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# A Brief History of Seeing is Believing in Niagara

Report to the Early  
Childhood Community



Niagara  Region

Anne Biscaro, RN, BScN, MScN

Amanda Hicks, RN, BScN, MPH

Niagara Region Public Health

## Introduction

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One of the greatest challenges in providing community-based early childhood interventions is finding a way to engage in meaningful conversations about infant mental health and early child development with parents and caregivers. Despite our understanding of the critical importance of relational health and attunement of parents and caregivers with a young child to foster social and emotional growth, interventions are difficult to articulate and sustain. Many families are consumed by the stress of financial hardship, coping with mental illness, dealing with unresolved trauma, trying to go back to school/find employment, and/or having little or no support. Much like in primary care, home visiting practitioners share that they often experience the “doorknob syndrome”; that is much of their visit is spent listening, addressing the most urgent issue the family is facing and then, as the visit draws to a close, searching for a way to explore and celebrate the parent-child attachment relationship.

This paper aims to provide the early childhood community in Niagara with a brief history and update regarding the implementation of Egeland and Erickson’s Seeing is Believing © (1986) intervention in the Healthy Babies Healthy Children home visiting program. This intervention allows a “freeze frame” of parent-child interactions through a strength-based videotaping strategy and provides opportunities for intentional conversation and reflection.

## Background

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### What is Infant Mental Health?

The recently published paper, “Supporting Ontario’s youngest minds: Investing in the mental health of children under 6” (Clinton et al, 2014) encourages all sectors to adopt and promote the Zero to Three Infant Mental Health Task Force definition of infant and early childhood mental health. This definition describes infant and early childhood mental health as **the developing capacity of the child from birth to five years of age to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture** (Cohen, Oser & Quigley, 2012).

Of the multitude of determinants that influence infant and early childhood mental health, a secure attachment between the infant and a caregiver is essential. Attachment typically develops gradually over the first year of a child’s life and is the result of repeated interactions between the infant and the primary caregiver, especially during times of distress (Dozier, 2004).

### Why is the parent-child relationship critical?

Early childhood is an extremely sensitive period in human development, during which the brain, especially the areas governing emotion, attention, self-control and stress, is shaped by the interplay of the child’s genes and experiences. Adverse childhood experiences (ACEs) can have profound and lasting effects, and are not only described as major traumatic events; day-to-day interactions in children’s lives are more important than previously understood (Boivin & Hertzman, 2012). Many studies have shown the correlation between ACEs and health and social outcomes later in life, including the large-scale ACE study in the United States (Felitti et al, 1998). However, the social and physical environment can act as a “buffer” to early childhood experiences. Several studies have demonstrated that supportive parent-child relationships can lessen the effects of toxic stress (Arkin et al, 2014; Shonkoff & Garner, 2011).

**Early nurturing, responsive and positive parent-child interactions build the relationship in which children can develop secure attachments (Krakow, 2010).**

A central foundation of attachment theory is that the quality of the attachment relationship is dependent on the sensitivity of the caregiver’s response to their child’s needs and cues (Ainsworth et al, 1978; Erickson, 2014). Parents who are attuned to their infant’s early communication respond back with full attention and emotional engagement, leading to interactions that are characterized by interdependence, mutual feelings and strong emotional ties (Bertrand, Williams & Ford-Jones, 2008).

**Influencing parent-child interaction is arguably the most significant strategy to influence social and emotional trajectories for children.**

Many early childhood interventions have focused on the parent-child relationship. Research suggests the most successful early intervention programs tend to share common characteristics, such as: targeting specific populations, intensive time frames, and focusing on behaviour (Pearlman, Seth-Smith, Treneman & Gorney, 2013). Early interventions that are focused on the parent-child attachment bond can protect the children at risk, and help them better cope with adversity in life (Petitclerc & Tremblay, 2009). Some studies have demonstrated success of attachment-based interventions for specific vulnerable populations, including mothers and children at risk for externalizing problems (Van Zeijl et al, 2006), highly reactive infants (Klein Velderman et al, 2006) and depressed mothers and their infants (Van Doesum et al, 2008). These studies look at intervention models that target the parent-child relationship as the primary vehicle for improving child outcomes.

According to the Zero to Three “Research Case for Home Visiting” (2014), home visiting programs have been found to help parents:

- increase positive parenting actions and reduce negative ones,
- have more responsive interactions,
- create more developmentally stimulating home environments,
- engage in activities that promote early language and literacy, and
- know more about child development.

Moss, et al. (2011) examined a short term attachment-based intervention that used videotaped interactions and feedback sessions in the home and found this strategy effective in enhancing parental sensitivity, improving child security of attachment and reducing disorganized attachment for children in the early childhood period. In fact, although there were no initial differences evident between the intervention and control groups on parental sensitivity, following the 8-session intervention, the experimental group had a significantly higher mean level of sensitivity, resembling that of lower risk populations.

There is certainly sufficient evidence to support the use and further study of targeted home-based interventions that focus on the parent-child relationship to promote positive, healthy, social and emotional development and outcomes for young children.

### **What is ‘Seeing Is Believing’?**

One such targeted intervention, originally developed and evaluated in 1986 by Drs. Egeland & Erickson, Seeing Is Believing is a unique practice that helps parents increase their sensitivity and responsiveness to their babies’ cues by using a filming strategy (Erickson, Egeland, Simon & Rose, 2002). The primary goal of using filming is to promote the parents’ self-observation and reinforce their growing knowledge of and sensitivity to their babies. Using the video as a self-observation tool, parents see themselves and their babies from a new vantage point. Practitioners encourage parents to see their own strengths and

**Through filming and guided viewing, Seeing is Believing gives parents a chance to see, from the camera’s point of view, what happens between them and their infant.**

those of their child, and consider their infant's perspective as they interact with them (Erickson et al, 2002).

During 2009-2011, a Seeing Is Believing program pilot in London, England showed significant improvement in the quality of parent-child interactions between the initial video clip and the final clip (Pearlman, et al, 2013). In particular, parents in a focus group from this pilot expressed:

- increased confidence in managing their young children,
- increased insight in understanding their children's behaviour, and
- surprise at their ability to develop positive relationships with their child.

One mother shared that the Seeing Is Believing program *"showed me how to notice my baby . . . if I watched, he told me everything even that he loved me: that video changed our lives"* (Pearlman et al, 2013)

## Seeing Is Believing in Niagara

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Healthy Babies Healthy Children (HBHC) is a program funded through the Ministry of Children and Youth Services, and is available throughout Ontario. The program was first introduced in 1998, and uses screening, assessment, and a home visiting model to support families toward the goal of optimal child development.

In Niagara, the HBHC program began implementing Seeing Is Believing as part of blended home visiting in 2000. Prior to implementation, Dr. Erickson was invited to Niagara Region Public Health to train the public health nurses, family home visitors and infant development therapists. Using camcorders and dubbing to VHS tapes, the family home visitors and public health nurses started to videotape parent-child interactions for some of their HBHC clients. A committee of nurses, family home visitors and health promotion staff was formed to provide ongoing support and guidance to the HBHC team regarding Seeing Is Believing implementation. Table I provides a description of the roles of the nurses, family home visitors, and committee.

Table I: Service Provider Roles in SIB Delivery through HBHC program in Niagara

Nurses	Family Home Visitors	SIB Committee
<ul style="list-style-type: none"> <li>• describe and introduce the program to families</li> <li>• gain consent for participation in video taping</li> <li>• review videos and provide guidance to FHV</li> <li>• follow-up on concerns with clients</li> <li>• documentation</li> </ul>	<ul style="list-style-type: none"> <li>• conduct video sessions with families</li> <li>• facilitate client reflection of interaction</li> <li>• prepare video for review by PHN and for distribution to client</li> <li>• documentation</li> </ul>	<ul style="list-style-type: none"> <li>• monitor delivery of SIB program</li> <li>• support training and development related to SIB and infant mental health</li> <li>• provide opportunity for group video review/case discussion</li> <li>• develop tools, resources, and SIB program materials to support practice</li> </ul>

The delivery of this and other targeted early childhood intervention programs relies on skilled practitioners with a solid understanding of infant mental health and the power of the parent-child relationship. Over the years a number of professional development opportunities have been provided for the HBHC team to support Seeing Is Believing delivery, including:

- Skills training regarding filming technology
- Case review and reflection
- Education about infant mental health, attachment, and parenting

One of the greatest assets in Niagara has been the emergence of “SIB champions” – staff who have fully embraced the program and are interested and invested in its success. They have and continue to be instrumental in supporting their peers in program delivery and offer insightful reflection.

Participation in this intervention provides an opportunity for the parent to focus attention on the child and for intentionality in discussing the parent-child relationship and child development. In addition, using video interaction guidance allows program staff to address concerns about parenting, attachment and/or parental sensitivity through a strengths based reflection together with the client. Family home visitors continue to be most responsible for the filming and reflection with families. At the completion of the program, the family receives a memory book complete with a DVD of the filmed interactions, photos of their child(ren) and their personal reflections to review and cherish.

Through post intervention satisfaction surveys, parents in Niagara have said that the program helped them learn “**how to get my baby talking**”, “**how to talk and play differently**” and “**when my baby needs me**”. One program participant even shared that she “**learned to wait for my child to respond before I just do things for him which helps him learn to do things for himself**”. The insight, parental confidence, sensitivity and responsiveness that are gained is evident through such reflections.

Over the years, monitoring the uptake and impact of Seeing is Believing in Niagara has become increasingly important and with our electronic documentation system, more easily

done. Since 2010, nearly 300 families have been engaged in Seeing Is Believing as part of their involvement in the HBHC home visiting program. These families participated in anywhere from three to six or more taped sessions. The interactions that were most often filmed included: feeding, reading, and playing simple games (e.g. peek-a-boo).

Participation in the program is monitored closely, and related policies, procedures and materials are assessed and revised on a regular basis. Early in 2014, Dr. Erickson was engaged to assist with a technical review of the program in Niagara, which included: review of current policies/procedures and telephone consultation with the leadership team. She offered some suggestions to ensure best practice and fidelity to the program, specifically regarding the first interaction taking place before the infant is six months old as this is a critical period for change and also spacing video sessions to once/month. Additionally, Dr. Erickson suggests that more spontaneity rather than directed activities should be captured as much as possible and was generally positive and encouraged by the experience in Niagara.

**According to HBHC program records, in 2016, nearly 60 families participated in the Seeing is Believing program.**

As technology has evolved, so have the needs of the HBHC staff in their delivery of the SIB program. In 2015, the HBHC staff were equipped with mobile devices with the capability to record, view, edit and transfer video files easily. The ease of use has resulted in increased delivery of the program and the ability to seize opportunities for filming without necessarily planning ahead.

Additionally, we have developed a mobile-friendly evaluation tool to be completed by parents following the third and final sessions. Preliminary results from a fair number of completed surveys are promising, as majority of participants agree/strongly agree that since the beginning of the program, they read more often with their child, play more often with their child, and respond to their child in more positive ways. Final results from this evaluation project will be published and shared in a follow-up report. This client-level evaluation data will support ongoing program improvements, provide some evidence of effectiveness and be part of a greater evaluation strategy which will include: chart and practice audits, tracking of program involvement, and feedback from service providers involved in program delivery.

Seeing Is Believing offers tremendous value to families during the first years of a child's life, especially those who have been identified with risk for poor child outcomes, and the HBHC team in Niagara is committed to continued promotion, evaluation and improvement of the delivery of this program. In 2015, a session at the [Infant Mental Health Promotion National Institute: Expanding Horizons for the Early Years](#), provided an opportunity to share key learning from the implementation of SIB in the HBHC home visiting program in Niagara with several early childhood and home visiting practitioners from across Canada.

## Conclusion

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According to the Early Development Instrument (2015), 14.3% of children in Niagara were identified as vulnerable on the emotional health and maturity domain – up from 12% in 2011. Ample research reports that the parent-child relationship is central to the social and emotional development of the child. The need for well resourced, targeted interventions that focus on the parent-child relationship in early childhood is evident.

According to Ontario’s Centre of Excellence for Child and Youth Mental Health (2014), a comprehensive strategy to address infant and early childhood mental health might include:

- universal promotion to reduce risk factors and promote protective factors,
- early identification and intervention, and
- evidence-informed mental health programs and practices.

It is also suggested that the system of care would make use of existing resources to enhance prevention and should provide targeted support for populations that are identified as being at-risk (Ontario’s Centre of Excellence for Child and Youth Mental Health, 2014). Fortunately, Niagara has a well-connected early childhood community that brings together home visiting programs, community-based services, childcare and primary care, with a shared vision for the social and emotional well-being of children.

It is critical for early childhood practitioners to look for opportunities in existing and new programs to embed effective and innovative strategies focused on promoting the parent-child relationship. The incorporation of the SIB program into the HBHC home visiting model in Niagara is one example of enhancing and honing efforts to influence infant mental health, attachment, and social/emotional development by focusing on parental sensitivity and responsiveness to cues.

More research, evaluation, and discussion of innovative, replicable and targeted interventions that focus on infant mental health and the parent-child relationship is needed, and opportunities to share “what’s working” in a learning system approach and in as many different forums as possible will build a stronger, more effective system.



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