This is the third section of the chapter in 'Intersubjective minds' by Jonathan Delafield-Butt and Vasudevi Reddy, to be published Oxford University Press 2023: 'How Colwyn's theoretical ideas, vitality and values have created and continue to sustain VIG development' by Hilary Kennedy and Raymond Simpson.

SECTION 3 THE EFFECTIVENESS OF VIG - CURRENT EVALUATIONS and FUTURE PLANS – Hilary Kennedy

This section highlights some of the key current developments in VIG practice and research that are proving influential. They give the reader a flavour of the projects Colwyn's ideas has influenced. The advances discussed here build on the research chapter in the 2011 VIG book (Kennedy et al 2011).

Section 3.1 Parents with mental health concerns and babies in the first year

Use of VIG with parents of babies is the area of application that has expanded the most in the last 5 years. At the time of writing in June 2021 VIG was being used as a core intervention by at least 50 perinatal and health visiting services, 20 Parent infant services (PIPs), 15 Mother and Baby units and two Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) courses for infants 0-2 years. Many more practitioners in this area were being trained. Between March and June 2021 over 120 practitioners working with parents and infants started their VIG training mainly funded by Health Education England.

There are perhaps two reasons for this rapid expansion. One concerns evidence of the impact on parent-baby relationships and the other is the positive impact on practitioners themselves. Firstly, there is growing research evidence of extremely promising results for the development of an attuned parent-child relationship and secure attachment as a result of the use of VIG at the very start of life. Beyond this, parents develop the capacity to mentalise, understanding what they are doing when things work and why they have found it difficult in the past. Very few interventions focus so equally and clearly both on increasing "attunement"

between parent and child (Beebe 2010) and on "mentalization" in particular the parent's capacity for reflective functioning, which refers to a parents' capacity to treat their infant as an intentional being, and to understand their behaviours in terms of the child's feelings, beliefs and intentions (Fonagy et al 2002).

Secondly, VIG practitioners all experience the power of VIG to promote positive change. This includes a wide range of professions including psychiatrists, psychologists, social workers, health visitors and nursery nurses. To many it is surprising that entrenched and complex presenting problems can start shifting after the first VIG session and that these changes trigger further improvement in many areas of the parent's life. Each success makes it easier for practitioners to engage a new family on a VIG journey, meeting the family with authentic hope that things will change. It is a nourishing way for professionals and parents to work since the changes for the parents and children are heart-warming and of central importance for all involved.

A recently accredited Health Visitor sent me these comments in an email

> *Our VIG service is doing very well, we have been promoting VIG widely and loving our work. I can honestly say that in my 20 years as a Health Visitor, I am now offering an intervention that 'always' has a positive impact on the families. Observing these changes gives us the energy to develop and expand our service.*

Widespread recognition of VIG's effectiveness has been influential in enabling it to be taken up by many different professional groups working with families. Most notable has been that VIG along with other video feedback interventions is now recommended as an evidence-based intervention in the National Institute for Clinical Excellence (NICE) guidelines: Children's Attachment: attachment in children and young people who are adopted from care,

in care, or at high risk of going into care (NICE 2015), and Social and Emotional Wellbeing – Early Years (NICE 2012). More recently the November 2019 Cochrane Review endorses video feedback interventions to enhance sensitivity in parents of children who are at risk for poor attachment outcomes due to a range of difficulties (Cochrane 2019).

Two important UK evaluation studies have been completed by VIG Supervisors, Natasha Gray and Stavrou Stavros. Gray provided evaluation data from 25 parents and babies in a perinatal service, Step 2 early intervention CAMHS (Gray 2017). VIG was delivered to 10 vulnerable parents and their babies aged 0 – 18 in Phase 1 (mid-January to mid-May 2017). Phase 1 was extended to offer VIG to a further 16 families between September 2017 and April 2018. The same measures were used for both Phases. Families were recruited by emails sent to Health Visitors, the community perinatal team (CPT), Homestart, MIND, Wellbeing teams, children's centres and specialist CAMHS. The response to these emails was positive and the 2 clinicians involved in the pilot had full caseloads almost immediately.

All of the parents who took part were mothers; 17 were first time mothers and 3 had an older child or children. Of the 20 mothers who took part, two had learning difficulties. The mothers' scores at the start of the work using the Generalised Anxiety Disorder Assessment (GAD7) and the Patient Health Questionnaire (PHQ9) scales indicated that 6 had mild anxiety and or depression, 8 had moderate anxiety and / or depression and 6 had severe anxiety and / or depression.

Of the 20 during the course of the VIG work: 3 were inpatients at the mother and baby unit; 7 were being supported by the Community Perinatal Team; 3 had a psychiatric review and

therapy from the Wellbeing Team; 5 were receiving therapy from the Wellbeing team or another therapy provider; and 2 had no adult mental health support.

A number of scales were used and the data showed a statistically significant improvement (p= 0.001, cite the published reference here) on all measures. This included the following changes:

- GAD7 – Generalised Anxiety Disorder Assessment – from moderate to mild anxiety
- PHQ9- Patient Health Questionnaire – from moderate to mild
- MORS-SF Maternal Object Relations Scale- Short Form :Warmth subscale- moderate to no concern
- MORS-SF: Invasion subscale – moderate to low concern
- KPCS - Karitane Parenting Confidence Scale – from severe to mild clinical range

The increase in warmth as scored on the MORS-SF scale (Oates et al 2019) is of special interest because a large-scale study of the impact of early education on child outcomes (Melhuish & Gardiner 2020) has highlighted the importance and robustness of the MORS warmth measure. One of the aspects of this extensive research looks at the association for almost 5000 children between home environment measures (of which the MORS warmth is one) before 2 years and cognitive, emotional and behavioural measures during school year one using the early years foundation stage profile (EYFSP). Higher levels of warmth in the parent / child relationship were associated with better outcomes on all EYFSP measures and with better verbal ability. Higher levels of warmth were also associated with better outcomes on all socio-emotional measures including an increase in pro-social behaviour and a decrease in externalising behaviour. Interestingly these are the same changes noted in the VIG

intervention in the NSPCC neglect project (Kennedy, Macdonald & Whalley 2015) which is described in Section2a below.

Stavros Stavrou, a VIG Supervisor, led a VIG intervention training for early-years workers working in a socially disadvantaged urban community. A team from the Mental Health Foundation evaluated quantitative data on participants' sensitivity and relationship to their infant, infant development, and perceived parental confidence, anxiety and depression. This was combined with an analysis of qualitative data collected through individual semi-structured telephone interviews.

The study followed a non-randomised, before-and-after evaluation design. Health visitors and community support workers were trained in VIG delivery following the VIG Association-UK protocol. Families with infants under 12 months were recruited and received six weekly home-based sessions of VIG. The primary outcomes were the acceptability of the intervention and assessing parents' experiences using semi-structured interviews post-intervention. Clinical outcome measures were recorded pre-and post-intervention to yield preliminary evidence on intervention effectiveness.

Mean scores for both depression and anxiety decreased between the start and end of the intervention, with anxiety scores shifting from 'moderate' to 'mild' levels of anxiety following VIG (PHQ9 and GAD7). The mean scores on the KIPS (Keys to Interactive Parenting Scale) also found significant improvements in the quality of the parent-infant relationship. Significant increases were lastly evidenced on several items of the KIPS, such as parents' promotion of language experiences, giving supportive directions and promoting exploration and curiosity. Many of the improvements outlined in the quantitative analyses

were further reflected in the analysis of the interviews exploring parents' views of the programme (Chakkalackal et al 2021).

VIG trained parent-infant psychotherapists are impressed by the speed with which some parents with significant mental health problems can change their representations of themselves as parents and their perception of their child. They document VIG's power to enable parents to move from a negative representation of their relationship with their child to a more positive and hopeful narrative (Pardoe, 2016) while decreasing anxiety in the parents (Celebi, 2013).

Section 3.2 Supporting parents where babies were born pre-term

The strongest research evidence for the effectiveness of VIG is with parents of babies born pre-term. Despite this there are no large scale VIG interventions at present in hospitals in the UK. Perhaps summarising such evidence in the following paragraphs will contribute to making the evidence more accessible to commissioners of services and therefore more likely that the opportunity for parents of pre-term babies will be offered VIG.

Two randomised control trial studies have shown the effectiveness of VIG for parents of premature babies in terms of enhanced sensitivity and improvements in attachment patterns (Barlow, et al, 2016; Hoffencamp et al 2015). The first study was conducted at home after discharge in the UK and the second in a special baby care unit in the Netherlands.

The first study was a pilot randomised control trial (Barlow *et al 2016*) set up to examine whether VIG provided effective support for early interaction between babies born preterm and their parents. Thirty-one parents were recruited from a neonatal intensive care unit and

were randomised into two groups. Following discharge from the unit all families were offered usual community health care and the intervention group received three additional visits where VIG was offered. Semi-structured interviews were conducted following the intervention and the analysis indicated that all parents found the intervention acceptable and many found it extremely beneficial:

> *I really like the baby cues that we learnt from the additional visits… Just being able to get some idea of what he wants, that's magical that, that's really really good… I think it was incredible to watch and to see from such a small baby, that already they are giving you some communication… to think that there's some communication from babies, is really wow. It's really good*. (parent of preterm baby)

> *I worried about the time that we missed when I wasn't able to kind of hold him all the time or be with him. Um. And worried about the kind of bond if you like then. So having those visits and looking at that and seeing that it was already there was really helpful for me.*

The second study was a large scale randomised control trial (Hoffencamp et al 2015) where VIG was delivered to both parents while the infants were in a neonatal intensive care unit. There were 210 infants (70 term, 70 extreme pre-term and 70 near-term) from 7 hospitals in the Netherlands. One of the interesting results showed that 3 sessions of VIG in the first week of life has a significant positive effect on parent-infant bonding (as measured by the Post-partum bonding questionnaire, PBQ, Brockington et al.2006) with an enhanced effect for all fathers and mothers who experienced the birth as traumatic.

Section 3.3 New VIG research database under development.

The Association for Video Interaction Guidance UK (AVIGuk) had been, at the time of writing in June 2021, successful in bidding for external funding for a new and exciting project to establish a 'smart', national data collection system to collect VIG pre- and post-intervention data. A VIG Data Collection System (DCS) was therefore being designed that would serve two purposes in improving infant and children's mental health:

- clinical data regarding individual parent-infant/child dyads that will help the VIG practitioner to assess the effectiveness of the intervention, and make a decision about the need for any further therapeutic input
- outcome data that will enable AVIGuk to improve the delivery of VIG, and its effectiveness, by monitoring the impact of VIG across different services, regions, populations etc.

A research co-ordinator and assistant started by consulting with VIG perinatal practitioners on measures already in use. They have completed an initial survey report (Glass & Cristescu 2021) and have devised a Data Collection system that is easy to use for all VIG trainee and full practitioners.

This system links to the AVIGuk new learning platform[1] and is aiming to collect data before and after VIG interventions from at least 1000 practitioners who each are likely to be working with 6 families over 2022. This is an ambitious project and is aiming to provide evaluation data to individual practitioners and the services where they work and on a national scale. Practitioners who are training in VIG will provide anonymised data from the cases on which they work during their training and will get access to their own and the whole data set. One of the measures will be the MORS-SF warmth scale (Oates et al.2018) because of the

association with children's cognitive, emotional and behavioural development in year one (Melhuish & Gardiner 2020).The MORS-SF is also one of the measures already in use by VIG practitioners in the perinatal context. This will be an important new data set that will be able to be used to analyse the likely long-term impact of a short VIG intervention. Table 1 below is a collation of published studies from the UK showing the diversity of VIG application and research.

Table 1. A selection of books, chapters in published books and papers from the UK to celebrate the diversity of VIG application and research to date.

Authors (date)	Selected VIG UK References (2015-2021)	Context	Method
Chakkalackal et al (2021)	'A mixed-method evaluation of video interaction guidance (VIG) delivered by early-years workers in a socially disadvantaged urban community' **The Journal of Mental Health Training, Education and Practice** DOI 10.1108/JMHTEP-08-2020-0053	Parents 0-2 years Social Disadvantage	Mixed-method Pre- and post intervention measures taken
Dodsworth, E., Kelly,C. & Bond,C. (2021)	'Video Interaction Guidance with families: A systematic review of the research' **Educational & Child Psychology**; Vol. 38 No. 3	Families	Systematic review
Celebi, M.(2020)	'A different perspective, therapeutic use of video interaction guidance with parents suffering from mild to moderate depression and anxiety' **The New Psychotherapist – UKCP**	Parents Depression Anxiety	Descriptive
Hampton, L. et al (2019)	'Investigating the use of Video Enhanced Reflective Practice (VERP) alongside the Engagement Profile and Scale in a school for children with complex needs' **Educational & Child Psychology** Vol. 36 No.1 Match 2019	Schools Complex needs VERP	Investigation
Kennedy,H., Feeley,F. & Kershaw, S.(2018)	Kennedy,H., Feeley,F. & Kershaw, S.(2018) 'Why Video Interaction guidance in the Family Drug and Alcohol Court' in Shaw, M and Bailey, S.ed. **Justice for children and Families : A developmental Perspective** Cambridge: CUP	Family Drug and Alcohol Court Assessment	Investigation
Pethica, S. & Bigham, K.(2018)	"Stop talking about my disability, I am a mother": Adapting video interaction guidance to increase sensitive parenting in a young mother with intellectual disability **British Journal of Learning Disabilily**. 2018;46:136–142.	Parent with disability	Single case study
Celebi, M, Carr-Hopkins, R, (2018)	'Video Interaction Guidance and the Family Courts, Seen and Heard' **Journal for NAGALRO**, Vol 27 (4) July 2018	Family Courts assessment	Investigation

Kennedy, H. Ball, K. & Barlow, J. (20170	'How does video interaction guidance contribute to infant and parental mental health and well-being?' **Clinical Child Psychology and Psychiatry April 2017** DOI: 10.1177/1359104517704026	Infant mental health Parent Mental Helath	Theoretical Individual case study
Kossyvaki, L.(2017)	**Adult Interactive Style Intervention and Participatory Research Designs in Autism: Bridging the gap between academic research and practice.** London: Routledge. (chapter 7, pp. 124-130)	Autism	Investigation
Celebi, M.(2017)	**Weaving the cradle: Facilitating Groups to promote Attunement and Bonding between parents, their babies and toddlers**. London: JKP	Group work Parents and babies and toddlers	Descriptive
Kennedy, H. and Underdown, A. (2017)	'Video Interaction Guidance: promoting secure attachment and optimal development for children, parents and professionals' in Leach. P. **Innovative Research in Infant Wellbeing** London: Routledge	Attachment, Pregnancy Optimal development Children, parents, professionals	Theoretical
Barlow J.,Sembi,S. & Underdown, A. (2016)	'Pilot RCT of the use of Video Interaction Guidance with pre- term babies' **Journal of Reproductive and Infant Psychology** ISSN: 0264-6838 (Print) 1469-672X (Online) Journal	Pre-term babies Fathers and mothers	Randomised Controlled Trial (RCT)
Kennedy, H., Macdonald, M. & Whalley, P (2015)	'Video Interaction Guidance : Providing an effective response to neglected children' **in Neglect** (ed. R. Gardner) London: Jessica Kingsley	Families, children 5-11 years Neglect	Mixed method Pre- and post intervention measures taken

Section 4. VIG IN CHILD PROTECTION CONTEXTS- Hilary Kennedy

Section 4.1. VIG and neglect

Over the last decade there has been a noticeable development in both practice and research of VIG used to help neglected children and their families and carers. The NSPCC commissioned a study to evaluate VIG as an intervention for noticing and helping neglected children

(reported in the chapter "Neglect" by Ruth Gardner (Kennedy, Macdonald & Whalley 2015). VIG was selected because it was already supporting the family in and beyond the child protection system, working from the basis of what the child needs and what the adults around the child have to do to start noticing, appreciating and nurturing the child. Most importantly, VIG enables the simultaneous noticing, appreciation and nurturing of adults who have been missing their child's needs and signals by VIG practitioners. So often parents who neglect their children were, and are still, neglected themselves. In VIG, parents must feel valued by hopeful, helping professionals before they can start to engage in changing their neglectful behaviour. VIG appeared to help parents and professionals grow or re-grow attuned interactions encouraging a more loving, mutually pleasing and less neglectful relationship.

The ambitious plan to train 23 NSPCC staff from seven centres in the use of VIG began in July 2011, and the focus for the VIG intervention was families where there was concern about neglect. This is the first time VIG has been implemented and evaluated at multiple sites within a single organisation across a wide geographic area

There is evidence of parents' experience of VIG from Maeve Macdonald's research interview (Kennedy, Macdonald & Whalley 2015) with Barbara, a mother diagnosed with bipolar disorder and who has had seven of her nine children removed into care. She agreed to the VIG intervention to help with her relationship with her 2 remaining children. Reflecting on the start of the intervention, she said: *'I was quite sceptical because other stuff hadn't worked'*, then explained how VIG was different:

> *from the minute she (the VIG practitioner) came out, you know, 'I'm not here to judge you, I'm not here about things from your past. I'm here to help you with what's going on now'…. She never judged anything that happened…. I never felt uncomfortable around her.*

By the end of the VIG intervention, her relationships with her children had improved. Barbara knows that these relationships are still hard for her, but she is determined to persevere.; she knows why she is doing so and has tools to help her.

> *I'm frightened, but the VIG Practitioner gave me the confidence from letting me see the videos... there's obviously gonna be bad days with good, but that doesn't mean I'm not doing a good job. Because I've seen that I can get it right… and just keepin' that in my mind, you know that, yes, fair enough I've had this help, but there's no reason I can't do this by myself.*

She described her son as 'aggressive' and 'violent' prior to VIG, and a situation so hopeless that she was going to let him leave home to live with his father. By the end of the intervention she had progressed to referring to her relationship with him as *'probably not any worse than any other parent's getting on with their seven year old'*

Quantitative data (collected by the NSPCC research team and analysed by Paul Whalley, Kennedy, Macdonald & Whalley 2015) from 50 parents before and after the VIG intervention and 6 month follow-up can be summarised as follows:

- The use of VIG increased parental sensitivity, communication and involvement with children in the context of possible and actual child neglect.

- Using VIG resulted in improvements in parental confidence and parenting strategies as well as children's reported behaviour.

Interestingly, results from the NSPCC project show a marked increase in parents' behavioural management strategies. This spin-off from the VIG intervention makes sense. Although the parents were not taught behavioural management strategies, they discovered that, once they had restored a loving relationship with their child by listening to their child, they could

effectively set limits. In turn, the child starts listening to the parent, so their behaviour improves. It seems that while VIG notices, nurtures and helps neglectful and neglected parents, they start to find the strength to love and enjoy their children.

Section 4.2. Using VIG as an intervention for assessment

Although VIG was originally envisaged as an intervention, it is increasingly seen as helpful in an assessment of 'potential to change'. Hilary Kennedy developed a model for using VIG in the assessment process while working with the team at the Family Drug and Alcohol Court in London (Kennedy, Feeley & Kershaw 2018). This process gives the parent a chance to show their capacity for change in their attunement to their child, in the way they can talk to their child about what they are doing and might be thinking or feeling, in the way they can recover contact with their child when it is broken and in the way they can reflect on what they are doing and how they are changing. This can provide valuable evidence to the court of a parent's capacity to meet their child's emotional needs both now and in the longer-term.

Chantal Cyr who studies the effectiveness of attachment-based interventions in the child protection context in Montreal and Quebec has presented and written very relevant research evaluating an attachment-based video feedback intervention (AVI) which is very similar to VIG. (Cyr 2020). It has been used and evaluated as an intervention with families in the child welfare system and also as an assessment of parenting capacity to care, to protect and to change. There were 106 families randomly allocated to a video feedback intervention or a psycho-educational intervention and a non-randomised control. The research questions were around the impact of the intervention (i.e. does the parent become more sensitive, does the child's behaviour improve and does the attachment pattern change) and the accuracy of the professionals' predication of the recurrence of maltreatment 12 months on. The intervention

results showed a significant change in sensitivity/reciprocity in interaction and in externalising child behaviour problems for the video feedback as compared to the psycho-educational and the control. The assessment results show that only the video feedback (AVI) practitioners were accurate in predicting the recurrence of maltreatment a year later (Cyr 2020) . This is an important finding and one that supports the use of VIG as an assessment tool in child protection contexts, family drug and alcohol courts and beyond.

Monika Celebi (Celebi & Carr-Hopkins 2018) argues that VIG delivered prior to and alongside court proceedings is consistent with Ward's literature review 'Assessing Parental Capacity to Change when Children are on the Edge of Care' (2014). She links this to the importance of the parent's capacity to mentalise, that means to imagine their own and their child's feelings, is crucial to the child's safety and wellbeing. She also highlights the complexities of reporting VIG results in an adversarial court context and concludes that

> *"More direct communication and a willingness to find a common language understood by all present will decrease anxiety and help the parent to think about what is really best for their child."* (Celebi & Carr-Hopkins 2018, p.5).

There are an increasing number of referrals for assessment using VIG from the Family Courts in Glasgow and London, VIG is integrated by the NSPCC to the Infant Family Teams that helps social workers and judges decide whether a child on a care plan should live with their birth family or enter care permanently. Helen Minnis, a Professor of Child and Adolescent Psychiatry at the University of Glasgow, is currently leading a Randomised Controlled Trial where the Courts in Glasgow and London have agreed to randomly assign families for treatment (Infant Family Team) or care as usual.

Using VIG in assessment aims to give the parents a chance to change their parenting style to becoming more attuned to their child while developing an insight into their child's emotional and developmental needs. The VIG process gives clear, transparent steps that the parent(s)can understand. When the outcome of the assessment is likely to be the "removal" of the child from parental care, they are given the information and support to understand the reasons why as the VIG practitioner will be giving them clear feedback throughout the intervention. The aim is that they understand the process of decision-making while learning important parenting skills that they can bring to contact visits with this child and future children they may have.

Section 5. VIG IN COVID TIMES – Hilary Kennedy

COVID restrictions imposed in March 2020 meant that VIG had to be adapted to be delivered virtually to parents alongside all the AVIGuk training courses and accreditations. It was recognised that lockdown was going to be even more challenging for many of our clients (e.g. new parents, parents in abusive relationships, parents adopting children, parents with children with special needs) so VIG needed to be able to be delivered virtually.

Nicola Yuill, Professor of Developmental Psychology, University of Sussex, and also a VIG trainee practitioner, saw the enforced changes in practice during COVID as an ideal opportunity to look and see if we were getting the same degree of interpersonal alignment when carrying out VIG in person and online. She secured funding to employ Zubeida Dasgupta, her VIG Supervisor and Devyn Glass, Research Fellow to work on this innovative project. They have been collecting and analysing data (recorded videos of shared reviews) from the AVIGuk community of practitioners. At time of writing, June 2021, the project is almost complete and here is a summary written by Nicola and her team for this chapter (reference needed and page number for the direct quote).

The Zoom or Room project adopted a double perspective on Video Interaction Guidance, by investigating the practice of VIG during Covid-19 restrictions. The authors examined potential differences in attunement when practitioners met their clients online, rather than in-person, using VIG principles to understand the differences.

Trevarthen's work invites us to see how patterns of bodily movement, rhythm and synchrony create and support intersubjectivity in interaction, and to examine causes and consequences of disorganisation (Trevarthen & Daniel, 2005b). When people interact online, many of the important features of this interactional dance are absent or disrupted: glitches in the technology, the absence of a shared space between two actors and the very partial 'talking heads' view may all change the ways that people interact.

The Zoom or Room project used three different methods. First, they collected recorded videos of VIG shared reviews between practitioner and clients and supervisions between practitioner and supervisor. The 51 video segments were analysed with both global codes – overall ratings of warmth and of balance, for example, and in more depth by examining fine differences in interactional synchrony using a coding scheme based on the Principles of Attuned Interactions. This analysis was complemented by 13 in-depth interviews with practitioners, including those using VIG and other interventions. Finally, the authors collected data from an online survey of 72 health, education and social care practitioners about their experiences of connection in online vs in-person therapeutic interactions.

The video coding showed only minimal reductions in warmth, pacing and client responsiveness when people met online, and it was notable that all these qualities

were highly rated regardless of the type of meeting. The fine coding provided further understanding of the broad picture. For example, practitioners needed to do more leading, probably because of the more limited access to nonverbal information, and practitioners showed more attention online but more reception in-person, with no noticeable differences between modes of meeting in encouraging behaviours or moments of shared affect. Partners were able to engage in deep conversations both in person and online.

The interviews were notable for the extent to which practitioners described how they adapted their practice to online meetings, and many felt that these were different, but not necessarily inferior, to meeting in person. There were reservations about conducting VIG online with clients who were less trusting of services, undergoing court proceedings, or with additional needs, and a recognition of the greater attention and longer time needed to build rapport online. On the other hand, the triangle of interaction between the client, practitioner and video clip can be more equal online and practitioners described using the video to activate much more than in-person. Some described an online approach as more appropriate, for example, for busy clients, or those who don't want a practitioner in their home. There was both optimism about the way that online meetings could reach more people, and concern that technical barriers made engagement for some people difficult. The greater effort needed to maintain attunement in online meetings, particularly when practitioners were working from home and had fewer facilities for shared reflection on difficult sessions, meant that people needed time before and after meetings to plan and reflect. In summary, looking at the fine details of interactions, at how synchrony, complementarity and attunement build intersubjectivity in therapeutic encounters, enabled us to see how practitioners had adapted their practice, very often successfully,

to deal with the challenges of taking therapeutic conversations online. The Zoom or Room project findings show the potential for VIG shared reviews and supervisions to continue online in some cases. Careful planning and co-construction with the client can help in deciding on the most suitable mode of delivery and in building therapeutic rapport between client and practitioner. Using VIG principles also holds promise for finding ways to adapt behaviour online to support more attuned interactions online in broader psychological therapies and therapeutic meetings.

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