

Using Strengths-Based Language

In today's health care environment, providers are expected to be strengths-based in their work, both in how they interact with the people they serve, as well as how they document these efforts.

Being strengths-based means maintaining a keen awareness of the assets, strengths, and resources of an individual, and using these strengths to address challenges and problems. It also means reframing descriptions of negative behaviors into more neutral or even affirming language.

Being strengths-based does not mean glossing over problems. People in need of services still need to address their challenges – medical necessity is based on this. But when services tap into strengths and assets, people are more likely to accomplish their goals.

Why Should Documentation Be Strengths Based?



Documentation serves several purposes and may be reviewed by several different readers. When the language used in documentation is negative, judgmental, or deficit driven, it directs the reader to think negatively about the client. For example:

John's room remains messy and unorganized throughout the month despite Case Manager's constant encouragement.

This note communicates two things: John struggles to keep his room clean and organized, and the Case Manager is very frustrated with his behavior. It suggests that the Case Manager has been doing everything possible, and the problem rests entirely on John. There is no hint that the Case Manager's approach to supporting John may have been inappropriate, or that there might be other barriers getting in the way. It also suggests that the Case Manager does not have high regard for John or his efforts.

Readers of this note – supervisors, auditors, other providers, or even John himself or his loved ones – are not given any information that would encourage John to be seen in a positive light. If John himself read this, he would probably find it unfair and insulting. The provider who wrote this note might even find her own thinking about how to better support John limited by this negative description.

Imagine if the sentence above was written like this instead:

John has struggled to keep his room organized this month. At this visit, all John's clothing was on the floor and his personal documents were spread across his dresser. However, John and the Case Manager have been talking about how to be more organized and John suggested that a weekly cleaning checklist might be helpful to him.

In reviewing recent notes or preparing for their next interaction, John's Case Manager might be reminded that John has some ideas for how to deal with his own challenges. If John read the second version, he might feel proud of his own self-awareness and problem-solving ability.

Practice: Noticing Strengths

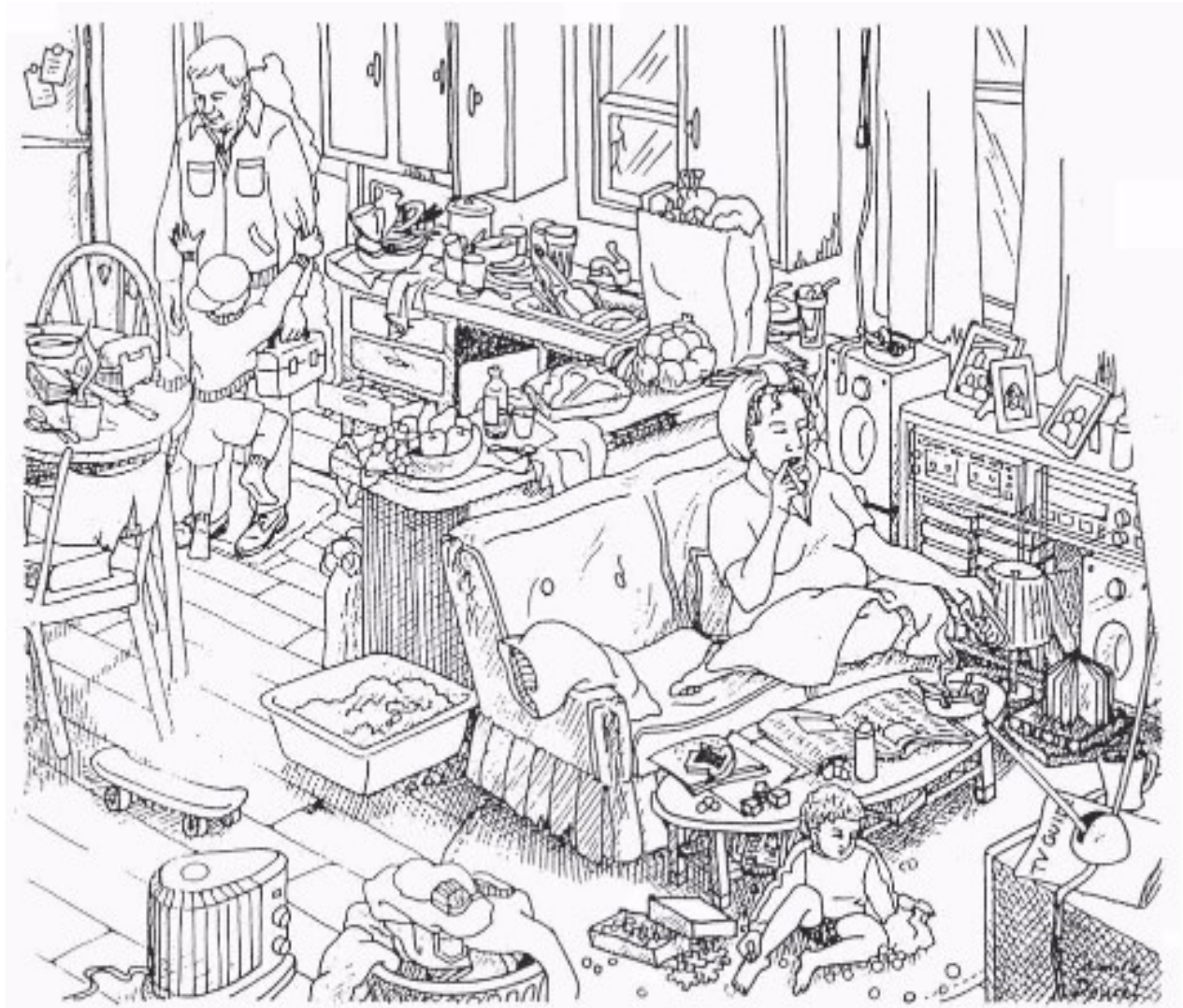


The first step in documenting using strengths-based language is to notice strengths.

Historically, behavioral health practitioners have been taught to view mental health concerns by focusing on diagnosis and functional impairments – in other words, deficits. After all, if the people seeking services were doing really well, they wouldn't need our support. But when we focus on problems, we may overlook the individual's strengths that can help us address their challenges.

Relying on visual information

Imagine you have just started working with a family. You've spoken with the mom on the phone, and you are making your first home visit. When you arrive, you encounter the following:



SOURCE: National CASA Volunteer Manual, as sourced from artist Camille Doucet.

Ask yourself the following questions:

- What do you notice in this drawing?
- What are your concerns?
- What would you do next?

If you're like most people, this scene might feel chaotic and concerning. You might notice the dirty dishes piled up near the sink, the overflowing cabinets, several ashtrays with lit cigarettes, the sharp knife sitting out on the table, and the pregnant mother casually resting on the couch, smoking. You might see a litter box right below a kitchen counter, the skateboard positioned in the center of the room, and the haphazardly arranged photographs.

Taking all this in, you might wonder whether further evaluation, by mental health providers, family services, or child welfare, is in order.

But this is a section on noticing strengths, so think about some of the positive aspects of this scene. What strengths do you notice?

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Relying on nonvisual information

Even when we are not able to see what is happening with our own eyes, we need to consider different ways of hearing the same information. Consider this situation:

Joe's mother received a call that he did not show up for his 4 pm doctor's appointment. Joe reports that he didn't want to go because he had a friend visiting.

What is a strength described in this situation? _____

How could this strength be written into a progress note? _____

Reframing



It is one thing to notice hidden strengths, and another to describe situations and behaviors using positive or neutral statements.

When we engage in reframing, we start to see the current situation from a different perspective. If we consider someone's behavior as "entitled," then we may think about them as requesting resources they have no right to, or have not earned. On the other hand, if we describe that same person as "aware of their rights," then we start to think of this person as a good self-advocate, knowledgeable, or justice seeking. The shift in language may point toward a new set of assets to tap into when seeking out ways to address challenges and barriers.

Of course, we don't always notice when we've used negative language. Even though our description of someone's behavior or internal process may feel like the truth, it is likely only one of several ways to describe a situation. This means behavioral health providers need to be alert for times when descriptions of people or behaviors may be negative, such as when providers find themselves particularly frustrated with an individual. In these situations, ask yourself if there is a different way to describe what has happened.

Note: *it is allowable to include negative expressions that are direct quotes. These should always be put in quotation marks to distinguish them from negative or judgmental impressions made by the provider.*

Just as it is important to frame client behavior in neutral language, provider behavior should also be described without relying on patronizing language. Terms like "I educated," "I commended," or "I advised..." all point towards the provider as the all-knowing expert, and the client as child-like and in need of information. Instead, documentation should reflect partnership, using descriptors such as "We discussed" or "Together we explored..."

In order to see and describe behavior more positively, ask yourself the following two questions:

- ➔ What is the purpose of the behavior?
- ➔ How would the person describe their own behavior?

Practice: Neutral or Positive Language



Look through the words below. For each word, explain how it directs a reader to think about an individual. Try to come up with a more neutral or positive way to describe the behavior or trait.

Negative word or description	How the word makes you think about the individual	Alternate description
Entitled	<i>Expects something that has not been earned</i>	<i>Self-advocating because aware of his rights</i>
Deviant		
Low functioning		
Unrealistic		
Lack of insight		
Unmotivated		
Aggressive		
Grandiose		
Non-compliant		
Acting out		
Manipulative		
Refuses		
I educated..., I advised...		

Source: Word choices derived from Tondora, J. (2007). Yale University School of Medicine Program for Recovery and Community Health. New Haven, CT. *The Power of Language in Strengths-Based Approaches: The Glass Half Empty, The Glass Half Full.*

Practice: Putting it all Together



Below are examples of progress notes describing individuals and their behaviors. Each one includes word choices that direct readers to think about the clients negatively. Rewrite each note, using more neutral or positive word choices.

Jeremy's father said Jeremy is refusing to take his medications and his behavior is out of control. When this Writer asked Jeremy about it, he said his anxiety is cured, demonstrating a lack of insight. We will continue to discuss his stubbornness going forward.



Charise lost another job and was upset about it. Charise refused to take responsibility for getting into a fight at work, which made her get fired. I told Charise she was being aggressive, which she won't accept. I told her she needs to take care of her temper but she said she doesn't have one.

Marguerite and I spoke more about her wanting to become a professional dancer, which is unrealistic given her lack of motivation. I educated her about the training dancers have to go through. She told me she had talked to some friends about dance classes in the area and found out about a class at the Y she wanted to take. I commended her for finding out about this class.

Look at Your Own Work



Step 1 Review your own progress notes for a client whose behavior or personality you find challenging. Underline any language choices that you now think might be negative or unfair.

Step 2 Re-write the note, using more neutral or positive language.

Step 3 Share both your original and your revised progress note with a supervisor or colleague. Ask this person to provide you with feedback about both their original impression of the client’s behavior, and their impression given your revision.

Remember



- When you discuss an individual’s behaviors, or write progress notes using negative language, you may limit your own thinking about how to address their challenges.
- Remember to ask yourself if there is another way to describe a situation – don’t assume the negative version is the only “truth.”
- Look for hidden strengths, assets, and resources.
- When looking for less negative ways of describing behavior, ask yourself to consider why the person is behaving that way (the purpose of the behavior), as well as how would the person describe their own behavior.

This material is to be used for training purposes only. This material is intended to assist helping professionals as they strive to improve the quality of documentation. This information must be understood as a tool for improving documentation, rather than an exhaustive statement of an employer’s legal obligations, which are defined by statute, regulations, and standards. Please consult state guidance documents and state oversight agencies for specific requirements. For more information, please contact ctac.info@nyu.edu

Answer Key



Noticing Strengths – Relying on visual information



What strengths do you notice?

Child is playing on the floor with a puzzle

Fresh fruit is in a bowl on the counter

Presence of family photos on windowsill

Litterbox available for cat

Child playing within mother's sight

Dishes next to sink for washing

Child appears excited to see father

Pregnant mother rests on couch (self-care)

Bag of groceries on counter

Reminder notes hung on refrigerator

Humidifier for family comfort

Book on chair to boost child during meals

Noticing Strengths – Relying on non-visual information

Situation: Joe's mother received a call that he did not show up for his 4 pm doctor's appointment. Joe reports that he didn't want to go because he had a friend over.

What is a strength described in this situation? Joe has a friend who visits

How could this be written into a progress note? _____ Joe did not attend his medical appointment, which will need to be rescheduled, as it conflicted with him spending time with his friend.

PRACTICE: Neutral or positive language

Negative word or description	How the word makes you think about the individual	Alternate description
Entitled	<i>Expects something that has not been earned</i>	<i>Self-advocating because aware of his rights</i>
Deviant	<i>Weird, strange, “perverse”, illegal behavior</i>	<i>Behavior associated with XYZ risks</i>
Low functioning	<i>Unable to function in community</i>	<i>Experiences challenges in XYZ areas</i>
Unrealistic	<i>Won’t be able to achieve his goals</i>	<i>Has high expectations for self</i>
Lack of insight	<i>Symptom of mental illness</i>	<i>Person disagrees with system’s understanding of problem</i>
Unmotivated	<i>Problem is with either a symptom or a character defect, not what services is available</i>	<i>Person is not interested in what services are being offered</i>
Aggressive	<i>Uncontrollable, scary</i>	<i>Expresses anger behaviorally</i>
Grandiose	<i>Symptomatic, difficult</i>	<i>High hopes and expectations of self</i>
Non-compliant	<i>Stubborn, doesn’t understand seriousness of illness/symptoms</i>	<i>Does not take medication/treatment as prescribed; prefers alternate coping mechanisms (e.g., diet, exercise, meditation)</i>
Acting out	<i>Intentionally acting childlike</i>	<i>Uses alternate coping strategies to get needs met</i>
Manipulative	<i>Acting in underhanded ways to get what the person wants</i>	<i>Resourceful, creative problem solver</i>
Refuses	<i>Immature, stubborn, not thoughtful</i>	<i>Declined, opted not to, chose not to</i>
I educated..., I advised	<i>person needs a wiser, more educated person to explain the facts</i>	<i>Together we discussed...</i>

PRACTICE: Putting it all together

Jeremy's father said Jeremy is refusing to take his medications and his behavior is out of control. When this Writer asked Jeremy about it, he said his anxiety is cured, demonstrating a lack of insight. We will continue to discuss his stubbornness going forward.

Suggested revision: Jeremy's father said Jeremy has stopped taking his medications as prescribed, and as a result his behavior has "gotten out of control." When this Writer asked Jeremy about it, he reports feeling like he no longer needs the medication. We will continue to explore this topic going forward.

Charise lost another job and was upset about it. Charise refused to take responsibility for getting into a fight at work, which made her get fired. I told Charise she was being aggressive, which she won't accept. I told her she needs to take care of her temper but she said she doesn't have one.

Suggested revision: Charise was upset because she got into a fight at work, and was fired. Charise said the fight started because she was being disrespected and needed to defend herself. I suggested this might be considered aggression, but Charise disagrees, because she didn't start it. We talked about the ways Charise manages anger and feelings of disrespect. Charise says she does not see a connection between her behavior and losing her job. We will continue to explore this.

Marguerite and I spoke more about her wanting to become a professional dancer, which is unrealistic given her lack of motivation. I educated her about the training dancers have to go through. She told me she had talked to some friends about dance classes in the area and found out about a class at the Y she wanted to take. I commended her for finding out about this class.

Suggested revision: Marguerite and I spoke more about her wanting to become a professional dancer. We spoke about the training dancers have to go through, and how she can tap into her ability to connect with people to stay engaged in the class. We talked together about how her resourcefulness in finding out about the class, and how exciting it would be to enroll.