

Child Caregivers have a multi-faceted role that demands developed observation and communication skills – and not just with children! We talk all the time with parents – ideally, we give them feedback about what their child is doing, what sort of a day they have had, together with any special highlights. However, we can often neglect to give less pleasant feedback until it is too late! This is generally because many incidents and behaviours seem minor or individually unimportant and only begin to add up to something over time. We can end up with an undocumented major problem to discuss with parents and no shared history or practice of joint problem solving. When we delay, we lose an opportunity to build our partnership with parents<sup>1</sup>.

As our communities and family structures change, caregivers face increasing challenges to support the individual needs of all children in their care. Families are generally smaller and extended family systems and 'local neighbourhood' supports are less common than they were a generation ago. It is frequently in the care environment that children with 'atypical' development are initially identified. Most genetically determined and physical disabilities are discernible in the early months of the child's life. However other delays or disorders of development may not be discernible until a child is two to three years of age. Increasingly, caregivers are the first ones to recognise that 'something is wrong'. Telling parents their child has a problem or is experiencing difficulties can be a very daunting task.

If someone told you that your new car had just been hit in the parking area and was a write off, how would you react? ‘

*It can't be my car. Are you sure? How can this happen to me?’*

Parents have similar reactions when they first learn that something may be 'wrong' with their child. Their first response is usually **denial**.

*'That can't be true. He'll grow out of it. I'd like another opinion.'*

These responses are normal and natural - they are a way of gaining time to absorb the information and to prepare to deal with the problem. To complicate the situation, each parent may react differently to the information. When talking with parents, you need to be careful not to get caught in the middle or appear to be taking sides.

No one wants to be the bearer of bad news, but your role in the early identification of children with additional needs is crucial. You need to develop confidence in your ability to determine when a child's needs (developmental or other) require special assessment and/or intervention. You need to be able to convince parents of the reality and validity of your concerns in such a way that they will seek appropriate assistance for their child. There are some different approaches and techniques that we can learn to enhance our communication skills - particularly when we need to tell parents things that they don't want to hear.

### WHERE DO WE START?

#### Do we need to do something?

The first thing that we need to do is to be clear about the sort of information and degree of detail that we feedback to parents. Do we automatically tell parents that their eighteen month old son 'hit' another child? Perhaps not, but what about if he 'bit' another child? Would this make a difference? What about a child whose fine motor skills seemed 'below par' for his age or who wasn't talking in the same way as other children of the same age? Individual services and caregivers need to make their own decisions on what can stay 'in house' and what parents ought to know or have discussed with them. The age of the children will probably influence some of these decisions. If there is something that parents should know, then caregivers must accept the professional responsibility to pass on appropriate information even if it is sometimes hard or awkward to do so.

<sup>1</sup> Throughout this article, the term parents will be used for convenience and brevity to describe the child's primary caregiver(s). We recognise that many children live in single parent families, blended and step families or with other relatives/guardians.

# TALKING WITH PARENTS

## What should we do?

Once you decide that you need to talk with the child's parents, you need to decide on the best way to do this. Think about:

- ◎ **Who** should be involved in the discussion – both parents, mum, dad, grandparents, and so on. Who from the service? Which staff member(s) – the trained caregiver, the untrained staff member, the co-ordinator, or the person with the best rapport with the parents.
- ◎ **Where** can you have this discussion most effectively – home time in a room full of children is not ideal. Perhaps you need to find a quiet place with opportunity to sit down and have a 'cuppa'.
- ◎ **When** to meet to discuss the child – what is the best or most convenient time of day for both you and the parents?
- ◎ **What** you want to achieve from talking with the parents? Know your desired outcome otherwise there is no proper 'end' to the meeting.
- ◎ **Why** it is important **to you** (as well as for the child) to talk with the parents?
- ◎ **How** to arrange the meeting to achieve the best possible outcome? Do you personally ask for a meeting. How much do you say 'up front'?. Does the Service/carer have a regular parent meeting time? Does the child use a communication book for message passing? Different methods will be appropriate at different times with different children.

Having thought about these questions, you should have a reasonable idea of 'what to do'. Then comes the really tricky part – doing it! The boxed list of general strategies on page 6 will assist you to get ready in terms of the content information for your meeting. The following basic techniques can be really useful skills to assist effective communication, particularly when you are first building your working partnership with parents. (They are useful also with children!)

## COMMUNICATION TECHNIQUES

### Reinforcement

#### (Using Recognition & Encouragement)

Reinforcement is more than saying encouraging or nice things about people and what they do. For example, when parents who have separated tell you **how** they have explained their separation to their child, you might respond:

*'I'm really glad you told me that you've discussed your separation with Casey and what you said to her. It makes it easier for me to understand and to answer her questions.'*

Your response doesn't mean that you agree or disagree with what they have told their child. It means you are glad to know **what** they told her. You are reinforcing the **sharing of information**. **When** you reinforce others, **be specific**. You might say:

*'I'm really glad you took the time to tell me the words that you used.'*

We need to be specific – identify exactly what behaviour/communication/information sharing you appreciate and want to continue. This is just the same as the way we reinforce children's positive and appropriate behaviour. This technique may seem awkward and unnatural at first, but the results – warm, effective working relationships with both adults and children – are worth it. If you use your own words and speak honestly, it will really enhance your communication skills.

### Broken Record

This is a technique of persistence that is especially useful when parents deny that anything is wrong. When used with reinforcement, it is an effective way to gain information and/or co-operation. It involves coming back to an issue again and again until it is resolved.

Here is an example of a conversation using the broken record technique:

**Carer:**

*I have been watching Josh, and, to me, he seems like one of the youngest children in the group, yet he's really one of the oldest. He's often restless during inside play times, he has problems with puzzles, and he seems to have problems attending at mat time. Particularly with listening and following instructions. Have you noticed this at home?*

**Parent:**

*Well, you know he's an only child and hasn't played with other children very much. He's probably just shy.*

(The parents just gave you an easy out that is tempting, but if you are really concerned you need to keep pressing.)

# TALKING WITH PARENTS

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**Carer:**

*Although Josh was shy at the beginning of the year, he's settled in well and I don't think shyness is the problem. He seems to be quite comfortable yet he doesn't play in the same way as the other children.*

**Parent:**

*Well, we've read that boys are always slower at things, and he's 'all boy'.*

(Again, they have given you a way out. They don't want to hear what you are saying any more than you want to say it. Don't judge them as being unobservant, unconcerned, or negligent, but rather as being normal – persist.)

**Carer:**

*I agree that boys often have more coordination problems than girls do at this age; however, he has more problems than the other boys his age. I'd really like you to come in and see him with the others so that you can compare for yourself. I'm really concerned about him.*

**Parent:**

*Josh likes you, and he likes day care, I'm not sure I want you to change anything.*

(If you feel that you're getting nowhere, you're right. You want the parents to be concerned about Josh's developmental progress. It's difficult for parents who think their child is actually developing normally, or even for those who think there may be something wrong, to absorb all your information in a short conversation. Their behaviour is healthy, not obstinate. You have just planted a seed; it needs time to grow. But don't give up, take another approach.)

**Carer:**

*Thank you. I really like Josh too. That's why I'm so concerned. Maybe the best thing would be for both of us to watch Josh carefully for two weeks. I'll watch him here - perhaps you could join me one day, and you can watch at home so we can decide if he's behaving about the same way in both places. Then we can talk about it again. What do you think?*

**Parent:**

*Okay, but I'm not really sure that it's all necessary.*

**Carer:**

*I really believe it is, and it would make Josh feel very special for you to come. He's said before that he wished you could see what he does.*

**Parent:**

*I'm not sure, maybe we could think about it and let you know.*

**Carer:**

*Some careful observation would really help us make plans. Would next Friday be good?*

**Parent:**

*Well, maybe I could call you and let you know.*

**Carer:**

*Why don't we pencil in Friday at 1:00, and then if you have to change it, call me. Afterwards, we can compare notes and decide what to do next.*

**Parent:**

*I guess so.*

**Carer:**

*Thanks so much for coming. Josh is really lucky to have a concerned parent like you.*

(It was a bit tedious, but you persisted and provided a great example of the 'broken record'. When the parents backed off or avoided the subject, you continuously sought your goal, changing your responses according to their statements and attitudes.)

## Verbal Cues

Most of us have a preferred way of learning. For some people, this is visual; for others, auditory; and for some, tactile. In other words we prefer to receive information through one of our senses rather than others. These differences are important because we generally use our preferred modality under stress.

If you don't match the modality of the people you are communicating with, then:

- ⊙ **Auditory** people may tune you out,
- ⊙ **Visual** people won't see what you mean, and
- ⊙ **Tactile** people can't get a feel for what is going on.

To reach people, you need to develop an awareness of their preferred way of communicating and to match yours to theirs. Listen to parents as they talk and notice what they say. Their key words will give you an indication of their preferred mode for receiving and giving information. Words like *think* and *know* are not useful indicators. The table below gives you an idea of the sorts of words that indicate these preferences.

After you have made a guess about their preferred modality, match your choice of words to the parents'. Consider the following examples:

# TALKING WITH PARENTS

## VISUAL

**Parent:**

*I can't really **picture** Sophie as having a disability.*

**Caregiver:**

*How do you **see** her?*

## AUDITORY

**Parent:**

*I just get tired of **listening** to these doctors go on and on.*

**Caregiver:**

*After a while it is hard **to hear** what they're **saying**.*

## TACTILE

**Parent:**

*I feel so out of **touch** with the world right now.*

**Caregiver:**

*It's hard to **feel** that way.*

By matching the modality that people use and using similar language, you make it easier for them to talk to you. Remember, too, that each parent may well have a different preferred modality. Good communication is a challenge!

## Ending the first talk

While the three techniques (Reinforcement, Broken Record and Verbal Cues) are useful together with the strategies listed, they don't guarantee immediate success. Parents rarely come right out and say that they don't believe you. Instead, they make statements that let you know that they're still unconvinced.

*'All the boys in our family talk late.' 'Oh, she can do all those things; she's just being stubborn.'*

Such statements may be true, or they may indicate that they are not ready to cope with your information. You can probably get them to agree to further observation and discussion. In the meantime, ensure that your programme reflects the child's individual needs, make observations and plan for the future.

One of the most important things to do is to gain a shared understanding of the next step. Be very clear in determining and agreeing 'who will do what and by when'. Summarise this agreement at the end of your discussion to ensure that you all have the same understanding of what is to happen next. Be specific about time frames and further contact details – meetings, discussions and phone calls. This may sound pedantic but it really helps to prevent future misunderstandings and help you to plan appropriately.

| AUDITORY  | VISUAL  | TACTILE  |
|---|---|--|
| <p><b>Listen</b></p> <p><b>Hear</b></p> <p><b>Say</b></p> <p><b>Tune</b></p> <p><b>Talk</b></p> <p><b>Ask</b></p> | <p><b>See</b></p> <p><b>Picture</b></p> <p><b>Coloured</b></p> <p><b>View</b></p> <p><b>Scope</b></p> | <p><b>Touch</b></p> <p><b>Feel</b></p> <p><b>Rough</b></p> <p><b>Warm</b></p> <p><b>Reach</b></p> <p><b>Hard</b></p> |

# TALKING WITH PARENTS

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## GENERAL STRATEGIES

### Be Prepared

Before talking with parents, prepare thoroughly. Ensure that you have relevant observations, documentation and information. Know what you want to say and how you want to say it! Know what you want to achieve; e.g., information on what happens at home, agreement to SUPS involvement, co-operation with behavioural strategies, referral for further investigation, etc.

### Be Accurate

Give an accurate and factual description of the child's difficulty or behaviour. Ensure your description is based on things that you have actually observed; i.e. behaviourally based. Review developmental checklists and use clear descriptive language – avoid jargon that parents may not understand or may misinterpret. Do not suggest a diagnosis but describe what you have seen and experienced. Avoid generalisations and emotive statements. Don't say 'I think', 'I feel' or 'I guess' - talk about what you know and have seen.

### Use Your Strengths

As a child care professional, your expertise is in caring for children in a group environment and your knowledge base is child development. (The group size may be small or large, single or multi-age group). Your area of strength is your experience of the child in your care environment. When you talk with parents, talk about their child as he is in your care environment. Describe what you have seen him do or say and how this compares with the other children, or with developmental norms/checklists. Don't make assumptions about how he is in other settings and environments but stick to your strength - what you know and have seen.

### Gain Support

Whilst maintaining confidentiality, use your colleagues as a support system. Discuss your concerns with them – let them be a sounding board.

### Acknowledge Your Own Feelings, Speak for Yourself

If you find it difficult or embarrassing to discuss some things with parents, say so! Let them know how you feel, for example. *'I find it really awkward to tell you this but its important that you know that.....', 'I need to let you know about some problems that we are having and I don't quite know how to start..'* If you feel unsure or nervous, be honest about your own feelings.

### Don't 'Soften the Blow'

If we are too considerate of parents' feelings and give them a 'watered down' version of events or our concerns, we make it easy for them to minimise or disregard what we have to say. Don't exaggerate, but give a clear and balanced account.

### Agree With Parents On the Next Step

# TALKING WITH PARENTS

**When talking with parents  
there is one golden rule:**

Know what you say  
and  
Say what you know

## Gathering and Sharing Information

When the reality of their child's difficulties can no longer be denied, most parents go through a stage where they want more information. If their child has a disability, disorder or delay, they may want to know why or how it occurred. If their child is biting, they might want to know why children bite. They will probably want information about their child's problem and its long and/or short-term effects. This is usually a very busy time for parents as they try to adjust their lives, rules and expectations. This is especially so if the child's problem is likely to be long term or require significant intervention. They may be especially concerned if they have, or plan to have, other children. They may also be worried about the impact on their lives and other members of the family. Parents may ask you about special programmes, developmental norms, long and short term expectations for their child, how he fits in with his peers, and so on. You don't need to be an expert but you do need to be able to gather and share relevant information. Six techniques that are especially useful when gathering and sharing information are detailed below.

## MORE COMMUNICATION TECHNIQUES

### Agree and Ask Again

Often, when people are under stress, they stop taking in information. This may happen to parents when you tell them things they don't want to hear. It can also happen to you. If you are under pressure or feel threatened or blamed by the parents, you may be overwhelmed and just stop listening. You may later realise that you missed some essential information. If you ask a question and they tell you that they answered it ten minutes ago, you should **agree and ask again**:

*'I know that you've already told me but I didn't take it in properly. I really need to know, so can you tell me again?'*

In the same way, parents may have been intimidated by doctors or specialists and may not have followed up on information, or they may have misunderstood what was said. Ask the parents to get the information you need from the doctor, or, with their written consent, call the doctor yourself for the information. You can work with your Regional Inclusion Support Team to determine what you need to know. Talk with the parents and, together, make a list of questions and concerns for them to take to the doctor, specialist or therapist.

### Accepting Responsibility ( 'I' Statements )

Accepting responsibility means making 'I' statements instead of 'you' statements. For example:

'I'm really glad you told me that today.' Or 'I wish I had known that before.'

versus

'You should have told me that before.'

The last statement is a blaming statement. The person that you blame often becomes defensive and responds accordingly:

'You weren't listening; I did tell you before.'

This is a difficult cycle to break once it starts. Despite the temptation to find fault and apportion blame, 'you' statements are rarely useful.

### Workable Compromise

There will be times when, despite your best attempts, you won't be successful in getting the information you need or the services you want. Try to reach a **workable compromise**. For example, you may want parental consent to involve your Regional Inclusion Support team, or to contact their child's speech pathologist – but for some reason they refuse your request.

When this occurs, after a reasonable amount of persistence, it is often best to back up and re-evaluate the situation. Do you really need this information? Does anyone else have it?

Is there another way of getting it? Is there some reason that they don't want you to have it? Then try another approach. If you have been asking to involve your Inclusion Support Team, you might now ask:

*'I'm wondering if there is some reason why*

# TALKING WITH PARENTS

*you don't want me to get assistance to help me work better with Liam?'*

This will come as an abrupt change from your previous pattern and may result in a useful answer. Maybe you'll learn what the parents are willing to do to meet your needs.

## Style Matching

This **involves watching the** parents and matching your verbal and emotional style to theirs. Are they being ultra-reasonable (cool, calm and collected) when you are talking about a potentially distressing topic? If the parents are dealing with the information in a clinical way, take that as a cue. They may be very private people who don't show their emotions in public, or they may be feeling vulnerable and trying to protect themselves by appearing unemotional. You must respect their right to be detached. Adopt the same style when you talk to them. Have data available to back up your points; show them records and charts. Prepare yourself ahead of time so that you are completely comfortable with any technical terms you must use. Remember, your role is not to provide therapy for parents but to provide high quality inclusive Child Care.

## Self-disclosure

This involves telling parents something of your own thoughts and feelings, for example:

*'When I first learnt that Caitlin was going to be in my room, I was really nervous. I'd never cared for a child in a wheelchair before. Now she sometimes has to remind me of the things she can't do. Before, I hardly let her breathe without asking her if she was OK.'*

A self-disclosure statement can help parents see your emotional acceptance of their child. That is useful for developing a good working relationship.

## Giving Permission

This allows parents to make comments that they might otherwise be unwilling to make.

### Carer

*I wonder if there is anything I could do in my room that might make it easier for Cameron to get around?*

### Parent

*Well, if you moved his locker to the far end of the row, it would keep him out of the traffic pattern a little more.*

This technique is a bit more subtle than asking direct

questions. It can be done in an open-ended way as well.

### Carer

*I hope that if you think of some useful things that I can do for Cameron, you'll tell me. I might not be able to do all of them, but I'd like to hear your ideas and find out what's worked in the past.*

Statements like this don't force the parents to follow through, but do encourage them to make suggestions. In addition, you've reassured the parents that you will think carefully about what they say.

## Techniques to Avoid

There are some techniques that are almost guaranteed to be counterproductive in dealing with parents (or with anyone). They are impediments to developing trust and an effective partnership with parents.

### Avoid Judging or Blaming

Most of us don't like to be judged unless we are in a competition. Words like *should* and *ought* that are commonly used to judge others evoke negative, defensive feelings. In a phrase like *'you should have...'* blame is implicit. Judging and blaming statements will not encourage others to co-operate with you.

### Avoid Mind Reading

Don't assume what another person wants to know or should know without their telling you.

### Carer

*What do you want to know about your daughter's programme?*

### Parent

*Whatever you think we need to know.*

This might lead you to talk about what you find interesting or what you'd want to know if you were a parent. This may not be what the parents want to know! If they are not interested, they may simply tune you out. Unless you help them make clear statements about what they want, at the end of the meeting you will sense they are dissatisfied, but you won't know why.

Here is a more productive follow-up to the earlier exchange:

# TALKING WITH PARENTS

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## Carer

*It's more useful to be able to tell you what you want to know - not what I think you need to know. Do you want to know about how I'm changing the programme to meet Carly's needs, what I'm doing to encourage her language or perhaps how she's fitting in with the other children. What's most important to you?*

Leading questions may still not get the results you want, but you can start by making your requests clearly and then ask more questions to clarify things if you need to.

## Avoid Giving Advice

Most parents don't want you to tell them how to raise their children. However, if you are asked or you feel that you need to offer positive, constructive suggestions, first gain enough information about the situation to make the advice relevant.

Suppose the problem is plate throwing. The parents say that their three-year-old son, Tom, frequently throws his plate on the floor during dinner. First, get the facts you need:

*'What do you usually do when Tom throws his plate?... Have you tried other things?... What? ... Have they worked?'*

Next, check your perception of the situation. (Just because something is a problem for you doesn't necessarily mean that it is a problem for the parents and vice versa.)

*'Do you mind Tom throwing plates? Is it OK sometimes, or is it always a real problem?'*

Then offer advice, non-judgementally, by suggesting specific actions that might be taken.

*'Have you tried telling him that when he throws his plate, he will not get it back and will get no snacks? You might see if that works for you.'*

Alternatively, you may like to share successful strategies you've employed in your service.

## Avoid the Word *Understand*

When talking with parents, eliminate the word **understand** from your vocabulary. If a parent tells you about a problem, do not respond 'I understand exactly what you mean' or 'I know how you feel'. You are not that person so you cannot understand things from their perspective. Such a response is likely to trigger such thoughts as 'How can she understand? She is not me. She does not get up in the middle of the night...'. People who respond by 'understanding' usually convey the impression to others that they really don't understand.

The alternative is an empathetic response, such as: 'It must be really hard to have to get up in the middle of the night'.

## SUPPORT FOR CAREGIVERS

If you are having difficulties talking with parents about including all children in your care environment, consider discussing any issues and problems with your Regional Inclusion Support (SUPS) Team. They have a wealth of experience and are able to offer practical advice, suggestions and information about local resources. They can also help with information about referral procedures for children with additional needs. If you are unsure which Inclusion Support (SUPS) Team covers your service, contact RUCSN on 08 9388 7577 for further details. Inclusion Support Teams and RUCSN can offer staff training if skill enhancement is required. Please telephone to discuss your requirements.

## SUGGESTIONS FOR THE LESS CONFIDENT

# TALKING WITH PARENTS

- ⦿ Get prepared – think through and write down what you want to say. Consider options and ‘what ifs’ so that you don’t feel caught out or unprepared.
- ⦿ Rehearse – with a friend or in front of the mirror.
- ⦿ Have a role model or mentor for support.
- ⦿ Think of someone you know who is good at saying difficult things or who has a really good style or manner. How would they say things?... Imagine that you are that person and talk as if you were them.
- ⦿ Lower your vocal pitch, slow your speech down and use less tonal variation. (Deeper, slower and less ‘up and down’ speech is taken more seriously). Keep your cool and don’t raise your voice as this will be seen as aggressive. Don’t be afraid of silence. Take your time and be prepared to wait. Be an OWL (observe, wait and listen!)
- ⦿ If you have written material (observations, checklists, etc), don’t talk and show simultaneously. Do one thing at a time - let parents look at materials in silence and then discuss them.
- ⦿ Set your agenda and stick to it! Have a time limit for a discussion and an action plan.
- ⦿ Just do it!!!! It will get easier with time and practice.

## RECOMMENDED READING

Cerebral Palsy Association of WA (1996) **How Do I Feel? Adjusting to My Child’s Disability, Cerebral Palsy Association of WA:** Perth

Cunningham, C and Davis, H (1985) **Working With Parents: Frameworks for Collaboration,** Open University Press: UK

Fullwood, D (1990) **Chances and Choices: Making Integration Happen.** MacLennon and Petty Pty Ltd: NSW.

Hewitt, D (1995) **So this Is Normal Too?, Redleaf Press:** Minnesota.

Johnson, C (Ed) (1993) **Does this Child Need Help? Identification and Early Intervention.** Australian Early Intervention Association (NSW Chapter) Inc: NSW

Reid, G (1996) **Smoothing the Way: A Practical Guide on Including Children With Special Needs in Child Care Centres.** (2<sup>nd</sup> Edition) RUCSN: WA.

*This feature article was prepared by Lee Jeffery, Training and Resource Development Co-ordinator from materials, notes resources and discussion with Inclusion Support Workers and caregivers throughout the state. Any error, oversight or omission in attribution is regretted.*

For further information and advice, contact CHILD Australia.

5 Carson Road, Malaga WA 6090

Telephone: 08 9249 4333 ⦿ Facsimile: 08 9249 4366

Email: [admin@childaustralia.org.au](mailto:admin@childaustralia.org.au) ⦿ Website: <http://www.childaustralia.org.au>

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