

The VIPP-PUF method: New avenues to promote sensitive parenting to mentally vulnerable infants

— the Infant Health Study

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The Infant Health study uses the VIPP-PUF method to explore new avenues to promote infants' mental health within the setting of the municipality health care (1). The Video-feedback Intervention to promote Positive Parenting (VIPP) (2) was adapted to the standardized PUF program (PUF) to be delivered to parents of infants who show developmental and regulatory vulnerabilities at ages 9-10 months. The VIPP-PUF is developed in co-creation with the VIPP-Institute, Netherlands and Danish community health nurses (CHN) to be feasible for use within the existing municipality settings. The VIPP-PUF takes the infants' PUF profile as the starting point and includes extended training and supervision of the CHNs. The VIPP- PUF is currently investigated in a stepped-wedge cluster randomized effectiveness study and a mixed methods study of feasibility and fidelity conducted in 16 Danish municipalities (1).

Background and aims

Child ages 9-10 months offers a window of opportunity regarding early intervention to break developmental trajectories of childhood mental health problems (3). The settings of community health nurses (CHN) have potentials of prevention embedded in the general child health surveillance (3,4), provided effective and feasible measures and intervention to promote sensitive parenting across a range of child vulnerability (2).

Method

The VIPP-PUF intervention is created from the VIPP-Sensitive Discipline (VIPP-SD) and the PUF-program (PUF) to be delivered between child ages 9-14 months. The intervenors, the CHNs, complete a highly supervised training course including one non-clinical and one clinical case. The intervention comprises six sessions of two hours completed over a 3-4 month's period. Each session includes the CNHs analyses and feedback to parents of video recordings of parent-child interactions. The four themes of the VIPP-PUF are elaborated successively during four home visits (Table 1) using a specified and elaborated manual.



Colourbox

Table 1. Frame of the VIPP-PUF intervention and the themes successively elaborated during home visit 2-5.

Home visit	Sensitive parenting	Sensitive teaching	PUF
1	Introduction session	Introduction session	Introduction session
2	Exploration vs. attachment behavior	Inductive teaching and distraction	Child development
3	Speaking for the child	Positive reinforcement	Child development
4	Sensitivity chain	Sensitive pause	Child development
5	Sharing emotions	Empathy for the child	Child development
6	Booster session	Booster session	Booster session

Results

The VIPP-PUF intervention is currently applied in the Infant Health study and so far, more than 100 children and parents have been included to receive the intervention. The ongoing process evaluation has unveiled the need of continuous formalized supervision to secure individual support and the CHNs' adherence to correctly use of the manualized method. Preliminary findings among CHNs showed that the VIPP-PUF intervention is highly accepted among parents and CHNs.

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2) Juffer F, Bakermans-Kranenburg M, Van Ijzendoorn M. Manual VIPP-SD: Centre for Child and Family Studies, Leiden University; 2015.

3) Skovgaard AM et al. (2008), Houmann T, Christiansen E, Olsen EM, Landorph SL, Lichtenberg A, et al. Can a general health surveillance between birth and 10 months identify children with mental disorder at 1(1/2) year? A case-control study nested in cohort CCC 2000. *European child & adolescent psychiatry*. 2008;17(5):290-8.

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