

GUIDEBOOK

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Watch, Wait and Wonder

Review: [Foundations for Life](#), July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Watch, Wait and Wonder (WWW) is a dyadic therapy programme for mothers and young children where parents are experiencing difficulty with their young child (10 to 30 months old).

The programme is delivered by infant mental health specialist over a maximum of 18 weekly sessions, with a minimum of eight sessions and average of 14 sessions.

Evidence
rating: **2+**

Cost rating:
NA

EIF Programme Assessment

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

Evidence
rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

NA indicates that the information required to generate a cost rating is not available at this time.

Cost rating:
NA

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved attachment security

Based on study 1

Improved emotion regulation

Based on study 1

Enhancing school achievement & employment

Improved cognitive development

Based on study 1

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Infants
- Toddlers

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Out-patient health setting

The programme may also be delivered in these settings:

- Out-patient health setting

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
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Where has it been implemented?

Canada

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- Watch, Wait and Wonder is delivered by one practitioner in 15 sessions of one hours' duration each to individual families.

What happens during the intervention?

- Watch, Wait, and Wonder is an infant/child led psychotherapeutic approach. It specifically and directly uses the child/infant's spontaneous activity in a free-play format to enhance maternal sensitivity and responsiveness, the child's sense of self and self-efficacy, emotion regulation, and the child-parent attachment relationship.
- The approach provides space for the infant/child and parent to work through developmental and relational struggles through play. Also central to the process is engaging the parent to be reflective about the child's inner world of initiatives, feelings, thoughts and desires through which the parent recognizes the separate self of the infant and gains an understanding of her own emotional responses to her child (ie promote mentalisation).
- Because of the central role of the infant/child in the intervention and focus on the parent child relationship, Watch, Wait and Wonder differs from other interventions, which tend to focus primarily on the more verbal partner – the parent.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a Watch, Wait and Wonder Practitioner with NFQ 9/10 qualifications.

What are the training requirements?

- The practitioner has approximately 70 hours of training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor providing clinical and skills supervision qualified to NFQ 9/10 level, with 86 hours of programme training.

What are the systems for maintaining fidelity?

Not available

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Positive and sensitive parent/child interactions increase the likelihood of a secure parent/child attachment relationship.
- Parents experiencing multiple hardships and/or an insecure attachment relationship in their own childhood are less likely to develop positive representations of their child, reducing their ability to respond sensitively and appropriately to their child's behaviour.
- Parents receive therapeutic support to improve their ability to form positive representations of their child and provide an appropriately nurturing and sensitive caregiving environment.
- In the short term, parents develop positive representations of their child, their sensitivity increases and the child experiences greater attachment security.
- In the longer term, children will develop positive expectations of themselves and others, demonstrate improved mental health and be at a reduced risk of child maltreatment.

Intended outcomes

Contact details

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About the evidence

Watch, Wait and Wonder's (WWW) most rigorous evidence comes from a QED which was conducted in Canada.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme is underpinned by one study with a Level 2+, hence the programme receives a Level 2+rating overall.

Study 1

Citation: Cohen et al (1999) (initial study) and Cohen et al (2002) (six-month follow-up)

Design: QED

Country: Canada

Sample: 67 clinically referred mother-infant pairs and 57 from original study

Timing: Post-test; 6-month follow-up

Child outcomes:

- Improved attachment security
 - Improved emotion regulation
 - Improved cognitive development
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Other outcomes:

- Improved sense of parenting competence Reduced depression Reduced parenting stress
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Study rating: 2+

Cohen, N.J., Muir, E., Lojkasek, M., Muir, R., Parker, C.J., Barwick, M., & Brown, M. (1999). Watch, Wait and Wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*. 20, 429-451.

Cohen, N.J., Lojkasek, M., Muir, E., Muir, R., & Parker, C.J. (2002). Six-month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal*. 23, 361-380.

Available at

[http://onlinelibrary.wiley.com/doi/10.1002/\(SICI\)1097-0355\(199924\)20:4%3C429::AID-IMHJ5%3E3.0.CO;2-Q/abstract](http://onlinelibrary.wiley.com/doi/10.1002/(SICI)1097-0355(199924)20:4%3C429::AID-IMHJ5%3E3.0.CO;2-Q/abstract)

<http://onlinelibrary.wiley.com/doi/10.1002/imhj.10023/abstract>

Study design and sample

The first study is a QED.

This study compares WWW to another, non-infant led psychotherapy. The participants were families who sought help at a mental-health agency who had been experiencing difficulties with at least two of the following: feeding, sleeping, emotion regulation, attachment security and infant behaviour. Two thirds of the participants were randomly assigned to each treatment group, and one third was allocated on the basis of therapist caseload.

This study was conducted in Canada, with a clinically referred sample of 67 mothers and their 10- to 30-month-old infants.

Measures

Child attachment security was measured using Ainsworth's Strange Situation coded observation (expert observation of behaviour). Mother-infant interaction was measured using the Chatoor Play Scale (expert observation of behaviour). Child cognitive development and behaviour were measured using the Mental Scales of the Bayley Scales of Infant Development-I or II (expert observation of behaviour) and the Infant Behaviour Rating Scale (expert observation of behaviour).

Maternal perception of parenting was measured using the Parental Stress Index (parent report) and the Parenting Sense of Competence Scale (parent report). Maternal depressive symptoms were measured using the Beck Depression Inventory (parent report). Symptoms of infants' problems and mothers' comfort in dealing with the problem were measured using a research-developed symptom report form (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Improved attachment security
- Improved emotion regulation
- Improved cognitive development

The conclusions that can be drawn from this study are limited by methodological issues pertaining to the treatment and comparison groups not being generated by sufficiently robust methods, hence why a higher rating is not achieved.

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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