

PROVIDER RESOURCE

Using Video Review with Families During Infant Mental Health Home Visiting

“Making movies” with infants and young children and their parents offers important assessment and therapeutic opportunities, and what’s more, can be a lot of fun!

The process of recording and reviewing video with parents can be incorporated into assessment or treatment. While many clinicians feel a little anxious about this process at first, once providers and parents have seen how helpful and impactful video review can be they are generally hooked!

Why It Works

Many infant and early childhood interventions utilize video review to support the parent-child relationship. Meta-analyses (that is, studies that combine outcomes from numerous other studies to determine if there is an overall effect) of infant and early childhood mental health (IECMH) interventions have consistently demonstrated that video review with parents and their children enhances treatment effects and strengthens parenting^{1,2}. In other words, the data really do suggest that “seeing is believing”, and that video review is powerful. There are many reasons this might be true. One possibility is that stepping back and “observing together” with curiosity allows the provider to ask questions that prompt parent reflective functioning (e.g., “What do you think your baby might have been feeling when they did that?”) Another is that this offers a direct route for providers to emphasize strengths, moments of serve-and-return between baby and parent, and experiences of shared positive affect. Providers can notice strengths and see things that they and/or the parent might have missed in the moment. When clinicians share in the observation of “challenges” it allows the parent to feel seen and understood in the things that have brought them into care. Ultimately, collaboratively observing situates the parent as the expert, and when they observe things with you and identify what behaviors might ‘mean’ it allows them to truly “own” the conclusion.

Indeed, reviewing videos has powerful potential benefits for parent(s). While many parents have many videos of their child(ren), they often tell us that they rarely have the chance to see themselves interacting with their child. Reviewing video allows the parent to share their perspective about the interaction and emphasizes the special strengths and characteristics of the parent, baby and the relationship. This process can promote reflective functioning and perspective taking, which can improve the parent’s experiences in all relationships. As part of an intake or initial evaluation, the parent can identify and reflect on behaviors that



have been a source of concern but may also be supported to see their own and their infant’s strengths and capacities. They can be invited to share in the process of making observations that serve as a basis for discussion about diagnostic feedback and recommendations. Providers may be able to bring these videos to reflective supervision and gain additional support and insight into family dynamics for the benefit of families. Additionally, when videos are collected over the course of treatment providers may be able to compile and share these videos to represent changes as their little one grew and developed!

Perhaps most importantly, video review brings important potential benefits for the baby. The baby is a shared focus of the provider and parents’ observations, and their experience is carefully considered. This can contribute to the baby’s sense of being fully seen and known as a person as their parent and provider pause and reflect on what they notice.

Provider Stance

As with all IECMH work, how you show up when making the videos and reviewing them with the family is critical. The process of creating videos and reviewing them is meant to be collaborative, and not a “top down” feedback process. Reviewing videos with families allows the parent to teach you what they see, what they

notice, what is important to them and how they think about their interactions with their baby. It also provides an opportunity for them to experience your benevolent, compassionate, non-judgmental and curious stance during what could feel like a vulnerable experience. Finally, it is imperative that you keep a culturally humble stance and explore and address the meaning of making videos for parents, including any challenges or concerns about making videos that might come up, and accommodate as needed.

Setting Up Expectations

Ideally you will start talking about making videos at the very beginning of your work together. As you are describing the assessment process and/or IECMH intervention in general, talking about video review with language such as “making movies” is a way to highlight the fun and usefulness of video. The primary messages you want to send are, “You are the most important person in your baby’s life” and “You are the expert on your baby.”

It is also important to send the message that the goal of reviewing these videos together is not to judge their parenting, but to simply observe and notice things together. Parents often feel judged and criticized about their parenting in many spaces and by many people. Depending on their experiences with professionals, they may expect that this is another place where they will be told what they are doing wrong and need to fix. For this reason, you will likely need to be very explicit and consistent in your reassurance that this is something different and meant to be a supportive and fun experience for their family.

When working in the home with a family, it can be tricky to figure out the best way to take videos. You will also need to know what your agency’s policies are around storage of videos taken with clients. If there are barriers to using an agency device, you may also use the family’s phone or device to record the video. It will be important to think through the implications of either choice with your supervisor and with the family.



Finally, it will be helpful to prepare the family for what to expect by offering concrete details. For example, let them know how long you will record the video, what they should do during the video and what they expect you to do during the video. For example:

“I am going to just take a video of you and your baby playing as you normally would. We will record for just about 5 minutes. I will remain quiet unless I have a question so that I don’t get in the way of your fun together. Then, we will have the chance to look at your movie together and see what we notice!”

If the parent is unsure of what to do with their child, you could offer ideas such as blowing bubbles, play with a favorite toy, color a picture of a happy time together, read a book, etc. While some people like to offer or suggest toys for this interaction, others prefer to suggest face-to-face play without toys. Each choice has potential benefits and drawbacks. For example, if you choose to allow the parent to do whatever feels most natural, it is possible that you will have a better window into typical interactive experiences. On the other hand, face to face interaction may help ensure that you capture more serve-and-return opportunities and more frequent affective engagement, and reduce the risk that compelling toys are distracting from those opportunities. It is also possible to do both! Some providers also choose to record periods of ‘typical interactions’ around routines that are challenging (e.g., a feeding interaction when feeding concerns are what has brought the family in for assessment).

When introducing “making a movie together,” make space to hear about the parent’s anxiousness – it’s weird to be on video! If you are not recording on the parent’s device, be prepared to answer questions about where video will be stored, how video will be used, and any potential limitations to confidentiality. This is a critical part of establishing and maintaining trust and empowering parents. Your agency may have informed consent documents that need to be signed, and/or you may want to record the parent saying that they agree to be recorded at the start of the video. Often, when there are concerns about video recordings being used in ways the parent is uncomfortable with, using the parents’ own device offers a reassuring option.

Reviewing Video with Parent

The primary goals of reviewing video with parents in assessment and IECMH treatment is to promote reflectivity, highlight parent and relational strengths, convey hope, and emphasize the importance of the relationship in managing any challenges that come their way.

If you are able to review the video after the visit and/or with your supervisor, you could pre-select 2-3 short segments (as short as even a few seconds to no more than 1 minute) of the video to review with the parent. You might choose: **a parenting strength moment** (something the parent does well that we hope to see them do more), **a challenging moment** (this can be an opportunity to validate what the parent has shared with you about hard times, but you may also consider waiting to present challenges to the parent until video recording is

more comfortable for both of you), and **a sweet connection moment** (a moment when the child shows the parent how special they are, or of shared positive affect or delight).

If you are reviewing the video right away with the family, you can use many of the same reflective questions and prompts to support the process.

As a reminder, your role in this process is to be curious, collaborative, humble and open to the parent's observations. You want to encourage parents to share their observations and insights and empower parents to discover and own the knowledge that comes from the video review.

First, you want to ask for reflections from the parent(s) before giving any of your own thoughts or reflections: What did you notice here in this moment? What were you thinking and feeling? What do you think your baby/child was thinking and feeling here? Examples of reflective questions to ask after reviewing the video or selected clips:

- What did you notice? How typical was this interaction today?
- What were you thinking and feeling?
- What do you think your baby/child was thinking and feeling?
- Did anything surprise you, concern you, or make you happy?
- What was the sweetest moment for you?
- Are there things you enjoyed seeing yourself do? Your child?
- Does watching this tell you anything about your child or yourself? Your relationship?
- Did you learn anything about yourself or your child while watching this video?
- Going forward, is there anything you hope to do more of, or do differently, with your baby?

Clinician Responses to Parent Input

Once parents have had the opportunity to share their reflections with you, you will have the chance to respond. The primary goal of your response is to be curious, collaborative and humble, to remain open and encourage parental observations and insights, and to lead the parent to discover and own the knowledge that emerges from the process. As a general rule the clinician should not "correct" or "disagree" with parents about their observations. However, sometimes parents offer impressions that 'miss' something the clinician hoped to highlight, or make an attribution that is inconsistent with the child's developmental capacity, or that



is less sensitive and reflective in some important way. In these circumstances the provider has the opportunity to express gratitude to the parent for sharing what they observed and/or experienced, and can then offer feedback that aims to "broaden the lens" by expanding and/or reframing those attributions.

Examples of how to do this include:

Delighting in parent observations:

- "I really appreciate your sharing that with me..."
- "I saw that, too!" "I enjoyed that, too!"
- Thank you for letting me know your concerns about filming

Expanding and/or Reframing

- "I also wondered if..."
- "Is it okay if I share with you something that I saw?"
- "Sometimes I have heard other parents/children..."

Ultimately, the goal is to create an environment that fosters observation and reflection, acceptance and delight. Often "seeing is believing". While parents may enter this process with uncertainty, they will often leave video review sessions feeling themselves seen, empowered, and understood. Knowing that you, as a provider, set the tone, take time to prepare, and enjoy! This technique is powerful, accessible, and effective, and an important part of the Michigan Model for Infant Mental Health Home Visiting intervention.

1. O'Hara L, Smith ER, Barlow J, Livingstone N, Herath NI, Wei Y, Spreckelsen TF, Macdonald G. Video feedback for parental sensitivity and attachment security in children under five years. *Cochrane Database Syst Rev*. 2019 Nov 29;11(11):CD012348. doi: 10.1002/14651858.CD012348.pub2. PMID: 31782528; PMCID: PMC6883766.

2 Rosenblum, KL, Riggs, J, Freeman, S, Shah, PE, Muzik, M, Research TM C F I M H: In-the-moment ratings on the Early Relational Health Screen: A pilot study of application in home visiting and primary care. *Infant Mental Health Journal*.xx04/2022. PM35579377