

Language Matters: Family Engagement

| What We Hear: Deficit-Based Language | What We Want to Hear: Strengths-Based Language |
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| The family needs an assessment | It may help to explore the family history, traditions and cultural perspectives |
| The family refuses to engage in services | It appears that the services do not match the needs of the family |
| The family is resistant | The family is multi-stressed |
| The child is acting out | The child appears to have unmet, misunderstood needs |
| The family will not comply with the plan | The family needs access, voice, ownership in their plan |
| The home is a disaster | The family needs support managing the home and establishing routine |
| The child is a sex offender, fire starter, etc. | The child has behaviors |
| The family is not meeting their goals | The goals appear to be challenging for the family |
| The parents are adversarial | The parents are resilient and strong advocates |
| The parents need services | The parents have unmet needs |
| Client, case | Family, child |
| The family is chaotic | The family needs support in developing structure and routine |
| The child is explosive | The child is challenged with emotional regulation and distress tolerance skills |
| The child is unmanageable | The child needs support with distress tolerance |



Language Matters: What's the Difference?

Family Centered

Family Driven

Family Voice and Choice

Family Centered

Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Using family-centered care as the standard of practice results in high-quality services.

Family Driven

Family-driven services give families a primary decision-making role in the care of their own children, as well as in the policies and procedures governing care for all children in their community, state, and tribe.

Family Voice and Choice

Family, youth, and child perspectives are intentionally sought out and prioritized during all phases of care support and treatment. Planning is grounded in family members' perspectives, and the team strives to provide options and choices so the plan reflects family values and preferences.

Adapted by Folsom Strategies from the National Federation of Families for Children's Mental Health. From the <u>Federation for Families website</u>:

The National Federation of Families for Children's Mental Health is a national family-run organization linking more than 120 chapters and state organizations focused on the issues of children and youth with emotional, behavioral, or mental health needs and their families. It was conceived in Arlington, Virginia, in February, 1989 by a group of 18 people determined to make a difference in the way the system works. The National Federation works to develop and implement policies, legislation, funding mechanisms, and service systems that utilize the strengths of families. Its emphasis on advocacy offers families a voice in the formation of national policy, services and supports for children with mental health needs and their families.