The BOOST Trial: Feasibility trial of a video feedback parent-infant intervention for parents with personality disorder and their infants

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Background: Children of parents with personality disorder are at increased risk of developing emotional and behavioural difficulties. There is currently no evidence on effective parent-infant interventions.

Aims: To establish the feasibility of video feedback for positive parenting (VIPP) – an intervention to promote sensitivity and secure attachment - for parents meeting criteria for personality disorder and their infants.

Methods: BOOST was a feasibility randomised controlled trial of VIPP for mothers with enduring difficulties in managing emotions and relationships, consistent with a personality disorder, and their 6-36 month old infants. Following a pilot phase where 9 mothers received VIPP, a further 34 mothers were randomly allocated to receive either VIPP or treatment-as-usual alone. Qualitative interview feedback from parents and clinicians, as well as data on intervention uptake and completion rates, were evaluated to determine intervention feasibility and acceptability. Outcome data was collected at 5 and 8 months post-randomisation.

Results: We will present data on intervention feasibility and acceptability as well as child behaviour problems and parenting stress outcomes. Our findings indicate high intervention uptake and completion rates. In qualitative feedback interviews, mothers said they valued the focus of the intervention on the positive aspects of their relationship with their child and the flexible, understanding and non-judgemental relationship with their therapist. They said the intervention had helped them to understand and respond more sensitively to their child and to feel more confident in their relationship with their child and their parenting. Challenges included parents' self-critical thoughts, the rigidity and time-intensive nature of the manualised approach, and practical difficulties around non-attendance and clinic versus home-based intervention delivery.

Conclusions: There is preliminary evidence that VIPP is feasible and acceptable in this patient group. Further testing in a large definitive trial is required.