Person-Centered Language in Child Welfare

PRACTICE TIP 1

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WHAT IS PERSON-CENTERED LANGUAGE?

Child welfare professionals support individuals and families navigating mental illness and substance use disorders every day in practice. It is important that professionals understand person-centered language and utilize this type of language in their direct interactions with people and in documentation such as case plans and notes and documents submitted to the courts.

Utilizing person-centered language grounds workers in the humanness (personhood) of an individual rather than reducing them to the specifics of their situation. A person-centered approach shifts the sole focus toward strategies that utilize an individual's strengths. It empowers workers to get to know the person, not just their problems, symptoms, or stressful circumstances.

Conversely, when a child welfare professional uses deficits-based language they may become negatively biased and depersonalize the individual they are working with. Workers sometimes use casual labels when describing individuals, such as 'junkie' for an individual with a substance use history or 'unfit' for a parent experiencing barriers to successful child-rearing.

Typically, workers are not intending to demean individuals but using this language can become an accepted part of the agency's culture. These narrow and negative labels are stigmatizing and can result in discriminatory and ineffective care.

Below are some examples of deficits-based contrasted with strengths-based terms used in child welfare. Note that person-centered language is constructed with the use of post-modified nouns (e.g. person with a substance use disorder) literally putting the person first in the sentence structure.

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder
Frequent flyer	Utilizes services and supports when necessary
Hostile, Aggressive	Protective
Helpless/Hopeless	Unaware of capabilities/ opportunities
Mentally ill, Crazy	Person with a mental illness
Lazy	Ambivalent, Working to build hope, Overwhelmed
Manipulative	Resourceful, Trying to get needs met
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to; Isn't ready for; Not open to
Suffering with	Working to recover from; experiencing; living with
Abuses the system	Good self-advocate
Weaknesses	Barriers to change or needs

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WHY PERSON-CENTERED LANGUAGE?

➡ **Workers can focus on a person's capacity for change, which emphasizes an individual's strengths and not their symptoms/ problems.**

➡ **A strengths-based approach supports clients in circumventing barriers to success, while negative language emphasizes stigma and promotes isolation.**

➡ **An important question to consider, "Is naming a disorder pertinent to this conversation with this individual or colleague?" If it is irrelevant, consider leaving it out of the interaction.**

Anyone, even child welfare professionals, may use stigmatizing and deficits-based language unintentionally and thus create an additional barrier toward recovery and successful outcomes for an individual they are working with. Everyone must make a conscious effort to re-frame situations through the use of person-centered language.

The following examples highlight the importance of utilizing person-centered language when conceptualizing an individual and describing the individual to colleagues, providers, or their family members. One example is written from a more traditional perspective and the other written from a person-centered, strengths- based perspective. Be sure to read the note that follows the descriptions.

Sarah	Barry
Sarah is an addict who has been abusing crystal meth for many years. She is mentally ill and an unfit parent who neglects her children. Sarah is resistant and unmotivated to address her issues. She spends her limited resources to support her addiction and abuses the system in order to do so.	Barry is a person experiencing a co-occurring substance use disorder and mental illness. He may be unaware of the opportunities for recovery that are available to him or is not ready to work towards sobriety. Barry is also experiencing barriers to successful parenting. He has demonstrated good self-advocacy navigating systems up until now, but could benefit from unconditional support of an advocate.

Note: The two descriptions above are of the same individual working toward recovery.

Final considerations

How might your verbal or written descriptions of people you support influence how you and other child welfare professionals and related systems interact with that individual throughout their involvement with child welfare and beyond?

What are the implications of this for how the individual comes to think about him/her/their self and their recovery?

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