group and committed to three home visits to engage in the study, which I considered a large time commitment. Additionally, the study focused on the parental experience of engaging in VIG and not effectiveness of VIG. Since every VIG client will engage in at least one cycle and their experiences are likely to shape their decision to engage in further cycles, uncovering the parental experience of one cycle of VIG was important.

Engaging in one cycle of VIG involved an initial visit to film a play session with the participant and their child. I then micro analysed the videos to identify three clips of the most positive interactions that demonstrated the principles of attunement. I visited each participant one-week later to carry out a shared review of the video footage in which I attempted to model the principles of attunement (Kennedy, 2011). During each visit I showed the pre-selected video clips to the parent and we discussed what we noticed about their interactions. I provided scaffolding to enable participants to identify the principles of attunement in the video clips. On the final visit I facilitated a semi-structured interview with each participant. The names of the women, children and other family members have been changed to ensure confidentiality.

### Ethical Considerations

The research attempted to adhere to the ethical framework (see Bridging Document pages 41-47) described by Groundwater-Smith and Mockler (2007, pp. 205-206). Ethical consent was sought from Newcastle University Ethics Committee in accordance with the Code of Ethics and Conduct (British Psychological Society, 2009) and the Code of Human Research Ethics (British Psychological Society, 2010).

I discussed the VIG process, the purpose of the research and the participants' rights to withdraw with all parents attending the parents' group prior to asking for

volunteers. Parents had opportunities to discuss the research during group discussion or with me on a one to one basis. Parents were informed they would be free to withdraw from the study at any point until data had been processed and that all data would remain anonymous. Parents were given a week to consider the research and ask further questions via telephone. Three parents returned signed consent forms one week later although there was no imposed time limit.

### Interview Procedure

The semi-structured interview schedule followed guidelines outlined by Smith and Osbourn (2008). An extract of a coded transcript is available (see Appendix 4). Questions were structured to be specific enough to investigate the research subject but open ended to allow participants to discuss their experiences.

Silverman (2001) outlined three approaches to interviewing; positivist, emotionalist and social constructionist. The positivist interviewer searches for facts through the controlled interview and adopts an objective stance. However, the emotional interviewer, sees the interview as focused interaction in which the interviewer asks for an authentic account of the participant's lived experience. The quality of the data depends on a trusting and open relationship. The social constructionist interviewer views the interviewer and the interviewee as co-creating meaning through the interview process.

I adopted an emotionalist stance viewing the researcher-participant relationship as the key component of the interview. The interview procedure reflects the hermeneutic phenomenological epistemology underlying the research design. Each participant was asked to provide an interpretation of their experiences, which I interpreted in my analysis of the interview data. Interviews were video-recorded and transcribed verbatim. The transcripts were analysed using IPA procedures outlined by Smith, Flowers and Larkin (2009, pp. 59-69).

I took part in two bracketing interviews with a counselling psychologist as a means of supporting the process of making explicit my own assumptions about the process. Details of these are available within the Bridging Document on pages 44-45.

### Process of analysis

Transcripts were analysed using the framework outlined by Smith et al. (2009). This involved six stages outlined in table 10 below:

**Table 10: Framework for analysis**

1. Reading and re-reading of the first transcript to immerse myself in the raw data.
2. Initial noting to examine the semantic content and language used and make initial notes in the left hand margin of the transcript. Descriptive, linguistic and conceptual comments were made.
3. Developing emergent themes involves shifting the analysis to focus on the initial notes and reduce the volume of detail to emergent themes.
4. Clustering of themes involves identifying patterns and connections between emergent themes to identify super-ordinate themes.
5. Moving to the next case and repeating the process.
6. Identifying patterns across cases to identify master themes for the group.

Analysis of each transcript (see example in Appendix 4) was influenced by my previous experiences, assumptions and pre-existing relationships with participants. The coding of previous transcripts also influenced the coding of each new transcript. However, the process of IPA aims to provide an interpretation rather than an exact account of the participants' experiences of VIG.

Four superordinate themes emerged through the analytic procedure. These are discussed as they relate to each participant in the next section.

### Findings from analysis

Interpretive phenomenological analysis of the transcripts revealed four super-ordinate recurrent themes. Each theme is discussed together with how it relates to each participant's experience of VIG.

## Summary Table of Super-Ordinate Themes for the Group

Table 11: Summary table of super-ordinate themes for the group

<b>A. Unique reflection</b>	<u>Lines</u>
<p><i>Unique way to see interactions</i> Emily: You see them responding to things even though you're not on a camera but you don't really see it – see it.</p>	68-70
<p>Lucy: I thought it would be quite nice to actually see, even though I was acting naturally when I was being recorded, just what it was like from the outside.</p>	31-34
<p><i>Seeing the successes</i> Gina: actually looking at how it was done on the video I didn't realise how much I'd helped him.</p>	80-82
<p>Lucy: Yes, probably how you mentioned that I was letting Joe take the lead. I had never really noticed that before.</p>	90-92
<p>Gina: I think overall it was nice to look at how we were interacting and playing together.</p>	16-18
<p>Lucy: It made me feel quite good because it looked good and like he was having fun and I was having fun as well.</p>	99-101
<b>B. Empowerment</b>	
<p><i>New beliefs about parenting skills</i> Gina: You could see from the evidence just how much good it was doing him.</p>	120-122
<p><i>Raising awareness of positive interactions</i> Emily: Wanting me to do things with her more.</p>	143-144
<p>Gina: there were a lot of positives that came from it so it made me feel like I was doing my job right in a lot of ways.</p>	48-50
<p>Lucy: I noticed it was mostly Joe that led instead of me taking control.</p>	80-81
<b>C. Control over the process</b>	
<p><i>Control over what is videoed</i> Gina: it was mainly just trying to kind of get across our personalities as best as we could.</p>	39-41
<p>Lucy: Maybe if you'd left a camera that would have been</p>	



better.	62-63
<i>Viewing VIG as led by the guider rather than as collaborative</i> Gina: I think it was mainly just trying to kind of get across our personalities as best as we could.	39-41
<i>Shared control</i> Emily: It's not in your face.	73
<b>D. Feeling judged during VIG</b> <i>Feeling discomfort whilst being watched</i> Emily: It made me feel uncomfortable ((laughingly)) being on tape.	134-135
<i>Feeling a need to show best behaviours</i> Lucy: I think maybe, in our case, to have it done outside of his own home, although inside your own home it's more natural, but I think he was distracted a lot.	48-51

### Unique reflection

Participants discussed seeing their interactions with their child in a new light together with focussing on positive aspects of their relationships. Using video provided a unique way for participants to reflect on the successes in their relationships as Lucy describes:

*Lucy: I could actually see how Joe was interacting with me and just concentrate on and watch Joe instead of concentrating on playing with Joe. (74-77)*

Lucy's use of the phrase 'actually see' indicates she couldn't or hadn't seen this interaction before. This positive interpretation of 'seeing' the video was interesting as the video was also the aspect that posed risk to the participants. Below Emily describes the discomfort she felt being recorded.

*Emily: It felt funny because I just didn't want to look into the camera. I don't like it. (33-34)*

Participants appeared to weigh up the discomfort of being videoed with possible benefits they perceived could arise from VIG. My interpretation of Emily's comment is that she was willing to engage in the uncomfortable process of being filmed

because she had a desire to develop her relationship. She wanted to support her child to the extent she was willing to feel uncomfortable. Emily raised the possibility of using photographs instead of video to reduce this discomfort. She reflected a unique aspect of the process would be lost highlighting the importance of this:

*Emily: I suppose you could have just taken photos of me doing things with Milly whereas you're doing it and you can see what's going on, but with a photograph it's just a photograph. (42-46)*

All participants referred to the experience of 'seeing' and acknowledged this was something unique. Micro-analysis allowed me to present the most positive interactions and the parents described the joy of seeing these and seeing themselves behave in ways they were unconscious of before.

*Gina: I knew that I was trying to help him as much as I could but seeing it and how it did help him in that he took his time, and once he'd calmed down a little bit and settled, he was able to tell me exactly what it was he wanted to do. For me that was the most humbling part, I would imagine, of the whole video. (67-74)*

I considered that Gina's use of the word 'humbling' was significant. I interpreted this to mean Gina had experienced powerful emotions during the VIG. 'Seeing' her interaction with her child in this way may have raised Gina's awareness of her intuitive parenting (Papoušek & Papoušek, 1997).

### Empowerment

Participants discussed feeling they were able to support their child. Participants generally reported the VIG session had been positive. They noticed the principles of attunement they were applying especially well to support their child and changed their behaviours as a result of this. This was evident with Gina and Lucy who both commented on positive aspects of their interactions they had not been aware of.

*Gina: When Adam struggled to get the words out, just looking at how I did cope with that and giving him the eye contact and asking him to take his time. For me that was a real positive to take away from it. (63-67)*

My interpretation is Gina valued the scaffolding she received using the principles of attunement to help analyse how she supported her child. Lucy commented she noticed there were times when their play was child-led rather than adult directed.

*Lucy: I noticed it was mostly Joe that led instead of me taking control. He was in control. (80-81)*

Gina and Lucy enjoyed seeing their interactions. They saw new aspects of their parenting thereby learning about themselves and their environment, which can be considered part of the empowerment process (McClelland, 1975). Gina commented that VIG had not only helped her develop her interactions with her child but she had been able to share what she had learnt with her husband:

*Gina: To be honest, one of the things I did say when I was talking to his Dad about it was, watching it back on video, it just goes to show how much having the patience, talking to him and having eye contact does help Adam. To be honest, it's made us both more aware, especially if we're in the car going somewhere. We're both in the front and Adam's in the back and if he is struggling we'll say to him "Take your time. It's absolutely fine. It's no problem at all." Although we're not giving him the eye contact you can tell he calms down straight away. It's definitely made us believe in what we're doing and in a way be even more patient. You could see from the evidence just how much good it was doing for him. (105-122)*

These comments may show Gina had used her new understanding of her parenting skills to develop her interactions with her child. Gina wanted to use her new learning to create change. This can be considered a second aspect of the empowerment process (McClelland, 1975). My interpretation of Gina's comments is that VIG might have some potential to empower the wider family when it is shared. VIG seemed to be particularly meaningful for Gina on an emotional level. She was empowered to share her experiences and observed changes in her wider family.

### Control over the process

This theme focuses on comments participants made highlighting their experiences relating to control during VIG. This related to being filmed playing with their children and the wider VIG process. Participants experienced a level of anxiety during filming as described by Emily and Gina:

*Emily: It made me feel uncomfortable ((laughingly)) being on tape. (134-135)*

*Gina: A little ((laughingly)) bit self-conscious but, to be honest, I think overall it was nice to look at how we were interacting and playing together so I didn't mind too much. (15-18)*

Emily and Gina made eye contact with me and laughed during their interviews. To me, this indicated their acknowledgement that I also felt the discomfort being filmed. I interpreted their experiences of anxiety indicated their desire to control what was filmed. Participants felt a need to show their interactions in the best light. Gina described her experience of trying to present her and her child's personalities below:

*Gina: I think it was mainly just trying to kind of get across our personalities as best as we could. (39-41)*

Lucy commented her child was distracted by my presence during filming. She suggested filming could have taken place in a different environment. This demonstrated the participants understood the purpose of the video in a way that was different from my understanding. My aim, to film the parents and children behaving naturally, was not evident in the participants' interpretations of their experiences. Their interpretation was that I was trying record the children showing their best interaction skills.

Emily highlighted that the process as a whole had not been forced:

*Emily: It's not in your face. (73)*

Emily seems to have experienced VIG as more collaborative than the other participants. She may have experienced a higher level of control over the VIG process.

### Feeling judged during VIG

A number of comments were made indicating participants felt VIG involved judgment on their parenting skills or their children's skills. I interpreted this feeling of being judged as relating to the participants' interpretation of roles during VIG and the parents' difficulty of moving beyond the 'expert' model of interventions designed to support families.

Emily noticed negative aspects of interactions despite my scaffolding which aimed to support her to notice the principles of attunement:

*Emily: I noticed that Milly was clingier with us. I mean, I know she is clingy with us but it seemed like she was even more so. (87-89)*

Emily's use of the term 'clingier' brings negative connotations and highlighted how she was emphasizing Milly's part in the interaction rather than her own.

This narrative appeared entrenched in the participants' experiences of VIG. This feeling of being judged may have been confounded by my relationship with participants. They knew me in what might have been perceived as an expert role as a trainee educational psychologist and a parents' group facilitator. This aspect of the research may have shaped their VIG experience.

The participants' comments in one case revealed a misconception that VIG focussed on the child's behaviour rather than on parent-child interaction.

*Gina: I think, looking at his different behaviours, speech and language, maybe if it (the video camera) had been left on for an hour you probably would have had more material and seen the different ((laughingly)) sides of Adam. (27-32)*

My interpretation is Gina experienced VIG as a means to show me something about her child as well as to see the best aspects of interaction.

The super-ordinate themes highlight positive aspects of VIG and aspects that VIG practitioners may wish to further develop. These are discussed in relation to other literature relating to VIG in the next section.

## Discussion

The study question 'How do parents of children with language and communication difficulties experience video interaction guidance?' is considered below in light of the findings from the parental perspective.

The super-ordinate themes identified through IPA raise questions for reflection in light of theories which have been used to explain VIG.

A number of theories and processes have been identified as being important to the underlying success of VIG; intersubjectivity, self-modelling theory, attunement, social learning theory, empowerment and mindfulness are thought to be contributing factors (Cross & Kennedy, 2011; Kennedy, 2011; Kennedy & Sked, 2008; Lomas, 2011; Vermeulen, Bristow, & Landor, 2011).

Connections can be made between the super-ordinate themes identified in this study and the factors identified above. These will be explored in the discussion.

### Unique reflection

'Unique reflection' subsumed emergent themes of 'unique way of seeing interactions' and 'seeing successes'. The first of these can be linked to mindfulness. Kabat-Zinn (2003, p. 145) defined mindfulness as 'the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment - by - moment'. Participants discussed the process of using video as important as it allows time for reflection in a unique way.

Through microanalysis, the VIG guider creates a 'virtual present moment' (Vermeulen et al., 2011, p. 268). Lomas (2011) highlighted how participants' daily lives do not ordinarily offer them the opportunity to see their interactions and reflect on them. Vermeulen et al. (2011, p. 269) outlined that VIG and mindfulness share the same philosophy, 'paying attention in the here and now in a non-judgemental way'. Other links have been made between mindfulness and VIG in relation to developing attunement and possible neurobiological changes impacting on wellbeing (Cross & Kennedy, 2011).

The emergent theme 'seeing successes' can be linked to the theory of attunement, which comes from the literature on primary and secondary intersubjectivity (Kennedy, 2011). Participants discussed noticing interaction behaviours between themselves and their children that they had not previously noticed. Their new awareness appeared to have been brought about through observation of the video clips and scaffolding using the principles of attunement.

### Empowerment

The links between empowerment and VIG are already well documented (Cross & Kennedy, 2011; Kennedy, 2011; Lomas, 2011). 'Empowerment' subsumed

emergent themes of 'new beliefs about parenting skills' and 'raising awareness of positive interactions'. Lord (1991) suggested four elements of the personal empowerment process: experiencing powerlessness, gaining awareness, learning new roles and initiating / participating and contributing. When asked why she took part in the VIG process, Emily commented, *'I just thought it might help to maybe give us a bit more of an idea of how to help Milly'* (lines 25-27). This could indicate she felt powerless to support Milly before the VIG process. A number of participants' comments indicated they gained awareness relating to supporting their children. These were reflected in Gina's use of the term *'it's made us more aware'* (lines 110-111) and Lucy's use of the term *'I had never really noticed that before'* (lines 91-92). This learning was followed by some changes in participants' interaction behaviours. Gina said, *'it's definitely made us believe in what we're doing and in a way be even more patient'* (lines 118-120).

Analysis suggested participants reflected on their interactions and seeing their interactions through VIG enabled them to think differently and interact more successfully by developing what they already did well. These processes are akin to self-modelling theory (Dowrick, 1999) and social learning theory (Bandura, 1977) which Cross and Kennedy (2011) associate with the success of VIG.

#### Control over the process

'Control over the process' subsumed emergent themes 'control over what is videoed', 'viewing VIG as led by the guider rather than as collaborative' and 'shared control'. The literature suggests VIG offers a more equal power balance between the VIG guider and client than traditional instructional approaches (Kennedy & Sked, 2008; Lomas, 2011).

Gina and Lucy felt a desire to control what was recorded during the VIG session. I interpreted this as their desire to show me something about their interactions with their children. This could indicate they felt they did not have equal control of the VIG process with me. They may have felt pressure to show me something rather than to learn together from the natural family context.

A more positive comment from Emily was that 'It's not in your face' (line 73). Her experience may have been that VIG was less directive than her other experiences.

### Feeling judged during VIG

'Feeling judged during VIG' is related to the theme of 'control over the process' in that the pre-existing relationships I had with participants were potentially a factor in the participants' interpretation of their experiences. This theme subsumed emergent themes of 'feeling discomfort whilst being watched' and 'feeling a need to show best behaviours'. I interpreted that participants felt discomfort and a need to show best behaviours because they felt some judgement on their parenting skills and their children's skills. This may suggest the VIG guider shapes the VIG process in relation to their relationship with the client, their personalities and the language they use in describing the process. It is likely to be confounded by historical and cultural beliefs which shape parenting (Best Start Resource Centre, 2010): in this case, the belief that experts can help parents, which is embedded in education, health and social care systems in the UK.

The complex relationships between the participants, who had multiple roles as attendees at a parents' group, clients in VIG and participants in a research project and myself, in my multiple roles as parents' group facilitator, trainee VIG guider and researcher, may have impacted the findings. These impacts are further discussed in the section 'Limitations of this study'. These factors could significantly change the parental experience of VIG. Chasle (2011, p. 247) suggested, 'our relational knowing is always situated or located by culturally and historically specific accounts'. Many professionals applying VIG, work in Local Authorities and have safeguarding responsibilities. This may present a barrier to developing relationships with VIG clients in which both parties hold equal power because of possible parental fear of professionals' surveillance roles. There is a need for continuous practitioner reflexivity and sensitivity in relation to the complex role of educational psychologists and the impact of this on people they support and the politics of their relationships with them.



### Limitations of this study

The study provides an interpretation of the parental experience of VIG. I aimed to provide an insider's account but, in interpreting interview transcripts, I arrived at an account discovered from the raw data and interpreted from my perspective.

The unique context of this study shaped the findings. As a trainee VIG guider, I have much to learn about facilitating VIG. I am developing my attunement skills with clients. Doria, Strathie, and Strathie (2011, p. 132) suggested less experienced VIG practitioners may focus on supporting clients to think 'more positively' rather than focusing on developing an 'attuned relationship'. At times during the VIG process, I felt anxious. Chasle (2011) documented her experiences of anxiety during VIG and related these to the concept of 'my defended self'. She described how, in moments of anxiety, she resorted to a style of speaking which was fast and fluent with few pauses and an emphasis on technical discourse. Chasle (2011) suggested this may have been a way of protecting her professional identity which was threatened due to accumulated stress. In reading Chasle's (2011), account I identified with my own experiences delivering VIG with participants in this study. Resorting to such conversational styles may have created some distance in my relationships with participants. They may have felt defensive of their parenting skills and less empowered. This interpretation raises the question of the importance of the nature of the relationship between the VIG guider and client as well as the skill level of the guider.

Others reading the raw data may interpret it differently. Likewise, each new reading of the study will generate new interpretations. My practitioner-researcher role and position as a trainee VIG guider shaped both the participants' experiences of VIG and my interpretations and the conclusions reached. These aspects had significant bearings on the findings. Findings may not be replicable in other contexts.

Participants' experiences were interpreted after one cycle of VIG. It is suggested VIG clients generally make good progress in three to four VIG cycles (Kennedy, 2011). The parental experience of VIG over more than one cycle is likely to be different.

The study relies on participants' abilities to provide verbal interpretations of their experiences and on my abilities to interpret their accounts. The interview experience

and the relationships developed between the participants and I may also have shaped the participants' interpretations of VIG. Participants may have omitted some descriptions of their experiences due to a possible assumption that I might already know as I facilitated the VIG process with them. This may have reduced the richness of data collected.

### Implications for practice and future research

The study highlights implications for practice and future research relating to the use of VIG. It is also hoped the methodology applied will raise issues for discussion amongst researchers interested in the impact of relationships on research.

The experience of VIG, for parents of children with communication difficulties, over more than one VIG cycle requires further investigation. Efficiency and effectiveness are under growing scrutiny meaning educational psychologists applying VIG require research to provide a view on the optimal number of VIG cycles across different contexts.

One aim of VIG is to reduce power differentials in VIG guider and client relationships (Lomas, 2011). I suggest, on the basis of my findings, VIG cannot be experienced in a vacuum as the discourses that position professionals as leading rather than guiding interventions may impact upon parental expectations and interpretations of the process. This widely held construct might be challenging to shift. Whilst educational psychologists work within organisations that maintain some form of social control, their position can be seen as powerful. There is additional power in using video and there is potential for it to be used in a critical way (Strathie, Strathie, & Kennedy, 2011). VIG practitioners need to be honest about their positions and mindful of the feelings of the clients they support. Future research might investigate the parental experience of power differentials in VIG and other interventions by involving parents in discussions about perceptions of power. This is important for educational psychologists working with parents and functioning in multiple roles within Local Authorities.

## Conclusion

In conclusion, some aspects of these findings problematise the nature of the relationship and the power balance between the VIG guider and client. The participants may not have experienced the equal power balance VIG aims to establish between guiders and clients. Participants may have felt I was passing judgements on their parenting and their children's skills. This may be related to my skill level as a trainee VIG guider, my pre-existing relationships with participants and my position as a doctoral trainee educational psychologist in a Local Authority. This has implications for a range of professionals applying VIG. In particular, trainee VIG guiders and educational psychologists who may operate within a Local Authority in a position often perceived as powerful and may have a range of roles in relation to potential clients.

Findings indicated parents valued the opportunity to use video to reflect on their interaction skills. They felt empowered to use their new understanding to develop relationships with their children. Findings also suggest the experience of VIG, for parents of children with communication difficulties, might be explained by some of the theories which have been attributed to the success of VIG. I tentatively suggest such theories may help to explain the success of VIG from the parental perspective.

## References

- Allen, G. (2011). Early Intervention, the Next Steps. Retrieved 16 December, 2011, from <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>
- Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. . (2004). Benefits and Costs of Prevention and Early Intervention Programs for Youth (Vol. 04). Olympia, WA: Washington State Institute for Public Policy.
- Baillie, C., Smith, J., Hewison, J., & Mason, G. (2000). Ultrasound screening for chromosomal abnormality: Women's reactions to false positive results. *British Journal of Health Psychology*, 5, 377-394.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bates, E., Benigni, L., Bretherton, I., Camaioni, L., & Volterra, V. (1979). *The emergence of symbols: Cognition and communication in infancy*. New York: Academic.
- Bercow, J. (2008). *The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs*.
- Best Start Resource Centre. (2010). *Founded in Culture: Strategies to Promote Early Learning in First Nations Children in Ontario*. Toronto, Ontario, Canada.
- Biemans, H. (1990). *Video home training: Theory method and organisation of SPIN*. Paper presented at the International Seminar for Innovative Institutions, Ryswijk, Netherlands.
- British Psychological Society. (2009). *Code of Ethics and Conduct*. Leicester: BPS.

- British Psychological Society. (2010). Code of Human Research Ethics. Leicester: BPS.
- Broomfield, Jan, & Dodd, Barbara. (2004). Children with speech and language disability: caseload characteristics. *International Journal of Language & Communication Disorders*, 39(3), 303-324.
- Campbell, A., & McNamara, O. (2007). Ways of Telling: The Use of Practitioners' Stories. In A. a. G.-S. Campbell, S. (Ed.), *An Ethical Approach to Practitioner Research*. Oxon and New York: Routledge.
- Centre 4 Excellence and Outcomes. (2011). Grasping the nettle: early intervention for children, families and communities. Retrieved 29 December, 2012, from [http://www.c4eo.org.uk/themes/earlyintervention/files/early\\_intervention\\_grasping\\_the\\_nettle\\_full\\_report.pdf](http://www.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf)
- Chapman, E., & Smith, J. (2002). Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology*, 7, 125-130.
- Chasle, C. (2011). Reflecting on VIG Practice from a Relational Systemic Perspective. In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance, A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley Publishers.
- Cochran-Smith, M., & Lytle, S. L. (2007). Practitioner Inquiry and University Culture. In A. a. G.-S. Campbell, S. (Ed.), *An Ethical Approach to Practitioner Research*. London and New York: Routledge.
- Cole, R. L. (2008). A systematic review of cognitive- behavioural interventions for adolescents with anger-related difficulties. *Educational & Child Psychology*, 25(1).
- Cross, J., & Kennedy, H. . (2011). How and Why does VIG Work? . In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing* (pp. 58-82). London: Jessica Kingsley.
- Cummings, J. G., & Wittenberg, J. V. (2008). Supportive expressive therapy - Parent child version: An exploratory study. *Psychotherapy*, 45(2), 148-164.
- Dockrell, J., Lindsay, G., Palikara, O., & Cullen, M. (2007). Raising the Achievements of Children and Young People with Specific Speech and Language Difficulties and Other Special Educational Needs through School, to Work and College. Nottingham: Department for Education, Schools and Families.
- Doria, M. (2013). Explanations for the success: An Emerging Method in Family Psychotherapy. *Supporting Families with Video Interaction Guidance*. Retrieved 31st July, 2013, from <http://videonet.fi/ml/20130315/2/kennedy.pdf>
- Doria, M., Strathie, C., & Strathie, S. (2011). Supporting Vulnerable Families to Change through VIG. In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance, A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley Publishers.
- Dowrick, P. (1999). A review of self modeling and related interventions. *Applied and Preventive Psychology*, 8(1), 23-39.
- Dowrick, P. (2012). Self model theory: learning from the future. *Wiley Interdisciplinary Reviews: Cognitive Science*, 3(2), 215-230.
- Duncombe, J., & Jessop, J. (2002). 'Doing Rapport' and the Ethics of 'Faking Friendship'. In T. Miller, M. Birch, M. Mauthner & J. Jessop (Eds.), *Ethics in Qualitative Research* (pp. 107-122). London: Sage.
- Edwards, R. (1993). An Education in Interviewing: Placing the Researcher and the Researched. In C. M. Renzetti & R. M. Lee (Eds.), *Researching Sensitive Topics*, (pp. 181-196). Newbury Park, CA: Sage.
- Elardo, R., Bradley, R., & Caldwell, B. . (1977). Longitudinal study of relation of infants home environments to language development at age 3. *Child Development*, 48(2), 595-603.
- Festinger, L. . (1985). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.

- Fukkink, R. G. (2008). Video feedback in widescreen: A meta-analysis of family programs. *Clinical Psychology Review, 28*(6), 904-916.
- Fukkink, R. G., Trienekens, N., & Kramer, L. J. C. (2011). Video Feedback in Education and Training: Putting Learning in the Picture. *Educational Psychology Review, 23*(1), 45-63.
- Gorman, S. (2007). Managing Research Ethics In A. a. G.-S. Campbell, S. (Ed.), *An Ethical Approach to Practitioner Research*. London and New York: Routledge.
- Gough, D. (2007). Weight of evidence: a framework for the appraisal of the quality and relevance of evidence. *Applied and Practice-based Research. Special Edition of Research Papers in Education, 22*(2), 213-228.
- Greenspan, S. I., & Shanker, S. (2004). *The first idea: How symbols, language, and intelligence evolved from our early primate ancestors to modern humans*. New York: Da Capo Press.
- Gross, D., Conrad, B., Fogg, L., Willis, L., & Garvey, C. (1993). What does NCATS measure? . *Nursing Research, 42*(5).
- Groundwater-Smith, S., & Mockler, N. (2007). Ethics in practitioner research: an issue of quality. *Research Papers in Education, 22*(2), 199-211.
- Haggman-Laitila, A., Seppanen, R., Vehvilainen-Julkunen, K., & Pietila, A. M. (2010). Benefits of video home training on families' health and interaction: evaluation based on follow-up visits. *Journal of Clinical Nursing, 19*(23-24), 3504-3515.
- Hannus, Sinikka, Kauppila, Timo, & Launonen, Kaisa. (2009). Increasing prevalence of specific language impairment (SLI) in primary healthcare of a Finnish town, 1989–99. *International Journal of Language & Communication Disorders, 44*(1), 79-97.
- Hayes, B., Richardson, S., Hindle, S., & Grayson, K. (2011). Developing teaching assistants' skills in positive behaviour management: an application of Video Interaction Guidance in a secondary school. *Educational Psychology in Practice, 27*(3), 255-269.
- Hofer, M. A. (2006). Psychobiological Roots of Early Attachment. *Current Directions in Psychological Science, 15*(2), 84-88.
- Johnson, C., Beitchman, J., Young, A., Escobar, M., Atkinson, L., Wilson, B., . . . Wang, M. (1999). Fourteen-Year Follow-Up of Children With and Without Speech/Language Impairments: Speech/Language Stability and Outcomes. *Journal of Speech Language and Hearing Research, 42*(3), 744-760.
- Jones, P. (2009). From 'external speech' to 'inner speech' in Vygotsky: A critical appraisal and fresh perspectives. *Language & Communication, 29*, 166-181.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. . *Clinical Psychology: Science & Practice, 10*, 144-156.
- Karoly, L.A., Kilburn, M.R., & Cannon, J.S. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, C.A.: RAND Corporation.
- Kelly, J. F., & Barnard, K. E. (2000). Assessment of parent-child interaction: Implications for early intervention. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of Early Childhood Intervention* (Vol. 2, pp. 258-289). Cambridge: Cambridge University Press.
- Kelly, J. F., Morisset, C. E., Barnard, K. E., Hammond, M. A., & Booth, C. L. (1996). The influence of early mother-child interaction on preschool cognitive/linguistic outcomes in a high-social-risk group. *Infant Mental Health Journal, 17*(4), 310-321.
- Kennedy, H. (2011). What is Video Interaction Guidance (VIG)? In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance. A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley publishers.
- Kennedy, H., Landor, M., & Todd, L. (Eds.). (2011). *Video Interaction Guidance: A Relationship-based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley Publishers.
- Kennedy, H., & Sked, H. (2008). Video Interaction Guidance: A bridge to better interactions for individuals with communication impairments. In S. Zeedyk (Ed.), *Promoting social*

- interaction for individuals with communicative impairments: Making contact*. London: Jessica Kingsley.
- Kim, J. M., & Mahoney, G. (2005). The effects of relationship focused intervention on Korean parents and their young children with disabilities. *Research in Developmental Disabilities, 26*(2), 117-130.
- Klein-Velderman, M. (2011). VIG as a Method to Promote Sensitive Parent-Child Interaction in Infancy. In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance, A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley Publishers.
- Krauss, R. (2002). The Psychology of Verbal Communication. In N. Smelser & P. Baltes (Eds.), *International Encyclopedia of the Social and Behavioral Sciences*. Oxford: Elsevier.
- Landry, S. H., Smith, K. E., MillerLoncar, C. L., & Swank, P. R. . (1997). Predicting cognitive language and social growth curves from early maternal behaviors in children at varying degrees of biological risk. *Developmental Psychology, 33*(6), 1040-1053.
- Law, J., Boyle, J., Harris, F., Harkness, A. and Nye, C. (1998). Screening for speech and language delay: a systematic review of the literature. *Health Technology Assessment, 2*(9), 1-185.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Lindsay, G. (2007). Educational psychology and the effectiveness of inclusive education/mainstreaming. *British Journal of Educational Psychology, 77*, 1-24.
- Lomas, L. (2011). *Video Interaction Guidance: The Parents' Perspective*. (Doctorate in Educational Psychology), University College London, London.
- Lord, J. (1991). Lives in transition: The process of personal empowerment. Kitchener: Centre for Research & Education in Human Services and Ottawa: Disabled Person's Participation Program, Secretary of State.
- Mackeith, R., & Rutter, M. (1972). A note on the prevalence of language disorders in young children. In M. Rutter & J. Martin (Eds.), *The Child with Delayed Speech*. London: Heinemann.
- Magill-Evans, J., & Harrison, M. . (2001). Parent-child interactions, parenting stress, and developmental outcomes at 4 years. *Children's Health Care, 30*(2), 135-150.
- Magill-Evans, J., Harrison, M., Benzies, K. , Gierl, M., & Kimak, C. . (2007). Effects of Parenting Education on First-Time Fathers' Skills in Interactions with Their Infants *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers, 5*(1), 42-57.
- Manolson, A., Ward, B., & Dodington, N. (1995). *You Make the Difference: In Helping Your Child Learn*. Toronto: The Hanen Centre.
- McCartan, D. (2009). *Using Video to Promote the Development of a Collaborative Approach between Parents and Teachers around Pupil Behaviour*. (Doctorate in Applied Educational Psychology), Newcastle University, Newcastle.
- McClelland, D. C. . (1975). *Power: The inner experience*. New York: Irvington Press.
- McCormack, J., Harrison, L., McLeod, S., & McAllister, L. (2011). A Nationally Representative Study of the Association Between Communication Impairment at 4-5 Years and Children's Life Activities at 7-9 Years. *Journal of Speech Language and Hearing Research, 54*(5), 1328-1348.
- Mendelsohn, A. L., Dreyer, B. P., Flynn, V., Tomopoulos, S., Rovira, I., Tineo, W., . . . Nixon, A. F. (2005). Use of videotaped interactions during pediatric well-child care to promote child development: A randomized, controlled trial. *Journal of Developmental and Behavioral Pediatrics, 26*(1), 34-41.
- Mendelsohn, A. L., Huberman, H. S., Berkule, S. B., Brockmeyer, C. A., Morrow, L. M., & Dreyer, B. P. (2011). Primary care strategies for promoting parent-child interactions and school readiness in at-risk families: the bellevue project for early language, literacy, and education success. *Archives of Pediatrics and Adolescent Medicine, 165*(1), 33-41.

- Mendelsohn, A. L., Valdez, P. T., Flynn, V., Foley, G. M., Berkule, S. B., Tomopoulos, S., . . . Dreyer, B. P. (2007). Use of videotaped interactions during pediatric well-child care: Impact at 33 months on parenting and on child development. *Journal of Developmental and Behavioral Pediatrics, 28*(3), 206-212.
- Mockler, N. (2007). Ethics in Practitioner Research, Dilemmas From the Field. In A. a. G.-S. Campbell, S. (Ed.), *An Ethical Approach to Practitioner Research*. London and New York: Routledge.
- Oakley, A. (1981). Interviewing Women:A Contradiction in Terms. In H. Roberts (Ed.), *Doing Feminist Research*. London: Routledge and Kegan Paul.
- Papoušek, H., & Papoušek, M. (1989). Intuitive Parenting, Aspects related to Educational Psychology. *European Journal of Psychology of Education, 4*(2), 201-210.
- Papoušek, H., & Papoušek, M. (1997). Fragile Aspects of Early Social Interaction. In L. Murray, Cooper, P.J. (Ed.), *Postpartum Depression and Child Development* (pp. 63-85). London: Academic Press.
- Parsons, H. M. (1974). What happened at Hawthorne? New evidence suggests the Hawthorne effect resulted from operant reinforcement contingencies. . *Science,, 183*, 922-932.
- Patterson, G. (1982). *Coercive family process*. Eugene, OR: Castalia.
- Patterson, G., DeBaryshe, B., & Ramsey, E. (1989). A developmental perspective on antisocial behaviour. *American Psychologist, 44*, 329-335.
- Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide*. Malden, MA: Blackwell Publishing.
- Phaneuf, L., & McIntyre, L. L. (2007). Effects of individualized video feedback combined with group parent training on inappropriate maternal behavior. *Journal of Applied Behavior Analysis, 40*(4), 737-741.
- Phaneuf, L., & McIntyre, L. L. (2011). The Application of a Three-Tier Model of Intervention to Parent Training. *Journal of Positive Behavior Interventions, 13*(4), 198-207.
- Poesio, C., & Vieu, L. (2006). Interaction and Communication. Retrieved 18 January, 2013, from <http://www.loa.istc.cnr.it/iliks/Area4-06.pdf>
- Rautenbach, R. (2010). *From nurture group to nurturing community: exploring processes and evaluating outcomes when nurturing principles are consistent between nurture group, home and school.*, University of Exeter, Exeter.
- Rolls, L., & Relf, M. (2006). Bracketing interviews: addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality: Promoting the interdisciplinary study of death and dying, 11*(3), 286-305.
- Rosenthal, R. (1979). The file drawer problem and tolerance for null results. *Psychological Bulletin, 86*(3), 638-641.
- Silverman, D. (2001). *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction* (2nd ed.). London, Thousand Oaks, New Delhi: Sage.
- Smith, J. (2009). Judging research quality: from certainty to contingency. *Qualitative Research in Sport and Exercise, 1*(2).
- Smith, J. (Ed.). (2008). *Qualitative Psychology, A Practical Guide to Research Methods* (Second ed.). London: Sage.
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis*. London, California, New Delhi and Singapore: Sage.
- Smith, J., & Osborn, M. (2008). *Interpretive Phenomenological Analysis Qualitative Psychology: A practical Guide to Methods* (2nd ed.). London: Sage.
- Sperber, D. (1994). Understanding Verbal Understanding. In J. Khalfa (Ed.), *What is Intelligence?*: Cambridge University Press.
- Stenhouse, L. (1981). What Counts as Research? *British Journal of Educational Studies, 29*(2), 103-114.
- Strathie, S., Strathie, C., & Kennedy, H. (2011). Video Enhanced Reflective Practice. In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance, A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London and Philadelphia: Jessica Kingsley Publishers.

- Tamis-LeMonda, C., Bornstein, M., & Baumwell, L. . (2001). Maternal responsiveness and children's achievement of language milestones. *Child Development*, 72(3), 748-767.
- Thalheimer, W., & Cook, S. . (2002). How to calculate effect sizes from published research articles: A simplified methodology. Retrieved 29 December, 2012, from [http://work-learning.com/effect\\_sizes.htm](http://work-learning.com/effect_sizes.htm).
- Tomblin, J.B., Records, N. , , Buckwalter, P., Zhang, X., Smith, E., & O'Brien, M. . (1997). Prevalence of specific language impairment in kindergarten children. *Journal of Speech Language and Hearing Research*, 40(6), 1245.
- Trevarthen, C. (2002). Learning in Companionship', Education in the North. *The Journal of Scottish Education*,, 10, 16-25.
- Trevarthen, C., & Aitken, K.J. (2001). Infant intersubjectivity: Research, theory, and clinical applications. *Annual Research Review. The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(1), 3-48.
- Trivette, C., Dunst, C., Hamby, D., & O'Herin, C. (2009). Characteristics and Consequences of Adult Learning Methods and Strategies *Research Brief*, 3(1).
- Tufford, L., & Newman, P. (2012). Bracketing in Qualitative Research. *Qualitative Social Work*, 11(80).
- Van Balkom, H., Verhoeven, L., Van Weerdenburg, M., & Stoep, J. (2010). Effects of Parent-based Video Home Training in children with developmental language delay. *Child Language Teaching & Therapy*, 26(3), 221-237.
- Velderman, M. K., Bakermans-Kranenburg, M. J., Juffer, F., Van Ijzendoorn, M. H., Mangelsdorf, S. C., & Zevalkink, J. (2006). Preventing preschool externalizing behavior problems through video-feedback intervention in infancy. *Infant Mental Health Journal*, 27(5), 466-493.
- Vermeulen, H., Bristow, J., & Landor, M. . (2011). Mindfulness, Attunement and VIG. Being Fully Present whilst Communicating. In H. Kennedy, M. Landor & L. Todd (Eds.), *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing* (pp. 267-277). London: Jessica Kingsley.
- Vygotsky, L.S. (Ed.). (1986). *Thought and Language*. Cambridge, Mass: MIT Press.
- Wacharasin, C., Barnard, K., & Spieker, S. (2003). Factors affecting toddler cognitive development in low-income families - Implications for practitioners. *Infants and Young Children & Society*, 16(2), 175-181.
- Weiner, A., Kuppermintz, H., & Guttman, D. (1994). Video Home Training (The Orion Project) - A Short-Term Preventive and Treatment Intervention for Families with Young-Children. *Family Process*, 33(4), 441-453.
- Wiig, E., Secord, W., & Semel, E. . (1992). Clinical evaluation of language fundamentals—Pre-school. Toronto, Canada: Psychological Corporation.
- Wood, D., Bruner, J.S., & Ross, G. (1976). The Role of Tutoring in Problem-Solving. *Journal of Child Psychology and Psychiatry*, 17, 89-100.
- Yin, R. K. (2009). *Case Study Research Design and Methods* (4th ed.). London: Sage.



## Appendix 1

### Principles of attuned interactions and guidance

<b>Being attentive</b>	<ul style="list-style-type: none"> <li>• Looking interested with friendly posture</li> <li>• Turning towards</li> <li>• Watching them</li> <li>• Giving time and space for other</li> <li>• Wondering about what they are doing, thinking or feeling</li> </ul>
<b>Encouraging initiatives</b>	<ul style="list-style-type: none"> <li>• Waiting</li> <li>• Listening actively</li> <li>• Showing emotional warmth through intonation</li> <li>• Naming positively what you see, think or feel</li> <li>• Using friendly and/or playful intonation as appropriate</li> <li>• Saying what you are doing</li> <li>• Looking for initiatives</li> </ul>
<b>Receiving initiatives</b>	<ul style="list-style-type: none"> <li>• Showing you have heard, noticed their initiative</li> <li>• Receiving with body-language</li> <li>• Being friendly and/or playful as appropriate</li> <li>• Returning eye-contact, smiling, nodding in response</li> <li>• Receiving what they are saying or doing with words</li> <li>• Repeating/using their words or phrases</li> </ul>
<b>Developing Attuned interactions</b>	<ul style="list-style-type: none"> <li>• Receiving and then responding</li> <li>• Checking they are understanding you</li> <li>• Waiting attentively for your turn.</li> <li>• Having fun</li> <li>• Giving a second (and further) turn on same topic</li> <li>• Giving and taking short turns</li> <li>• Interrupting long-turns in the yes-cycle</li> <li>• Contributing to interaction / activity equally</li> <li>• Co-operating - helping each other</li> </ul>
<b>Guiding</b>	<ul style="list-style-type: none"> <li>• Scaffolding</li> <li>• Extending, building on their response</li> <li>• Judging the amount of support required and adjusting</li> <li>• Giving information when needed</li> <li>• Providing help when needed</li> <li>• Offering choices that they can understand</li> <li>• Making suggestions that they can follow</li> </ul>
<b>Deepening discussion</b>	<ul style="list-style-type: none"> <li>• Extending, building on their response</li> <li>• Judging the amount of support required and adjusting</li> <li>• Giving information when needed</li> <li>• Providing help when needed</li> <li>• Offering choices that they can understand</li> <li>• Making suggestions that they can follow</li> <li>• Managing conflict (back to Being attentive and receive initiatives aiming to restore attuned interactions)</li> </ul>

(Kennedy, 2011)

## Appendix 2

### Consent form for persons participating in research projects

Project Title: What is the parental experience of Video Interaction Guidance and how can it support parents to develop their interaction skills with their pre-school children experiencing communication and social difficulties?

Name of Investigator: Miss Amelia Taylor

Name of Supervisors: Mrs Wilma Barrow and Mr Dave Lumsdon

1. I consent to participate in the above project, the particulars of which - including details of tests or procedures - have been explained to me.
2. I authorise the investigator to use with me the procedures referred to under (1) above.
3. I understand that video recordings will be viewed by the principal researcher and their supervisor in formal supervision sessions. The video data will then be securely stored under password protection and destroyed after the immediately intervention.
4. I acknowledge that:
  - (a) The possible effects of the procedures have been explained to me to my satisfaction;
  - (b) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied;
  - (c) The project is for the purpose of research and not for treatment;
  - (d) I have been informed that the confidentiality of the information I provide will be safeguarded, subject to any legal requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant)

## Appendix 3

### Information About This Study

How do parents of children with language and communication difficulties experience video interaction guidance? A practitioner research project.

Please retain this sheet for your information.

In this study, you will take part in one cycle of Video Interaction Guidance intervention. The intervention will involve the researcher taking a 10 minute video record of you playing with your child. You will then take part in a shared review of the video footage to identify the positive aspects of your interaction with the researcher. You will then be asked participate in a brief semi structured interview, in which you will be asked for your thoughts and opinions about Video Interaction Guidance only with your full consent. Finally, at the end of the study, you will be given an opportunity to find out more about this research and to ask any questions. North Tyneside Educational Psychology service may use the findings from the study to inform future practice.

Your participation in this study is strictly voluntary; you may leave at any stage. You can also choose to have any data that you provide in this study completely destroyed at any stage, either during or after the study before data is processed. Otherwise, your responses will be kept anonymous and confidential, subject to any legal requirements. Only the researcher working on this project will have access to your responses. The interview transcripts will be kept for five years, but after that period, these will be destroyed. All copies of the video data will be deleted immediately after the intervention. All responses will be reported in aggregate form; no person's responses will be singled out in any way in the report of the results of this study. You may contact the research supervisors using the contact details below for any additional information.

**Thank you for your participation. It is greatly appreciated.**

Researcher: **Miss Amelia Taylor**

University of Newcastle Upon Tyne and North Tyneside Educational Psychology  
Service (0191) 643 8739 [a.f.taylor@ncl.ac.uk](mailto:a.f.taylor@ncl.ac.uk)

**Research Supervisors:** Mr David Lumsdon, ([david.lumsdon@ncl.ac.uk](mailto:david.lumsdon@ncl.ac.uk) 0191 222 6575)  
and Dr Wilma Barrow ([Wilma.barrow@ncl.ac.uk](mailto:Wilma.barrow@ncl.ac.uk) 0191 222 6575)

**Director of Doctorate in Applied Educational Psychology:** Dr Simon Gibbs  
[simon.gibbs@ncl.ac.uk](mailto:simon.gibbs@ncl.ac.uk), 0191 2226575



	Me	Were you aware that you did those things before? Did you learn anything new from it?	75-77	
<p><u>Hard to express views</u></p> <p><b>New awareness through <u>new seeing</u></b></p> <p><b>Highlights parent's role in special bond</b></p> <p><u>Seeing how child benefits from parents' interaction skills</u></p>	Gina	<p><u>Yes. I'm trying to think of the right words to use. I knew I encouraged and gave him as much support as possible but <u>actually looking</u> at how it was done on the video <b>I didn't realise how much I'd helped him.</b> <i>It was really nice to see because he did seem to really, kind of, take to it.</i> You could <u>see</u> the change in his face thinking "Well, I don't have to rush. <b>Mummy's got as much time as I need to get out whatever it was I was saying.</b>" <i>It was nice to <u>see</u> that and what he got from it as well.</i></u></p>	78-89	<p>'Seeing' again</p> <p>Noticing attunement behaviours, positive interactions</p>
	Me	That was a really lovely clip.	90	
<p><u>New realisations, seeing body language</u></p>	Gina	<p>Yes. ((laughingly)) <i>I didn't <u>realise</u> how much our body language was the same when I was watching it and I think that was nice as well.</i> I always think he's very much like his Dad but I think it was nice to <u>see</u> that <b>he has got certain attributes from Mum</b>, and the body language especially.</p>	91-97	<p>New learning – feeling positive and closer to child.</p>
	Me	Did you see some things about your relationship?	98-99	
	Gina	((says "uh-huh"))	100	
	Me	Did your experience of the video work change anything for you, either about how you felt, how you saw your relationship or about anything you did?	101-104	
<p><u>Defensive comments</u></p> <p><u>Uncertainty</u></p> <p><u>New awareness, noticing small steps of interactions</u></p>	Gina	<p><u>To be honest</u>, one of the things I did say when I was <u>talking to his Dad</u> about it was watching it back on video it just goes to show how much having the patience, talking to him and having eye contact does help Adam. <u>To be honest</u>, it's made us both <u>more aware</u>, especially if we're in the car going somewhere. <u>We're both</u> in the front and Adam's in the back and if he is struggling we'll say to</p>	105-122	<p>New awareness about skills,</p>

<p><b>New beliefs in parenting skills</b></p> <p><u>Evidence</u></p> <p><b>Best for child</b></p>		<p>him "Take your time. It's absolutely fine. It's no problem at all." <i>Although we're not giving him the eye contact you can tell he calms down straight away. It's definitely made us <u>believe</u> in what in we're doing and in a way be even more patient.</i> You could <u>see</u> from the <u>evidence</u> just how much <b>good it was doing for him.</b></p>	<p>empowerment?</p> <p>'Seeing' again</p>
---	--	--	---