Appreciating the world of Autism through the lens of VIG

Exploring perceptions, experiences and emerging narratives on Autism

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Abstract

The current research volume encompasses three chapters; initially considering existing literature, then methodological considerations, followed by the current empirical research project. Initially a systematic synthesis of literature was conducted to explore how video has been applied as an active intervention tool in interaction-focused interventions for children labelled with an Autism Spectrum Disorder (ASD). The synthesis highlighted the tentative promise of using Video Interactive Guidance (VIG) to promote synrhythmia and attunement between parents and children with ASD. Following this the bridging document allowed for a more specific consideration of epistemological, methodological and ethical factors in preparation for the empirical research. The final chapter outlines the empirical research which aimed to identify understandings and narratives around ASD through the application of VIG. Findings of the current study suggest that VIG offers an effective tool for in-depth exploration of complex, multi-storied understandings of ASD and the perceived parental role. The intervention was perceived to promote greater awareness of the child's communication skills, beyond the 'common' understandings of ASD, by providing a novel outsider perspective on interactions. The intervention also promoted parental efficacy through recognition of parenting skills in supporting the development of strength-based narratives. VIG was seen to provide a platform for an exploration of existing narratives and the construction of new, preferred realities.

An exploration of the use of video in interaction-focused interventions for children with Autism Spectrum Disorder and their parents:
A systematic synthesis of literature

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Abstract

A systematic synthesis of literature was conducted to explore how video has been applied as an active intervention tool in interaction-focused interventions for children labelled with an Autism Spectrum Disorder (ASD). In line with the theoretical literature explored (e.g. Hughes, 2006; Trevarthen, 2005; Trevarthen, Aitken, Papoudi & Robarts, 1996) the review specifically evaluated interventions relating attunement and synrhythmia between parents and children. 10 research studies were identified for in-depth review and critical evaluation. Both video modelling and feedback have been applied to families of children with ASD, generally as part of wider parenting programmes. The majority of studies focused on child-based outcomes (e.g. communication, behaviour) or parent-based outcomes (efficacy, stress) with less focus on the quality of the interaction between the dyad (attunement and synrhythmia). Based on limited research available and variable applications of video no conclusions could be drawn regarding the effective application of video interventions to promote attunement and synrhythmia for this specific population. However video feedback or specifically Video Interaction Guidance appears to hold tentative promise in using video as a sole active intervention tool to promote synrhythmia and attunement between parents and children with ASD.

1. Introduction

1.1 Relationships as the foundations for future development

It is suggested, from a social interactionist perspective, that children's behaviour and development is a product of the interaction between individuals and their social environment, with parent-child interactions playing a pertinent role in shaping development. This holistic perspective acknowledges the reciprocal nature of relationships in the co-creation of reality, rather than viewing behaviour as individually determined (Hanen, 2009, Ray, 2008).

As discussed by Fonagy, Gergely and Target (2007) the quality of parent-child relationships influences the development of children's experiences of thoughts and feelings. Trevarthen (2005) previously discussed these ideas in proposing the importance of 'attunement' during interactions. During 'attuned' interactions parents are said to notice their children's physiological/affective state, responding sensitively and fully in a 'dance' of communicative initiatives (Hughes, 2006). The term 'synrhythmia' describes the "mutual or co-regulation: of happiness, well-being and experience" (Trevarthen, 2005, p.1). Trevarthen sees synrhythmia as evident from birth and as the process responsible for successful parent-child relationships. Throughout the literature numerous terms are used to describe the general sensitivity of parents to children's initiatives such as: attunement, sensitivity, responsivity, engagement, synchronous, mindfulness and synrhythmia. Literature suggests that successful parent-child interactions can impact positively on language development, response to joint attention, healthy psychological functioning and future learning (Girolametto, Sussman & Weitzman, 2007; Sharry, Guerin, Griffin & Drumm, 2005; Trevarthen, 2005).

Developmental theorists (e.g. Bowlby, Ainsworth, Feuerstein, and Trevarthen) highlight the importance of early interactions in shaping future development, with a common focus on what is known as primary intersubjectivity. Primary intersubjectivity is said to represent children's early experiences during parent-child interactions and the communication of affective states. Through this process the infant and parent discover both each other and aspects of self-

identity through the feedback during interactions (Fonagy et al, 2007; Hughes, 2006; McMillan & Lakie, 2003). This later develops into more cooperative awareness, 'secondary intersubjectivity', in which children can shift their attention between an object and a person, whilst recognising emotions and signs of interest. Through this process of 'emotional referencing' adults mediate children's understanding, emotional regulation and evaluation of the world around them, thus co-creating the meaning of people, objects and events (Hughes, 2006; Trevarthen, 2005; McMillan & Lakie, 2003). Adults therefore play a pivotal role in mediating children's learning experience by responding to and following children's initiative, which consequently motivates the child to engage in social interaction (Girolametto et al, 2007). Hughes (2006) highlights that recognising primary and secondary intersubjectivity leads to appreciation of how the hearts and minds of the parent and child are affected through their dyadic relationship.

1.2 Autism and relationships

The term Autism Spectrum Disorder (ASD) has been adopted to recognise individuals with varying difficulties relating to the 'Triad of Impairment', namely qualitative difficulties in social interactions and relationships, communication and flexibility of thought, resulting in difficulties in initiating and maintaining reciprocal interactions (Gutstein, Burgess & Montfort, 2007; Sharry et al, 2005; Sainsbury, 2000; Wing and Gould, 1979). More recent literature advocating the voice of the individual recognises and appreciates ASD as a difference rather than a disorder through conceptualising ASD in terms of neurodiversity and neurological difference (Baker, 2006; Lawson, 2007). Debate continues regarding the appropriateness or necessity of labelling individuals with Autism. For some the label symbolises disability and oppression resulting from discrimination, inequality and segregation (Billington, 2006; Kelly, 2005), whereas for others it offers a key to self-understanding and access to support and resources (Sainsbury, 2000). For the purpose of this review the term Autism Spectrum Disorder or ASD is used for ease and consistency.

Trevarthen, Aitken, Papoudi and Robarts (1996) suggest that innate 'pre-linguistic interactive systems' are negatively affected in the development of

children with ASD, with 'secondary intersubjectivity' often marking the developmental stage at which children with ASD are recognised as developing differently to their peers. Differences in the development of these systems are said to cause varying difficulties in learning social rules and recognising and interpreting social cues and signals (Trevarthen et al, 1996). These difficulties are likely to have significant implications for interpersonal development, language development, social and emotional engagement, and 'synrhythmia' between parent and child (Kennedy & Sked, 2008; Singh et al, 2006).

Although the 'with-in' child characteristics of children with ASD have likely implications for 'intersubjective personal engagement', how these difficulties manifest are also significantly governed by the quality of interactions with significant others such as parents (McMillan & Lakie, 2003). It is suggested that parents often appear 'asynchronous' during interactions with their children with ASD, finding it difficult to initiate and maintain dialogues and joint attention (Trevarthen et al, 1996). McConachie and Diggle (2005) report that the characteristics of children with ASD may result in parents struggling to decipher their signals, thus adopting a more intrusive parenting styles with greater use of directives and questioning. It is suggested that this can result in further breakdown in *"the system of shared meanings (asynchrony)"* (Shapiro, Frosch & Arnold, 1987 cited in Aldred, Pollard, Phillips & Adams, 2001, p. 78). According to Hughes (2006) these misattuned interactions can have negative implications with respect to parental identity, so damaging parental efficacy and confidence.

Interventions adhering to holistic, social interactionist perspectives recognise children as part of a wider social system and families as a pertinent factor in creating positive change (Hanen, 2009). Singh et al (2006) suggest that parent-child interactions create important social contexts for the successful adaptive development of children with ASD. This recognises that communication breakdown is bi-directional and therefore interventions should focus equally on developing parental behaviour to enhance communication even for children whose 'hard-wiring' for social communication is different or still developing (Aldred et al, 2001).

1.3 The application of video in interaction focused interventions

Video use in family focused interventions has become increasingly popular, with variations and adaptations developing to meet the specific needs of parents, children and practitioners. Fukkink (2008) reported wide use of video during interactive and sensitivity training, where the interaction between the parent and child is the main focus. Video modelling and feedback has been successfully adopted in parenting programmes such as Webster-Stratton's Incredible Years Programme (Webster-Stratton, 1981) and The Mellow Parenting Programme (Puckering, Mills, Rogers, Cox & Mattsson-Graff, 1994). Goldsmith & LeBlanc (2004) report that video technology is a useful tool for modelling appropriate behaviour through 'video modelling' and providing opportunities for self-reflection and feedback through 'video self modelling /feedback'.

Video modelling involves individuals watching and imitating video demonstrations of a model/actor performing target behaviours. This is largely based in social learning theory and concepts of observational learning, which suggests that individuals can learn skills vicariously through the observation of others (McCartan, 2009). This technique has been successfully applied in various settings including in the development of social skills in children with ASD (see Field, 2009).

Video self-modelling or video feedback is a form of video modelling using individuals themselves as models. In this context video is used as a self-reflecting device, allowing individuals to see the 'public self', raising their awareness of their actions and effects on others (McCartan, 2009; Trevarthen et al, 1996). This provides individuals with an opportunity to view themselves interacting and communicating, providing a vehicle for reflection, discussion and self-evaluation. McCartan (2009) suggest likely consequent positive implications for self-perception and beliefs. In the majority of cases the individual/parent observes moments of positive or appropriate behaviour, with undesirable behaviour traditionally edited. However intervention specifics vary, with some adopting a solely optimistic approach and others including error models (Reamer, Brady & Hawkins, 1998).

Video Interaction Guidance (VIG) is a specific application of video feedback that takes an explicit optimistic perspective in which video clips of particularly positive or 'attuned' interaction are fed back. VIG holds a strong theoretical position facilitating the promotion of positive parent-child interaction through the application of the Contact Principles (Biemans, 1990 - see Kennedy, 2008; Kennedy & Sked, 2008). The Contact Principles relate to the building blocks of communication and provide a framework within which to observe and improve interactions (Kennedy & Sked, 2008; Corley, 2007). This position offers a collaborative rather than prescriptive approach in which parents are empowered to co-create positive futures. Through a coaching relationship parents are supported to become more sensitive to their child's initiatives and skilled at evaluating their own interactions (Corley, 2007).

1.4 Review focus

While there is a growing body of research using video as an intervention tool to promote parent-child interaction, little of this references children with ASD and their parents. Fukkink (2008) has evaluated video feedback as an effective intervention tool in working with families. Parents developed better interaction skills with their child gaining greater pleasure from their parental role. Unfortunately within his review there was no specific reference to families with children with ASD. Therefore the extent to which methods of video modelling and feedback are applicable to this specific population is uncertain. Preliminary literature searches into the effectiveness of video modelling/feedback for parents of children with ASD has highlighted a lack of empirical literature, with most studies using video alongside other intervention tools. As a result of this preliminary finding the impact of video cannot be isolated and subsequently evaluated at present.

This review will therefore focus on an exploration of the use of video within interventions for families of children with ASD, asking the question: "How has video been applied as an active intervention tool in interaction-focused intervention for children labelled with an Autism Spectrum Disorder and their parents?" In addition to exploring the applications and methods of video used, it

will consider what outcome variables have been examined and evaluated using this intervention tool. The review will specifically emphasise the use of video to promote existing interactions, attunement and synrhythmia between parent and children.

2. Methodology

This review adopts a systematic synthesis method, incorporating approaches from Cole (2008), Lucas, Baird, Arai, Law and Roberts (2007) and Pettigrew and Roberts (2006). Table 1 illustrates the stages undertaken during the review process (see Appendix A):

1	Identify review question
2	Define relevance criteria and search terms
3	Initial literature search for all relevant studies
4	Initial screening of studies using inclusion criteria
5	In-depth screening of studies
6	Map included studies and critically appraise according to quality criteria.
7	Synthesis of study findings
8	Communication outcomes of review

Table 1 Stages of review process.

2.1 Search Strategy

2.1.1 *Definition of relevance criteria and search terms*

Relevance criteria and search terms were developed with reference to relevant literature in the area. This helped to ensure consideration and inclusion of all possible synonyms, facilitating a more accurate and thorough literature search. Search terms identified in table 2 were systematically applied throughout the literature searches.

	Relevance Criteria	Search Terms
Intervention:	Interaction-focused interventions that use video as an active intervention tool.	Video*$ OR video interactive guidance OR self modelling OR video feedback OR video feed-forward OR positive self review Intervention OR programme OR program
Intervention target:	Increased attunement/engagement/ Interaction	Engage*$ OR Relation*$ OR Interaction*$ OR Dyad OR Communication OR Attune*$

Participants:	Parent-child dyad	Parent-child OR caregiver-child OR adult-child OR mother-child OR father-child
	Children with Autism Spectrum Disorder.	Autis*$ OR Pervasive Develop*$ OR Autism Spectrum Disorder*$ OR ASD OR PDD OR PDD-NOS
* and $ indicative of wildcard symbol using in search engines.		

Table 2 Relevance criteria and search terms.

2.1.2 *Initial literature searches*

Literature searches were conducted in a number of electronic databases, individual journals and through direct contact with agencies and services related to ASD (see table 3 and appendix B). All searches took place between 20th August 2009 and 2nd October 2009 by one researcher.

Literature Searches	
Electronic Databases	• British Education Index • ERIC (Educational Resource Index and Abstracts) • Informaworld • JSTOR • Ovid Medline 1996-2009 • Autism (journal) via Sage Journals (E-journals) • Science Direct (E-journal) • Scopus • SwetsWise (E-journal) • CSA Illumina • Web of Science • Psycinfo (1987 – 2009) • HSRProj – Health Services Research Projects in Progress • Current Controlled Trials - http://controlled-trials.com/ • CORDIS - http://www.cordis.lu/en/home.html
Hand searches	• Educational and Child Psychology • Educational Psychology in Practice • Autism Research • Journal of Autism and Developmental Disorders • Research in Autism Spectrum Disorders • Behavioral interventions
Grey literature	• Economic and Social Research Council (ESRC) • National Autistic Society – Autism database • SpinLink –Hand search of video and Autism related research (published and unpublished). • Sheffield Hallam – Autism research centre – publications and research • Sunderland University – Autism Research Centre – publications and research**.**

Table 3 Locations of literature searches.

2.1.3 *Inclusion criteria – initial screening stage*

Inclusion criteria were applied to the title and abstract of all studies identified in the initial searches, excluding irrelevant studies if sufficient details were provided (see table 4). Specification of inclusion criteria allowed a systematic review of the studies relevance to the current review question. All reviewed

studies had to adhere to these criteria if they were to be subject to in-depth review. Approximately 7500 possible studies were initially indentified; these were refined to 41 studies through application of inclusion criteria and further reduced by the removal of duplications to 24 possible studies.

Participants	Children of any age (under 18 years old) with an Autism Spectrum Disorder. Parent/s or Carer of children with ASD
Setting	Any (home, school, clinic). All countries were included.
Intervention	Interaction-focused interventions – interventions that facilitate or build on existing relationships between parent and child. Family/parent focused interventions. Interventions that use an element of video as an active tool within their intervention (e.g. video modelling, video self-modelling).
Intervention target	Studies looked at one of the following outcomes: Increased attunement/engagement/interaction/relationship/communication/satisfaction.

Table 4 Inclusion criteria.

2.1.4 *In-depth screening of relevant studies*

Following application of the initial inclusion criteria full text versions of the 24 selected articles were screened. An additional inclusion criterion was applied to refine the studies to more accurately match the review question. It emerged that numerous studies included video as a pre/post evaluation method rather than an intervention tool. All studies were therefore further reviewed for their inclusion of video as an interactive element, with studies that used video as a teaching, modelling or reflective tool considered relevant.

Interaction-focused interventions using video as an active tool alongside other intervention elements (e.g. intervention manuals, groups teaching sessions, parenting programmes/workshops) were included due to the limited research in this area. It is recognised that including these studies prevented both isolation of the effect of video as an active tool and determination of its causal effect. Only tentative claims could be made in relation to the impact of video as an active intervention tool.

Following the application of all inclusion criteria 10 studies remained for in-depth review (see appendix C for excluded studies)

2.1.5 *Mapping of included studies*

Studies identified for in-depth review were analysed and summarised in Appendix D. The following information was provided for each study:

- **Participants** – number, age.
- **Context** – e.g. home, school, clinic.
- **Purpose** – study aims
- **Study method** – design e.g. RCT.
- **Intervention** – name and nature (individual, group, duration, frequency).
- **Data collection** – methods of data collection.
- **Outcomes/findings** – summary of results

A summary of each study's findings was included to provide an overview of the effectiveness of the intervention. However due to the large variation in use of video alongside other interventions, data collection and analysis was not expanded on with regards to effect sizes.

2.1.6 *Critical Appraisal of studies*

Selected studies were analysed for their quality in accordance with evaluation criteria for either quantitative (EPPI Centre WoE criteria) or qualitative research (Cho & Trent, 2006; Schuerich, 1996; Maxwell, 1992 – see appendix E). In adopting the framework provided by the EPPI Weight of Evidence (WoE) tool, three elements were considered during analysis allowing determination of an overall weight in relation to the review question (D):

A - Trustworthy in terms of own question
B - Appropriate design and analysis for this review question
C - Relevance of focus to review question

2.1.7 *Analysis of the application and impact of video within interventions*

Due to limited research in this area the effectiveness of video in interventions could not be accurately considered. It was therefore felt appropriate to consider the focus of outcome variables in highlighting the intervention targets. A form of thematic analysis was adopted to identify outcome codes within the studies; these codes were then grouped according to similarities to produce themes.

3. Synthesis of studies

3.1 General characteristic of included studies

A synthesis of the final included studies is provided in appendix D. Over half of the studies (N = 6) were conducted in the United Kingdom, three in the USA and one in New Zealand. The context of the studies varied however all were conducted in the home, clinic and/or school. Seven studies completed an element of their intervention within the participants home (N=7). Most studies were targeted specifically at children with ASD (N = 8), only two studies (Quinn, Carr, Carroll & O'Sullivan, 2007; Sharry et al, 2005) included a sample of children with ASD within a wider population. Overall participants ranged from 2 to 9 years. There was variation in parent participation, with half the studies indicating 'parents' participated but not specifying whether both or only one parents were included. Two studies explicitly included both parents (Quinn, et al, 2007; Reamer et al, 1998) and three studies only included the mother (McMillan & Lakie, 2003; Schertz & Odom, 2007; Sharry et al, 2005).

Sample size varied widely between studies (range = 2 - 119). As detailed above two studies (Quinn et al, 2007, & Sharry et al, 2005) included only a proportion of their participants with an ASD diagnosis, therefore the overall mean sample size for participants with ASD is 23.6. The uneven inclusion of children with ASD in the intervention and control group in Quinn et al's (2007) study makes it difficult to infer the impact of the intervention for children with ASD. Just over half employed a small sample size ranging from 2 to 8 participants (N= 6). From a traditional positivist perspective a small sample size can have a significant bearing on the generalisation and significance of findings to the wider population. However Robson (2002) suggests that in real world research and those adopting more relativist positions this is often the case, because individual outcome rather than wider application is the focus (Coolican, 2004; Robson, 2002).

3.2 Study design features

The included studies adopted either quantitative research methods (N=6) or mixed methods design (Schertz & Odom, 2007; Sharry et al, 2005; McMillan & Lakie, 2003; Tongeri & Montgomery, 2001). All studies employed evaluation either through use of a control group (N = 3) or pre/post evaluation through a repeated measures, multi-baseline design (N = 7). Only one study used a randomised control trial (RCT) (Aldred, Green & Adams, 2004).

The majority of studies adopted a pre/post evaluation design (N = 7). It is noted that, in positivist terms, the use of such a design can threaten the internal validity of the study due to reduced control on extraneous influencing factors e.g. access to additional interventions, support groups etc (Robson, 2002). Robson (2002) suggests that in these instances causal relationships between intervention and outcome can be influenced by factors such as history, maturation and selection in pre/post designs. However it is noted that the epistemological position of the researcher influences the degree to which these traditional positivist evaluation criterion are valued and adhered to. It appeared that different mixed methods studies adopted varying epistemological positions mirrored through their implicit views on validity and trustworthiness. None of the included mixed methods studies specifically outlined their epistemological position and therefore could not be put in an accurate context for evaluation and appropriateness of design.

Some studies used standardised methods of data collection (e.g. Autism Diagnostic Observation Schedule, Childhood Autism Rating Scale, Autism Diagnostic Interview-Revised) to confirm ASD diagnosis (N= 4), whereas others reported ASD diagnosis without further clarification. Additional pre-existing assessment tools such as questionnaires (e.g. Strengths and Difficulties Questionnaire), scales (e.g. The Vineland Adaptive Behaviour Scales) and indexes (e.g. Parent Stress Index) were used in data collection to establish family circumstances and parent and child behaviours in all but four of the studies (McMillian & Lakie, 2003; Reamer et al, 1998; Schertz & Odom, 2007; Tongeri & Montgomery, 2001).

The four mixed methods studies (Schertz & Odom, 2007; Sharry et al, 2005; McMillan & Lakie, 2003; Tongeri & Montgomery, 2001) used varying qualitative methods (e.g. semi-structure interviews, semi-structured survey, audio-taped discussions, reflexive journals) to obtain in-depth, open-ended information, which was then analysed (Content Analysis, Descriptive Analysis, Thematic Analysis) and incorporated into the research findings. Sharry et al (2005) and Schertz and Odom (2007) both emphasised that the qualitative elements of their studies were 'supplementing' or 'complementing' the quantitative findings. This suggests a greater weighing or emphasis on quantitative findings with qualitative data 'added' in order to triangulate quantitative findings.

The majority of studies used multiple sources for outcome measures e.g. reduction in ASD characteristics and parental stress on scale/questionnaire measures. Tongeri & Montgomery (2001) and Reamer et al (1998) used video coding as their only evaluation tool but both obtained an inter-rater reliability of 80% and above during video analysis.

3.3 Critical Appraisal of studies

In accordance with criterion set by the EPPI centre and qualitative evaluation criteria (Cho & Trent, 2006; Maxwell, 1996; Scheurich, 1996) the 10 included studies were reviewed for design quality and relevance in relation to the review question (see table 5).

	A	B (quantitative)	B (qualitative)	C	D
	Trustworthy in terms of own question	Appropriate design and analysis for this review question		Relevance of focus to review question	Overall weight in relation to review question.
Treatment vs. Control					
Quinn et al (2007)	Medium/High	Medium/High		Medium/High	**Medium/High**
Aldred, Green & Adams (2004)	High	High		Medium/High	**Medium/High**
Shield, J. & Simpson, S. (2004).	Medium	Medium/High		Medium	**Medium**
Pre/post design					
Mancil et al (2009)	Medium/Low	Medium/Low		Medium/Low	**Medium/Low**
Reamer et al (1998).	Medium/Low	Medium/Low		Medium	**Medium/Low**
Schertz and Odom (2007)	Medium/Low	Medium	Medium/High	Medium	**Medium**
McMillan, A.K.L. & Lakie, W.I. (2003).	Medium	Medium	Medium/Low	Medium/High	**Medium**
Anderson et al (2006)	Medium	Medium		Medium	**Medium**
Sharry et al (2005).	Medium	Medium	Medium/Low	Medium	**Medium**
Tongeri & Montgomery (2001)	Medium	Medium	Medium/Low	Medium/High	**Medium**

Table 5 Weight of Evidence

Table 5 indicates that two studies were judged medium/high in their overall WoE, both of which employed a control element within their design (column A). The majority of the studies (N = 5) were rated as medium WoE, with the remaining two judged as medium/low. Although it is recognised that 7 out of 10 adopted a pre/post design and therefore are considered less methodologically sound in quantitative terms (column A) this has little bearing on the current review question in which overall effectiveness is not being explicitly explored.

Column B addresses the appropriateness of the research design and analysis in relation to the review question. As both quantitative and mixed method studies were included in the review both sets of evaluation criterion were

applied accordingly. Quinn et al (2007), Aldred et al (2004) and Shield & Simpson (2004) were rated as high or medium/high, all of which employed a control group which is largely in accordance with quantitative quality criteria. Quinn et al (2007) specifically outlined the reliability of the tools used and provided a detailed account of the research. Reamer et al (1998) and Mancil, Conroy and Haydon (2009) were rated as medium/low in this section, specifically due to unclear reporting and analysis of results.

Mixed methods studies were evaluated according to both sets of criteria (Schertz & Odom, 2007; Sharry et al, 2005; McMillan & Lakie, 2003; Tongeri & Montgomery, 2001). As noted earlier different studies appeared to adopted differing epistemological positions however none explicitly outlined their views and position. It appeared that Sharry et al (2005) and Tongeri & Montgomery (2001) adopted a more positivist position in which more traditionally quantitative validity criteria were referred to; little information was available to accurately evaluate the studies in terms of qualitative trustworthiness criteria. Although McMillan & Lakie (2003) initially outlined a strong account for adopting a qualitative research paradigm this did not appear to continue throughout the study and only minimal quality measures appeared to be reported. Schertz & Odom (2007) provided the reader with a detailed account of the study and employed several techniques to address quality and therefore was rated medium/high in this column.

Column C addresses the relevance of the studies in addressing the specific review question. Tongeri & Montgomery (2001), McMillan & Lakie, (2003), Quinn et al (2007), Aldred et al (2004) were rated as medium/high due to specific targeting of improvement to interaction patterns through the use of video as an active intervention tool. Mancil et al (2009) obtained a medium/low score as they focused mainly on child behaviour and communication opposed to parent-child interaction. Due to the 'exploration' nature of the review question this column and weighting was of significant importance.

3.4 Analysis of the application and impact of video within interventions

Due to wide variation in methods and procedures used, studies were clustered according to their use of video, allowing comparison of similarities and differences within and between groups. Studies were also coded according to their target outcome variables (see table 6).

	Studies	General findings	Outcome Variables
Video Modelling	Mancil et al (2009)	Positive	• Communication (child) • Behaviour (child).
	Quinn et al (2007)	Positive	• Behaviour (child) • Attunement
Video Feedback	Reamer et al (1998)	Positive	• Communication (child). • Reciprocal social interaction (child) • Parents' directedness.
	Schertz & Odom (2007)	Positive	• Behaviour (child) • Reciprocal social Interaction (child) • Joint attention (child)
	McMillan & Lake (2003)	Positive	• Attunement • Reciprocal social Interaction (child) • Parents directedness
	Aldred, Green & Adams (2004)	Positive	• Communication (child) • Behaviour (child) • Attunement • Reciprocal social interaction (child). • Characteristics of ASD
	Togneri & Montgomery (2001)	Positive	• Communication (child) • Behaviour (child) • Attunement • Parents directedness • Parenting stress/efficacy
Video Modelling and Video Feedback	Shield & Simpson (2004)	Positive	• Communication (child) • Behaviour (child) • Parents directedness • Parenting stress/Efficacy • Knowledge of ASD
	Anderson et al (2006)	Positive	• Communication (child) • Reciprocal social interaction (child) • Parents directedness • Knowledge of Autism
	Sharry et al (2005)	Positive	• Communication (child) • Behaviour (child) • Reciprocal social interaction (child) • Parental directedness • Attunement • Parenting stress/Efficacy

Table 6 Targeted outcome measures.

The majority of studies used video as only a small part of their intervention, alongside another explicit intervention/programme (N = 8). Video tended to be incorporated as part of wider parenting psycho-education workshop/ programmes, with varying focuses on behaviour, communication, parent-child interaction and ASD knowledge. As indicated in table 6 studies used video modelling (N = 2), video feedback/self modelling (N= 5) or a combination of both (N = 3). Only two studies used video as the main intervention tool (McMillian & Lakie, 2003; Tongeri & Montgomery, 2001), both using Video Interaction Guidance (VIG) as their intervention framework. All studies reported general positive impacts of their intervention on desired outcomes.

Variation in the number and length of video intervention sessions was found, ranging from 4 to 24 sessions. The majority of studies had between 4 and 7 sessions (N = 9). The studies adopting video as their sole intervention had 4-5 sessions (Tongeri & Montgomery, 2001) and 7 sessions (McMillian & Lakie, 2003). This appears in accordance with findings from Fukkink (2008) who concluded that shorter video-feedback interventions had a greater effect.

Studies were reviewed for their focus with regards to target outcome variables using a Thematic Analysis process. Eight themes were identified:

- Reciprocal social interaction (child).
- Parental directedness (parent)
- Behaviour (child)
- Communication (child)
- Attunement/ P-C relationship (parent and child)
- Joint-attention (child)
- Parental stress/self-efficacy (parent)
- Knowledge of autism (parent)

Table 6 indicates that the main outcome target was children's communication skills, with nine studies including this variable (see Appendix F). Over half the studies also included the themes attunement/parent-child relationships (N= 5), child behaviour (N= 7) and reciprocal social interaction (N= 6). Some variation in outcome variables was noticeable regarding video modelling and video

feedback. In studies using video-feedback 80% (4 out of 5 studies) examined reciprocal social interaction and child communication, with varying focus on other variables. Studies using video modelling alone included outcome variables relating to child behaviour, communication and attunement/parent-child relationship. Both methods of video intervention therefore incorporated elements promoting parent-child relationships. Based on these limited and variable findings no specific conclusions can be drawn regarding different applications of video intervention and their promotion of parent-child attunement and synrhythmia, especially as this effect could not be isolated in most studies.

All studies appeared to take a positive and optimistic stance during video modelling and feedback. The two studies using video modelling alone (Mancil et al, 2009; Quinn et al, 2007) used only positive clips of parent-child interaction during intervention. Studies employing video-feedback techniques focused on positive opposed to negative moments of interaction. The information provided suggests this positive focus was mainly generated through discussion between participant and researcher, therefore images of misattunement were possibly still visible, however the authors did not explicitly comment on this. McMillian and Lakie (2003) and Tongeri and Montgomery (2001) who employed VIG edited the video feedback to include only moments of positive interaction, removing episodes of misattunement. Schertz and Odom (2007), Anderson et al (2006) and Shield & Simpson (2004) did not include sufficient information to determine the nature of the video modelling and feedback.

4. Recommendation for further research and practice

The current review allowed exploration of available literature relating to the application of video as an active intervention tool for parents and children with ASD. Both video modelling and feedback have been applied to families of children with ASD, with target populations within the 2 to 9 years range. The specific nature of samples is unclear, however most included mother-child or both parents. None of the included studies specifically targeted father-child interaction. In the majority of cases video was used within psycho-education programmes, some of which focused specifically on behaviour, communication and parent-child interaction. Others were specifically targeted programmes for

parents of children with ASD aimed at increasing knowledge and understanding. Based on variable applications no specific conclusions could be drawn regarding the different applications of video intervention and their promotion of attunement and synrhythmia, especially as this effect could not be isolated in the majority of studies.

Studies included within this review highlight use of video with families with children with ASD. However most do not explicitly focus on attunement and synrhythmia as outlined in the review focus. Largely studies focused on outcomes relating to the child (e.g. communication, behaviour) or parent (efficacy, stress) opposed to focusing on the quality of the dyad's interaction. Although these individual characteristics may be associated with increased interaction, this is not explicitly helpful in fulfilling the aim of the review. As outlined within the introduction a more careful focus on interaction and attunement may result in secondary gains specifically relating to child and parent (Girolametto et al, 2007; Hughes, 2006; McConachie & Diggle, 2005; Sharry et al, 2005; Trevarthen, 2005). Tongeri & Montgomery (2001), McMillan & Lakie, (2003), Quinn et al (2007), Aldred et al (2004) more specifically focused on interaction quality incorporating elements relating to attunement.

The mixed methods studies (Tongeri & Montgomery, 2001; McMillan & Lakie, 2003) appear to show more theoretical correspondence with the current review focus, incorporating the works of Trevarthen (2005) and embedding the Contact Principles framework within their intervention. Approaches such as VIG hold a strong theoretical position facilitating the promotion of positive parent-child interaction. This position offers collaborative rather than prescriptive approaches, which is said to empower parents to co-create a positive future. Through a coaching relationship parents are supported to become more sensitive to their child's initiatives and skilled at evaluating their own interactions (Corley, 2007). These studies focus on the bi-directional relationship and in accordance with Singh et al (2006) highlight parent-child interactions as a context to develop relationship skills in parents and children with ASD who characteristically have social communication difficulties (Aldred et al, 2001). These studies also used video as their sole intervention not alongside a programme. This suggests that these studies and more specifically VIG may

offer a starting point using video to promote attunement between parents and their children with ASD. It is recognised that neither study was judged highly trustworthy according to the evaluation criteria. Further work in this area would be recommended to further establish its application to promoting parent-child interactions with children with ASD.

In summary, based on the current review and an exploration of the available literature, video has been successfully employed in a range of interaction-focused interventions for parents and their children with ASD. However there is only limited research within this area. Video feedback or specifically VIG offers some tentative hope in specifically targeting characteristics relating to synrhythmia and attunement between parents and children with ASD.

Word count – 4744

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6. Appendix

6.1 Appendix A - Review Process

Step 1 – Identify review question.

An exploration of the use of video in interaction-focused interactions for children with Autism Spectrum Disorder and their parents: A review of literature.

Step 2 - Define relevance criteria and search terms

	Relevance Criteria	Search Terms
Intervention:	Interaction-focused interventions that use video as an active intervention tool.	Video*$ OR video interactive guidance OR self modelling OR video feedback OR video feed-forward OR positive self review Intervention OR programme OR program
Intervention target:	Increased attunement/engagement/ interaction	Engage*$ OR Relation*$ OR Interaction*$ OR Dyad OR Communication OR Attune*$
Participants:	Parent-child dyad Children with Autism Spectrum Disorders.	Parent-child OR caregiver-child OR adult-child OR mother-child OR father-child Autis*$ OR Pervasive Develop*$ OR Autism Spectrum Disorder*$ OR ASD OR PDD OR PDD-NOS
* and $ indicative of wildcard symbol using in search engines.		

Step 3 - Search for all relevant studies

Electronic Databases	• British Education Index • ERIC (Educational Resource Index and Abstracts) • Informaworld • JSTOR • Ovid Medline 1996-2009 • Autism (journal) via Sage Journals (E-journals) • Science Direct (E-journal) • Scopus • SwetsWise (E-journal) • CSA Illumina • Web of Science • Psycinfo (1987 – 2009) • HSRProj – *Health Services Research Projects in Progress* • Current Controlled Trials - *http://controlled-trials.com/* • CORDIS - http://www.cordis.lu/en/home.html
Hand searches	• Educational and Child Psychology • Educational Psychology in Practice • Autism Research • Journal of Autism and Developmental Disorders • Research in Autism Spectrum Disorders • Behavioral interventions
Grey literature	• Economic and Social Research Council (ESRC) • National Autistic Society – Autism database • SpinLink –Hand search of video and Autism related research (published and unpublished). • Sheffield Hallam – Autism research centre – publications and research • Sunderland University – Autism Research Centre – publications and research.

Step 4 – Initial screening of studies using inclusion criteria

Inclusion criteria was applied to the title and abstract of all studies identified in the initial literature searches (approx 7500 refined to 24 (41 including duplications) articles for in-depth review.

Participants	Children of any age (under 18 years old) with an Autism Spectrum Disorder. Parent/s or Carer of children with ASD
Setting	Any (home, school, clinic). All countries were included.
Intervention	Interaction-focused interventions – interventions that facilitate or build on exsisting relationships between parent and child. Family/parent focused interventions. Interventions that use an element of video as an active tool within their intervention (e.g. video modelling, video self-modelling).
Intervention target	Studies looked at one of the following outcomes: Increased attunement/engagement/interaction/relationship/communication/satisfaction.

Step 5 - In-depth screening of studies

Application of inclusion criteria to full text versions of the 23 selected studies.

- Additional inclusion was applied – it was ensured that all included studies used an 'active' element of video within their intervention.

- This criteria removed studies that merely used video as a method for a before and after evaluation of intervention. Studies which used video as a teaching, modelling or reflective tool were seen as relevant.

Studies refined to 10.

Step 6 - Map included studies and critically appraise according to Weight of Evidence

A detailed description of each of the 10 selected studies was mapped using the below table:

Study	N	Age	Context	Purpose	Intervention	Data collection	Outcome /Findings

Included studies were analysed for quality using the EPPI-Centre weight of evidence (WoE) tool (Low/Medium/High) .

Step 7 – Synthesis of study findings

Step 8 – Communicate outcomes of the review

6.2 Appendix B – log of database searches

Hand Searches

Database	Date	Details
British Education Index	01/10/09	847 studies Refined to 6 application of relevance criteria to title and abstract
ERIC (Dialog Datastar)	01/10/09	12813 studies Take first 500 for review 2 articles
Informaworld	01/10/09	Autism, interaction and video search terms used (limited search fields) 7 articles refined to 0
Ovid Medline 1996-2009	01/10/09	3 articles 0 relevant More general search terms – 19 articles – 3 relevant
Autism (journal) via Sage Journals (E-journals)	01/10/09	134 articles Refined to 1
Science Direct (E-journal)	01/10/09	62 articles refined to 0
Scopus	01/10/09	No results found with all search terms Autism and video terms used – no results
SwetsWise (E-journal)		Unable to combine multi-field searches
CSA Illumina	01/10/09	4915 articles refined to 6
Web of Science	01/10/09	9 articles refined to 0
Zetoc		Does not have OR Boolean function or combine search function
Psycinfo (1987 – 2009)	01/10/09	7 articles refined to 2
LILIACS		Not available through Newcastle University library
Ingenta	20/08/09	Couldn't perform multi-field search
HSRProj – Health Services Research Projects in Progress	26/09/09	Autism search term Interaction focused interventions + autism 18 refined to 0
Current Controlled Trials - *http://controlled-trials.com/*	26/09/09	Interaction focused interventions + autism 0 studies
CORDIS http://www.cordis.lu/en/home.html	26/09/09	Interaction focused interventions + autism 0 studies

Educational and Child Psychology	24/08/09	1 Journal
Educational Psychology in Practice (search term Autism)	24/08/09	0 Journals
Autism Research	24/08/09	0 Journals
Journal of Autism and Developmental Disorders (using video search terms)	02/10/09	237 articles Refined to 1 by title and abstract
Research in Autism Spectrum Disorders	24/09/09	2 Journals
Behavioral interventions	26/08/09	23 Journals (search Video) Refined to 0 by title and abstract

Grey Literature

Economic and Social Research Council (ESRC)	26/08/09	693 journals Refined to 2 by eye search of title and details Refined to 0
National Autistic Society – Autism database	26/08/09	33 records Refined to 9 by title and abstract
SpinLink –Hand search of video related research.	02.10.09	3 article
Sheffield Hallam – Autism research centre – publications and research	01.10.09	0 relevant publications
Sunderland University – Autism Research Centre – publications and research.	01.10.09	0 relevant publications
Google Scholar	01.10.09	5 relevant publications Refined to 2

6.3 Appendix C
Stage 4 - Application of Inclusion Criteria to Title and Abstract – refined to 24 for in-depth review
Stage 5 – In-depth Review - Application of inclusion criteria to full text – refined to 10.

No	Authors	Title and Abstract	Citation	Include
1	Aldred, C.	Aldred, C. (2001). Multidisciplinary social communication intervention for children with autism and pervasive developmental disorder: the Childs Talk project. *Educational and Child Psychology, 18 (2),* 76-87. This paper describes an early intervention approach designed for use by multidisciplinary professionals with children who have the severe social communication deficits of early autism and pervasive developmental disorder (PDD). This is part of a control randomised trial involving a cohort of 40 children. The paper focuses on describing the intervention stage, interdisciplinary working and interim findings as it is too early to present the data analysis. The therapy defines the dyadic communication between parent and child, analysing the specific pattern, and profile of the child's communication and social interaction as well as the communication strategies and adaptations of the parent. The intervention aims to enable parents and carers to finely tune their interaction using video feedback. Parents can reflect on their own interaction, identify which strategies engage the child in interaction and identify additional strategies which are adaptive to their child's level of communication. This approach can work in conjunction with other autism-specific approaches.	British Education Index NAS Database	**NO** Description of Intervention – pointed to Aldred, Green and Adams (2004) for evaluation
2	Aldred C. (2002).	Aldred C. (2002). Child's talk: early communication intervention for children with autism and pervasive developmental disorders. *Good Autism Practice, 3 (1),* 44-57. Describes a research protocol and early intervention approach designed for use by multi-disciplinary professionals with children with autism and other pervasive developmental disorders (PDD) who have severe social-communication deficits. The assessment analyses the specific pattern of social communication impairment in each child and defines the characteristics of the dyadic communication between parent and child. The intervention aims to identify facilitative strategies, using video feedback, which lead to close interpersonal interaction, highly adopted communication strategies and finely tuned interaction between the child and their parents. The results of the randomized control pilot study involving 28 children with autism support the effectiveness of early intervention and individually training parents in the use of adapted communication strategies. The active Child's Talk group showed significant improvement in treatment effect over controls on the two main outcome measures - the Autism Diagnostic Observation Schedule (ADOS) and parent-child interaction, and a trend towards a positive effect on the third outcome measure, the Vineyard Adaptive Behaviour Scales Communication Domain. The treatment group also made significant gains in their language skills, as measured on the MacArthur Communication Development Inventory compared with controls	NAS Database	**NO** Same as Aldred (2001) - links to Aldred, Green and Adams
3	Aldred, C., Pollard, C. & Adams,C.	Aldred, C., Pollard, C. & Adams, C. (2001). Child's Talk-For Children with Autism and Pervasive Developmental Disorder. *International Journal of Language & Communication Disorders, 36,* 469-473. International Journal of Language & Communication Disorders, A research assessment protocol & early intervention approach designed for use by multidisciplinary professionals with children who have the severe social communication deficits of early autism & pervasive developmental disorder (PDD) are described. The assessment analyses the specific pattern of social communication impairment in each child & defines the characteristics of the dyadic communication between parent & child. The intervention aims to identify facilitative strategies, using video feedback, which lead to close interpersonal interaction between the children & their parents. Parents can reflect on their own interaction & identify which strategies successfully engage their child. Child's Talk aims to facilitate adaptations to the child's level of communication by sensitively & finely tuning the interaction & mutual sharing of intentions as a fundamental agent for the emergence of communication.	CSA Illumina NAS database	**NO** Reference did not locate article.

4	Aldred, C., Green, J. & Adams, C.	Aldred, C., Green, J. & Adams, C. (2004). A new social communication intervention for children with autism: pilot randomised controlled treatment study suggesting effectiveness *Journal of Child Psychology and Psychiatry, 45(8),* 1420-1430. Psychosocial treatments are the mainstay of management of autism in the UK but there is a notable lack of a systematic evidence base for their effectiveness. Randomised controlled trial (RCT) studies in this area have been rare but are essential because of the developmental heterogeneity of the disorder. We aimed to test a new theoretically based social communication intervention targeting parental communication in a randomised design against routine care alone. Methods: The intervention was given in addition to existing care and involved regular monthly therapist contact for 6 months with a further 6 months of 2-monthly consolidation sessions. It aimed to educate parents and train them in adapted communication tailored to their child's individual competencies. Twenty-eight children with autism were randomised between this treatment and routine care alone, stratified for age and baseline severity. Outcome was measured at 12 months from commencement of intervention, using standardised instruments. Results: All cases studied met full Autism Diagnostic Interview (ADI) criteria for classical autism. Treatment and controls had similar routine care during the study period and there were no study dropouts after treatment had started. The active treatment group showed significant improvement compared with controls on the primary outcome measure - Autism Diagnostic Observation Schedule (ADOS) total score, particularly in reciprocal social interaction - and on secondary measures of expressive language, communicative initiation and parent-child interaction. Suggestive but non-significant results were found in Vineland Adaptive Behaviour Scales (Communication Subdomain) and ADOS stereotyped and restricted behaviour domain. Conclusions: A Randomised Treatment Trial design of this kind in classical autism is feasible and acceptable to patients. This pilot study suggests significant additional treatment benefits following a targeted (but relatively non-intensive) dyadic social communication treatment, when compared with routine care. The study needs replication on larger and independent samples. It should encourage further RCT designs in this area.	Web of Science Ovid Medline NAS –autism database	**YES** Link all previous articles in relation to Aldred
5a	Anderson, Birkin, Seymour & Moore	Anderson, Birkin, Seymour & Moore. (2006). *EarlyBird Evaluation – Final Report – Section 4 National Study.* Ministry of Education, New Zealand. This section presents the national study. Presented are a brief introduction, the method, results, and a brief discussion of our findings with all the families that participated over the course of about a year. The separate literature review and overall method sections are in essence the more elaborate introduction to this section. The final discussion also elaborates more on the findings and integrates them with the findings from other sections of the report. Approval from the Auckland University Human Participants Ethics committee was granted for this section of the work.	Google Scholar	**YES**
5b	Anderson, Birkin, Seymour & Moore	Anderson, Birkin, Seymour & Moore. (2006). *EarlyBird Evaluation – Final Report – Section 5 In-depth Study.* Ministry of Education, New Zealand This section presents the in-depth study. Presented are a brief introduction, the method, results, and a brief discussion of our findings with all the eight in-depth families, four from each of two groups that participated over the course of about a year. Again, the separate literature review and overall method sections are in essence the more elaborate introduction to this section. The final discussion also elaborates more on the findings and integrates them with the findings from other sections of the report. Approval from the Auckland University Human Participants Ethics committee was granted for this section of the work.	Google Scholar	**YES**
6	Corley, M.	Corley, M. (2007). How do I use Video Interaction Guidance (VIG) to improve parent-child interaction as part of the Surrey Portage Positive Play Programme? *A dissertation submitted in partial fulfilment of the requirements of Kingston University for the degree of MA in Professional Studies in Education.* The emergence of challenging behaviour in very young children can be related to a variety of factors. One factor which research has shown to be of	SpinLink	**NO** Not specifically related to

		particular significance is the quality of parent-child interaction, closely linked to attachment. This study explores the theoretical notions of attunement, synrhythmia and intersubjectivity. The value systems of Portage and Video Interaction Guidance (VIG) are considered and regarded as particularly complimentary. Achieving effective support for parents is discussed, with an emphasis on the concept of empowerment. The Surrey Portage Positive Play programme is a short-term home-based intervention programme, which aims to support families of a pre-school child with challenging behaviour. This study examines the video evidence from two positive play case studies, where VIG was used as part of the programme. The VIG feedback clips are analysed, with the aim of demonstrating improvements in parent-child interaction. Further video analysis leads to a proposed hierarchy of child turns within interaction, linking this analysis with adult attunement; and an exploration of the use of video feedback clips including incidences of "challenging" child initiatives. This study also considers how to support the training and development of portage staff skills in the use of video at whole service level. It explores the impact of an introductory staff training session, with additional follow-up small group workshops. This leads to the development of "Using Video in Portage" (UViP), with plans for continued training and support within the whole service.		Autism – two case studies but no mention of Autism.
7	Duke, J.	Duke, J. (1983). Interactive video. *Educational Media International, 4,* 12-17,	British Education Index	**NO** Not interaction intervention
8	Evans, J.	Evans, J. (2001). Making a difference: early interventions for children with autistic spectrum disorders. Publisher: National Foundation for Educational Research, Slough, 2001, pp. 102.	British Education Index	**NO** Not an empirical study.
9	Mancil, G.R., Conroy, M.A. & Haydon, T.F.	Mancil, G.R., Conroy, M.A. & Haydon, T.F . (2009). Effects of a Modified Milieu Therapy Intervention on the Social Communicative Behaviors of Young Children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 39,* 149–163. The purpose of the current study was to evaluate the effectiveness of combining milieu therapy and functional communication training (FCT)] to replace aberrant behaviour with functional communicative skills in 3 male preschool or elementary aged children with Autism Spectrum Disorders (ASD). Study activities were conducted in the natural environments of the participants and parents acted as change agents. A concurrent multiple baseline design across participants was used to evaluate the effectiveness of the modified milieu therapy intervention. Results indicate that aberrant behavior decreased concurrent with an increase in total percentage of communication responses (PCR). The children maintained communication and low rates of aberrant behavior, and generalized their communication from the home to the classroom. A discussion of limitations and future research directions is included.	Journal of Autism and Developmental Disorders	**YES**
10	McMillan, A.K.L. &	McMillan, A.K.L. & Lakie, W.I. (2003). The use of Video Interactive Guidance (VIG) to increase the Attunement between two children on the Autistic Spectrum and their Mothers. Academic Report 3 for MSc Educational Psychology, University of Dundee. Obtained from	SpinLink	**YES**

	Lakie, W.I.	SpinLink.		
11	Phaneuf, L. & Lee McIntyre, L	Phaneuf, L. & Lee McIntyre, L. (2008). Effects of Individualized Video Feedback Combined with Group Parent Training on Inappropriate Maternal Behavior. *Journal of Applied Behavioral Analysis; 41(1), 14.* The effects of adding individualized video feedback (IVF) to Webster-Stratton's (2000, 2001) group-based parent training program (GT) were evaluated using a multiple baseline design across four mother-child dyads. During all phases of the study, inappropriate maternal behavior was recorded from videotapes of playtime with their preschoolers with developmental disabilities. Results suggested that GT+IVF reduced inappropriate maternal behavior to levels below GT alone.	Citation	**NO** Not explicitly Autism – developmental disabilities.
12	Plowman, L. & Stephen, C	Plowman, L. & Stephen, C. (2008). The big picture? Video and the representation of interaction. *British Educational Research Journal, 34 (4),* 541-565. Researchers who use video to record interactions usually need to translate the video data into another medium at some stage in order to facilitate its analysis and dissemination. This article considers some methodological issues that arise in this process by examining transcripts, diagrams and pictures as examples of different techniques for representing interaction. These examples are used to identify some general principles for the representation of data where video is the source material. The article presents an outline of guided interaction and this is used as a case for illustrating these principles in the context of young children, technology and adults in pre-school settings. Although the article focuses on a specific study and solution, the principles are applicable in all cases where video is used as a source of data for the representation of interaction, whether or not it is technologically mediated.	British Education Index	**NO** Methodological paper not empirical study
13	Quinn, M., Carr, A., Carroll, L. & O'Sullivan, D.	Quinn, M., Carr, A., Carroll, L. & O'Sullivan, D. (2007). Parents Plus programmes I: Evaluation of its effectiveness for pre-school children with developmental disabilities and behavioural problems. *Journal of Applied Research in Intellectual Disabilities. 20(4),* 345-359. This study aimed to evaluate the effectiveness of the Parents Plus programme with families of pre-school children with developmental disabilities and significant behavioural problems in the Irish health service. The Parents Plus programme is a group-based parent training package involving video modelling, which was designed to be effective for children with conduct problems, but without developmental disabilities. Materials and methods: Pre- and post-treatment assessments were conducted with 22 treated cases and 19 waiting-list controls with a protocol that included the Strengths and Difficulties Questionnaire, the Child Behaviour Checklist, the General Health Questionnaire-12, the Kansas Parental Satisfaction Scale, the Family Assessment Device, the Perceived Social Support Scale, the Family Inventory of Life Events and Changes, the Parenting Stress Index and the Questionnaire on Resources and Stress. Results: Following the treatment, a comparison of treatment and control group means showed that the treated group showed better adjustment on the total difficulties scale of the Strengths and Difficulties Questionnaire. These gains were maintained at 10-month follow-up. Fifty per cent of treated cases showed clinically significant improvement and 14% showed reliable change on the Strengths and Difficulties Questionnaire. The treatment group reported a high level of satisfaction with the Parents Plus programme and showed significant goal attainment after treatment and at follow-up. Conclusions: For some families of pre-school children with developmental disabilities and significant behavioural problems, the Parents Plus programme is an effective intervention and may be incorporated into routine early intervention clinics in the Irish health service.	Psycinfo	**YES**
14	Ray, D.C	Ray, D.C. (2008). Impact of play therapy on parent-child relationship stress at a mental health training setting. *British Journal of Guidance and Counselling, 36(2,)* 165-187. This study investigated the impact of Child-Centred Play Therapy (CCPT)/Non- Directive Play Therapy on parent-child relationship stress using archival data from 202 child clients divided into clinical behavioural groups over 3_74 sessions in a mental health training setting. Results demonstrated	British Education Index	**NO** Not ASD

		significant differences between pre and posttesting on the Parenting Stress Index. CCPT appeared to be especially effective with children identified with clinical externalising behavioural problems, combined externalising and internalising behavioural problems, and children who were not categorised with clinical problem behaviours but whose parents sought counselling services for them. There were also significant differences determined by length of therapy. Results are discussed concerning implications for clinical practice and further research.		
15	Reamer, R.B., Brady, M.P & Hawkins, J. (1998).	Reamer, R.B., Brady, M.P & Hawkins, J. (1998). The effects of video self-modelling on parents' interactions with children with developmental disabilities. Education & Training in Mental Retardation & Developmental Disabilities. 33(2), 131-143. Examined the effects of a video-based intervention combining self-assessment, self-modelling, discrimination training and behavioral rehearsal on parents' interactions with their children during self-care tasks and social play with their siblings. Two families with at least 1 child with autism participated in a video intervention designed to alter parents' assistance patterns and provide less directive task-related prompts. Results indicate that the video intervention package increased parents' social prompts, and altered parental assistance during children's tasks. Generalization across non-training tasks, settings, and parents also was observed. Finally, the study showed an increase in children's social behavior and task completion as parents' interactions changed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)	Psycinfo	**YES**
16	Schertz, H. H	Schertz, H. H. (2006). Promoting joint attention in toddlers with autism: A parent-mediated developmental model. *Dissertation Abstracts International, A: The Humanities and Social Sciences, 66*, 11. This research study explored the effects of intervention with toddler who were identified with early indicators of autism. Intervention models appropriate for younger children address an important need as diagnosis of autism extends downward to include children under age three. The research assessed the impact of the intervention on the toddlers' development of joint attention and studied variables that may have played a role in intervention outcomes. Joint attention, a critical social-communication competency that typically develops between 9 and 18 months, fails to develop naturally in children with autism. The intervention provided a relationship-based parent-mediated approach to learning that capitalized on existing competencies in parent-child relationships. The Joint Attention Mediated Learning (JAML) curriculum provided a framework for the intervention with suggested strategies that built on mediated learning theory, family-centered approaches to early intervention, and the literature on early development and intervention with autism with a special focus on the developmental foundations of joint attention. Three parents, who brought diverse life experiences and resources to the intervention, promoted parent-child interaction in play sessions and throughout daily routines in a sequence that targeted four child outcomes: (a) focusing on faces, (b) turn-taking, (c) responding to joint attention, and (d) initiating joint attention. A mixed methods research design combined qualitative and quantitative components, resulting in complementarity of data sources to strengthen and broaden interpretability of findings. A multiple baseline across behaviours design using an interval reporting system was replicated with the three participants. The qualitative analysis identified variables including intervention strategies and family issues that may have influenced outcomes. Family challenges and indicators of resilience emerged as themes that showed commonality across participants. All toddlers showed improved engagement in focusing on faces, turn-taking, and responding to and initiating joint attention with maintenance of intervention results at five-week follow-up observations. Two children showed strong performance and stability in joint attention measures with multiple occurrences in intervention and follow-up sessions. Findings provide evidence that joint attention can be effectively promoted in toddlers with autism through a parent-mediated, relationship-based approach that builds on the developmental foundations of joint attention.	CSA Illumina	**NO** Not empirical study – see Schertz and Odom.
17	Schertz, H.H. & Odom, S.L.	Schertz, H.H. & Odom, S.L. (2007). Promoting joint attention in toddlers with autism: A parent-mediated developmental model. *Journal of Autism and Developmental Disorders, 37(8),* 1562-1575. Joint attention, a foundational nonverbal social-communicative milestone that fails to develop naturally in autism, was promoted for three toddlers with early-identified autism through a parent-mediated, developmentally grounded, researcher-guided intervention model. A multiple baseline design compared child performance across four phases of intervention: focusing on faces, turn-taking, responding to joint attention, and initiating joint attention. All toddlers improved performance and two showed repeated engagement in joint attention, supporting the effectiveness of developmentally appropriate methods that build on the parent-child relationship. A complementary qualitative analysis explored family challenges, parent resilience, and	Web of Science Psycinfo Ovid Medline CSA Illumina	**YES**

		variables that may have influenced outcomes. Intervention models appropriate for toddlers with autism are needed as improved early identification efforts bring younger children into early intervention services.	Journal of Autism and Developmental Disorders. British Education Index ERIC NAS – autism database	
18	Sharry, Guerin, Griffin & Drumm.	Sharry, J., Guerin, S., Griffin, C. & Drumm, M. (2005). An Evaluation of the Parents Plus early Years Programme: A video-based early intervention for parent of pre-school children with behavioural and developmental difficulties. *Clinical Child Psychology and Psychiatry, 10(3),* 319-336. This article describes the development of the Parents Plus Early Years Programme (PPEY): a video-based early intervention for parents of pre-school children with behavioural and developmental difficulties. PPEY combines individual parent–child sessions using video feedback with parenting group sessions using video-based teaching over a 12-week period. As well as detailing the research basis, theory and practice of the PPEY, the article describes the results of an initial study of 30 children, with a range of conduct, attention and developmental problems whose parents completed the programme. Results showed a significant drop in conduct problems and hyperactivity as measured by the Strengths and Difficulties Questionnaire, decreased parental stress as measured by Parent Stress Scale, and significant gains towards parent-defined goals. In addition, before and after video observation of parent–child interaction showed an increase in positive parent–child attention and a decrease in parent–child instructions, as measured by independent observers. Gains were maintained at 5-month follow-up. The article also includes some initial results of a follow-up qualitative evaluation of parents' experience after attending the programme.	CSA Illumina	**YES**
19	Shields, J See **Shield, J. & Simpson, S. (2004).**	Shields, J. (2001). The NAS EarlyBird Programme: Partnership with Parents in Early Intervention. *Autism, 5, 49 - 56.* Early intervention bridges the gap between early diagnosis and appropriate educational placement. The National Autistic Society has developed an autism-specific three-month parent package, the NAS EarlyBird Programme, that emphasizes partnership with parents. Six families participate in each three-month programme, which combines weekly group training sessions for parents with individualized home visits. During the programme parents learn to understand autism, to build social communication, and to analyse and use structure, so as to prevent inappropriate behaviours. The use of video and the group dynamic amongst families are important components of the programme. An efficacy study evaluated the pilot programme and further monitoring is in progress. Training courses in the licensed use of the NAS EarlyBird Programme are now available for teams of professionals with prior experience of autism. Strengths and weaknesses of the programme are discussed. This short-term, affordable package, with supporting evidence of efficacy, offers a model of early intervention that is very popular with parents. Not an empirical study just description of Intervention. Pointed to Hardy (1999) for study: **Hardy, S. (1999)** *An Evaluation of The National Autistic Society's EarlyBird Programme: Early Intervention in Autism through Partnership with Parents.* Dissertation submitted in partial fulfilment of the requirements of the University of Teesside for the Doctorate in Clinical Psychology. (Unpublished.) Contacted Teeside University and the Early Bird centre at the NAS – Hardy is currently out of the country and the dissertation is missing from the	Autism NAS database	**YES** Through contact with NAS a detailed copy of the study was obtained. **Shield, J. & Simpson, S. (2004).**

		library.		
		Through searches on Google scholar to locate this article – **Anderson, Birkin, Seymour and Moore (2006)** – EarlyBird Evaluation – report for Ministry of Health and Ministry of Education in new Zealand. Makes reference to Hardy (1999). Through contact with NAS EarlyBird Programme – an Efficacy study was highlighted and sent to me.		
20	Solomon, R., Necheles, J., Ferch, C. & Bruckman, D.	Solomon, R., Necheles, J., Ferch, C. & Bruckman, D. (2007). Pilot study of a parent training program for young children with autism: the PLAY Project Home Consultation program. Autism, 11(3), 205-224, The PLAY Project Home Consultation (PPHC) program trains parents of children with autistic spectrum disorders using the DIR/Floortime model of Stanley Greenspan MD. Sixty-eight children completed the 8–12 month program. Parents were encouraged to deliver 15 hours per week of 1:1 interaction. Pre/post ratings of videotapes by blind raters using the Functional Emotional Assessment Scale (FEAS) showed significant increases ($p \leq 0.0001$) in child subscale scores. Translated clinically, 45.5 percent of children made good to very good functional developmental progress. There were no significant differences between parents in the FEAS subscale scores at either pre or post-intervention and all parents scored at levels suggesting they would be effective in working with their children. Overall satisfaction with PPHC was 90 percent. Average cost of intervention was $2500/ year. Despite important limitations, this pilot study of The PLAY Project Home Consulting model suggests that the model has potential to be a cost-effective intervention for young children with autism.	British Education Index	**NO** Video evaluation not feedback
21	Stephenson, J., Martin, A. & Linfoot, K.W.	Stephenson, J., Martin, A. & Linfoot, K.W. (2005). Promoting Positive Interactions between Mothers and Their At-Risk Young Children. *Australian Journal of Educational and Developmental Psychology, 5,* 128-137. This study explores the impact of an exploratory, minimalist intervention based on the principles of social communication training that aimed at promoting positive interactions between mother and child and increasing child initiations in mother-child communication. Encouraging data indicated a shift towards a more positive interaction style between mother and child. Time-series analyses indicated that at the beginning of the intervention period mothers were mainly responsible for initiating interactions with their children. By the end of the intervention period, children were initiating positive interactions and mothers were responding in like fashion.	ERIC	**NO** No use of video
22	Tongeri, K. & Montgomery, S.	Tongeri, K. & Montgomery, S. (2001) *An evaluation into the use of video interaction guidance (SPIN) as an additional tool in the assessment and ongoing monitoring of Individual Action Plans (IAP) for children within the autistic continuum*. Funded by Practitioners Research Fund - West Lothian.	SPINLink	**YES**
23	Van den Bergh, P .M., Klomp, M. & Harinck, F. J. H.	Van den Bergh, P .M., Klomp, M. & Harinck, F. J. H. (1997). Video interaction guidance in residential treatment. *Child and Youth Care, 26 (5)*, 357-68. In Video Interaction Guidance the principles of Video Home Training are applied in the living group of a residential institution. Video Home Training is an intensive form of educational support. This method tries to restore the parents' pleasure in child-rearing by showing and discussing the positive contact initiatives with the child that have been recorded on video. In Video Interaction Guidance, the skills of the child care workers and the team counsellor are emphasized. A child care worker makes the video recordings and the team of workers analyzes these images under the direction of the team counsellor. This often increases mutual cooperation and attunement among group members, and assists planning and treatment. (Original abstract - amended)	CSA Illumina	**NO** Not an empirical study
24	Van Zeijl, J., Mesman, J., Van	Van Zeijl, J., Mesman, J., Van IJzendoorn, M.H., Bakermans-Kranenburg, M. J., Juffer,F. Stolk,M. N. Koot,H.M. & Alink, L. R. A. (2006). Attachment-Based Intervention for Enhancing Sensitive Discipline in Mothers of 1- to 3-Year-Old Children at Risk for Externalizing Behavior Problems: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology, 74(6).*	CSA Illumina	**MAYBE** Obtaining

IJzendoorn, M.H., Bakermans-Kranenburg, M. J., Juffer,F. Stolk,M. N. Koot,H.M. & Alink, L. R. A.	The home-based intervention program Video-feedback Intervention to promote Positive Parenting & Sensitive Discipline (VIPP-SD) was tested in a randomized controlled trial with 237 families screened for their 1- to 3-year-old children's relatively high scores on externalizing behavior. VIPP-SD, based on attachment theory & coercion theory, focuses on mirroring & discussing actual parent-child interactions in six 1.5-hr sessions with individual families at home. VIPP-SD proved to be effective in enhancing maternal attitudes toward sensitivity & sensitive discipline & in promoting sensitive discipline interactions in the intervention group as compared with the control group. Moreover, in families with more marital discord & in families with more daily hassles, the intervention resulted in a decrease of overactive problem behaviors in the children. The authors conclude that VIPP-SD should become an important module in attachment-based interventions.			through inter-library loans.

6.4 Appendix D – Mapping of included studies

	Study	N	Age	Context	Purpose	Study method	Intervention	Video	Data collection	Outcomes/Findings
1	**Aldred, Green & Adams (2004) –** **see Aldred, Pollard, Philips & Adams (2001) for description of intervention**.	T = 14 C = 14	2 - 6	Home and Clinic (UK)	Improve clinical observation of autistic impairment in children compared with treatment as usual. Focus on: • Shared attention • Parental sensitivity Responsiveness. • Adapted communication • Consolidation and elaboration.	*Randomised Control Trail* Control - routine care. Parents – no specification of mother or father participation	**The Child's Talk Project**	VFB Monthly session for 6 months following psycho-educational workshops.	• Autism Diagnostic Interview (ADI) (Lord, Rutter, & Le Couteur, 1994) • The Autism Diagnostic Observation Schedule (ADOS) (Lord et al., 2000) • The Vineland Adaptive Behaviour Scales (Sparrow, Balla, & Cicchetti, 1984) • MacArthur Communicative Developmental Inventory (Fenson et al., 1993	**ADOS scores.** Sig diff in ADOS change between the groups - (F 1,25 ¼ 7.30; p ¼ .01) **Results for sub domains:** **Lang** – sig increase in expressive language (T). **VABS**: (higher better) T - 22.6 (sd 13.3) to 36.9 (sd 21.2) C - 20.0 (sd 10.8) to 28.7 (sd 16.6) **Parent-child interaction (synchrony)** T - increase of 7.3% . C – decrease of 7.6%. No sig diff between groups on shared attention or communication acts. **Parenting Stress Index:** No sig diff between groups for change in total PSI score (F .29; p ¼ .597).

2	**Anderson, Birkin, Seymour & Moor (2006)** **Ministry of Health and Ministry of Education – New Zealand.** **National study – Section 4.**	54	25-63 mths	Home and Clinic (New Zealand)	To evaluate the EarlyBird Program	Repeated measure – multi-baseline Parents – no specification of mother or father participation	**NAS EarlyBird Programme** Pre, post and follow up. .	VM & VFB. 4 video feedback sessions	●Autism Parent Questionnaire (APQ). ●CARS – P: A – symptoms rating (1 – 4, 4 = abnormal) B – stress rating (1-4, 4 = extreme)	**APQ – (total score) sig difference between pre and post scores (+ve).** **(Not sig between post and follow up).** ▪ Knowledge of Autism - sig ▪ Child's communication - sig ▪ Play - sig ▪ Behaviour management -sig ▪ Confidence – not sig– (increased sig btw post and follow up). ▪ Stress management – not sig (increased significantly between post and follow up). ▪ Family functioning – not sig (increase sig pre and follow up). **CARS – P** No sig change in CARS-P (Not all families completed questionnaires at all times)
2B	**Anderson, Birkin, Seymour & Moor (2006) - In-depth Study.**	8	2-5	(New Zealand)	Was change over time due to participation in EarlyBird?					**ANOVA of total APQ score –** **F=4.157, p,0.05 –** significant increase in parenting behaviour from pre-post: **No significant difference in CARS-P.**
3	**Mancil, G.R., Conroy, M.A. & Haydon, T.F. (2009)**	*3*	*4:1 - 7:11*	Home and School (USA)	Evaluate the effectiveness of combining milieu therapy and functional communication training (FCT) to replace aberrant behaviour with functional communicative skills.	*Repeated measures – multi-baseline* Parents – no specification of mother or father participation	**Milieu therapy and functional communication training (FCT)** Video used as a training tool – video modelling of trainer interacting with a child.	VM Sessions = 5mins 2-3 x per week for 3 – 4 weeks	●Social Communication Questionnaire (SCQ; Rutter et al. 2003) ●Autism Diagnostic Interview-Revised (ADI-R; Lord et al. 1999). ●DV – % of communication responses (PCR) and rate of aberrant behaviour - primary DV.	All in % no statistical analysis. **Post intervention:** *Increase in communication responses by child.* Scott – 0% to 64% David – 0% to 68% Zeb - 0% - 70% *Decrease in aberrant behaviour by child.* Scott – M = 1.44 to M = 0.45 RPM. David – M = 1.86 to M = 0.56 RPM Zeb – M = 2.11 to M = 0.56 RPM Behaviours were generalised to other settings e.g. classroom.

| 4 | McMillan, A.K.L. & Lakie, W.I. (2003). | 2 | Pre-school | Nursery (UK – Scotland) | To establish whether VIG provides an effective tool to increase the attunement of mothers and their children on the Autistic Spectrum . | Multiple case study design. Mother-child | **VIG** – applications of Contact principles and positive video feedback. | VFB 7 sessions. | • Video analysis (level of initiatives from child , Mother's reception of child's initiatives, measure of subjective feelings of attunement)

• Pre/Post Survey.

• Evaluation Survey. | **Mother A:**
Mother's initiatives – 22%-4%.
Attend – 2%-35%
Yes Body – 2% - 33%.
Yes Verbal – 33% - 52%.
Guiding – 31% - 45%.
Attuned – 40% - 90%.
Not Attuned – 48% - 8%.

Made her feel *"more in tune with her child", "could guess what might be in his head".*
Felt more confident.

Mother B:
Mother's initiatives – 29% to 4% .
Attend – 2% - 71%.
Yes Body – 2% - 56%
Yes Verbal – 33% - 44%
Guiding – 38% - 48% - 27%.
Attuned – 50% - 98%.
Not Attuned – 31% - 2%.

Felt more able to *"get to know what was going on in his head"* and *"feel more of a connection".* |
| 5 | Quinn, M., Carr, A., Carroll, L. & O'Sullivan, D. (2007). | T – 23 C - 19

10 with ASD | 4- 7 | Clinic (UK - Ireland) | Evaluate the effectiveness of the Parents Plus Programme with families of pre-school children with developmental disabilities and significant behavioural problems in the Irish health service. | Pre – post evaluation. Control group Mothers and fathers | **Parents Plus Programme (CBT and solution focused approach).** Group based parenting program | VM 6 sessions | • Strengths and Difficulties Questionnaire (SDQ).

• Child Behaviour Checklist

• General Health Questionnaire

• Kansas Parental satisfaction scale

• Family assessment device

• Perceived Social Support scale

• Family Inventory of Life events and | ANCOVA - sig diff between T and C on SDQ (total diff)

The effect size was 0.49, which indicates that at time 2 the average-treated case fared better on the SDQ Total difficulties scale than 69% of untreated controls.

Gains at 10 mth follow up –

SDQ, Kansas, Parental sat scale & resources and stress and family problem scale. (total diff and conduct prob) – sig imp from T1 to T2 to T3.
 (P < 0.01).

Clinical improvement – SDQ
T – 50%
C – 43%
Not stat sig. |

								change	**Reliable improvement rate:** T – 3/22 C – 0/19 13.6% vs 0% not stat sig.
								• Parenting stress index	
								• Questions on resources and stress.	**Goals:** Child centred goals – p<0.001 Parent centred goals – p<0.001. Parents were satisfied with the PPP

| 6 | Reamer, R.B., Brady, M.P & Hawkins, J. (1998). | 2 | 4:11 - 6:8 | Home

(USA) | Explore the effectiveness of video self modelling to assist parents to acquire new interaction patterns. | Rep. measures baseline.

Examined the effects of a video-based intervention combining self-assessment, self-modelling, discrimination training and behavioural rehearsal on parents' interactions with their children during self-care tasks and social play with their siblings.
Mother and father | | VFB

4 sessions | • Measures - increase in parents social prompts, accuracy on self care and social play and decrease in parental assistance.

• Baseline

• Video Intervention

• Follow-up

• Generalisation. | Results reported in % and in line graphs.
Overall: Change in interaction patterns directed towards the children. Families showed decreases in direct assistance and an increase in abilities to elicit social play from their children.
Michael:
– *Decrease in parental assistance:*
92% to 26% assistance received.
– *Increase in independence:*
0% to 59%.
– *Increase in parental social prompts:*
9% to 53%
– *Increase in social play:*
0% to 46%.
Danielle:
– *Parental accuracy:*
21% to 100%
– *Increase in parental social prompts:*
5% to 53%
– *Increase in social play:*
0% to 47%. |

7	Schertz and Odom (2007).	3	36 mths	Home (USA)	Determine the effectiveness of model that prompted joint attention by building on development precursors and used the p-c relationship to mediate child learning.	Mixed method Multi-baseline and qualitative research designs. Mothers	**Joint attention mediated learning (JAML) – manual provided for a framework of p-c interaction.**	VFB Weekly video sessions: 9, 16 & 26 weeks.	Weekly review of parents notes. Video taping of a 10 min p-c interaction ▪ Focusing on faces (FF). ▪ Turn taking (TT) ▪ Responding to joint attention (RJA) ▪ Initiating joint attention (IJA) Evidence in **no of 10s** intervals during weekly 10 minutes video the child engaged in desired behaviour	**Means across conditions –** Parents predicted better long term child competencies as a result of intervention and indicated increased confidence in their ability to support child interaction. **Quantitative Results (pre/post/follow-up)** ▪ *Child A:* FF - 5 – 20 - 36 TT – 4 – 6 - 5 RJA – 0 – 0 - 1 IJA – 0 – 0 – 1 Parents noted limited progress in Joint Attention phase. ▪ *Child B:* FF – 9 – 25 – 28 TT – 8 – 16 – 15 RJA – 0 – 3 – 10 IJA – 0 – 5 – 3 ▪ *Child C:* FF - 25 – 28 – 52 TT – 0 – 7 – 6 RJA – 1 – 4 – 6 IJA – 0 – 5 – 4 ▪ **Qualitative** – insight into variables that may have assisted with child's progress. "The use of video – discussing it with researcher" – was rated as 4.7 (strongly agree).
8	Sharry, Guerin, Griffin & Drumm (2005).	30 5 with ASD (20%)	2 - 5	Clinic (UK – Ireland)	To evaluate the video based Parents Plus Early Years Programme for pre-school children with behavioural and developmental difficulties.	Repeated measures Multi baseline T1 (pre) T2 (post) T3 (5 months follow up) 29 mother, 1	**Parents Plus Early Years Programme (PPEY)** PPEY combines individual parent–child sessions using video	VM & VFB *7 video modelling groups sessions 5 individual video feedback sessions*	◆General demographics questionnaire, ◆SDQ – pre-school version (Goodman, 1997). ◆Parenting Stress Scale (PSS; Berry & Jones, 1995),	**Significant change**: ▪ *Total Difficulties scale* ($F(2,40) = 10.324$, $p < .05$) - T2 and T3 are sig lower than the mean for T1. ▪ *Hyperactivity subscale* ($F (2, 42) = 7.522$, $p < .05$) – (T2 and T3 - sig lower than T1). ▪ *Conduct Problems* - ($F(2,42) = 8.757$, $p < .05$) – (T2 and T3 sig lower than T1). ▪ *Parenting Stress Scale* - ($F (2, 28) = 7.645$, $p < .05$).

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#	Reference	N	Age	Setting	Aim	Design	Programme	Type	Measures	Findings
				male parent (uncle)			feedback with parenting group sessions using video-based teaching over a 12-week period.		•Parent and Child Goal Scales •(PCGS). •Video coding	**Non significant**: ▪ *Emotional Difficulties* - ($F(2,40)$ = 1.150, $p > .05$), ▪ *Peer Problems* - ($F(2,38)$ = 2.111, $p > .05$), ▪ *Prosocial Behaviour* - ($F(2, 40)$ = 0.945, $p > .05$). **Video observation –** *T-test* - sig diff between means for 'commands' given by parents at T1 and T2. Sig diff for T1 and T2 for 'parent attends'. **Parent and Child Goals Scales** A *t*-test analysis revealed a significant difference between the means for time 1 and time 2 for each parent and child goal. **Semi structured interview –** Positive, relaxed, develop communication, play and learning, positive shift in temperament, mothers commented on their change, following things through, self aware, quality and quantity of p-c interaction.
9	**Shield, J. & Simpson, S. (2004). GAP. Obtained from NAS EarlyBird Centre . NAS EarlyBird – Efficacy study. (2003).**	119 C-24	28 – 61 mths	EarlyBird Centred and homes. (UK)	The study looked for evidence of the effectiveness of the programme and of its continued effectiveness when disseminated via licensed use.	Repeated measures – mutli-base line with some waiting list controls. T1 – T4 Parents – no specification of mother or father participation	**NAS EarlyBird programme.** EarlyBird – 36 Control - 24 Licensed Users – 83	VM & VFB 4 video feedback sessions.	•Parenting Stress Index (PSI) •Video Word Count •CARS •VABS •Customer Satisfaction Scale	**PSI – sig reduced** for EB and LU from T2 to T3, further reduced from T3 to T4. – No sig change for control group. **Word count – word score reduced sig** from T2 to T3. Sig increase from T3 to T4. **CARS – Sig reduced** between T2 and T3. **VABS – sig improved** (p levels displayed). No sig change for controls between T1 and YT2.
10	**Tongeri, K. & Montgomery, S. (2001)**	2	5 – 9	Home and school (UK - Scotland)	To develop a collaborative relationship between parents and teachers. To see if SPIN can change the child's and	Multiple case study design. Pre/post evaluation Parents – no	**SPIN** – the application of Contact Principles in video feedback	VFB 4-5 sessions.	Semi-structured questionnaire. Background information. Pre/post video	**Improved child communication pre/post** **Reduced challenging behaviour pre/post** **Efficacy –** PA – from 9 to 8 (already very skilled parents). PB – 5-6 to 7-8.

| | | | | | parents behaviour in the way they work with the child. | specification of mother or father participation. | | | analysis for Contact Principles (4 min section of video taken at beginning and end of the intervention.). 92% cross observer reliability. | **Positive qualitative comments:**

"*Both parents felt that seeing themselves and their child on video helped them to pick out the things they were doing well as parents*" *(Q5.)*

"*Both reported feeling more confident and positive as parents after seeing themselves and their children on video and discussing this with their worker*". *(Q6.)*

PA –"I found the video useful as it focused my mind on exactly how I interact with M – it made me more aware of the turns, and later, of body position, "Owling" and how I responded to M's communication".

Video analysis:
PA – No discordant initiation either pre or post.

***No sig change for** – guiding, yes verbal, attends and attuned initiations – theses were already very high.*

Sig change for -
Increase in child initiatives from 5 to 11.

(Parents involved their other son in second video therefore hard for a direct comparison).

PB - No sig diff for co-operation, yes verbal, yes body and attending.

Sig change –
Guiding (5 to 16),
Attuned initiatives (4 to 12),
Child led initiatives (7 – 17).

Discordant initiatives (10 to 5). |

6.5 Appendix E - Qualitative evaluation criteria

The criteria traditionally used to evaluate research (e.g. reliability, validity, objectivity, generalisability, representativeness) is said to be based on positivist assumptions that underlie quantitative and experimental research designs in the judgement of scientific rigour. As a result of the differing world views between qualitative and quantitative research positions this criterion cannot be directly applied to qualitative research (Willig, 2008; Maxwell, 1992). As a number of the studies in this review adopt of mixed method approach qualitative evaluation criteria needed to be considered in order to gain a more accurate picture of the nature of research in this field.

It is argued that evaluation criterion must be in accordance with the epistemological framework of the research that is being evaluated. Accordingly Willig (2008) stresses the importance of researchers' outlining their epistemological position within their research papers so as to place the research in context. Due to wide continuum of possible epistemological positions that could be adopted by qualitative researchers a number of authors have attempted to outline some general evaluation criteria that can be applied across qualitative research giving us some indication of their trustworthiness and quality. Scheurich (1996) argues that without some boundaries for validity there would be no way to prevent the acceptance of poor quality, untrustworthy or illegitimate research.

Here I have converged information from Cho and Trent (2006) and Maxwell (1996) to provide a framework in which to evaluate the mixed method research included within this review. Although it is recognised that some authors argue for evaluation to be in accordance with the epistemological position adopted and research methods used, this framework gives a general overview of quality and trustworthiness and is sufficient for the purpose of the review:

Qualitative research trustworthiness criteria	
Cho and Trent (2006)	
Transactional Validity (critical realist position)	**Transformational Validity** (social constructionist position)
Active interaction between the inquiry and the research participant	*interactive process between the researcher, the researched and the collected data (collaborative relationship)*
Member checking – data and played back to the ppt for accuracy.	**Reflexivity** – meanings are deconstructed and reconstructed. The role of the researcher is reflected upon.
Triangulation – the use of multiple methods to generate additional evidence to support claims.	**Catalytic validity** – the degree to which the research empowers and emancipates the research participant.
Bracketing - Bracketing involves thoroughly examining and then suspending one's beliefs so that a description about the phenomenon is not contaminated with the researcher's bias	**Thick description (interpretative validity) –** researchers attempt to reduce their own influence by using native language, symbols etc as much as possible.
Maxwell (1996)	
Descriptive validity	Factual accuracy of the account – information is not being made up or distorted.
Interpretive validity	What the events, behaviours etc. mean to the people engaged with them – obtaining the perspective of the participant. (member checking).
Theoretical validity	Linked to construct validity – concepts or categories that they theory employs (reflexivity).

Study	Mancil et al (2009)	Quinn et al (2007)		Reamer et al (1998)	Schertz & Odom (2007)	McMillan & Lakie (2003)	Aldred, Green & Adams (2004)	Tongeri & Montgomery (2001)		Shield & Simpson (2004)	Anderson et al (2006)	Sharry et al (2005)		
Patterns	Video-Modelling		%	Video-Feedback					%	Video-Modelling & Video-Feedback			%	T
Reciprocal Social Interaction			0	X	X	X	X		80		X	X	67	6
Parental Directed.			0	X		X		X	60	X	X	X	100	6
Behaviour (Child)	X		50		X		X	X	60	X		X	67	7
Comm. (child)	X	X	100	X	X		X	X	80	X	X	X	100	9
Attunement /P-C relationship		X	50			X	X	X	60			X	33	5
Joint Attention (child)				X					20				0	1
Parental Stress/ Efficacy								X	20	X		X	67	3
Knowledge of Autism										X	X		67	2

Bridging the gap – linking the use of Video Interaction Guidance for families of children with Autism Spectrum Disorders

April 2011

1. Developing a research focus

The Systematic Synthesis focused on an exploration of available literature on the use of video within interventions for families of children labelled with an Autism Spectrum Disorder (ASD). The initial focus of the review was to explore the available literature relating to the use of VIG for families of children with ASD. However due to the vastly limited available literature in this area a wider focus had to be taken. The review allowed the processes involved in video interventions to be explored in terms of their applications and range of focus. From the literature available it appeared that samples tended to focus on involving mothers with limited reference to fathers or whole family approaches. It was therefore my aim to concentrate my own research on supporting the needs of both parents and the wider family systems. It was recognised that to include both parents may produce additional barriers to participation through availability and time commitments. Despite initial concerns this appeared to be a specific gap in the literature that would be worthy of further exploration.

I was specifically interested in the use of Video Interaction Guidance (VIG) as a specific intervention for supporting the needs of a family. VIG incorporates the concept of positive self-modelling, which is also the basis of Video Feedforward and Positive Self-Review (Dowrick 1991, 1999 cited in Landor & Strathie, 2012). Change is promoted through the viewing of edited video images of individuals personally succeeding in specific tasks or situations. Within VFF and PSR there is a focus on the link between the client and the video, whereas in VIG the relationship between the guider and the client is seen as the empowering component (see Landor & Strathie, 2012 for a more detailed discussion). Through prior university sessions and wider reading in this area I was particularly interested in further exploring this area and linking it to my personal interests in working with children labelled with an ASD. From the ten identified studies within the systematic synthesis two studies specifically used VIG as an active intervention tool in supporting the needs of children with ASD and their families (Tongeri & Montgomery, 2001; McMillan & Lakie, 2003). I was specifically interested in the theoretical underpinnings of VIG in relation to attunement and synrhythmia and how these could be effectively applied to

support communication in parent-children interactions when the child is considered to have 'within' child communication difficulties. Works by Jacqueline Nadel has highlighted the positive influence of focusing on an individual's unique style of communicating through the use of an approach called Intensive Interaction. This approach involves using an individual's own gestures, facial expressions, interests and motivations to facilitate social exchange and communication. In using imitation children with ASD are said to come to recognise 'others as human beings like themselves' (Nadel at al, 2000 cited in O'Neill, Jones & Zeedyk, 2008). Through the VIG process there is a more unique focus on the bi-directional nature of relationships, with the aim not to 'fix' a 'broken' child or parent but rather to build on existing positives within a structured framework in which unique styles of communication are appreciated and built upon.

The underpinnings of VIG seemed to fit well with my personal epistemological position which will be discussed later in this paper. Due to the majority of studies using video in tandem with other intervention tools I felt it important to specifically focus on video as a sole intervention, in exploring the useful aspects of this intervention in the context of families of children with ASD.

2. Epistemological considerations and implications for research methods

2.1 Social Constructionism – a co-constructed reality

The current research is broadly based on a social constructionist perspective. In this view we actively and purposely construct and interpret our own realities through social interactions and the language and discourses available to us within society (Gillman, Heyman & Swain, 2000). Our understandings and perceptions are therefore considered to be mediated historically, culturally and linguistically, with an emphasis on the multiplicity of interrelated, subjective and often oppositional understandings (Taylor & Ussher, 2001). It is suggested that there is no objective reality but rather a range of different interpretations within a given culture (Willig, 2008). Within this view language is seen not to merely represent reality but rather as productive in constructing reality. In line with this

view Sampson (2008) suggests that during social dialogue and language exchanges we construct reality and develop a truth about the nature of people, situations and society. People, such as those labelled as having ASD, are open to a range of emerging and evolving interpretations, in line with social and cultural constructions of norms and prevailing dominant discourses present in society (Kelly, 2005).

Interventions that adhere to a social constructionist perspective acknowledge that the only knowledge we have of ourselves appears in and through social process, through the stories we hear and engage in (Sampson, 2008). The ethos of VIG and the notion that alternative, rich descriptions of families can be constructed through dialogic exchanges is in line with this epistemological position. In this view the 'therapist' is an active component of the system; acting to co-construct new meanings with families through the conversations they have (Gibson, 2007). Through a supportive and optimistic perspective in which moments of optimal attunement are focused upon a story of competence and appreciation can be co-constructed. I recognise that essentially VIG assumes that there is a 'better' way of communicating and that in adopting the Contact Principles this will be achieved. However Gibson (2007) suggests that these judgments on communicating are open to interpretation and adaptation, and within shared review sessions a discourse will develop around the meaning of these interactions. Within the current study the focus will not be necessarily on 'perfecting' the Contact Principles but rather on opening a space to listen to the stories of the family, and co-construct a positive reality in which ASD is appreciated and the skills and strengths of the child and family are celebrated.

2.2 Person-centred approach

In line with this epistemological position a person-centred, collaborative research approach was adopted. This approach places high value on the experiences of the individual and their personal reality and in doing so advocates a partnership approach. The views of the participant family were actively acknowledged in the research and intervention process, through an honest and supportive relationship. The Taylor family comprises parents David and Jill and their two children; Andrew and Sarah (all names have been

changed to ensure anonymity). In adopting a flexible approach the focus and direction of the intervention was negotiated with the family prior to and continually as the intervention progressed, to facilitate the emergence of unanticipated topics of interest and hopefully facilitate a positive and meaningful experience. Through initial conversations with the Jill it became apparent that she wished to 'celebrate' Andrew, to use the time during shared review sessions to 'witness' his progress and develop a story outside of the difficulties often expressed at school. Forsyth and Sked (2012) in their recent review of the use of VIG in the context of ASD, emphasise its potential in supporting the development of a richer picture of the child and parent. In accordance with the nature of VIG there was a current focus on communication and further building on these skills, however there was also a narrative focus in which the 'story' of Andrew was 'deconstructed'. In this sense VIG may be understood as offering an alternative lens from which to view Andrew outside of the framework of ASD and 'expected' deficits, creating the space to construct a positive, thick and appreciative story of Andrew and his parents (McCartan, 2009).

Savage (2005) has advocated the use of person-centred principles in conjunction with VIG in facilitating optimal positive change. Through this partnership stance participants are actively involved in the research process, facilitating the co-construction of meaning and 'reality' of moments observed during video feedback sessions. It is hoped that through this approach a deep, rich and detailed understanding of the family and their experiences is provided, with the acknowledged role of the VIG guider in co-constructing this reality (McCartan, 2009). In relation to this there were two main purposes of the current empirical research. Initially the entire dataset was analysed, providing a thick description of Jill's experiences and perceptions in relation to ASD. Secondly there was a transformational emphasis in which data specifically focusing on change in relation to the VIG intervention was explored.

2.3 Qualitative research methodologies

In accordance with the ethos and values set out in previous sections, qualitative research methodologies were considered appropriate. This provided the opportunity to explore the complex interactions, perceptions and experiences of

the participating family in a "richly textured thick" manner (Caldicott, Dunn & Frankel, 2005 p.106; Willig, 2008; Hayes, 2000). It was recognised that the child, in this case with ASD, is part of a dynamic social system with the family playing a pertinent role in the child's development (Hanen, 2007). Qualitative research approaches allowed the processes and systems around the child and constructions of ASD to be explored in detail, thus adopting a holistic approach in which contextual data could be considered and appreciated. In Parker's (2004) view qualitative research is concerned with the way in which "meaningful qualities of human 'experience' and 'subjectivity' are represented to others" (p. 99) and not concerned with identifying effectiveness or causal relationships in the search for the 'truth'. Through adopting this framework I hope to highlight the unique, idiosyncratic meanings and perspectives constructed and theory generated in relation to family life and ASD (Cho & Trent, 2006).

Cho and Trent (2006) highlight the issue of validity in qualitative research. The criteria traditionally used to evaluate research (e.g. reliability, validity, objectivity, generalisability, representativeness) is said to be based on the positivist assumptions that underlie quantitative and experimental research designs in the judgement of scientific rigour (Cho & Trent, 2006). As a result of the differing world views between qualitative and quantitative research positions this criterion cannot be directly applied to qualitative research (Willig, 2008; Maxwell, 1992). According to Cho and Trent (2006) within a social constructionist framework validity is not something that can be achieved but rather is the result of an interactive process between the researcher and researched. This is referred to as transformational validity, and within this framework self-reflexivity is advocated, encouraging the researcher to examine taken for granted meanings and developing views and hypotheses. Throughout the research process a reflexive journal was kept, acting both as a log of evolving thoughts, theories and hypotheses as well as points to discuss during supervision in relation to the VIG process. In line with suggestions by Willig (2008) a reflexive journal acts as a meaningful tool in acknowledging the role of the researcher in contributing to the construction of the case and considering additional factors such as power relationships, as discussed later (DiCicco-Bloom & Crabtree, 2006).

3. Methodological considerations

3.1 Case study design

Within the current study a single case study design was employed, which provided an appropriate platform to explore the ecological context, perceptions and experiences of ASD, VIG and the processes which mediate these (Yin, 2009; Willig, 2008; Hayes, 2000). A case study design allowed a holistic approach to be taken in which the 'case' was studied within context. It was not my aim to 'uncover' essential truths but rather to explore the area of ASD and VIG in the context of the participant family. According to Yin (2009) case studies adopt an idiographic perspective that is concerned with the particular rather than the general (Willig, 2008). The aim is to gain an understanding of the individual case through a detailed exploration of the processes and ecological context, and therefore is more concerned with theory generation as opposed to generalising findings.

A single family, the Taylor's, volunteered to participate in the current intervention/research via the National Autistic Society's Early Bird Programme. During the final session of the EarlyBird programme ten sets of parents were provided with an outline of the current study (see appendix A). Five families expressed an interest, providing contact details for follow up. I made further telephone contact to introduce myself and confirm interest in the intervention (see appendix C). Due to the time frame available only one of the five families were selected to take part. This selection was based on the availability of parents following the initial phone call. The initial aim of the intervention was to adopt a family systems approach in which both the mother and father were included. As the research process unfolded it became apparent that there were several barriers to the inclusion of David, the father, due to work commitments. However the intervention was left open for David to participate in accordance with other commitments. Bromley (1986 cited in Willig 2008) highlights the often blurred boundaries of a case study. In this case the majority of the intervention was based around mother and child, with most of the information provided by Jill, the mother. However it is noted that at points the whole family

were involved in the intervention with the inclusion of David and reference to Sarah, their daughter

3.2 Data collection

To gain a more in-depth understanding and in an attempt to address concerns relating to internal validity multiple sources of data were collected; namely pre and post semi-structured interventions, discussions during shared review sessions, post session evaluations and a reflexive journal (Willig, 2008). Willig (2008) asserts that triangulation enriches case studies in allowing the researcher to approach the case from a number of different perspectives generating an appreciation of the multifaceted nature of the phenomenon. Essentially triangulation aims to gain a greater understanding of what is 'really' going on and therefore adopts a more essentialist position that a 'truth' can be found. Within the current study the multiple sources of data facilitated the understanding of the multiple and varying stories relating to ASD with the reflexive journal adding an extra component to my personal views on the construction of the reality being formed. Similarly member checking was not conducted; therefore I did not seek to gain Jill's views in relation to validity of interpretation of data. In accordance with my epistemological position I was not concerned with validating a 'single truth' but rather with facilitating the construction of a story of competence and appreciation through the optimistic and supportive framework of VIG. (Willig, 2008). In this sense I was an active component of the process coming from a particular stance, which in this case was the use of VIG in creating positive change.

A semi-structured interview was carried out with the mother, Jill, prior to and following the video intervention. The interviews aimed to provide an in-depth exploration of her perceptions and experiences of ASD in varying contexts, and gain her initial hopes and goals for the intervention and views on how it had progressed. Although semi-structured interview schedules were tentatively developed as a guide, an open and flexible approach to interviewing was adopted (see appendix ii for interview schedule). In line with Yin's (2009) view of interviews as 'guided conversations' rather than structured enquiries, I hoped to adopt a exploratory and flexible approach, allowing Jill to tell her own story

through actively guiding the process of enquiry and taking the lead on emerging topics of interest (Wellin, 2007; Kitzinger & Willimot, 2002).

A similar approach was also adopted during shared review sessions in which Jill was provided with the space and opportunity to reflect on the clips presented, sparking further discussion. Through the process of my personal VIG training I hoped to further develop skills in effective communication to help elicit a supportive atmosphere in shared review sessions (VEROC, 2008). This process was facilitated by discussing filmed shared review session with my supervisor, allowing me to personally develop effective communication skills and reflect on the previous session. I recognise that as a trainee VIG guider I was on a personal journey in my understanding and use of the Contact Principles and VIG process. My developing understanding of VIG was having a likely influence on the research process, with VIG supervision viewed as key in promoting personal reflection and development.

In relation to this I aimed to model the Contact Principles and so adopt open and circular questioning approaches. Through this process I hoped to encourage collaborative reflection and a more in-depth exploration of identified skills, strengths, thoughts, feelings and actions, and consider how these could be further built upon during future interactions (Kennedy & Sked, 2008; Simpson, Forsyth & Kennedy, 1995). In accordance with the principles of VIG I did not strive to give advice but rather hoped to reinforce and demonstrate the effectiveness of positivity through the shared review sessions during a bi-directional interaction (Simpson et al, 1995). It was hoped that through this shared conversation we would together explore Jill's perceptions and experiences of VIG and facilitate the construction of positive appreciative narratives. McCartan (2009) suggests that a more equal power base is present in the parent-practitioner relationship during this process, in which there is greater opportunity for respectful sharing and exchange of the skills and knowledge of those involved.

4. Analysis of findings

The nature of data analysis was an important component of the research project, ensuring that the aims and purpose of the research were fully encompassed through appropriate analysis, in line with epistemological considerations. Following an exploration of possible qualitative analysis approaches it was felt that Thematic Analysis offered an appropriate method for providing a rich description of parent's experiences before, during and following the video intervention (Caldicott et al, 2005; Kitzinger & Willmott, 2002; Taylor & Usher, 2001; Hayes, 2000). Unlike alternative approaches such as Interpretative Phenomenological Analysis (IPA) and Grounded Theory, Thematic Analysis is considered to be independent of any theoretical or epistemological frameworks. It therefore offers a flexible and adaptive approach that can be effectively applied to a social constructionist perspective (Willig, 2008; Braun & Clark, 2006). Within the current research project it is asserted that through the video intervention and a partnership approach, reality is actively constructed during shared review sessions. In line with narrative perspectives language plays a functional role in shaping perceptions, with the hope to develop a positive and appreciative narrative relating to ASD and parent and child strengths and skills.

Thematic Analysis actively acknowledges the role of the researcher during the analysis process with themes considered to be constructed opposed to passively discovered or emerging. Through this selection of interesting and pertinent themes, data can be more effectively organised and interpreted into meaningful groups to tell a story. In accordance with the social constructionist perspective an inductive approach to thematic analysis was used. Literature was therefore not actively consulted during the analysis process with no attempt to map the data onto a pre-existing theoretical framework. Braun and Clark (2006) suggest that data-driven or bottom-up analysis results in themes that are strongly linked to the data itself and therefore could bear little resemblance to the questions asked during interview or shared review. It is recognised that although I actively tried to let the data speak for itself I could not entirely detach myself from existing knowledge, previous reading or personal views during analysis. A reflexive journal acted as a method of personal reflection in which I

actively tried to suspend my pre-existing assumptions through logging evolving thoughts and opinions. A latent level approach to analysis was also conducted in accordance with my epistemological framework. This approach aims to go beyond merely describing data content to look at a deeper interpretative level in an attempt to examine underlying ideas, assumptions and conceptualisations (Braun & Clark, 2006).

The Thematic Analysis process as outlined by Braun and Clark (2006) involves a number of steps. Semi-structured interviews and relevant aspects of video data from the shared review sessions were personally transcribed. Through the transcription process and through further reading and re-reading of the data I was able to become familiar with the data, providing the initial stages of analysis. Through familiarisation with the data, initial codes were identified within the data set and manually recorded beside relevant sections. Codes were then written on individual notelets and collated, allowing potential themes to be visually represented when considering relationships between codes and how these could be grouped into overarching themes. Constructed themes were continually reviewed with the entire data set for variability and consistency (Taylor & Ussher, 2001). In consultation with my supervisor fifteen themes were identified and named, relating to different aspects of the research. Themes were represented using concept maps relating to the research questions in which the 'story' of each theme was outlined.

Due to word limits specified for the empirical research not all of the identified themes could be expanded upon in the main body of the research report. Pertinent themes in relation to the research aims and questions were focused upon. Significant extracts of the data along with analytic interpretation outlining the assumptions underpinning each theme were provided in the research report, aiming to effectively illustrate the story of the data (Braun & Clark, 2006). During data analysis and interpretation it became apparent that there were a number of contrasting themes specifically in relation to perceptions and experiences of ASD. Thematic Analysis was able to accommodate the co-existence of multiple versions of reality, highlighting the contextual and socio-cultural influences in constructing these versions of reality (Wilkinson, 2000).

5. Ethical considerations

In accordance with the ethical guidelines outlined within the British Psychological Society's (BPS) Code of Conduct the family were given written and verbal information about the nature of the intervention. Parents provided written consent and agreed for both myself and my supervisors to watch the videos. At this point the family were also informed of their right to withdraw from the intervention at any time, they were also ensured that all information would be kept anonymous (see appendix C). As noted by Larossa, Bennett and Gelles, (1981) it is recognised that due to the flexible and evolving nature of qualitative research, full informed consent cannot always be achieved. As with the current research project a provisional research proposal was outlined and shared with the family prior to research consent. Yet the exact nature of the research and intervention evolved in partnership with the family and research aims, and therefore a risk-benefit equation was continually evolving. Larossa et al (1981) advocate a collaborative approach between researcher and researched, allowing participants greater control over the direction and content of the data.

Additional consideration was given to the therapeutic nature of the research, especially in relation to self awareness and reflection on the family. Larossa et al (1981) highlight that family is a major source of self-esteem and resultantly people are considered more sensitive to criticism in this area of their lives. They suggest that qualitative researchers should be sensitive to these ethical issues and recognise the potential negative influence of the public and personal exposure of their family through the lens of scientific enquiry. In relation to the current research project and in line with the principles of VIG a solution-oriented and appreciative framework was adopted through a selection of positive clips and focus during discussion.

In addition to formal rules of ethics such as those mentioned above I recognise that there is also a need to reflect on deeper ethical issues such as power dynamics. Savage (2005) notes that the use of video can raise issues of power relationships and the influence of the 'power' of the VIG guider on outcomes. In addition, although research within the family home is advocated in relation to

ecological validity Larossa et al (1981) highlight that this informal setting can also leave participants more exposed and willing to discuss sensitive topics. Sampson (2008) warns of power differentials in client-practitioner relationships and the potential risk in the construction of reality. It is suggested that power i.e. the perceived 'expert' position of the Trainee Educational Psychologist, has the potential to create asymmetry and undermine genuine dialogue and the construction of a shared reality. In this view the researcher must strive to adopt a partnership approach in which neither party has greater power but rather a shared understanding is developed through mutual respect, empowerment and appreciation of individual perspective.

Prior to the video intervention I discussed issues relating to video ownership and future use with the Jill and David. It was agreed that the video material would only be viewed by myself, VIG supervisor and the family, and following analysis they would be given the DVDs to either keep or destroy. In the current study the feedback sessions were recorded and reviewed by myself and VIG supervisor. Through this additional supervision I was provided with the opportunity to reflect on my own practice and also discuss issues in relation to communication styles and power relationships.

<div align="right">Word count: 4136</div>

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7. Appendix

7.1 Appendix A - Information provided to potential parents at NAS EarlyBird meeting

Video Interaction Guidance - Research information sheet

Me?

I am Katie Short; I'm a Trainee Educational Psychologist currently in the second year of my training at Newcastle University. I currently work in ████████ as part of the Educational Psychology Team and as part of my course I am asked to conduct a small research project in an area of interest. Before becoming a Trainee Educational Psychologist I worked at ██████ School for Children with Autism and I continue to have a keen interest in working with children with Autism and their families. Through this research I hope to work with families and their children using an intervention called Video Interaction Guidance.

What?

Video Interaction Guidance (VIG) is a video based intervention which is aimed at enhancing communication and supporting already existing positive relationships between families and their children. VIG recognises how important parents are in the development of their children and supporting them to reach their full potential. VIG aims to give parents a chance to reflect on their interactions, focusing on successes and when things are going really well. During the VIG sessions a few short films (10-15mins) are made of the parents enjoying an activity with their child. Following this the VIG guider (me) reviews the film and edits it to focus on moments which highlight particularly positive interactions. Later the family and VIG guider review the edited film together during a VIG feedback session and engage in a discussion around this.

Where is VIG used?

VIG is used by at least 4000 practitioners in over 15 countries in social work, education and health. In the UK there are 75 trained supervisors and 700 professionals using VIG in a wide range of situations. As a Trainee undertaking research I would be supervised by Professor Liz Todd at Newcastle University.

What's the evidence?

The evidence-base for the effectiveness of VIG has been building up over the last 20 years through relatively small-scale studies in the Netherlands and the UK. Key findings suggest that VIG is positive in building on already positive relationships within families, facilitating increased communication and sensitivity which has been shown to have positive outcomes for parents and children.

7.2 - Appendix B

Notes and schedule for pre-intervention interview

Semi-structured interview

Thank you for agreeing to participate in this study and to my recording of this interview. The recording means that I have tape of the interview which can be transcribed (typed up) and used to inform the research.

The information you provide will remain confidential and anonymous and therefore your name and identity will not be revealed within the research. Your identity will only be known to myself and my research supervisor.

If at any point you feel uncomfortable during the interview please let me know and we will move on from this point. You have the right to end the interview at anytime. You can also request to remove any parts of the interview from the transcription.

As agreed in signing the video release form you have ownership of all recorded information and it will become your property or be destroyed following completion of the research project.

It is your opportunity to express your thoughts and feelings during the interview and therefore I would appreciate your openness and honesty to allow an accurate understanding.

Pre-intervention interview schedule

I would love to know more about you, Andrew and your family and the things you enjoy doing together. Today is to give us the opportunity to have a chat and for you to tell me and about you and your family.

1. **What do you enjoy about Andrew, what are his strengths and interests?**

2. **What does it mean for you to be Andrew's Mum? How do you feel about your job as a parent?**

3. **I would like to know about your experience, could you tell me about when Andrew was given a diagnosis of ASD? How did you feel about this? Did it make any difference to you or your family either positive or negative?**

4. **How do you feel about the video intervention? What do you hope to achieve from being involved with the intervention?**

<u>Additional Information</u>

Family structure -

72

Name	Age	Occupation

Parent's education/employment –

Child's education – (year/setting)

Are there any other professional services involved with Andrew? E.g. Speech and Language Service, Parent Partnership?

Any other information -

Post-intervention interview schedule

1. **Today is to give us the opportunity to have a chat and see how things have gone for you and your family. Looking back on things, how do you feel the video intervention has gone?**

2. **Is there was anything that came up that you thought was different or new?**

3. **During the interview or when reflecting back on it have you noticed anything about yourself and any changes that have occurred?**

4. **Have you noticed anything different about Andrew?**

5. **Looking back to the feedback sessions, how did you feel during them? Were there any aspects of sessions you found most helpful?**

7.3 - Appendix C – Video release form

I hereby give consent for Miss Katie Short, Trainee Educational Psychologist, to take video footage of myself and my child.

Name _____

Signed _____ Date _____

I hereby give consent for Professor Liz Todd, Research Fellow Newcastle University, to see the video footage in her capacity as supervisor to Miss Katie Short.

Name _____

Signed _____ Date _____

I hereby give consent for Miss Katie Short to write up this work as part of her Doctoral research project with the stipulation that all details will remain confidential and anonymous.

Name _____

Signed _____ Date _____

Appreciating the world of Autism through the lens of VIG

An exploration of a parent's perceptions, experiences and emerging narratives on Autism

April 2011

Abstract

This study seeks to identify understandings and narratives around Autism Spectrum Disorder (ASD) through the application of Video Interaction Guidance (VIG). In adopting a social constructionist approach, the case study used a person-centred model to explore a parent's experiences and emerging narratives of ASD through the lens of VIG. Findings of the current study suggest that VIG offers an effective tool for in-depth exploration of complex, multi-storied understandings of ASD and the perceived parental role. The intervention was perceived to promote greater awareness of the child's communication skills, beyond the 'common' understandings of ASD, by providing a novel outsider perspective on interactions. The intervention also promoted parental efficacy through recognition of parenting skills in supporting the development of strength-based narratives. VIG was seen to provide a platform for an exploration of existing narratives and the construction of new, preferred realities.

1. Introduction

1.1 Autism Spectrum Disorders – appreciating difference

The area of Autism Spectrum Disorders (ASD) invites views from wide and varying research fields, generating numerous discourses, theories and practices. Simplistic interpretations understand ASD via the 'triad of impairment', tending to identify differences in terms of deficit and disability (Billington, 2006; Gutstein, Burgess & Montfort, 2007; Sharry, Guerin, Griffin & Drumm, 2005; Wing & Gould, 1979). Sociological models highlight society's role in the construction of 'disability' and oppressive barriers creating discrimination, inequality and segregation (Billington, 2006; Kelly, 2005). This breadth of investigation has generated a complex and detailed understanding of ASD. Recent literature advocating the voice of the individual recognises and appreciates ASD as a difference rather than a disorder through conceptualising ASD in terms of neurodiversity and neurological difference (Baker, 2006; Lawson, 2007). It is appreciated that ASD is, for some, a fundamental element of identity and key to self-understanding, rather than a label of disability (Sainsbury, 2000). In response to this I will use the label ASD throughout the current study for ease and consistency.

It is recognised that ASD can be associated with distress and impairment; however the degree of 'impairment' is largely influenced by social context and the understanding of others (O'Neil, 2008). Recently 'within child' approaches focusing on modifying 'deviant' behaviour, have given ground to approaches considering the role of communication and the social environment in promoting progress (Mesibov, 2007; Tutt, Powell & Thornton, 2006). This move towards interactionist approaches emphasises the role of relationships and the social context in supporting individual needs, emphasising that the responsibility for creating change rest with adults as well as with children (Forsyth & Sked, 2012; Corely, 2007; Gable, Crnic & Belsky, 1994). In this view parent-child relationships offer an ideal context for supporting the holistic needs of children with ASD (Trevarthen, 2005; McMillian & Lakie, 2003; Bronfrenbrenner, 1979).

1.2 Relationships as a context for child development

Although the characteristics of children with ASD are recognised to affect 'intersubjective personal engagement', how these difficulties manifest is also governed by the quality of interactions with significant others such as parents (McMillan & Lakie, 2003). It is suggested that parents of children with ASD face demanding difficulties in deciphering their children's signals, resulting in interactions appearing 'asynchronous' and 'misattuned' (Van IJzendoorn, Rutgers & Bakermans-Kranenburg, 2007; McConachie & Diggle; 2005; Trevarthen et al, 1996). This can generate communication breakdown challenging parental efficacy, with subsequent connotations for mental health and well-being (Hastings & Brown, 2002; Sofronoff & Farbotko, 2002; Shapiro, Frosch & Arnold, 1987 cited in Aldred, Pollard, Phillips & Adams, 2001, p. 78).

Parent-child relationships are considered pivotal in facilitating healthy child development (Fonagy et al, 2007). Trevarthen (2005) acknowledged the pertinence of sensitive parent-child interactions in proposing the notion of 'attunement' and the theory of intersubjectivity. During 'attuned' interactions parents appreciate their children's unique communication styles by recognising and responding to their physiological and affective states (Kennedy & Sked, 2008; Ray, 2008; Fonagy, Gergely & Target, 2007; Hughes, 2006). Through this process of 'emotional referencing' adults mediate the children's understanding, emotional regulation and evaluation of the world around them, thus co-creating the meaning of the self and others (Hughes, 2006; Trevarthen, 2005). Trevarthen, Aitken, Papoudi & Robarts (1996) assert that the pre-linguistic systems involved in early communication are negatively affected in children with ASD, with 'secondary intersubjectivity' marking the developmental stage at which they are considered to develop differently to their peers. Differences in these systems are suggested to have implications for interpersonal development, language development, social and emotional engagement, and 'synrhythmia' between parent and child (Kennedy & Sked, 2008; Singh, Lancioni, Winton, Fisher, Wahler, Mcaleavey, Singh & Sabaawi, 2006; Trevarthen et al, 1996).

Through an appreciation of these 'differences' parents come to 'synchronise' and better understand their children's communication initiatives. Forsyth and Sked (2012) emphasise the importance of seeing life through an 'autistic lens', recognising and valuing unique interpretations of the world.

1.3 Video Interaction Guidance – a window to future dreams

Video is increasingly used in family-focused interventions, with variations developing to meet the specific needs of parents, children and practitioners (Goldsmith & LeBlanc, 2004; Puckering, Mills, Rogers, Cox. & Mattsson-Graff, 1994; Webster-Stratton, 1981). A growing body of research uses video to promote parent-child interaction, but there is limited specific application to children with ASD and their parents (Short, 2010). Available literature shows video modelling and feedback generally used alongside wider psycho-education programmes, precluding isolation of specific effects of video. Tongeri and Montgomery (2001) and McMillan and Lakie (2003) report use of Video Interaction Guidance (VIG) as providing some tentative hope in specifically targeting characteristics relating to attunement between parents and children with ASD (Short, 2010).

VIG is a specific application of video self-modelling taking an explicitly optimistic perspective to create change through a realisation of hopes for a better future in relationships (McCartan & Todd, 2012). VIG was introduced in the Netherlands by Harrie Biemans (1990 cited in Kennedy & Sked, 2008) but has recently been adopted in the UK with mounting supportive evidence (see Kennedy, Landor & Todd, 2010; Fukkink, 2008). Based on the firm theoretical foundations of intersubjectivity (Trevarthen, 2005), attachment (Ainsworth & Bowlby, 1965 cited in Kennedy et al, 2010), social learning theory (Bandura, 1997), and theories of mediated learning (Feuerstein, Rand & Hoffman, 1979), VIG and the Contact Principles (CP) seek to enhance communication and relationship quality (Kennedy, 2008). Through recognition that change is more likely to occur within collaborative, empowering relationships the VIG Guider can support parents to recognise and respond to their children's communication generating more attuned and maintained periods of interaction (see appendix vi for CP diagram) (VEROC, 2008; Kennedy & Sked, 2008).

VIG involves brief filming of parent-child interactions which are micro-analysed according to the CP. Utilising solution-focused and narrative approaches, clips of optimal attunement, exceptions or 'sparkling moments' are selected for shared review (Rees, 2008; Morgan, 2000). McCartan and Todd (2012) suggest that both VIG and narrative approaches aim to re-author identities using collaborative relationship approaches to change, providing space to reflect and construct meaning and understanding (see McCartan & Todd for in-depth review). In providing a visual representation of 'future dreams' and through dialogue during shared review, a window into a possible future can emerge. This can promote thicker narratives in which strengths and skills are celebrated, further facilitating mutual engagement and sharing of positive experiences (Gibson, 2007; Kennedy, 2008; Happé, 1998).

1.4 Rationale and aims

The above literature highlights the role of parent-child interactions in providing an important social context for the development of children with ASD (Singh et al, 2006; McMillan & Lakie, 2003). Using person-centred approaches parent's experiences and emerging narratives of ASD were explored through the application of VIG principles. The current research took a novel perspective in seeking to identify understandings and narratives around ASD in the context of family life. I endeavoured broaden a narrow focus of ASD to encapsulate the views and experiences of parents, supporting them to construct stories of celebration and appreciation.

1.4.1 Primary research question

What effect can Video Interaction Guidance have in valuing and appreciating Autism Spectrum Disorder?

1.4.2 Secondary research aims and questions

Research aim – To explore the parent's experiences and emerging narratives of ASD through the lens of VIG.

Research questions -

    a) What are the parent's perceptions and experiences of ASD and the processes that mediate this?

    b) How have the parent's skills and reflective awareness developed throughout the intervention and what are the parent's views on the effectiveness of the VIG intervention?

2. Methodology

The current research is broadly based on a social constructionist perspective emphasising the power of language and social interactions in generating shared meanings (Kennedy & Sked, 2008; Taylor & Ussher, 2001). In line with this perspective qualitative research methodologies were adopted, providing opportunities to explore the complex interactions, perceptions and experiences within the participating family (Caldicott, Dunn & Frankel, 2005 p.106; Willig, 2008; Hayes, 2000). Within the current study VIG is used as both a research tool and intervention, allowing both ASD and VIG to be explored in rich detail.

The Taylor family volunteered to participate via the local authorities' Autism Outreach Team and the National Autistic Society's (NAS) EarlyBird parenting programme (see appendix A & B). The family comprises parents David and Jill and their two children; Andrew who was 5 years old and Sarah who was 8 years old (all names have been changed to ensure anonymity). Andrew received a diagnosis of Aspergers Syndrome approximately 6 months before the intervention. He attends a local mainstream primary school with 25 hours additional support.

2.1 Methods of data collection and procedures

A single case study design was employed to explore the ecological context, perceptions and experiences of both ASD and VIG and the processes mediating these (Yin, 2009; Willig, 2008; Hayes, 2000). In line with person-

centred research perspectives the nature and duration of the intervention was negotiated before and continually during the intervention. Jill took the primary role during the intervention with David if work commitments allowed. See appendix C for details of intervention process.

Research adhered to ethical guidelines outlined within the British Psychological Society's (BPS) Code of Conduct. Consideration was also given to potential power differentials in client-practitioner relationships (Sampson, 2008). Through a partnership approach it was hoped a more neutral and shared understanding would develop.

Open, flexible semi-structured interviews were completed with Jill before and following the video intervention. The pre-interview aimed to explore perceptions of ASD and hopes and goals for the intervention. The post-intervention interview aimed to provide insight into Jill's experiences of the VIG intervention and its perceived influence on parent-child interaction (see Appendix D and E for interview schedules).

2.2 Video Interaction Guidance sessions

The video intervention involved four filming and shared review sessions within the family home. Each videoing session included ten minutes filming of parent-child interaction during shared activities e.g. Duplo, drawing, sharing a book.

Before each shared review session films were viewed and micro-analysed in accordance with the CP (VEROC, 2008; Kennedy, 2008 see appendix F). No more than three clips depicting interactions that were 'more attuned than usual' were selected for each review. Throughout the sessions I aimed to model the CP and adopt open-ended questions, encouraging a more in-depth exploration of identified skills, encouraging Jill to lead on discussion and explore avenues of personal interest. Sessions were filmed to capture the richness of discussion and for use during research and VIG training supervision. Following each session Jill was encouraged to reflect upon the previous filming session and shared review to inform evolving aims and provide ongoing evaluation.

2.3 Analysis of findings

The volume of data generated necessitated consideration of the nature of analysis. Audio material from the shared review sessions was personally reviewed; transcribing relevant or interesting data in accordance with procedures adopted by McCartan (2009). Pre and post intervention interviews were personally transcribed for ease of analysis.

Thematic Analysis was used to identify and analyse themes, to provide a rich description of parental experiences before, during and after the video intervention (Caldicott et al, 2005; Kitzinger & Willmott, 2002; Taylor & Usher, 2001). Following guidelines by Braun and Clarke (2006) an inductive approach was employed, therefore existing literature was not consulted during the analysis stage. Following transcription in-depth familiarisation with the data took place. Initial codes were assigned and manually recorded to transcription features considered interesting or relevant. Codes were then collated forming a visual representation of possible groupings and potential themes. A reliability check of final themes was conducted with my research supervisor. See appendix G, H, I for examples of transcripts and thematic analysis process.

3. Findings

Primary research question

What effect can Video Interaction Guidance have in valuing and appreciating Autism Spectrum Disorder?

The findings section comprises of two sub-sections. Initially, in relation to the first sub-question the entire dataset was analysed, providing a thick description of Jill's experiences and perceptions in relation to ASD. Secondly in relation to the second sub-question there was a transformational emphasis in which data specifically focusing on change in relation to the VIG intervention was explored.

3.1 Exploring the parental experiences and emerging narratives of ASD through the lens of VIG

The following section will explore Jill's experiences and emerging narratives in relation to Andrew and ASD. The intention is not to attribute a causal link between the constructed narratives and the VIG intervention, but rather to view VIG as a tool for deepening conversations within a solution-focused and narrative framework. I believe that through a collaborative relationship Jill and I have explored a range of narratives relating to ASD and parenting within their local context.

Figure 1 highlights the ten themes identified throughout the entire dataset, mapping Jill's narratives relating to ASD and processes mediating her experiences. Key narratives came to light as worthy of exploration, with some additional themes although frequently mentioned viewed as less pertinent in the given context. Jill presents as having multiple stories relating to Andrew encompassing both positive appreciation and additional considerations she must take as a parent. The elements of figure 1 are explained and expanded in the ensuing text. Themes are not exclusively considered in turn but discussed in relation to each other in an order that seemed logical in the given context.

Normalisation
- Unique nature of ASD but treating him as any other 'normal' child.
- Providing him with similar expectations.

Family resemblance
- Genetic and family link of ASD with 'characteristics' present in other family members.
- Concern for future children and it 'being in the family'.

Unique parenting style
- Distinctive parenting role.
- 'Different parenting approach' with Andrew and Sarah.
- A need to consider 'ASD' during interactions.

Unique Child
- Andrew's unique characteristics, in relation to his sister and other children.
- Appreciation of strengths and skills.
- Unique view of the world celebrated and respected.

Perceptions and experiences of ASD

Protector
- Perceived role as protector and advocate for child with ASD.

'Exploring the parents' perceptions, experiences and emerging narratives of ASD through the lens of VIG'.

Word demands
- Fathers work demands perceived as additional obstacle in family life.

Processes that mediate parent's understanding and experiences of ASD

Lack of understanding
- Others lack of understanding of Andrew and ASD - negative mediating factor influencing family life.

Demands of two children
- Having two children to divide time between was considered an additional stressor.

Support
I'm glad it's not just us
- The support of family, school and other professionals - positive mediating factor.

Parental Efficacy
Translator/Mind reader.
- 'Natural' confidence in interaction skills with Andrew.
- Her parenting role (at home Mum) has a positive impact - time getting to know and understand Andrew.
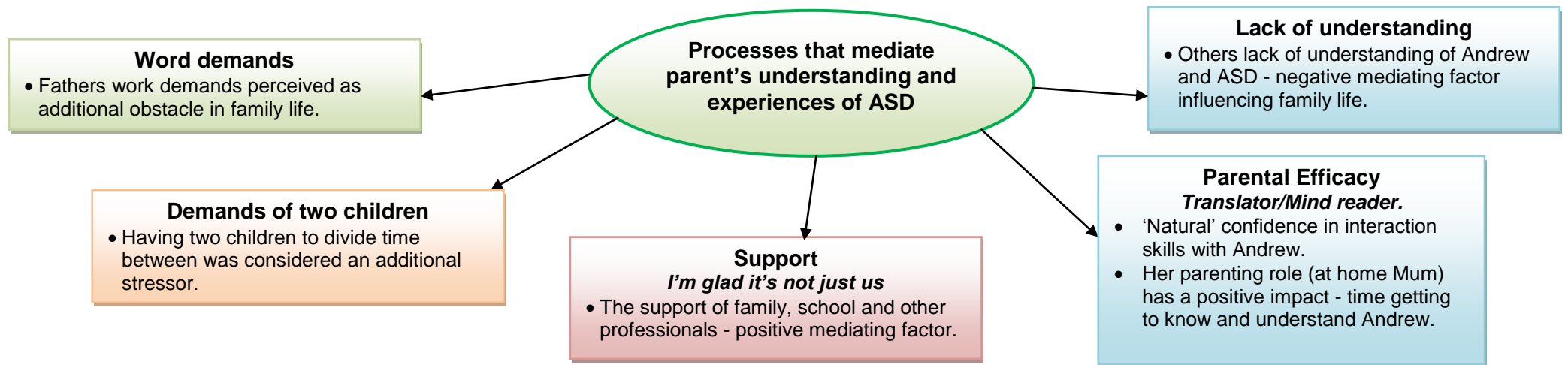
Figure 1: Themes from entire data set relating to parents' perceptions, experiences and emerging narratives of ASD.

What are the parent's perceptions and experiences of ASD and the processes that mediate this?

3.1.1 'Aspergers' as a framework for understanding or a label of disability? – Parent's multi-storied view.

The label of 'Aspergers Syndrome' and the surrounding narrative appeared multi-storied, with different emphases placed on its value during Jill's journey with Andrew. Prior to diagnosis Jill said "*I think, we knew very early on that there was something wrong, but we didn't know what*" (Pre- interview (pre)). When Andrew began school he was perceived as *"naughty"*, resulting in exclusion from his class and being "*segregated from anyone and everything*" (Shared Review 2 (SR)). Jill's feeling that Andrew was misunderstood seemingly acting as a catalyst for seeking a diagnostic explanation of his differences. Jill framed the label as opening doors for support: *"He's got the most wonderful teaching assistant"* (Pre), and providing school with a framework for understanding Andrew. However the diagnosis itself was said to have little direct impact on Jill's understanding of Andrew and her parenting role: "*Nooo, uh it hasn't made any difference to my life as, because well, we've gone on these courses, ... and we are doing a lot of the things anyway"* (Pre)*.*

Although Jill acknowledges Andrews 'differences' in learning and interpreting the world, especially in comparison with his sister, she feels Andrew's experienced difficulties are largely mediated by others attitudes and social barriers. Jill advocates an appreciation and recognition of Andrew's differences stating that "*If he's safe and secure....you can do almost anything you could with normal children"* (Pre).

Although Jill frames Aspergers positively she provides an alternative view in relation its apparent hereditary nature and the possible influence on the wider family: *"It's a shame because Sarah's children could have it. But it's hard, it's not a bad thing coz he's gorgeous, more gorgeous than her in other ways"* (SR 3)

Although Jill celebrates Andrew and strongly believes in his great potential academically and personally she feels the label and Andrew's 'unique'

behaviours may pose future barriers by him having *"that" "over his head"* (SR 2): *"But it's just bad for him, like when he gets older, I don't want this disability to stop him having a job or stop him"* (SR 3). Within this context there is some concern that the label may cause prejudice and that Andrew's unique and positive characteristics will be bypassed and deficits highlighted. Jill feels she has an active role in shaping Andrew's future and challenging norms depicted by the label.

3.1.2 The perceived role as a parent of a child with ASD

'The protector'

The unique nature of parenting relating to Andrew and ASD was a recurring and dominant narrative. Jill recounts strong feelings of responsibility and role of Protector: *"Protection... I think that's what it is, coz no one else will protect him"* (SR 2) and although *"I am with both my kids but with Andrew, doubly, million times more, because I understand him"* (SR 2). Seemingly as result of others' lack of appreciation of Andrew, Jill advocates her parental role to *"fight for him"* (SR 3), looking to highlight his strengths and reduce discrimination.

'The translator'

Others' limited understanding was perceived as a barrier. Jill conceptualised ASD as a 'silent disability' stating that *"The worst thing is, is that he looks normal and sounds normal and that's one of the big things"* (Pre). Unfamiliars (a term borrowed from Rocque, 2010) view Andrew's "normal" appearance as an indication of the self within and consequently misinterpret behaviours: *"It's totally different, you have to think like Andrew and even my friends don't think like that"* (Pre).

Through Jill's confidence in interacting with Andrew she describes her further role in helping him to *"make sense of his world"* (Post interview (post)) consequently mediating and reframing other peoples' misunderstandings. Jill expresses frustration that *"there's a lot of ignorant people"* and subsequently *"they are just not understanding Andrew's Autism. They do not understand the fact that he is different and everything needs to be du du du...he needs 'sit, now, there'... it helps him to make sense of his world"* (Post). This narrative was also

present in discussions relating to school *"The teachers (pause) they need training, they literally need to be told how to deal with people like Andrew because he's not going to be the first or the last"* (Post). Jill attempts to construct Andrew within the framework of ASD, in the sense that there are 'others' and they are not alone in their quest for inclusion and acceptance.

However she feels that in the context of Unfamiliars this can be difficult, with others believing that Andrew is "getting away with things" (SR 2) especially compared to his sister. Jill conveys some guilt and reflection: "*Poor Sarah loses out more than him, coz of course he's different*" (SR 4) ... "*I find it very hard, very hard that you have to talk to one child in one way and one child in another*" (SR 2). Jill describes Sarah as having greater agency compared with Andrew: "*I keep saying to her Andrew is different, his mind works differently to yours*" (SR 2). "You're '*normal' like me and he isn't*" and "*You have to help him*" (SR 4). There is an apparent expectation that Sarah holds a valuable role in understanding Andrew and mediating the views of others.

'The mind reader' - coming to understand the world of Autism

Within the positive context of VIG a narrative of competence and skill was present throughout. It appears that witnessing success positively supported Jill's view of her 'natural' ability: *"Well I just do natural ... I don't do things forced, or acting, I think I am like that with him"* (SR 1). This was attributed to her opportunity to spend quality time with Andrew, getting to know and understand him. Jill expressed that "*I can read every thought...*" (SR 1) and "*Andrew knows I understand*" (SR 3) and *"he loves me, I know he does, probably because I do protect him"* (SR 2).

The story of competence was intertwined with reflections and apparent conflict between her multiple identities. Jill describes her greater ease in interacting with Sarah "*because we're on the same sarcastic wave length. We have a good banter, where with Andrew; he literally takes what I say*" (SR 1). Jill aspires to even greater consideration of Andrew's needs and that *"I don't think I manage it very ... I still say sarcastic things and I think I should be a bit more understanding*" (SR 2). There seems a tension between Jill's *natural personality* and her *role* as a parent of a child with ASD, with Jill discussing her ever

developing parental role alongside her constant striving to better "*understand his mind*" (SR 2), with the view that this may never be entirely achieved.

3.1.3 "I'm glad it's not just US"

The narrative of external support both from family and the 'Autism community' was an interesting narrative. Support from family members and their shared understanding seemed both to 'share the load' to offer Jill emotional support during her 'challenges' with school or other parents or to provide respite giving Jill time to be 'her'.

The additional support of the EarlyBird Programme provided access to a 'community' of parents with similar experiences. "*It's opened our eyes and I'm glad it's not just US, there's other people with the same problems and it's not just me, not just us*" (Pre). Jill conveys a sense of relief that her family are 'normal' within the 'Autism community' with this opportunity for positive social comparison affirming Jill's confidence. Conversely an alternative narrative of 'inferiority' was expressed when Jill compared her 'ASD parenting approaches' to that of others:

> "*There's one of them (parent), ah! ... I just can't be doing with her. And I just think you've got one child, it's easy to do your one to one, write your book, do your thing ... I've got two, you try it ... And I just, I felt like saying if you had two children, it would be so easy.*" (Post).

Jill seemingly feels that given the opportunity she could be the 'perfect' parent adopting all suggested approaches. "*If I just had Andrew my life would be...so much easier. Because he would be totally and utterly one to one*" (Post). Although the EarlyBird Programme provides a network of support it appears it may also produce additional pressure and expectations within a busy family context.

3.2 Exploring parents' experiences of the VIG intervention and the effectiveness and influence on parent-child interaction.

The following section considers more exclusively the role of VIG in shaping experiences and perceptions. Figure 2 highlights the five themes identified through the shared review sessions and post-intervention interviews.
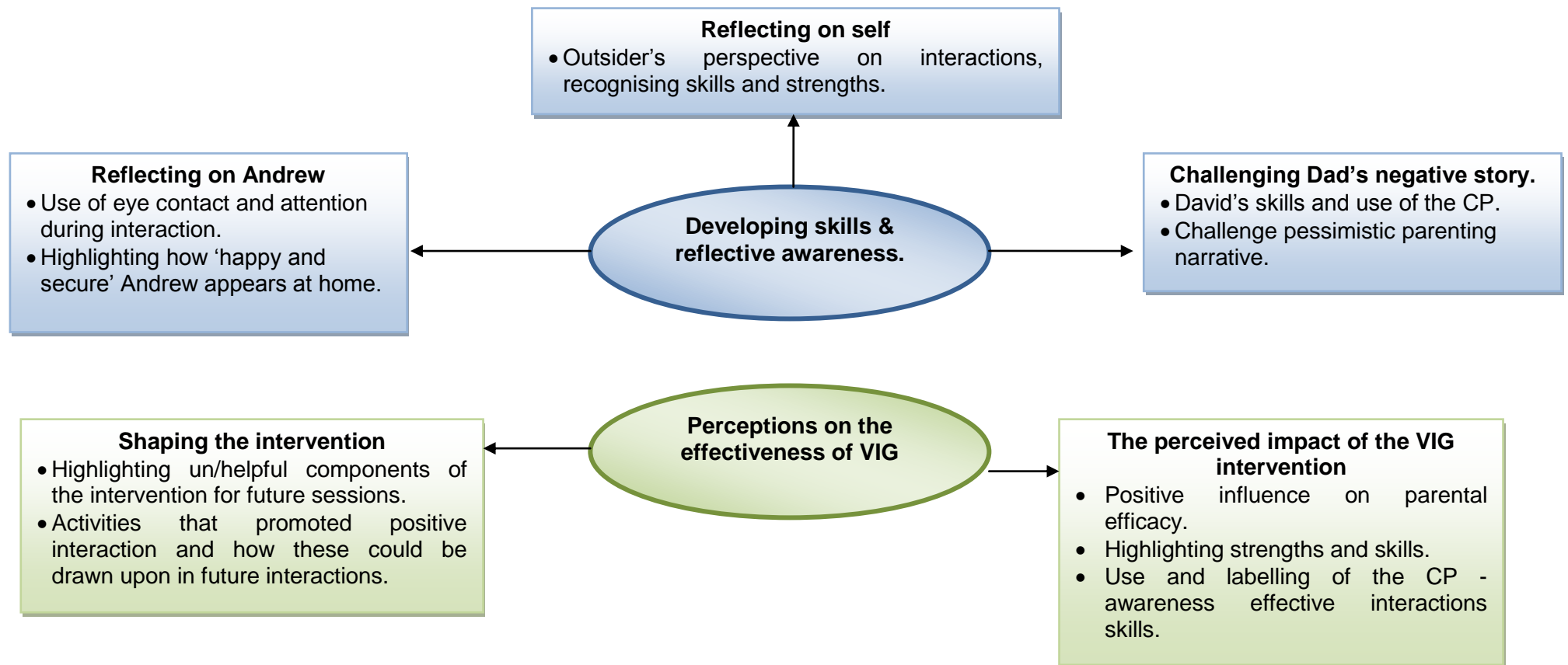
Reflecting on self
- Outsider's perspective on interactions, recognising skills and strengths.

Reflecting on Andrew
- Use of eye contact and attention during interaction.
- Highlighting how 'happy and secure' Andrew appears at home.

Developing skills & reflective awareness.

Challenging Dad's negative story.
- David's skills and use of the CP.
- Challenge pessimistic parenting narrative.

Perceptions on the effectiveness of VIG

Shaping the intervention
- Highlighting un/helpful components of the intervention for future sessions.
- Activities that promoted positive interaction and how these could be drawn upon in future interactions.

The perceived impact of the VIG intervention
- Positive influence on parental efficacy.
- Highlighting strengths and skills.
- Use and labelling of the CP - awareness effective interactions skills.

Figure 2: Parent's experiences of the VIG intervention and the perceived influence on parent-child interaction.

How have parental skills and reflective awareness developed throughout the intervention and what are parental views on the effectiveness of the VIG intervention?

3.2.1 "I never realised before" – celebrating Andrew.

The VIG intervention allowed Jill to *witness* Andrew's progress and *"see how much he's come on"* (Post). During earlier sessions Jill discussed eye contact, stating *"they don't do they"* with narratives seemingly expecting difficulties relating to the 'triad of impairment'. Jill believes the videos highlighted Andrew's previously unrecognised communication initiatives:

> *"I never realised before how he looks at you so much...Because he doesn't look at people. Sometimes he'll look at me when we're doing things like that but other times when you're talking to him there's no eye contact"* (Post)

The 'outsider's' perspective of the VIG Guider appeared to support a greater awareness of Andrew's communication initiatives outside the deficit story of ASD, apparently allowing for future hope and possibility:

> *"It's just nice to know ... like you and that lady (supervisor), he has eye contact, and it looks like there's nothing wrong with him. And other people say that even though they don't live with him. And that's nice because ...he'll go on to do good things"* (SR 1)

3.2.2 "It's like Big Brother" – witnessing the self from an alternative angle.

VIG was considered active in providing alternative perspectives and providing Jill with opportunities to witness an outsider's perspective:

> *"Well it's nice to see how you are on, actually with him, what good things you're doing. Coz he hasn't half come on ... It's like looking in ...it's like Big Brother"* (Post).

This novel experience in 'witnessing' the self gave Jill space to appreciate herself and Andrew: *"It's nice to see Andrew, how he is. How happy he is with*

us ... a*nd that's what's helpful and he's so happy at home and I didn't realise that*" (Post). The video seemed to validate existing ideas around identity as a good parent and provide further insight into developing this, "*...it's helpful to see that I am doing it right because I know I am really...and I know I'm doing things right but not everything right*" (Post). There was continued reference to new or never before considered realisation, with VIG offering a unique standpoint to 'look in' from.

In taking this alternative perspective Jill discusses how she now reflects and *"step(s) back a bit"* (Post) from her interactions with Andrew. Jill appeared to reflect on current and future interaction skills in saying *"There's always change, I always think could I have done that differently"* (Post) yet acknowledging existing strengths and how these should be built upon. Jill discussed the VIG Guiders' discussion around the CP as constructive, providing her with greater understanding of *why* her 'natural' approaches were effective. *"I didn't know, I don't notice any of that, you know what I mean, coz I just do it"* (SR 1). As the intervention progressed Jill developed skills in recognising the context of successful interactions seemingly sparking conscious consideration of how certain approaches could be extended and benefits created in terms of mutual enjoyment.

3.2.3 *"He doesn't normally listen to him like that...no he normally does his own thing" – challenging deficit in witnessing success. The beginnings of a new story.*

Through the person-centred perspective the parents' evolving aims and interests during the intervention were incorporated. During the early stages of the intervention Jill described her and David's different approach to parenting. "*And if you did see him and David together they are totally different to me and him (Andrew)*" (SR 1). Jill stated that David's interaction style was often counterproductive "*...there's no point in doing what David does and shouting and balling...That does not work" (*Post). I perceived a developing deficit story around David's parenting skills that was unconstructive in the context of the whole family.

David engaged in the third video session, with successful moments shared and discussed with Jill during a review session. 'Exceptions' acted to challenge the current deficit narrative around David and his role as a parent:

"Yeh he (David) doesn't normally listen to him like that. No he normally does his own thing, does what he wants to do; he's as bad as him. They're both identical. Coz sometimes he's bad tempered and horrible to him" (SR 3).

A dominant, stable narrative emerged relating to Jill's role as caregiver and David's as 'breadwinner'. These moments offered a window into an alternative future with the recognition that "*When he's good he's brilliant, when he's patient he's fabulous*" (SR 4) and this could be developed with Jill to "*...keep on the way I am and get David to be a bit more*" (SR 4). It is recognised that this individual session only provided a brief opportunity to explore alternatives and further sessions adopting a whole family approach may have been beneficial.

4. Discussion

The current findings contribute to existing research on the experiences of parents of children with ASD, and supports the use of VIG as a tool for deepening conversations and creating change. VIG has facilitated in-depth exploration of the Taylor family's journey in constructing appreciative, celebratory narratives around ASD, exploring challenges encountered from Unfamiliars and the parenting role constructed by Jill through interactions with others. Supporting previous findings from Fisher and Goodley (2007) Jill has multiple stories relating to Andrew encompassing both positive appreciation and the additional factors she must consider as a parent. These stories do not follow one particular route but rather have multiple twists and turns demonstrating the complex interrelations influencing the family.

These multiple stories appear strongly influenced by social context and interactions, with the outside world viewed as a social barrier positioning Andrew's 'differences' as a disability (Huws & Jones, 2010; Fisher, 2007; Fisher

& Goodley, 2007). In interacting with Unfamiliars Jill adopts and advocates the ASD label to provide others with more accurate, positive understanding of Andrew's behaviours. Rocque (2010) suggested left unmediated behaviours of children with ASD can be unfavourably interpreted and therefore Jill actively seeks to mediate the outside world for Andrew, helping him to construct a positive identity and promote social inclusion through her role as 'protector', 'translator' and 'mind reader' (Rocque, 2010).

Jill values the label of ASD in providing a framework for understanding and access to resources and support (Moloney, 2010), yet also sees the label as negatively construed in the context of current social and cultural constructions. Simplistic 'medical' understandings of ASD can place the child within a negative framework with presumed deficits, leading to self-fulfilling prophecies (Pilgrim, 2000). Within the current study VIG appears not only to have acted as a research tool exploring narratives but has also seemed key in creating change and facilitating construction of positive, appreciative narratives of both Jill, Andrew and tentatively David. McCartan (2009) promotes VIG as an intervention perceiving individuals as active agents within their social world. Through this perspective VIG helped Jill to reinforce existing narratives relating to parental efficacy and confidence in skills. This is pertinent in 'buffering' parents from burnout and supporting emotional and physical well-being (McCartan, 2009). The intervention did not seek to 'fix' an unbroken situation but rather aimed to enhance existing strengths promoting a thicker description of parenting assets and the child's skills. Throughout this journey the use of VIG has facilitated a deep exploration of Jill and David's skills helping to challenge presumed 'realities' relating to ASD with a greater appreciation of Andrew's skills and communication initiatives. This supports the ideas of Fisher and Goodley (2007) which suggests that parental understanding of children's 'disabilities' are constantly open to renegotiation and change in favour of more constructive and appreciative versions (Kelly, 2005).

Findings emphasise the strength of the oppressive social world in creating additional barriers for Andrew and Jill. This highlights the potential role of VIG in creating change in systems beyond the family. McCartan (2009) work supports these ideas which could be further explored in a specific ASD context. Although

a 'family systems' approach was only tentatively explored this did provide an opening for better recognition of David's skills. Additional barriers relating to school's 'lack of understanding' could be further explored by use of VIG in multiple settings, allowing a co-appreciation of Andrew and the skills parents and school staff bring to facilitating his development.

Word count: 5321

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6. Appendix

6.1 - Appendix A

Information provided to potential parents at NAS EarlyBird meeting

Video Interaction Guidance - Research information sheet

Me?

I am Katie Short; I'm a Trainee Educational Psychologist currently in the second year of my training at Newcastle University. I currently work in ▉▉▉▉ as part of the Educational Psychology Team and as part of my course I am asked to conduct a small research project in an area of interest. Before becoming a Trainee Educational Psychologist I worked at ▉▉▉▉ School for Children with Autism and I continue to have a keen interest in working with children with Autism and their families. Through this research I hope to work with families and their children using an intervention called Video Interaction Guidance.

What?

Video Interaction Guidance (VIG) is a video based intervention which is aimed at enhancing communication and supporting already existing positive relationships between families and their children. VIG recognises how important parents are in the development of their children and supporting them to reach their full potential. VIG aims to give parents a chance to reflect on their interactions, focusing on successes and when things are going really well. During the VIG sessions a few short films (10-15mins) are made of the parents enjoying an activity with their child. Following this the VIG guider (me) reviews the film and edits it to focus on moments which highlight particularly positive interactions. Later the family and VIG guider review the edited film together during a VIG feedback session and engage in a discussion around this.

Where is VIG used?

VIG is used by at least 4000 practitioners in over 15 countries in social work, education and health. In the UK there are 75 trained supervisors and 700 professionals using VIG in a wide range of situations. As a Trainee undertaking research I would be supervised by Professor Liz Todd at Newcastle University.

What's the evidence?

The evidence-base for the effectiveness of VIG has been building up over the last 20 years through relatively small-scale studies in the Netherlands and the UK. Key findings suggest that VIG is positive in building on already positive relationships within families, facilitating increased communication and sensitivity which has been shown to have positive outcomes for parents and children.

6.2 - Appendix B

VIDEO RELEASE FORM

I hereby give consent for Miss Katie Short, Trainee Educational Psychologist, to take video footage of myself and my child.

Name _____

Signed _____ Date _____

I hereby give consent for Professor Liz Todd, Research Fellow Newcastle University, to see the video footage in her capacity as supervisor to Miss Katie Short.
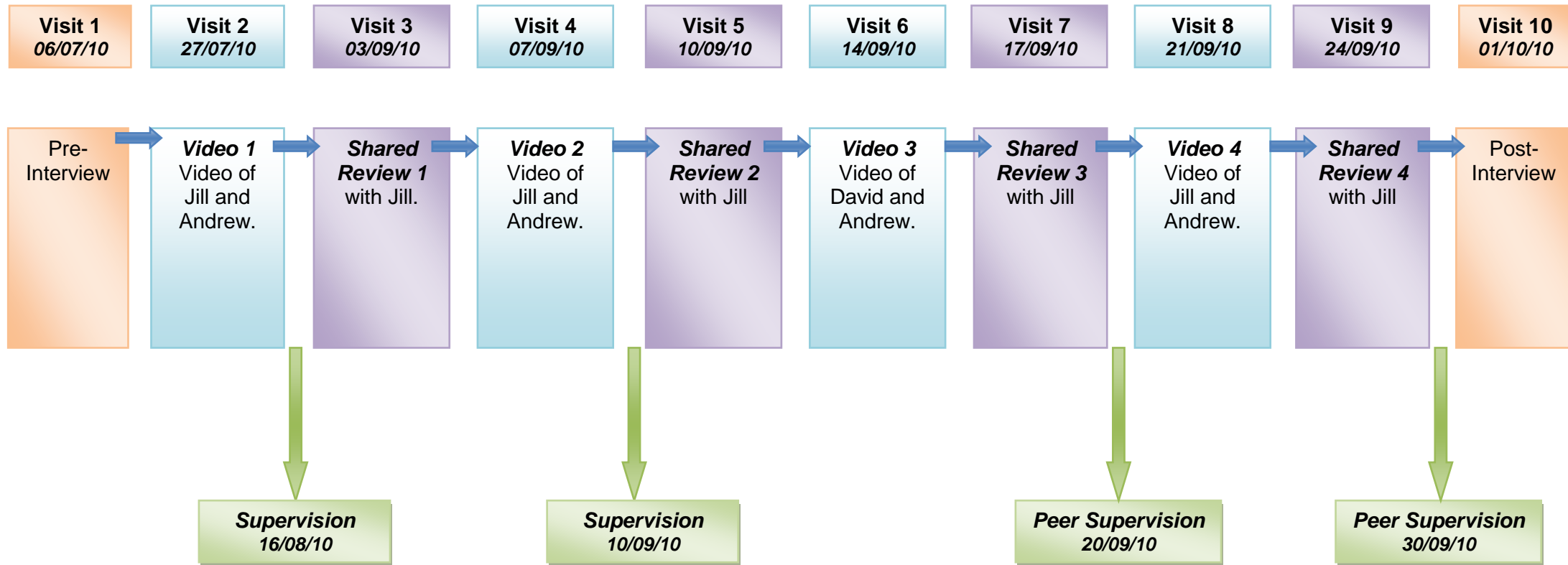
Name _____

Signed _____ Date _____

I hereby give consent for Miss Katie Short to write up this work as part of her Doctoral research project with the stipulation that all details will remain confidential and anonymous.

Name _____

Signed _____ Date _____

6.3 - Appendix C

Intervention plan

Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10
06/07/10	27/07/10	03/09/10	07/09/10	10/09/10	14/09/10	17/09/10	21/09/10	24/09/10	01/10/10

Pre-Interview	*Video 1* Video of Jill and Andrew.	*Shared Review 1* with Jill.	*Video 2* Video of Jill and Andrew.	*Shared Review 2* with Jill	*Video 3* Video of David and Andrew.	*Shared Review 3* with Jill	*Video 4* Video of Jill and Andrew.	*Shared Review 4* with Jill	Post-Interview

Supervision 16/08/10

Supervision 10/09/10

Peer Supervision 20/09/10

Peer Supervision 30/09/10

6.4 - Appendix D

Notes and schedule for pre-intervention interview

Semi-structured interview

Thank you for agreeing to participate in this study and to my recording of this interview. The recording means that I have tape of the interview which can be transcribed (typed up) and used to inform the research.

The information you provide will remain confidential and anonymous and therefore your name and identity will not be revealed within the research. Your identity will only be known to myself and my research supervisor.

If at any point you feel uncomfortable during the interview please let me know and we will move on from this point. You have the right to end the interview at anytime. You can also request to remove any parts of the interview from the transcription.

As agreed in signing the video release form you have ownership of all recorded information and it will become your property or be destroyed following completion of the research project.

It is your opportunity to express your thoughts and feelings during the interview and therefore I would appreciate your openness and honesty to allow an accurate understanding.

Pre-intervention interview schedule

I would love to know more about you, Andrew and your family and the things you enjoy doing together. Today is to give us the opportunity to have a chat and for you to tell me and about you and your family.

1. **What do you enjoy about Andrew, what are his strengths and interests?**

2. **What does it mean for you to be Andrew's Mum? How do you feel about your job as a parent?**

3. **I would like to know about your experience, could you tell me about when Andrew was given a diagnosis of ASD? How did you feel about this? Did it make any difference to you or your family either positive or negative?**

4. **How do you feel about the video intervention? What do you hope to achieve from being involved with the intervention?**

Additional Information

Family structure -

Name	Age	Occupation

Parent's education/employment –

Child's education – (year/setting)

Are there any other professional services involved with Andrew? E.g. Speech and Language Service, Parent Partnership?

Any other information -

6.5 - Appendix E

Post-intervention interview schedule

1. **Today is to give us the opportunity to have a chat and see how things have gone for you and your family. Looking back on things, how do you feel the video intervention has gone?**

2. **Is there was anything that came up that you thought was different or new?**

3. **During the interview or when reflecting back on it have you noticed anything about yourself and any changes that have occurred?**

4. **Have you noticed anything different about Andrew?**

5. **Looking back to the feedback sessions, how did you feel during them? Were there any aspects of sessions you found most helpful?**

Contact Principles
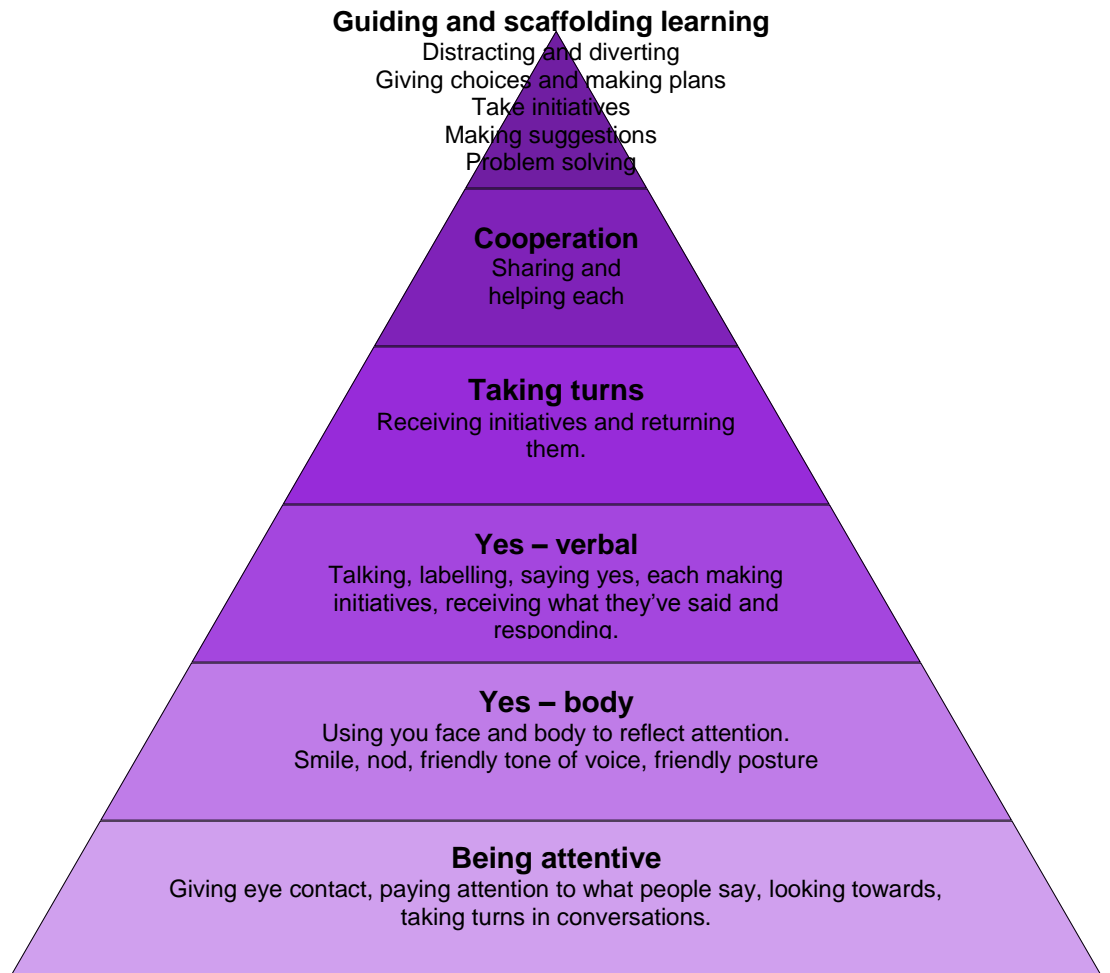
Yes – series ATTUNED	Positive responses to child's initiatives	No series – DISCORDANT	Negative responses to child's initiatives.
Being attentive	Turn in response Return eye contact	Not attentive	Turning away Looking away
"Yes" giving (body)	Respond with: Smile Nod Friendly intonation Friendly posture	"No" giving (body)	Not smiling Shaking head Unfriendly Intonation Unpleasant facial expression.
"Yes" giving verbal	Talking Labelling Saying yes Each making initiatives Saying what you feel Asking what you want to know	"NO" giving verbal	Remaining silent Correcting Saying no
Taking turns	Receiving and returning	Not taking turns	Everyone talking at once Not receiving Not taking a turn
Cooperation	Receiving Giving help	Not cooperating	Not receiving help Not giving help Not joining in
Attuned guiding, leading	Taking initiatives Asking opinions Checking understanding Distraction Making suggestions Making choices Making plans Problem solving	Discordant guiding, leading	Not taking initiatives Ignoring opinions Not checking understanding Not distracting Not making suggestions Not making choices Not making plans Not problem solving.

Adapted from: VEROC (2008) *Video Interaction Guidance: Guider Handbook 2008 – Phases 1-3*,   Dundee City Council.

CONTACT PRINCIPLES

Diagram adapted from: VEROC (2008) *Video Interaction Guidance: Guider Handbook 2008 – Phases 1-3*, Dundee City Council.

Guiding and scaffolding learning
Distracting and diverting
Giving choices and making plans
Take initiatives
Making suggestions
Problem solving

Cooperation
Sharing and
helping each

Taking turns
Receiving initiatives and returning
them.

Yes – verbal
Talking, labelling, saying yes, each making
initiatives, receiving what they've said and
responding.

Yes – body
Using you face and body to reflect attention.
Smile, nod, friendly tone of voice, friendly posture

Being attentive
Giving eye contact, paying attention to what people say, looking towards,
taking turns in conversations.

6.7 - Appendix G

Thematic Analysis of Pre-intervention interview - Primary and refined themes

Pre-intervention Interview	
Refined themes	**Primary themes/codes**
Support	• Support from professionals • Support from school • Support from extended family • Support from friends and other parents (not alone) • Access to Early Bird programme. • Support from husband in being consistent.
Unique parenting styles	• Different parenting style by parents • Different parenting role • Different parenting approach for siblings • Sibling differences • Awareness/feelings of guilt towards Sarah. • Co-parenting – back up.
Unique child – acceptance of ASD and unique characteristics	• Acceptance of individual characteristics • Sibling differences • Not alone as a parent of ASD • Silent disability – other perceptions. • He looks and sounds normal – others perceptions • Always know he was different. • Contradictions to the ASD diagnosis and label. • Andrew's strengths and skills • Progress • Acceptance • Exceptions to diagnosis – open to change and new people. • Like a normal child.
Lack of shared understanding	• Lack of understanding by school staff • Lack of understanding by David • Lack of understanding by Sarah • Lack of understanding by sister • Lack of understanding by friends • Getting away with things • Perceived as naughty. • Negative perceptions of others
Responsibility	• Wanting to protect and keep him safe.
Confidence in own ability	• Already apply many of the advised strategies
Family resemblance	• Like father like son • Personality similarities.
Intervention hopes and goals Perceived role of the EP and intervention.	• I don't really know – If people can pick up points, so this so that do the other.

6.8 - Appendix H

Thematic Analysis of Post-intervention interview - Primary and refined themes

Post-intervention interview	
Refined themes	**Primary themes/codes**
Unique Parenting Style	• Different parenting styles. • Different parenting approach for sibling – sibling the gaps that lack of friends create. • Adopting a specific parenting style to meet ASD characteristics. • Adopting a specific ASD parenting approach.
Responsibility	• Parent responsibility. • Determined. • Won't give up – support him. • Act as an advocate. • Child rights and parents responsibility to get these met. • Parent as knowledgeable and should be respected. • Wanting to comfort him and ensure he is happy. • Sibling differences and parents having to fill the gaps. • Banging my head – but not giving up.
Normalisation	• Normalisation. • Same rights as other children. • Same entitlement. • Accepting ASD but being a 'normal' parent and having 'normal' expectations. • Teacher should see him as important as other children.
Confidence in own ability	• Confidence in parenting approach. • Parent as knowledgeable. • Not had a nightmare like other parents – have managed.
Contribution of VIG	Reflection of Andrew – • Recognition that he feels happy and safe at home – reassurance. • Witness his progress. • Recognising Andrew's initiatives and his desire to communicate. • View of self and Andrew from a different angle.
	Reflection of self - • Nice to witness interaction and that you are doing the 'right' thing. • Times and activities which support positive engagement. • Doing more of the same – VIG highlighted the aspects that are helpful and therefore what to carry on. • Excitement at sharing the video with others. • Still got loads to learn. • Doing somethings right but others to learn. • Big Brother. • Looking in. • Reflection – always change.
	Exceptions to Dad's dominant story • Dad's positive attempts at interaction • Dad's interest in witnessing himself on video • Discussion of barriers Dad faces in interaction – work/time.
	VIG as access to professional guidance. • Access to professional guidance. • Seeking other professional's advice on new challenges and me as a more direct route.
Unique child – ASD characteristics	• Answering his questions and accepting individual needs. • Being careful and reflective on interactions with Andrew – not being sarcastic. • Changing natural approach to accommodate Andrew's way of thing. • Learning to think like him. • Prevention – trying to predict upset and prevent him from getting upset.

	• Acting as a translator in social situs – lack of understanding of why he is being told off etc. • Accepting that he sometimes likes to play on his own
Support	• Shared understanding and support from TA at school. • V close relationship with TA – different from other school relationships. • Support from school in comparison to other families – feel lucky. • TA picking up on signals from Andrew – just like Mum. • Not alone – comparing self to others in Early Bird Plus group. • Co-parenting – sharing the load.
Lack of shared understanding	• School lack of understanding – changing environment and staff without prior warning. • Lack of communication with home and TA. • Scholl's lack of understanding of Andrew's ASD. • Specific ASD approach needed, • Having 28 children shouldn't be an excuse. • Lack of dedication from others. • Frustration of lack of understanding from school. • Lack of appreciation and implementation of ASD strategies.
Family resemblance	• Like Dad.
Barriers and obstacles	• Recognition of barriers to positive interaction – demands of having two children. • Additional obstacle of ASD. • Still trying to understand his behaviour and support him. • Emotional. • Still got loads to learn – experimental and trial and error approach. • Not enough time and opportunity to implement ASD opps.

Shared review transcription and primary analysis

Shared review 1	
Theme	**Quote**
Natural instinct	Well you just. No No well I just do natural, I'm always like that with him, and her to be honest That's what I'm always like. I don't do things forced, or acting, I think I am like that with him. More so with Sarah because we're on the same sarcastic wave length. We have a good banter, where with Andrew, he literally takes what I say, but I don't stop being like that with him. I'm exactly the same with him as I am with her. And I don't notice coz I just do it (receiving and labelling etc) – didn't realise the individual skills involved in communication – not a hard skill for her.
Parenting approach with siblings	I don't do things forced, or acting, I think I am like that with him. More so with Sarah because we're on the same sarcastic wave length. We have a good banter, where with Andrew, he literally takes what I say, but I don't stop being like that with him. I'm exactly the same with him as I am with her.
Proud/Happy	I know what we're like together, and he's just so cute.
Different parenting style/approach.	And if you did see him and David together they are totally different to m and him (Andrew) (in what way) ... I'm, I can read every thought if you know what I mean, everything's natural you know with him, whereas with David, I suppose normal in a way. We have a great time, he's so much easier with me than David
Supernatural Mum – tuned in	And if you did see him and David together they are totally different to m and him (Andrew) (in what way) ... I'm, I can read every thought if you know what I mean, everything's natural you know with him, whereas with David, I suppose normal in a way.
Demands of two children	It's hard when themes two of them. But when we're doing stuff yeh.
Confident in skills	I'm, I can read every thought if you know what I mean, everything's natural you know with him. Well you just. No No well I just do natural, I'm always like that with him, and her to be honest That's what I'm always like. I don't do things forced, or acting, I think I am like that with him

Shared review 2	
Theme	**Quote**
Strengths and skills	He's got the biggest score (on Mario computer games), he plays with Grandma, and he's got the highest score, for a five year old, he shouldn't have a score like that 99 lives. And he's just amazing, he's just off the ricter scale, but if you saw him on there sometimes with his Dad, and it doesn't help that his Dad is exactly the same, screeches and shouts and balls. (laughter) It like they are both the same age. He's fantastic at numbers and reading. They all take the mic at school, is he reading Enid Blyton (laughter), because he's fantastic. He can read Sarah's book. But he gets so bored. They're now putting him back again, they're not stretching him. He's reading books he read in Reception.

Like father like son	but if you saw him on there sometimes with his Dad, and it doesn't help that his Dad is exactly the same, screeches and shouts and balls. (laughter) It like they are both the same age.

I sometimes feel like I'm screeching at the pair of them. Coz David is very very like Andrew. And I've said this all along haven't I, he's Autistic. He has no social skills. And when they're on Mario together and when he doesn't help him and he does help him. I wish you could see it. You'd have him in a loony bin.

But Andrew is very like David, and they clash. |
| | |
| **Understanding his world** | I'd love to understand his mind, I'm never going to.

He had the worst, he had six months of hell and so did we. He got put in another room with all the eight and nine year olds. He got put in that room for months and months and went back, got segregated from anyone and everything, wasn't in the class, wasn't ... and I just I was absolutely, I was livid and I think that's made me more protective of hi, so much more. Well I think I would be anyway coz I am with both my kids but with Andrew, doubly, million times more, because I understand him, well I think I do. |
| | |
| **Progress** | He was great, he listened. He lost his rag when. Its little things, And I'm surprised because he's getting better.

And if you'd have seen him two years ago, he would have thrown his pen down and wouldn't have coloured anything in. I think the older he's getting the better he is. (And who do you thinks influenced that). I think it's a bit of both, me and him, (And how have you managed to develop those skills). I think because of everything that's happened over the last year, all the rubbish with school, I doubly doubly protect him.

Before that – he used to scream and shout and throw himself on the floor, he had no boundaries he just and no routine as such. And I think, and it was awful in this house (has that recently changed?). I'd say school, school from being regimental in getting older; age is the biggest part of his. |
| | |
| **Fight for him** | He wants to be a vet, and I'll fight that for him. He's brainy, very very clever. Writings terrible but that's never going to improve. I think he's always going to be a rubbish writer but my family are all the same.

I think it's a bit of both, me and him, (And how have you managed to develop those skills). I think because of everything that's happened over the last year, all the rubbish with school, I doubly doubly protect him. |
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| **School - negative** | He's fantastic at numbers and reading. They all take the mic at school, is he reading Enid Blyten (laughter), because he's fantastic. He can read Sarah's book. But he gets so bored. They're now putting him back again, they're not stretching him. He's reading books he read in Reception.

He had the worst, he had six months of hell and so did we. He got put in another room with all the eight and nine year olds. He got put in that room for months and months and went back, got segregated from anyone and everything, wasn't in the class, wasn't ... and I just I was absolutely, I was livid and I think that's made me more protective of hi, so much more. Well I think I would be anyway coz I am with both my kids but with Andrew, doubly, million times more, because I understand him, well I think I do. |
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| **Recognising attunement** | He listens to me ... when he's doing something he likes he listens to me, Ill rephrase that. We're obviously going to have to do something like his reading that he doesn't particularly want to do but he's fantastic at.

He laps it up; he's a little sponge (in what way?). He laps up everything I say but he doesn't react straight away like a normal child would, he's go away and think about it. And he'll... and when I took him to bed that night he said I really enjoyed doing that drawing with you Mummy. But he'd thought about it all the time. Whereas Sarah would have said "thanks for doing that Mum" end of, finished, gone. But he thinks, well that's Aspergers. |
| | |

Love	(what does that acknowledgement mean to you?). I could eat him, I love him to bits, he's just gorgeous. I love Sarah as well, but he's ... (pause ... special??)
Protection	Protection... I think that's what it is, coz no one else will protect him. That's a big big thing. He's five and his life, I don't want him to EVER, coz he's going to have that " " over his head. Over his head all the way through school. And obviously he'll be a lot quieter and he'll grow up and everyone will always like him coz he'll say what he thinks. You know and I just want to protect him. I do with Sarah as well.
	I think it's a bit of both, me and him, (And how have you managed to develop those skills). I think because of everything that's happened over the last year, all the rubbish with school, I doubly doubly protect him.
	He had the worst, he had six months of hell and so did we. He got put in another room with all the eight and nine year olds. He got put in that room for months and months and went back, got segregated from anyone and everything, wasn't in the class, wasn't ... and I just I was absolutely, I was livid and I think that's made me more protective of hi, so much more. Well I think I would be anyway coz I am with both my kids but with Andrew, doubly, million times more, because I understand him, well I think I do.
	He just thinks I'm going to be there forever. He loves me, I know he does probably because I do protect him, like David hasn't the tolerance of Andrew like I have, he thinks I'm being over protective. And you've got to speak to Andrew differently, but he (David) doesn't understand that.
	Prevention – I try to foresee (are there other times). Yeh probably a lot. If we're going to do something or go somewhere and there's a change of plan I have to be careful how I say things. Or tea and, he had two choices and that's it. I have to think about things
ASD label	I don't want him to EVER, coz he's going to have that " " over his head. Over his head all the way through school.
Different parenting approach for siblings	I find it very hard, very hard that you have to talk to one child in one way and one child in another. I find that very hard, coz she doesn't, and he's (David) doesn't understand and thinks I'm being over protective and a big softy, No I'm not, that's how I've been told and taught to be with Andrew. Because the gentler the more, you know, if I listen to him properly he'll calm down. (Have you found that helps). Yeh a lot of the time. When I've got patience to do it. But with Sarah I can be the total opposite with her. And it's dead hard, really hard. I think Sarah finds it hard a lot of the time and I keep saying to her Andrew is different, his mind works differently to yours, you're nearly seven, he's just five. You know and he doesn't digest things like Sarah, but then he'll surprise me. Like on Friday he sneaked down stairs, why did you call me Andrew? They'd ask him in the morning at school to find out why you were called what you were called. And obviously well he'd been thinking about it in his bed whilst it was quiet. And that's hard, understanding that Andrew's doesn't digest things like we do, doesn't listen like we do.
	I've been watching the EarlyBirds and things and that's helped with a lot of things. It's watching what other people have done. Yeh the videos. It's like counting back that works brilliantly with Andrew, doesn't with Sarah at all. And I give him two choices, either that or that or nothing. That works.
Lack of understanding	I find it very hard, very hard that you have to talk to one child in one way and one child in another. I find that very hard, coz she doesn't, and he's (David) doesn't understand and thinks I'm being over protective and a big softy, No I'm not, that's how I've been told and taught to be with Andrew. Because the gentler the more, you know, if I listen to him properly he'll calm down.
	He just thinks I'm going to be there forever. He loves me, I know he does probably because I do protect him, like David hasn't the tolerance of Andrew like I have, he thinks I'm being over protective. And you've got to speak to Andrew differently, but he (David) doesn't understand that.

| Individual characteristics - acceptance | You know and he doesn't digest things like Sarah, but then he'll surprise me. Like on Friday he sneaked down stairs, why did you call me Andrew? They'd ask him in the morning at school to find out why you were called what you were called. And obviously well he'd been thinking about it in his bed whilst it was quiet. And that's hard, understanding that Andrew's doesn't digest things like we do, doesn't listen like we do.

And he surprises me (story about family friend dying). And he's accepted the fact that Lily is dead, which is fantastic, she's in heaven with her Mummy, that's the only reason that he's accepted it because she's with her Mummy. (And what does that tell you about you and him?) He just thinks I'm going to be there forever. He loves me, I know he does probably because I do protect him, like David hasn't the tolerance of Andrew like I have, he thinks' I'm being over protective. And you've got to speak to Andrew differently, but he (David) doesn't understand that.

Prevention – I try to foresee (are there other times). Yeh probably a lot. If we're going to do something or go somewhere and there's a change of plan I have to be careful how I say things. Or tea and, he had two choices and that's it. I have to think about things. |
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| Efficacy and confidence – doing the right thing. | So how do you cope with that?

Well I don't think I manage it very well I don't think. I feel I don't coz, I still say sarcastic things and I think I should be a bit more understanding.

But I think that's just me and I think he'll get used to it and learn as he goes through his life. |
Normalisation	But I think that's just me and I think he'll get used to it and learn as he goes through his life.
Co-parenting	Do you share skills with David?
I try to it goes in hear and out there (ears). Sometimes he's fantastic and does take onboard what I've said but most/ well he's tired coz he works every hour god sends, he's shattered and can't be bothered with the hassle so I have to mediate between the pair of them.
Barriers – work demands	Do you share skills with David?
I try to it goes in hear and out there (ears). Sometimes he's fantastic and does take onboard what I've said but most/ well he's tired coz he works every hour god sends, he's shattered and can't be bothered with the hassle so I have to mediate between the pair of them.
Parenting roles	I'm the Mum and the role model, he's at work
Outside support	I've been watching the EarlyBirds and things and that's helped with a lot of things. It's watching what other people have done. Yeh the videos. It's like counting back that works brilliantly with Andrew, doesn't with Sarah at all. And I give him two choices, either that or that or nothing. That works.

Shared review 3	
Theme	Quote
Reflection/Change	Yeh he doesn't normally listen to him like that. No he normally does his own thing, does what he wants to do; he's as bad at him. They're both identical. Coz sometimes he's bad tempered and horrible to him.

He's really good at looking at him isn't he? He doesn't have any of that at school, he won't look at Claire. He's great with my Mum and Dad but he won't look at his Auntie Marie. I think its family he's alright.

He was a little angle last night. David took Sarah swimming and we went on Mario. So I watched him and he was brilliant and was looking at me all the time to tell me things. |
| | |

Work demands barriers to interaction	When does he tend to be able to be like this? When he's not got work I think. I think works a big thing. And he's petrified at the minute that they're getting rid of people. He's totally stressed him and everyone else in the private sector.
Different parenting style	But with David on Mario, Andrew has to get every coin, life going. But with me he'd be different I'd say no you have to share. And I think it's because they are so like each other. I think they've got the same personalities he doesn't listen to him and he doesn't listen to him. They do alright for 15mins to half an hour. But then David gets fed up. He has no patience with Andrew. (Can he flip that round)? Depends what mood he's in. It's very hard, he's just like Andrew. His cousin just been diagnosed with Aspergers. So it's obviously in the family. He's very introverted. Totally different to Andrew. You know horrible, they seem horrible and just rude but he's rude as well as not being able to socialise.
Understanding	He loves going on with Marie (maternal auntie), she's really good, she's really good with him, there's no, she doesn't argue with him, if you know what I mean she's great. Absolutely brilliant with him.
Support	He loves going on with Marie (maternal auntie), she's really good, she's really good with him, there's no, she doesn't argue with him, if you know what I mean she's great. Absolutely brilliant with him.
Like father like son	Identical in personality. He's got a lot of me in him, but David's quite like me, forgets, forgives and forgets, that's part of David anyway. But Andrew. You've got to forgive and forget. (Can he flip that round)? Depends what mood he's in. It's very hard, he's just like Andrew. His cousin just been diagnosed with Aspergers. So it's obviously in the family. He's very introverted. Totally different to Andrew. You know horrible, they seem horrible and just rude but he's rude as well as not being able to socialise
Genetic links - future	It's a shame because Sarah's children could have it. But it's hard, it's not a bad thing coz he's gorgeous, more gorgeous than her in other ways. But it's just bad for him, like when he gets older, I don't want this disability to stop him having a job or stop him. (So do you feel it will get in the way?). God knows.
Unique learning style	His learning is totally different to everyone else's so how is he going to cope. He can't take in everything. He can but in his time. But it's like rules, he only gets the first two then he does have a clue about the rest of them, he doesn't hear anything so then he gets into trouble for not abiding by the rules. I'm worried about what the teachers are going to be like with him.
Lack of understanding	(More recent awareness of ASD?) But there some ignorant. Very ignorant. But I'll always fight, for him to be taught different if that's the case, if he needs that.
Fight for him	(More recent awareness of ASD?) But there some ignorant. Very ignorant. But I'll always fight, for him to be taught different if that's the case, if he needs that.
Co-parenting – sharing the load	What a nightmare trying to get him to do his writing and his homework, he's under the table, he throws things, he scribbles all over. Oh it's a nightmare. So do you tend to do that or David? I think David does it on purpose so he doesn't have to. He does with Sarah. But he'll, Andrew'll read his book to David and Sarah'll read her book to David, so he does the reading and I do the writing. There's no way he'll do his homework, he's up the stairs and throwing things. But if he's in the right frame of mind he'll do it, every bit and I'm amazed. (What's helping him?) I think a lot is school, Claire, but what kid at five does that much homework.

Shared review 4	
Theme	**Quote**
Different parenting role.	It's always me me me me me. Coz Andrew knows I understand, he (David just fights). And it's just keep on the way I am and get David to be a bit more. But it can be like talking to a brick wall. When he's good he's brilliant, when he's patient he's fabulous with him. But he hasn't got the time for him. I think that's a man thing. It's not just David I think quite a lot of men are like that
Different parenting style for siblings	It's hard because I have to be harsh with Sarah, coz it doesn't work, and it's awful because she just winds me up. And he can wind me up. But it depends on his mood. And I can pick up on his moods.
Daughter pushed out	Sarah, she feels pushed out a lot. And I say you know Andrew's different, his brain works different to yours Sarah, he needs more help. Poor Sarah loses out more than him, coz of course he's different and she loses out bless her. And I feel awful, I feel awful. But I'll say to her afterwards you do know, you're 'normal' like me and he isn't. You have to help him, if you're going to help him, help him. But she won't listen. And Marie (auntie) loves her to death and takes her all over. And he goes to my Mums. She (Auntie Marie) won't have Andrew coz he's too much hard work and she just has Sarah, coz she's just gorgeous. And she has that special time.

Thematic Analysis of Shared Review sessions - Primary and refined themes

Shared reviews 1-4	
Refined themes	**Primary themes/codes**
Support	• Outside support
Unique parenting style	• Parenting approach with siblings • Different parenting approach for siblings • Co-parenting • Parenting role • Different parenting styles • Co-parenting - sharing the load • Daughter pushed out. • Supernatural mum – tuned in • Understanding his world • Understanding
Unique child characteristics of ASD	• ASD label • Proud and happy • Strengths and skills • Progress • Individual characteristics - acceptance
Confidence in own ability	• Natural instinct • Confident in skills • Unique learning style
Change/VIG	• Recognising attunement • Reflection/change
Lack of shared understanding	• School negative • Lack of understanding
Family resemblance	• Like father like son • Genetic links
Responsibility	• Fight for him • Love • Protection • Fight for him
Barriers and obstacles	• Demands of two children • Work demands – barriers to interaction
Normalisation	• Normalisation