

# Fostering Positive Relationships with Parents

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A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

- Learning objectives
- Parent –Teacher Dyad
- Challenges
- Common mental health disorders and presentations
- Expert by experience – case study

Child psychiatric disorder



Increase in educational failure



Increase rate Child psychiatric disorder

Effective mental health interventions in schools can improve outcomes  
for all children

# Expectation from parents

- Work in collaboration with school in every aspect of child's performance.
- Be equal partners in child's academic, emotional and social progress .
- Encourage and support their child to achieve his/her potential.
- Keep school informed at all times.
- Support school to any difficult behaviours

# Parental Expectations

- Their child to be academically successful.
- To be kept informed about their child's progress.
- Teacher to know everything about their child
- Communication from school if there are any problems/concerns? Sort it out.
- And/or school to guide them how best to support their child to achieve academically.

# Parent-teacher Dyad

- Parents and teachers see 2 different sides of the child – together they can get a more complete picture.
- Factors influencing cooperation between home and school :
  - Physical time to cooperate
  - Place to meet where parents feel comfortable
  - Teacher's attitude towards parental competence.

*(Inga Andersson, Dept. of human development , learning and special education)*

# Challenges

- Mismatch of expectations.
- Parents disagreeing with observations made or concerns raised at school or vice versa.
- Not accepting possibility of their child having a problem, feeling blamed, inadequate, all my fault – guilt.
- Expecting school to sort everything out.
- Not receiving enough communication from school.
- Parents not able to accept that their child may have problems
- Protecting their child by not sharing information.
- Worried about being discriminated.
- Parents not feeling supported by school.

- “A feeling of worry, nervousness, or unease about something with an uncertain outcome”.
- When associated with specific situations or triggers then becomes phobias.
- Children with anxiety disorders are at particularly high risk of subsequent depression and probably also substance misuse, when they reach adolescence and discover that they can self-medicate.





# Signs & Symptoms

- Younger children - Clingy, crying , wanting to be with mother, difficult to console, not mixing with other children.
- Blushing & sweating.
- Constantly looking around for others reaction.
- Startled easily and/or irritable
- Butterflies in stomach, feeling sick, not eating at lunch time
- Stomachache , Headache etc.
- Poor concentration – worrying, obsessional thoughts etc.
- Wanting to leave the class without any obvious reasons- running out of class.
- Getting angry and aggressive easily.
- Wanting to talk to parent during lunch time
- Covering face when talking.



- Most common psychiatric disorder in children aged 5- 15 with prevalence of 5% - More common in boys than girls
- 3 core symptoms: Inattention Impulsivity Hyperactivity
- Untreated ADHD is associated with under achievement in school, impact on relationships with family, teachers and friends, increase in criminality and co morbid psychiatric disorders – oppositional defiant disorder, anxiety, depression and substance misuse.
- Problem with following instructions, especially with list of commands – long divisions etc.
- Distractible – day dreaming or having to repeat instructions several times.
- Difficulty with turn taking. Answer back.
- Disrupting the class, making jokes, answering back.
- Often have problems with fine motor or gross motor skills, writings , note taking.
- Difficulty in finishing tasks which require sustained focus – projects etc.

# Depression

- “ Persistent and pervasive experience of low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration” Mental Health Foundation, UK
- **Depression** is different from feeling down or sad.
- 1-3 % of children and young people.
- Teenage girls are twice as likely as teenage boys to be depressed.
- 40%-70% children and adolescent with depression develop an additional disorder and 20%-50% develop 2 or more.
- The most common co-morbid disorders are anxiety disorder and substance misuse ( American Psychological association 1998)



# Signs and Symptoms

- Low mood
- Poor energy
- Lack of interest in daily activities & hobbies etc.
- loss of appetite, not hungry
- losing weight
- Irritability
- Poor sleep- disturbed or difficulty in falling or staying asleep, waking up tired
- Tired & lethargic- everything is an effort
- Helplessness
- Guilt
- Feelings of worthlessness, hopelessness, fed up, wishing to be dead
- Not wanting to face the day
- Avoiding demanding situations
- Staying in bedroom, avoiding peer interaction

# Self Harm

- 1 in 15 young people in Britain have harmed themselves. means that there are probably two people in every secondary school classroom who have self harmed at some time.
- Most young people who harm themselves are between 11 and 25 years.
- Most people start at around 12 years of age but some children as young as 7 have been known to self harm
- Unexplained scratches/marks, bruises on face, arms and hands.
- Wearing long sleeves or long trousers on a warm summer day.
- Unauthorised absence- attendance at “hospital”
- Avoiding swimming

# Autistic Spectrum Condition

- 1 in every 100 have ASC.
- More boys than girls
- Core impairments:
  - Language - delay Problems
  - Social reciprocity
  - Restricted stereotype interests
  - Associated behaviours:
    - Mannerism
    - Rocking
    - Making noises
    - Hand flapping
- Co-morbid problems:
  - Learning difficulties over 50% - specific or global
  - ADHD – 50%
  - Anxiety – bed wetting, soiling
  - Motor coordination problems
  - Sensory hyper or hypo sensitivity
  - Behavioural problems – tantrums, having melt downs etc.

# Don't Assume That:

- He/she is just a shy and nervi child – will grow out of it Naughty child, Child being difficult & defiant
- Trying to get out of doing work
- Disrespectful teenager, aggressive, hormones etc
- Copying others- self harm
- Careless parents or difficult parents or exaggerating the problem
- Dismiss your instinct.
- Someone else will offer help

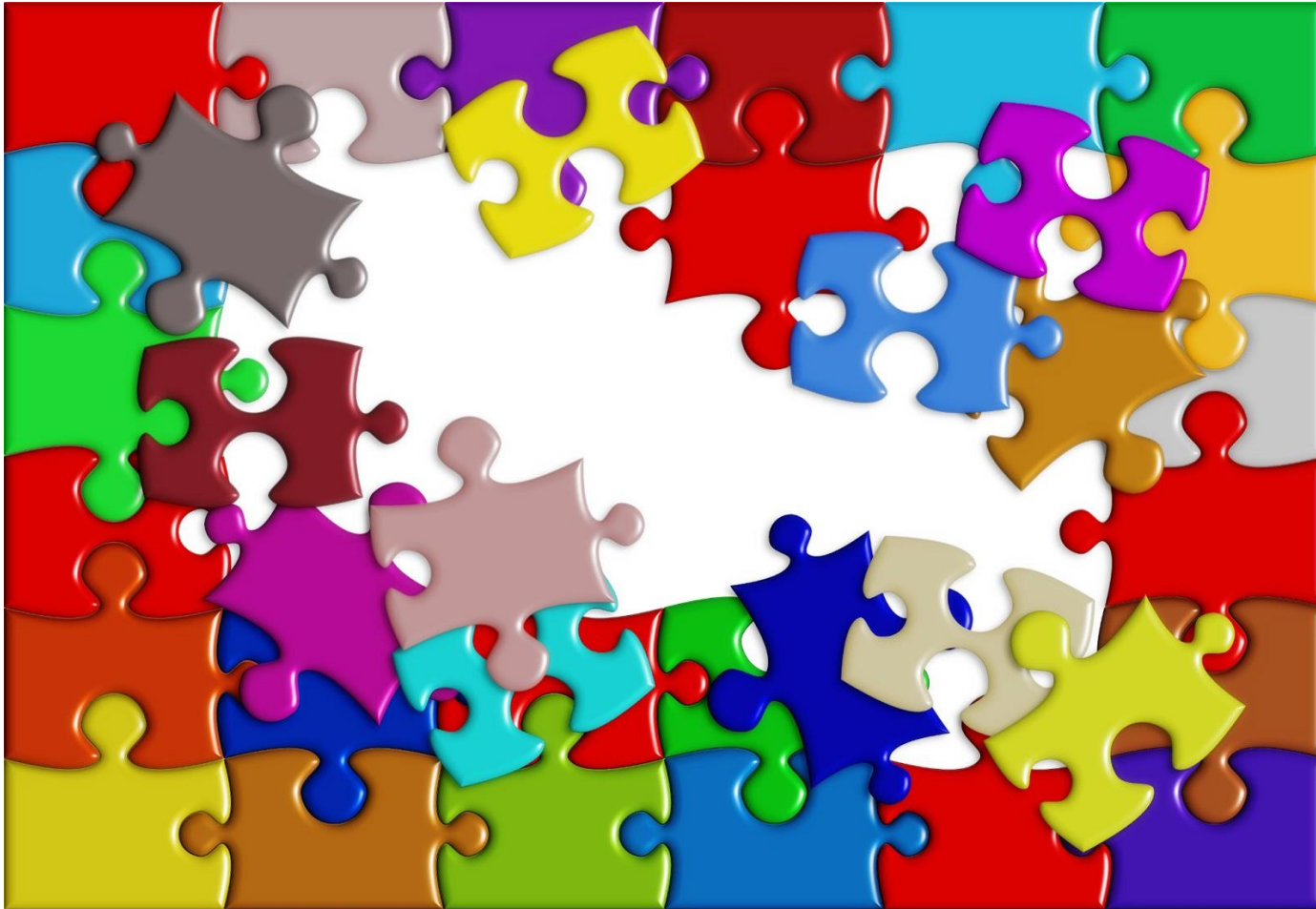
# Challenges Engaging With Parents

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*(Educational Research, New York: Macmillan (1992). School and Family Partnerships).*



# Expert By Experience – case study



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# From Year 2 onwards...

F - 12 years old young man

# May have helped...

- Be able to recognise mental health element to child's presentation/behaviour
- Choosing other ways to communicate instead of asking to talk to parent at the end of the day
- To be able to have some guidance of their expectations from me as parent
- To be given some advice and directed to other sources for support
- Able to refer him to Ed psychologist.
- Not make an assumption whether parents have knowledge and resources to seek further help
- Be honest and transparent
- Accept their limitation - ? Not to worry how it would impact on their ratings

# For F

- Poor self esteem
- Poor self confidence
- Believing that he was a bad person
- Spending most of his school day outside classroom as consequence of behaviour and management within class room
- For him it was a punishment and further guilt and helplessness
- Impacted on his friendships – felt isolated
- Complete disengagement from academic learning
- Constantly having negative interaction with parents over something which had happened at school.
- Increased frustration and anxiety - aggression

# What can be done to help?

- To be aware of common mental health presentations.
- Do you have a measureable health and wellbeing policy for staff at the school?
- Does training need to change to better prepare staff to today's challenges.
- Is there sufficient mentoring for new staff?
- Inspections should promote a healthier culture.
- Staff to know their local NHS services, voluntary services, private services- develop links for referrals if indicated.
- Staff should have access to support when needed

# What have we learned so far

- Review objectives.
- Key learning points.
- So how will you respond to a parent with a child who has mental health problems or you believe require further input?

# Any questions?

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