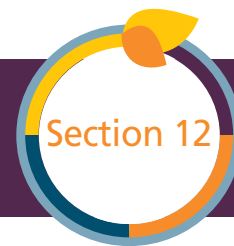


Building Compassion-Based Relationships with Caregivers



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.

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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.

