

Building Compassion-Based Relationships with Families & Other Caregivers

Section 12



Adopting a Strengths-Based Approach

Seeing the family as multi-faceted with lines of strength and support rather than problems and deficits is not minimizing risk, but placing it in context (Doolan, 2005).

A strengths-based approach operates on the assumption that all people, even if they are experiencing problems, have strengths and resources from which they can draw on to make positive change. A deficit-based approach, which focuses on what is wrong or missing, can overlook valuable skills and experiences a family has. It can also reduce a family's motivation to actively engage with providers and impair the likelihood of positive change for the client.

One important part of using a strengths-based approach to working with clients and their families begins with the language we use. The WI Office of Children's Mental Health put forward a guide (on page 2) that can help providers change the way they speak to respect and empower clients and families to work toward positive change.

Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies | Section 12 | Building Compassion-Based Relationships

Building Compassion-Based Relationships with Families & Other Caregivers



Section 12

Deficit-Based Language	Strength-Based, Recovery-Oriented, Person-First, Trauma-Informed Alternative
Describing a Person	
schizophrenic, a borderline, bipolar	person diagnosed with..., person who experiences the following..., in recovery from...
addict, junkie, substance abuser	person who uses substances; a person with substance use issues
consumer, patient, client	person in recovery, a person working on recovery, a person participating in services
frequent flyer, super utilizer	frequently uses services and supports, is resourceful, a good self-advocate, attempts to get needs met
Describing Behavior	
good / bad, right / wrong	different, diverse, unique
high- vs. low-functioning	doing well vs. needs supports
suffering from	person is experiencing, living with, working to recover from
acting-out, "having behaviors"	person's behaviors may indicate a trauma memory has been triggered, person is upset
attention-seeking	seeking to get needs met, seeking assistance to regulate
criminogenic, delinquent, dangerous	specify unsafe behavior, utilizing unsafe coping strategies
denial, unable to accept illness, lack of insight	person disagrees with diagnosis, person sees themselves in a
manipulative	strength based way. (Honor the individual's perception of self.)
oppositional, resistant,	resourceful, trying to get help, able to take control in a situation to get needs met, boundaries are unclear, trust in relationship has not been established
non-compliant, unmotivated	the constraints of the system don't meet the individual's needs, preferred options are not available, services and supports are not a fit for that person. (Assume that people do well if they can.)
DTO, DTS, GD (Danger to Others, Danger to Self, General Danger)	people should not be reduced to acronyms; describe behaviors that are threatening
entitled	person is aware of her/his rights, empowered
puts self and/or recovery at risk	person is trying new things that may have risks
weakness, deficits	barriers, needs, opportunity to develop skills
unrealistic	person has high expectations for self and recovery