# CASE STUDY OF A FAMILY WITH A STUTTERING CHILD ACCOMPANIED BY VIDEO INTERACTION GUIDANCE (VIG)

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In her doctoral dissertation, Bacsárdi (2018) summarized the experiences of her diagnostic studies and psychotherapeutic work. The symptoms of highly anxious, stuttering children are caused by the inadequate functioning of the family system, mostly by frustration and confusion within the mother-child relationship and attachment insecurity.

I use Video Interaction Guidance (hereafter, VIG) or it's special version, called Video Home Training (VHT) as a therapeutic tool with families with stuttering children. Through the feedback of interactions, we can gain additional information that can facilitate a successful and effective therapeutic process, perhaps even shortening its duration by eliminating the difficulty of the verbal channel. The unobtrusive presence of the guider helps to reinforce parenting competence through images, verbal expressions between parent and child about stuttering, family relationships, and the recognition of family patterns in the process through the „picture-by-picture" technique.

My theoretical framework is based on a language-development and psychoanalytic approach with an emphasis on the cognitive and social components, focusing on complex ways of helping the child population, in which VIG as a diagnostic and therapeutic option is a new possibility.

From a therapeutic point of view, we follow the process of family-based VIG.

**Keywords:** stuttering, Video Interaction Guidance (VIG), complex stuttering therapy

## Introduction

The theoretical framework of my study is the psychoanalytic approach to stuttering, focusing on both the cognitive and social components. Also, from a

therapeutic perspective, my case study presents the VIG process of the Family Centre Foundation Complex Stuttering Therapy.

Sára Klaniczay Dr. has sought to explore the psychotherapeutic background of early childhood stuttering with an interest, dedication, and commitment to her research topic ahead of her time.

Attachment theory has gradually become one of the most researched topics in psychology with several Hungarian standardized procedures for measuring it in the majority population.

## Theoretical background

### Understanding the stuttering phenomenon

A number of theories on the development and maintenance of stuttering are based on the important role of the communication environment (e.g. Starkweather & Gottwalld, 1990; Healey, Trautman & Susca 2004; Fehérné 2009; Packman & Attanasio, 2012). Because of the multi-factored nature of stuttering, it is crucial to think in terms of a developmental pattern that takes into account the interaction between the environment and the individual in the child's learning. This is also reflected in special education intervention when looking at it from a basic bio-psycho-social perspective. The communicative environment in which a child who stutters lives his or her daily life may contribute to the development and maintenance of stuttering. Indeed, the communication pattern and speech example may play important roles in the effectiveness or ineffectiveness of speech therapy. Scientific research on this topic is also justified, because several studies have shown that families and parents have become increasingly involved in stuttering therapy in recent decades. This provides an opportunity for consultation and counseling with therapists, where parents can receive help and models on how to change their speech when communicating with their child – e.g., to speak more slowly or avoid interruptions and too much questioning (Bonelli, Dixion, Ratner & Oslow 2000; Starkweather & Gottwalld, 1990).

In our country, there is little scientific research on the phenomenon of stuttering. So far, the publications that have appeared in the 21st century have mainly been case reports, descriptions of symptoms, and practical suggestions for therapeutic assistance (Schmidtné 2004; Lajos 2009, 2011; Molnárné 2011; Hegedűsné 2009; Tóthné & Majsainé 2014; Tóthné 2017). In the past 5 years, Mrs. Tóth has conducted significant speech-language pathology-focused research analyzing the interaction between stuttering children and their mothers. While investigating the specificities of communication between stuttering children

and their mothers, as well as the speech and language developmental characteristics of stutterers, her results showed that mothers of stuttering children talked less to their children, interrupted their children more, and helped them express themselves less, while using less urgency, commands, critical statements, and other negative communication tools in their interactions with their children. In their interactions with each other, no significant difference appeared in the communication styles of the mothers and their stuttering or non-stuttering children (Tóthné, 2017). In her doctoral thesis, she encouraged her colleagues to conduct further research, drawing our attention to the vital importance of investigating the relational, attachment-specific, and other psychological factors behind mother-child communication. In her dissertation, Bacsárdi described her work as a practicing psychologist, describing how the attachment of stutterers showed disturbances. In diagnostic tests and psychotherapy, she often found that the symptoms of highly distressed children were due to the problematic functioning of the family system, most often due to frustration and disruption of the mother-child relationship and attachment insecurity. She has studied the attachment behavior of a large sample of preschool children using the World-Play-Test method, which highlighted the stuttering children's loneliness and lack of stable relationships (Bacsárdi, 2018).

Stuttering is a complex and multidimensional phenomenon, and much research has focused on its psychological aspects. To date, the relationship between stuttering and attachment has received less attention. In my research, I would like to build on the research of Sára Klaniczay Dr. on stuttering toddlers to gain further insights and to explore the correlation between the frustrated clinging instinct in toddlers and stuttering. In my studies, I consider stuttering as a speech fluency disorder with primary symptoms (repetition of sounds, syllables, and words) and secondary signs (e.g., associated behaviors, gasping, breathing, and eye movements) following the definition and criteria of the DSM-5. It is partly a reflection of the most recent validated empirical findings, but it also combines previous definitions (many have called stuttering a speech fluency disorder: Wingate, 1984; Starkweather, 1987; Tringer, 2010). These studies not only define the primary symptoms of stuttering precisely, but also refer to associated symptom sets (communication efficacy, performance, and anxiety), thus reflecting the complexity of stuttering. Nevertheless, they associate the manifestation of stuttering with the early stages of development, referring to age-specific features and possible attachment components. This is in contrast to the BNO-10 definition, which excludes developmental aspects. They confine its onset to organic, neurological abnormalities and medical causes, which I consider as exclusion criteria in my scientific work (DSM-5 2014; BNO 2004).

## The role of attachment

*„The recognition of the role of primary attachment has been called a paradigmatic turning point in developmental psychology"* (Vajda, 1999, p. 50). This research has important implications for pedagogy and special education. Attachment is a close emotional relationship, the attachment between mother and child, and the search for and maintenance of closeness with a person in whose presence the child feels safe. The security, protection, and support provided by the mother play an important role in the development of the child's social skills and personality (Zsolnai, 2001; Bowlby, 2001). Attachment is an emotional bond that develops between the child and his or her primary caregiver (Cole & Cole, 2006).

Several theories attempt to answer the question of the universal existence and development of attachment. Here we wish to present briefly the so-called psychoanalytic approach. Freud laid the foundations for the psychoanalytic school and thus for the analytic theory of attachment. He analyzed the infant-mother relationship through several stages until creating his drive-reduction explanation (1940). In this interpretative framework, love is in fact a matter of needs being met. Bowlby (1958) adds to his theory by arguing that the relationship with the mother becomes the prototype for all subsequent couple relationships. Several representatives of the Viennese school took the drive-reduction theory further, such as Anna Freud (1954), who believed that the mother-child relationship is not based on attachment to an object, but on satisfaction or frustration with bodily needs. The work of the so-called Budapest School is not negligible in the study of the mother-child relationship, as Imre Hermann and Mihály Bálint were both forerunners of the object-relationship theory mentioned above. An important difference with Freud's theory is that, according to the Budapest School, this object relationship is not linked to any erogenous zone; therefore, it is neither oral, nor anal, nor genital love (Bálint, 1999).

A key aspect of Bowlby's attachment theory is the balance between the child's sense of security and his desire to explore. He divides the development of attachment into four stages in the first two years of life, giving the child a sense of a secure background from which to move away and to which to return to experience (cited in Osváth, 2008), with mothers initially being the more active actors in this process, and then sharing this responsibility from the age of one and a half. Hence, it is a two-way process (cited in Cole & Cole, 2006). Ainsworth examined the patterns of mother-child attachment in ‚stranger situations' (the child's reaction to strangers when with the mother or when left alone

and when reunited). She categorized maternal behavior as providing security and mediating insecurity. The former is considered to be one of the foundations of a healthily developing child personality (Ainsworth, 1979). He classified child attachment into three subtypes based on the reactions to the mother's return: a) anxious/avoidant (or insecure/avoidant), b) securely attached, and c) anxious/resistant (Zsolnai, 2001) – using the term ambivalent/resistant, while Tóth (2011) uses the designation insecure/resistant. Children who are securely attached are very anxious when their mother leaves them alone and seek contact with her immediately upon her return. Anxious/avoidant children pay little attention to their mother when they are together and avoid contact with her when she returns. Anxious/resistant children show constant anxiety, are very agitated when their mother leaves them, but do not allow themselves to be reassured when she returns. They seek their mother, but also push her away, as if „loving to hate". Main and Solomon (1990) also formulated a fourth attachment type: the disorganized/disoriented type, characterized by incoherent, contradictory behavior, immobility, stereotyped movements, and the parent as a source of security and fear. According to Tóth (2011), the quality of attachment is influenced by several factors. The most recent research centers on sensitivity, involving the complex activity of the parent's perception and interpretation of the child's signals and the response to them, which is appropriate to the child's current needs and reassuring. The development of insecure (avoidant and resistant) attachment patterns is thought to be due to the parent's insensitive, insufficiently responsive behavior. In this way, the child does not experience the parent's continued availability and support in threatening or distressing situations, and thus feels anxious about not receiving reassurance when needed. A central element of the Thomas and Chess (1989) model of adjustment is the attunement of the child to the environment. In matching, the child's abilities, temperament, motivations, and needs are matched to the environment's potential and expectations, and thus the child's development is optimal. In the case of mismatch (poor fit or mismatch), the child's behavioral strategy is inappropriate to meet and cope with the challenges of the environment, and therefore inappropriate interaction cycles and developmental difficulties may arise. According to Sameroff's model, the characteristics of the parent (or the environment) interact continuously and reciprocally with the child's biological endowments (temperament and cognitive abilities), acquired/learned skills, and personality traits, In this multi-stakeholder dynamic process, the child, the parent, and the family all develop. From the earliest stages, the developing individual is an active organizer of his or her environment, including his or her own developmental conditions (Danis & Kalmár, 2011).

Research on adult attachment was based on the infant attachment style groups discussed earlier. Our infant attachment is present as an internal working model throughout our lives, partly as a fixed cognitive structure, but modified and supplemented by our experiences in relationships and by newer life stages. This working model is shaped on the one hand by the availability and responsiveness of the primary caregiver, and on the other by the person's own experience of his or her own lovability and worth (Bowlby, 1980). Thus, the research so far supports the theory of the internal working model – i.e., attachment as a coherent, stable mental structure, continuously and dynamically evolving in the light of experience, while also underlying self-evaluation, because cognitions and emotions about self are part of the model (Waters, Weinfield & Hamilton, 2000; Osváth, 2008).

The ideas and research findings described above have guided us from the analytical concept of attachment to the paradigm developed by Bowlby and his colleague Ainsworth, thus providing a new framework for the study of cognitive, emotional, and social development. Their theories, concepts, and models have been of great importance for modern studies of psychiatric disorders, developmental psychopathology, and psychotherapies (Hámori, 2016). Internationally, Hungarian molecular genetics research has been pioneering. In 2000, Lakatos and his research group were the first to publish on the specific gene effects underlying individual variation in infant attachment (Lakatos et al., 2000). In the Budapest Family Study, a significant association was found between infants' attachment behavior and polymorphisms in the DRD4 gene, while attachment security and disorganization were not associated with repeat variants in the SERT gene (Lakatos et al., 2003). Association studies have suggested a complex polygenic background for the DRD4 gene in addition to the role of the SERT gene in the organization of binding (Gervai, Tóth & Lakatos, 2017).

## The interaction between stuttering and attachment

Freud sees stuttering as a manifestation of the internal conflict between speaking and not speaking – even before the emergence of attachment theories – and emphasizes the importance of *dependence.* Stuttering can be interpreted as a phenomenon acting against the process of separation and self-dependence (Mahler 1975, Wilkinson, 2001). *Excessive attachment and dependence* are currently the subject of much research, this attachment disorder being the attachment to the mother (cf. Hermann's clinging instinct) and the need for constant physical presence (Brisch, 1999, cited in Tóth et al. 2009; Zsolnai 2001).

Yet, the classical attachment types do not present a consistent picture in later psychopathology. The presence of a child with insecure attachment is not a direct predictor of a psychiatric disorder per se, but only a potential risk factor (Stroufe, 2005).

Klaniczay (2001) observed in the anamnesis of his clients that a high number of events indicating the instinct of clinging frustration. Separation trauma, physically falling down, hand-holding, or even threats of abandonment communicated by the parent are reported. Clinging changes with age, becoming more transparent. By the age of three, speech plays an increasingly important role in the mother-child relationship, so that clinging is expressed through speech rather than physical contact. *Speech is thus also a form and a means of attachment, the emergence of which coincides with the child's experience of the self.* If this kind of autonomy and acceptance of personal agency on the part of the parent does not take place, it can lead to frustration and regression in the child, which is also reflected in speech (Hermann, 1943; Klaniczay, 2001).

There is little scientific literature on the attachment of stuttering children, although the importance of this topic has been raised by several researchers (Klaniczay, 2001; Wyatt, 1969). In a recent national study, several authors highlight the important role of mother-child interaction and attachment in the development of stuttering. According to their empirical research, stuttering is a response to early childhood trauma, disconnection, separation, and communication disruption. The parent-child relationship plays a key role in the development and maintenance of stuttering, so identifying its exact operating mechanism can make stuttering prevention, understanding, and therapy more effective (Lajos et al., 2018).

## Case study

### Diagnosis of stuttering

The injury-specific correction of speech pathologies is a complex educational and psychological activity in which the speech therapist plays a central role. „Speech and language therapy is a therapeutic education of an educational nature which affects the whole personality of the individual suffering from speech, voice, and language disorders" (Fehérné, 2001, p. 126).

Speech and language diagnosis approaches speech and communication ability from the perspective of encoding, decoding, reconstruction, and reflection. Hence, it includes sensory, motor, cognitive, and socio-emotional abilities. It approaches the exploration of speech-language pathology by looking at the in-

terrelationships between family and institutional background. „In this interpretation, the diagnosis can be valid if the diagnostic process includes an adequate examination, analysis, and evaluation of each aspect" (Gerebenné et al., 2012).

Most researchers have found that modifying parental speech behavior and involving parents in the therapeutic process can help improve the fluency of children with stuttering (e.g., Schmidtné, 2004; Tóthné & Majsainé 2014; Miles & Bernstein, 2001; Winslow & Guitar, 1994; Langos & Long, 1988). In my experience, the diagnostic and therapeutic approach of speech and language therapists and the methods they use are determined by the causes they assume to be involved in the development of stuttering. In my studies, I consider the differential diagnostic aspects widely used in speech and language therapy practice in Hungary to be relevant for the differentiation between stuttering and normal speech.

## History of the stuttering family

### *Contact*

*„Dear Sir or Madam,*
*I am writing to you about my child's stuttering, and I need your help!*
*We have twin children, whom my wife and I raise in the same household. We moved to Zugló* [a district in Budapest] *in December 2020, and the children have been attending the daycare centre in Zugló since September.*
*Kíra started stuttering weeks ago. At first, it was hardly noticeable; but in the last few days, it has intensified considerably. Now it has started to bother her, too, and she desperately tells us she 'can't pronounce!'.*
*I would like my daughter to be seen by professionals as soon as possible.*
*Please let us know what you can do to help us." (6 May 2021)*

In her doctoral dissertation, Bacsárdi (2018) summarized the experiences of her diagnostic studies and psychotherapeutic work – namely, that the symptoms of highly anxious, stuttering children are caused by the inadequate functioning of the family system, mostly by the frustration and confusion of the mother-child relationship and attachment insecurity.

### *First consultation - client interview*

Based on my knowledge of stuttering as a communication symptom, I offered the parents Video Home Training (VHT / VIG) as a therapeutic intervention during the first meeting, which they were very happy about. They abandoned

their previous request that only their daughter should be dealt with. During the consultation, they both told me honestly about the difficulties they both experience on a daily basis raising their twins. For example, how can they act justly when both children want to play with the same toy at once? How can they divide their attention between both their children in the same way, because both Kíra and Balázs want to be the only one they have to deal with? How and what should they do as parents when Kíra stutters? Do they say the words and sentences instead?

Hearing the parents' requests for help, it became clear to me that I could help the family adequately by thinking and acting in a systemic and interdisciplinary way. I immediately thought of „The Four-Pillar Model of Family Video Interaction Guidance" (see below, Figure 1), because the method of VHT is based on the principles of successful interaction and the ritual of relationship. It is not possible to rely on communication theory alone; it is necessary to take into account the findings of other disciplines to explain both the working method and the impact of VIG in a broader sense. The „The Four-Pillar Model of Family Video Interaction Guidance" has been developed on the basis of the experience of guider Guy Schepers, drawing on scientific theories. In the course of his work with Claudia König, he developed his final model, which is dynamic (i.e., not fixed, but constantly evolving) based on theoretical and practical experience, in which working relationships are established between disciplines, aiding both the understanding and the facilitation of the guider. Figure 1 shows a summary highlighting authors who have explained the practice of the method and conducted research on the theoretical principles underpinning its effectiveness. The dynamics of the video coaching model in the unity of theory and practice is established along 3 key concepts that provide the theoretical framework for the cornerstone model: the video recording, the family, and the process of Family Video Interaction Guidance (Figure 1.) (Schepers & König, 2002).

„*VIG is an intervention where the clients are guided to reflect on video clips of their own successful interactions. The person who engages with the client and leads the process is called the Video Interaction Guider (hereafter, ‚guider'). VIG works by actively engaging clients in a process of change towards better relationships with others who are important to them. Guiders are themselves guided by the values and beliefs of respect and empowerment. These include a hope that people in troubled situations do want to change, a respect for what they are managing to achieve in their current difficulties, and conviction that the power for change resides within clients and their situations* (Kennedy, Landor & Todd, 2011, 21.)*."*

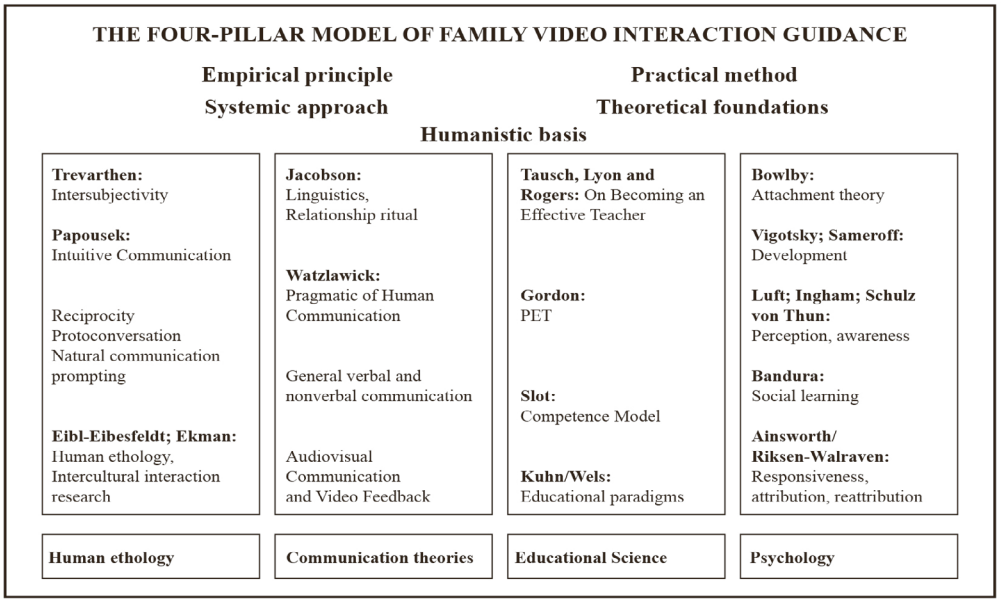


Figure 1.:THE FOUR-PILLAR MODEL OF FAMILY VIDEO INTERACTION GUIDANCE - based on Schepers & König 2002, 53.

**In the final moments of the first consultation with the parents, in the „Client Talk", parents stressed the following and asked for help:**

1. Kíra stutters. As a parent, how can you help her to stop stuttering?
2. Balázs has severe anger issues. How can you, as parents, help your son?
3. Both children are intense finger suckers. They have tried many things so far, but have had no success in getting them to stop finger sucking.

**Developed together with parents, the following are the "Working Points" of the VHT, around which the guider and the family work together:**

1. Family communication (levels = time, attention to each other, especially helping Kíra's stuttering and Balázs' tantrums as present „symptoms").
2. Stop finger-sucking.
3. Strengthen parental competence.

**I set as goals as a guider:**

1. Feedback from interactions can provide additional information that can facilitate a successful and efficient therapeutic process, even shortening its duration and removing the difficulty of the verbal channel.
2. Reinforcement of parenting competence through unobserved presence pictures, verbal expressions between the parents about stuttering, family relationships, and the recognition of family patterns in the process, using the "picture-by-picture" technique.

*First recording*

From the observation of the interactions between family members, from the exploration of the parents, from the speech therapy of the stuttering daughter Kíra, from the condition assessment of the little boy Balázs with emotion regulation difficulties, I highlight the following:

- Previously, parents have attended couples therapy to help conceive their children, who were born through in vitro fertilization. Kíra started talking at an early age. She spoke beautifully until she was 33 months old. Then, one month ago, she started to stutter, which is now bothering her. She feels helpless to use fluent speech continuously, as her parents feel clueless what to do to help their little girl.

  "Her twin brother Balázs is reserved, often uncertain, searching for words. In his impatience, he often reacts angrily, becomes angry easily, and often uses his physical strength against his sister and parents, physically abusing his sister and sometimes his parents.
- Her mother Zsanett is a 33-year-old German language teacher in the district next to theirs, and her husband Béla is a 35-year-old IT specialist in the field of agglomeration.
- Their motivation: they both feel 'very overwhelmed'. Both their children are symptomatic. They feel increasingly helpless as parents, and this increases the tension between them. As their anxiety increases, conflicts between them are becoming more frequent, and the parents are unsure whether they are punishing their children well, so they often do not follow through with the punishment or often do not support each other as parents in their hasty statements with regard to the punishment of their children and inappropriate punishment within the family, which generates further conflict."

My observation in couple and family therapy was confirmed by parents' responses to the exploration, „Our children are in need, and we don't know what to do!" Both parents explained their helplessness because of the chaos their children create and operate within. They are often disobedient, shouting, and they are being opposed, although the parents want to be better caretakers and give their children everything they lacked growing up.

According to the parents' anamnesis: they both moved out of the home when they reached adulthood and supported themselves on their own while attending university. They were filled with constant fear, anxiety, and insecurity about wanting to be better parents than their own parents were. The mother was never satisfied with her own mother, whom she had tried to please since she was a little child. Her brother, on the other hand, had to do nothing; yet, he was the

darling of the family, always praised, never having to help at home, and still helped by his parents, unlike them. The father was regularly physically abused by his own father, and he did his best to please his parents from childhood. He excelled in his studies and did a lot of housework. Nonetheless, he failed to win his parents' love, unlike his sister, who was a model child while „he was the black sheep of the family".

From the above, it can be assumed that both of them have insecure attachment as parents. Both of them grew up as parentified children, and this, together with the communication and conflict management difficulties in the family, may have contributed to their children's insecure attachment and frustration, with stuttering as a speech symptom and emotion regulation as a behavioral symptom.

**Speech and language therapy status diagnosis:** Kíra stutters tono-clonally and needs reinforcement in her communication and conflict management skills from her mother and father. Kíra's twin brother Balázs has difficulties with emotion regulation and is introverted, presumably because he is not as verbally skilful as his sister, which may be the cause of his frustration and anxiety. Both children are intense finger suckers and tongue thrusting swallowers. They make hissing and whispering sounds interdentally, they cannot make upper tongue position sounds, their tongues do not execute movements in the upper dental arch area, and presumably this is why the upper dentition of both is narrower than the lower. As a result of finger sucking, both their upper dental arch and upper frontal deciduous teeth show myofunctional abnormalities. Early orthodontic treatment and early elimination of finger sucking, in addition to a switch from oral breathing to nasal breathing, are recommended for both children.

**Family therapy status diagnosis:** the parent-child subsystem is undeveloped and boundaries are diffuse. It is not known who is competent in what, so the whole family is likely to react directly and chaotically to unexpected, unknown, or stressful situations.

**The purpose of Family Video Interaction Guidance** is to provide additional information through the feedback of interactions, which can facilitate a successful and effective therapeutic process, even shortening its duration by eliminating the difficulty of the verbal channel. Parental competence is reinforced through unobserved presence-pictures, verbal revelations between the parenting couple about stuttering, family relationships, and recognition of family patterns throughout the process using the „picture-by-picture" technique.

**Speech therapy goal:** to relax the muscles involved in speech through speech therapy exercises and relaxation, to learn abdominal breathing, and to experience and develop continuous speech.

**Couple therapy goal:** The theoretical basis of my paper predicts the successful therapeutic help of parents of stuttering children with Emotionally Focused Couple Therapy, as it is assumed that by eliminating the underlying causes, the children's speech and other accompanying symptoms such as breathing will disappear.

As both parents probably grew up as parentified children, this may mean that in both families of origin, family roles were reversed and both parents were given responsibilities as children that were not age-appropriate. As a result, when they were children, the parents became ‚little adults' who may have had the invisible mission of balancing their family of origin emotionally and physically. In this way, they had their childhoods stolen from them with long-term detrimental effects on both their adult and relationship functioning (Bibók, 2023).

**Family therapy goal:** to create flexible boundaries between the subsystems and the external boundaries of the family, to help and restore the functional operation of the subsystems, and to promote cooperation between family members by strengthening communication and conflict management skills.

Initiating change, the process, difficulties and conclusion of family VIG (Figure 2-3.)

**THE COMPARISON OF THE FACTORS DETERMINING THE SENSITIVE RESPONSIVENESS OF THE PARENTS AND THE SENSE OF SECURITY OF THE CHILD AND THE ASSISTANCE OPPORTUNITIES PROVIDED BY THE VIG Part 1.**

| Types of factors | Examples of factors | Opportunities for VIG |
|---|---|---|
| Congenital and/or acquired patterns of parents | **Personality of parents:**<br>-the family of origin of the parents,<br>-their attachment,<br>-their feelings,<br>-their self-image and self-confidence.<br>The internal working models of the parents strive for their own survival and empowerment. | -VIG often evoke associations from the parents' own childhood.<br>- The method of self-reflection: the parents' own resources come to the surface and foreground.<br>- During the analysis of the recordings, the parents see themselves, confront themselves, that is, their own behavior.<br>This is a prerequisite for changing their own behavior. |
| | **The knowledge, skills and ideas of the parents:**<br>-the knowledge of the developmental stages and levels of the child.<br>-ideas about education, autonomy, educational boundaries.<br>-skills such as: play, care, conversation with children | The guider show the child's characteristics, current status, and developmental opportunities.<br>- The recordings confront the parents with their own behavior, educational methods, and their effects.<br>- One of the sources of skill development: It enhances the parents' educational opportunities, that is, their skills to monitor and interpret the child's behavior more comprehensively. |
| The factors influencing the environment of parent-child interaction | **Taking into account the needs of the child-parent**<br>-the disruption of family boundaries and subsystems.<br>-the lack of respect | The VIG guider primarily offers emotional and instrumental support for the parents.<br>- During the feedback conversations with the trainer, the parents can talk about their own feelings, self-confidence and basic behavioral functioning.<br>- By instrumental support, it mean the renewal of knowledge related to the possible parental behaviors. The trainer's questions help to expand the parents' behavioral-educational repertoire.<br>With the guider's motivation, the parents will be able to create and operate behavioral alternatives for themselves. |

**Figure 2.: THE COMPARISON OF THE FACTORS DETERMINING THE SENSITIVE RESPONSIVENESS OF THE PARENTS AND THE SENSE OF SECURITY OF THE CHILD AND THE ASSISTANCE OPPORTUNITIES PROVIDED BY THE VIG - based on Schepers & König 2002, 82-83.**

**THE COMPARISON OF THE FACTORS DETERMINING THE SENSITIVE RESPONSIVENESS OF THE PARENTS AND THE SENSE OF SECURITY OF THE CHILD AND THE ASSISTANCE OPPORTUNITIES PROVIDED BY THE VIG Part 2.**

| Types of factors | Examples of factors | Opportunities for VIG |
|---|---|---|
| The factors influencing the environment of parent-child interaction | **Communication and conflict management method and their effects:**<br>-sibling rivalry<br>-different communication pattern<br>-lack of conflict resolution pattern | The VIG is experienced as a stress reliever, as the guider pays attention to the parents and helps them solve their problem effectively.<br>- The trainer uses verbal and non-verbal methods as well.<br>- He/she accepts the parents unconditionally, empathizes with them.<br>- The development applies to both the parents and the children, whose prerequisites are attachment behavior and responsiveness.<br>- The trainer lays the foundation for development by creating a safe space with his/her Rogersian attitude. |
| The congenital and acquired qualities, traits of the child | **The congenital qualities of the child:**<br>-the child's temperament<br>-special educational need<br>(intellectual disability, physical disability) | - Helps to recognize and interpret the child's signals.<br>- Makes the child's special educational need conscious, and develops the adequate assistance possibilities.<br>- The parents recognize their child's signals faster.<br>- The parents learn to tune in and connect with their child mutually. |
| | **Interaction with others:**<br>-tuning in to each other<br>-attention to each other<br>-recognition and satisfaction of each other's needs | The guider reinforces the correct behavior patterns with the help of positive video clips, thus enabling their more frequent repetition and patterning with the help of classical conditioning. |

**Figure 3.:THE COMPARISON OF THE FACTORS DETERMINING THE SENSITIVE RESPONSIVENESS OF THE PARENTS AND THE SENSE OF SECURITY OF THE CHILD AND THE ASSISTANCE OPPORTUNITIES PROVIDED BY THE VIG - based on Schepers & König 2002, 82-83.**

## First feedback meeting

I am reminded of a study by H. „Rien" van IJzendoorn, Professor of Human Development and co-leader of Generation R at the Erasmus University Rotterdam, in which he investigated the relationship between parents' internal working patterns and the quality of interaction with their children (Riksen-Walraven, 1992). His research results clearly confirmed his hypothesis: parent-child interaction reflects parenting styles passed down from generation to generation. There is a similar relationship between the attachment styles of parents and their behaviour towards their children, because parents transfer their attachment experiences as children to their children as parents. If the reference persons (see parents) experience a „problematic attachment history" (i.e., an insecure attachment as children with their own reference persons or parents), this will have an impact on their parenting sensitivity. Thus, VIG can play a vital role in helping the video guider to identify and diagnose insecure attachment patterns in time, which is a very important intervention tool to help parents strengthen their sensitivity.

In my preparation for this session, I tried to find as many short moments as possible as a video guider that show the secure attachment parents have towards their children, which, when seen, can trigger the inner work in parents to help them develop secure attachments towards their children (Figure 4.). At the

beginning of the first feedback meeting, both parents were still shy, uncertain, had difficulty articulating what they saw in the pictures. They found it very difficult to express their feelings, especially the father.

**Figure 4.** Playing family games on the carpet

Second recording

I was pleased to see, as the parents also reported verbally, that they both felt very good about our previous meeting, reassured by the fact that „VIG does not focus on mistakes", but on their strengths, and finally they were praised. It was very nice to experience happy family moments on their own carpet, and it motivated them all to take advantage of it together as much as possible. Nowadays, they automatically position themselves on the carpet, almost on the same level, and they pay attention to eye contact and to each other's initiatives, both verbal and non-verbal.

Second feedback meeting

I had an easy time choosing the positive images. When discussing them, the parents were already beginning to recognise the interactions, but they needed to be analysed in detail: what initiative they took, what response they gave or did not give or receive. I felt that the parents were beginning to feel a sense of security, which created an atmosphere for them to feel free to express their thoughts and feelings. It was good to experience, for both parents, that they needed time

and silence to formulate their responses; and they eventually made use of this knowledge for themselves and each other.

### Third recording

The parents have taken the initiative to start working on the finger-sucking and to see how family video training can help them with this, because they feel they are already starting to listen to each other.

### Third feedback meeting

In response to the parents' request, I looked for interactions where children do not suck their fingers. By seeing these, the parents realised that when their children start to get tired, or are scared or insecure in a situation – for example, when Balázs is not sure if he is responding well to his parents – they automatically start sucking their fingers as a reassurance. If their children feel that they are receiving attention and recognition from their parents, they „do not need to fill their emotional tanks by putting their thumb in their mouth and sucking it". It was clear to the parents that if their children watched a reward program on TV with their stuffed toys, it automatically meant sucking their thumbs. As a challenge, the parents agreed to think together until the next recording about how to initiate change while watching television, to develop new habits that would reduce or eliminate finger-sucking by their twins.

### Fourth recording

As additional feedback, I proposed that if one of them started sucking their thumb while watching the story, the sound would be muted, making it unenjoyable. The parents were able to form a united front on this, and whichever one of them was supervising the story program that night ensured that the feedback to the initiation of the finger sucking was the story becoming silent (Figure 5.). In fact, the children even verbally pleaded with each other not to suck their fingers, because they wanted to hear the story.

**Figure 5.** Watching bedtime stories

Fourth feedback meeting

I felt the time had come for the children to be involved in the feedback session, so that they could be praised by their parents for helping each other develop. That way, they could reinforce how it feels to them when their parents are devoted and caring to them. This feedback session was very touching for each family member, because it was here that they began to articulate their own feelings towards each other after seeing a particular situation and interaction. The children also really liked the fact that we could rewind a film scene as many times as they wanted, so that we could follow the cause and effect relationships almost frame by frame, viewing the interaction moment by moment. Guided by my questions, the family members managed to have a good-humored and often humorous shared experience, in which they experienced each other's unconditional acceptance, empathy, and compassion. The patience they showed towards themselves and towards each other was modelled after their parents, who verbally confirmed that they were beginning to feel more and more comfortable with themselves and with each other. I was pleased to see that the children also asked questions about their parents' recent statements, and we parted with the understanding that they would talk about them together after dinner. I felt that each family member's inner, intense work of self-awareness had begun, and that they were increasingly experiencing an ideal attunement and connection with each other. They had learned to recognize initiatives and feedback and had started on the path to consciously acting on them in relation to themselves.

## Fifth recording

It was a great surprise to me that Kíra's stuttering disappeared. Balázs learned to recognize his feelings and to express them, so he no longer needed his physical strength to express himself. I felt as if I had joined another family! It felt good to see how a different way of functioning was being managed for each family member in more and more areas of their lives. Thus, I made an effort to record as many of the activity snippets as possible to show the family at our next meeting.

## Fifth feedback meeting

The children were eager to see the film clips, especially the ones where they were very clever and did something cleverly. Already at the door, the mother confirmed to her children that she remembered that they were often very obedient, listening to each other and patient with each other. She also said that the last occasion was the first time they did not suck their thumbs during the evening's story program, so they could watch and listen to the story without it becoming silent. In front of me, the father also praised his children, because since then there had only been 1-2 times when „the story was silenced because their smart TV saw one of them sucking their fingers". They consciously paid attention to hugging their plush toy with 2 hands before going to sleep, and whichever one woke up first would check themselves and then the other to see whether or not they were sucking their fingers. If not, they would draw a smiley face for themselves and their sibling on their calendar. After collecting five smiles, they would get the reward of their choice: either a „mother's or father's afternoon". Even the children learned very cleverly from me when to ask a question, and competed with each other to see who would be the one "Auntie Tímea" would ask.

## Last recording

I was pleased and reassured to hear that both children are still consciously careful not to suck their fingers, but we have managed to establish new habits by reinforcing positive images in familiar situations. They laugh when one of them recalls that when I started visiting them, they were still sucking their fingers, Balázs was fighting a lot, and both parents and children were fighting a lot. As we all knew this would be the last recording, I asked the parents to meet at a time when they felt they could still improve. Therefore, the parents chose the

ritual of an evening dinner when they were all tired and impatient with each other (Figure 6.).

**Figure 6.** The family dines together

Sixth and final feedback meeting

It was a source of great pride for me to witness the „video-glasses-over-glasses" vision of parents, and the gentle way they guide their children when analyzing the images. When I asked them what had changed in the last 3 months since they have known me, they could hardly stop listing the many good things that had happened to them, especially the children. They are more patient with each other, they listen to each other, and they hardly fight anymore. Kíra always talked, and they would wait patiently for Balázs to tell them what he wanted. They already had children's braces for daytime meals, which help to automate nasal breathing – their two dental arches working together, so their mouths close when they are not talking. They were also helping the children more with chores.

The parents both reported briefly about their own progress on their journeys of self-discovery, how they both could and would face their pasts, being open and interested in their own development. Initially, they thought they were „doing it for the sake of their children", but now they independently said that they were developing themselves. They both felt a huge sense of satisfaction and gratitude for themselves and each other, because they finally felt happy and that they could rely on themselves and each other, finally functioning as a family. In the process of the six VIG recordings and six feedback sessions,

I was able to trigger change from the first feedback session through the use of images and short video clips as parents felt the emotional and instrumental support I provided.

By the end of the third month, each family member had learned to focus on context through verbal narratives that facilitate understanding of interactions. These images made it easier to visualize what they think and believe in the „here and now" – the nature of their motivation, resilience, and flexibility – thus facilitating their progress.

**Short summary results of the VIG:**

- Within three months, Kíra's stuttering stopped. Three years have passed, and it has not returned since, because we have been able to identify the root causes
  (trans-generational attachment and communication patterns).
- The children have given up finger-sucking.
- They have daytime children's braces.
- Parents have also been empowered individually and have learned to form a united front.
- They have been attending Emotionally Focused Couples Therapy for 18 months, 1 session per month (Johnson, 2016).

**Summary and conclusions**

Little is known about Hungarian stuttering children, and there is little scientific research on this population. The publications of the last two decades are mainly symptomatic or case reports. A study of the literature has confirmed this (e.g., Tóthné & Majsainé, 2014; Schepers & König, 2002). If a status diagnosis has been made, we should provide therapy in which parents and families are actively involved, and our present case study confirms that the specificity of the mother's communication with her child is crucial in our intervention. Moreover, parental verbal behavior can often be a major trigger and maintaining factor. In such cases, VIG as an intervention, reinforcing speech therapy, can re-establish and maintain sustained and continuous speech in a child who stutters in the family.

With family Video Interaction Guidance, the feedback from the interactions provided additional information that facilitated a successful and efficient process, even shortening its duration by eliminating the difficulty of the ver-

bal channel due to the appearance of stuttering. By using unobtrusive presence-through-pictures, parenting competence was strengthened, as were verbal expressions between the parent-couple about stuttering. Family relationships were initiated, and family patterns emerging in the process were recognized by applying the „picture-by-picture" technique. The VIG process was able to be a stress-relieving aid, with improvements for both parents and children and with prerequisites for attachment behavior and responsiveness. That way, the parents' attachment relationships were reorganized, helping t rebuild their children's attachment in the first place.

In my further planned research, I wish to explore the parents' own attachment styles and attitudes towards their children, which may have innovative implications for the theory and practice of VIG and speech therapy, through the implementation of the new extended couple and family therapy option.

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