

“If you want people to care about something, call it a flower. If you want them to kill it, call it a weed.”---Don Coyhis

Session 3

Recovery Language

“Reducing a person to nothing more than their difficulties is one of the most damaging and dehumanizing forms of language. It denies the existence of any facet of the person, any relevant roles or characteristics, other than their diagnosis” --- Perkins & Repper (2001)

“If you want people to care about something, call it a flower. If you want them to kill it, call it a weed.”---Don Coyhis

We use language every day to describe the world around us. The language we choose lets the listener know our thoughts and feelings surrounding what we are describing in that moment. Family Support Providers have two responsibilities with regards to recovery language:

1. “Meet them where they’re at.” Accept the language used by families. Do not correct or admonish a family for the language they choose to use.
2. Model positive and empowering recovery language. We will review that language in this session.

Group Activity

Take a moment to consider words others have used in conversation with you that helped you feel like you were worthy and could accomplish your goals. Then think about words people have used that hurt you and made you feel less hopeful about your future.

There will be large pieces of paper on the wall with the labels “words that hurt” and “words that heal”. When instructed, go up to the paper and write the words that have made you feel empowered, and the words that have hurt you on the appropriate pieces of paper.

Discussion: What did you notice was similar or different about the words everyone added to the paper?

Guidelines for Recovery Oriented Language

General Principles

Our language:

- represents the meanings we have constructed from experience.
- prompts attitudes, expectations and actions.
- needs to always reflect unconditional positive regard for people.

Discussion: What is unconditional positive regard? Why is it important?

We may not be aware of the impact our words have on our own attitude as well as on those around us. The words we choose reflect our attitudes; that we do (or do not) truly value people, believe in them, and genuinely respect them. None of us should be defined by our problems or diagnoses, or by a single aspect of who we are; we are people first and foremost.

Our language needs to be:

- respectful
- clear and understandable
- free of jargon, confusing data, and assumption
- non-judgmental
- carrying a sense of commitment, hope and opportunity

Suggested Recovery Language

Put people first:

Do say 'person with mental illness

Do say "a person diagnosed with...

Emphasize abilities:

Do focus on what is strong (person's strengths, skills & passions)

Do ask the family how they would like to be addressed.

The family can tell you if they prefer to be called a peer or to be called their name—for example)

AVOID labelling people.

AVOID saying "they are mentally ill."

AVOID defining the person by their struggle.

AVOID equating the person's identity with a diagnosis. *Very often there is no need to mention a diagnosis at all. It is sometimes helpful to use the term "a person diagnosed with", because it shifts the responsibility for the diagnosis to the person making it, giving the individual the freedom to accept it or not.*

DON'T emphasize limitations.

Don't focus on what is wrong.

DON'T use condescending terms.

DON'T sensationalize a mental illness.

This means not using terms such as "affected with," "suffers from," "victim of"--

DON'T portray successful persons with mental illness as superhumans.

This carries the assumption that it is rare for people with behavioral health disorders to do great things.

Language promoting acceptance, Hope, respect & uniqueness

VS

Outdated and Worn-out Words

- Kylie does not have an illness/disability
- Sam lives with/has a mental illness
- Sam has schizophrenia
- Sam has been diagnosed with bipolar disorder
- Sam has experienced anorexia
- Sam is a person who/with
- Kylie is having a rough time
- Kylie is having difficulty with her recommended medication
- Kylie is experiencing....
- Sam is trying really hard to get his needs met
- Sam may need to work on more effective ways of getting his needs met

- Kylie is normal
- Sam is mentally ill
- Sam is schizophrenic
- Sam is bipolar
- Sam is an anorexic
- Sam is...
- Kylie is decompensating
- Kylie is resistant/non-compliant with her meds
- Kylie is...
- Sam is manipulative
- Sam has challenging/complex behaviors

- Kylie is choosing not to...
 - Kylie would rather...
 - Kylie is looking for other options

 - Sam is excited about the plan we've developed together
 - Sam is working hard towards the goals he has set

 - Kylie chooses not to...
 - Kylie prefers not to...
 - Kylie seems unsure about...

 - Sam is really good at...

 - Kylie has a tough time taking care of herself
 - Kylie has a tough time learning new things
 - Kylie is still early in her recovery journey
- Kylie is non-compliant
 - Kylie has poor/no insight

 - Sam is very compliant/manageable
 - Sam has insight

 - Kylie is resistant to treatment
 - Kylie is treatment resistant

 - Sam is high functioning

 - Kylie is low functioning

- Sam tends to (describe actions, e.g., hit people) when he is upset
- Sam sometimes kicks people when he is hearing voices
- Kylie is experiencing co-existing mental health and substance use problems
- Sam doesn't seem ready to go back to work
- Sam is not in an environment that motivates him
- Sam is working on finding his motivation
- Sam has not yet found anything that sparks his motivation
- Kylie has a lot of energy right now
- Kylie hasn't slept in three days
- Sam is dangerous
- Sam has challenging/high risk behaviors
- Sam is high risk
- Kylie is dually diagnosed
- Kylie has comorbidities
- Kylie is MICA/MISA (mentally ill chemically abusing, mentally ill substance abusing)
- Kylie is addict
- Sam is unmotivated
- Sam is not engaged/does not want to be engaged
- Sam isolates
- Kylie is manic

- Sam is experiencing a lot of fear
- Sam is worried that his neighbors want to hurt him
- Kylie has been working towards recovery for a long time
- Kylie has experienced depression for many years
- Sam and I aren't quite on the same page
- It is challenging for me to work with Sam

If worn-out words are used to describe people's attempts to reclaim some shred of power while being serviced by a system that may try to control them, then important opportunities to support a person's recovery will be lost.

The person is trying to get their needs met – or has a perception or opinion different from, or not shared by, others – and their actions are not yet effectively bringing them to the result they want.

- Sam is paranoid
- Sam is delusional
- Kylie has a chronic mental illness
- Kylie is chronic
- Kylie will never recover
- Sam is very difficult
- Sam has challenging behaviors
- Sam won't engage with services
- Manipulative
- Grandiose
- In denial
- Passive aggressive
- Self-defeating
- Oppositional
- Personality disordered
- Mentally impaired

Group Activity 2

Trainers will give you some examples of poorly phrased descriptions of peers in recovery. You will breakout into small groups and work with your group to come up with a better way to phrase the descriptions you are given. Be ready to share your descriptions with the large group.

Session 5 Review Questions

1. When a family does not use person-first language, is it important to correct them?
2. What is unconditional positive regard?

LANGUAGE MATTERS:

Using Affirmative Language to Inspire Hope and Advance Recovery

Stigmatizing Language	Preferred Language
abuser	a person with or suffering from a substance use disorder
addict	person with a substance use disorder
addicted infant	infant with neonatal abstinence syndrome (NAS)
addicted to [alcohol/drug]	has a [alcohol/drug] use disorder
alcoholic	person with an alcohol use disorder
clean	abstinent
clean screen	substance-free
co-dependency	term has not shown scientific merit
crack babies	substance-exposed infant
dirty	actively using
dirty screen	testing positive for substance use
drug abuser	person who uses drugs
drug habit	regular substance use
experimental user	person who is new to drug use
lapse / relapse / slip	resumed/experienced a recurrence
medication-assisted treatment (MAT)	medications for addiction treatment (MAT)
opioid replacement	medications for addiction treatment (MAT)
opioid replacement therapy (ORT)	medications for addiction treatment (MAT)
pregnant opiate addict	pregnant woman with an opioid use disorder
prescription drug abuse	non-medical use of a psychoactive substance
recreational or casual user	person who uses drugs for nonmedical reasons
reformed addict or alcoholic	person in recovery
relapse	reoccurrence of substance use or symptoms
slip	resumed or experienced a reoccurrence
substance abuse	substance use disorder
substance abuse/abuser	person with a substance use disorder
substance abusing mother	mother with a substance use disorder
substance misuse	substance use / non-medical use
victims / "tiny victims"	prenatally exposed to [drug name]

LANGUAGE MATTERS:

Using Affirmative Language to Inspire Hope and Advance Recovery

Current Terminology	Alternative Terminology
clean / sober	drug free / free from illicit and non-prescribed medications
denial	ambivalence / ambivalent
drug of choice / abuse	drug of use
drug overdose	drug poisoning
graduate from treatment	commence recovery
relapse	recurrence / return to use
relapse prevention	recovery management
self-help group	mutual aid group
substance abuse	substance use disorder / addiction
treatment is the goal	treatment is an opportunity for initiation into recovery
	treatment is one of multiple pathways to recovery
untreated addict/alcoholic	person not yet in recovery

Adapted from: Office of National Drug Control Policy (2015) and <https://www.recoveryanswers.org/addiction-ary/> 08.24.2017

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

 **ATTC** Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

M R N

MISSOURI RECOVERY NETWORK

The Statewide Voice for Recovery

www.morecovery.org 573.634.1029



Mid-America (HHS Region 7)

ATTC

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