Promoting feeding following an acquired brain injury: The use of Video Interaction Guidance

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What is Video Interaction Guidance (VIG)?

VIG is: a strengths-based intervention where clients (e.g. parents, school staff, residential staff, young people and nurses) are skilfully supported to reflect on video clips of their own successful interactions, in order to bring about change (Landor, 2014, pp.9).

Theoretical Underpinnings of VIG

- The theoretical underpinnings of VIG come from the work of Professor Colwyn Trevarthen. Trevarthen (1979) studied successful interactions between infants and their primary care givers. He observed ‘intersubjectivity’, where the primary care giver’s responsiveness supported the child to interact and communicate. Trevarthen believed that achieving ‘intersubjectivity’ was vital for supporting all areas of children’s development. The concept of ‘intersubjectivity’ is at the heart of VIG.
- ‘Mediated learning’ is also at the heart of VIG. Bruner (1995) hypothesised that children learn from interacting with a more experienced other. This allows them to achieve skills that are too difficult for them independently, but that they can achieve with a little support and guidance (‘scaffolding’). The difference between what a learner can do without help and what they can achieve with help is known as the ‘Zone of Proximal Development’.

VIG at TCT

- The Children’s Trust provides residential neurorehabilitation to children who have acquired brain injuries.
- Parents play a vital role in children’s experiences with food. Whilst eating is often taken for granted, when a child has a brain injury, their ability to eat can be affected.
- Franklin and Rodger (2003) highlighted how stressful managing feeding difficulties can be for parents of children with medical conditions.
- A VIG intervention was used to support one parent whose daughter had acquired oropharyngeal dysphagia as the result of her brain injury. Oropharyngeal dysphagia is characterised by difficulty initiating a swallow.
- The parent was supported to analyse video clips of times when she was feeding her daughter. Only positive clips were shown, with the view of building on positive moments and her confidence.

Stage 1: Client consents to participate in VIG
Stage 2: Client and VIG practitioner work together to devise a ‘helping question’
Stage 3: A brief 10 minute video is taken of the client in a naturalistic setting
Stage 4: The VIG practitioner microanalyses and edits the video selecting three clips
Stage 5: The VIG practitioner discusses the clips with the client in a ‘shared review’ and supports the client to reflect

The VIG Process Cycle

Evaluation

During a feedback meeting with the parent following the VIG intervention her views were sought. She said that she would recommend VIG as an intervention because:

- “It was really helpful and a positive process”
- “It helped me to see that I’m doing more than I thought”
- “I would like to show the video to my child’s school to share what works with them”
- “It allowed me to take a helicopter view – so I could see what I do instinctively”

References


www.thechildrenstrust.org.uk/presentations-and-publications