Person-Centered Language in Child Welfare

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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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Center for Practice TRANSFORMATION

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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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Mindfulness for Child Welfare Workers

PRACTICE TIP 2

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By profession, child welfare workers are caring and compassionate individuals who provide support, encouragement and resources to individuals and families experiencing a very difficult time in the lives. This work can be very rewarding. The feeling of satisfaction and pleasure one receives when working with individuals who are experiencing distress is known as 'compassion satisfaction'. However, constant exposure to stress and traumatic experiences inherent in child welfare can also contribute to the development of adverse outcomes such as reduced job satisfaction, compassion fatigue, and burnout leading to a considerably high turnover rate.

One way for workers to reduce stress and cultivate compassion satisfaction and resilience is through the practice of mindfulness. In setting the intention to be mindful in the moment, workers can learn to fully experience the present and be more accepting of the ups and downs that are part of the profession. Research demonstrates that mindfulness is a beneficial practice that can help increase psychological wellbeing and reduce burnout in child welfare workers.

WHAT IS MINDFULNESS?

Mindfulness is a mental state achieved by calmly and purposefully paying attention to one's thoughts, feelings and bodily sensation in the present moment, without judgment. Mindfulness training is a practice carried forward from ancient times to the present day, to help the mind become calmer, as well as stronger and clearer. A regular practice of mindfulness helps increase greater awareness as well as increased acceptance of thoughts, feelings, and life experiences, while nurturing a compassionate sense of curiosity.

MINDFULNESS AS SELF CARE

Mindfulness training is especially helpful as a coping skill for stress and anxiety and can be beneficial for child welfare workers and clients alike. It can be a wonderful way to begin and/or end a session. For the best outcome, mindfulness experts suggest that practitioners must first be engaged in their own practice before teaching it to others. In additional to deriving the health benefits of practicing for oneself, the practitioner also has a better understanding of how to teach the skill to clients.

A child welfare worker may decide to engage in formal mindfulness meditation practice. Formal practice can include a daily routine of taking time to focus on an external object, such as a candle, or an internal reference point, such as the breath, with the purposeof bringing one's attention to the present moment. However, mindfulness may also be practiced informally, in everyday life and even on the busiest days. For example, one can practice mindfulness while washing the dishes, taking a shower, or even walking to one's car. It is simply focusing the mind and bringing one's attention to what one is doing, rather than thinking of something else.

TRY IT OUT

There are many ways child welfare workers can engage in mindfulness practice. These are just two examples: Mindfulness of Breath; Three-Centers Check-in. Both of these are practices that a worker can do on their own, or with a client at the beginning or end of a session.

Mindfulness of the Breath

1. **Preparation for mindfulness:** Position your body in a way that feels comfortable. You can sit, stand or lie down: whatever feels most comfortable for you. Your head should be resting comfortably, and not tilted either forward or back. Arms and shoulders are relaxed, with hands resting on your thighs. Your eyes can remain open, gazing softly downward or closed if you prefer. Your face and jaw are relaxed, and your mouth may be slightly open, so that you are breathing out of both the nose and mouth.

2. **Begin by bringing your focus to your breath:** Begin to notice your breath. Be with your breath as it flows in and out of your body. Do not attempt to control your breathing; allow it to be as it is. If your mind wanders, just gently bring it back to being with the breath. If you have a thought or series of thoughts, notice them silently to yourself -- and let them go, gently guiding your attention back to the breathing. Remember, there is nothing wrong with thoughts, they are just thoughts – the practice involves just noticing them and letting them go.

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THE 7 PILLARS OF MINDFULNESS

1. **Non-judgment** - Being an impartial witness to your experience
2. **Patience** - Acceptance that things must unfold in their own time
3. **Beginner's mind** - Willingness to see everything as if for the first time
4. **Trust** - Learning to trust yourself and your feelings, despite prior mistakes
5. **Non-striving** - Focusing on being rather than doing
6. **Acceptance** - Seeing things as they actually are in the present
7. **Letting be** - Allowing an experience to be as it is without attaching value

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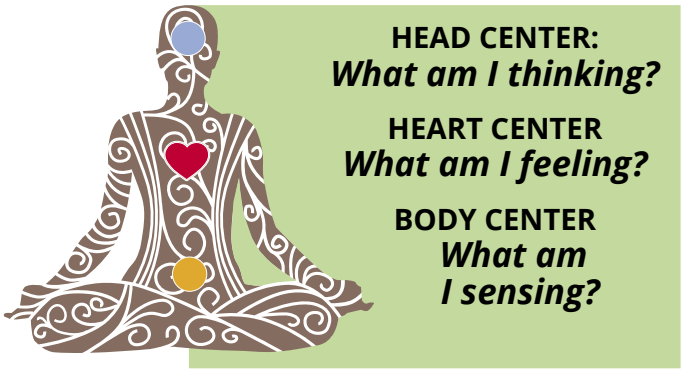

Three Center Check-in

Three Centers Check-in is a quick way to become more intentional and focused. It can be done while walking to an appointment, while waiting for a client or even with a client. The practice consists of three questions that help direct your attention to what you are thinking, feeling and sensing.

REMINDERS FOR INDIVIDUALS NEW TO THE PRACTICE: It is normal for the mind to have thoughts, and this practice is not designed to get rid of them, just to notice them and let them go. Initial frustration over persisting thoughts is a common experience in the beginning. Practice noticing the frustration. It is important to realize that the moment you notice your thought, this itself is an act of mindfulness. Practice allowing your thoughts to arise and pass, similar to clouds floating by.

Make Mindfulness Part of Your Routine

It can be beneficial to incorporate mindfulness into your routine so that it becomes a habit. Ask yourself where you might be able to fit this practice into your day? Would it be helpful to practice first thing in the morning, or before you go to sleep? Where in your home could you find a quiet place to practice mindfulness? There are many free meditation timer apps for smartphones to consider as well.

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Stages Of Treatment

PRACTICE TIP 3

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It is common for people to experience ongoing ambivalence when making a change. A model of behavioral change, known as the "Stages of Change" assesses a person's readiness to make any change in behavior (e.g., health diet, exercise), and there is consistent support for use of this model in treatment approaches for substance use and mental illness. In stage-matched care, clinical interventions are selected and can be adapted based on a person's Stage of Change. This effective approach supports and enhances a person's motivation while increasing the likelihood that a person can sustain a behavior change. Stage-matched interventions, referred to as the Stages of Treatment, describe a person's process through recovery. Each Stage of Treatment includes a range of motivational interventions matched to support a person's recovery. Below is a description of the Stages of Change paired with the corresponding Stage of Treatment. This is followed by an example of how to use the Stages of Treatment to effectively treat co-occurring mental illness and substance use disorders.

STAGE-MATCHED CARE

Developed from the Trans-theoretical Model of Change, the Stage of Change[2], model includes five stages: precontemplation, contemplation, preparation, action, and maintenance. These stages of change have four complementary stages of treatment each with specific strategies tailored to enhance client engagement and motivation. Research supports the use of stage-matched care to help implement health-behavior changes related to substance use, physical activity, and taking medication[3]. Individuals with co-occurring mental illness and substance use disorders have complex needs that may be more effectively addressed by utilizing the stages of treatment as opposed to using a strategy outside of the individual's Stage of Change.

Stage of change (SOC)	Stage of treatment (SOT)
Precontemplation	**> Engagement**
Contemplation and Preparation	**> Persuasion**
Action	**> Active Treatment**
Maintenance	**> Relapse Prevention and Recovery**

STAGES OF CHANGE IN PRACTICE

Stage of change (SOC) | stage of treatment (SOT)
Precontemplation > Engagement

Jen agrees to random drug testing and treatment after her two children are removed from the home and placed in foster care due to a report made to CPS anonymously by a neighbor. Initially, Jen denied the use of amphetamines despite evidence of drug production in the home where the family is living. Jen appears to be underweight, especially considering she is six months pregnant. Her initial drug test was positive for methamphetamine and marijuana. In addition to substance use disorder, Jen meets criteria for major depression. Bill, her CPS social worker, recognizes that Jen is in the precontemplation Stage of Change related to her substance use and depression and that he should use strategies related to the Engagement Stage of Treatment. During a visit with Jen at the treatment center, Bill uses reflections to acknowledge Jen's feelings of distress and to enhance their rapport. He is careful to explore her opinions and experiences without providing advice. Eventually, with Bill's use of motivational interviewing skills (open-ended questions, affirmations, and reflective listening), she shares that her drug use and low mood is causing problems.

Bill: "How are you doing today?"

Jen: "Life is so hard and probably won't ever get better for me. But, I shouldn't be here, my drug use isn't a problem."

Bill: "What do you mean when you say "life is so hard?" That sounds really challenging for you."

Jen: "I don't talk to anyone, and nobody wants to be around me because I'm no fun anymore."

Bill: "Things probably weren't always like this. How do you think it's gotten this bad?"

Jen: "It just sort of happened. Meth helped me at first, but now it is hard too. I have to keep using so I don't get sick."

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Stage of change (SOC) | stage of treatment (SOT) Contemplation and Preparation>Persuasion

Jen has been attending individual and group counseling at the treatment center and is aware of the pros and cons of her methamphetamine use. Jen can recognize reasons for change but has not yet committed to a plan. A commitment to change is an essential part of her CPS case plan which includes the goal of reunification with her children. Bill, recognizing that Jen has moved to the Contemplation Stage of Change, uses motivational strategies when discussing her case plan progress, such as developing discrepancies, to help Jen resolve the ambivalence and move toward Preparation and then the Action stage.

Bill: *"Tell me about some of the good and bad things about using methamphetamines?*

Jen: *"Meth helps me not feel all of the pain in the moment, I guess you could call that a good thing, but after I use, I feel so much shame, I'm letting my kids down."*

Bill: *"So the temporary relief you experience when you use is replaced by shame and sadness about disappointing your kids?"*

Jen: *"Yeah. I want nothing more than to be healthy for my kids; I don't know if I can do it."*

Bill: *"So you want some things in your life to change, but you're not sure if they can?"*

Stage of change (SOC) | stage of treatment (SOT) Action>Active Treatment

Jen feels ready to make some changes in her life and has already taken steps toward recovery. She is taking an antidepressant and is managing to abstain from methamphetamines but doesn't yet feel stable. Now that Jen is in the Action stage, Bill adjusts his engagement strategies to Active Treatment by providing support, education, and suggestions. When they communicate, he continues to elicit reflections from Jen as she implements new changes and coping skills in her life.

Bill: *"How have things been going since the last time we talked?*

Jen: *Things are a little better. I didn't use meth last week, but sometimes the cravings are so bad it's a struggle to get through the day."*

Bill: *"You have done such great work so far. I hope you are proud of yourself! What coping skills do you use to deal with the cravings?*

Jen: *"I have tried going for walks and praying when the urge to use hits me. When it's really bad, I go to additional support meetings to hear the stories. I like the support."*

Bill: *"That seems to work pretty well for you in most situations, but you struggle sometimes. What is it about those times that are difficult?"*

Jen: *"I start to feel really anxious at the end of the day, that's when it is quiet and I start to think about all of my worries."*

Bill: *"Relaxation strategies can be helpful for people who feel anxious. Would you like to try one?"*

Jen: *"Sure, I am open to it."*

Stage of change (SOC) | stage of treatment (SOT) Maintenance>Relapse Prevention and Recovery

Jen has established new coping behaviors since she first began treatment and she has decided to stop consuming substances. She realizes that it increased her feelings of anxiety and sadness and puts her at risk of losing her children permanently. Bill recognizes that it will be important to help her develop relapse prevention strategies and to focus on additional ways to enhance and maintain her recovery. Bill will support Jen in the development of a relapse prevention/ wellness plan to be included with her case plan goals.

Bill: *"You've done a great job getting to this place of recovery! How can you continue to support your changes and prevent relapse?"*

Given that people may fluctuate across each dimension of change, it is helpful to view recovery as a dynamic, long-term process. By identifying and contextualizing the client's stage of change, practitioners can better promote and support behavioral change.

Jen: *"Yeah, things have been going well for me. Regular visits with my kids have kept me focused. Exercising has also helped me cope with urges. I love the relaxation work we do, so I am going to check into yoga. I am kind of worried about going out with friends in the future, though."*

Bill: *"Those are all excellent strategies to use moving forward. What do you think you might use to deal with social situations?"*

Jen: *"Well, I have developed a lot of skills and have a lot of support now. Maybe you can help me figure out how to use them so I can continue my progress."*

Bill: *"That's a great idea; let's work on your relapse prevention plan."*

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