



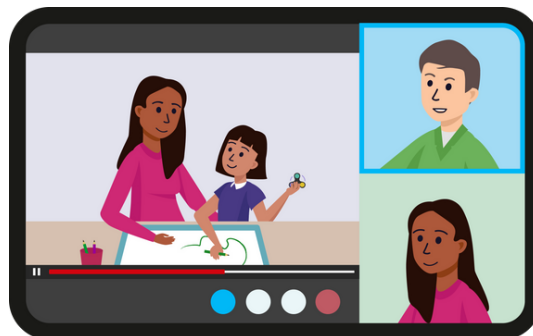
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Video Interaction Guidance – Learning Disability Study

What is Video Interaction Guidance (VIG)?

Video Interaction Guidance (VIG) is a way of looking at how a parent interacts and communicates with their child. VIG looks at what a parent / carer is already doing well: a VIG therapist works with the parent/ carer by looking at videos of successful and positive moments between the parent and the child. The therapist helps the parent reflect and notice that what they are doing is making a difference in their relationship with their child. Support is personalised for each parent depending on their child's needs.



What happened in this study?

The Video Interaction Guidance – Learning Disabilities (VIG-LD) study wanted to find out whether VIG could be offered over the internet (remotely) to parents whose children with a learning disability had been referred to specialist mental health services due to behaviours that challenge or mental health difficulties. Specialist mental health services support many neurodivergent children who have complex needs. VIG is not typically offered in specialist mental health services. This study was important in understanding whether remote VIG was acceptable to parents, whether they found it helpful, and if further research was possible. Specialist mental health services are under strain and remote therapy could help services offer support to more families.

The VIG-LD research team began by working with several specialist mental health services in England. These services invited parents who have a child aged 6 - 12 years old with a learning disability and behaviours that challenge, who had been referred to their service, to take part in the study.

Data was then collected at three points throughout the study: parents provided information about themselves and their child by filling in a survey and by doing a brief interview with a researcher.

Parents were randomly assigned to one of two groups: one was offered VIG plus the usual support their service would provide, and the other group received just their usual support. In total, there were 40 participants - 20 in each group. The children involved were approximately 9 years-old, and approximately 90% were also autistic (all children had a learning disability ranging from mild to profound).

To deliver VIG, the VIG practitioner would meet with the parent over a video call and take a short recording of the parent and child. One week later, the therapist and parent would watch the recording together. This would happen 3-5 times.

1) Parents' reactions:

Most parents liked VIG, describing it as “powerful” and “brilliant”. Parents viewed VIG as a beneficial intervention and gave particular praise to VIG’s ability to enhance their awareness of their child’s communication skills, as well as improving their confidence.

Quotes from parents include:

“It’s rewarding to know what you’re doing right”

[VIG] “Does help you to be reflective without being worried about being judged”

[VIG] “Alleviated some of that mum guilt”

Data showed that 75% of families stayed with the study after 6-months, showing that it is possible to retain parent involvement to the end.

For parents, remote VIG was very convenient. It increased accessibility for families– it reduced travel, and helped to capture more natural parent-child interactions. Out of the parents surveyed, none said that they had to give up anything to participate in remote VIG.

2) Clinicians' reactions:

Clinicians liked VIG, emphasising its powerful impact on parent-child relationships.

Quotes from clinicians include:

[VIG] “Feels enormously transformative in their day-to-day lives”

“How can you not love an intervention that puts the parent and child at the centre?”

[VIG] “Was just such a beautiful thing to do with them”

Clinicians faced a few more obstacles to delivering VIG remotely in comparison to parents. Challenges included: finding it difficult to deliver VIG due to poor video quality, internet issues, and supporting the parent (remotely) to do an activity with their child who had very complex needs. However, clinicians did acknowledge that parents preferred doing VIG remotely.

3) What did we learn from the study?

Taken together, the study’s findings support the need for a larger study to examine VIG’s effectiveness in improving parent-child relationships in families who have a child with a learning disability.

Further research is important as behaviours that challenge and mental health problems are 3-4 times more likely in children with a learning disability compared to other children. They can lead to family breakdown and placements out of the family home. Parents often need support to manage behaviours that challenge at home.

On the whole, parents enjoyed being part of the VIG-LD study – they shared that the trial gave them hope for the future. In a future study, a few changes would be made, including:

1) Offer VIG within special educational needs schools or paediatric services with more informal mental health/ behavioural pathways for children with a learning disability. This is in line with the NHS plan to deliver more mental health support in the community.

2) Increase the upper age range from 12-years. This is consistent with referral to CAMHs.

3) A longer intervention period to allow more than 12-weeks to complete VIG to allow for the complexities of family life and periods of ill health.

4) Find ways to support clinicians

By addressing barriers and building on the strengths of this initial study, a full evaluation of VIG with families of children with learning disabilities is possible. It is important to develop interventions that support children with learning disabilities to thrive. The aim is to help reduce external placements, improve familial relationships and to protect the mental health of carers.

“I really appreciated being a part of a trial and I think it has got major potential that could really help a lot of different families. I mean, I’ve got a very high needs family, three boys that have all got various things going on and I had the opportunity of accessing some of this support which has been really beneficial”.

Quote from a family carer involved in the VIG-LD trial

“I’ve enjoyed being part of the study. It’s made me feel important, like me and my family’s experience matters, which is nice”.

Quote from a family carer involved in the VIG-LD trial