

Strength-Based Do's and Don'ts

The following tips are intended to help you begin the shift toward a strength-based mindset. Refer to these do's and don'ts as you navigate your support relationships.

1. **DO** use “person first” language to acknowledge that our humanity is more important than the challenges we face

EXAMPLE: say “a person who experiences schizophrenia” instead of “a schizophrenic”

Person-first language doesn't mean a young person's challenges or diagnoses don't matter; they just shouldn't be the sole focus of any description about that person.

2. **DON'T** use words that reinforce negative stereotypes or cast young people in passive roles

EXAMPLE: Instead of saying “youth who are dependent on medication” try, “youth who use medication as a recovery tool”

Language like “dependent on” reinforces the idea that those who experience challenges are merely victims of their circumstances. Instead, we should focus on how and why young people choose to meet their needs.

3. **DO** use words like “hope” and “recovery” to reinforce your belief in youth potential and to promote a sense of self-efficacy in those you support

EXAMPLE: “I have hope that Tony will succeed on his path to lead the life he desires”

4. **DO** frame all unwanted behaviors as unmet needs

EXAMPLE: Instead of “Tyler has frequent outbursts in class” try “Tyler needs to feel understood by their teachers”

5. **DON'T** portray successful people who cope with mental, physical, or behavioral health challenges as “superhuman”

EXAMPLE: “Claudia is such a rockstar! She just got promoted at work and bought her first house. If I didn't know her, I would have no idea she deals with depression.”

This suggests that it is rare for those who experience mental health challenges to be successful; it can also be patronizing to those you are attempting to praise

6. **DO** emphasize abilities over limitations and interpret any perceived deficits within a strengths and resilience framework

EXAMPLE: A young person takes their medication irregularly

- Deficit-based: The young person is non-compliant and requires monitoring to take their meds as prescribed
- Strength-based: The young person is making use of alternative coping strategies

to reduce their reliance on medication