

Building Compassion-Based Relationships with Caregivers

Section 12



Throughout this section, caregiver is used to represent parents, legal guardians, grandparents, and whomever is the primary caregiver for a student.

The opportunities educators have for relationships with students' caregivers can leave them vulnerable to compassion fatigue too. The drivers of compassion fatigue around caregivers can be very similar to those that drive compassion fatigue around students. When we come to understand the trauma families face, try to meet unrealistic expectations of those relationships, and/or feel ineffective in building positive relationships with caregivers, it can lead to behaviors that are signs of compassion fatigue. We do not have to look far to hear educators blaming caregivers, using the home life as an excuse for lowered expectation of students, and not wanting to get to know the family context of their students. Of course, the same is true in reverse. It is not uncommon to hear caregivers blaming educators for the challenges their children face and spending time building fences rather than bridges.



[Distribute this document to all participants to explore prior to the following application activities.](#)



Key Activity

[Compassionate Connection to Caregivers Activity – activity for a staff meeting](#)

Wellness Practice

Bringing It All Together Through My Hands – An activity to summarize compassion and self-compassion found in the document to distribute in the information section of the toolkit

Circle Agenda

[Staff Circle Agenda, Section Twelve](#)

Supplementary Activities/Handouts

[Communicating with Caregivers When There is a Challenge – Handout and possible role-play activity](#)

[What to do when I feel attacked by a parent? – Professionally Speaking Article](#)

This is an example of setting compassionate boundaries with caregivers.

[Video of Teacher Care Meetings Strategy – Collaborative school, parent and student meeting to support positive changes](#)

[Stages of Change Applied to Caregiver Conversations](#)



Additional Resources

[WI Office of Children's Mental Health – Language Guide](#)

For links to additional resources, please visit the Toolkit online.

Building Compassion-Based Relationships with Caregivers

Section 12



Throughout this section, caregiver is used to represent parents, legal guardians, grandparents, and whomever is the primary caregiver for a student.

The opportunities educators have for relationships with students' caregivers can leave them vulnerable to compassion fatigue too. The drivers of compassion fatigue around caregivers can be very similar to those that drive compassion fatigue around students. When we come to understand the trauma families face, try to meet unrealistic expectations of those relationships, and/or feel ineffective in building positive relationships with caregivers, it can lead to behaviors that are signs of compassion fatigue. We do not have to look far to hear educators blaming caregivers, using the home life as an excuse for lowered expectation of students, and not wanting to get to know the family context of their students. Of course, the same is true in reverse. It is not uncommon to hear caregivers blaming educators for the challenges their children face and spending time building fences rather than bridges.



So, how do we recognize that we are on the same team and learn to “tag-team” our support for children? Clearly, there are benefits when the game plan is designed together and tasks are understood and communicated. The biggest benefit of a successful caregiver-teacher collaborative team, other than the success of the child, may be the decrease of compassion fatigue for both the caregiver and teacher!

In the book, *Powerful Partnerships: A teachers Guide to Engaging Families for Student Success*, (2017) Karen Mapp and her colleagues present four essential core beliefs for family engagement:

1. **All families have dreams for their children and want the best for them.**
2. **All families have the capacity to support their children’s learning.**
3. **Families and schools are equal partners.**
4. **The responsibility for cultivating and sustaining partnerships among school, home, and community rests primarily with school staff, especially school leaders.**

Compassionate engagement strategies include educators being able to take these six steps for compassionate action when caregivers are distressed.

1. **Notice** – Be present in the moment and able to recognize signs of distress in caregivers.
2. **Self-check** – Be aware of our emotional connections to our past and our initial judgments (cognitive appraisals). Appraisals are natural and dependent on your frame of reference from your experience and “training” and often not accurate or are incomplete.
3. **Seek to understand** – Suspend appraisals. Listen to understand the concerns/distress from the other’s perspective. Move towards generous interpretations of another’s behavior.
4. **Cultivate empathy** – Genuine concern develops based on what we have come to understand. This leads to a growing desire and intention to help. Keep listening for understanding if empathy seems out of reach.

Developed in partnership with:



compassionresiliencetoolkit.org

Building Compassion-Based Relationships with Caregivers

Section 12



INFORMATION

5. **Discern best action** – Work with the families to figure out what would actually be helpful to them rather than what you think would be helpful or was helpful to you in past, similar circumstances.
6. **Take action** – Be aware that intention alone is not compassionate action.

(Combined from works of Monica Worline, *Awakening Compassion at Work*, 2017 and Beth Lown, *The Schwartz Center for Compassionate Healthcare*, 2014)

SELF-CARE



STRATEGIES

Bringing It All Together Through My Hands – An activity to summarize compassion and self-compassion

1. **Please hold your hands out and squeeze them into fists** (hold for at least 30 seconds and invite participants to close their eyes for the rest of the activity).
 - a. Explore how you feel, what emotions arise as you clench your fists?
 - b. Say how you feel out loud.
 - c. **This is a metaphor for self-criticism or resistance** – what it feels like when we fight with ourselves or our experience.
2. **Now, open your hands and turn your palms upward.**
 - a. Explore how you feel, what emotions arise?
 - b. Say how you feel out loud, open mic style.
 - c. This is a metaphor for mindfulness – what it feels like when we are present and open to ourselves and our experiences.
3. **Now, extend your palms and your arms forward.**
 - a. How does this make you feel?
 - b. Say how you feel out loud, open mic style.
 - c. **This is a metaphor for common humanity** – what it feels like when we reach beyond ourselves and include others. In our vulnerability we discover the common aspects of humanity and can form bonds with others.
4. **Now, place one hand in the other with both palms facing upward. Slowly bring them to your chest. Feel the warmth and gentle pressure. Breathe gently.**
 - a. Reflect on your feelings with this last change.
 - b. Say how you feel out loud, open mic style.
 - c. **This is a metaphor for self-kindness or self-compassion.** Caring for ourselves is the foundation that supports our mindful compassion for others and the avoidance of self-criticism and resistance to what we are experiencing. Self-compassion allows us to find comfort and strength in our common humanity

Compassionate Connections with Caregivers Activity

1. Give an example of a challenging behavior by a student's caregiver (select one that is relevant to what your staff have experienced.)
2. Ask staff to talk in pairs about their initial thoughts about the potential meaning of the behavior and how they would respond.
3. Have six different perspectives on the same family from different people in the family's life written on cards. Pass out the cards to six different people in the group and ask each person to read his or her description to the group. Continue until all six perspectives are read.
4. Now ask the pairs to make any revisions in their planned response based on the broader perspective.
5. Discuss as a whole group. Did insight into the family change your response? How? What, if anything, will you need/would like from others in or outside of the school to make a positive connection with this caregiver?

Example:

Challenging behavior: Parent has not returned the calls, texts, or emails you have sent about your concerns about your student's sadness during the school day. Every day he has a period of sadness either first thing in the morning or the last half-hour of the day.

Other perspectives:

Grandmother: "He's always been a pouty kid, but he is OK. I just distract him when he gets sad. Food works pretty well."

Pastor: "He is a live wire with us. Loves to play with the kids in Sunday School."

Last year's teacher: "I had a hard time at first getting a call back, but after she showed up to see him perform in the school music concert and I connected with her, she would text with me. I never had a chance to talk about his sad moods though. Those seemed to be short-lived last year."

Big sister: "He's just sad that he is the only boy at home and I get to go to my cousin's house after school because they are all girls and he has to go to the after-school program."

After-school program leader: "He seems tired after the long school day. I usually just let him hangout with me and rest and talk. He likes to talk about cars. He loves the fancy ones and knows a lot about them. Mom always picks him up on time. I don't know much about her."

Police liaison: "Yes, I know of that family. The mom has a brother in the next town and a sister living here. The brother's son died by suicide two years ago."



Building Compassion-Based Relationships with Caregivers

Section 12

Staff Support



Circle Agenda

Circle Topic	CR Section 12: Building Compassion Based Relationships with Caregivers
<p>Planning</p>	<p>Send the introduction document from Section 11 in the online toolkit at least 4 days prior to the circle to all participants.</p> <p>Hold a meeting with leadership to prepare for this section and invite the leader(s) to consider the following:</p> <ol style="list-style-type: none"> 1. The final section looks at applying all that has been learned to relationships that support the primary clients/students you serve. It is an opportunity to pull concepts together. 2. This is also the section where you will want to have prepared with the facilitation team some ideas of what you want to take from the work and integrate into ongoing procedures. It is helpful to ask the group what they believe would be important to look at on a regular basis and what practices or procedures might be added or revised based on the learning. <p>For the full leadership preparation document, please visit this page.</p>
<p>Purpose of Circle/ Learning Objectives</p>	<p>We are learning how to create collaborative caregiver-teacher relationships that enhance student supports and prevent compassion fatigue for both the caregiver and teacher.</p>
<p>Materials/ Preparation/Time</p>	<p>Time: 45-50 minutes</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Circle kit <input type="checkbox"/> Values and shared agreements created in first session <input type="checkbox"/> Blank journaling paper <input type="checkbox"/> Writing utensils <input type="checkbox"/> Copies of the following for all participants: Communicating with caregivers from a place of compassion when there is a challenge <p>Set-up: Up to 15 chairs arranged in a circle without furniture in the middle.</p> <p>To consider: Understanding Your Social Location as a Facilitator – Active Bystander Intervention: Training and Facilitation Guide.</p>

Building Compassion-Based Relationships with Caregivers



Section 12

Circle Topic	CR Section 12: Building Compassion Based Relationships with Caregivers
<p>Welcome/Check-In (5 minutes)</p>	<p><i>“Education is like a baseball game, it needs all its players: parent, teacher, community, and student.” – Brian Harvey</i></p> <p>(Go-around) Share a brief example of a positive interaction you had in the last week with one of the “players” mentioned in this quote.</p> <p>Explain: In the circle today, we’re going to be talking about our relationships with the primary caregivers of the students we serve. When we use the term caregiver, we are referring to parents, legal guardians, grandparents, and whomever is the primary caregiver for a student.</p>
<p>Review (5 minutes)</p>	<p>(Go-around) On a scale of 1-5, how would you rate your practice of self-care since the last session?</p>
<p>Mindful Grounding (5 minutes)</p>	<p>Putting self-check (Steps of Compassionate Action) to practice:</p> <ol style="list-style-type: none"> 1. Practice a grounding activity that can be used prior to meeting with a student’s caregiver. Select from any of the grounding activities from previous circle agendas. 2. Choose one of four essential core beliefs for family engagement as an affirmation to hold in your mind as you do the grounding activity. <ul style="list-style-type: none"> • All families have dreams for their children and want the best for them. • All families have the capacity to support their children’s learning. • Families and schools are equal partners. • The responsibility for cultivating and sustaining partnerships among school, home, and community rests primarily with school staff, especially school leaders. <p>If you would like to consider a different grounding practice, please review the mindfulness appendix for additional suggestions.</p>
<p>Guiding Questions (20 minutes)</p>	<ol style="list-style-type: none"> 1. (Go-around) Share an example of a challenging behavior by a caregiver that you have experienced in your role at school. (The facilitator should make a list of behaviors participants share out.) 2. (Go-around) What are some potential meanings behind any of the behaviors listed? What feelings are associated with those behaviors? (The facilitator should make a list of feeling words shared.) 3. Handout: Communicating with caregivers from a place of compassion when there is a challenge. (Give participants a couple minutes to read the article.) 4. (Reflection) Go back to the challenging caregiver behavior you shared. Plan what you now think would be a helpful/compassionate response based on the perspectives shared in the circle and the reading.

Building Compassion-Based Relationships with Caregivers



Circle Topic	CR Section 12: Building Compassion Based Relationships with Caregivers
Putting it into Practice (10 minutes)	(Go-around) What is one discovery or technique discussed today that will have a positive influence on your compassionate action with caregivers?
Closing (5 minutes)	(Go-around) Share a word of gratitude based on your experience building compassion resilience with the group. Share quote with circle participants as a closing thought for your time together: <i>"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."</i> – Barack Obama

Building Compassion-Based Relationships with Caregivers



Section 12

Communicating with Caregivers from a Place of Compassion When There is a Challenge

Adults who work with children have an important vantage point to observe a child. Caregivers have another, more intimate vantage point. Together, they can begin to paint a more accurate picture of the whole child and collaborate to support the child’s well-being. The challenge often lies in communicating about what each observes and the diverse caregiver and school perspectives that shape the lenses through which the child is viewed.

Consider the following points as you prepare for conversations with caregivers:

1. **Caregivers love their child and are doing the best they can at the moment.**

2. **Family and school culture are rarely the same.**

Caregivers have past experiences with school cultures that can be mostly positive or mostly negative. That will impact how they see your school and their belief in what you have to say to them. Some caregivers go into a flight, fight or freeze response when entering schools or having conversations with their child’s teacher. Family and cultural values will inform a caregiver’s priorities for their child’s success. Telling a caregiver that their child is kind, dedicated, gets all the answers, funny, well-liked, patient, assertive, etc. can be seen as more or less positive based on these values.

3. **Express your vulnerability.** If a child’s behavior is causing you concern, remember that at least initially, you are the one with the problem. You are concerned, confused, frustrated, etc. It is helpful to model for the caregiver what you are hoping they will do with you; express vulnerability and seek help in understanding the behavior and how to respond. Begin with an “I-statement” such as “I am concerned that I have not found a way to guide your son to calm himself when he becomes upset with his friends. I care about him and want to be able to support his growth. Do you have some ideas of how to help him from your experience as his mom?”

4. **Create a team based on respect.** In conversation talk about being a team this year. Ask the caregiver to share what they understand about their child. Model how to reach out for advice by telling the caregiver that you would like to see if one of your peers has some suggestions (last year’s teacher, a specialist, etc.). This is a great way to bring in a school mental health professional. Ask the caregiver if they would like you to share the ideas you are getting from your peer advisors. Invite them to go with you to talk to your resource folks.

5. **Each child is unique and will give clues to what is needed – listen!** Include the child on the team! Ask the child what they think is happening and what solutions they think might work for them. Children often tell us what they need. In order to learn, we must listen. Some examples include where they feel most comfortable sitting, what triggers anxiety or frustration, what helps and doesn’t help, etc. Team with the caregiver to discover what the child knows and test out accommodating their needs to increase engagement and learning.

6. **Offer hope.** The stigma around mental health is tied to a sense of hopelessness. While you need to be honest about your current struggle to deal with the child’s behavior, you also have the perspective that answers can be found. Together you are detectives looking for solutions. Share stories of how other children you have taught were able to manage their challenges and succeed.

Building Compassion-Based Relationships with Caregivers

Section 12

7. **Caregivers might fear diagnostic labels.** Caregiver's fear labels with good reason. You may want to help a caregiver think about diagnostic labels from a few new perspectives such as: the problems that arise when misunderstood behavior leads to a child being seen as "bad" or the fact that labels often change throughout the school years as more information is gained and strategies found that work. A current diagnosis is not the final descriptor of a child.
8. **Ask for permission before giving advice to caregivers.** Few people like to be given unrequested advice. If you want your ideas to be considered, try asking the caregiver if they'd like to hear your thoughts. Even better, ask if they'd like to hear what you learned from other caregivers or teachers – modeling the value of reaching out to others and respecting that caregivers have knowledge teachers need.
9. **Guide caregivers towards discovering the solutions to their challenges.** Just like students, caregivers will be able to propose and test solutions to their child's challenges if you maintain the role of coach rather than expert.

A sample conversation:

- I see these positives about your child's behavior... This important first comment to a caregiver needs to be based on what the caregiver values. You might even ask, "What would you most like to hear me say about your child?"
- I am having a hard time finding ways to connect with your child lately. I was wondering if we could put our thoughts about your child together so I can get a better sense of how I can support his/her learning and growth this year.
- I see some behaviors that are causing your child to struggle with (friends, academics, activities, etc.).
- The specific behaviors that I notice are...
- I am wondering what you notice at home.
- Wait to see if the caregiver responds. They may say that they see the same behavior or not.
- If not – Thank-you for that insight. I am glad to hear that your son/daughter does not have these challenges outside of school. Maybe you could help me find ways to bring that positive into the school environment.
- If yes – Thank you for that insight. Maybe we can work together to understand how to provide a better environment in the school that supports your son/daughter to learn and practice skills.
- I have tried these strategies to connect with your child. They are not working as well as I had hoped. Can you give me some ideas about what you have found to be helpful? Or...
- I would like to get some advice on what might be most helpful to your child. I would really benefit from the input of... (use name first, then give title) our school... (learning specialist, counselor, social worker, psychologist).
- Would you like me to share with you what I learn and decide to try in the classroom.

Building Compassion-Based Relationships with Caregivers

Potential Impact of Mental Illness on Families *(Written by a parent to her child's teachers)*

For many brain disorders, kids will put every ounce of energy into 'holding it together' during the school day to save face around teachers and peers. This makes it hard for staff to really get a sense of the severity or magnitude of the disorder. Often, the worst times of day are in the morning and at night. Parents struggle, battle, put forth incredible efforts to get kids to school in the morning. At the end of the day, the tornado rolls through the door. Home is a safe place where there will be love, comfort, and support (most of the time) regardless of the behavior. And so, our kids come home and melt down, fall apart, let go of the stress that they've held in all day.

It is undoubtedly hard for teaching staff to relate to what parents share about home life, when the behavior at school is more attenuated. Please know that often the home situation is very, very difficult and accomplishing basic things such as homework, a regular bedtime, a regular wakeup time, takes tremendous effort and energy.

The entire family is affected, and attention is needed for siblings, particularly in times of crisis. Parents are often stretched to the brink of their abilities while caring for their ill child, and at the same time trying to meet the needs of siblings. The siblings often view school as a safe harbor, away from home (if they are not put in direct contact with their ill sibling).

Please try to protect the space of siblings if they are in the same school. Allow them to be their own person, not the brunt of rages, or the shoulder that is leaned on. These kids need a break from being the safe harbor for their sibling, or the recipient of frustration and rage.



Building Compassion-Based Relationships with Caregivers



Reflection Worksheet

Caregiver Engagement and the Stages of Change Model

Increasing your compassionate engagement with caregivers is a goal to which the Stages of Change Model can offer insight and direction.

The Stages of Change Model of behavior change includes six well-defined stages that people move through as they work to change specific behaviors. When considering how the stages of change can give insight and support your current change goals, it is important to identify your current stage for a particular behavior change goal.

Part One – Assess Your Stage		
True	False	Check True or False for Each Statement
<input type="checkbox"/>	<input type="checkbox"/>	1. I improved my attitudes and behaviors around compassionate caregiver engagement more than 6 months ago.
<input type="checkbox"/>	<input type="checkbox"/>	2. I improved my attitudes and behaviors around compassionate caregiver engagement within the past 6 months.
<input type="checkbox"/>	<input type="checkbox"/>	3. I intend to take action in the next month and have already made a few small changes in my attitudes and behaviors around compassionate caregiver engagement.
<input type="checkbox"/>	<input type="checkbox"/>	4. I intend to take action on my attitudes and behaviors around compassionate caregiver engagement in the next 6 months.



Find the stage that corresponds to your responses:

- False for all four statements = **Precontemplation**
- True for statement 4, false for statements 1-3 = **Contemplation**
- True for statements 3 and 4, false for statements 1 and 2 = **Preparation**
- True for statement 2, false for statement 1 = **Action**
- True for statement 1 = **Maintenance** (if you are at this stage, select another target behavior)

Building Compassion-Based Relationships with Caregivers



Part Two – Strategies for Your Stage of Change

Once you have identified your stage, go to that section and respond to the suggested reflection questions.

Precontemplation:

How might someone who cares about you and whom you respect, answer the following question? How have you noticed my defenses stopping me from hearing information from those who could be most helpful to me around compassionate caregiver engagement?

Who are the people in your life who you think offer the most positive influences? When was the last time you had a meaningful conversation with them about compassionate caregiver engagement?

If you were going to make a positive change in how you engage with caregivers, who might be the person in your life to push you to move too fast?

Who are two people in your life and/or community resources that you would benefit from being open to their insight and support if you wanted to make a change in how you engage with caregivers?

Is there any behavior in your current approach to caregiver engagement that, if you could free others who have the same behavior as yours, you would?

Building Compassion-Based Relationships with Caregivers



Part Two – Strategies for Your Stage of Change *(continued)*

Contemplation:

What have been the impacts of your caregiver engagement approaches to date? Who might help you discover answers to this question that may currently be hidden to you?

Make a list of all the pros and cons you can think of for changing how you think about and engage with caregivers.

Pros:

Cons:

Take one of the cons of changing that behavior and write about why that con feels important to you. What is the story for you behind that con?

Research books, websites, people in your school or community, etc. that would offer motivational stories that would encourage you to increase your compassionate engagement with caregivers. After listing these, circle one that you are willing to expose yourself to in the next few weeks.

What seems to trigger the unhelpful past behavior?

What might be the consequences of and reactions to you changing that behavior from yourself and others? (What new image of yourself arises?)

Building Compassion-Based Relationships with Caregivers



Part Two – Strategies for Your Stage of Change *(continued)*

Preparation:

What have you discovered that you would like to be a part of your plan of action to increase your compassionate engagement with caregivers? List the steps of your plan and next to each give a time to start and a way that you will find support to do and maintain that aspect of your change. (Looking at the questions under Action may assist you to design your plan for change.)

Steps in my Plan	Timeline	Support
<p>You had reasons for the behavior that you have now chosen to stop or adjust. Think about the old reasons. Is the power of those reasons lessening now? Explain. (If not, you are still at the contemplating stage.)</p>		
<p>Go public. Who will you share your plan with? When?</p> <p>Name _____ Date _____</p> <p>What can that person do to support you in this change to more compassionate engagement with caregivers?</p>		
<p>Who are others that you will share your plan with?</p> <p>Name _____ Date _____</p> <p>What can that person do to support you in this change?</p> <p>Name _____ Date _____</p> <p>What can that person do to support you in this change?</p>		

Building Compassion-Based Relationships with Caregivers



Part Two – Strategies for Your Stage of Change *(continued)*

Action:

During the next three months, how will you refocus your energy in times that you would normally engage in the less helpful behavior?

What situations will you avoid that bring temptation?

What helpful reminders are you using?

What are you doing to keep yourself calm and focused? What positive means will you use to deal with pressure to return to less helpful attitudes and behaviors around caregiver engagement?

How do you plan to recognize and free yourself from rigid thinking?

How have you practiced positive, realistic self-talk in relation to your plan for change?

Building Compassion-Based Relationships with Caregivers



Section 12

WI Office of Children’s Mental Health – Language Guide

Deficit-Based Language	Strength-Based, Recovery-Oriented, Person-First, Trauma-Informed Alternative
Describing a Person	
schizophrenic, a borderline, bipolar	person diagnosed with..., person who experiences the following..., in recovery from...
addict, junkie, substance abuser	person who uses substances; a person with substance use issues
consumer, patient, client	person in recovery, a person working on recovery, a person participating in services
frequent flyer, super utilizer	frequently uses services and supports, is resourceful, a good self-advocate, attempts to get needs met
Describing Behavior	
good/bad, right/wrong	different, diverse, unique
high- vs. low-functioning	doing well vs. needs supports
suffering from	person is experiencing, living with, working to recover from
acting-out, “having behaviors”	person’s behaviors may indicate a trauma memory has been triggered, person is upset
attention-seeking	seeking to get needs met, seeking assistance to regulate
criminogenic, delinquent, dangerous	specify unsafe behavior, utilizing unsafe coping strategies
denial, unable to accept illness, lack of insight	person disagrees with diagnosis, person sees themselves in a
manipulative	strength based way. (Honor the individual’s perception of self.)
oppositional, resistant,	resourceful, trying to get help, able to take control in a situation to get needs met, boundaries are unclear, trust in relationship has not been established
non-compliant, unmotivated	the constraints of the system don’t meet the individual’s needs, preferred options are not available, services and supports are not a fit for that person. (Assume that people do well if they can.)
DTO, DTS, GD (Danger to Others, Danger to Self, General Danger)	people should not be reduced to acronyms; describe behaviors that are threatening
entitled	person is aware of her/his rights, empowered
puts self and/or recovery at risk	person is trying new things that may have risks
weakness, deficits	barriers, needs, opportunity to develop skills
unrealistic	person has high expectations for self and recovery