

## Common communication mistakes parents make



### **Focusing only on problems**

One of the most common communication mistakes is turning most conversations into performance reviews. A parent may ask about homework, chores, screen use, grades, sleep, nutrition, social choices, or attitude with sincere concern. Over time, however, the child may learn that contact with the parent mainly means evaluation.

This is especially important in adolescence, when autonomy and identity development are central developmental tasks. If every interaction begins with what went wrong, a teenager may protect themselves by becoming vague, sarcastic, or silent. Younger children may show avoidance, tantrums, or somatic complaints such as stomachaches around stressful conversations.

A more effective approach is to deliberately notice competence. This is not empty praise; it is accurate observation. For example: "I noticed you came back to your homework after getting frustrated," or "You were honest that the test went badly, and that took courage." Strengths-based communication does not ignore problems. It creates enough psychological safety to discuss them.

### **Asking too many questions too quickly**

Questions can show interest, but a rapid sequence can feel like an interrogation: "Where were you? Who was there? Did you finish the assignment? Why didn't you text me? What were you thinking?" The parent may be trying to assess risk, while the child experiences surveillance or mistrust.

Children and teens often disclose more when parents use open-ended questions for difficult conversations and leave room for silence. Instead of stacking questions, try one invitation: "Tell me what happened from your point of view." Then pause. If the child gives a short answer, a reflective statement may work better than another question: "It sounds like that got uncomfortable fast."

Timing also matters. A child who has just walked in from school or practice may be neurologically overloaded. The stress response involves arousal systems such as the sympathetic nervous system; when a child is hungry, tired, embarrassed, or frightened, complex conversation may be harder. A brief connection first, followed by discussion later, can prevent escalation.

### **Reacting emotionally before listening**

Parents are human. Hearing that a child lied, failed, was excluded, used substances, viewed unsafe content, or took a risk can trigger fear and anger. But intense first reactions often teach children to manage the parent's emotions instead of sharing the truth. They may omit details not because they are manipulative, but because they predict panic, lectures, or punishment.

Emotional regulation does not mean permissiveness. It means slowing the sequence: listen, stabilize, assess safety, then respond. A helpful script is: "I'm upset and I need a moment, but I want to understand. I'm glad you told me." This separates the parent's emotional state from the child's worth.

If safety is at issue, calm does not mean passive. Parents can set immediate boundaries, seek urgent help, or involve appropriate adults while still avoiding humiliation. For example: "We are going to pause your access to the car tonight because safety matters. Tomorrow we will talk through what led to this and what needs to change."

### **Using accusatory language and global criticism**

Statements such as "You never listen," "You are so lazy," or "What is wrong with you?" often produce shame and defensiveness. They also blur the difference between behavior and identity. A child can change a behavior more easily than they can change a label.

More constructive language uses specific observations and "I" statements. Instead of "You are irresponsible," a parent might say, "I'm concerned because the medication was skipped twice this week, and we need a plan that helps you remember." Instead of "You are disrespectful," try, "I want to hear your point, and I also need us to speak without insults."

This distinction is clinically relevant because chronic shame and high-conflict communication can worsen stress physiology and emotional dysregulation. Parents do not need perfect wording, but repeated contempt, ridicule, or character attacks can be harmful. Respectful limits are usually more effective than attacks on personality.

### **Minimizing or dismissing feelings**

Many parents minimize feelings because they want to reassure: "It's not a big deal," "You're fine," "Other kids have it worse," or "Don't be so dramatic." Unfortunately, the child may hear, "My internal experience is unacceptable or invisible." This can reduce future disclosure, particularly about anxiety, bullying, peer conflict, body image, sexuality, or low mood.

Validating feelings without minimizing distress does not mean agreeing with every interpretation or allowing every behavior. Validation means recognizing the emotion as real. A parent can say, "That sounds really embarrassing," while still adding, "We still need to talk about how you responded."

Useful validating phrases include: "I can see why that hurt," "That was a lot to handle," "I'm listening," and "You don't have to solve it this second." After validation, collaborative problem-solving with children becomes easier because the child is less busy defending the legitimacy of their feelings.

### **Interrupting, lecturing, and rushing to fix**

Parents often have more life experience and can see consequences clearly. That makes it tempting to interrupt with advice: "Here's what you should do." But unsolicited advice can communicate that the child is not capable of thinking, coping, or learning. In teenagers, this can collide with the developmental need for agency.

A practical alternative is to ask permission before advising: "Do you want help solving this, or do you mostly want me to listen?" If the child asks for help, offer options rather than commands: "One option is to email the teacher. Another is to ask for help before the next quiz. What seems realistic?"

This approach also supports executive function development. Planning, impulse control, cognitive flexibility, and emotional regulation mature gradually through adolescence and into young adulthood. Children build these skills through supported practice, not only through parental instruction.

### **Confusing connection with agreement**

Some parents worry that if they empathize, they are approving of the behavior. In reality, connection and limits can coexist. A parent can be emotionally available and still maintain firm boundaries around safety, sleep, school attendance, respectful speech, substance use, driving, digital behavior, or medical care.

For example: "I understand that you felt excluded and wanted to fit in. I'm still not okay with you going somewhere without telling us." This style is neither permissive nor authoritarian. It communicates warmth and consistent boundaries, which are associated with healthier family functioning.

Children are more likely to internalize values when they experience the parent as both caring and predictable. A boundary delivered with contempt may provoke rebellion or concealment. A boundary delivered with calm explanation is more likely to become part of the child's own decision-making framework.

### **Forgetting to repair after conflict**

No parent communicates perfectly. The most protective skill is not perfection; it is repair. Repair conversations after conflict teach children that

relationships can withstand stress, accountability, and reconnection.

A repair might sound like: "I raised my voice earlier. I was worried, but yelling was not the way I want to handle it. I still need us to talk about the missing assignment." This models emotional accountability without abandoning the parent role.

Repair is not the same as removing consequences or pretending harm did not occur. It is a relational reset that reduces shame and reopens problem-solving. Over time, children learn to apologize, clarify, and return to difficult conversations because they have seen an adult do the same.

### **When communication struggles need extra support**

Some communication problems improve with small changes in timing, tone, and structure. Others persist because the family is dealing with neurodevelopmental differences, trauma exposure, mood symptoms, anxiety, substance use, eating concerns, chronic illness, sleep disruption, or high-conflict co-parenting. Communication advice alone may not be enough.

Consider professional support for parent-child conflict when conversations routinely become explosive, a child becomes increasingly withdrawn, there are concerns about self-harm or harm to others, school functioning declines sharply, or family members feel afraid of one another. A pediatrician, family physician, licensed mental health professional, school counselor, or child and adolescent psychiatrist can help assess what kind of support is appropriate.

Parents should avoid self-diagnosing their child or assuming that silence, irritability, or defiance has a single cause. These behaviors can reflect many different developmental, psychological, medical, or environmental factors. A careful clinical evaluation is important when symptoms are persistent, impairing, or unsafe.