



## Strengths Based Language Glossary

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### The Power of Words

#### Overview

There is a Māori whakataukī that describes the power of words;

*‘He mana tō te kupu – words carry great power’.*

Words are considered very important and have a whakapapa and an energy attached that alone can transform situations. A paradigm shift is required to transform language from a deficit space to a strengths-based position. The words we choose and how we choose to express them can give away much information to those reading them about the organisations underlying stance and positions.

We must continually be vigilant and conscious of the choice of words that are used to describe our work. We should always check that our language aligns with strength-based whānau centric language and that it also correctly describes the concept we are seeking to articulate. Our language can often be the catalyst for meaningful, respectful relationships with individuals and whānau accessing our services. When we have respectful relationships and meaningful engagements not only will we work together well, but the self-belief in what can be achieved also increases. When we create this type of environment our challenges are still supported, but they are not the focal point.

#### Guidelines for strengths-based language

1. The language used is neither stigmatising nor objectifying.
2. Whānau centred language is used to acknowledge individuality and humanity as more important than the disability that the person lives with. e.g. living with an addiction rather than “an addict”. To make it the sole focus is depersonalising.
3. The language used also is empowering, avoiding pity or sympathy as this can cast people with disabilities in a passive, victim role and reinforce negative stereotypes, e.g. “individuals who use medication as a recovery tool” is empowering over “dependent on medication for clinical stability”.
4. Words such as “hope” and “recovery” are used frequently in documentation and delivery of services.
5. Providers attempt to interpret perceived deficits within a strengths and resilience framework, as this will allow the individual to identify less with the limitations of their disorder, e.g. an individual who takes their medication irregularly may be automatically perceived as “non-compliant,” or “requiring monitoring to take meds as prescribed.” However, this same individual could be seen as “proactively using alternative coping strategies such as exercise and relaxation to reduce reliance on medications” “ feeling



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unsupported to follow the prescribed medication regime”<sup>1</sup> or could be praised for “working collaboratively to develop a contingency plan for when medications are to be used on an “as-needed’ basis.”

6. Individual’s needs are best captured by an accurate description of his or her functional strengths and limitations when talking with a person with the disability. As diagnostic labels often yield minimal information regarding the persons actual experience or manifestation of their illness or addiction.
7. Change Glass half empty to Glass Half Full Language. Focus on what is strong instead of what is wrong.

## Glossary to help shift to strengths-based wellness focused language

The following glossary is an attempt to shift from a deficit-based language approach to provide suggestions for a more strength-based wellness approach.

Commonly Used Deficit-Based Language	Strengths-Based Wellness Focused Language Suggestions
High Needs	<ul style="list-style-type: none"> <li>• Additional needs (reducing stigma of burden)</li> <li>• Complex realities</li> <li>• Requires additional support</li> <li>• (Person’s Name) is a priority</li> </ul>
Substance abuse/abuser/addict	<ul style="list-style-type: none"> <li>• Experience with addiction</li> <li>• (Person’s name) experiences drug/alcohol addiction</li> <li>• (Person’s name) has an alternate reality</li> <li>• (He) Pā Waranga</li> <li>• Challenged by</li> </ul>
Suffering from	<ul style="list-style-type: none"> <li>• Working to recover from..</li> <li>• Experiencing...</li> <li>• living with..</li> <li>• Challenged by..</li> <li>• Currently<sup>2</sup> (person’s name) is</li> </ul>
Acting-out	<ul style="list-style-type: none"> <li>• Describe the behaviour and feelings that are being displayed based on facts</li> <li>• Understand the person</li> <li>• Experiencing difficulty with environment/situation</li> <li>• Misunderstood</li> <li>• Support (person’s name) to find out effective ways of getting needs met</li> <li>• Trying to communicate</li> </ul>

<sup>1</sup> E.g., Has not been given an appropriate explanation of what the medication is, what it does, or why it should be taken appropriately, or is experiencing side effects that they want to avoid, or has other barriers such as cost or accessibility issues

<sup>2</sup> “Currently” refers to potential for transformation / recovery



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Unmotivated	<ul style="list-style-type: none"> <li>• Yet to be inspired</li> <li>• interests and motivating incentives are unclear</li> <li>• preferred options not available</li> <li>• Still Working to establish an outcome of value</li> <li>• Potential losses outweigh expected benefits</li> </ul>
Minimise risk	<ul style="list-style-type: none"> <li>• Maximize growth</li> </ul>
ESU (enrolled service user)	<ul style="list-style-type: none"> <li>• Whānau enrolled in system</li> </ul>
Control	<ul style="list-style-type: none"> <li>• Enable</li> <li>• Empower</li> <li>• Mana</li> <li>• Strengthen</li> </ul>
Problems	<ul style="list-style-type: none"> <li>• Unresolved/yet to be resolved need</li> <li>• Challenges</li> <li>• Barriers</li> </ul>
Not engaged with services	<ul style="list-style-type: none"> <li>• Services not meeting whanau needs</li> <li>• Unaware of services</li> <li>• Inaccessible services</li> <li>• Services do not align with whanau priorities</li> </ul>
Intervene	<ul style="list-style-type: none"> <li>• Engage</li> <li>• Offer Support</li> <li>• Collaborate/work together</li> <li>• Connect</li> <li>• Mahi tahi -work together</li> <li>• Awhi</li> <li>• Tautoko</li> </ul>
Deprived	<ul style="list-style-type: none"> <li>• Priority populations</li> <li>• Complex</li> <li>• Potential</li> <li>• Experiencing additional challenges OR (Person's name) is currently experiencing additional challenges</li> <li>• (Person's name) has potential to flourish through the following supports:</li> </ul>
Weakness (non-physical)	<ul style="list-style-type: none"> <li>• Barriers to change.</li> <li>• Opportunities for growth</li> <li>• Describe the barrier based on facts</li> </ul>
Helpless	<ul style="list-style-type: none"> <li>• Feels Unsupported</li> </ul>



Commonly Used Deficit-Based Language	Strengths-Based Wellness Focused Language Suggestions
Vulnerable	<ul style="list-style-type: none"> <li>• Whānau that require specific/ holistic support</li> <li>• Requires additional support</li> <li>• Wrap around support</li> <li>• Sensitive</li> <li>• Whanau experiencing / living with equity challenges</li> <li>• Ngā Wero Hauora</li> </ul>
Non-compliance Non-compliant	<ul style="list-style-type: none"> <li>• Currently not able to accept or engage / May feel they don't have a choice in some circumstances to accept or engage in the proposed course of action</li> <li>• Inappropriate course of action</li> <li>• Unaware of the options</li> <li>• Unsupported in the proposed course of action</li> <li>• Not included in the decisions around their own health</li> </ul>

### Other notes

- Focus on a person's experiences rather than labelling them as X
- Understanding reasons for the behaviour (the behaviour is a fact, the reasons for this are contextual and must be understood from the client's perspective - not assumed)
- Language used by the client but still applies clinical relevance with strengths-based focus