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What is This?
Explanations for the Success of Video Interaction Guidance (VIG): An Emerging Method in Family Psychotherapy

Maria V. Doria¹, Hilary Kennedy², Calum Strathie³, and Sandra Strathie⁴

Abstract

Video interaction guidance (VIG) is an effective method for family work that is increasingly popular in clinical practice in several European countries. However, the factors that explain the success of this method are still unclear. This research provides a first contribution to fill this gap, by exploring the explanations of those who directly experience VIG. Five client families, three VIG professionals, and five VIG supervisors participated in the study. Content analysis of 15 therapeutic sessions, interviews, and focus groups was carried out. Results suggest that VIG improves family happiness, parental self-esteem and self-efficacy, and attitude–behavior change due to four key methodological components of VIG: (a) the professional’s reception and support, (b) the videoed interaction, (c) the success-focused approach, and (d) the video as a proof of success and change and two key underlying mechanisms of VIG success: (a) the metacognitive processes and (b) the shared construction of a new reality. The identified factors were integrated in a model, aiming to explain the success of VIG in the context of family psychotherapy.

Keywords

video interaction guidance, family psychotherapy, mindful parenting

The adverse effects of hostile family relationships on child functioning and development are vast and well documented. The evidence suggests that early negative experiences within the family can have a significant impact on the development of children’s resilience and psychiatric vulnerability, namely higher internalizing behavior and low self-esteem (Sheeber, Hops, & Davis, 2001), anxiety (Kashani et al., 1990), school adjustment (Barbarin, 1992), social withdrawal (Gerhold, Laucht, Texdorf, Schmidt, & Esser, 2002), and a greater tendency toward suicidal ideation (Yang & Clum, 1996). In contrast, healthy family relationships, if appropriately mobilized, can be a powerful agent for symptom reduction and prevention.

Video interaction guidance (VIG) is a technique that aims at improving positive interaction and communication. The technique was developed by Biemans (1990) based on Trevarthen’s (1979) intersubjectivity theory, and was later introduced in the United Kingdom (Simpson, Forsyth, & Kennedy, 1995; Sluckin, 1995), spreading rapidly in clinical practice. Trevarthen’s work on mother–infant dialogue demonstrated that infants under 1 year communicate very powerfully with receptive adults in spite of having no developed language. Trevarthen theorized that children are born with an inherent human capacity to respond to the social cues of others and regulate their communicative patterns accordingly (e.g., Trevarthen, 1998; Trevarthen & Aiken, 2001). He called this capacity intersubjectivity, believing that is through relationships with others and through intersubjectivity that infants develop their notion of self (see Trevarthen, 2011 for a review). Trevarthen (2001) was particularly interested in the communication patterns within “moments of vitality” between parent and child. A moment of vitality or attunement refers to a harmonious and responsive relationship, in which both partners in the interaction play an active role with “space in their mind” for the other. Based on this theory, Biemans developed the “principles of attuned interaction and guidance” that define with accuracy a hierarchy of attuned interactional types, from being attentive and encouraging initiatives of others to more elaborate forms such as guiding and deepening discussion (Kennedy, Landor, & Todd, 2011).

In practice, VIG is an intervention that engages clients in a process of change toward better relationships and communication with others by guiding them to use the VIG principles in their own

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interactions. VIG works under the premise that attuned responses to the initiatives of others are the building blocks of an attuned interaction pattern. When communication has broken in families, often parents and children give up making initiatives for interaction, there is very little contact, and when there is some contact, often very discordant initiatives and responses take place. VIG helps families to move from a discordant to an attuned pattern of interaction.

The VIG process begins with a request to change an undesired attitude and/or behavior (e.g., parents often want their child to eat their food or to obey them). The intervention includes at least one video of interaction between parents and child, and one review session in which guider and parents review micro moments of successful interaction within the family. The professional who engages with the client and leads the therapeutic process is the Video Interaction Guider, who is also guided by the Video Interaction Supervisor. The client’s concerns are carefully received by the guider, and a first filming session is set up to record an interaction between parent and child performing a daily activity (e.g., the mother playing, feeding, or giving bath to her child). In spite of some initial self-consciousness at being filmed, clients usually adapt well to the technique.

The guider then edits the film selecting few of the most successful moments of family interaction. These selected clips exemplify attuned contact between parent and child, even if they are likely to be the exception of the usual pattern of behavior. In the review session that follows the editing of the film, the parent and the guider look together at the selected micro moments using the VIG principles of attuned interaction to reflect on what the parent is doing that makes this particular interaction go well. At the onset of a review session, parents enjoy having it right and understanding better what is going on in a successful interaction with their child. Before the end of the review session, thoughts on what the parents would like to improve further are discussed and a new cycle of video recording and shared review begins. This cycle is repeated until the client’s desired pattern of attuned interaction is established.

There is growing evidence that VIG is a highly effective intervention for improving relationships in a wide range of contexts, and in particular in family psychotherapy, developing parents’ attitude and behavior, child’s development, and sensitivity between parents and their children (Fukkink, 2008; Kennedy et al., 2011) with long-lasting effects (e.g., Klein Velderman, 2005). Some studies also suggest that this approach is particularly successful with families from very vulnerable backgrounds where factors such as domestic violence, adult mental health, and parental substance misuse are involved (Doria, Strathie, & Strathie, 2011; Rauthenbach, 2010; Strathie & Kennedy, 2008). Results of the two meta-analyses on VIG (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003; Fukkink, 2008) are unanimously positive: VIG leads to an improvement in the desired behavior change of families. However, in the review of Bakermans-Kranenburg and colleagues, VIG was not found to be more effective in comparison with other programs in influencing attachment of children. VIG is now considered an evidence-based intervention, having been recently recommended in the National Institute for Health and Clinical Excellence (NICE, 2012) guidance for all those involved in promoting social and emotional well-being in young children. In spite of its emerging success, the limitations of the method are understudied, and explanatory theories of how and why does VIG work are very scarce. The present research aims to explore the mechanisms underlying the success of VIG in family psychotherapy from the perspective of its users (client families, guiders, and supervisors).

**Method**

Due to the novelty of the research question, the present article uses a grounded theory methodology, which is an inductive, theory discovery approach that allows the development of a theoretical account grounded in empirical observations or data (Glaser & Strauss, 1967). It is acknowledged as an adequate approach for preliminary elaboration of theory when there is little knowledge of the topic to draw upon (Charmaz, 2006; Strauss, 1998). Families were interviewed and followed along three cycles of video recordings and shared reviews, and the respective guiders and supervisors were also enquired for their views on the main research question: Why and how does VIG works from the perspective of its users?

**Participants**

Participants consist of five families who had participated with their children in a VIG intervention with Dundee City Council Social Work Department, three VIG guiders, and five VIG supervisors. All participating parents were female (age mean = 37 years), and children were under the age of five with one exception. The participating families were considered particularly vulnerable at the beginning of the VIG process, with associated problems of substance misuse and mental health issues. Two VIG guiders were female and one male (age mean = 44 years, all social workers), and all VIG supervisors involved in the project were female (age mean = 49 years, two academicians, one educational psychologist, and two social workers), all with extensive experience in the VIG technique.

**Procedure**

The procedure includes three phases: (a) content analysis of the verbal responses of the client families within the first three review sessions, (b) semistructured interviews with the families and the guiders involved in the cases, and (c) a focus group with VIG supervisors.

In Phase 1, the verbal content of the three initial review sessions of participating families was transcribed, and a content analysis was performed. These sessions had mean time duration of 23 min, resulting on a transcribed mean size text of 11,506 characters. No significant differences were found among client families regarding the length of the review session recording. The coding and qualitative analysis of the
content of the review sessions was supported by the NVivo software. Phrases were individually selected and coded with a label according to its explicit meaning. The content analysis followed the principle of consistency in order for the method to be reliable and the results generalized (Holsti, 1969). Phrases between commas (signalizing a pause less than 2 s) were considered an independent unit of text. Multiple codes were attributed if the meaning under analysis was multiple. The codebook structure emerged from clustering the codes or factors by type of content, valence of the content (positive or negative), object of the content (i.e., who the statement was directed to), and if it was a reactive or a spontaneous statement. This last component of the coding was included to differentiate when the parents produced a response freely (spontaneous) or in direct response to a question from the guider (reactive). In cases where there was not an explicit suggestion of the guider, the statement was considered spontaneous.

In Phase 2, semistructured interviews were conducted with the parents and VIG guiders to elicit their views of how and why VIG was successful and their interpretation of the Phase 1 findings. The location of the interviews was chosen by the families and guiders (e.g., family support centers or home). Interviews were recorded and lasted on average 22 min in the case of families and 32 min in the case of guiders. The interviews of both groups were conducted by the same person with a written interview guide, but the interviewer was flexible to ensure a conversational style that would allow participants to introduce and discuss additional issues they considered relevant. The interview guide had two parts. In the first part, participants were invited to reflect on five general questions: (a) How does the method works/what are the main success factors? (b) Are you happy/unhappy with the outcomes of the intervention? (c) What are the most positive factors of VIG in comparison with other interventions? (d) What was the impact of VIG in your life? (e) Were there any obstacles within the intervention? In the second part of the interview, participants were given information about the main themes extracted through the content analysis of the review sessions and were asked to comment on “How accurate or important was that (specific category) for the success of VIG in your experience?” Participants were then asked to name and rank, by decreasing order of importance, the three categories they regarded as the most important for the success of VIG in improving family relationships.

In Phase 3, a focus group was conducted with five experienced VIG supervisors. This focus group had three main objectives: (a) to explore the supervisor’s views on the research, (b) to discuss the categories identified as success factors in the previous steps, and (c) integrate them in a preliminary explanatory model of how and why VIG works. The focus group lasted 45 min. The supervisors were invited to reflect and discuss freely on how and why VIG works. In the second part, supervisors were given a specific task: “Please discuss between you the relationships between the factors that emerged from the content analysis of the video reviews sessions and the interviews with families and guiders, and tell me which factor influences which. I will give you some time to think and do the task individually and whenever you are ready we can open the group discussion.” After the group discussion, supervisors were asked to construct a model to explain VIG success based on their shared view of the relationships between the categories identified in earlier phases of the research.

**Ethical Considerations**

This research followed the Code of Human Research Ethics of The British Psychological Society (2006, 2010). No deception or risk was involved. Participants were informed about the nature of the study and gave informed consent for the films to be used for research purposes. The video recordings are the property of the Dundee City Council Social Work Department.

**Results**

**Video Review Sessions**

The analysis of the content produced by parents during the video review sessions generated 62 factors that were organized into nine categories: (a) aims; (b) positive content about oneself, other, and the world; (c) negative content about oneself, other, and the world; (d) metacognition; (e) self-reflection; (f) parental skills; (g) change with VIG; (h) picturing future; and (i) other. A detailed description of the factors and the main categories is presented in Table 1. The reliability analysis of the codebook was conducted following the recommended procedure of coder-training, coder-coding, and intercoder debate (see Fleiss & Cohen, 1973), and the final intercoder reliability was considered high (κ = 0.941; p < .001; Krippendorff, 2004). The overall results indicate that the most frequent main category in all review sessions is positive content (39%, see Table 2). The two other most frequent categories were negative content and change that swap positions along the sessions: In the first review session, negative content assumes the second most frequent category after positive content, and change the third place; in the second session, both categories are very close; and in the third session, change assumes the second most frequent category with a significant decrease of negative content. Moreover, results suggest a peak of metacognition in the second review session. Self-reflection and parental skills categories increase their frequency along the VIG sessions while the aims category behaves in an opposite manner. Finally, picturing the future is the least frequent but the most stable of all categories.

Within the positive content category, the top three most frequent factors are (positive) change (19%), self-positive spontaneous (14%) and (positive) other-person/child (14%); the other positive content factors have a frequency under 10%. Within the negative content category, the three most frequent factors are the (negative) other-person/child spontaneous (27%), self-negative spontaneous (24%), and the usual undesired behavior (19%); the other negative content factors are under a frequency of 10%. In this case, the (negative) other-person/child factor has a stronger expression than the (positive) other-person/child factor because the negative category includes a smaller number of factors in total, while the positive main category is larger and...
more diverse in factors. In addition, the greater difference between the frequency of positive and negative content is found in the video review session (vr1 = 86; vr2 = 73; and vr3 = 102), suggesting that the client family discourse becomes more positive and less negative along the VIG process. The evolution of the spontaneous versus reactive responses both within the positive and within the negative content generated by the client throughout the video review sessions is presented in Table 3. Results suggest that there is a tendency for a reduction of reactive responses and an increase of spontaneous responses along the VIG sessions within the positive content category. Within negative content, results suggest a different pattern along the sessions because reactive negative responses are not very frequent (i.e., the clients’ negative content is not in reaction to a guider’s suggestion), but there is a decrease in spontaneous negative responses. Interestingly, the evolution
Table 2. Frequency (n) and Proportion (%) of Categories of Factors in Shared Review Sessions (SR).

<table>
<thead>
<tr>
<th>Categories of Factors</th>
<th>SR 1 n (%)</th>
<th>SR 2 n (%)</th>
<th>SR 3 n (%)</th>
<th>Total (all) sessions n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aims</td>
<td>13 (2.9)</td>
<td>0 (0.0)</td>
<td>2 (0.5)</td>
<td>15 (1.2)</td>
</tr>
<tr>
<td>2. Positive content</td>
<td>192 (43.0)</td>
<td>151 (35.6)</td>
<td>149 (38.4)</td>
<td>492 (39.1)</td>
</tr>
<tr>
<td>3. Negative content</td>
<td>106 (23.7)</td>
<td>78 (18.4)</td>
<td>47 (12.1)</td>
<td>231 (18.3)</td>
</tr>
<tr>
<td>4. Metacognition</td>
<td>20 (4.5)</td>
<td>41 (9.7)</td>
<td>31 (8.0)</td>
<td>72 (5.8)</td>
</tr>
<tr>
<td>5. Self-reflection</td>
<td>10 (2.2)</td>
<td>11 (2.6)</td>
<td>10 (2.6)</td>
<td>31 (2.5)</td>
</tr>
<tr>
<td>6. Parental skills</td>
<td>17 (3.8)</td>
<td>20 (4.7)</td>
<td>32 (8.2)</td>
<td>69 (5.5)</td>
</tr>
<tr>
<td>7. Change with VIG</td>
<td>47 (10.5)</td>
<td>72 (17.0)</td>
<td>73 (18.8)</td>
<td>192 (15.3)</td>
</tr>
<tr>
<td>8. Picturing future</td>
<td>5 (1.1)</td>
<td>2 (0.5)</td>
<td>4 (1.0)</td>
<td>11 (0.9)</td>
</tr>
<tr>
<td>9. Other</td>
<td>37 (8.3)</td>
<td>49 (11.6)</td>
<td>40 (10.3)</td>
<td>126 (10.0)</td>
</tr>
<tr>
<td>Total (all categories)</td>
<td>447 (100)</td>
<td>424 (100)</td>
<td>388 (100)</td>
<td>1,259 (100)</td>
</tr>
</tbody>
</table>

Note. VIG = video interaction guidance.

Table 3. Frequency (n) Evolution of Spontaneous and Reactive Responses in Shared Review Sessions (SR).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Ref.</th>
<th>Type of Response</th>
<th>SR 1</th>
<th>SR 2</th>
<th>SR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other-person/child</td>
<td>2.2</td>
<td>Reactive</td>
<td>12</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>positive</td>
<td>2.3</td>
<td>Reactive</td>
<td>16</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td>Other-person/child</td>
<td>3.6</td>
<td>Reactive</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>negative</td>
<td>3.7</td>
<td>Reactive</td>
<td>21</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Self-positive</td>
<td>2.14</td>
<td>Reactive</td>
<td>17</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Self-negative</td>
<td>2.15</td>
<td>Reactive</td>
<td>32</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Emotional metacognition</td>
<td>3.12</td>
<td>Reactive</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Thoughtful metacognition</td>
<td>3.13</td>
<td>Reactive</td>
<td>32</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reactive</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reactive</td>
<td>4</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reactive</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reactive</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

Interviews

The responses of both parents and guiders during the interviews were transcribed and submitted to a content analysis. Results are summarized in Table 4. Regarding the question on how VIG works (Q1), the client parents believe that the main explaining factors for VIG success are, by increasing frequency, (a) the self-reflection processes involved, (b) the video component, (c) the impact of the method in people’s lives, (d) the metacognitive processes triggered by the method, (e) the presence and orientation of the guider, (f) the method as motivator of further change, and (g) a method that receives the client well, that is, establishes an attuned therapeutic relationship by receiving the client’s initiatives, needs, and/or desired aims and following them in the therapeutic course of action. Overall, the guiders’ perspectives are relatively similar mentioning the same main factors, with the exception of impact and metacognition. However, guiders’ suggest as more prominent factors for the VIG success the supported co-exploration, the positive/success focus, and the empowerment of the families that the method involves. Regarding the question on satisfaction with the method (Q2), both clients and guiders are overall happy or very happy with the VIG outcomes. The winner factor of VIG in comparison with other interventions is, in the perspective of both clients and guiders, the positive/success focus of the VIG approach. Client parents also mentioned as a strong advantage of the method the use of the video, and guiders also referred the fact that it is an approach focused on the solution instead of the problem, on the strengths instead of the weaknesses, and that it follows the client’s values. Regarding the impact of VIG on the families (Q3), results show that clients and guiders are in concordance mentioning positive interaction and happiness as the strongest outcomes of the method, along with attitude–behavior change, self-esteem, and self-efficacy among others. The client parents also refer to the metacognition and self-reflection as one of the most important outcomes of VIG. Half of the client sample did not see any “obstacles for the VIG work,” and the other half mentioned the client’s initial negative mind frame and distractions that occasionally occur during the VIG sessions carried out at home. Guiders highlight not only the clients’ initial resistance to the method (particularly due to the filming), but also the managerial initial resistance as a result of the time, equipment, and training involved.

Focus Group

VIG supervisors when invited to reflect on Q1 named 18 different factors for VIG success. The most frequent factors extracted from the focus group were the fact that VIG is a technique that (a) follows the client (15%), (b) has a positive focus...
Table 4. Proportion (%) of Clients’ and Guiders’ Responses to the Semistructured Interview.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Client Parents’ Responses</th>
<th>Guiders’ Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Q1). How does the video interaction guidance method work? What are the main factors that made it work?</td>
<td>Self-reflection (20%) Video (17.5%) Great impact (17.5%) Metacognition (15.0%) Guider (12.5%) Motivator of change (12.5%) Receiving client (5.0%)</td>
<td>Supported/Co-exploration (20.5%) Positive/success focus (15.4%) Empowering families (12.8%) Motivator of change (10.3%) Self-reflection (7.7%) Discovery (7.7%) Counterreality (5.1%) Guider (5.1%) Receiving client (5.1%) Video (5.1%) Self-modeling (2.6%) Guider positive focus (2.6%)</td>
</tr>
<tr>
<td>(Q2). Are you happy or unhappy in general with the outcomes of the VIG sessions?</td>
<td>Happy (57.1%) Very happy (28.6%) Extremely happy (14.3%)</td>
<td>Happy (75.0%) Very happy (25.0%)</td>
</tr>
<tr>
<td>(Q3). In your opinion, what are the most positive aspects of VIG in comparison with other social or psychological interventions?</td>
<td>Positive/success focus (50%) Video (37.5%) Micro analysis (12.5%)</td>
<td>Positive/success focus (25.0%) Solution focus approach (16.7%) Strength focus approach (16.7%) Values-based approach (16.7%) Combination of factors (8.3%) Intersubjectivity (8.3%) One-to-one team work (8.3%)</td>
</tr>
<tr>
<td>(Q4*). What was the impact of VIG for your personal life and the life of your family?/what was the impact of VIG to the life of the family?</td>
<td>Positive interaction (20.0%) Happiness (16.4%) Metacognitive/self-reflection (12.7%) Attitude–behavior change (9.1%) Self-esteem (9.1%) Interpersonal closeness (7.3%) Interpersonal communication (7.3%) Self-efficacy (5.5%) Self-confidence (3.6%) Help depression (3.6%) Conflict resolution 1.8% Interpersonal respect (1.8%) Interpersonal trust (1.8%)</td>
<td>Happiness (33.3%) Positive interaction (16.7%) Attitude–behavior change (16.7%) Self-efficacy (16.7%) Self-esteem (16.7%)</td>
</tr>
<tr>
<td>(Q5). Were there any obstacles that prevented it working better?</td>
<td>No (50.0%) Personal negative mind frame (25.0%) Distractions (e.g., children around) (25.0%)</td>
<td>Lack of managerial investment (33.3%) Managerial resistance (33.3%) People’s resistance (33.3%)</td>
</tr>
<tr>
<td>(Q6). Is there anything in the method you think should be improved?</td>
<td>No, nothing (100%)</td>
<td>No, nothing (66.7%) No but open to change (33.3%)</td>
</tr>
</tbody>
</table>

Note. VIG = video interaction guidance. *In the case of interviews to guiders, Q4 was adapted as What was the impact of VIG on the life of the family?

(10%), (c) implies a co-construction of a new reality through dialogue (8%), (d) involves a video micro analysis (8%), and (e) functions as evidence, that is, allows the client to see for himself or herself the positive change (8%). Factors also mentioned were (f) the guider reception of the client (7%), (g) the client–guider relationship (5%), and (h) not being cognitively demanding (3%) and therefore particularly suitable to vulnerable and stressed populations. Less mentioned factors (1%) include the co-exploration of the video and intersubjectivity. After this group reflection, supervisors were given the main success factors extracted from Phase 1 (video review sessions) and Phase 2 (interviews) of this research, and were asked to integrate them, first individually and then in group, in a model that would best describe their shared view of how the VIG process works.

Integrated Explanatory Model for VIG Success From the Perspective of Users

The overall results of the analyses of the video review sessions, interviews, and focus group were integrated in a sequential model to explain the mechanisms underlying the success of VIG in the context of family psychotherapy. The success factors were organized by timeline of the VIG cycle—video recording, shared review session, and outcomes of the intervention—in a model with a circular nature. The model starts with the video recording process, which includes establishing the client’s desired aims for the VIG work that will inform the subsequent positive videoed interaction in the guider’s presence and with his support. Based on a success-focused approach, in the next step of the model, the guider develops an edited
video (i.e., selection of most successful micro moments of interaction) that will promote self-reflection and metacognitive processes within the shared review session. As a result of the interaction between the earlier factors, the outcomes of VIG include client’s happiness, self-esteem and self-efficacy, and (positive) attitude–behavior change, which were considered as motivators of further change. Besides the given factors, supervisors consensually included the factors guider follows the client’s initiatives as a major contributor to VIG success at the start of the intervention; the edited video as a proof of success and change, and shared construction of a new reality in the shared review process to highlight the idea that VIG is a collaborative intervention. The chosen model is of a circular nature because supervisors believe that the positive outcomes of VIG are in themselves motivators of further change, influencing the desire for new/higher aims and for a new cycle of VIG. The VIG process finishes when the desired attuned pattern of interaction and relationship is achieved by the family.

Discussion

The cognitions produced along the VIG therapeutic process were identified through the analysis of the client family discourse during VIG review sessions. Particularly relevant was the positive and negative content generated about oneself and the other person, as well as the content associated with the change experienced. Although VIG is a success-focused intervention, results show the presence of negative responses and feelings along all the review sessions, but with greater frequency in the initial sessions and with lower overall frequency than positive content. In addition, the constant presence of metacognitive processes suggests that VIG stimulates parents to think how they and the child are feeling or thinking in the context of the videoed interaction. Moreover, parents seem to be increasingly spontaneous in its metacognitive emotional responses. Consistent with an earlier case study (Doria et al., 2011), attitude–behavior change is more evident when the parent starts speaking spontaneously about how the child is feeling in a positive manner. This final aspect of the client’s evolution brings attention to the importance of emotions within the VIG process. The micro analysis of the video clips can facilitate the recognition of the emotions in the interaction, and consequently, the parental understanding of the child’s feelings may increase empathy and positive attitude change toward the child.

The client and guider perspective was further acknowledged in the interviews. Results confirmed that both clients and guiders are generally happy with the VIG experience. The main factors identified for VIG success were related to its allowance for self-reflection and metacognition supported by the guider and to its success-focused approach. This last factor was considered by both families and guiders as a major advantage of the VIG method in comparison with other interventions.

The significant impact of this therapeutic method on people’s lives was also mentioned, in particular its positive outcomes (e.g., happiness, self-esteem, self-efficacy, and attitude and behavioral change). Some guiders highlighted practical constraints due to managerial lack of investment and client’s initial resistance to the method, although the majority of clients did not see any obstacles for the VIG work. The impact of such intervention in improving family relationships should be highlighted, considering the potential benefits for the social and emotional well-being of young children (NICE, 2012).

In the final phase of this research, experienced VIG supervisors drafted a first explanatory model of how and why VIG works, incorporating the success factors identified in the earlier phases of the research. This first model served as the basis for the model presented in Figure 1, developed by authors by further reorganizing its original elements. In the proposed model, the authors distinguish between factors as methodological components of the VIG method, and factors as underlying mechanisms of VIG success, directly effecting VIG outcomes.

Methodological Components of VIG

C1. The guider’s reception and support to clients’ initiatives and aims. The reception and guidance of the professional throughout the entire intervention is a main success factor of VIG from the user’s perspective. From the first encounter with the client family to the last shared review, the guider creates a safe space and the conditions for the success of the whole intervention. According to the VIG principles, the guider first therapeutic act is establishing an attuned relationship with the client family by receiving and following their initiatives and supporting in the exploration of their desired aims for the VIG work. In subsequent phases, the guider collaborates and sustains the client’s process of change by putting into practice the VIG principles from the filming of the first family interaction and the editing of the exceptional family attunement clips, to the success-focused in-depth analysis of the video clips within shared reviews, which consequently lead the family in the process of metacognitive reflection and reconstruction of its own reality and identity.

C2. The videoed interaction. The first videoed interaction in the presence of the guider is therapeutic in itself as it becomes an exceptional positive moment for the family. Although the first recording is usually not goal-relevant, but rather a recording of a daily activity between parent and child, this interaction is not common because families typically wish to show the best possible interaction achievable at that time to look good at the camera and/or in front of the guider. This is critically important for VIG success, as families start the intervention at their best level of performance and ability.

C3. The success-focused approach. VIG focuses on the successes that client families achieve during the recorded sessions rather than on the problems that made them seek help. This is crucial for the success of the intervention. When the VIG guider edits the recordings selecting moments of successful family interaction, the guider starts to construct a new reality
and identity for that family. This new identity of parental self-efficacy is progressively co-constructed by the guider and the family, along the subsequent VIG review sessions.

C4. The edited video as proof of success and change. The edited video offers a “seeing is believing” proof of success and change for the families, being a major contributor to VIG success from the user’s perspective. Within the review sessions, the guider may stop or repeat occasionally the edited video at certain micro moments, to highlight specific aspects of attuned contact between parent and child, to show progress or change already made, and to reflect on what the family is doing that makes that particular interaction go so well. The use of the video under a success-focused approach seems to be appreciated by clients that mentioned it as a very powerful medium for change. Gradually, families start seeing themselves in a new light and start believing that they can pursue such standard of successful behavior in their quotidian lives.

Underlying Mechanisms of Success

M1. The metacognitive processes. In VIG, families are confronted with video evidence that challenges their preconceived negative self-evaluation. The viewing of positive exceptions of family interaction leads parents to question “why cannot we do the same in real everyday life? And what makes the difference in the video clip?” The need for further understanding activates metacognitive processes through which the client starts reflecting on his or her own and the other person’s/the child’s thoughts and feelings within the specific interaction, taking into account the overall systemic implications of one’s actions and emotions. Moreover, as discussed earlier, the visual cues of successful interaction seem to have a particularly powerful effect on emotional metacognition and recognition, that is parental understanding of the child’s feelings, which may increase empathy and positive attitude change toward the child. This process of reflection and discovery is carefully sustained by the expertise of the VIG guider along the shared review sessions and is felt by the client as an insight into their own family dynamics. This metacognitive emotional insight that client families experience in the VIG intervention might be the underlying mechanism of VIG successful therapeutic change. This view would be supported by cognitive dissonance theory from Leon Festinger (1957) in which holds that the recognition of an inconsistency between two or more cognitions, or cognition and behavior, would place a person in an uncomfortable state of psychological tension—named dissonance—that people are fundamentally motivated to reduce. Festinger proposed three possible routes to dissonance reduction (change of cognition, change of the perceived importance of the cognition, or behavior change; see Festinger & Carlsmith, 1959) but, very importantly for the VIG context, he acknowledged when it is difficult to deny having performed a specific inconsistent behavior (like the ones presented in the edited successful video clips), changes in cognition and its perceived importance are more likely to occur. In VIG, it would be the confrontation (or dissonance) between the prior negative beliefs of parents that seek help (e.g., “I’m a terrible mother” “my children never listen to me”) and the new evidence of positive...
behavior that triggers the metacognitive insight process that ultimately results in an attitude–behavioral change to fit the observed and successful parent–child interaction pattern. The experienced dissonance might be unconscious and, as the shared reviews progress, the client families may be more skilled in reducing dissonance by exercising their metacognitive abilities. In reference to a preliminary draft of the present research, cognitive dissonance theory was included in a recent compilation of explanatory theoretical viewpoints associated with the technique (Cross & Kennedy, 2011). However, there is no evidence directly testing these assumptions in the VIG context, and further research is needed to verify the role of metacognition as a dissonance-induced underlying mechanism of the VIG therapeutic success.

M2. The shared construction of a new reality. The construction of a new reality for the family with the support and collaboration of the guider is the other important mechanism of VIG success from the perspective of users. Consistent with the social constructivism theory (Vygotsky, 1962) and recent partnership models in family intervention (Davis & Day, 2010), VIG users acknowledge the importance of constructing a new reality and identity for the family as a collaborative act through ongoing reflection and dialogue with the guider. In VIG, the client is considered as knowledgeable and the primary constructor of new meaning, but the collaboration with the guider standing alongside the client family, attuned to them, and receiving their perspectives, ideas, and meanings is crucial for the success of the therapeutic process.

The identification of these key factors is of high relevance for the general debate of family therapeutic efficacy but also for the practice of VIG. The proposed model provides guiders with a better understanding of the success factors involved in VIG, to better focus on key components, and maximize their potential in the underlying mechanisms. Future research is needed to test the proposed model using different methodological approaches and under different application contexts, exploring in particular the role of metacognition within a dissonance-induced attitude change process as an underlying mechanism of VIG therapeutic success.

**Conclusion**

The present article provides a first contribution to the understanding of the factors that underlie the success of VIG in family psychotherapy from the perspective of its users (client families, guiders, and supervisors). The proposed model seems to suggest that VIG improves family happiness, parental self-esteem and self-efficacy, and attitude–behavior change, due to four key methodological components of VIG and two key underlying mechanisms, which combined make VIG quite distinctive in family psychotherapy. The key methodological components are the following: (a) the guider’s reception and support throughout the entire intervention but particularly important in the beginning of the therapeutic relationship, (b) the videoed interaction as an exceptional positive start for the family; (c) the success-focused approach, crucial in the editing of the film and along the shared review constructive dialogue; and (d) the edited video as proof of success and change. The proposed underlying mechanisms of VIG success are as follows: (a) the metacognitive insight process, through which parents recognize and understand one’s and the child’s thoughts, but particularly feelings and (b) the shared construction of a new reality in partnership with the guider through ongoing reflection and dialogue. VIG promotes attuned interactions and relationships within the family, with the strengthening of desired cognitions, emotions, and identities. Understanding the success of this emerging method in family psychotherapy from the perspective of those who use it is of high relevance for the general debate of family therapeutic efficacy. Future research is needed to explore the role of metacognition within a dissonance-induced attitude change process as an underlying mechanism of VIG therapeutic success.

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