

Chapter 4

Expecting change: Mindset of staff supporting parents with mild intellectual disabilities

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Abstract

This study of staff supporting parents with mild intellectual disabilities or borderline intellectual functioning (MID) focused on staff mindset regarding the extent to which parenting skills of parents with MID can change (an incremental mindset) or are static (an entity mindset). Staff mindset was tested as a predictor of two outcome variables: quality of the working alliance and parental waiting time to ask professional support. In addition, mindset was tested as a moderator of associations between parental adaptive functioning and the two outcome variables. A small majority of staff (56%) held a more incremental oriented mindset. A more incremental oriented mindset was associated with a shorter intended waiting time to seek professional support. Staff mindset moderated the association between parental adaptive functioning and working alliance, that is, lower levels of parental adaptive functioning were associated with lower working alliance quality, but the association was less strong when staff held a more incremental oriented mindset.

The results of the current study show that staff mindset might be important for the quality of support for parents with MID and for reducing the risks for families where parents have MID. Attention is due to staff mindset in improving support for parents with MID.

Introduction

The quality of parenting by mothers and fathers with mild intellectual disabilities (MID) or borderline intellectual functioning (BIF; in this article both groups are combined and further referred to as parents with MID) is challenged by a multiplicity of risk factors (Willems, De Vries, Isarin, & Reinders, 2007), such as the absence of a supportive network, limited financial resources, low parental mental health and a lack of positive parenting role models (Booth & Booth, 1999; Llewellyn & McConnell, 2002; Llewellyn, McConnell, & Mayes, 2003; Tymchuk & Andron, 1990). Besides these factors, parents with MID have to deal with negative attitudes of others towards parents with MID (McConnell & IASSID, 2008). These negative attitudes may indirectly undermine parenting by parents with MID. Aunos and Feldman (2002) hypothesized that stigmatization may discourage the seeking of support, for fear of affirming the negative expectations of others. Reluctance to seek support by parents with MID was identified by professionals as a factor that diminished the chances of so-called 'good enough', as measured by lack of reports of abuse by the parent, lack of involvement of mandated child protection agencies, and having no children under legal custody (Willems et al., 2007). The role of attitudes and mindsets of support figures in the lives of parents with MID has been explored only to a limited extent. Therefore, the present study examined the attitudes of support workers towards parenting by persons with MID and especially associations between attitudes of workers with support provision and support use by parents.

Attitudes of others towards parenting by persons with MID may concern specific aspects of parenting, including perceived risk of parenting quality for the child (Proctor & Azar, 2013), perceived risk of maltreatment (McConnell & Llewellyn, 2002), and the extent to which parenting skills of parents with MID are deemed remediable (McConnell, Llewellyn, & Ferronato, 2006). A functional contextual approach to parenting (Benjet, Azar, & Kuersten-Hogan, 2003) directs the focus on parental capacity to change rather than parenting capacities as a static trait. Therefore, professionals' ideas about learning better parenting skills by parents with MID are of most interest.

Ideas about the changeability of a person's characteristics have been conceptualized as implicit theories or mindset (Dweck, Chiu, & Hong, 1995a). People hold implicit theories about whether certain behaviors or characteristics are static and cannot be changed, called an entity mindset, or malleable and susceptible for change, called an incremental mindset (Dweck & Leggett, 1988). People's implicit theories vary across characteristics; a person might hold an implicit theory that IQ is static, while he also holds an implicit theory that moral behavior is malleable. Implicit theories shape people's judgments and reactions. People with an incremental oriented

mindset have, more than people with an entity oriented mindset, a tendency to focus on psychological factors mediating other persons' behaviors. As a result, incremental theorists, more than entity theorists, tend to focus on remediable actions towards the behaviors of others (Dweck, Chiu, & Hong, 1995b). This model of implicit theories is therefore relevant to professionals' ideas about the malleability of parenting skills for parents with MID.

Little is known about how professionals think about the malleability of parenting skills for parents with MID. In a group interview study among 155 child protection workers, McConnell et al. (2006) found that "the prejudicial presumption that parenting deficiencies are irremediable pervaded the group discussions" (McConnell et al., 2006; p. 237). Another conclusion may be that professionals who are concerned with support for parents with MID do not always believe in parental capacity to change parenting skills. McConnell and colleagues' study took a qualitative approach, and focused on the mindset of workers in the child protection system, whose job it is to evaluate parental and family functioning and who therefore may adopt a relatively distant or objective attitude towards parents with MID. The study did not include direct support staff for parents with MID, who might be more directly engaged with the parents. Their thoughts about the malleability of parenting skills for these parents might therefore also be different. Furthermore, the potential consequences of professionals' mindset for service use and service provision have not been studied.

Based on the assumption that implicit theories affect cognition and behavior, implicit theories of staff supporting parents with MID might have consequences for the quality of the relation between parents and staff. In partner relationships, dyadic adjustment in a relationship has been found to increase when a partner's expectations towards the other are positive. A partner's expectations then function as a promoter for growth (Kumashiro, Rusbult, Finkenauer, & Stocker, 2007), an effect known as the Michelangelo phenomenon (Rusbult, Finkel, & Kumashiro, 2009). The Michelangelo phenomenon might also apply to relationships between parents with MID and support staff. Parents might, through verbal and nonverbal signals of staff, pick up on what support staff expects about their possibilities to change their parenting skills. Staff expectations might then, directly or through parental personal growth, enhance or diminish the quality of the relationship.

Moreover, staff mindset might be associated with parental support seeking towards professionals. Parents with MID as a group are often described as non-cooperative and resistant towards support (McConnell, Feldman, Aunos, & Prasad, 2011), and therefore it is important to know what might contribute to openness to change. Because informal support networks of parents with MID are often small (Llewellyn & McConnell, 2002), support seeking towards professionals is highly relevant. Accord-

ing to self-determination theory, people seek for satisfaction of three basic needs: competence, autonomy and relatedness, and fulfillment of these needs predicts psychological well-being (Deci & Ryan, 2008). If staff convey to parents that they believe in their potential to improve their parenting skills, the relationship with these staff is likely to be more perceived as a potential source of competence, enhancing intrinsic motivation to strengthen this relationship further.

While evaluating associations between staff mindset and service use or service provision, parental adaptive functioning should also be taken into account. Parental adaptive behavior “is the collection of conceptual, social, and practical skills” (AAIDD, 2014, Adaptive Behavior, para. 1). Parental adaptive functioning might facilitate or hinder the collaboration between parents and staff. It might be more difficult for staff to work together with parents with limited social, conceptual and practical skills, leading to lower quality of the working alliance, while parents who readily understand suggestions and put these into practice may contribute to higher quality of the working alliance. In addition, parental adaptive functioning might affect staff mindset. Staff might become less confident about learning capacity if parents have lower levels of adaptive functioning. Therefore parental adaptive functioning might confound associations between staff mindset and working alliance or parental support seeking towards professionals. In addition, the impact of adaptive functioning on working alliance or parental support seeking might interact with staff mindset. Staff implicit theories about capacity to change parental behavior might weaken the impact of parental behavior on staff behavior and, therefore, the impact on working alliance and parental support seeking.

The purpose of the current study was to explore the mindset of staff supporting parents with MID. Expected associations were tested between more incremental oriented mindset of staff and better quality of parent-staff working alliance and shorter time before parents would seek support after a problem would occur. While studying possible contributions of mindset, contributions of parental adaptive functioning to quality of working alliance and support seeking intentions were accounted for. Firstly, main effects of mindset were tested, controlling for possible effects of parental adaptive functioning. Corresponding hypotheses were that, regardless of parental adaptive functioning, parents and staff would judge working alliance as more positive when staff held an incremental oriented mindset, and parents would have a higher tendency to seek professional support when staff held a more incremental oriented mindset. Secondly, it was tested whether staff mindset altered the associations between parental adaptive functioning and the outcome variables (interaction or moderating effects of mindset). It was hypothesized that parental adaptive functioning would be more strongly associated with working alliance and time that parents would

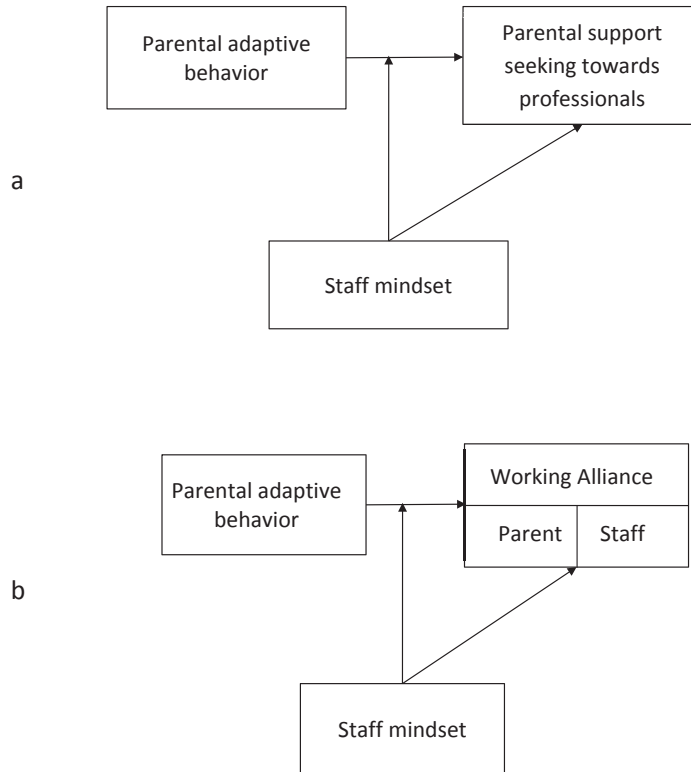


Figure 1. Conceptual model with main effects and interaction effect of parental adaptive functioning and mindset as predictors of a) parental support seeking towards professionals and b) working alliance as perceived by the parent and working alliance as perceived by staff.

wait before seeking support when staff held an entity oriented mindset. A conceptual model of the hypotheses is depicted in Figure 1.

Methods

Participants

Staff members for this study were recruited among participants of a study on support for parents with ID (Meppelder, Hodes, Kef, & Schuengel, 2014). The mindset questionnaire was sent to 131 staff members, supporting 123 parents. Seventy-four staff members, supporting 89 parents, returned the questionnaire. When two or more staff members returned questionnaires for one parent, a dyad was formed based

on parental opinion about who their most important support worker was. The final sample consisted of 63 staff members supporting 76 parents. The staff members (61 women, 2 men) were on average 42.6 years old (SD = 16.7) and had on average 6.0 years of work experience (SD = 4.3), ranging from 1 to 20 years, with families where parents have ID. Parents (72 mothers, 4 fathers) were on average 30.9 years old (SD = 6.9). Their children were between 1 and 7 years of age. The mean IQ-score of the parents was 72 (SD = 6.8) and 61 parents were born in the Netherlands. The most frequent mentioned countries of origin of the other 15 parents were Curacao (6), Morocco (2), and Suriname (2). Independent samples t-tests showed no differences on parental and staff age, parental IQ, staff years of work experience and all study variables between the group of staff and parents that participated in the current study and the group that only participated in the larger study.

Procedure

Questionnaires for support staff were mailed-out with a cover letter and a return postage paid envelope. Parental data were collected during a 2-hour home visit. Questionnaires were adjusted for parents with ID 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 parent respondents received a gift voucher of EUR 25.

Ethical approval was obtained by the Medical Ethical Committee of VU University Medical Center, Amsterdam (ref.nr. NL31934.029.10).

Measures

Mindset

Staff completed an 8-item measure of implicit theories about the static or malleable nature of parenting capacities of parents with ID, based on the work of Levy, Stoessner, and Dweck (1998). The measure contained four entity items (e.g., “The kind of parent someone is, is something basic about them, and it can’t be changed very much”) and four incremental items (e.g., “Every parent, no matter who they are, can significantly change their parenting style”). Each item was accompanied by a scale ranging from 1 to 6 (1 = strongly disagree, 6 = strongly agree). For descriptive analyses of staff mindset, a mean score for the entity items (entity subscale) and a mean score for the incremental items (incremental subscale) were computed. Cronbach’s

alpha coefficient for internal consistency was 0.90 for the entity items and 0.87 for the incremental items. To study associations between staff mindset and other study variables, an overall index for mindset was computed as the average of the incremental items and the reverse scored entity items so that higher scores indicated a more incremental oriented mindset. Cronbach's alpha coefficient for internal consistency of this index was 0.92.

Working alliance

Parents and staff completed the 12-item Working Alliance Inventory-Short (WAI-S; Tracey & Kokotovic, 1989; Vertommen & Vervaeke, 1990). The WAI-S was shown to yield highly comparable scores as the full WAI, with high internal consistency (Cronbach's alpha > .91) and strong predictive validity (Busseri & Tyler, 2003). The WAI-S has a client version and a professional version with corresponding items, and has previously been used successfully in studies on parenting support (Herve et al., 2013). Items were rated on a 5-point Likert scale ranging from 1 = never to 5 = always. Two items were stated in the opposite direction and had to be reverse coded, so that higher mean item scores indicated better quality of the working alliance. Cronbach's alpha coefficient for internal consistency in the current sample was 0.86 for the parents and 0.84 for support staff.

Seeking formal support

As a measure of parental support seeking towards professionals, parental intended support seeking during two vignettes describing difficult child rearing situations was assessed (Wilson, Deane, Ciarrochi, & Rickwood, 2007). The vignettes were presented to participants as an extension of the Support Interview Guide (Llewellyn & McConnell, 1999), an interview on support network composition developed for research with parents with MID. Vignettes were composed by an expert panel and adapted to the child's age. A large set of vignettes was trialed in a pilot study with six parents with MID, the vignettes that parents could best imagine were selected for presentation in this study. Each vignette was followed by a semi-structured interview. Parents were asked to indicate "Who would you ask for support?" and "When would you contact this person?" (directly or the next day, after a few days, after a week or longer).

Scores for support seeking were based on parental latency to ask for professional support, which is the time parents waited to ask for professional 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. A mean score was computed for parental reactions on the vignettes. Higher scores on the

outcome variable latency represent a longer waiting time to ask for support, which for this study was considered as non-desirable.

Parental adaptive functioning

Parental level of adaptive functioning was assessed with the Dutch version of the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984; Van Berckelaer-Onnes, Buysse, Dijkxhoorn, Gooyen, & Van der Ploeg, 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). The VABS is routinely used in studies with children and adults with intellectual disabilities, showing expected patterns of associations with IQ measures in young adults (Dacey, Nelson, & Stoeckel, 1999). For this study, an Adaptive Behavior Composite score (Van Duijn, Dijkxhoorn, Noens, Scholte, & Van Berckelaer-Onnes, 2009) was computed based on raw scale scores for Communication, Daily living skills and Socialization. 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 ($Z = 3.29$ or $= -3.29$; Tabachnick & Fidell, 2007) and no outliers were detected. Main effects of staff mindset and interaction effects of adaptive functioning x mindset on working alliance and support seeking (see Figure 1) 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 for working alliance as perceived by the parent, working alliance as perceived by support staff and parental support seeking towards professionals as dependent variables.

Results

Preliminary analyses

Staff ($n = 63$) had a mean score of 3.75 ($SD = 0.78$) on the mindset index. Analyses of the mean scores on the entity and incremental subscales revealed that 26 staff members (41 %) had a higher score on the entity than the incremental subscale, 35 staff

Table 1. Descriptives and Pearson correlation coefficients (*r*) for all study variables (*n* = 76)

	Mean (SD)	Range	1	2	3	4	5
1 Mindset ^a	3.75 (0.78)	2.0 – 5.3	-				
2 Working alliance - parent	4.21 (0.57)	2.5 – 5.0	.14	-			
3 Working alliance - staff	3.90 (0.41)	2.8 – 4.8	.08	.49**	-		
4 Parental adaptive functioning	814 (44)	711 – 893	.11	.35**	.40**	-	
5 Latency for support seeking ^b	2.84 (1.10)	1 – 4	-.25*	-.11	-.04	.04	-

^a Higher scores indicate a more incremental oriented mindset

^b Higher scores indicate a longer waiting time to ask professional support

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

members (56 %) had a higher score on the incremental than on the entity subscale. Two staff members (3 %) had equal scores on the entity and incremental subscale. Descriptive data of and bivariate correlations between all study variables are presented in Table 1. Higher scores on the mindset index (indicating more incremental than entity mindset) were significantly associated with a shorter parental latency for support seeking ($r = -.25, p < .05$), but not with quality of the working alliance. Higher parental adaptive functioning was significantly associated with a better quality of the working alliance from the parents' perspective ($r = .35, p < .01$) and of the working alliance from the professionals' perspective ($r = .40, p < .01$).

The results as described above applied to the whole group of participants. To get a better understanding about whether these results might be different for staff members with an entity or an incremental mindset orientation, staff members were divided in two groups, one with higher scores on the entity subscale than on the incremental subscale ($n = 26$), and one with higher scores on the incremental subscale than on the entity subscale ($n = 35$). Then, bivariate correlation analyses between parental adaptive functioning and all outcome variables were conducted separately for the two groups. For entity oriented staff, a strong association between parental adaptive functioning and working alliance from the parents perspective was found ($r = .52, p = .007$), whereas for incremental oriented staff, the association was non-significant ($r = .27, p = .08$). Results for working alliance from staff perspective showed a similar pattern. For entity oriented staff, a strong association was found between parental adaptive functioning and working alliance ($r = .61, p < .001$) whereas for incremental oriented staff the association was more modest ($r = .30, p = .049$). In other words, the association between parental adaptive functioning and working alliance quality was moderate to strong when staff believed less in parental possibility to change parenting skills, whereas the association was non-significant or modest when staff believed more in parental possibility to change parenting skills. Parental adaptive functioning

was not associated with parental support seeking towards professionals, whether staff held a more entity oriented or incremental oriented mindset.

Mindset, parental adaptive functioning and working alliance

To further explore the associations between mindset, parental adaptive functioning and working alliance, regression analyses were conducted with the mindset index (mean score of 8 items, entity items reverse scored; higher scores indicated a more incremental oriented mindset). Full regression results are reported in Table 2. Results from regression analyses confirmed the finding in bivariate correlations that adaptive functioning predicted parent reported working alliance ($\beta = .33, p < .05$). Mindset

Table 2. Multiple regression of main and interaction effects of parental adaptive functioning, mindset and parental adaptive functioning x mindset as predictors of working alliance from parental and staff perspective and parental latency for support seeking towards staff.

	Working Alliance Parent		Working alliance Staff		Latency for support seeking towards staff ^b	
	β	<i>t</i>	β	<i>t</i>	β	<i>t</i>
Constant	4.23	69.81**	3.92	93.77**	2.87	23.33**
Parental adaptive functioning	.37	3.42**	.43	4.13**	.09	.75
Mindset ^a	.12	1.15	.06	.59	-.25	-2.19*
Parental adaptive functioning x Mindset	-.26	-2.48*	-.31	-2.98**	-.16	-1.44
<i>R</i> ²	.20	5.94**	.25	8.00**	.09	2.48

^a Higher scores indicate a more incremental oriented mindset

^b Higher scores indicate a longer waiting time to ask professional support

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

did not predict parent reported working alliance. However, there was an interaction effect of mindset x adaptive functioning on parent reported working alliance ($\beta = -.26, p < .05$). Post hoc analyses showed that adaptive functioning and parent reported working alliance were less strongly associated for incremental oriented staff. Corresponding plots with separate regression lines for high and low incremental mindset (± 1 SD) are depicted in Figure 2.

When examining the regression analyses for staff reported working alliance, results were comparable. Parental adaptive functioning predicted staff reported working alliance ($\beta = .39, p < .01$). Mindset did not predict staff reported working alliance. Again, there was an interaction effect of mindset x adaptive functioning on staff reported working alliance ($\beta = -.31, p < .01$). Post hoc analyses showed that adaptive function-

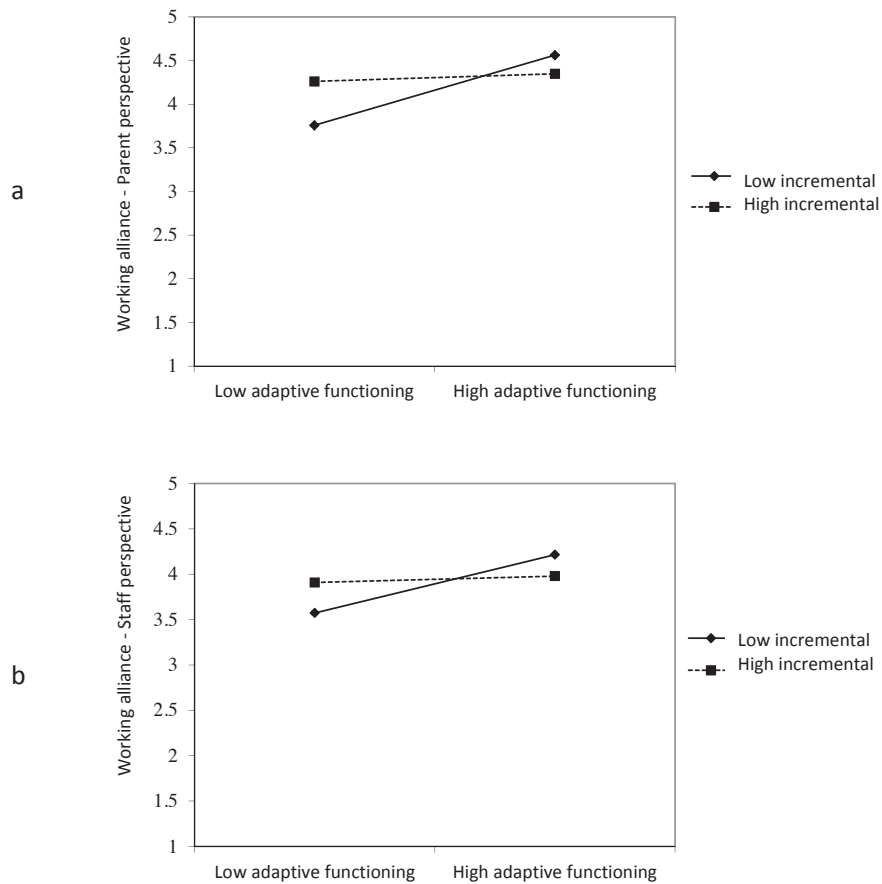


Figure 2. The interaction effect of parental adaptive functioning and mindset on working alliance from a) parent perspective and b) staff perspective

ing and staff reported working alliance were less strongly associated when support staff was more incremental oriented (see Figure 2).

Mindset, parental adaptive functioning and support seeking

Regression analyses confirmed the findings with bivariate correlations that staff mindset predicted parental support seeking towards professionals ($\beta = -.26, p < .05$). That is, when staff held a more incremental oriented mindset, parents waited less to ask professional support. Adaptive functioning did not predict parental support seeking towards professionals and there was no significant interaction effect of adap-

tive functioning x mindset. With the interaction term in the model, staff mindset still significantly predicted latency for support seeking towards professionals ($\beta = -.25, p < .05$).

Discussion

Parenting interventions for parents with MID have been found to show encouraging results in improving parenting knowledge and skills for parents with MID, or at least for a part of the parents with MID (Coren, Thomae, & Hutchfield, 2011). Among the participants in the current study, there appeared to be a group of staff ($n = 26$) who might not be convinced about the possibilities to improve parenting skills for parents with MID. This finding is noteworthy because in the current study, parents with MID intended to wait less before they asked professional support when staff was more convinced about parental possibilities to change parenting skills. Moreover, working alliance quality appeared to be less strongly interrelated with parental adaptive functioning when staff believed in parental possibilities to change parenting skills. These are indications that staff mindset might have consequences for service use and service provision.

The current results are to some extent consistent with results of McConnell and his colleagues (2006), who found that the idea that parents with MID cannot change their parenting skills was upheld by a large number of child protection workers. However, the current sample showed that professionals who subscribed to parental potential for change in parenting skills formed a narrow majority. Differences might be explained by differences in study population and research methods, as the current study was the first to study professionals' ideas about malleability of parenting skills of parents with MID with questionnaires and in a group of direct support workers.

Parental adaptive functioning, operationalized as socialization, communication and daily living skills, was associated with working alliance from the parents and staff perspective. This suggests that establishing a good working alliance with a parent with MID might be challenged by limited parental functioning. When staff held an incremental mindset, and thus was more convinced about parental capacity to change parenting skills, working alliance quality and parental adaptive functioning were less strongly linked. For staff with an incremental mindset, parent behavior might be less of a barrier to establish a good working alliance because mindset affects interpretations of behavior and yields a more optimistic approach towards parental behavior (Dweck, Chiu, & Hong, 1995b). A more incremental oriented mindset was not directly associated with a better quality of the working alliance. The Michelangelo phenom-

enon (Rusbult et al., 2009), as found in partner relationships, appeared not to apply to relations between staff and parents with MID.

The finding that parents had a shorter latency to ask for professional support when staff held an incremental mindset was in line with the main effects hypotheses as posed in the Introduction section. This result connects to the work of Aunos and Feldman (2002) who hypothesized that perceived stigma would be associated with a hesitant attitude of parents towards professionals, an indicator of risk for parents with MID. The current result might be explained by the self-determination model. Verbal and nonverbal behavior of an incrementally oriented support worker might signal to parents their fundamental need to feel more competent might be satisfied by working with the support staff (Deci & Ryan, 2008). Contact under these conditions might therefore also enhance parental well-being and increase the intrinsic motivation to seek for support with staff who has an incrementally oriented mindset. However, because of the cross-sectional design of the study it is also possible that proneness to seek support in parents leads to an incremental mindset in support workers.

The current study used the framework of mindset theory (Dweck, Chiu, & Hong, 1995a) as a framework for studying staff ideas about behavior of clients, in this study parents with MID. While exploring the literature on staff supporting people with ID, several studies were found that used Weiner's (1985) attribution theory as starting point (Noone, Jones, & Hastings, 2006; Zijlmans, Embregts, Bosman, & Willems, 2012). Attribution theory states that a person's attributions about causes of behavior affect emotional and behavioral reactions towards other persons. Attribution theory describes three basic dimensions of attributions; locus (whether the cause of behavior is inside or outside the person), controllability (the extent to which a person is in control of their behavior) and stability (whether behavior is stable or temporary). The latter appears to be closely related to the concept of incremental or entity mindsets (Graham, 1995; Hong, Chiu, Dweck, Lin, & Wan, 1999). Few studies have discussed the possible overlap between mindset and attribution theory on the basis of actual empirical data. Therefore, the nature of the association between attributions and mindset remains unclear, as attributional tendencies might derive from or cause people's mindset. A review showed that the applicability of attribution theory was only partially supported for support behavior of staff supporting people with ID (Willner & Smith, 2008). Further research on malleability of parenting skills of staff supporting parents with MID might also include the three basic dimensions of attribution theory. This could broaden our understanding of associations between staff ideas about parental behavior with support provision to parents with MID.

The current study had a few limitations, which should be taken into account in the interpretation of the results. First, the data were cross-sectional, meaning that the

causal direction of effects is inconclusive. To clarify whether mindset has causal effects on service provision to and service use of parents with MID rather than vice versa, there is a need for controlled intervention studies and studies with repeated measures designs to test the causal hypotheses.

Another limitation concerns the mediating steps linking staff mindset and the outcome variables. Now that this linkage has been established, it will be important to know what parents may concretely notice to be different with staff with an incremental mindset compared to staff with an entity mindset. With observational measures of staff verbal and nonverbal behavior, and interviews with parents about their experiences with staff, additional entry points for intervention and work with staff and parents may be identified.

The current study underlines the fact that parents with MID who receive formal support cannot presume that staff holds optimistic views about parental capacities to change parenting behavior. Earlier studies found negative presumptions about remediability of parenting behavior among child protection workers and general practitioners (Aunos & Feldman, 2002; McConnell et al., 2006). With this study, the need to pay attention to mindset of direct support workers was highlighted, together with a need to explore options to change staff mindset. Other studies, within the broader research tradition on mindset theory and consequences for behavior, have tried to change mindset by priming (Bhanji & Beer, 2012; Moorman & Pomerantz, 2010). Future research should focus on predictors of mindset for staff of parents with MID, providing clinical practice with approaches to change the mindset of this specific group of staff.

As stated earlier, effects of mindset on quality of the working alliance and parental support seeking might be mediated by staff verbal and nonverbal behavior, resulting in greater parental feelings of competence. If future research confirms the role of these possible mediators, interventions to improve self-determination through staff behavior (Frielink & Embregts, 2013; Wong & Wong, 2008) might be helpful for supporting parents with MID. Taken together, the current findings show that mindset of staff supporting parents with MID appears to be an important topic to take into account while improving support for parents with MID, especially for parents with lower levels of adaptive functioning.

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