# Recovery Oriented Language Guide

**The language we use is paramount toward building and providing recovery oriented services. Every day we have an opportunity to foster hope, resilience and recovery through the language we choose. People are influenced by our language. It provides the framework for the services we provide and serves to help people find hope and become motivated for success. This glossary provides you the tools you can use to make everyday conversations filled with hope, resilience and recovery.**

## Do

- put people first: Do say "A person with a behavioral health condition" or "a person diagnosed with …"

- emphasize abilities.  Focus on what is strong i.e. the person's strengths, skills & passions

- focus on language that is respectful, clear and understandable, free of jargon, confusing data, and speculation. Focus on language that is non-judgmental and carries a sense of commitment, hope and opportunity

## Don't

- label people
- say "he or she is mentally ill"
- define the person by their struggle
- emphasize limitations and  focus on what is wrong
- use condescending terms, e.g. 'low-functioning or chronic'
- equate 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, leaving the individual the freedom to accept it or not.
- sensationalize a behavioral health condition.  This means not using terms such as "afflicted with," "suffers from," "victim of"
- portray successful persons with behavioral health conditions as super-humans.  This carries the assumption that it is rare for people with behavioral health conditions to do great things
- don't presume a person wants to be called by a particular term (Consumer, Client).  ASK

# Examples of Acceptable/Hopeful and Outdated/Disrespectful Language

| Instead of This | Say This |
| --- | --- |
| Sam is mentally ill | Sam has a mental health condition |
| Sam is schizophrenic | Sam has schizophrenia |
| Jerome is a bipolar | Jerome has been diagnosed with bipolar disorder |
| Kylie is manic | Kyle is exhibiting symptoms of mania |
| Sam is paranoid | Sam is experiencing a lot of fear/ Sam is worried that his neighbors want to hurt him |
| Li has a chronic /persistent mental illness | Li has been working toward recovery for a long time Li has experienced depression for many years |
| Kylie is decompensating | Kylie is having a rough time Kylie is experiencing… |
| Kylie is resistant to treatment Kylie is non-compliant | Kylie is choosing not to… Kylie would rather… Kylie seems unsure about…. |
| Javier is manipulative | Javier is trying really hard to get his needs met |
| Sam has challenging/complex behaviors | Sam may need more effective ways to get his needs met |
| Li is very compliant | Li is excited about the plan we have worked out together Li is working hard toward the goals she has set |
| Javier is low functioning | Javier has a tough time at … |
| Sam is high functioning | Sam is really good at…/Sam's strengths include… |
| Sam is dangerous | Sam tends to (describe actions) when he is upset |
| Jerome is very difficult | I find it challenging to work with Jerome |
| Amy is mentally ill chemically abusing | Amy is experiencing co-existing mental Health/substance use issues |
| Javier is a drug addict | Javier is experiencing alcohol/drug addiction |
| Instead of drug abuse | Say drug use/misuse |
| Instead of habit | Say active addiction |
| Instead of clean/dirty lab results | Say negative/positive lab results |
| Sam is unmotivated | Sam is not inspired to… |
| Sylvia committed suicide | Sylvia died by suicide |
| Li is a frequent flyer/high user | Li accesses services frequently |