### New Paradigm

**Promotion models**  
Focus on promoting competence and positive functioning (Bond, 1992; Cowen, 1994; Dunst, Trivette, & Thompson, 1990; Seeman, 1989)

**Capacity-building models**  
Provide opportunities for people to use existing abilities and develop new skills (Dunst & Trivette, 1996; Dunst, Trivette, & LaPoint, 1992; Rappaport, 1981; Trivette & Dunst, 1998)

**Strength-based models**  
Acknowledge the assets of people and help them use these assets to improve functioning (Benson, 1997; Cowen, 1994; Dunst, 1998; Seeman, 1989)

**Resource-based models**  
Describe practices in terms of a wide variety of formal and informal supports within a community (Sarason, Carroll, Maton, Cohen, & Lorentz, 1977; Trivette, Dunst, & Deal, 1997)

**Family-centered models**  
View professionals as agents of families and responsive to family desires and priorities (Dokecki, 1983; Dunst, 1990; Dunst & Trivette, 1996; Trivette & Dunst, 1998; Family Resource Coalition, 1987; Shelton, Jeppson, & Johnson, 1987)

### Traditional Paradigm

**Treatment models**  
Focus on remediation of a disorder, problem, or disease, or its consequence

**Expertise models**  
Depend on professional expertise to solve problems for people

**Deficit-based models**  
Focus on correcting a person’s weaknesses or problems

**Service-based models**  
Describe practices primarily in terms of professional services

**Professionally-centered models**  
View professionals as experts who determine the needs of a person from their own as opposed to the other person’s perspectives