



Comprehensive Training Programme for Informal Advisors for
Parents of Children with Disabilities

MODULE 2

**SOCIAL AND COMMUNICATION SKILLS FOR INFORMAL
ADVISORS: BUILDING SUPPORTIVE RELATIONSHIPS**

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**INNOVATIVE SUPPORT AND EDUCATION FOR PARENTS OF CHILDREN
WITH DISABILITIES THROUGH INFORMAL ADVISING**

IPAR



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2. Social and Communication Skills For Informal Advisors: Building Supportive Relationships

2.1. Social skills in general (social environment, professionals, peer families, Individual and group work with parents in need - empathy, effective collaboration, social support, support groups, engagement)

Social Environment and The Ecology Of Social Skill Development

The social environment provides continuous opportunities for modeling, practice, feedback, and reinforcement of social behaviors. School contexts, family routines, and peer interactions collectively shape how individuals interpret social cues, regulate emotions, and respond adaptively to social demands (Gaspar et al., 2024; Martínez & Gómez, 2024; Sultan & Khan, 2025). In this regard, intervention frameworks that integrate classroom-based social-emotional learning (SEL) with active family involvement have consistently demonstrated effectiveness in improving social skills and reducing behavioral problems among children and adolescents (Gaspar et al., 2024; Lang et al., 2017; Sultan & Khan, 2025).

Within school settings, SEL programs—implemented through evidence-based curricula by teachers or trained facilitators—play a key role in promoting social awareness, relationship skills, and responsible decision-making. Findings from real-world applications indicate that such programs contribute to improvements in peer relationships, empathy, and problem-solving skills, particularly when implemented not only at the classroom level but also through school-wide approaches that actively involve teachers, students, and families (Gaspar et al., 2024; Sultan & Khan, 2025; Lang et al., 2017). Moreover, research highlights that the effectiveness of SEL initiatives is strengthened by sustained professional development for educators and strong alignment with family engagement practices, both of which are essential for maximizing gains in social competence (Martínez & Gómez, 2024; Gaspar et al., 2024; Lang et al., 2017).

Family involvement, in particular, serves as a central driver of social development. Parental warmth, supportive communication, and constructive discipline practices foster children's empathy, cooperation, and readiness to engage with peers and professionals. Evidence from both educational and health-related contexts further underscores that family

support not only shapes children's social competencies but also contributes to the development of empathy, teamwork, and lifelong learning dispositions in emerging professionals, positioning the family as a foundational context for social skill development (Berduzco-Torres et al., 2020; Martínez & Gómez, 2024).

Professional Roles and Collaboration in Social Skills Development

Professionals across a range of settings—including occupational therapists, educators, school counselors, and mental health clinicians—play a critical role in the development of social skills through direct instruction, guided practice, and the facilitation of peer modeling. In particular, play-based and experiential approaches, such as video modeling as well as therapist- and peer-mediated modeling, have been shown to be effective in enhancing social play and communication skills among children with ADHD and related developmental needs. These findings highlight the value of multimodal and collaborative interventions that actively involve therapists, peers, and families in the learning process (Wilkes-Gillan et al., 2011).

In addition, structured group interventions have proven especially beneficial for vulnerable or at-risk youth. Evidence from randomized studies indicates that such programs can significantly improve social communication and cooperation, often yielding moderate effect sizes. For example, school-based group interventions designed for children lacking adequate parental support demonstrate that even short-term, well-coordinated training can lead to meaningful gains in social interaction and collaborative abilities (Wang et al., 2024).

Furthermore, literature from allied health and nursing fields underscores the central role of emotional intelligence, empathy, and social skills in both professional practice and effective parent-professional partnerships. Qualitative research in pediatric hospice care, for instance, reveals that nurses' emotional labor and professional integrity are deeply rooted in their capacity for self-awareness and empathic engagement, illustrating the reciprocal nature of social skill development within caregiver-professional relationships (Brimble et al., 2024). Similarly, reviews on compassionate care emphasize the need for targeted training and organizational support systems that foster empathy and social responsiveness among professionals, reinforcing the importance of collaborative engagement with families to promote children's overall well-being (Vusio et al., 2025).

Empathy, Collaboration, and Social Support

Empathy, defined as the capacity to understand and resonate with others' emotions, constitutes a fundamental component of effective social interaction and professional practice. Its development is strongly influenced by the family context; for instance, research indicates that family loneliness can hinder the growth of empathy, teamwork, and lifelong learning dispositions, highlighting the importance of considering family relational dynamics within social skills training (Berduzco-Torres et al., 2020). Building on this, effective collaboration among professionals, parents, and peers further strengthens social outcomes by facilitating goal alignment, information sharing, and coordinated support. In particular, models that move beyond simple family involvement toward genuine partnership demonstrate more substantial effects on students' social-emotional development and engagement in learning (Gaspar et al., 2024; Lang et al., 2017; Martínez & Gómez, 2024).

In addition, social support networks—such as peer groups, mentoring systems, and support groups—serve as critical protective factors that enhance social competence, reduce feelings of isolation, and promote resilience in the face of stress. Evidence from school-based social-emotional learning (SEL) programs and peer-led interventions underscores the role of peer mentorship and positive group norms in fostering prosocial behaviors and reducing bullying, thereby strengthening individuals' sense of belonging and connectedness within their social environments (Gaspar et al., 2024; Martínez & Gómez, 2024).

Engagement with Parents and Group Work

Parent engagement in interventions targeting social skills significantly enhances program effectiveness by extending learning opportunities into the home and reinforcing skills within naturalistic settings. Programs that actively involve and train parents—such as parent management strategies, family-centered SEL activities, and family–school partnership initiatives—have been shown to produce stronger outcomes in children's social skills and emotional regulation (Aličković, 2014; Martínez & Gómez, 2024). In parallel, group-based formats implemented in both school and community contexts provide valuable opportunities for children to practice social skills in authentic environments, receive peer feedback, and generalize learned behaviors beyond structured settings. Group curricula that incorporate empathy training, cooperative learning, and conflict-resolution strategies have demonstrated positive effects on peer relationships and social problem-solving skills. However, findings also

suggest that the effectiveness of these interventions may vary depending on individual child characteristics and family context (Gaspar et al., 2024; Lang et al., 2017; Sultan & Khan, 2025).

Nuances and Potential Disagreements in The Literature

While there is broad consensus supporting multi-component approaches—integrating individual, group-based, and family-involved interventions alongside professional collaboration—for the development of social skills, the literature also highlights several important limitations. Some studies point to concerns related to generalizability, small sample sizes, and the influence of contextual factors. For instance, pilot play-based interventions for children with ADHD and school-based randomized controlled trials yield promising findings; however, they also emphasize the need for larger-scale replication and greater attention to cultural and systemic differences that may affect engagement and overall effectiveness (Wang et al., 2024; Wilkes-Gillan et al., 2011).

Additionally, the literature on compassionate care raises important conceptual nuances regarding the distinctions between empathy, compassion, and sympathy. Although these constructs are closely related and often overlap, they represent distinct processes that require clear operational definitions within intervention and training contexts. This distinction has significant implications for both the measurement and fidelity of programs aimed at enhancing social responsiveness among professionals and families (Vusio et al., 2025).

2.2. The Importance of Communication Skills in the Practice of Informal Advisors Effective Communication

Core Principles of Effective Communication in Informal Advisory Roles

Research consistently shows that effective communication with autistic individuals and other neurodiverse populations requires clarity, accessibility, and flexibility in how information is delivered. Clear and explicit communication, supported by multiple formats such as verbal, written, and visual materials, is particularly important for accommodating diverse processing and communication preferences. When information is delivered in overly implicit or assumed ways, misunderstandings and barriers are more likely to occur; therefore, the use of plain language and explicit explanations enhances comprehension and engagement. These principles also align with broader universal design approaches that aim to make learning and support

systems more inclusive for neurodiverse learners (Barry et al., 2022; Huang et al., 2022; Gillespie-Lynch et al., 2017; Petcu et al., 2021).

Alongside clarity, strengths-based and person-centered approaches play a critical role in effective communication. Emphasizing individuals' strengths, preferences, and goals has been shown to increase self-efficacy, motivation, and sense of belonging in both educational and workplace contexts. Informal advisors are encouraged to foreground these strengths and collaboratively establish expectations, which can reduce anxiety and support greater engagement in mentoring and advisory processes (Barry et al., 2023; Gillespie-Lynch et al., 2017; Huang et al., 2022; Monroe et al., 2025). In addition, developing shared language and structured communication frameworks can further strengthen collaboration. Tools such as strengths-based communication models help clarify expectations and enhance belonging among students, mentors, and advisors, while parent–professional partnerships in higher education demonstrate that coordinated communication improves alignment of support and outcomes (Francis et al., 2016; Monroe et al., 2025). Finally, effective advisory communication requires ethical and culturally responsive practice. Awareness of cultural, linguistic, and community contexts is essential, particularly when working with Indigenous, rural, or minority groups. Adapting communication approaches to align with community values—such as culturally tailored autism support programs—highlights the importance of meaningful, culturally attuned information exchange and ongoing feedback processes (Lindly et al., 2023).

Informal Advisory Contexts and Empirical Insights

Postsecondary education research on neurodiversity shows that peer mentoring, group programs, and self-advocacy curricula for autistic students can reduce anxiety, improve social skills, and enhance perceived support by strengthening engagement-based communication. In these approaches, mentors and staff use social skills training, self-advocacy instruction, and reflective practices to support communication and campus integration (Barry et al., 2023; Gillespie-Lynch et al., 2017; Johnson, 2020; Petcu et al., 2021). Evidence also highlights the importance of peer mentoring and family–professional collaboration, where coordinated communication between families and educators improves student outcomes, and where clear, individualized communication is essential for disclosure and access to supports (Barry et al., 2023; Francis et al., 2016). In addition, culturally responsive adaptations of communication practices in Indigenous and rural contexts emphasize the need for flexible, accessible, and context-sensitive approaches in advisory roles (Lindly et al., 2023).

Practical Implications for Informal Advisors Working with Special Needs Individuals

Informal advisors should use multiple communication modalities, including spoken language, written summaries, visuals, and plain-language explanations, as evidence shows that autistic individuals benefit from varied and explicit forms of information exchange (Barry et al., 2023; Huang et al., 2022). Communication should also be strengths-based and person-centered by starting with individuals' goals, preferences, and strengths, and by collaboratively setting expectations to reduce stress and support self-advocacy, which is associated with higher self-efficacy and engagement in neurodiverse populations (Barry et al., 2023; Gillespie-Lynch et al., 2017; Huang et al., 2022; Monroe et al., 2025). In addition, advisors need to establish clear boundaries and referral pathways to appropriate professional services when issues exceed their role, ensuring safety and continuity of support (Kuhn et al., 2006). The effectiveness of advisory practice is further strengthened through training and shared communication frameworks that improve consistency, build common language, and enhance belonging among neurodiverse students (Monroe et al., 2025). Finally, culturally informed communication planning is essential, requiring adaptation of materials and approaches to align with the values and contexts of diverse and Indigenous communities (Lindly et al., 2023).

Nuances and Areas of Debate

Evidence on formalized outcomes suggests that some interventions, such as pilot college-to-workforce programs for autistic students, may show mixed or non-significant results on certain quantitative indicators (e.g., college acceptance rates), even when they demonstrate positive gains in employment or qualitative outcomes. This highlights the importance of maintaining flexible, patient-centered, and long-term approaches in informal advisory communication, with a focus on holistic development and sustained mentorship rather than short-term performance metrics alone (Johnson, 2020). In addition, research on self-identification and service uptake shows that neurodiverse students vary in their willingness to disclose needs in order to access supports. Therefore, informal advisors should foster inclusive and non-stigmatizing environments that encourage disclosure at the individual's own pace while ensuring access to universal supports (Barry et al., 2023; Gillespie-Lynch et al., 2017; Petcu et al., 2021). Finally, the literature emphasizes the broad diversity of disability experiences, including autism, learning disabilities, and intellectual and developmental disabilities. This diversity requires communication strategies that are flexible and responsive to

individual differences, avoiding one-size-fits-all approaches and instead tailoring support to specific needs and contexts (Barry et al., 2023; Francis et al., 2016; Huang et al., 2022; Petcu et al., 2021).

2.3. Communication Strategies-Active Listening

Conceptual Foundations: Active Listening As an Empathic Communication Model

Active listening is defined as a process of receiving, constructing meaning, and responding to spoken and nonverbal messages, where the speaker is actively engaged and the listener attends to perspectives, feelings, and needs. This understanding aligns with broader empathic communication models in which paraphrasing, inquiry, and nonverbal engagement are considered essential for achieving mutual understanding. The literature consistently positions active listening as a foundational element of empathic professional–client relationships that enhances trust, self-esteem, and perceived support, particularly within helping professions, and when applied to parents of children with disabilities, it facilitates sensemaking, reduces miscommunication, and strengthens collaborative problem-solving processes (Tustonja et al., 2024). At the same time, some conceptualizations frame listening as one component within a broader set of relational practices, while others emphasize it as a core mechanism that enables additional strategies such as non-judgmental listening that fosters micro-transformations and client agency in transformative conversations (Gopaldas et al., 2021), highlighting its dual role as both a distinct skill and a foundational enabler of broader relational work.

Operationalizing Active Listening in Informal Advisory Settings

The core components of active listening include paraphrasing and reflective restatement to confirm understanding and validate the parent’s perspective (Tustonja et al., 2024). This helps advisors accurately interpret concerns related to child development, educational planning, and healthcare decisions. In addition, the use of targeted, non-leading questions that explore goals, values, and contextual factors—such as family routines, cultural considerations, and resource constraints—without judgment or premature solutions supports a deeper understanding of parents’ lived experiences (Gopaldas et al., 2021). Active listening also involves careful attention to nonverbal cues and emotional states, including tone of voice, speech pace, eye contact, and body posture, which can reveal unspoken concerns, stressors, or hopes. Taken

together, these practices create a safe communicative space in which parents feel able to express fears, uncertainties, and expectations, thereby strengthening trust and increasing engagement in shared decision-making and planning processes (Tustonja et al., 2024). Moreover, evidence from training studies in helping professions indicates that developing listening skills improves perceived communication competence and relationship quality, both of which are essential prerequisites for effective support and problem-solving (Tustonja et al., 2024; Dewan et al., 2024).

Interfacing Active Listening with Complementary Relational Strategies

Transformative service conversation models conceptualize active listening as a mechanism that enables micro-transformations, where non-evaluative listening validates parents' reflections and supports the development of agency, self-efficacy, and well-being. In this view, active listening is not only a supportive skill but also a generative process that seeds and sustains these small yet meaningful shifts in parents' understanding and engagement. Similarly, in advisory-relational dyadic service encounters, active listening forms the relational foundation by fostering social support and trust, while working in tandem with questioning and affirmation practices to enhance parents' autonomy rather than simply transmitting expert advice (Gopaldas et al., 2021). From this perspective, listening is embedded within a broader communicative system that actively promotes collaboration and shared meaning-making.

In culturally responsive practice, active listening is also positioned as a key bridge between families and service systems. Culturally sensitive care requires attentive listening to families' priorities, values, and cultural contexts, enabling professionals to connect families with appropriate supports and resources. Social workers, in particular, describe listening as a primary mechanism for understanding family needs and advocating effectively within complex systems, making it a prerequisite for cultural brokerage and alliance-building. When integrated with culturally informed engagement and family-centered partnership approaches, active listening strengthens trust, reduces miscommunication, and improves the uptake and effectiveness of supports across diverse family contexts (Lindsay et al., 2014).

Practical Implications for the Module: Active Listening Within the Informal Advisory Cadre

The skills development objectives for active listening in informal advisory practice include demonstrating accurate paraphrasing of parents' concerns and goals in order to confirm

mutual understanding and jointly prioritize needs. Advisors are also expected to use open-ended, non-judgmental questioning to explore values, available resources, barriers, and desired outcomes such as school placement preferences, therapy options, and home routines. In addition, effective practice requires continuous attention to nonverbal communication—maintaining active body language, appropriate eye contact, and minimizing distractions—to convey presence, empathy, and engagement. Equally important is the ability to recognize and respond to emotional content by offering supportive statements and validating feelings, while avoiding premature problem-solving or unsolicited judgment.

To develop these competencies, evidence-informed practice activities include role-plays based on simulated parent inquiries that focus on paraphrasing, reflective responding, and exploratory questioning, followed by structured debriefs emphasizing accuracy, emotional attunement, and cultural sensitivity (Lindsay et al., 2014; Tustonja et al., 2024). Video-recorded micro-scenarios further support skill development by allowing advisors to examine the alignment between verbal and nonverbal communication and to receive feedback on listening stance and response formulation (Tustonja et al., 2024). Reflective journaling is also used to help advisors critically examine moments in which listening altered their understanding, strengthened trust, or revealed previously unrecognized concerns such as family stressors or cultural expectations (Lindsay et al., 2014; Tustonja et al., 2024). Evaluation of outcomes focuses on changes in parents' perceived quality of listening, trust, and engagement in goal setting, using qualitative indicators and brief satisfaction measures where appropriate (Dewan et al., 2024; Lindsay et al., 2014). In addition, downstream effects such as improved collaborative planning, stronger goal alignment, and adherence to agreed actions are monitored, highlighting the central role of active listening in shared decision-making and family-centered care (Dewan et al., 2024; Lindsay et al., 2014).

Nuances and Potential Disagreements Across Sources

While there is strong support for active listening as a foundational skill, some perspectives conceptualize it as one component within broader advisory, relational, and transformative communication approaches. In these frameworks, active listening remains essential but must be integrated with structured questioning and a genuinely partner-oriented stance to fully realize its transformative potential (Gopaldas et al., 2021). At the same time, cultural and contextual factors significantly shape how listening functions in practice. For immigrant and culturally diverse families, listening needs to be accompanied by culturally

sensitive brokerage and awareness of language and power dynamics; otherwise, listening alone may be insufficient to address structural barriers or prevent miscommunication (Lindsay et al., 2014). Additionally, some literature highlights “solutions-first” tendencies in professional practice that can inadvertently weaken the quality of listening, reinforcing the consensus that active listening on its own is not enough unless it is followed by collaborative planning and action grounded in families’ strengths, needs, and preferences within strengths-based dialogue frameworks (Lindsay et al., 2014).

2.4. Demanding Conversations and How to Handle Them

Demanding Conversations in Parent Support Contexts

Nature of Demanding Conversations

Demanding or difficult conversations refer to interactions in which information is challenging to communicate, emotionally charged, risk-laden, or likely to evoke distress, defensiveness, or resistance among participants. In work with parents, such conversations commonly involve sensitive issues such as the possibility of persistent developmental difficulties, prognosis, or recommended actions that may be perceived as threatening or difficult to accept (Gregg, 2020; Habet & Teele, 2023). Evidence indicates that the therapeutic or supportive relationship with families is shaped from the very first encounter and depends on the professional’s capacity to facilitate dialogue that balances realistic action with hope, thereby reducing maladaptive fears while sustaining motivation and engagement. To support this process, several structured frameworks have been developed, including Motivational Interviewing, Rational Emotive Behavioral approaches, Beck’s scaling and coping questions, and Egan’s skilled-helper model, all of which aim to normalize ambivalence and guide constructive action during complex and emotionally demanding conversations (Gregg, 2020).

Typical situations in parent support contexts

In parent-support settings, demanding conversations commonly emerge in several recurring contexts. One key area involves early evaluation and counseling following a child’s diagnosis or developmental assessment, such as concerns about stuttering or other developmental difficulties, where parents often seek clarity, reassurance, and concrete next steps (Gregg, 2020). Another frequent context is decision-making under uncertainty, particularly when prognostic information is incomplete or contested, requiring sensitive

communication about available options, associated risks, and family values (Mills & Cortezzo, 2020). Demanding conversations also arise in care planning for complex trajectories, including neonatal, pediatric chronic, or life-limiting conditions, where shared decision-making is essential to balance medical recommendations with parental goals and preferences (Mills & Cortezzo, 2020; Nahata et al., 2020). Finally, challenges related to education and health literacy are common, especially when parents must navigate complex information about treatment options, reproductive health, or long-term care planning in contexts such as cancer survivorship or other acute and chronic conditions (Nahata et al., 2020).

Emotionally intensive communication scenarios

Emotionally intensive exchanges typically involve discussions about prognosis, potential harms, end-of-life considerations, or challenging behavioral and safety issues, such as behavioral disturbances in dementia or ADHD, firearm safety in dementia care, or fluoride hesitancy in pediatric dentistry. In these contexts, caregivers' emotional responses—including fear, ambivalence, guilt, hope, or moral distress—significantly influence how information is received, interpreted, and acted upon. The literature emphasizes that effective communication in such situations requires explicit attention to interpersonal dynamics and trust-building, alongside timely access to supportive services such as counseling, social work, and patient–family education resources (Cruz et al., 2023; Hardavella et al., 2017; Mills & Cortezzo, 2020; Polzer et al., 2021). In addition, some studies underline the importance of structured training approaches for educators and clinicians, including standardized patient methodologies, to practice and refine skills for managing difficult caregiver conversations in pediatric settings (Meyer et al., 2022).

Synthesis of Evidence Across

Counseling approaches and communication strategies

Across the sources, a consistent theme is the value of structured communication approaches for managing demanding conversations with parents. Motivational Interviewing and related dialogue techniques help normalize ambivalence and support movement toward action, while cognitive-behavioral and restorative elements—such as Beck's questioning strategies and Rational Emotive Therapy—offer practical tools for exploring parents' beliefs, emotions, and coping responses. In addition, the three-stage Skilled Helper model (Explore,

Understand, and Plan) is frequently highlighted as a clear framework for structuring conversations that enable parents to express concerns and collaboratively develop action plans (Gregg, 2020). These approaches align with broader evidence on clinician communication, which consistently emphasizes empathy, clarity, and shared decision-making as essential components of effective interaction in high-stakes and emotionally demanding contexts (Habet & Teele, 2023; Hardavella et al., 2017).

The role of health literacy and informational needs

Several references emphasize health literacy as a key determinant of how effectively parents engage in difficult conversations, particularly in contexts such as oncology and reproductive health. Strengthening health literacy through tailored decision aids, simplified language, and iterative information-sharing processes can improve comprehension and reduce decisional regret, especially when decisions are both time-sensitive and emotionally charged. In addition, the concept of distributed health literacy—where understanding is co-constructed across patients, caregivers, and professionals—supports more balanced and inclusive communication by aligning information with family values, capacities, and decision-making contexts, thereby helping to normalize complex discussions (Nahata et al., 2020).

Contextual caregiver needs and systemic support

Systematic reviews of informal caregiving highlight that informational, organizational, and psychosocial support needs significantly shape how caregivers experience and participate in demanding conversations. Caregivers often require not only clear and accessible informational resources, but also emotional support, decision aids, and system-level coordination to enable effective family-centered care. When these needs are adequately addressed, caregivers are more likely to engage in constructive dialogue, align with care plans, and experience reduced distress and communication-related conflict (Bally et al., 2020; Gutowska, 2022; Newman et al., 2023; Plöthner et al., 2019). Across studies, programs that promote family-centered communication and collaborative care planning—implemented through social work, nursing, and allied health services—are consistently identified as critical for supporting effective communication in complex and emotionally demanding contexts (Bally et al., 2020; Gutowska, 2022; Newman et al., 2023).

Education and training to improve clinician abilities

Educational interventions, including standardized patient encounters, have shown clear value in preparing clinicians to manage difficult conversations with caregivers. These simulation-based approaches allow learners to practice motivational interviewing, empathetic communication, and the delivery of options in sensitive and emotionally charged scenarios, thereby strengthening confidence and perceived competence in real-world clinical encounters (Meyer et al., 2022). More broadly, the literature on doctor–patient communication underscores the importance of explicit training in delivering difficult news, engaging families effectively, and organizing appropriate follow-up support, including referrals to counseling and other patient-support resources (Hardavella et al., 2017).

Nuanced Considerations and Potential Disagreements

Variability in caregiver preferences and cultural contexts

While many references converge on the importance of shared decision-making and supportive communication, they also highlight important nuances regarding the degree of direction caregivers prefer from clinicians. Evidence suggests that communication should be tailored to caregivers' individual needs and cultural contexts, with increasing emphasis on patient- and family-centered language and the use of decision aids to support understanding and participation. At the same time, caregivers differ in their desired level of decisional control: some prefer more directive guidance from clinicians, while others value a more collaborative, exploratory approach. This variability underscores the importance of clinicians actively assessing caregiver preferences and adapting their communication style accordingly (Cruz et al., 2023; Habet & Teele, 2023; Mills & Cortezzo, 2020).

Uncertainty and prognostication challenges

Perceptions of uncertainty play a central role in shaping demanding conversations with parents. Many sources emphasize that uncertainty is an inherent feature of numerous pediatric and neonatal conditions, which requires transparent communication about unknowns, probabilities, and potential outcome ranges. At the same time, other studies caution that overemphasizing uncertainty may inadvertently undermine caregiver confidence if it is not accompanied by clear, practical guidance. Overall, the literature converges on a balanced

approach: clinicians should openly acknowledge uncertainty, provide probabilistic information when available, and consistently pair this with concrete action options and ongoing supportive follow-up to maintain trust and engagement (Habet & Teele, 2023; Mills & Cortezzo, 2020).

The scope of competencies and systemic constraints

There is general agreement that clinicians benefit from targeted communication training; however, the literature also highlights important real-world constraints such as time pressure, language barriers, limited resources, and institutional guidelines that can hinder the delivery of optimal conversations. This tension underscores that improving demanding conversations cannot rely solely on individual clinician skills, but also requires broader system-level support, including accessible decision aids and strengthened interprofessional collaboration to enable effective communication within busy clinical environments (Habet & Teele, 2023; Mills & Cortezzo, 2020).

Practical Implications for Practice

Prepare with a communication plan

Before entering demanding conversations with parents, clinicians should clarify the core objectives of the discussion, anticipate possible emotional responses, and plan appropriate follow-up support. Using a structured communication approach—such as Motivational Interviewing, Egan’s Skilled Helper model, or decision-aid-supported dialogue—can help organize the interaction, validate parental concerns, and facilitate collaborative decision-making (Gregg, 2020; Meyer et al., 2022).

Normalize ambivalence and provide coping tools

Ambivalence should be explicitly normalized as a common human response to difficult information, and addressed through techniques such as motivational interviewing to explore mixed feelings while eliciting parents’ underlying values and goals. Coping-focused questions and supportive dialogue can also be integrated to reduce irrational fears and help sustain motivation for appropriate action when needed (Gregg, 2020).

Leverage family-centered care and interdisciplinary teams

Social workers, nurses, psychologists, and educators should be actively involved in facilitating demanding conversations, as a team-based approach helps distribute

communication responsibilities and provides continuous informational, emotional, and practical support for families. This collaborative model enables more comprehensive responses to caregivers' informational, organizational, and psychosocial needs, which are key factors shaping the effectiveness of communication in complex care contexts (Bally et al., 2020; Gutowska, 2022; Newman et al., 2023; Plöthner et al., 2019).

Use training and simulation to build competence

Standardized patient simulations combined with reflective debriefing should be used to train clinicians in managing difficult conversations with caregivers, as exposure to realistic scenarios supports the development of key communication skills. These include empathy, motivational interviewing techniques, and the effective use of counseling resources and decision aids, thereby strengthening preparedness for complex clinical interactions (Hardavella et al., 2017; Meyer et al., 2022).

Tailor strategies to context and preferences

Clinicians should assess caregiver preferences, cultural background, health literacy, and current levels of distress, and then adapt communication strategies accordingly. This includes using plain-language explanations, visual supports, and clearly structured plans for follow-up and support services. When appropriate, decision aids should also be provided or signposted to strengthen shared decision-making and help reduce decisional regret (Bally et al., 2020; Cruz et al., 2023; Habet & Teele, 2023; Nahata et al., 2020).

Emotional Responses in Difficult Conversations

Demanding or difficult conversations with families are often emotionally intense, especially in pediatric health, developmental concerns, and caregiving contexts. Evidence shows that caregivers' emotions—such as fear, guilt, anger, distress, and hope—shape how information is received, interpreted, and acted upon, making emotional awareness a central element of effective communication (Appelman, 2001; Cousineau et al., 2019). Interdisciplinary findings further emphasize that emotion regulation and co-regulation processes within families are critical for navigating these interactions; when emotions are acknowledged and managed constructively, communication quality improves and misunderstandings decrease (Hardy & Fisher, 2018; Paley & Hajal, 2022).

The Nature of Emotional Responses in Demanding Conversations

During demanding conversations, caregivers often experience multiple, co-occurring emotions such as fear of bad news or an uncertain prognosis, guilt related to perceived past decisions, anger or frustration stemming from uncertainty, and sometimes hope or relief when possible solutions are identified. These emotional responses are not peripheral but actively shape how information is attended to, how questions are formulated, and how decisions and follow-up plans are approached. Accordingly, the literature conceptualizes emotions as integral components of the communication process rather than passive reactions, highlighting their influence on meaning-making and engagement in care discussions (Appelman, 2001; Cousineau et al., 2019; Paley & Hajal, 2022).

Emotion Regulation and Co-Regulation Processes

Emotion regulation refers to the processes through which individuals influence which emotions they experience, when they experience them, and how they express them. Within family contexts, caregivers are not only responsible for regulating their own emotional responses but also for supporting their children's emotional functioning, particularly in stressful or high-stakes situations. In this regard, co-regulation describes the dynamic alignment of emotional responses between caregivers and children, which helps create a more stable and manageable context for communication. Evidence indicates that when caregivers are able to label, validate, and reflect emotions, children's emotional awareness and coping capacities are strengthened, supporting more adaptive family interactions overall (Hardy & Fisher, 2018; Paley & Hajal, 2022; Cousineau et al., 2019).

The Impact of Emotions on Information Processing and Decision-Making

Emotional intensity in demanding conversations can both support and hinder communication: while it may heighten attention to critical information, it can also introduce biases in how risks, prognoses, and options are interpreted. Research across pediatric and geriatric contexts highlights the importance of explicitly acknowledging emotions during discussions involving uncertainty, as this helps prevent misinterpretation and supports clearer understanding. When caregivers' emotional responses are recognized and validated, and paired with concrete, actionable next steps, communication becomes more effective and engagement in care planning increases. Structured approaches such as motivational interviewing, shared goal setting, and decision-support tools further help normalize uncertainty and dilemmas,

facilitating more balanced and collaborative decision-making processes (Gregg, 2020; Habet & Teele, 2023; Hardavella et al., 2017; Meyer et al., 2022).

Emotionally Intensive Situations in Parent Support Contexts

In post-diagnosis counseling, parents frequently encounter emotionally charged discussions about prognosis, long-term implications, and immediate next steps, making it essential to balance honesty with hope while offering clear and actionable information (Gregg, 2020; Mills & Cortezzo, 2020). In more complex care situations, families often need to reconcile medical recommendations with their own values, creating both emotional and ethical tensions that require structured shared decision-making processes (Mills & Cortezzo, 2020; Nahata et al., 2020). When health literacy is limited, information must be delivered in an accessible, stepwise manner, as overly technical explanations can heighten anxiety, whereas insufficient detail may leave families unprepared for decision-making (Nahata et al., 2020). End-of-life discussions and care planning further intensify emotional and ethical demands for both families and professionals, where shared decision-making plays a central role in aligning care with family values and preferences (Mills & Cortezzo, 2020; Polzer et al., 2021). Similarly, conversations about behavioral or safety concerns can evoke strong emotional reactions, requiring non-judgmental communication and collaborative problem-solving to support parents in making informed and appropriate decisions (Cruz et al., 2023; Polzer et al., 2021).

Core Communication Skills

Core communication skills are essential for managing demanding conversations with parents in pediatric and family health contexts. These include active listening, empathy, clear and structured information delivery, eliciting family values and preferences, managing emotional responses, and coordinating interprofessional support when needed. Across the literature, effective communication is consistently associated with improved understanding, reduced emotional distress, stronger family engagement, and more effective shared decision-making processes. Together, these findings underscore communication as a central mechanism for high-quality family-centered care (Bally et al., 2020; Gregg, 2020; Gutowska, 2022; Habet & Teele, 2023; Hardavella et al., 2017; Meyer et al., 2022; Mills & Cortezzo, 2020; Nahata et al., 2020; Newman et al., 2023; Plöthner et al., 2019).

Motivational Interviewing and Exploring Ambivalence

Motivational Interviewing (MI) offers a nonjudgmental, collaborative approach to exploring caregivers' ambivalence, supporting autonomy, and fostering intrinsic motivation. Through strategies such as reflective listening, affirming autonomy, and reducing resistance, MI enhances collaboration and helps minimize defensiveness in difficult conversations. Evidence further shows that training in MI-based communication improves caregivers' ability to express concerns more effectively and supports shared decision-making, with positive effects on self-efficacy and communication patterns (Easdale-Cheeley et al., 2024; İpekçi et al., 2024).

Structured Communication Frameworks

Structured models, such as Egan's Skilled Helper framework (Explore–Understand–Plan), provide a clear structure for organizing difficult conversations with caregivers. These approaches support professionals in validating concerns, balancing emotional and informational needs, and collaboratively developing actionable plans. They are particularly useful in contexts marked by uncertainty and high emotional intensity, where a guided structure helps maintain clarity and engagement throughout the conversation (Gregg, 2020; Meyer et al., 2022).

Health Literacy and Tailored Communication

Adapting communication to caregivers' health literacy levels—through plain language, visual supports, and stepwise or gradual information delivery—enhances understanding and helps reduce decisional regret. In this context, the concept of distributed health literacy highlights the importance of aligning the capacities of caregivers, patients, and providers, thereby supporting more effective and sustainable engagement in care processes (Nahata et al., 2020).

Empathy, Trust, and Interpersonal Dynamics

Empathy and trust are central to effective communication, particularly when discussing risks and uncertain outcomes. The literature indicates that transparency, appropriate pacing, and nonverbal communication cues significantly shape how information is received and interpreted by caregivers. Overall, strong interpersonal communication skills are associated with improved

adherence, higher satisfaction, and better overall quality of communication in difficult conversations (Habet & Teele, 2023; Hardavella et al., 2017).

Training and Interprofessional Collaboration

Simulation-based training and reflective practice strengthen professionals' competence in managing difficult conversations, including delivering bad news and discussing complex care options. Evidence also shows that interdisciplinary collaboration—such as working with social workers, nurses, and educators—enhances family-centered communication by addressing emotional, informational, and practical needs in a more integrated way. Together, these approaches support more effective, empathetic, and coordinated communication in challenging care contexts (Bally et al., 2020; Gutowska, 2022; Hardavella et al., 2017; Meyer et al., 2022; Newman et al., 2023; Plöthner et al., 2019).

Emotion Regulation and Co-Regulation

Caregivers' emotions—such as fear, guilt, anger, and hope—play a direct role in shaping communication processes and decision-making during difficult conversations. When these emotions are recognized and validated, caregiver distress is reduced and engagement in dialogue is strengthened. At the family level, co-regulation processes, in which emotional responses are managed jointly, further enhance communication quality and contribute to children's coping and emotional development (Appelman, 2001; Cousineau et al., 2019; Čekuolienė et al., 2021; Feldman, 2023; Hardy & Fisher, 2018; Paley & Hajal, 2022).

Structuring the Conversation

Structuring difficult conversations with families is essential for balancing honesty, empathy, and practical action in pediatric and family-care contexts. Across the literature, various frameworks and tools converge on several core elements, including careful preparation before the conversation, creating a safe and supportive environment, delivering information clearly and sensitively, responding to caregivers' emotional reactions, and ensuring continuity through follow-up and ongoing support. When integrated, these structured approaches strengthen patient- and family-centered communication across a range of settings such as neonatal care, pediatric chronic illness management, paediatric advance care planning (pACP),

and end-of-life discussions (Breemen et al., 2024; Daxer et al., 2022; DeForest, 2024; Driessche et al., 2021; Geurtzen et al., 2017; Gonella et al., 2024; Seifart et al., 2022).

Pre-conversation Preparation

Preparation is a critical phase that significantly influences the effectiveness of demanding conversations with families. It starts with clearly defining the purpose and objectives of the interaction, such as sharing information, eliciting family values and preferences, and identifying next steps; setting these goals in advance helps structure the dialogue and reduce delays in decision-making (Breemen et al., 2024; Daxer et al., 2022; Gonella et al., 2024). Equally important is contextual assessment, which involves considering the clinical setting (e.g., neonatology or pediatric oncology), the level of prognostic certainty, and the family's cultural values, as both uncertainty and organizational conditions shape how conversations unfold (DeForest, 2024; Geurtzen et al., 2017; Seifart et al., 2022).

Preparation also includes identifying key stakeholders, since effective communication often requires coordinated input from interprofessional team members such as physicians, nurses, social workers, and child life specialists to ensure consistency and comprehensive support (Breemen et al., 2024; Daxer et al., 2022; Geurtzen et al., 2017). Finally, developing flexible plans and anticipating possible scenarios—such as key messages, potential questions, and adaptations for cultural and health literacy needs—further strengthens readiness and responsiveness during the conversation (Geurtzen et al., 2017; Mansoor et al., 2025; Seifart et al., 2022).

Creating an Appropriate Environment

The environment in which a demanding conversation takes place plays a crucial role in shaping its quality and outcomes. Establishing a therapeutic atmosphere requires building trust, demonstrating empathy, and fostering a collaborative tone from the outset, while early acknowledgment of caregivers' emotions helps create a more supportive relational space (Gonella et al., 2024; Mansoor et al., 2025; Seifart et al., 2022). Practical conditions are equally important; allocating sufficient time, minimizing interruptions, and pacing information appropriately are essential, particularly because evidence from neonatal and pediatric care shows that such conversations are often iterative and require time for families to process complex information (Daxer et al., 2022; DeForest, 2024; Seifart et al., 2022). In addition,

involving an interprofessional team further strengthens the communicative environment by sharing informational responsibilities and providing coordinated emotional and practical support, thereby aligning more effectively with caregiver needs across care settings (Bally et al., 2020; Gutowska, 2022; Newman et al., 2023; Plöthner et al., 2019).

Communication Delivery: Core Techniques

Effective communication delivery in demanding conversations begins with a clear and structured opening, where the purpose of the discussion is explicitly stated, uncertainty is acknowledged, and the way information will be shared is outlined to reduce misunderstandings and align expectations (Daxer et al., 2022; Geurtzen et al., 2017). Information should then be presented in a clear, accessible manner by minimizing jargon and adapting content to families' health literacy levels and cultural contexts, with visual aids and decision-support tools further enhancing understanding and reducing decisional regret (Breemen et al., 2024; Mansoor et al., 2025; Nahata et al., 2020).

A central component of delivery is eliciting values, preferences, and goals through structured questioning that helps families clarify what matters most, including quality of life considerations and acceptable risks; frameworks such as BOOST pACP illustrate how such discussions can be systematically supported (Driessche et al., 2021). Managing emotional responses is also essential, requiring professionals to recognize and validate emotions such as fear, anger, or guilt while using emotion-focused and co-regulation strategies to maintain engagement and reduce distress (Appelman, 2001; Cousineau et al., 2019; Feldman, 2023; Gonella et al., 2024; Hardy & Fisher, 2018; Paley & Hajal, 2022). In this process, techniques inspired by motivational interviewing can further support families in navigating ambivalence and uncertainty (Easdale-Cheeley et al., 2024; İpekçi et al., 2024). Finally, effective communication requires a balanced approach to uncertainty: while it should be communicated transparently, it must also be accompanied by clear guidance, next steps, and actionable plans to support decision-making (Gregg, 2020; Habet & Teele, 2023; Hardavella et al., 2017; Meyer et al., 2022; Mills & Cortezzo, 2020).

Post-Conversation Support and Follow-Up

Support for families does not end with the conversation itself; proper documentation and integration into care planning are essential to ensure continuity and coordinated follow-up. Written summaries, clear follow-up plans, and referrals to additional support services should

be shared with all relevant stakeholders to maintain consistency across care processes (Breemen et al., 2024; Geurtzen et al., 2017; Gutowska, 2022; Plöthner et al., 2019). The literature also emphasizes that difficult conversations are often ongoing processes rather than single events, with families frequently requiring repeated discussions as their circumstances evolve, particularly in contexts such as paediatric advance care planning (pACP) and chronic illness care (Daxer et al., 2022; Driessche et al., 2021; Geurtzen et al., 2017). To sustain quality in these interactions, continuous professional development is also necessary; simulation-based training, mentorship, and reflective practice are consistently identified as key strategies for strengthening and maintaining communication competence over time (Breemen et al., 2024; DeForest, 2024; Hardavella et al., 2017; Meyer et al., 2022).

Managing Resistance and Conflict

Managing resistance and conflict is a central challenge in demanding conversations with parents and family caregivers. Across education, psychology, pediatrics, and health communication literature, pushback, defensiveness, and relational strain frequently emerge when discussions involve sensitive topics, uncertainty, deeply held values, and high-stakes decisions. Effective management of these dynamics relies on structured communication frameworks, motivational interviewing (MI)-inspired dialogue, emotion regulation strategies, and interprofessional collaboration, as well as iterative conversations that allow engagement to develop over time and across encounters (39–45, 51–57, 59, 60). This section synthesizes key concepts, common patterns of resistance, and practical strategies for professionals supporting families in complex and emotionally charged contexts.

Common Forms and Sources of Resistance in Demanding Conversations

Resistance in conversations with parents can take multiple forms and is often shaped by both emotional and contextual factors. A common manifestation is explicit pushback and defensive responding, where caregivers may question the relevance of information, challenge recommendations, or reject proposed plans. Evidence suggests that effective responses to this form of resistance require eliciting concerns, validating perspectives, and maintaining a collaborative rather than confrontational stance (Campbell & Peacock, 2021; Edgoose et al., 2021). Another frequent source of tension is the balance between caregiver autonomy and professional guidance, as families differ in their preferences for decisional control—some

seeking clear direction, others preferring shared exploration—making early clarification of expectations and flexible communication essential (Campbell & Peacock, 2021; Dyson et al., 2023). Emotional reactivity further intensifies resistance, particularly in discussions involving prognosis, end-of-life care, or sensitive social issues, where fear, guilt, anger, and moral distress can shape engagement; in these cases, empathic validation, emotion-focused communication, and co-regulation strategies are critical for sustaining dialogue (Appelman, 2001; Cousineau et al., 2019; Edgoose et al., 2021; Feldman, 2023; Hardy & Fisher, 2018; Paley & Hajal, 2022). Finally, uncertainty and information overload may lead to skepticism or withdrawal, highlighting the importance of transparent communication about what is known, what remains uncertain, and what actions will follow, supported by clear and structured guidance (Daxer et al., 2022; DeForest, 2024; Geurtzen et al., 2017; Mansoor et al., 2025; Seifart et al., 2022).

Theoretical and Practical Frameworks for Addressing Resistance

Several frameworks offer structured approaches to managing resistance in demanding conversations with families. Motivational Interviewing (MI) provides a non-confrontational, person-centered method that emphasizes reflective listening, respect for autonomy, and working with ambivalence rather than opposing it; in family contexts, MI-inspired dialogue supports caregivers in articulating concerns and aligning decisions with their values (Easdale-Cheele et al., 2024; İpekçi et al., 2024). Complementing this, structured communication models such as SPIKES, ABCDE, and NURSE provide step-by-step guidance for preparing conversations, delivering difficult information, responding to emotional reactions, and ensuring follow-up, particularly in neonatal, pediatric, and paediatric advance care planning (pACP) contexts (27–34, 38–40). Similarly, three-stage frameworks like Egan’s Skilled Helper model (Explore–Understand–Plan) offer a practical structure for moving conversations toward action, and when integrated with MI techniques and decision-support tools, these approaches help normalize ambivalence and support collaborative problem-solving (Driessche et al., 2021; Gregg, 2020; Meyer et al., 2022). Emotion regulation and co-regulation strategies further strengthen these frameworks by supporting caregivers in managing emotional responses within a family-centered relational context, thereby reducing defensiveness and improving engagement (Appelman, 2001; Čekuolienė et al., 2021; Feldman, 2023; Hardy & Fisher, 2018; Paley & Hajal, 2022).

Contextual Patterns and Domains of Resistance

Resistance varies depending on context and the nature of the topic being discussed. In educational and research settings, it often emerges around sensitive issues such as sexual violence, race, or social-emotional learning, where community norms, parental concerns, and institutional perspectives shape how information is received; in these cases, transparency and inclusive engagement strategies are essential to support constructive dialogue (Adhia et al., 2024; Dyson et al., 2023). In healthcare contexts—particularly neonatal, pediatric, and chronic illness care—resistance is more frequently associated with uncertainty, prognosis, and alignment with family values, requiring approaches grounded in shared decision-making, emotional support, and sustained, iterative conversations (Daxer et al., 2022; Driessche et al., 2021; Geurtzen et al., 2017; Seifart et al., 2022). Conversations involving race, racism, and cultural difference may also generate heightened resistance, underscoring the importance of culturally responsive communication, anti-racist practice, and the creation of safe spaces for dialogue to reduce defensiveness and promote meaningful engagement (Campbell & Peacock, 2021; Edgoose et al., 2021).

Practical Strategies to Manage Resistance and Conflict

Managing resistance effectively requires an integrated combination of preparation, communication competence, and relational awareness. Preparing and setting the frame before the conversation—by clarifying objectives, acknowledging uncertainty, and outlining expectations—helps reduce ambiguity and defensiveness (Daxer et al., 2022; Geurtzen et al., 2017; Seifart et al., 2022). Early validation of emotions and normalization of ambivalence are also central strategies; recognizing caregivers' emotional responses and drawing on motivational interviewing and emotion-focused approaches supports a safer and more open dialogue (Appelman, 2001; Cousineau et al., 2019; Easdale-Cheele et al., 2024; İpekçi et al., 2024; Paley & Hajal, 2022). Eliciting values, preferences, and goals further enables alignment between professional recommendations and family priorities, with structured models such as BOOST pACP illustrating how this process can reduce conflict over time (Driessche et al., 2021). Communication tailored to health literacy levels, supported by decision aids and visual tools, enhances comprehension and reduces decisional conflict (Breemen et al., 2024; Mansoor et al., 2025; Nahata et al., 2020). Interprofessional collaboration is another key element, as involving social workers, nurses, and educators helps distribute informational and emotional support and improves overall communication quality (Bally et al., 2020; Gutowska, 2022;

Newman et al., 2023; Plöthner et al., 2019). Finally, simulation-based training and feedback strengthen professionals' confidence and skill, while recognizing the need for ongoing, iterative conversations reflects the reality that resistance may shift over time and across encounters (Gutowska, 2022; Hardavella et al., 2017; Meyer et al., 2022; Daxer et al., 2022; Driessche et al., 2021; Geurtzen et al., 2017).

Nuances and Potential Areas of Disagreement

Managing resistance involves navigating several nuanced challenges in demanding conversations with families. One central issue is balancing honesty with hope: while transparency about uncertainty is necessary, excessive detail may overwhelm caregivers, so communication needs to be carefully tailored to their informational needs and preferences (Gonella et al., 2024; Habet & Teele, 2023; Mills & Cortezzo, 2020). A second challenge concerns the appropriate balance between directive guidance and collaborative exploration, since caregivers vary in their desired level of involvement in decision-making; flexible, person-centered communication is therefore essential to avoid increasing resistance (Dyson et al., 2023; Habet & Teele, 2023; Mills & Cortezzo, 2020). Finally, systemic constraints such as limited time, language barriers, and unequal access to resources can hinder the implementation of ideal communication practices, underscoring the importance of institutional support, decision aids, and team-based approaches to sustain effective communication frameworks in real-world settings (DeForest, 2024; Geurtzen et al., 2017).

Supportive and Strength-Based Approaches

Supportive and strengths-based approaches shift attention from deficits to families' strengths, resources, and goals, promoting engagement, resilience, and hope within a positive psychology framework (Mueller et al., 2024). Trauma- and resilience-informed practices complement this by emphasizing safety, trust, and empowerment, while acknowledging how past adversities shape current interactions (Hall et al., 2018; Schoot et al., 2024; Shankar et al., 2025). Motivational Interviewing (MI) further supports collaborative, values-based dialogue that reduces defensiveness and enhances shared goal setting (Farghal & Mounir, 2025; Johnson et al., 2023; Kaushik et al., 2025). Interprofessional collaboration helps address families' complex needs in a holistic way (Hall et al., 2018; Singh et al., 2021; Wei, 2022). In practice, these approaches rely on empathic listening, strengths identification, trauma-informed inquiry, and MI-based communication to co-construct care plans aligned with family values (Anazi et

al., 2022; Johnson et al., 2023; Tagliaferri et al., 2024). Key challenges include balancing hope with realism and maintaining cultural sensitivity and respect for autonomy (Gabay, 2020; Hernández-Wolfe et al., 2014). Despite resource constraints, evidence shows improvements in trust and engagement when supported by training and organizational structures (Campbell & Peacock, 2021; Schmidt et al., 2024).

Questions and Answers

1. Which of the following is one of the most important contextual factors in the development of social skills?
 - a) Only individual intelligence level
 - b) Social environment (family, school, peers)
 - c) Genetic traits alone

2. What is the main goal of school-based Social-Emotional Learning (SEL) programs?
 - a) To improve exam performance
 - b) To develop social awareness and relationship skills
 - c) To increase physical endurance

3. Which statement about the role of family involvement in social skills development is correct?
 - a) It has no effect
 - b) It only affects academic success
 - c) It supports empathy, cooperation, and social interaction

4. What is the main purpose of using multiple communication modalities (verbal, written, visual) in effective communication?
 - a) To make communication more complex
 - b) To ensure accessibility for diverse needs
 - c) To save time

5. Which of the following is a key component of active listening?
 - a) Providing immediate solutions
 - b) Changing the topic
 - c) Paraphrasing to show understanding

Correct Answers: 1) b , 2) b , 3) c, 4) b, 5) c

References

1. Adhia, A., Lucas, R., Richey, A. E., Rogers, M., Wagner, N. V., Dils, L., Rivara, F. P., & Bekemeier, B. (2024). School district leader perspectives on surveying middle school youth about sexual violence. *Journal of School Health*, 95(1), 34–44. <https://doi.org/10.1111/josh.13496>
2. Aličković, A. (2014). Pedagogical understanding of empathy as an aspect of social competence. *Metodički Obzori/Methodological Horizons*, 9(2), 47–57. <https://doi.org/10.32728/mo.09.2.2014.05>
3. Appelman, E. (2001). Temperament and dyadic contributions to affect regulation: Implications from developmental research for clinical practice. *Psychoanalytic Psychology*, 18(3), 534–559. <https://doi.org/10.1037/0736-9735.18.3.534>
4. Bally, J., Burles, M., Smith, N. R., Holtslander, L., Mpofu, C., Hodgson-Viden, H., & Zimmer, M. (2020). Exploring opportunities for holistic family care of parental caregivers of children with life-threatening or life-limiting illnesses. *Qualitative Social Work*, 20(5), 1356–1373. <https://doi.org/10.1177/1473325020967739>
5. Barry, A., Syurina, E., & Waltz, M. (2023). Support priorities of autistic university students and careers advisors: Understanding differences, building on strengths. *disabilities*, 3(2), 235–254. <https://doi.org/10.3390/disabilities3020016>
6. Berduzco-Torres, N., Medina, P., Choquenaira-Callañaupa, B., San-Martín, M., Bolton, R., & Vivanco, L. (2020). Family loneliness: Its effects in the development of empathy, teamwork and lifelong learning abilities in medical students. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.02046>
7. Breemen, C. van, Lusney, N., Doherty, M., Castro-Noriega, E., & Siden, H. (2024). Education initiative for essential conversations with parents—serious illness guide for pediatrics (SICG-Peds©-Peds). *Journal of Medical Education and Curricular Development*, 11. <https://doi.org/10.1177/23821205241298590>
8. Brimble, M., Anstey, S., Davies, J., & Dunn, C. (2024). An exploration of managing emotional labour and maintaining professional integrity in children's hospice nursing. *International Journal of Palliative Nursing*, 30(4), 180–188. <https://doi.org/10.12968/ijpn.2024.30.4.180>

9. Campbell, K., & Peacock, D. (2021). Transformative leadership journeys: Learning and identity of university leaders of engaged scholarship. *Journal of Leadership Accountability and Ethics*, 18(4). <https://doi.org/10.33423/jlae.v18i4.4643>
10. Čekuolienė, D., Gervinskaitė-Paulaitienė, L., Grauslienė, I., Adler, A., & Barkauskienė, R. (2021). Maternal reflective functioning and attachment security in girls and boys: A closer look into the middle childhood. *International Journal of Environmental Research and Public Health*, 18(21), 11261. <https://doi.org/10.3390/ijerph182111261>
11. Cousineau, T. M., Hobbs, L., & Arthur, K. C. (2019). The Role of compassion and mindfulness in building parental resilience when caring for children with chronic conditions: A conceptual model. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.01602>
12. Cruz, S. P. la, Ko, A. I., & Chi, D. L. (2023). A qualitative study on dentists' communication approaches in managing fluoride-hesitant caregivers. *JDR Clinical & Translational Research*, 9(3), 212–220. <https://doi.org/10.1177/23800844231203673>
13. Daxer, M., Monz, A., Hein, K., Heitkamp, N., Knochel, K., Borasio, G. D., & Führer, M. (2022). How to open the door: A qualitative, observational study on initiating advance care discussions with parents in pediatric palliative care. *Journal of Palliative Medicine*, 25(4), 562–569. <https://doi.org/10.1089/jpm.2021.0183>
14. DeForest, P. K. (2024). Navigating difficult conversations in caring for children with medical complexity. *Pediatric Annals*, 53(3). <https://doi.org/10.3928/19382359-20240109-04>
15. Dewan, T., MacKay, L., Asaad, L., Buchanan, F., Hayden, A., & Montgomery, L. (2024). Experiences of inpatient healthcare services among children with medical complexity and their families: A Scoping Review. *Health Expectations*, 27(5). <https://doi.org/10.1111/hex.14178>
16. Driessche, A. van, Vleminck, A. D., Gilissen, J., Kars, M. C., Bosch, J. van der W. ten, Deliëns, L., Cohen, J., & Beernaert, K. (2021). Advance care planning for adolescents with cancer and their parents: study protocol of the BOOST pACP multi-centre randomised controlled trial and process evaluation. *BMC Pediatrics*, 21(1). <https://doi.org/10.1186/s12887-021-02841-7>
17. Dyson, B., Shen, Y., Howley, D., & Baek, S. (2023). Social emotional learning matters: Interpreting educators' perspectives at a high-needs rural elementary school. *Frontiers in Education*, 8. <https://doi.org/10.3389/educ.2023.1100667>

18. Easdale-Cheele, T., Parlatini, V., Cortese, S., & Bellato, A. (2024). A narrative review of the efficacy of interventions for emotional dysregulation, and underlying bio–psycho–social factors. *Brain Sciences*, 14(5), 453. <https://doi.org/10.3390/brainsci14050453>
19. Edgoose, J., Speights, J. S. B., White-Davis, T., Guh, J., Bullock, K. C., Roberson, K., Leon, J. D., Ferguson, W. J., & Saba, G. W. (2021). Teaching about racism in medical education: A mixed-method analysis of a train-the-trainer faculty development workshop. *Family Medicine*, 53(1), 23–31. <https://doi.org/10.22454/fammed.2021.408300>
20. Feldman, R. (2023). Father contribution to human resilience. *Development and Psychopathology*, 35(5), 2402–2419. <https://doi.org/10.1017/s0954579423000354>
21. Francis, G., Fuchs, E., Johnson, A., Gordon, S., & Grant, A. (2016). Developing parent-professional partnerships in a postsecondary education program for students with disabilities. *Psychology in the Schools*, 53(10), 1045-1056. <https://doi.org/10.1002/pits.21974>
22. Gaspar, M., Seabra-Santos, M., Relvão, J., Pimentel, M., Homem, T., Azevedo, A., ... & Moura-Ramos, M. (2024). Implementation in the “real world” of an evidence-based social and emotional learning program for teachers: Effects on children social, emotional, behavioral and problem-solving skills. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1198074>
23. Geurtzen, R., Heijst, A. van, Draaisma, J., Ouwerkerk, L., Scheepers, H., Woiski, M., Hermens, R., & Hogeveen, M. (2017). Professionals’ preferences in prenatal counseling at the limits of viability: A nationwide qualitative Dutch study. *European Journal of Pediatrics*, 176(8), 1107–1119. <https://doi.org/10.1007/s00431-017-2952-6>
24. Gillespie-Lynch, K., Bublitz, D., Donachie, A., Wong, V., Brooks, P., & D’Onofrio, J. (2017). “For a Long Time Our Voices have been Hushed”: Using student perspectives to develop supports for neurodiverse college students. *Frontiers in Psychology*, 8. <https://doi.org/10.3389/fpsyg.2017.00544>
25. Gonella, S., Giulio, P. D., Riva-Rovedda, F., Stella, L., Rivolta, M. M., Malinverni, E., Paleologo, M., Vella, G. D., & Dimonte, V. (2024). Supporting health and social care professionals in serious illness conversations: Development, validation, and preliminary evaluation of an educational booklet. *Plos One*, 19(5), e0304180. <https://doi.org/10.1371/journal.pone.0304180>
26. Gopaldas, A., Carnevale, M., Kedzior, R., & Siebert, A. (2021). Service conversation: Advisory, relational and transformative approaches. *Journal of Services Marketing*, 35(8), 988-999. <https://doi.org/10.1108/jsm-09-2019-0365>

27. Gregg, B. A. (2020). Addressing core questions from parents of children who stutter. *Clinical Archives of Communication Disorders*, 5(1), 8–17. <https://doi.org/10.21849/cacd.2020.00185>
28. Gutowska, A. (2022). The Care of Adults with Intellectual Disabilities: Informal (Family) caregivers' perspectives. *International Journal of Environmental Research and Public Health*, 19(23), 15622. <https://doi.org/10.3390/ijerph192315622>
29. Habet, V., & Teele, S. A. (2023). Communication challenges: Perioperative risks and care directives. *Current Opinion in Cardiology*, 38(4), 375–379. <https://doi.org/10.1097/hco.0000000000001053>
30. Hardavella, G., Aamli-Gagnat, A., Frille, A., Saad, N. J., Niculescu, A., & Powell, P. (2017). Top tips to deal with challenging situations: doctor–patient interactions. *Breathe*, 13(2), 129–135. <https://doi.org/10.1183/20734735.006616>
31. Hardy, N., & Fisher, A. R. (2018). Attachment versus differentiation: The contemporary couple therapy debate. *Family Process*, 57(2), 557–571. <https://doi.org/10.1111/famp.12343>
32. Huang, Y., Arnold, S., Foley, K., & Trollor, J. (2022). A Qualitative study of adults' and support persons' experiences of support after autism diagnosis. *Journal of Autism and Developmental Disorders*, 54(3), 1157–1170. <https://doi.org/10.1007/s10803-022-05828-0>
33. İpekçi, B., Thibeu, H., Barnard, E., Keshavan, M. S., Bye, A. V., & Kline, E. (2024). First episode psychosis caregiver perspectives on motivational interviewing for loved ones training: A qualitative study. *Early Intervention in Psychiatry*, 18(7), 553–560. <https://doi.org/10.1111/eip.13500>
34. Johnson, K. (2020). US pilot curriculum for transitioning students with autism spectrum disorders from high school to college and the workforce. *Folia Phoniatrica Et Logopaedica*, 73(3), 241–247. <https://doi.org/10.1159/000509836>
35. Kuhn, T., Gordon, V., & Webber, J. (2006). The advising and counseling continuum: Triggers for referral. *Nacada Journal*, 26(1), 24–31. <https://doi.org/10.12930/0271-9517-26.1.24>
36. Lang, M., Hintermair, M., & Sarimski, K. (2017). Social-emotional competences in very young visually impaired children. *British Journal of Visual Impairment*, 35(1), 29–43. <https://doi.org/10.1177/0264619616677171>
37. Lindly, O., Bear, C., Henderson, D., Lopez, K., Nozadi, S., Vining, C., ... & Leaf, A. (2023). Adaptation of the parents taking action program for diné (navajo) parents of children with autism. *Frontiers in Education*, 8. <https://doi.org/10.3389/feduc.2023.1197197>

38. Lindsay, S., Tétrault, S., Desmaris, C., King, G., & Piérart, G. (2014). Social workers as "cultural brokers" in providing culturally sensitive care to immigrant families raising a child with a physical disability. *Health & Social Work*, 39(2), e10-e20. <https://doi.org/10.1093/hsw/hlu009>
39. Mansoor, M., Hamide, A., & Tran, T. (2025). Conversational AI in pediatric mental health: A narrative review. *Children*, 12(3), 359. <https://doi.org/10.3390/children12030359>
40. Martínez, M. and Gómez, V. (2024). The importance of social-emotional learning in schools. *Acta Pedagogica Asiana*, 3(2), 101-112. <https://doi.org/10.53623/apga.v3i2.468>
41. Meyer, B. D., Fearnow, B., Smith, H., Morgan, S. G., & Quiñonez, R. B. (2022). Implementing standardized patient caregivers to practice difficult conversations in a pediatric dentistry course. *Mededportal*. https://doi.org/10.15766/mep_2374-8265.11201
42. Mills, M., & Cortezzo, D. E. (2020). Moral distress in the neonatal intensive care unit: What is it, why it happens, and how we can address it. *Frontiers in Pediatrics*, 8. <https://doi.org/10.3389/fped.2020.00581>
43. Monroe, C., Coplan, J., Sullivan, D., & Matte, R. (2025). Use of a common professional language to improve neurodivergent STEM scholar sense of belonging. *New Directions for Higher Education*, 2025(209), 27-33. <https://doi.org/10.1002/he.20522>
44. Mueller, C. E., Jiang, X., & Winsor, D. L. (2024). Positive psychology and strengths-based interventions (SBIs): Implications for Uses with Special Student Populations (Special Needs, P-3, Gifted). *Education Sciences*, 14(7), 753. <https://doi.org/10.3390/educsci14070753>
45. Nahata, L., Anazodo, A., Cherven, B., Logan, S., Meacham, L. R., Meade, C. D., Zarnegar-Lumley, S., & Quinn, G. P. (2020). Optimizing health literacy to facilitate reproductive health decision-making in adolescent and young adults with cancer. *Pediatric Blood & Cancer*, 70(S5). <https://doi.org/10.1002/pbc.28476>
46. Newman, K., Chalmers, H., Ciotti, S., Wang, A. Z. Y., & Luxmykanthan, L. (2023). Voices from service providers who supported young caregivers throughout the COVID-19 pandemic in the canadian context. *International Journal of Environmental Research and Public Health*, 20(15), 6446. <https://doi.org/10.3390/ijerph20156446>
47. Paley, B., & Hajal, N. J. (2022). Conceptualizing emotion regulation and coregulation as family-level phenomena. *Clinical Child and Family Psychology Review*, 25(1), 19–43. <https://doi.org/10.1007/s10567-022-00378-4>

48. Petcu, S., Zhang, D., & Li, Y. (2021). Students with autism spectrum disorders and their first-year college experiences. *International Journal of Environmental Research and Public Health*, 18(22), 11822. <https://doi.org/10.3390/ijerph182211822>
49. Plöthner, M., Schmidt, K., Jong, L. de, Zeidler, J., & Damm, K. (2019). Needs and preferences of informal caregivers regarding outpatient care for the elderly: A systematic literature review. *BMC Geriatrics*, 19(1). <https://doi.org/10.1186/s12877-019-1068-4>
50. Polzer, E. R., Nearing, K., Knoepke, C. E., Matlock, D. D., & Betz, M. E. (2021). Firearm access and dementia: A qualitative study of reported behavioral disturbances and responses. *Journal of the American Geriatrics Society*, 70(2), 439–448. <https://doi.org/10.1111/jgs.17496>
51. Seifart, C., Falch, M., Wege, M., Maier, R. F., & Carrasco, A. J. P. (2022). NEO-SPEAK: A conceptual framework that underpins breaking bad news in neonatology. *Frontiers in Pediatrics*, 10. <https://doi.org/10.3389/fped.2022.1044210>
52. Sultan, M. and Khan, N. (2025). Rethinking empathy development in childhood and adolescence: a call for global, culturally adaptive strategies. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1575249>
53. Tustonja, M., Stipić, D. T., Skoko, I., Čuljak, A., & Vegar, A. (2024). Active listening—a model of empathetic communication in the helping professions. *Medicina Academica Integrativa*, 1(1), 42-47. <https://doi.org/10.47960/3029-3316.2024.1.1.42>
54. Vusio, F., Odentz, K., & Plunkett, C. (2025). Experience of compassionate care in mental health and community-based services for children and young people: Facilitators of, and barriers to compassionate care— a systematic review. *European Child & Adolescent Psychiatry*, 34(9), 2899-2916. <https://doi.org/10.1007/s00787-025-02711-y>
55. Wang, M., Jian, M., Cheng, Z., & Huang, X. (2024). A randomized controlled trial to enhance Kunjing Children's social communication and cooperation. *Research on Social Work Practice*, 35(7), 763-776. <https://doi.org/10.1177/10497315241286043>
56. Wilkes-Gillan, S., Cordier, R., Bundy, A., Docking, K., & Munro, N. (2011). A play-based intervention for children with ADHD: A pilot study. *Australian Occupational Therapy Journal*, 58(4), 231-240. <https://doi.org/10.1111/j.1440-1630.2011.00928.x>