

RESEARCH ARTICLE

Working with Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD): A case study

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Abstract

Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD), based on attachment theory and social learning theory, is an intervention aimed at enhancing sensitivity and firm limit setting in parents, and reducing behavior problems in children. The VIPP-SD program has been tested in populations of vulnerable children and parents at risk in twelve randomized controlled trials, and shows significant effects on both positive parenting and child outcomes. Here, we present a case study of an adoptive mother and her two-and-a-half-year-old adopted daughter. During the VIPP-SD program, including one introduction visit and six intervention sessions with video feedback, the mother-child interaction revealed important changes in positive parenting and child outcomes. By describing the intervention process in some detail we hope to shed light on how the VIPP-SD program can be used by clinicians and practitioners who support families in need of parenting support.

KEYWORDS

attachment theory, behavior problems, sensitive parenting, social learning theory, VIPP-SD, video-feedback intervention

1 | INTRODUCTION

Many families with vulnerable children or parents at risk need parenting support to help them deal with their mental health problems. Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; Bakermans-Kranenburg, Juffer, & Van IJzendoorn, in press; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008, 2017a, 2017b) is aimed at enhancing sensitivity and firm limit setting in parents, and reducing behavior problems in children. The effectiveness of VIPP-SD has been tested in randomized controlled trials and analyzed in a meta-analysis of parent and child outcomes. In this contribution, we elaborate on the intervention process of a case study, with an adoptive mother receiving VIPP-SD to support her with the upbringing of her two-and-a-half-year-old adopted daughter.

1.1 | Theoretical background

VIPP-SD is based on principles from attachment theory and social learning theory, particularly coercion theory (Patterson, 1982). According to attachment theory (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1988) and confirmed by meta-analytical evidence (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003), parental sensitivity is the key to secure child-parent attachment relationships. Parental sensitivity is the ability to accurately perceive and interpret the child's signals and respond to these signals in an adequate and prompt way (Ainsworth et al., 1978), thus promoting secure attachment in children. Meta-analytical research has shown that securely attached children show more social competence and fewer externalizing and internalizing behavior problems than insecurely attached children (Groh, Fearon, Van IJzendoorn, Bakermans-Kranenburg, & Roisman, 2017).

While sensitivity is the central parenting concept in attachment theory, coercion theory emphasizes how ineffective parental discipline strategies result in increasingly difficult child behavior ("coercive cycles"; Patterson, 1982). Instead of rewarding negative child reactions—without intending to do so—by giving in to difficult child behavior, parents should reinforce children's positive behaviors and set effective limits.

In the VIPP-SD program, concepts from both attachment theory and coercion theory are used during the video-feedback intervention. The program can be implemented without the Sensitive-Discipline component (VIPP; often used with parents of infants up to their first birthday) or with this component (VIPP-SD) when families with 'terrible twos' and older children are targeted.

1.2 | Effectiveness of VIPP-SD

The effectiveness of VIPP-SD has been examined in twelve randomized controlled trials, in various samples of children at risk, parents at risk or in special situations, and in childcare settings. The studies with children at risk include adopted children (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2005), children at risk of externalizing problem behavior (Van Zeijl et al., 2006), children with autism, and infants at risk of autism (Green et al., 2015). The studies with parents at risk or in special situations include insecure or insensitive parents, parents with eating disorders, maltreating parents, ethnic minority parents, and highly deprived, high-risk parents in a poverty context (for an overview see Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017a).

We meta-analyzed the results of the twelve randomized controlled trials (including 1,116 parents and caregivers; Juffer et al., 2017a, 2017b) testing the effectiveness of VIPP-SD on sensitive parenting. The meta-analysis showed a substantial combined effect size of $d = .47$. This implies that sensitive parenting increased with about half a standard deviation as a result of participation in the VIPP-SD program. The combined effect size for improved child outcomes was $d = .37$. Four studies assessed the effects of VIPP-SD on attachment and seven studies measured the effects on child problem behavior. At follow-up assessments, the effects on child problem behavior remained of similar strength over time. VIPP-SD thus promoted sensitive parenting as well as short-term and long-term improvement in children's social-emotional development.

The conclusion that VIPP-SD is an effective intervention holds promise for clinicians and practitioners who work with families in need of parenting support. It also raises questions about the intervention process: How does VIPP-SD work and how can it be implemented in parents and children? To address these issues, we present a case study of an adoptive mother who was involved in VIPP-SD. Before turning to the details of this case study, we first briefly elaborate on the background of adopted children.

1.3 | Supporting adoptive parents

Adopted children's social-emotional development may be negatively affected by preadoption adversities, including separations, neglect, or abuse during early childhood. However, their development is also likely influenced by post-adoptive processes and experiences (Palacios & Brodzinsky, 2010), such as adoptive family characteristics, interactions within the adoptive family, and (indirectly) by interventions that aim at supporting adoptive parents.

Meta-analytical evidence shows that adopted children's development is severely compromised by preadoption deprivation, resulting in delays in most developmental domains, including physical growth, attachment, cognition, and social-emotional behavior problems. At the same time, after adoption into usually nurturing and stimulating adoptive families, adopted children show a remarkable, massive catch-up in all domains of development (Van IJzendoorn & Juffer, 2006). Nevertheless, adopted children lag behind compared with their nonadopted peers, particularly with respect to attachment and—to a lesser extent—behavior problems. A meta-analysis found a significant risk of insecure attachment for children adopted after their first birthday and a risk of insecure disorganized attachment regardless of age at adoption (Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009). Adoptees also show somewhat more behavior problems than nonadopted comparisons and they are overrepresented in mental health services (for a meta-analysis see Juffer & Van IJzendoorn, 2005).

Interventions focusing on sensitive parenting may support adoptive parents and contribute to a more optimal social-emotional development of the adopted children. A first version of VIPP (without the Sensitive-Discipline component) proved to be effective in adoptive families and resulted in increased sensitive parenting and lower rates of adopted infants' insecure disorganized attachment (Juffer et al., 2005). In that study, VIPP was implemented before children's first birthday. In our case study, VIPP-SD was used in an adoptive family with a two-and-a-half-year-old child.

2 | CASE ILLUSTRATION

Sessions in the VIPP-SD program closely follow the protocol for that specific session as outlined in the VIPP-SD manual (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2015). We therefore describe the general intervention structure and themes throughout our case illustration. At the same time, VIPP-SD interveners always work with unique video fragments of specific parents and children; thus, we also present personal details throughout our case study of an adoptive mother, Noah, and her adopted daughter Ava (names and details changed for anonymity).

2.1 | Presenting problem and client description

Ava was placed with Noah and her partner John when Ava was 2 years old. Ava was born to a 16-year-old birth mother who lived with her mother and stepfather. Because the birth mother (and her parents) could not take care of the newborn infant, Ava was placed in a temporary foster family for 4 months and then in kinship foster care (with an aunt) for 14 months, but this placement ended in an out-of-home placement after signs of abuse. After another temporary placement Ava's birth mother decided that she wanted a permanent adoptive family for her child and at the age of 2 years Ava was placed with Noah and John. The prospective adoptive parents had the intention to officially adopt her after taking care of Ava for one year (a legal requirement). During this year, they applied for help to support them with the upbringing of Ava.

When Noah came into contact with the VIPP-SD intervener Ava had been living with Noah and John for 6 months. Noah was the primary caregiver, taking care of Ava all day, while John worked as a full-time teacher. Noah expressed her worries about Ava's behavior: Ava seemed to avoid playful physical contact and she wondered whether that was an indication of attachment problems. After further questioning about this issue, Noah noted that she and John had heard about the prevalence of attachment problems in adopted children in the preparation course that they had completed before their application as prospective adoptive parents. Also, Ava was often disobedient, not listening to Noah's commands or rules. Noah hoped that VIPP-SD could help improve her relationship with Ava and she also was eager to hear suggestions about dealing with Ava's challenging behavior.

2.2 | Case formulation

2.2.1 | Introduction visit

The VIPP-SD program started with an introduction visit at Noah's home. During this introduction visit, the intervener introduced herself and explained what would happen during the next sessions. In each of the future visits a brief video

recording of Noah and Ava would be made, and then the intervener and Noah would watch the video of the previous visit and talk about Ava's behavior and perspective. The role of Noah as the expert on Ava's behavior was explicitly acknowledged by the intervener: "I will try to comment from my point of view, with the general knowledge I have about children, but it is *you* who is the expert on Ava because you spend time with her every day." The intervener checked whether the outline of the intervention sessions was clear and—after Noah's confirmation—continued to introduce the video recordings of this visit.

2.2.2 | Filming

The intervener noted that in the beginning it could be quite difficult for Noah to play with Ava or to perform a task with her in front of a camera. For most parents this is hard, especially when their child does not cooperate or shows challenging behavior. The intervener explained that she would record all of Ava's behavior, including happy and playful behavior, but also protesting or crying. She further noted that if Ava did not cooperate, Noah could do what she would normally do in such a situation. The intervener also explained that she would refrain from speaking during the filming to make the recording as nonintrusive as possible. Of course, Noah was encouraged to talk with Ava as she normally would do.

The intervener started filming three episodes of a few minutes each: Ava playing alone, Noah and Ava playing together, and a "Don't touch" task. The intervener brought some age appropriate toys for these episodes with her. During the third episode Noah was asked to not allow Ava to play with some of the toys, after explaining why such a situation is filmed. For young children, a remote control or a cup of hot tea seem to be attractive toys, but children are not allowed to touch everything because of their own security or, for example, because parents don't want them to touch toys in a shop.

The intervener then recorded the three episodes, while stopping after each episode and repeating the instruction for the next one. After the filming, the visit came to an end and the intervener made an appointment for the next visit about two weeks later.

2.2.3 | Profile

Before the intervention session and based on the video fragments of the introduction visit, the intervener made a profile of the parent-child interaction of Noah and Ava, using the 15 profile descriptions in the manual of the VIPP-SD program (Juffer et al., 2015). The profile items can be seen as the concrete behaviors needed to be a sensitive parent, meaning a parent who reacts responsively to the seeking of (physical) contact by the child, who does not interfere when the child is discovering the environment, who is affective when playing with the child, and who is empathic when disciplining the child. The intervener selected profile items that applied to Noah that reflected those aspects of her parenting that were already sensitive (to be emphasized during all intervention sessions) and some profile items that should be worked on as opportunities for change ("corrective messages" during sessions 3–6, see below). As an example of a profile item that matched Noah's behavior, the intervener noted that Noah showed warmth in her voice and facial expressions when interacting with Ava. As an example of a profile item to be worked on, the intervener noted that Noah was so eager to help Ava that she often interfered with her daughter's play behavior.

Finally, based on the video fragments of the introduction visit and using the information about the first intervention session in the VIPP-SD manual, the intervener prepared her video feedback for the next visit.

2.3 | Course of treatment

2.3.1 | Standard VIPP-SD

Before continuing with our case study, we first describe the main general features of the VIPP-SD program. After the introduction visit (at home or at a mental health care center), the intervention program starts. The six intervention sessions are home-based and last for about one-and-a-half hour each. The time between the first four sessions is ideally about two weeks and between the booster sessions 5 and 6 one to two months. During the first part of each home visit,

TABLE 1 Themes in the VIPP-SD program

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

the intervener films brief episodes of parent–child interaction. During the second part of the session, the intervener and the parent watch the recorded fragments of the previous visit on the television and the intervener uses the method of video feedback. The intervener comments on the recorded fragments by verbalizing the child's behavior, reinforcing positive parenting behavior, and emphasizing enjoyable parent–child interactions. Video-feedback may serve as a mirror to see and reflect on one's own parenting behavior (Bakermans-Kranenburg et al., in press), supported by an intervener who is providing feedback to the parent on relevant aspects of the parent's own parent–child interactions.

The intervener shows the whole video recording, while pausing every now and then to show the parent a positive moment or asking a question about the child's behavior. Positive interaction moments are always emphasized during the video feedback. Focusing on positive interactions serves the goal of showing the mother that she is able to act as a sensitive, competent parent: She should feel empowered by positive feedback instead of incompetent because of negative feedback. Also, the intervener may repeat a brief fragment to highlight what happened on the video or to emphasize effective parent–child exchanges.

Before the intervention, the intervener has prepared a "script" in which specific time codes of the recording and the messages that she wants to convey at those moments have been written down, based on the themes and guidelines in the VIPP-SD manual. During the whole session the intervener also offers openings for the parent to contribute to the conversation by asking her questions or by encouraging the parent—as the expert of her child—to comment on the child's behavior.

Each individual intervention in the VIPP-SD program follows the same structure and has specific themes. The themes, displayed in Table 1, cover the domains of sensitive parenting and sensitive discipline. During the first and second intervention sessions the focus is on the child's behavior with the aim to support the parent to accurately observe and interpret the child's behavior and emotional expressions (the first part of the construct of parental sensitivity; Ainsworth et al., 1978). During the third and fourth sessions, an additional focus is on the parent's behavior with the aim of reinforcing and encouraging (more) sensitive and emotionally attuned parental reactions (the second part of the construct of parental sensitivity). These "corrective messages" are, however, postponed to the third and later intervention sessions, so that the intervener and parent have had some time to build a working relationship. During the fifth and sixth booster sessions all themes are repeated.

2.3.2 | Session 1

The intervener started with filming Noah and Ava during brief episodes of playing, clearing up toys, and reading a book together. After Noah had put Ava to bed for her afternoon nap, the session continued with providing video feedback on the fragments filmed in the introduction visit, using the themes as presented in Table 1.

Sensitive parenting: Attachment and exploration

By showing the difference between children's attachment and exploration behavior based on the video recordings, parents learn to understand when and how their child needs them: as a secure base when the child needs their emotional support, and providing the child with opportunities to discover the world through playing and learning.

The intervener showed Noah relevant moments on the video: Images of Ava making eye contact or moving toward Noah were used to illustrate Ava's attachment behavior, whereas moments of Ava's play behavior when handling a toy truck with blocks were used to illustrate exploration. The intervener explained that these behaviors ask for differential parental reactions: Children's attachment signals should be met with prompt, adequate reactions, whereas children's play should be met with support without interfering with the child's activities. The intervener told Noah that explorative play is important for Ava because she learns a lot from the play material, for example, moving parts, forms, and so on. At the same time, playing together provides Ava with an extra dimension compared with playing alone: Her initiatives are responded to, making her feel understood, and moments of joy can be shared. Pausing the video at a moment of happy mutual eye contact, the intervener added that the video clearly illustrates how important Noah is for Ava: "The blocks in the toy truck do not smile back to her, you do!." Noah replied that this video image made her feel very proud. She had not realized that Ava was seeking eye contact so often during playing together.

Sensitive discipline: Inductive discipline and distraction

During this session, parents are encouraged to use inductive discipline by explaining to the child the reason for their commands, thus helping the child to internalize parental rules and develop empathy with other people's interests. Parents are also advised to use distraction as a sensitive way to support child compliance, for example, by giving the child attractive alternatives.

Following this latter suggestion, the intervener showed Noah on the video recording that distraction helped Ava to stay away from the toys that she was not allowed to touch in the 'Don't touch' task. When Noah started a game with animal sounds, Ava first reacted with curiosity and then joined Noah in imitating the sound of a cow and a rooster. The intervener explained that Noah thus successfully supported Ava's compliance with the difficult rule of not touching attractive toys. Noah was advised to use this technique of distraction during her daily interactions with Ava. The intervener added that it might also help to explain to Ava why she is (not) supposed to do something: "You can also try to habitually explain to Ava why she is not allowed to do something, for example not to touch a fragile vase, because it might break and you are very fond of this vase. This way you teach her why certain things are allowed whereas other things, that seem similar at first, are not." Noah asked the intervener whether Ava was not too young for this kind of explanations, and the intervener replied that young children already start to understand such messages from their first birthday onward.

2.3.3 | Session 2

This time the intervener made a video recording of Noah and Ava having lunch together. While Ava was taking her afternoon nap, the session continued with the video-feedback intervention, with the intervener showing and discussing the fragments recorded during the previous visit.

Sensitive parenting: "Speaking for the child"

The theme for this intervention session is "speaking for the child" (Carter, Osofsky, & Hann, 1991) by providing "subtitles" to the child's emotions, facial expressions, and behavior shown on the video. The parent is encouraged to verbalize the child's behavior on the video recordings as well, thus practicing observational skills.

The intervener paused the recordings at moments that Ava was playing on her own, and verbalized that Ava was really interested in the toys and how concentrated—with a very serious facial expression—she was trying to find out how the toys worked. She explained that children of Ava's age want to do everything themselves. During play, children can be allowed to be the "boss" and have the initiative, while during everyday life, the parent is, of course, setting the limits and rules. It is nice for Ava to take the lead during play as she thus learns the difference between playing and other parts of life. Noah replied that the video made her aware of how skillfully Ava was handling the toys on her own. She was also somewhat surprised because she had always thought that Ava was lagging behind—as a result of her adverse early childhood experiences—and that as a parent she had to fill in the gaps to overcome Ava's delays. Noah now began to see how Ava enjoyed the moments when her mother was following Ava's lead during play.

Sensitive discipline: Positive reinforcement

During this session, parents learn to use more positive reinforcement, for example, by giving compliments for compliant child behavior, and by ignoring challenging child behaviors. They are also told that not only distraction (see session 1) but postponing an activity might also help as a sensitive discipline technique.

With respect to postponing, the intervener explained that sometimes it may be useful to tell Ava that although she is not allowed to do something at this very moment, she can do it at another time. For example, when toys have to be cleared up because it is lunch time, Noah could tell Ava that after lunch she can play with the toys again.

The intervener repeated fragments in which Noah gave a compliment to Ava, for example, when Ava managed to solve a difficult puzzle. Using the recordings, she pointed out how happy and proud Ava reacted to Noah's compliments and how they were peacefully playing together afterward. The intervener explained that research has shown that it works much better to praise your child and give compliments when she does things well than to punish her when things go wrong. Sometimes it is even better to ignore naughty or difficult behavior because that way your child is not receiving attention for that type of behavior. The intervener summarized this message by saying: "Because you are so important for Ava, she really loves to have your attention and compliments, and that is why it works so well to praise Ava when you want her to listen to you or be compliant." At the end of the session, the intervener asked Noah to count how many times a day she praised Ava, and then to try to double the number of compliments the next day.

2.3.4 | Session 3

The intervener started with recording brief episodes of Noah and Ava playing "with a rule" (for an explanation see session 4), doing a singing game, and performing a task together. When Ava was asleep, the intervener provided video feedback on the lunch recordings of the previous visit.

Sensitive parenting: Sensitivity chains

In this session, sensitivity chains are used to illustrate moments of positive interactions on the video recordings, that is: a signal of the child (e.g., crying), followed by an adequate response of the parent (comforting), and then the child's reaction (being reassured). From this session onward, the focus of the intervention is not only on the child's behavior but also on the parent's behavior. Thus "corrective messages" can be given to support more positive parenting behavior.

The intervener showed on the recorded fragments several sensitivity chains in which Noah adequately responded to Ava's initiatives. In one of these interactions, Ava reached for the cheese to put on her sandwich, Noah noticed this and gave her a slice of cheese, and Ava put the cheese on her sandwich and proudly showed it to Noah. The intervener repeated this fragment, while pointing out the three components of, respectively, Ava's signal, Noah's response, and Ava's reaction. The intervener also explained to Noah that such interactions are important for Ava (and for children in general) because these experiences will contribute to Ava trusting her mother to attend to her needs and help her if necessary.

The intervener then used the recording of Ava and Noah playing with a toy train on the table (when the meal was almost finished). She showed one fragment in which Noah put the three train wagons together before Ava could have tried it by herself, and a second fragment in which Ava did get the chance to disconnect and reconnect the wagons herself. The intervener told Noah that she could have followed the lead of Ava in the first fragment, as she actually did in the second fragment. With this corrective message, the intervener used Noah's own behavior as a model for change, thus giving the implicit message that Noah is indeed competent and able to follow Ava's lead. The intervener emphasized how well it worked for Ava when she tried to do it by herself, while Noah was encouraging her verbally, and praising her afterward. The intervener thus showed Noah that her well-intended behavior to help Ava to overcome her delays could be put in a different frame: Instead of solving things for Ava during play, she could encourage Ava to do it by herself, and helping Ava if she asked for support.

Sensitive discipline: Sensitive time-out

During this session, parents get detailed information about a “sensitive time-out” as a way of dealing with difficult child behavior, making them aware of ways to sensitively deescalate temper tantrums. The intervener always explains that the time-out method should be a last resort and it is pointed out how to use time-out in a sensitive way, for example by maintaining contact with the child and remaining available as a secure base (e.g., locating the time-out spot in sight of the parent). The other strategies of sensitive disciplining (distraction, postponing, and giving compliments) are also repeated.

The intervener showed on the recordings an image of Noah praising Ava when she helped to clear up the toy train wagons when it was time for Ava's afternoon nap. The intervener asked whether Noah had thought of the tip of counting and doubling compliments. Although Noah had not counted the number of compliments during the last week, she was more aware of Ava's reactions when she praised her. Noah said that the compliments really worked most of the time and she was praising Ava more deliberately now.

2.3.5 | Session 4

The visit started with filming three brief episodes of Noah and Ava playing together, clearing up the toys and reading a book, followed by the video intervention.

Sensitive parenting: Sharing emotions

During this session, moments of shared emotions are highlighted, for example, comforting a sad child, or sharing joy during playing together. All themes and techniques from the previous sessions (e.g., speaking for the child, sensitivity chains) are repeated as well.

The intervener began with showing the situation “playing with a rule,” that is, Noah was only allowed to respond to Ava's initiatives during play, without starting an initiative herself. At the beginning of this fragment, Noah said that this had been an extremely difficult task for her. At several moments, she almost had forced a solution when Ava was trying to put different forms in the right order, but she managed to just look at Ava's efforts. Noah thought this has been a very good exercise for her to follow Ava's lead.

The intervener also showed the previous session's recordings of doing a singing game. In this situation, Ava did not want to move to Noah when Noah suggested a singing game that Ava did not know. Ava actively resisted her mother's invitations and got upset. The intervener highlighted the moment that Noah empathized with Ava's distress and comforted her. The intervener explained that when parents share their child's positive and negative emotions, children will feel supported to openly express their feelings. The intervener then showed how Noah managed to convince Ava to cooperate by suggesting a familiar singing game, and how this helped Ava to engage in, first, the familiar game and, then, in the new game. At the end of this episode, Noah and Ava were enthusiastically singing and laughing together, and the intervener repeated her message of shared (positive) emotions.

Sensitive discipline: Empathy for the child

During this session, parents are encouraged to share the feelings of their child in difficult moments. In that way parents show and teach their child empathy, that is, understanding and identifying with the perspective of the other person. To convey this message during the video feedback, the intervener showed the recordings of Noah and Ava doing a task together, building a complicated wooden tower. When Ava became angry because the tower fell down, Noah told Ava that she could understand her frustration. She continued by assuring Ava that they would try again, and at the end of the recordings both Ava and Noah were satisfied to see a beautiful, complete wooden tower.

After questioning about the sensitive time out, Noah said that she had tried it last week when Ava was having a tantrum when television time was over. Although it took quite a long time before Ava settled down, Noah felt that in the long run this strategy might help her cope with Ava's challenging behavior.

2.3.6 | Sessions 5 and 6

As in the previous visits, these booster sessions start with recording brief episodes of parent-child interaction, repeating some of the situations filmed during the previous visits. In the video-feedback intervention, all sensitive parenting and sensitive discipline themes are repeated and integrated. Newly acquired parenting behaviors can thus be reinforced and possible changes consolidated, while there is room to address possible (new) concerns or questions brought in by the parent. The second parent is invited to be present during the booster sessions, and often joins one or both of these sessions.

In Noah's case, it turned out that her partner John could be present at session 5 but he was not able to join session 6. In session 5, John showed much interest in the video recordings and the video feedback. After the session, he said that he was very positive about how the video showed—and “enlarged”, in his words—Ava's behavior and perspective.

When during session 6 the intervener showed a fragment of Noah and Ava playing together with a toy tea set, Noah pointed to one particular moment. She was about to take the toy tea pot to pour out tea in the cups and her hand was already halfway, but then suddenly she had realized that she should follow Ava's lead and she did not complete this movement. The intervener reinforced Noah's behavior and they both enjoyed how well this worked out for Ava, who started to play with the toy tea set in her own way, pouring out tea in the sugar can.

2.4 | Outcome and prognosis

At the end of the intervention, Noah told the intervener that she had really enjoyed the video feedback. The video recordings made Noah see how often her daughter was seeking eye contact with her, and how Ava gradually trusted her more and more in times of distress or frustration. Noah especially loved the video images paused at moments of shared joy, in which Ava was beaming with happiness. Noah thought that her relationship with Ava had developed in a positive direction. The video recordings also had shown Noah that Ava was more competent than she had thought before. Instead of focusing on Ava's delays resulting from the preadoption deprivation, Noah became aware that Ava was catching up very quickly, and that she was indeed a very competent toddler right now. Finally, Noah felt that the suggestions on how to set rules and limits with Ava were very helpful. In particular, giving more compliments and ignoring Ava's naughty behavior had helped her a lot.

The intervener noticed that Noah's parenting behavior had much improved: She was more sensitive and—in particular—less interfering in Noah's play. The latter aspect of parenting behavior had been one of the main profile items to be worked on (see section *Case Formulation*). The intervener had noticed some turning points in Noah's interfering behavior, for example when Noah realized how difficult playing “with a rule” (not having the initiative) for her was. Also, the moment that Noah was catching and correcting herself in the middle of a movement (in session 6) illustrated how her interfering behavior had positively changed into the direction of following the lead of her daughter's play. The intervener also noted that Noah praised Ava more often and that Noah used techniques like distraction or postponing, for example, when Ava protested when they had to clear up the toys.

During the intervention, Ava's behavior had also improved a lot. She was more responsive and less noncompliant. One of the turning points was the moment in session 4 when Noah emphasized with Ava's distress about starting an unfamiliar singing game and then suggested to start with a familiar game instead. Ava's hesitation disappeared when Noah was thus building a bridge between something familiar and something new.

The progress in Noah's and Ava's behavior very much resembled the changes found in the studies in which VIPP-SD was tested (see section *Introduction*). In meta-analyses of these VIPP-SD studies, we found improved positive parenting and positive child outcomes, in particular more attachment security and fewer behavior problems in children, not only immediately after the interventions but also some years later (Juffer et al., 2017a, 2017b).

3 | CLINICAL PRACTICES AND SUMMARY

Although VIPP-SD has been developed and tested in research contexts, it can be easily used in clinical practice. Indeed, the VIPP-SD program has been successfully implemented in various mental health settings and in adoption after-care

services. Several features of VIPP-SD can be mentioned with respect to its potential for use in clinical practice. First, a positive aspect of the VIPP-SD program is its short duration of only one introduction visit and six intervention sessions. Second, VIPP-SD is implemented in the home of the family and uses real-life video recordings of parent–child interactions, thus guaranteeing the ecological validity of the observations. Third, parents are empowered in their parenting skills: Positive interactions are reinforced and the parent's own behavior is used as a model of change. Parents are seen as the experts on their own child and they are encouraged to engage in speaking-for-the-child observations. Finally, VIPP-SD is flexible and can be integrated—as a building block—in a longer treatment plan or combined with other therapeutic components in a more comprehensive program.

3.1 | Video feedback

In VIPP-SD, the use of video feedback probably constitutes the most powerful ingredient in the process of changing parenting and child behavior. Parents are shown their child's perspective as well as their own parenting behavior as if they are looking in a mirror (Bakermans-Kranenburg et al., in press), while the intervener emphasizes and enlarges positive images. To date, making good-quality video recordings is quite feasible for clinicians and practitioners. Also, the video-feedback component can be adequately implemented in clinical practice. Yet, it would be a misunderstanding to think that any video feedback would do in VIPP-SD. Importantly, the content of the video feedback in VIPP-SD is structured according to the order of the sessions (focusing on child behavior only in the first two sessions and on parent and child behavior in later sessions) and inspired by the themes of the sessions (for example, sensitivity chains to support sensitive parenting and distraction to support sensitive discipline). The video feedback in VIPP-SD is thus at the same time standardized (delivering the same intervention messages to every parent) and individualized (working with specific and widely varying parent–child interactions).

3.2 | Alliance

Comparable to working with parents in clinical practice, in VIPP-SD, it is of paramount importance to build a solid relationship or alliance between the intervener and the parent (see also Bowlby, 1988). The structure of VIPP-SD, starting with a focus on child behavior only in the first sessions, is also based on the idea that a focus on the parent's own behavior should be postponed until the intervener has established a supportive, empathic working relationship with the parent. In the third and later sessions, this alliance should create a climate in which parents feel comfortable and secure enough to reflect on their own parenting behavior.

3.3 | Populations

VIPP-SD can be used in a wide range of clinical and nonclinical populations (see also section *Introduction*). For some populations, adaptations were made to the general program, although in most cases the changes were relatively modest. VIPP-SD has been successfully used in families with vulnerable or at-risk children, such as adopted children (our case study provides an illustration), children with externalizing behavior problems such as aggression, or children with Autism Spectrum Disorder. In addition, VIPP-SD also appears to be effective in families with parents at risk, for example, insecure or insensitive parents, highly deprived parents, or parents with an eating disorder. The evidence that VIPP-SD has been successfully implemented in a wide range of populations, including professional caregivers in home-based and center-based childcare, gives room for optimism about its efficacy and usefulness in other populations in need of parenting support.

3.4 | Training and implementation

Training in the VIPP-SD program is open to a relatively broad range of educational and vocational strata, including (child) psychologists, therapists, social workers, childcare workers, family coaches, and (mental) health professionals. After the 4-day training workshop, participants start with a practice case, supervised by a VIPP-SD trainer or supervisor. After having completed this practice case successfully, participants receive the certificate of VIPP-SD intervener.

When they start working with the program, new interveners are advised to join a VIPP-SD review group where peers learn from each other's experiences.

4 | CONCLUSIONS

VIPP-SD is an effective program aimed at enhancing sensitivity and firm limit setting in parents and reducing behavior problems in children. VIPP-SD has been tested in several nonclinical and clinical populations of vulnerable children and parents at risk. Here, we presented a case study of an adoptive mother and her two-and-a-half-year-old adopted daughter. During the brief VIPP-SD program, including one introduction visit and six intervention sessions with video feedback, the interaction of this mother and child revealed important changes in positive parenting and child outcomes. By describing the intervention process in some detail, it is hoped that we have shed light on how the VIPP-SD program can be used by clinicians and practitioners who support families in need of parenting support.

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