

VIDEO THERAPY

Unlocking the potential

Video can be a powerful tool when working with hard to reach parents. **Robin Balbernie** explains how one technique was employed in the CAMH service in Gloucestershire; while below, **Carry Gorney** outlines how a different approach was developed for use by Brent CAMHS

Research has shown that video feedback is a particularly effective form of early intervention, one where the basic idea of enabling parents to view themselves from the outside in interaction with their young child can be used to build on strengths and promote a different viewpoint.

The Keys to Interactive Parenting Scale (KIPS) uses video and provides a standardised method that can be used to analyse and rate parenting behaviour taken from about 20 minutes of filmed play. It can be used from two months to five years. As KIPS has been expressly designed to provide a repeatable framework for

assessing, recording and scoring observations it provides a useful combination of assessment and service monitoring – here is a tool that combines clinical value with a means of generating the quantifiable figures that so delight those who hold the purse strings.

This method of parenting assessment is relatively quick and easy to complete, and results in a profile of strengths and areas of potential growth that can then inform clear decisions about intervention. The feedback to the parents can be tied in to what they can see themselves doing, behaviour that they can be invited to think about in whichever ways feels most comfortable at

that moment. It also provides a clinically salient means of evaluating interventions that does not rely on parental self-report.

This use of coded video provides clear, easily understood, examples of behaviour that have different consequences for future development. The observable interpersonal dynamics are now up front, and what may be found behind them can then be reflected on and discussed. Here is a way of teasing apart some specific aspects of parenting so that certain discrete tasks can be fished out of the everyday melange, looked at and thought about, and then built upon. Most parents find that watching a personal video

I watch Magda playing with her four-year-old son Yuri on the video screen and press the record button. Their heads are almost touching, each of them absorbed in building the Lego model. I hope Magda will turn her head and look at Yuri's face. She does, he turns at the same moment, and their eyes lock in a gaze of love and understanding.

Magda, from Belarus, wanted help because she lacked positive feelings towards Yuri. Overwhelmed by his difficult behaviour, just the sight of him made her feel stressed. She had caused bruising to him in the past, and was worried it may reoccur.

Magda had been tearful when acknowledging that some of the difficulties between them might relate to her negative feelings. She alluded to difficulties in her own childhood and asked for psychological help for them both. This was the third session.

VIDEO FEEDBACK

I edit the images for Magda to watch herself parenting – a clip lasting 60 seconds in which she is following her child's play, notices his pleasure and holds eye contact with him. Choosing what to view and what to discard lies at the heart of the work. Video captures the unexpressed lying beyond words. The edited video will be the focus of our conversation.

Magda arrives alone the following week to view the tape. I know the scene with the Lego will surprise her because she often describes Yuri's restlessness. I run the video and she watches herself creating a safe space for her little boy to explore his game and so increase his confidence.

Although Magda is quick to acknowledge Yuri's ability to play on the screen she is keen to describe the difficulties they have experienced since the last session. I pull her back to the clip,

commenting on her skill in playing alongside Yuri. I ask her how she knew what to do and replay the tape a couple of times before she admits that she is doing something good. It's even harder for her to acknowledge her own strengths, than recognise Yuri's.

I ask her to name what she did – eventually she says “being patient”. I ask her if anyone was patient with her as a child and she mentions her grandmother. We discuss her memories before thinking about times when she could continue being patient with Yuri.

As we replay the tape she smiles at the moment where they meet each other's gaze.

THE PROGRAMME

Magda and her son were part of a year's pilot programme initiated within Brent CAMHS called Seeing is Believing. Video recording and guided viewing were used to promote parenting

is interesting, fun and relevant. Seeing yourself from the outside is an incentive for reflection. KIPS adds to any video-based treatment by the way it standardises and codes different aspects of parenting behaviour which in turn can inform and evaluate the intervention. In a one year study in Kentucky, in the US, where KIPS was used to track progress and parenting outcomes, it “detected significant changes in parenting for a group of first-time, at-risk parents. The parents' scores on the quality of parenting started at a low-quality level but rose as parents participated in family services” (Comfort et al, 2010). We always give the final DVD to the parents, who really like this souvenir of them and their child together, and this often gets shown to relatives who in turn (with any luck) give positive feedback.

In Gloucestershire our infant mental health service, ‘Secure Start’, has combined with several of the children's centres in order to train together. Our colleagues from the children's centres see this as a valuable new skill to use when they are called upon

skills by increasing sensitivity and ability to respond to cues. The programme urged parents to see their own and their children's strengths and consider their child's perspective through self-observation on video. The parent was given a DVD of video clips as a documented memory.

The intervention emerged from an identified gap in Brent CAMHS, where some parents appeared unable to engage in or benefit from traditional parenting groups e.g. Webster-Stratton or Positive Parenting Programmes. These treatments of choice for very young children with behavioural problems (NICE guidelines) build on the relationship between parents and children; however, when the bond is problematic, parenting groups are not always sufficient. Parents' experiences have been fragmented, and they need to build confidence in their parent-child bond before

to do parenting assessments or evaluate the impact of parenting groups. KIPS can augment (maybe even replace) the current method based on extended observation clutching a clipboard, and is a lot quicker and less open to observer bias as the video can be coded by any number of different people. We all liked the idea that KIPS is based on and so encourages play, enabling the positives to be emphasised while also providing a minimally threatening way of picking up on areas that could be worked on. One adolescent parent I had just finished filming for the full 20 minutes heaved a huge sigh and told me how difficult it had been for her to spend such a long time playing with her daughter, and added that she felt ashamed that it had been so hard for her to concentrate and not be distracted by feeling bored. However, when we looked at the video together and had gone through and thought about each of the 12 KIPS categories she felt tremendously proud at what she had achieved. The way that the KIPS categories all tie into observable and readily understood behaviours made

a lot of sense; and she was also pleased by the more narrative report that I had written for her to show her health visitor and other workers. In fact, she showed her own mother first, who said the description was spot on. And now she plays more often.

We have had a full range of early years professionals train, and my impression is that the ‘fresher’ you are in terms of a lack of pre-conceptions then the more this method naturally makes sense to you. I must confess that out of all of us it was me who had the most difficulty sticking to what was observed – so years of training and experience are no advantage whatsoever. It definitely helps if a cohort of people trains together in order to encourage each other, share impressions and keep on course. We found that regular meetings over the month were really useful to talk through where we had got to and share what we were learning. ■

KIPS from www.ComfortConsults.com

Robin Balbernie is clinical lead of Secure Start and child psychotherapist at Gloucestershire CAMHS



engaging in services.

We worked with 21 families, described as hard to engage in CAMHS. Participants included teenage mothers, parents from minority groups, many with limited English; mothers with post-natal depression, with mental illness or with a learning disability; and disaffected fathers. These families benefited from intensive, short-term work, creating new stories about their relationship, with a clinician who films and witnesses the family's strengths.

The process of observing oneself communicating effectively, is an empowering experience.

WHAT HAPPENED?

First, parents identified changes they wished to see. Subsequent sessions alternated between filming the parent and child playing and the parent returning alone to view the tape. Edited clips showed where parents had responded in a positive way to the child's action or initiative using both verbal and non-verbal communication. We filmed in the home, in children's centres and in the CAMHS clinic.

Descriptive statistics and service user feedback showed positive and large improvements in parent-child relationship. Parents in a focus group reported:

- increased confidence in managing their young children
- increased insight into their children's behaviour
- surprise at their ability to develop positive relationships. ■

Carry Gorney is a family therapist