

Glossary of Terms

A

Age groups

- **Minor child**: A person under the age of 18
- **Youth**: An emerging adult between ages 14-26
- **Adult**: A person over the age of 18

Assessment: A meeting between a service provider and an individual to jointly discuss the physical, mental health, spiritual, and/or social aspects of their life, using a person-first/strengths-based approach. This meeting can include their family if the individual is a minor child or requests family be included. The individual, family, and the service provider work together to discover that person's unique strengths to assist in overcoming barriers in order to create a plan focused on wellness—often including a set of questions the provider asks verbally and records, or the individual or family answers on a form.

See also "Intake."

B

Behavioral health: The connection between behaviors and the health and well-being of an individual's body, mind, and spirit. When distinguishing between behavioral health and mental health, it is important to remember that behavioral health is a blanket term that includes emotional, developmental, mental health, and/or substance use challenges.

See also "Mental health."

C

Caregiver: A person who supports the health and well-being of another individual of any age. Caregivers can include parents, family members, guardians, or anyone else who an individual desires. Caregivers may also advocate on behalf of an individual they support in any of the service systems, including physical health, mental health, and/or substance use systems.

Child: A person or persons cared for by parent(s), caregiver(s), guardian(s), or family member(s) during childhood and throughout their lifespan.

Child(ren) Across the Lifespan: A child of any age (birth through adulthood) who experiences a variety of family relationships at every stage. Caregiving for a child across the lifespan can occur from birth through the child's adulthood.

Co-occurring diagnoses: Two or more health challenges that an individual experiences simultaneously that can interact with one another and affect the outcome of both. Often refers to mental health and/or substance use challenges that a person experiences, which can be complex, with differing severity over time. People with co-occurring diagnoses benefit from integrated support. Co-occurring diagnoses are not limited to substance use and mental health challenges but can also include developmental, physical, or other conditions.

Why use diagnosis and not disorder? The National Federation of Families (NFF) prefers the use of "diagnosis" or "diagnoses." A diagnosis provides information and a path forward for any person experiencing mental health and/or substance use challenges. NFF believes the term "disorder" negatively labels people as flawed, damaged, and harmful, instead of supporting individuals with a diagnosis.

F

Family: Each individual can define a family by their own standards. You can have several families in your lifetime, even several families at once. Regardless of how you define your family, whether traditional or unique, your definition reflects the family that works for you. Whether made up of blood relatives, friends, pets, or a combination of these, family as you define them can offer you the support to thrive.

Family-driven: Families have a primary decision-making role for their own children. Their lived experience voice is heard at all levels, including the support their child receives and the policies and procedures governing all children in their community, state, tribe, territory, and/or nation.

Family-driven includes:

- Identifying families' dreams, strengths, challenges, desired outcomes/goals, and the steps required to achieve those outcomes/goals
- Designing, implementing, monitoring, and evaluating services, supports, programs, policies, and systems
- Choosing supports, services, and providers who are culturally and linguistically responsive and aware
- Partnering in decision-making at all levels

See also "Lived experience".

Family-driven language: Family-driven language augments clinical language by using words that highlight the strengths of families. This sets the tone for discussing situations with respect and without blame.

The language that comes from the "expert" model may interfere with the ability of service providers and families to partner successfully, because clinical language typically conveys to the family that they do not possess the resources to overcome their challenge and they require someone to solve it for them. While clinical language typically focuses on the problem, family-driven language is solution-focused.

For more information, Access the National Federation of Families/NFSTAC [Family-Driven Language flyer](#).

Family-run organization (FRO): Organizations originating from a fundamental belief that families are the experts regarding their children's strengths and challenges. Leadership, 51% or more of board and staff often have lived experience and/or beliefs reflecting the organizations' service missions.

Family-run organizations offer a broad demographic of families and their children with support from peers who have system-related lived experience across all child- and family-serving systems.

The organizations range in size from large, statewide to local, grassroots groups, all of whom play a vital role for families in their communities.

See also "Lived experience" and "Family Peer Specialist."

Family Peer Specialist: A parent, family member, or caregiver who has or had responsibility parenting a child or as a primary caregiver for another family member experiencing mental health and/or substance use challenges. They can speak about and use their lived experience to support other families to advocate for their child's or family member's well-being, supporting them in navigating systems, and offering other necessary resources. Family Peer Specialists:

- **Connect families:** reducing isolation
 - *"Before I met the Family Peer Specialist, I thought I was alone."*
- **Normalize lived experiences:** reducing shame and blame
 - *"Family Peers know what you're going through is not your fault."*
- **Encourage families:** to hold hope for recovery and access to support
 - *"It gives me hope to know diagnoses do not predict outcomes, and recovery is possible."*

For more information about Family Peer Specialists, please click [here](#).

Family voice: The authentic perspective of parents, family members, and caregivers communicating and advocating for goals, supports, access to quality service delivery for their loved one(s). Family voice includes families' lived experience, goals, values, opinions, beliefs, perspectives, and cultural backgrounds when it comes to discussions and decision-making about the supports needed for their child and family. Genuine family voice requires an inclusive range of people representing diverse cultures.

The principle of family voice is based on the foundation that the parents, family members, and/or caregivers of a child of any age have a critical stake in support and outcomes for their child and are experts in the dynamics of their family.

See also *"Lived experience."*

H

Harm reduction: A public health approach focused on engaging directly with people who use substances, including drugs and/or alcohol, by offering necessary supports to improve their physical, mental, and social well-being. It incorporates various strategies, including safer use, managed use, and/or abstinence, with the goal of preventing overdose and infectious disease. Harm reduction uses strategies that vary depending on both personal and community situations to meet people who use substances, including drugs and/or alcohol, where they are.

Harm reduction has often been described as “a movement for the human rights of people who use drugs.”¹ It creates a safe space for people to seek support when they are ready.

Services to address individuals’ complex and multi-faceted substance use often include providing access to healthcare, basic needs, peer recovery support, and social services. Harm reduction is also used to address mental health challenges such as suicidal ideation, self-harming behaviors, and eating disorders.

Holistic: Support of any kind that addresses an individual's physical, emotional, social, and spiritual well-being. Individuals expect to work with service providers who take a holistic look at the whole person, not just their diagnosis.

Active listening, open communication, and asking for feedback are necessary skills in developing a partnership for holistic support. It is important that a service provider not assume their interpretation of a plan is the same as the person they are supporting.

I

Intake: The first opportunity for an individual who is seeking support and a service provider to meet each other. This meeting can include their family if the individual is a minor child or requests family be included. It is the time when the individual and family can ask questions and get to know a service provider better so that the person can decide whether the relationship is a right fit. At this time, paperwork will be completed to facilitate a discussion about goals, dreams, and the future that informs the holistic plan.

¹ Szalovitz, M. (2021). *Undoing drugs: The untold story of harm reduction and the future of addiction*. Hachette Books.

The provider’s engagement and attitude while learning about the person’s and/or family’s experiences can positively or negatively influence the outcome depending on their acceptance, respect, and responsiveness to that individual or family.

See also “Screening” and “Assessment.”

L

Lived experience: The way in which each person experiences and understands their life and the world from their own unique perspective. Lived experience includes the knowledge gained from these experiences and choices. Self-disclosure or sharing of life experience can help others experiencing the same challenges and offers knowledge and understanding to people who have only heard or read about such experiences.

This often refers to having personal experience living with mental health and/or substance use challenges, or personal experience as a parent, family member, or primary caregiver of a child—across the lifespan—or other family member with emotional, developmental, behavioral, mental health, and/or substance use challenges.

M

Mental health: Emotional, psychological, and social well-being, which affects how a person thinks, feels, and acts. It is also a factor in how they handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

See also “Behavioral health.”

P

Person-centered planning: Where an individual sets and reaches their own personal goals and makes their own informed choices, and those providing support use dignity and respect in supporting the individual's choices in their work with the person. As the facilitator, the provider partners with the individual to develop a menu of supports to improve their quality of life. Outcomes are based on personal choice and with the support of friends, families, and community members. By creating a positive vision for the future, this process gives the individual decision-making authority regarding their life and promotes capacity building, interdependence, and community relationships.

Professionals who are involved in the planning act as facilitators to ensure that the process stays on track and that it remains solution focused. This requires continual review, learning, listening, and amending. Because it reflects the desires of a unique individual, person-centered planning works differently for each individual, builds resiliency, and fosters recovery. Person-centeredness is about developing a relationship with one another where the provider relates to the individual as another human being who desires to make changes in their life, not as a diagnosis or someone who “needs to be fixed.”

Person-first language: Language that maintains a person's identity as someone with strengths and the power to recover. It conveys respect and acceptance by emphasizing the fact that people with behavioral, mental health, and/or substance use challenges are first and foremost people. This often involves using language which puts the person before their diagnosis, disability, or other characteristics. Person-centered language also means deferring to the terminology expressed by individuals with lived experience

There is one exception: how people choose to self-identify or define themselves. For example, a person in recovery from substance use may refer to themselves as an “addict” or “alcoholic.” This does not imply permission for others to use that terminology.

R

Recovery: An ongoing process of change through which individuals become more resilient and improve their health and wellness, live a self-directed life, and strive to reach their full potential. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) toward those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience.

Resiliency: The ability to cope with and recover from setbacks, to withstand adversity, bounce back from difficult life events, and to thrive in the face of stress and challenging experiences. Resilience does not mean a person doesn't experience emotional pain, but rather involves the ability to work through it. Resilience is also a process and outcome of successfully adapting to external and internal demands using personal qualities, skills, and strengths². Five essential resiliency factors include connection, belonging/security, achievement, autonomy, and fulfillment³.

S

Self-determination: The attitudes and abilities that support people in choosing and setting their own goals, being personally involved in making their own life decisions, self-advocating, and taking action to reach their goals.

Sliding scale payment: An income-based payment model providers can use to make services financially accessible for people who would not otherwise be able to afford it due to income and/or lack of health insurance coverage.

Substance use diagnosis: Use of a drug and/or alcohol in amounts or by methods that are harmful to an individual, their family, and/or other people. Other indicators may include health challenges, disability, and inability to meet major responsibilities at work, school, or home.

²[Pires, S.A. \(2010\). *Building systems of care: A primer*. National Technical Assistance Center for Children's Mental Health Georgetown University Center for Child and Human Development](#)

³[Gailer, J., Addis, S., & Dunlap, L. \(2018\). *Improving school outcomes for trauma-impacted students*. National Dropout Prevention Center.](#)