

## Handling Difficult Communication with Parents

### Part Three in A Three-Part Self Care Series for Early Childhood Educators

*Presented by Lenore Rubin, PhD., Child Psychologist with the Seattle Public Health Department and the West Seattle Preschool Association.*

August 15<sup>th</sup>, 2011

Recap:

#### Transference and Counter-transference

Research into psychoanalysis, two things that may occur.

1. [Transference](#) (Wikipedia: reproduction of emotions relating to repressed experiences, especially of childhood, and the substitution of another person for the original object of the repressed impulses, or unconscious redirection of feelings from one person to another.)
2. [Counter-transference](#) (redirection of a psychotherapist's feelings toward a client—or, more generally, as a therapist's emotional entanglement with a client.)

Teachers can sometimes be seen as a mother figure, and both parents and children can transfer their feelings/baggage to you.

Kids whose parents and teachers have a good relationship function better with higher social and emotional skills.

Attributes of a Parent	Attributes of a Teacher
Limitless	Limited
Diffuse	Specific
High intensity feelings	Clinical or neutral feelings
Spontaneous	Intentional
Partial	Impartial
Responsible to individual child	Responsible for group

Legitimate differences can cause confusion, difficulties in communication, etc.

Some helpful ideas:

- Orientation for parents
- What they can/can't do to support their child's learning
- What I will do
- Educate parents: what to do if child has a bad day, or says something bad happened
- The more we do for the children that they are capable of doing for self: the lower their self-esteem. It is as if we are saying, "You're not capable. You can't handle this."
- Parents see things through their own filter.
- If they don't want help, do something about your own counter-transference.
- Parents like to hear that we want some advice. Can they see a professional for you and get some advice?
- If we report their child's progress, it can make them more willing to take action.

- If speech is at all an issue, suggest a referral. Often it is a good door-opener for other help, and speech therapists can diagnose based on other issues that come up. It is a “safe” issue for a referral.
- Ask the parent how/where they came by their beliefs. Can I read more about it? If it is all arbitrary rules that they have come up with in their heads/hearts, facing a truth or needing to show proof can help them debunk myths and educate self.
- When confronting, it is good to diffuse tense meetings with phrases like, “we plan to talk with parents throughout the year....” “we try to keep an ongoing conversation with each family about their child...”
- For conferences, provide an agenda or state a purpose for the meeting, i.e. “social skills and what we’ve been doing.”
- The behavior handbook attached is from the Seattle Public Health Child care team, and is a good resource.
- The child has to be LIKED. Like them before you talk to the parents. Parents need to know that you care about their child, or chances are they won’t listen to what you have to say.

Contacts:

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Lenore would like to hear from you! Please email her your ideas for future discussions, questions, and scenarios.

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**Next Meetings:**

- October 17, 2011
- November 21, 2011
- Meet and Greet in December

Board meets at 7:00

General meeting at 8:00