

# Chapter 3

## **Parents with intellectual disabilities seeking professional parenting support: The role of working alliance, stress and informal support**

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## **Abstract**

Delaying or refraining from seeking advice and support in difficult parenting situations is identified as an important risk factor for child abuse and neglect. This study tested whether the extent of delays in support seeking is associated with working alliance for parents with mild intellectual disabilities (MID), and whether the importance of working alliance may depend on parenting stress and availability of informal support. Delays in support seeking were measured as parental latency (time waited) to approach the support worker. This latency was assessed in the intended response to hypothetical situations (vignettes) and in the reported behavioral response to real life difficult parenting situations from the preceding weeks. Multiple regression analyses were conducted for testing main and interaction effects of predictors on latency for support seeking. Better quality of the working alliance was associated with shorter intended latency to seek support for parents with MID, if parents had little access to informal support. Higher parenting stress predicted a shorter latency for intended support seeking. Parental support seeking intentions were positively associated with support seeking behavior. A good quality of the working alliance might be important to connect needs of parents with MID to resources that professional support can offer, in particular for the most vulnerable parents. Parental reluctance to seek professional support may be the result of a combination of risk factors as well as protective factors and is not always a sign of poor working alliance. Implications for risk assessment and support practice are discussed.

## Introduction

Parenting is among the most complex of human activities and many parents experience difficulties raising their children. When difficulties pile up, and no appropriate support is provided, these initial difficulties sometimes escalate into child abuse and neglect (Azar & Siegel, 1990). Parents with borderline intellectual functioning (BIF) or mild intellectual disabilities (MID) are high at risk for this escalation (Euser et al., 2010; Llewellyn et al., 2003a; McConnell et al., 2011; McGaw et al., 2010; Tymchuk & Andron, 1990). This might be explained by a combination of limited social resources (Llewellyn & McConnell, 2002) and limitations in adaptive and intellectual functioning (Azar et al., 2012). Furthermore, parents with MID experience more sources of stress, such as hardship and poverty (Booth & Booth, 1999), (mental) health problems (Llewellyn et al., 2003b) and more often carry a history of being abused and neglected themselves (Tymchuk & Andron, 1990). Failure to seek help is therefore seen as a risk factor by professionals (Willems et al., 2007) for parents with MID or BIF (in this article further referred to as parents with MID). In a secondary analysis of child maltreatment investigations in Canada, parental non-cooperation with protective services explained why child maltreatment cases involving parents with MID were more likely to result in court applications (McConnell et al., 2011). Furthermore, parental tendency to seek support with difficult child rearing situations has been incorporated in scales to assess parental competence (e.g., Harnett, 2007). Readiness or reluctance to seek support with child rearing has hardly been studied for parents with MID, and little is known about possible determinants of their support seeking behavior.

According to help-seeking models, support seeking is foremost a product of perceptions of need for support (Cohen, 1999; Fischer & Turner, 1970). Need for support is the perception “that there is a problem/task which he or she cannot solve/perform with his or her resources alone” (Cohen, 1999, pp.70). Parental perceptions of a mismatch between abilities and resources to solve parenting issues have also been conceptualized as parenting stress (Deater-Deckard, 1998). Although heightened levels of experienced parenting stress might be required for support seeking, they may not be sufficient. When parents perceive a need for support, the next step is to appraise the availability of support and determining whom, how, and when to ask for support.

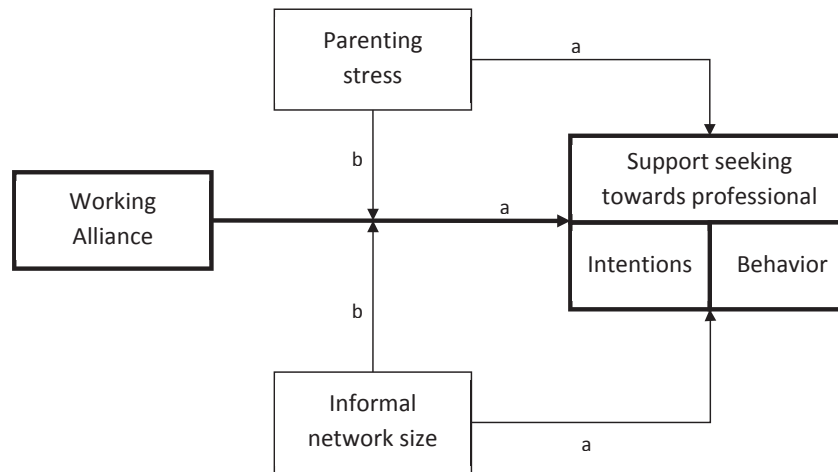
Literature on support seeking behavior distinguishes between formal support seeking, from professional sources, and informal support seeking, from sources such as family members and friends (Ciarrochi & Deane, 2001; D’Avanzo et al., 2012). People prefer support from informal network members over professional support (Marx et al., 2011; Pavuluri et al., 1996), and parents with MID are no exception (Llewellyn

& McConnell, 2002). However, informal support networks of parents with MID are relatively small (Llewellyn & McConnell, 2002) or low on resources for offering the required multi-faceted support. Therefore, support seeking towards professionals is of major interest for parents with MID.

The decision to seek professional support in difficult child rearing situations might depend on the working alliance between the parent and professional (Bordin, 1979). The working alliance refers to the quality and nature of the interaction between professional and client, their agreement about the tasks and goals of the intervention, and the personal bond or attachment that emerges (Kazdin & Whitley, 2006). Working alliance theory (Horvath & Luborsky, 1993) encompasses several theoretical perspectives on the factors determining the quality of the alliance, including psychodynamic, social learning, and ecological perspectives (Horvath & Luborsky, 1993). Theoretical as well as empirical links have been made with attachment (Erickson et al., 1992; Schuengel et al., 2010; Tyrrell et al., 1999; Zegers et al., 2006). Working alliance theory is often applied to explain non-specific factors predicting psychotherapy outcome. It has also been useful as a guide to explain and improve the effects of child welfare and social work, in particular parent training and parenting support in the face of social risk factors (Karver et al., 2005; Kazdin & Whitley, 2006). The role of working alliance in support seeking towards professionals, and its interaction with parenting stress and access to informal support has not been explored in the field of support for parents with MID.

### **Present study**

To explain reluctance of parents with MID in support seeking towards professionals, this study focused on working alliance between the parent and the support worker. In this study, parental descriptions of their support seeking behavior in hypothetical situations were used as an indicator of support seeking intentions. This is in agreement with other studies on support seeking (Wilson et al., 2007). In addition, this study explored parental descriptions of their support seeking behavior in real life situations. Other studies as well have found that intentions and self-reported behavior are moderately associated and therefore should be investigated as distinct (Ajzen, 1991). First, support seeking towards professionals was compared to support seeking towards members of the informal support network. Then, associations between support seeking, working alliance, parenting stress and access to informal support were studied. Hypotheses were that the association between support seeking towards professionals and working alliance would depend on levels of parenting stress and access to informal support. The most vulnerable parents, with high levels of parenting stress and little informal support, might be less capable of social problem solving in



**Figure 1.** Conceptual model of associations between predictors and outcome variable with a) direct pathways and b) moderated pathways

general (Ciarrochi & Deane, 2001). To lower the threshold for support seeking, high quality working alliance might be necessary and therefore working alliance may be more strongly associated with reluctance to seek support among parents with high levels of parenting stress and low levels of informal support. Alternatively, working alliance may be more strongly associated with reluctance to seek support for parents with lower levels of parenting stress. These parents might have trouble to recognize the stressful aspects of parenting or avoid discussing parenting stress and need a good working alliance to approach a professional when they cannot solve a parenting problem. A conceptual model of the study is depicted in Figure 1. Analyses were controlled for parental adaptive functioning, including daily living skills, socialization and communication skills.

## Methods

### Participants

Parents with mild intellectual disabilities or borderline intellectual functioning (American Psychiatric Association, 2013;  $IQ \leq 85$  and impairments in adaptive functioning) with at least one child between 1.0 and 7.0 years of age were recruited from 10 care-organizations for people with intellectual disabilities across the Netherlands. Support staff provided potential participants with written information and asked them for permission to be contacted by the researchers. A total of 200 clients gave

permission for an informed consent visit. Of this group, 156 parents (78%) agreed to participate in the study. Of the other 44 parents, 25 parents declined the invitation and 19 parents could not be reached. Ten parents dropped out after informed consent and four parents who were previously identified by their care organization as a parent with MID obtained IQ scores above 85 and were excluded from analyses. Data were incomplete for 16 parents. The remaining 126 parents (121 mothers, 5 fathers) were on average 30.28 years old ( $SD = 6.86$ ). The mean IQ-score was 71.2 ( $SD = 8$ ) and 75 % were born in the Netherlands.

### **Procedure**

Data were collected in the parents' home during a 2-hour home visit. Questionnaires were adjusted for participants by using larger fonts and character spacing and by repeating the rating scale, numbers as well as text, after every item. The introduction texts were simplified and for each item, standardized explanations were added. The researcher read the statements out loud, after which the parent could fill in the answer. If parents had difficulty finding the answer that best fitted their perception, they could ask the researcher for support. All respondents received a gift voucher of EUR 25. An educational psychologist, appointed at the care-organization which supported the parent, or one of the researchers, collected data on parental adaptive functioning through an interview with the primary professional caregiver of the parent.

### **Dependent variables**

#### ***Intended and behavioral support seeking***

The Support Interview Guide was developed for research with parents with MID (Llewellyn & McConnell, 1999), and focuses on support network composition. To assess parental support seeking in the context of child rearing, the SIG was expanded for this study with two hypothetical difficult child rearing situations (vignettes) and two real-life situations ("Could you please describe a situation with your child, which happened in the last weeks, that you experienced as difficult?"). Vignettes were composed by an expert panel and adapted to the children's age group. A set of potential vignettes was tried in a pilot study with six parents with MID. Vignettes that parents identified most easily with were included in this study. All vignettes are presented in Appendix 1, an example of a vignette for school age children was: "Imagine that your child's teacher tells you that your child frequently hits other children in class". Each vignette and real-life situation was followed by semi-structured interview questions. Parents were asked to indicate "Who would/did you ask for support?" and "When would/did you contact this person?" (directly or the next day, after a few days, after

a week or longer). Questions were repeated until the parent indicated that he/she asked no other persons for support.

Scores for support seeking were based on parental latency to ask for support, which is the time parents waited to ask for support. Asking for support directly or the next day was scored as 1, after a few days was scored as 2, after a week or longer was scored as 3, and no support asked was scored as 4. Support seeking towards professionals as well as support seeking towards informal network members was coded as described above. A mean score was computed for parental reactions on the vignettes and the real-life situations separately. Parental reactions on the vignettes represented intended support seeking (Wilson et al., 2007), parental reactions on the real-life situations represented behavioral support seeking. Higher scores on the outcome variable, latency, represented a longer waiting time to ask for support.

## **Predictors**

### ***Working alliance***

Parents completed the client version of the 12-item Working Alliance Inventory-Short (Tracey & Kokotovic, 1989; Vertommen & Vervaeke, 1990). The WAI has previously been used in studies on parenting support (Herve et al., 2013). Items (e.g. “I believe my support worker likes me”) were rated on a 5-point Likert scale ranging from 1 = never to 5 = always. Higher scores indicated better quality of the working alliance; two items were stated in the opposite direction and had to be reverse coded. Reliability for this study was good, Cronbach’s alpha coefficient for internal consistency was .86.

### ***Parenting stress***

Parenting stress was measured using the Dutch version of the 25-item Parenting Stress Index – Short Form (Abidin, 1983; De Brock et al., 1992). Participants responded to all items (e.g., “My child is so active that it exhausts me”) on a 6-point scale (1=strongly disagree to 6=strongly agree). The PSI, both in the short and the long form, has been successfully used in studies involving parents with intellectual disabilities (Aunos et al., 2008; 2002; Feldman et al., 1997). A mean item score was computed over all items, and higher scores indicated higher levels of parenting stress. For this study, Cronbach’s alpha coefficient for internal consistency was .92.

### ***Informal support network size***

In step one of the Support Interview Guide (SIG; Llewellyn & McConnell, 1999), parents identified persons “who help/support you, and whom you can turn to for help when you need it”. Support persons were mapped in one of five categories:

Household, Family, Neighbours, Friends and Professionals. Informal support network size was computed by summing the number of informal network members.

### **Control variable**

#### ***Parental adaptive functioning***

Parental level of adaptive functioning was assessed with the Dutch version of the Vineland Adaptive Behavior Scales (Sparrow et al., 1984; Van Berckelaer-Onnes et al., 1995). Researchers used the VABS to interview the parents' primary support worker on three areas of functioning: Communication, Daily Living Skills, and Socialization. Communication refers to receptive, expressive, and written language skills (133 items); Daily Living Skills measures the skills needed to take care of oneself and contribute to a household and community (201 items); Socialization refers to those skills needed to get along with others, regulate emotions and behavior (134 items). For this study, an Adaptive Behavior Composite score (Van Duijn et al., 2009) was computed based on raw scale scores for Communication, Daily living skills and Socialization. Higher scores indicated higher levels of parental adaptive behavior. Cronbach's alpha score for ABC-3 within this study was .96.

#### **Data analysis**

The data were analyzed using IBM SPSS statistics version 20. All variables were checked for outliers ( $Z \geq 3.29$  or  $\leq -3.29$ ), and outliers were winsorized to the nearest non-outlier (Tabachnick & Fidell, 2007). This was needed in 3 cases. The distribution of the outcome variables was not different from a normal distribution with Z-scores for skewness lower than 1.96 ( $p < .05$ ). Therefore main effects and interaction effects of predictors on support seeking were tested using hierarchical multiple regression, following the procedures as described by Aiken and West (1991). For describing moderator effects, the 'pick-a-point' procedure (Rogosa, 1980) was used. Separate analyses were conducted with intended and behavioral support seeking towards professionals as dependent variables. Working alliance, parenting stress and informal network size were included as independent variables in step 1. Interaction terms working alliance x parenting stress and working alliance x informal network size were added in step 2. Analyses controlled for parental adaptive functioning. The conceptual model is presented in Figure 1. Separate analyses were conducted for intended support seeking (vignettes) and behavioral support seeking (real-life situations).



## Results

### Descriptive analyses

Table 1 presents descriptive statistics and correlation coefficients for all study variables. Parental mean scores on intended and behavioral latency for support seeking (see Table 1) indicated that parents, on average, waited almost a week or longer to ask for professional support in the difficult situations. Latency for support seeking towards professionals was compared with latency for support seeking towards informal support figures with a paired samples t-test. Parents had a mean score of 2.30 (SD = 1.14) for intended latency to seek informal support and 2.35 (SD = 1.11) for behavioral latency to seek informal support. The difference between informal and formal latency for support seeking was significant, for intended support seeking ( $t(126) = -3.72, p < .001$ ) and behavioral support seeking ( $t(125) = -4.43, p < .001$ ). This means that parents waited longer to turn to professional support than to informal support. Results from correlation analysis show that a shorter intended latency to seek professional support was significantly associated with a shorter behavioral latency to seek professional support ( $p < .01$ ). Contrary to expectations, a better working alliance was not significantly associated with a shorter intended or behavioral latency to seek professional support. Yet, higher levels of parenting stress were significantly associated with a shorter intended latency to seek professional support ( $p < .05$ ). Finally, higher parental adaptive functioning was significantly associated with a better working alliance ( $p < .01$ ).

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**Table 1.** Descriptives and Pearson's correlation coefficients for parental intended and behavioral latency for support seeking towards professionals, working alliance, support network size, parenting stress and parental adaptive functioning

	M (SD)	Range	1	2	3	4	5	6
Support seeking towards professional <sup>a</sup>								
1. Intended (vignettes)	2.81 (1.09)	1-4	-					
2. Behavioral (real-life situations)	2.91 (1.02)	1-4	.37**	-				
3. Working Alliance	4.24 (0.57)	1-5	-.10	-.03	-			
4. Parenting stress	2.65 (0.96)	1-6	-.23*	-.13	.08	-		
5. Informal network size	7.10 (4.05)	0-21	.09	-.02	.00	-.13	-	
6. Parental adaptive functioning	817 (43)	711-907	.01	-.04	.24**	-.03	.07	-

<sup>a</sup> Higher scores indicate longer time until professional was asked for support

\* $p < .05$  \*\* $p < .01$

## Predictors of support seeking towards professionals: main and moderator effects

### *Intended support seeking*

Like the correlation analyses, multivariate analysis did not show an association between intended support seeking towards professionals and working alliance between the parent and the professional (see Table 2). Support seeking with professionals was, again, associated with parenting stress ( $\beta = -.21, p < .05$ ). In response to the vignettes, parents with higher parenting stress intended to wait less long before asking a professional for support.

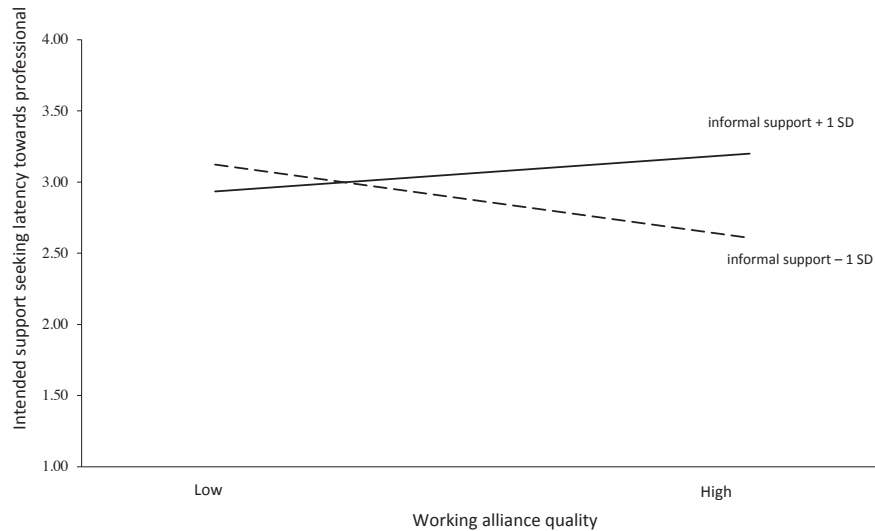
Although working alliance was not directly associated with support seeking, working alliance was predictive for intended support seeking towards professionals for parents who had little access to informal support. Working alliance, in interaction with informal support network size, predicted intended support seeking towards professionals significantly ( $\beta = .25, p < .01$ ; Table 2). Post hoc analyses showed that good quality of the working alliance was associated with a shorter latency to ask for professional support, but only when the informal support network was small. A corresponding plot with separate regression lines for high and low informal support ( $\pm 1$  SD) is shown in Figure 2. With the interaction terms in the model, parenting stress was still significantly associated with latency to ask professional support ( $\beta = -.24, p$

**Table 2.** Hierarchical regression analyses: main effects (step 1) and interaction effects (step 2) of predictors on *intended* and *behavioral* support seeking latency towards professional support<sup>a</sup>

	Intended support seeking		Behavioral support seeking	
	$\beta$	t	$\beta$	t
Step 1				
Parental adaptive functioning	.02	0.23	-.04	-0.38
Working alliance	-.09	-0.95	-.02	-0.17
Parenting stress	-.21	-2.36*	-.13	-1.41
Informal network size	-.07	-0.74	-.03	-0.32
Step 2				
Parental adaptive functioning	-.01	-0.09	-.05	-0.48
Working alliance	-.05	-0.60	.01	0.09
Parenting stress	-.24	-2.71**	-.15	-1.59
Informal network size	.09	1.04	-.03	-0.31
Interaction Working alliance x Parenting stress	.16	1.72	.16	1.59
Interaction Working alliance x Informal network size	.20	2.01*	.07	0.72

\*  $p < .05$  \*\* $p < .01$

<sup>a</sup> Higher scores on the outcome variables indicate longer time until professional was asked for support



**Figure 2.** The interaction effect of working alliance and available informal support on intended latency for support seeking towards professionals (vignettes) of parents with MID.

Note: Higher scores on the outcome variable indicate longer time until professional was asked for support.



< .01); higher levels of parenting stress predicted a shorter waiting time to ask for professional support.

**Behavioral support seeking**

As shown in Table 2, behavioral support seeking towards professionals was not significantly associated with working alliance, parenting stress or informal network size. The interaction terms of parenting stress and informal network size with working alliance were also not significant in the prediction of behavioral support seeking from professionals.

**Discussion**

This study showed that parents with mild intellectual disabilities (MID) waited longer to ask for professional support than for informal support, in hypothetical and real-life situations. The main aim of this paper was addressed by showing that parents who had a positive working alliance with their support worker waited less long to ask for professional support in difficult child rearing situations, but only if they had little access to informal support. Otherwise, parents with higher levels of informal support

and a positive working alliance with their support worker also showed a long latency to approach a professional for support. In other words, a longer latency to approach a support worker was not always indicative of a negative working alliance. Furthermore, parents with higher levels of parenting stress had higher intended support seeking towards professionals. Working alliance, parenting stress and informal support were not directly associated to actual support seeking behavior. However, these factors may be indirectly linked to actual support seeking behavior towards professionals, based on the association between intended support seeking and reported support seeking behavior. In sum, when parents indicate that they would wait long before they call a professional for support with a parenting problem, this may be driven by risk factors (e.g. low quality working alliance and low informal support) but also by protective factors (e.g. high levels of informal support and high working alliance quality; see Figure 2).

The most vulnerable parents, with little access to informal support, appeared to depend most strongly on the quality of the professional support relationship. These findings connect to other studies on determinants of support seeking. When stress, risk factors and little personal resources accumulate (e.g., lower emotional competence; Ciarrochi & Deane, 2001), effective support use becomes more dependent on external factors. The present findings indicate that when access to informal sources of support is low, at risk parents do not turn to professional support by default, but may require a trusting relationship before doing so even more than parents with ample access to informal sources of support.

The association between working alliance and support seeking was not altered by levels of parenting stress. However, higher parenting stress was directly associated with higher intended support seeking towards professional support, even when the interaction effect between access to informal support and working alliance was taken into account. This is consistent with broader help-seeking literature which indicates that accurate appraisal of one's own resources to address challenges is associated with adequate patterns of support seeking (Cohen, 1999). Parenting stress is generally seen as a risk factor for parenting and child outcomes (Deater-Deckard, 1998). In this study, it was hypothesized that higher levels of parenting stress would indicate parental vulnerability, and therefore a higher threshold for asking support. However, parenting stress appeared to fulfill the role of motivator for change (Abidin, 1992) through stimulating parental support seeking for problems that surpass perceived competence.

Direct effects of working alliance, parenting stress and informal support were not found for behavioral support seeking in real-life situations. This might be due to large individual variability of real-life difficult child rearing situations. The real-life situations

ranged from a child having high fevers to a child having three tantrums a day, while the vignette-situations were standardized for all participants. Still, behavioral support seeking was associated with intended support seeking. This is consistent with findings of other studies that compared intentions with real-life behavior (Ajzen, 1991). The “theory of planned behavior” emphasizes the need to take account of behavioral control as a factor affecting real life behavior, in addition to intentions (Ajzen, 1991). Practical circumstances, such as limited phone credits or having lost important phone numbers, might disturb the pathway from parental intentions to seek professional support to actual support seeking behavior for parents with MID.

### **Limitations and future research**

The results of the present study must be considered in the context of limitations of the research design. Due to the cross-sectional nature of the data, no definite conclusions can be drawn about the direction of the associations. A reversed direction of the association between support seeking intentions and working alliance might also be plausible, with parents who waited less long to ask for professional support being more positive about their working alliance because they received more support from their support worker. Future research should focus on obtaining longitudinal data on support seeking behavior of parents with MID, to confirm or invalidate the model as proposed in this study.

### **Implications**

Implications for practice are that parental reluctance to ask for professional support should not exclusively be seen as a parent related indicator of risk, but as a result of a combination of parental and contextual factors. For parents with small informal support networks, parental reluctance to ask for professional support might be a consequence of a non-optimal working alliance quality. Proactive approaches towards parents with MID who fail to seek professional support may therefore be especially required for those parents with small informal support networks. The concept of working alliance, with its components of bond and agreement on tasks and goals, provides important concrete leads for child welfare and social work professionals to reduce the latency in seeking support in future stressful situations, improving the longer term effectiveness of their efforts to prevent child abuse and neglect in families of parents with MID.

Working alliance quality is not always the key to a shorter support seeking latency. The results show that when parents have a relatively large support network, the intention to approach professional support figures may not be determined by the working alliance. Furthermore, reluctance to seek support was highest for parents

who had both a positive working alliance and ample access to informal support (see Figure 2). Risk assessments in families where parents have MID should therefore not judge parents on their reserved attitude with respect to professional support, but instead include assessment of possible factors that underlie parental reluctance to ask professional support.

In this sample of parents with MID, level of adaptive functioning appeared not to interfere directly with support seeking. However, parental adaptive functioning was associated with working alliance. This might indicate that limited parental adaptive functioning creates an additional challenge for parents and professionals to build working alliances of high quality. Therefore, parents with lower adaptive functioning might be at heightened risk when their informal support network may be too small or inadequate to meet their support needs.

This study adds to the understanding of supporting parents with MID by identifying working alliance as a factor accelerating or delaying support seeking of parents with MID. Other research revealed that parents with MID did not feel close to or comfortable asking and accepting support from service providers and that these may be potential obstacles to parents and professionals (Llewellyn & McConnell, 2002). Furthermore, mothers with MID pointed out in interviews that affirming the central role of the parent was important for them in choosing with whom to seek support (Mayes et al., 2008). This study provides the discussion of support seeking by parents with MID with empirical data, and puts forward the importance of positive alliances between parents with MID and their support staff, with agreement on tasks and goals of support and a positive bond between parent and professional, as a key factor.

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### **Appendix. Vignettes to assess intended support seeking**

#### **Age 1-2**

- a. Imagine that your pediatrician makes comments about your child's weight. He is worried about it.
- b. Imagine that your neighbors tell you that they hear your child cry often. They wonder what's going on.

#### **Age 3-4**

- a. Imagine that people in the supermarket say that you should be stricter for your child. They see that he grabs products from the shelves and does not listen to you.
- b. Imagine that neighbors tell you that they hear noise and yelling from your house. They wonder what's going on.

#### **Age 5-6**

- a. Imagine that your child's teacher tells you that your child frequently hits other children in class
- b. Imagine that your support worker tells you that your child often has a big mouth or is being rude towards adults.