Exploring family perspectives using interaction guidance

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Abstrakt

Nyckelord: barns beteende, familje, klinisk praxis, Lausanne Trilogue Play, Marte Meo, föräldraskap, video feedback, triad

Abstract
The Lausanne Trilogue Play (LTP) paradigm, which is used to carry out standardized studies of child-mother-father interactions, has been used as a video feedback tool in Stockholm, Sweden, for over a decade. It is now included in the city’s guidelines for child psychiatry and its use is spreading nationally. This paper focuses on how the findings of studies on triadic interactions can be transferred into clinical practice by using a combination of the LTP and the Marte Meo method. The Child-Parents-Interaction Coding System, which was used in the research with LTP, is now used to analyze the interaction and adopt the clinical mindset and procedures from the Marte Meo method. In this paper, these combined techniques are referred to as the Micro Analysis and Family Intervention.

Keywords: child behavior, family system, clinical practice, Lausanne Trilogue Play, Marte Meo, parenting, video feedback, triad

Introduction
VIDEO FEEDBACK has been used in interaction guidance in Sweden for more than twenty years and the main method is still Marte Meo, which was developed by Maria Aarts in the Netherlands (Aarts, 2000). The Marte Meo method
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was developed from the same roots as home video training (Jansen & Wels, 1998) and has been successfully used on a global basis. It was recently discussed in an overview paper that focused on video feedback (Balldin, Fisher and Wirtberg 2016). A number of other interaction guidance models were developed around the same time as Marte Meo and have gone on to become increasingly popular, including those by Susan McDonough (1995), Robert-Tis-sot (1996), Bakerman et al. (1998), and Juffer & Steele (2014).

Marte Meo was developed without any theoretical foundation, but it demonstrates many parallels with theories like Bowlby’s (1984) attachment theory, Stern’s (1998) theories on early communication, intersubjectivity and attunement, and Fonagy’s theory of mentalization (Fonagy, Steel, Moran & Higgitt, 1991). The method is used to support the attachment process, intersubjectivity and emotional attunement between parents and their children. It does this by helping parents to develop sensitivity and evoke positive emotional responses towards the child’s contributions.

When the Marte Meo method is used in everyday situations such as playing, eating meals and doing homework, the activity is taped for about 10–15 minutes. Both structured and non-structured situations are used. The therapist analyses the film to identify the developmentally supportive elements of interaction that are present, as well as the needs, emotions and behavior of the child. The analysis always focuses on the presented problem and the video sequences are carefully chosen. The idea is to demonstrate specific ways that the parent-child interaction can be strengthened, by supporting parents so that both can validate the child. After the film has been analyzed and edited, the therapist reviews the selected film sequences with the parents, and they discuss the sequence and themes that are being presented. The primary goal is to evoke positive emotions from the parents and to increase their parenting competence so that they can discover new ways of responding to their child’s needs and difficulties. Understanding the interaction between the parent and child is based on a transactional model, where both parties influence each other in a reciprocal manner (Hedenbro, Gottman, & Shapiro, 2006). The discussion between the parents and the therapists include looking at what the child focuses its attention on and their initiatives, affirmation, turn-taking and positive leads (Hedenbro, 1997). The child rarely takes part in the review session. Parents can find that watching their child on a video screen without at the same time being involved in the interaction, can open new emotional doors for them. The parents’ sensitivity to the child and the mental representation of the child and their
relationship can form the “port of entry” that enables change to happen. Slow motion and still pictures are powerful and help the parents to open up their emotions. It is important that these feelings are shared and that they talk about them during the session in a supportive environment. Using the video sequences is more therapeutic than educational and it helps us to provide the parents with guidance about what we feel will be helpful for their child.

These days Marte Meo is also used in many other contexts apart from family work, such as in preschool and schools, and the method is more focused on psychoeducation in these settings.

There are few references to the family system in the field of interaction guidance, or video feedback as it is sometimes called. Usually it is only one parent, often the mother, who is involved in the treatment. This gives rise to necessary questions about how this will affect the other individuals who form the sub-systems in the family structure. A systemic family perspective in clinical treatment has been described by Fivaz-Depeursinge & Keren (2004).

The systemic approach enables the researcher to go beyond observations of the mother-infant dyad to understand child development, including early communication and interaction in the mother-father-infant triad. Here a triad is defined as when all three partners are working together on a task, but have different roles with regard to different parts of the task. The Lausanne Trilogue Play (LTP) paradigm (Fivaz-Depeursinge & Corboz-Warnery, 1996) was developed to make this kind of observation possible.

The research project that opened new possibilities
In 1996, a longitudinal multicenter study started in Sweden that aimed to describe how early triadic interaction between the newborn child and its mother and father began, developed and matured over the child’s first four years of life (Hedenbro, 2006). The systemic family theory and developmental theory were combined to go beyond the “mother-child” dyad to the “mother-father-child” triad. The LTP, which was originally known as the Lausanne Triadic Play, was developed by Elisabeth Fivaz and her team in Lausanne, Switzerland, and it is used to carry out standardized studies of child-mother-father interactions.

The LTP is based on watching how the mother, father, and child play and interact while they perform a structured task. The family is placed in a triangle and instructed to interact with each other in four different ways. The first is when one parent is playing and interacting with the child while the other parent is simply present; the second is when the parents swap these roles. These
two phases are usually referred to as two plus one. In the third phase, all three interact together as the child plays with both parents. In the fourth phase, the child is the third party as the parents interact.

The LTP analyses the degree of interaction between the triad and the four levels of interaction are coded. Is everybody included, do they keep to the roles they have been given, do all the members have a joint focus and are they emotionally engaged in both the active role and the third party role?

The Swedish study that started in 1996 was part of an international collaboration to describe the development of triadic interaction in four groups: Twenty Swiss German-speaking families, twenty Swiss French-speaking families, twenty American families in Seattle, Washington, USA, and twenty Swedish families. For the Swedish part of the study, the researchers recruited couples that were expecting their first-born child at a maternity healthcare clinic in Stockholm. The Swedish families were controlled for age, socioeconomic factors, marital satisfaction and physical and psychological health.

The Lausanne coding system of the four different alliances were used in all three countries and the teams in Basel, Seattle, and Stockholm developed their own coding systems. The Swedish coding system, which was called the Child-Parents-Interaction Coding System (CPICS), was developed to analyze quantitative and qualitative variables in triadic interactions (Hedenbro & Lidén, 2002). The CPICS was used by Swedish coders to analyze the LTP observations from all the countries, in addition to the video recordings that were made in subject’s homes for the Swedish sample.

The multicenter study finished when the children were four years old, but the Swedish project continued and I recently met the families as the children turned twenty years old.

This paper focuses on how the findings of such studies can be transferred into clinical practice by using the LTP to combine the research findings, using the CPICS to analyze the interaction, and adopting the clinical mindset and procedures from Marte Mio. In this paper these combined techniques are referred to as the Micro Analysis and Family Intervention.

The LTP setting
In the LTP setting (Fivaz-Depeursinge, Frascarolo & Corboz-Warnery, 1996), the parents and the baby, child or adolescent are placed in a separate seat in a triangle, with the parents’ seats oriented towards them. The chair is changed depending on the age of the child. If the subject is a baby, then they are placed
in a special chair that can be adjusted for comfort and is placed in one of three positions, facing either parent or between them. A children’s seat or a regular seat are used for older children, and they are not directed in any particular way. Observations begin when the family has become used to the setting and they are videotaped using two time-synchronized cameras, one facing the parents and the other facing their offspring. The parents are given these tasks, as outlined above, which cover each of the four possible configurations of a triadic relationship: the mother or father play with the infant, both play with the infant, or they simply interact with each other in the presence of the infant or child.

Up to nine months of age no toys are required, and then toys are selected that are appropriate for the child’s age. When the children are older, stories are used, such as preparing for the birthday of a younger child, or preparing the adolescent to be by themselves when the parents are going away for a weekend. The instructions and settings for the three first tasks are designed to make the parents focus on the child. Because the LTP is based on a standardized setting that allows all the four subsystems described in family system theory to be observed—mother-child, father-child, mother-father-child, mother-father—it is a good way to study interactions between the individuals and dyads in the triad. The instructions state mother-father, but it can refer to any two parents, which could also be two mothers or two fathers. In the Swedish study, the development of triadic interaction was monitored by repeated, videotaped LTP observations when the child was three, nine, 18 and 48 months of age. When I started my research using the LTP paradigm, I combined the triadic play in the studio with filming dyadic and triadic situations at the subjects’ homes. This was conducted when the infant was three and nine months of age and the idea behind it was to see whether there were differences between the home and studio settings, a question that had not previously been analyzed. We used CPICS to describe interaction during the LTP tasks over time, with regard to microelements and sequences like contributions, turn-takings, affirmation, and other variables in the CPICS. In addition, coding variables that covered the total triadic interaction such as synchrony and exclusion (Hedenbro, 2006) were used. Results from the multi-center study have been published (Shapiro, Hedenbro & Gottman, 2006; Hedenbro & Jonsson, 2006; Hedenbro & Tjus, 2006). These indicated that the CPICS was very sensitive with regard to problems in child development and social competence. This encouraged me to find a way to develop the clinical version that I now use when working with families.
The importance of a structured situation

The LTP is based on four phases of interaction as described above, and one of the issues with this is that in two of these the mother or father is simply present; and in one of these they are interacting with each other and not the child. This can be a challenge for the “third party” member who is “only present” in a given scenario. A critical issue is whether they can maintain their third party role while also remaining emotionally engaged with what is taking place in the dyad. We need to monitor their reactions if the third party member is also included or excluded from scenarios and it is very important to note whether the child excludes themselves or is being excluded from the scenarios. That clearly needs to be understood and worked on. By observing how the triad interact in the four pre-set scenarios, we can work out how the parents can best interact with their child, but also develop a better understanding of what mental working model they have for three-way interaction and being three. It is also possible to see if the mother or father is happy simply to watch while their partner interacts with their child or whether the relationship works best when both are involved. Fivaz discussed this as a necessary part of how the family alliance functions in the triad of mother, father, and child (Fivaz, 1996).

Simply being an uninvolved third party in the triad may evoke feelings. This is an experience that toddlers are exposed to in preschool when they play in groups but are not always active themselves. Researchers have shown early interaction in the family has an important relationship with social competence (James McHale & Rasmussen, 1998; Hedenbro & Jonsson, 2006).

Triadic filming in the home situation

Home visits were made to the family’s home to video record the interactions when the children were three and nine months old. At three months, the mother, father, and child were asked to play together like they normally did at home. The situation took 10–15 minutes and was not structured according to the four phases of the LTP. At nine months they were asked to play with the baby in mother-baby and father-baby dyads, and both parents were asked to change the baby’s nappy. The similarities and differences are currently being analyzed and the main research question is whether the parents behave the same way when the other parent does or does not watch the interaction.
Video filming in families’ homes compared to in a studio

It is important to point out that the video filming in the families’ homes and in the studio were not directly comparable as the task in the home did not follow the four LTP phases. We observed that when they were in their own homes during free-play sessions, the families displayed the same four phases as in the structured LTP setting in the studio. However, most of the families did not display the rapid and distinct changes between the different phases in the LTP. The changes happened in a quite natural back-and-forth way while engaging in free play. For example, the mother and father might play with the child separately for a few minutes at a time, and then together, and then they might have a short discussion while the baby observed.

The use of toys

At three months the families paid a second visit to the studio to engage in the LTP scenarios. A week later they were video filmed in their homes and asked to play naturally as they would do at home.

It was noted that during infancy parents gave their children space to interact. The parents did not simply respond to their children’s initiatives; they also took a step back to allow the child’s normal behavior to be the starting point for the child and parent interaction. This meant that the parents were less likely to introduce something that provided the starting point for interaction. This pattern persisted up to the age of 48 months.

The types of contributions that the child made varied over time. For example, when the child was three months old the parents treated all of his/her behaviors as the starting point for interaction, but as the child got older these became more specific and could be related to verbal or nonverbal communication. When both parents actively interact with their child, as in scenario three of the LTP, which involves all members of the triad, they build on each other’s contributions so that all three parties are included and engaged and there is a flow in the communication. This synchronized interaction is due to the same phenomena as reciprocity in a dyadic interaction and reinforces the importance of supporting the child in turn-taking sequences (Hedenbro, 2006).

A major finding in this study was that parents introduced more toys to their child at three and nine months if the children and the parents experienced more difficulties with turn-taking. Even though the number was small, it suggests that the children who needed the most training in turn-taking were not getting it. One reason for this could be that their parents did not understand the role of
turn-taking and the importance of training the child to interact in this way. This, however, also reflected earlier parental feelings and experiences. For example, a couple of the mothers clearly felt rejected, as they said “you are not at all interested in me” and “mom is no fun” to their child. That could be why they then decided to introduce more toys to their child. It was easier to do that in the family home than when they were being observed in the studio. In the longitudinal study, we observed that there was an association between more toys being introduced at three months of age and children who later developed communication difficulties. However, the parents had to follow the instructions more strictly in the studio.

Micro Analyses and Family Intervention—the combined model for clinical use
I have made some adaptations to the LTP setting so that it can be used in a clinical context during consultations and treatment in the clinic or family home. Families are asked to carry out all four phrases of the LTP as part of the treatment, but it is only taped using one camera, not the two cameras used in research settings. The camera is focused on the child and a mirror is placed behind them so that we can see the parents’ faces. The film is analyzed according to a version of the CPICS that has been adapted for clinical use. The therapist reviews the LTP with the parents during a subsequent session without the baby or child present. In Stockholm the LTP model has now been used for over a decade; it is now in the guidelines for child psychiatry in the city and its use is spreading nationally. Another area where the method is used is foster care. When the child is placed in a new family, the foster parents are given three film sessions and three review sessions. This is to help the foster parents understand what the child needs and what strategies the child is unconsciously using because of earlier experiences. It also helps them to work together as foster parents, which is something that is highly necessary when dealing with children who have had many difficult experiences earlier in life. The use of interaction guidance plays an important role in the process when used in combination with LTP in a clinical context. That is why the model is called the Micro Analyses and Family Intervention. As some of the differences in the observations of the interaction have been mentioned in the text describing the LTP method, I will now focus on the transitions and the review session.
The transitions
In the LTP setting, the changes between the phases make it possible to analyze who initiates the transition—namely, the active or passive partner. This provides some information about who is structuring the task and we can sometimes tell who is taking the lead in the interaction. If the transition involves the child, it is interesting to see if this is done in a verbal or non-verbal way. In the research group, the transitions were verbal and involved the partner, but quite often they also included the child or even the baby.

These transitions became the focus of attention when we started using the method in a clinical setting—in child psychiatry with children of various ages and with a range of problems, for example. The families that engage in the LTP method rarely use verbal communication when they make the transition. The parents often use signals, such as a vague nod of the head or a gentle kick under the table, or one independently takes the lead and makes the transition happen. It appears that the parents believe that they should not make changes obvious and no words are needed. Sometimes when this happens the child looks lost and confused and tries to understand, while at other times the children simply accept the transition and do not react.

Focusing on the transitions can guide the family so that they make sure that everybody is involved in a clear, open and communicative way. This can be used to help the parents to scaffold the child, while maintaining the hierarchy in the family, where the parents work together in the lead position.

The review session
The review session is therapeutic, not psychoeducative. Some of the work focuses on interaction guidance—for example, the microelements of acknowledgement and affirmation of the children’s signals and emotions. The focus of the analysis is always the questions that the families have and the difficulties that they experience. The parents normally take part in the review session without the child being present, as this makes it easier for them to see the child with new eyes and focus on their emotions and needs, not just their behaviors. However, young infants are sometimes part of the session and there can be parallel interventions in the room as well as the analysis of the film that can be worked on. The review session takes place approximately one week after filming and the sequences from the film are chosen carefully. The first video-feedback moments that are chosen encourage the parents to interact with their child. Then film sequences showing other perspectives of the child and the parents’
interactions are shown. This helps to give the parents space for reflection and mentalization. The video sequences usually last about five minutes and they can be rewound or played in slow motion to emphasize moments in the interaction or the child’s signals or emotions. When the next filming takes place, the therapist takes the next step and builds on what was achieved by the first film.

Sometimes it is necessary to show difficult moments to validate that the therapist understands the parents and the difficulties they are having with the child.

Moments from all four phases of the LTP are edited in a way that tries to complement each other. For example, the father may have a very nice tone of voice and affirm the child’s contribution nicely. The mother may have difficulty with achieving this and has a child that seeks eye contact with her before strong negative emotions are shown. Showing the mother that the child was looking for that contact could help the mother understand that she needs to look at the child more frequently, and it could help both parents to understand that they can regulate the child’s emotions at an early age.

This emphasizes that their roles are different but important and that they need to include and support each other as parents. If that support is not given during the actual LTP play, the review session provides an opportunity to help the parents to support and share feelings and thoughts with each other.

Strengths are pointed out to the family as well as areas of concern, and a special focus is to find positive moments within problematic interactions. For example, the mother may say that she does not feel important to the child and sees no signs of the child showing that. One approach is to show pictures of the child looking at their mother. The therapist can use this opportunity to help the mother change her inner representations, as well as helping the couple to share this positive moment. It may be that the mother’s feelings are influenced by the father, who does not appreciate the mother or feels she is not handling the infant or child in the right way. The therapist can help the father to support the mother and encourage her to see that her partner will grow to support her more in her role as a mother.

A major development for us is to use the LTP with interaction guidance and combine it with a systemic approach. We have found that this combination of micro-analytical and family systemic work is very important for children with hyperactivity problems or emotion-regulation difficulties. The structured LTP situation makes it possible to analyze the issues and encourage the parents to work with a shared focus and to co-parent. It is easy for parents to act inde-
pendently when they try to encourage a child to stay focused—for example, when they are playing a game. It is, however, so much more powerful and helpful when the parents share the focus and support each other. This is as true for the two parts of the LTP when just one parent is active with the child, as well as when all three are playing together. When a parent is simply present in parts one and two of the LTP, they can still be focused and engaged on what is happening and that is supportive to both the active parent and the child. In part three, when the parents are both engaged with the child, the way that they coordinate their communication can help the child, or may not.

The LTP can be used at the very start of the assessment to inform the therapist, but without the review session. It can be useful to enact the LTP to make sure the family has understood the intervention and how they will be able to use it.

If the LTP is used as an assessment tool, it is also used at the end of treatment. When it is used during the treatment process, it can be used several times if the family system needs to be worked on. It can also form the start of a treatment if the therapist needs to decide how to continue the treatment or assessments. The most important way of using the LTP is to provide feedback to the family and that is why it is so important to choose the video sequences that the parents will see during the review sessions.

Discussion

In 1985, Patricia Minuchin stated that a newborn family is an entire system, with the following subsystems: child–mother; child–father; child–mother–father; husband and wife. Each subsystem regulates and mutually influences each other, and is sensitive to changes and developments in the other subsystems. She further argued that the family’s combined interaction in all subsystems forms a process on a higher level, and that this decides how the entire system forms, develops and functions. Therefore, it is important to use the LTP situation as it focuses attention on all the subsystems in the family, as well as putting the spotlight on the child and its contribution to the family process. It is not just the child who forms part of the triangle in the family process: at three months of age, he/she is already able to distribute his/her attention and affect signals between both parents (Fivaz-Depeursinge, 1998). At nine months, when he/she reaches the secondary inter-subjective stage, the infant is capable of making triangular bids (Fivaz-Depeursinge et al., 2005). Seeing the child outside the clinical sample context allows us to understand the competence that
they have already developed at this early age and it is helpful when it comes to understanding the difficulties of older children. This method also makes it possible to understand and support the functioning of co-parenting in the family we are working with.

A little-discussed aspect of co-parenting is the communication between the parents when they discuss and share each other’s different ideas of child rearing. This is also needed when they are playing with their child. Well-functioning families discuss and accommodate one another’s ideas and feelings and find similar ways to move forward. This has a positive impact on the parents and makes daily life more predictable for the child. On the other hand, lack of communication can lead to a lack of synchrony, even if the individuals are competent parents. The children receive mixed messages from the parents and the parents can behave one way when they are alone with the child and another way when they are together as a family (McHale & Rasmussen, 1998). The review sessions help the parents to put their inner feelings into words and share them with each other in a way that helps both the child and the development of their co-parenting skills.

References


