

**Last reviewed:** July 2016

**Intervention website:** <https://watchwaitandwonder.com/>

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Watch, Wait and Wonder

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
<b>Description</b>	Watch, Wait and Wonder (WWW) is a therapeutic intervention for mothers experiencing difficulties caring for a child between 0 and 4 years old. It is delivered by a single therapist to mother and child pairs for an average of 15 one-hour sessions. During each session, the mother receives coaching as she plays with her child.
<b>Evidence rating</b>	2+
<b>Cost rating</b>	N/A
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>Supporting children's mental health and wellbeing                             <ul style="list-style-type: none"> <li>Improved attachment security.</li> </ul> </li> <li>Enhancing school achievement &amp; employment                             <ul style="list-style-type: none"> <li>Improved early learning.</li> </ul> </li> </ul>
<b>Child age</b> (population characteristic)	0 (10 months) to 3 years (30 months)
<b>Level of need</b> (population characteristic)	Targeted Indicated

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	Not reported
<b>Type</b> (model characteristic)	Individual
<b>Setting</b> (model characteristic)	Out-patient health setting
<b>Workforce</b> (model characteristic)	Watch, Wait and Wonder Practitioner
<b>UK available?</b>	No
<b>UK tested?</b>	No

## Model description

Watch, Wait and Wonder (WWW) is a therapeutic intervention for mothers experiencing difficulties caring for a child between 0 and 4 years old.

It is delivered by a therapist to mother and child pairs for an average of 15 one-hour sessions. During each session, the mother receives coaching as she plays with her child.

WWW sessions are an hour long each, and are divided into two parts. The first half hour is infant-led, and the mother is encouraged to be on the floor with her child, to observe and to follow their lead, without guiding the child's play in any way. During this time, the therapist is watching, waiting, and wondering about the interactions between mother and infant.

In the second part of the session, the mother and therapist discuss the mother's observations of her child, her understanding of her child's experience and her experience of the first part of the session, and any difficulties the mother experienced in following her child's lead.

Throughout the sessions, mothers are encouraged to consider their child's feelings, thoughts and desires, to understand their child as a distinct individual. Mothers are also asked to reflect on their own emotional responses to their child and representations of their child's intentions and feelings. The mothers' feelings are then addressed through feedback and support from the therapist.

## Foundations Guidebook – Intervention information sheet

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### Target population

<b>Age of child</b>	0 to 4 years old
<b>Target population</b>	Parents and young children where parents are experiencing difficulty with their young child.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



## Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> <li>Attachment security lays the foundation for children to develop positive expectations of themselves and others</li> <li>Attachment security is thought to reduce the risk of mental health problems as children develop.</li> </ul>	<ul style="list-style-type: none"> <li>Sensitive parent–child interactions increase the likelihood of children developing secure attachment relationships</li> <li>Sensitive parenting is supported by the parents' ability to form positive representations of the child.</li> </ul>	<ul style="list-style-type: none"> <li>Maternal sensitivity and positive representations of the child's behaviour are informed by the mothers' own attachment history</li> <li>Mental health problems and adverse childhood experiences increase the likelihood of negative representations of child behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers are encouraged to reflect on their own emotions while they watch their child play</li> <li>Mothers are encouraged to reflect on their child's needs separately from their own.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers develop positive representations of their child</li> <li>Mothers are less likely to have negative representations of their child</li> <li>Mothers become more sensitive to their child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>Improved mother–infant interaction</li> <li>Reduced risk of the child developing an insecure attachment.</li> </ul>	<ul style="list-style-type: none"> <li>Children develop positive expectations of themselves and others</li> <li>Children are at less risk of future mental health problems</li> <li>Children are at less risk of child maltreatment.</li> </ul>



## Implementation requirements

<b>Who is eligible?</b>	Parents and young children where parents are experiencing difficulty with their young child.
<b>How is it delivered?</b>	Watch, Wait and Wonder is delivered in 15 sessions of one hours' duration each by one practitioner, to individual parent–child pairs.
<b>What happens during the intervention?</b>	Mothers and children engage in free infant-led play, in which mothers are encouraged to follow their child's lead and to observe. Therapists support mothers in considering their and their child's experiences and working through any difficulties in following their child's lead in play.
<b>Who can deliver it?</b>	The practitioner who delivers this intervention is a Watch, Wait and Wonder Practitioner.
<b>What are the training requirements?</b>	The practitioners have approximately 70 hours of intervention training. Booster training of practitioners is recommended.
<b>How are practitioners supervised?</b>	It is recommended that practitioners are supervised by one host-agency supervisor, with 86 hours of intervention training.
<b>What are the systems for maintaining fidelity?</b>	Information on intervention fidelity is not available.
<b>Is there a licensing requirement?</b>	No
<b>*Contact details</b>	<p>Contact person: Mirek Lojkasek</p> <p>Email address: <a href="mailto:mlojkasek@watchwaitandwonder.com">mlojkasek@watchwaitandwonder.com</a>  <a href="mailto:mlojkasek@protonmail.com">mlojkasek@protonmail.com</a></p> <p>Website: <a href="https://watchwaitandwonder.com">https://watchwaitandwonder.com</a></p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>



## Evidence summary

WWW's most rigorous evidence comes from one comparison group study conducted in Canada consistent with Foundations' Level 2+ evidence strength criteria.

This study identified significantly significant improvements in researchers' observations of WWW children's attachment security, emotion regulation, and cognitive development in comparison to children whose mothers participated in a different therapeutic intervention. Additionally, WWW mothers reported less stress and greater confidence immediately after completing the intervention in comparison to the mothers receiving an alternative intervention.

Watch, Wait and Wonder has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

## Search and review

	Number of studies
<b>Identified in search</b>	1
<b>Studies reviewed</b>	1
<b>Meeting the L2 threshold</b>	1
<b>Meeting the L3 threshold</b>	0
<b>Contributing to the L4 threshold</b>	0
<b>Ineligible</b>	0



## Individual study summary: Study 1

Study 1	
<b>Study design</b>	QED
<b>Country</b>	Canada
<b>Sample characteristics</b>	67 mother–infant pairs with children aged 10 to 30 months old, attending a children’s mental health clinic and experiencing functional or emotional difficulties and physically able to participate in play
<b>Race, ethnicities, and nationalities</b>	Not reported
<b>Population risk factors</b>	Infants and mothers attended a children’s mental health clinic, presenting with functional or emotional difficulties
<b>Timing</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Post-intervention</li> <li>• Six-month follow-up.</li> </ul>
<b>Child outcomes</b>	<p><i>Post-intervention</i></p> <ul style="list-style-type: none"> <li>• Improved attachment security (researcher-led assessment)</li> <li>• Improved cognitive development (researcher-led assessment).</li> </ul> <p><i>Six-month follow-up</i></p> <ul style="list-style-type: none"> <li>• Improved emotion regulation (researcher-led assessment)</li> <li>• Improved cognitive development (researcher-led assessment).</li> </ul>
<b>Other outcomes</b>	<ul style="list-style-type: none"> <li>• Improved sense of parenting confidence (parent report, post-intervention)</li> <li>• Reduced parental depression (parent report, post-intervention)</li> <li>• Reduced parenting stress (parent report, post-intervention, and six-month follow-up).</li> </ul>
<b>Study Rating</b>	2+



## Study 1

<b>Citations</b>	<p><b>Study 1a:</b> Cohen, N. J., Muir, E., Lojkasek, M., Muir, R. Parker, C. J., Barwick, M. &amp; Brown, M. (1999) Watch, Wait and Wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. <i>Infant Mental Health Journal</i>. 20, 429-451.</p> <p><b>Study 1b:</b> Cohen, N. J. Lojkasek, M., Muir, E., Muir, R. &amp; Parker, C. J. (2002) Six-month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. <i>Infant Mental Health Journal</i>. 23, 361–380.</p>
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## Brief summary

### Population characteristics

This study involved 67 mother–infant pairs living in Canada and experiencing functional or emotional difficulties, with a child aged 10 to 30 months. 62% were boys.

Ethnicities were not reported.

Mother–infant pairs were recruited from the Hincks-Dellcrest Centre for Children’s Mental Health, a centre offering a range of mental health services to children. Referrals were made by parents or by mental health, medical and child welfare professionals, and presenting problems were predominantly long-standing and included both functional problems regarding infant feeding, sleeping, and behaviour, and emotional problems related to maternal depression and difficulties in bonding and attachment. To be included in the study, mothers and children had to be physically capable of play.

### Study design

34 mother–infant pairs were assigned to the WWW group and 33 to an active control group. Two-thirds of the participating dyads were assigned randomly using a table of random numbers, with the remaining dyads assigned on the basis of therapist caseload and availability.

The active control group received Psychodynamic Psychotherapy (PPT) – an intervention similar to WWW but without the focus on following the infant’s lead that is considered a core feature of WWW. Both groups used the same playroom set-up.

Baseline characteristics were similar for both groups.

### Measurement

Assessments took place at pre-intervention, post-intervention, and six-month follow-up.

- **Parent report** measures included a symptom report form regarding the primary and other problems that led them to seek help, the Parenting Stress Index (PSI), the Parenting Sense of Competence Scale, and the Beck Depression Inventory (BDI).





- **Researcher-led** assessments included the Strange Situation procedure, the Chatoor Play Scale coding of videotaped free play by blinded coders, and the Bayley Scales of Infant Development-I or -II Mental Scales and Infant Behavior Rating Scale Emotion Regulation subscale.

## Study retention

### *Post-intervention*

100% (67) mother–infant dyads participated in post-intervention assessment, representing 100% (34) of WWW participants and 100% (33) of PPT (active control) participants. However, retention varied across measurements, with retention as low as 57% for the Bayley Scales Infant Behavior Rating Scale Emotion Regulation subscale.

### *Six-month follow-up*

87% (58) mother–infant dyads participated in post-intervention assessment, representing 79% (27) of WWW participants and 94% (31) of PPT (active control) participants. However, retention varied across measurements, with retention as low as 58% for the Bayley Scales Infant Behavior Rating Scale Emotion Regulation subscale.

Dyads lost to follow-up did not differ significantly from the remaining participants on background measures or on pre-treatment scores.

## Results

### *Data-analytic strategy*

To assess intervention effect at post-intervention, Two-way ANOVA (analysis of variance) or (in instances of more than one measure of the same variable) MANOVA (multivariate analysis of variance), were used, with ‘group’ as the between factor, and ‘time’ as the within factor. For categorical variables,  $\chi^2$  or Fisher’s Exact tests were used. A six-month follow-up, univariate ANOVA was used with follow-up t-tests where a significant group x time interaction was observed.

### *Findings*

The study observed significant improvements in attachment security at post-intervention, and improvements in cognitive development at post-intervention that were further improved at six-month follow-up, in children in the WWW group compared to the active control group.

The study also observed a significant increase in mothers’ sense of parenting competence in the WWW group, at post-intervention. At six-month follow-up, parents in the WWW group also reported increased comfort in managing presenting symptoms.

### *Limitations*

This study was a QED, with not all participants assigned at random; and the comparison group was an active control group, receiving an alternative intervention.



## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Child outcomes</b>					
Attachment security	Strange Situation procedure (researcher-led assessment) Movement towards secure or organised attachment	Not reported	Yes	66	Post-intervention
Attachment security	Strange Situation procedure (researcher-led assessment) Retained gains or showed movement towards secure or organised attachment	Not reported	No	50	Six-month follow-up
Mother–infant interaction	Chatoor Play Scale (researcher-led assessment)	Not reported	No	67	Post-intervention
Mother–infant interaction	Chatoor Play Scale (researcher-led assessment)	Not reported	No	58	Six-month follow-up
Cognitive development	Bayley Scales of Infant Development-I or -II (BSID-I/II) Mental Scales (researcher-led assessment)	Not reported	Yes	55	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Cognitive development	Bayley Scales of Infant Development-I or -II (BSID-I/II) Mental Scales (researcher-led assessment)	Not reported	Yes*	53	Six-month follow-up
Emotion regulation	BSID-II (researcher-led assessment)	Not reported	Yes**	38	Post-intervention
Emotion regulation	Bayley Scales of Infant Development-II (BSID-II) Behaviour rating scale – Emotion regulation subscale (researcher-led assessment)	Not reported	Yes*,**	39	Six -month follow-up
<b>Parent outcomes</b>					
Parental stress	Parenting Stress Index (PSI) – parent domain (parent report)	Not reported	No	60	Post-intervention
Parental stress	Parenting Stress Index (PSI) – parent domain (parent report)	Not reported	Yes*	50	Six-month follow-up
Parental stress	Parenting Stress Index (PSI) – child domain (parent report)	Not reported	No	60	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental stress	Parenting Stress Index (PSI) – child domain (parent report)	Not reported	No	50	Six-month follow-up
Sense of parenting competence	Parenting Sense of Competence Scale – Total Satisfaction	Not reported	Yes	59	Post-intervention
Sense of parenting competence	Parenting Sense of Competence Scale – Total Satisfaction	Not reported	No	48	Six-month follow-up
Sense of parenting confidence	Parenting Sense of Competence Scale – Total lack of efficacy (parent report)	Not reported	No	59	Post-intervention
Sense of parenting confidence	Parenting Sense of Competence Scale – Total lack of efficacy	Not reported	No	48	Six-month follow-up
Depression	Beck Depression Inventory	Not reported	Yes***	62	Post-intervention
Depression	Beck Depression Inventory	Not reported	No	53	Six-month follow-up
<p>* Compared to post-intervention</p> <p>** While the outcome was significant, the sample size after attrition was too small to contribute to a Level 2 rating according to Foundations evidence strength criteria.</p> <p>*** There was no group x time interaction, but there was a significant difference between group scores at post-intervention with WWW mothers being less depressed than PPT mothers.</p>					



## Other studies

No other studies were identified for this intervention.

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**Note on provider involvement:** This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.