

VIDEO-INTERACTION-GUIDANCE OF EX-ADDICTED PARENTS WITH YOUNG CHILDREN

Dirk Calle

Senior staff member of the Drugfree Therapeutic Program “De Kiem”

*De Kiem” v.z.w.
Vluchtenboerstraat 7A, 9890 Gavere, Belgium
Tel. 0032-9-362.78.54 – fax 0032-9-362.83.26
dirk.calle@dekiem.be - www.dekiem.be*

Introduction

In 1996 the therapeutic programme “De Kiem” in Belgium started a mother-and-child-unit linked to the therapeutic community. The start-up of this project, called “De Tipi”, was the result of special attention and care for female drugaddicts in the programme. In “De Tipi” three or four mothers combine their 9 to 5-programme in the therapeutic community with the daily care of their children (in evenings and weekends).

In this text we will discuss the evolutions we went through the past 6 years with our small-scale project (with references to the broader research we did). We would also like to share our search for specific methodologies to support these parents in raising their children.

In 2001 we started using video-interaction-guidance to help parents to have a successful interaction with their child. This approach seems to us a good addition to the methods we already used.

“De Tipi”: a mother and child-unit

“De Kiem” is a therapeutic programme for drugusers and their environment near Gent in Belgium. It is a multi-modality-programme with an ambulatory centre (intake, outpatient treatment, groups in prison and groups with parents) and residential units (induction unit, therapeutic community, mother and child unit, residential re-entry and ambulatory re-entry). The mother and child-unit “De Tipi” started in 1996, in a separate building near the T.C.. Target group for this small-scale project are addicted women (alcohol, medication or illegal drugs), pregnant or with young children (until 6 years) who choose to follow a program in the T.C.. While the mothers follows their 9 to 5-programme in the T.C., the children go to school or to a day-care-mother. The mother takes care of her child in the evenings, on Wednesday-afternoon and in the weekends. Every family has its own living room. Three part-time staff-members are at random present in “De Tipi”, supported by the team of the T.C.. The project has a well defined procedure of intake and induction (postponed admission of the child) and crisis-intervention (external support). Through systematic observation and action-planning the evolution of mother and child is followed, with special attention to the father(figure) and the grandparents. In the past 6 years 16 mothers and 18 children stayed in “De Tipi”.

Pitfalls in educational support

In a weekly 'Tipi-group' we focus on the evolution of the child and how it feels being a mother and all the pedagogical questions raised; we discuss the planning of the week and house-management-issues and evaluate the solidarity in living together and following the house-rules. Every Friday-afternoon, as a vitamin for the weekend, seminars are held on pedagogical items (parenting classes) or on more practical issues.

The Tipi-staff supports the educational process through participative observation and modelling. When specific problems occur (in the behaviour of the child, eating, sleeping,...) individual guidance or video-interaction-guidance is possible.

Once the project was well started, the need became clear to know more about these mothers and children and specific methodologies to support the educational process. In co-operation with the Department of Orthopedagogics of Ghent University several research project where set up (see references). This process of evaluation and research made us more aware of the pitfalls in educational support. Well-meant advice and interventions can strengthen the negative self-image of the parent. They bear an implicit message that she/he is not doing it right. Staff members often react out of their own education and values and should be aware of that. Remarks and advises on pedagogical issues often stay general and theoretical and the mother is left with the feeling that in practice it is not that easy and it always turns out in an other way. Consequently the parent often follows a wait-and-see policy and has a defensive attitude. The staff assumes the role of problem solver. The ignorance of the parent is once again confirmed and the reached out solutions often seem to fail.

Videointeraction-guidance

To counter some of these pitfalls, we implemented videointeraction-guidance (V.I.G.; which is videohometraining in a residential setting) as an additional methodology, hereby broadening the staff-perspective on educational support . In this methodology (developed by Dekkers & Biemans) a 15 min. video-tape is made of the parent and the child, starting from a specific question for help. After an interaction-analysis of the tape, parts of the tape are reviewed with the parent. V.I.G. focuses on what goes well, on elements of good contact. It reflects on specific situations (vs. general feedback) through self-observation (vs. staff-interpretation). By describing in detail the elements of 'basic communication' it gives a clear vision on parent-child-interaction and offers a common language to use. The video-interaction-guide acts as a role model and activates the parent (empowerment).

V.I.G. is based on the assumption that children long for attention and make contact-initiatives. Parents learn to understand the essential constituents of a successful interaction and to 'read' body language. They learn to 'tune in' and become more aware of their ability to establish contact and to acquire leadership in communication. This 'tuning in' on contact-initiatives supports the child development.

We started V.I.G. in 2001, after an elaborate introduction for staff and residents and a clear contract on privacy of the tapes. The initial resistance (on both sides) toward this methodology faded away, and parents seem fascinated tot view the video-images. They become more aware of their own behaviour and enjoy more the interaction with their child. They also talk more positive about themselves and their child.

V.I.G. has it's limits. It is a very technical and time-consuming methodology that requires a long training (13 months). It is not a method for crisis-intervention and it only takes effect on a long-term basis. In our view it should be combined with other methodologies.

Evaluation of “De Tipi”

“De Tipi” stay’s a small-scale project towards a sometimes-larger demand for help. A high threshold although remains which points out the importance of an outreaching intake-policy and an integrated system approach for early detection and treatment.

The staff-team is often challenged in it’s professionalism, keeping the balance between activating and compensating strategies (self-help and supportive measures); between a problem-oriented and a development-oriented approach. The complexity of problems, characteristic for this target group, makes a continual consultation between different disciplines and institutions indispensable. The programme should be balanced, measured and phased, and a long-term action planning should be combined with a ‘first things first’-approach. The development of a social and professional network around these mothers and children is an important support for the future.

Throughout the years, “De Tipi” appears to be a surplus value. The whole programme became more flexible, with more attention for women and for other parents and children in the T.C..

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