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## Effective preventive interventions to support parents of young children: Illustrations from the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD)

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### ABSTRACT

Secure attachment relationships are essential for children's current and later development. From attachment theory and research, it can be derived that sensitive parenting is the key to positive parent-child relationships. Is it possible to design effective interventions to enhance sensitive parenting? In this article, we review elements that are crucial for effective attachment-based interventions, and we proceed with illustrations from the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD). We describe how this intervention program was developed, how it has been implemented in practice in different types of families and in daycare settings, and how effective the program is. We conclude that intervention programs like the VIPP-SD could play an important role in the community by serving families in need of parenting support.

### KEYWORDS

Attachment-based intervention; parent-child relationships; positive parenting; sensitive discipline; sensitive parenting; video feedback

Secure attachment relationships are essential for children's current and later development. From attachment theory and research, it can be derived that sensitive parenting is the key to positive parent-child relationships. Is it possible to design effective interventions to enhance sensitive parenting? In this article, we review elements that are crucial for effective attachment-based interventions, and we proceed with illustrations from the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD). We describe how this intervention program was developed, how it is implemented in practice, and how effective it is.

### The importance of attachment security for children's development

Young children prototypically use their parent as a secure base: Ideally the parent provides support and comfort when they are anxious or distressed,

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and the parent provides encouragement and empathy when they explore and discover the world. John Bowlby and Mary Ainsworth, the founders of attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982), found that children differ in how they trust their parent to serve as a secure base. Securely attached children expect their parent to respond to their needs adequately and therefore openly express their feelings and distress. Insecurely attached children, however, either try to minimize their negative emotions such as anxiety or sadness (insecure avoidant attachment), or they strongly focus on these negative emotions (insecure ambivalent attachment). Insecurely attached children do not seem to be assured of the support of their parent in situations where they badly need such support. Secure and insecure avoidant/ambivalent attachment relationships are evaluated as organized patterns of attachment, and insecure disorganized attachment (Main & Solomon, 1990) is characterized by fear of the parent (for a more extensive overview of patterns of attachment, see Van der Voort, Juffer, & Bakermans-Kranenburg, 2014).

Why are some children securely attached to their parents, whereas in other cases children develop an insecure relationship with their parent? According to attachment theory the experiences of secure and insecure children differ: Secure children usually have sensitive parents, in contrast to insecure children who tend to have less sensitive parents. Ainsworth defined parental sensitivity as the ability to accurately perceive and interpret the child's signals and respond to these signals in an adequate and prompt way (Ainsworth et al., 1978). Secure children have experienced that their parents observed and understood their distress, and their needs were met with adequate solutions (for example comfort). Insecurely attached children usually have less positive and satisfying experiences with their parents.

Secure attachment is not only important for the current well-being of children, but also for their later development. Three recent meta-analyses confirmed the importance of attachment security for children's later social competence (Groh et al., 2014), for externalizing behavior problems (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010), and internalizing problems (Groh, Roisman, Van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012). These outcomes indicate that securely attached children show more social competence, and fewer externalizing and internalizing behavior problems than insecurely attached children.

### **Do attachment-based interventions work?**

Concluding that secure attachment provides the child with the advantage of a secure base during childhood, yet it also sets the stage for later positive child development raises the question whether it is possible to promote sensitive parenting and positive parent-child relationships. In a comprehensive

meta-analysis including 70 attachment-based intervention studies with 88 intervention effects (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003) we found evidence for the parental sensitivity hypothesis formulated in attachment theory. Attachment-based interventions appeared to be able to enhance sensitive parenting and children's attachment security, while the causal role of sensitivity for attachment was confirmed. More successful interventions in terms of enhanced parental sensitivity resulted in larger increases in children's attachment security (Bakermans-Kranenburg et al., 2003).

The series of meta-analyses also contributed to the knowledge of how we should deliver an attachment-based intervention. The title of the meta-analysis, 'Less is more,' refers to the meta-analytical outcome that relatively brief interventions (up to 16 sessions) were more effective than longer interventions to enhance parental sensitivity. Another meta-analytical outcome concerned video feedback. Intervenors using video feedback make video recordings of the parent-child interaction and show them to the parent, accompanied with comments and feedback. The meta-analysis revealed that interventions with video feedback were more successful in improving sensitive parenting than interventions without this method.

### **Promoting sensitive parenting and sensitive discipline with VIPP-SD**

Our series of meta-analyses described previously resulted in several evidence-based guidelines for the characteristics of attachment-based interventions. Positive parent-child relationships can be supported by promoting sensitive parenting, interventions should be relatively brief, and video feedback is an effective tool to enhance sensitive parenting. Based on attachment theory (Bowlby, 1988) and convergent with the meta-analytical outcomes of effective attachment-based interventions (Bakermans-Kranenburg et al., 2003), we designed the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD). Here we describe how we developed this intervention at Leiden University, The Netherlands, and we elaborate on the aims and themes of the VIPP-SD, and the implementation in various types of families and daycare settings. For the evaluation of the VIPP-SD, we present the effectiveness outcomes with respect to sensitive parenting and we discuss children's differential susceptibility to improved parenting after an intervention.

### ***Development of the VIPP-SD program***

When we started our intervention research in the 1980s, Lambermon and Van IJzendoorn (1989) found that providing parents with a videotaped role model—that is, showing videos of an unknown mother interacting in a very sensitive way with her child—did not work. Apparently, parents have problems to identify with a parent or child model as portrayed on the video,

and consequently they may not feel encouraged to integrate the modeled parenting behavior in their own daily life. With the method of video feedback parents themselves are recorded interacting with their own child and they are shown these video recordings afterwards. When we started to use video feedback with parents, as opposed to showing them video-taped models, we discovered that problems for parents to identify with the videovideotaped situation did not occur. Video feedback may thus serve as a mirror to see and reflect on one's own parenting behavior, supported by an intervenor who is showing the video to the parent, providing feedback to relevant aspects of the parent-child interaction.

Video feedback was used in a first version of the VIPP and tested in a randomized controlled trial (RCT) in a sample of 130 adoptive families with infants internationally adopted at a very young age (at an average of 10 weeks) (Juffer, 1993). The intervention was implemented between the child's age of 9 and 12 months in three home visits, using video feedback to support sensitive parenting. Compared to the control group, the intervention resulted in enhanced sensitive parenting in the adoptive mothers while the adopted children were less likely to be classified as insecure disorganized attached (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2005).

Subsequently, we extended the intervention to other types of families and settings and to a broader age range of children (currently 0 to 6 years), and we described the intervention in a protocol with six home visits, standardized themes and a fixed structure (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008, 2015). To also accommodate the intervention to the demands of parenting a child beyond infancy, we extended the VIPP with an extra module on Sensitive Discipline (resulting in the VIPP-SD intervention) (Juffer et al., 2008; Mesman et al., 2008). Currently, VIPP without the Sensitive Discipline module can be implemented with parents and infants before the first birthday, yet VIPP-SD is recommended to be used with parents and children after the first birthday. The VIPP part in the VIPP-SD program follows exactly the same protocol as in the VIPP program without the Sensitive Discipline module. VIPP/VIPP-SD can be used as the only intervention, but it can also be combined with another or longer treatment.

The VIPP-SD is implemented in the home setting, because the intervention focuses on filming and reinforcing naturally occurring parent-child interactions in daily situations (Juffer et al., 2008). Also, parents may find it easier to integrate new behaviors in their daily life when these behaviors have been practiced in the home, and the home setting usually is a safe place to receive personal feedback. In addition, parents with children in the preschool age may encounter difficulties in traveling back and forth to health services or clinics and they may be more likely to cancel visits for these reasons. By offering the VIPP-SD at home, we increase the chance that parents complete the entire program. To date, in research and practice dyadic parent-child

interactions - mostly mother-child interactions - have been targeted, although the first studies on VIPP-SD with fathers (Lawrence, Davies, & Ramchandani, 2013) as well as parent couples are in progress. In the couples study, the VIPP-SD includes situations of triadic interaction between child and both parents.

### ***Aims and theoretical background of the VIPP-SD***

In the VIPP-SD we aim at enhancing positive parenting—particularly sensitive parenting—to promote positive parent-child-relationships, and sensitive discipline to reduce children's behavior problems. For the component of *sensitive parenting* the intervention is based on attachment theory (Bowlby, 1982, 1988), and the structure of the intervention is a direct translation of Ainsworth's definition of parental sensitivity (Ainsworth et al., 1978). In the first intervention sessions, the focus is on the first part of the definition—accurately observing the child's behavior and interpreting child signals in a correct way—by encouraging and supporting the parent to observe the child's behavior and expressions. In the following intervention sessions, the intervenors also work on the second part of the sensitivity definition—adequately responding to the child's needs, for example comforting a crying child—by reinforcing moments of sensitive parenting and explaining the relevance of such moments.

The component of *sensitive discipline* in the VIPP-SD is based on the work of Gerald Patterson (1982) on coercive cycles in families. Beyond infancy, parents not only should respond sensitively to their children's needs but also teach their children rules and limits in an effective way. Coercive cycles in families are characterized by noncompliant child behavior, followed by ineffective parental discipline, and resulting in escalating conflicts with the parent ultimately giving in to the child (to stop the child's increasing protest and resistance). Patterson (1982) observed that in such cases the child 'trains' the parent to give in, and the child will challenge the parent's rules again in the future. To stop this coercive cycle Patterson (1982) suggested several ways to promote effective discipline in parents and compliance in children: reinforcing positive child behavior (for example by giving compliments or attention) while ignoring negative child behavior (e.g., with a time-out). We integrated Patterson's ideas of parental discipline in the VIPP-SD and extended this component with constructs from Hoffman's (2000) work on inductive discipline and empathy. Hoffman (2000) argued that children learn more from inductive discipline than from authoritarian discipline styles.

Using inductive discipline, parents not only tell their children that they are not allowed to do something but also why they should not do so. Also, in their explanation of a command, prohibition or refusal the parents pay attention to the perspective and feelings of the person who may be harmed by the child's

behavior. For example, the parent should not say “No, don’t hit!” but rather something like: “No, do not hit because you will hurt him and he will be in pain.” By paying attention to the emotions of other people, parents teach their child empathy, that is, understanding and identifying with the perspective of the other person (Hoffman, 2000).

### **Themes in the VIPP-SD program**

Based on attachment theory (Bowlby, 1988) themes for sensitive parenting were developed, and based on coercion theory (Patterson, 1982) and Hoffman’s work themes for sensitive discipline were formulated (see Table 1). As noted above, for *sensitive parenting* the structure follows Ainsworth’s definition of sensitivity and in the first and second home visit parents are supported to better observe their child’s behavior. By explaining and showing on the video recordings the difference between exploration and attachment behavior (Session 1), parents learn to understand when and how their child needs them: being a secure base when the child needs support and providing the child with opportunities to discover the world through playing and learning.

Through ‘Speaking for the child’ (Carter, Osofsky, & Hann, 1991) the parent is invited to verbalize the child’s behavior on the video recordings (Session 2), thus practicing observational skills. In Session 3 sensitivity chains are used to describe moments of positive interactions on the video recordings, that is: a signal of the child (e.g., reaching for a toy), followed by a sensitive, adequate response of the parent (giving the toy to the child), and the child’s reaction (a happy smile to the parent). The intervenor explains that such interactions are important for children because they will trust their parents to attend to their needs and help them if necessary. In Session 4 moments of shared emotions are highlighted, for example comforting a sad child. When parents share their child’s positive and negative emotions, children learn that they are allowed to show such feelings. During the last two booster sessions, all sensitive parenting themes are repeated and integrated. Moreover, in these booster sessions newly acquired parenting behaviors can be reinforced and changes consolidated, while there is room to address possible concerns or questions of the parent.

**Table 1.** Themes used in the VIPP-SD sessions.

Session	Sensitive parenting	Sensitive discipline
1.	Exploration versus attachment behavior	Inductive discipline and distraction
2.	‘Speaking for the child’	Positive reinforcement
3.	Sensitivity chain	Sensitive time-out
4.	Sharing emotions	Empathy for the child
5.	Booster session	Booster session
6.	Booster session	Booster session

For *sensitive discipline*, relevant themes are highlighted during the intervention sessions. Parents learn to use more positive reinforcement (for example by giving compliments for compliant child behavior) and ignore challenging child behaviors. They are also encouraged to show and teach the child empathy (for example by inductive discipline, see before).

### ***Testing the VIPP-SD in various types of families and daycare settings***

The VIPP/VIPP-SD program has been implemented and tested in various types of (clinical) families and in daycare settings. The VIPP program, without the Sensitive Discipline module, has been used with families adopting a baby (see before), and in an RCT of 81 mothers screened on showing an insecure adult attachment representation, often a result of difficult or cold childhood experiences. To support sensitive parenting, mothers in the intervention group received the VIPP program when their babies were between 6 and 9 months old. Compared to the control group, the mothers' sensitive parenting increased and the children showed fewer externalizing problems in the clinical range at preschool age (Klein Velderman, Bakermans-Kranenburg, Juffer, & Van IJzendoorn, 2006; Klein Velderman et al., 2006).

Whereas VIPP is used in families of infants (to the first birthday), VIPP with the Sensitive Discipline module has been implemented in families with children of one-year-old to currently 6 years of age. For example, VIPP-SD was used in an RCT of 237 families of 1- to 3-year olds, screened on showing elevated rates of externalizing behavior problems (such as aggression). Compared to the control group, the mothers showed higher rates of sensitive discipline after the intervention and the children showed less overactive behavior (Van Zeijl et al., 2006). Overactive behavior refers to the narrowband scale Overactive from the broadband syndrome Externalizing behaviors in the Child Behavior Checklist (Achenbach & Rescorla, 2000). This scale includes items indicating the child's inclination for disruptive behavior (e.g., cannot sit still, quickly shifts activity) (Van Zeijl et al., 2006).

VIPP/VIPP-SD has been tested in various clinical and at risk groups, such as mothers with eating disorders (Stein et al., 2006), mothers screened for insensitive parenting behavior (Kalinauskiene et al., 2009), parents of children with autism (Poslawsky, Naber, Bakermans-Kranenburg, De Jonge et al., 2014; Poslawsky, Naber, Bakermans-Kranenburg, Van Daalen et al., 2014), families with poverty problems (Negrao, Pereira, Soares, & Mesman, 2014), and ethnic minority families (Yagmur, Mesman, Malda, Bakermans-Kranenburg, & Ekmekci, 2014).

VIPP-SD has also been adapted to be used in family childcare and daycare centers (Groeneveld, Vermeer, Van IJzendoorn, & Linting, 2011; Werner, Vermeer, Linting, & Van IJzendoorn, 2016). In this adaptation, the video feedback intervention does not focus on one caregiver and one child but on



one caregiver interacting with several children. Therefore, the method of ‘Speaking for the child’ was adapted to ‘Speaking for the children.’

Training opportunities to become a VIPP-SD intervenor are available in English, Dutch, Spanish, and Italian, with manuals in the same language. During the training, future intervenors learn how to record pertinent episodes of parent-child interaction, how to prepare the video feedback by writing a “script” with the comments to be made during the intervention visit, and how to deliver the intervention in the home (or daycare center). Building a supportive relationship with the parent (or caregiver) is considered one of the crucial ingredients of the VIPP-SD program. In one of the VIPP-SD studies we found that the alliance between the mother and intervenor indeed predicted change in sensitive parenting (Stolk et al., 2008).

### ***Effectiveness of the VIPP-SD program***

Including 12 samples with 1,116 parents or caregivers in a meta-analysis of VIPP/VIPP-SD studies (all RCTs), we computed an overall effect size of Cohen’s  $d = 0.47$ , indicating that the VIPP/VIPP-SD program substantially affected sensitive parenting in a positive way (see Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2014, 2017). Recent outcomes have confirmed the positive effect of the VIPP-SD on sensitive parenting (Green et al., 2015; Negrao et al., 2014; Poslawsky, Naber, Bakermans-Kranenburg, Van Daalen et al., 2014; Yagmur et al., 2014) and on sensitive caregiving in daycare (Werner et al., 2016). There are also several VIPP-SD studies in progress, for example with fathers (Lawrence et al., 2013), and with parents with intellectual disabilities (Hodes, Meppelder, Schuengel, & Kef, 2014).

Interestingly, we also found intervention effects of the VIPP-SD at a neurobiological level. In families with children screened for elevated rates of externalizing behavior the intervention proved to be effective in decreasing daily cortisol production in children *with* the DRD4 7-repeat allele (a variant of the dopamine receptor gene that is associated with motivational and reward mechanisms and ADHD in children), but not in children *without* the DRD4 7-repeat allele (Bakermans-Kranenburg, Van IJzendoorn, Mesman, Alink, & Juffer, 2008). Moreover, VIPP-SD proved to be effective in decreasing externalizing behavior in the children with the DRD4 7-repeat allele. Focusing on the parents who showed the largest increase in sensitive discipline after the intervention, the decrease in externalizing behavior was strongest in children with the DRD4 7-repeat allele, showing that they were indeed the most susceptible to the change in their caregiving environment (Bakermans-Kranenburg, Van IJzendoorn, Pijlman, Mesman, & Juffer, 2008).

Why would children *with* the DRD4 7-repeat allele profit more from the VIPP-SD intervention than children *without* the DRD4 7-repeat allele? Children with the DRD4 7-repeat may be more open to the rewards of their

parents' positive discipline behaviors (e.g., receiving compliments). And because these children need this emphasis on the reward value of parental responses most, they may be the ones who gain most by enhanced sensitive parenting. In the VIPP-SD parents learn to read their child's signals promptly and accurately, and are encouraged to extend their repertoire of behaviors. Dopamine-related genes may be associated with differential intervention effects because of the increased susceptibility of carriers of the DRD4 7-repeat allele to changes in the environment for the better (Bakermans-Kranenburg & Van IJzendoorn, 2011, 2015).

This first experimental test of (measured) gene by (observed) environment interaction indicates that children may be differentially susceptible to intervention efforts depending on their genetic make-up. According to the evolutionary-based differential susceptibility hypothesis children vary in their susceptibility to parental rearing, for better—when receiving sensitive care, or improved sensitive parenting after a successful intervention—and for worse—when receiving less optimal care (Belsky, Bakermans-Kranenburg, & Van IJzendoorn, 2007; Van IJzendoorn & Bakermans-Kranenburg, 2012).

### **Focusing on sensitive parenting in preventive interventions**

Young children need the support of their parent (or caregiver) as a secure base, receiving adequate responses to their needs and signals of distress, and encouragement for their exploration behavior. Secure children feel assured of such support and the secure relationship with the parent provides the child with optimal prerequisites for their later competence. Meta-analytical evidence has shown that sensitive parenting is the key to positive parent-child relationships, and that it is possible to enhance sensitive parenting with attachment-based interventions. Examples of recent attachment-based interventions confirm that it is indeed possible to promote positive parent-child relationships, even in samples of maltreated children (Bernard et al., 2012; Moss et al., 2011).

It should be noted that although a brief intervention such as the VIPP-SD program presented in this article may successfully change sensitive parenting, it is not a panacea for all parental or family problems. A useful framework is to combine a brief intervention with another treatment module. For example, in an RCT testing the VIPP in mothers with eating disorders, the mothers not only received VIPP to support parent-child interactions during mealtime, but also used a guided cognitive behavior self-help manual to address their eating problems (Stein et al., 2006; Woolley, Hertzmann, & Stein, 2008).

According to the meta-analysis 'Less is more' (Bakermans-Kranenburg et al., 2003), brief interventions with video feedback are the most promising preventive interventions. With the growing availability of video equipment the technique of video feedback has been developed into a powerful and

accepted approach for treatment of families at risk (Juffer & Steele, 2014; Steele et al., 2014). In the VIPP-SD program, video feedback is an essential and vital element. With video feedback parents can be supported to observe and understand their child's behavior and to look at their own behavior, supported by the helpful feedback of an intervenor. Given the effectiveness of the VIPP-SD program in different types of families and in daycare settings, intervention programs such as the VIPP-SD could play an important role in the community by serving families in need of parenting support.

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