Important Language Considerations in Developing Person-Centered Plans

Despite the fact that the process behind a recovery plan may be largely recovery-oriented, the translation of this process into the actual language of the planning document itself continues to be a core challenge of all providers who are committed to creating person-centered plans. The following are offered as overarching guidelines that should be considered regarding language that is incorporated in both written documents and verbal interactions.

1. The language used is neither stigmatizing nor objectifying. At all times "person first" language is used to acknowledge that the disability is not as important as the person's individuality and humanity, e.g., "a person with schizophrenia" versus "a schizophrenic" or a "person with an addiction" versus "an addict." Employing person-first language does not mean that a person's disability is hidden or seen as irrelevant; however, it also is not be the sole focus of any description about that person. To make it the sole focus is depersonalizing and derogatory, and is no longer considered an acceptable practice.

2. The language used also is empowering, avoiding the eliciting of pity or sympathy, as this can cast people with disabilities in a passive, "victim" role and reinforce negative stereotypes. For example, just as we have learned to refer to "people who use wheelchairs" as opposed to "the wheelchair bound" we should refer to "individuals who use medication as a recovery tool" as opposed to people who are "dependent on medication for clinical stability."

3. Words such as "hope" and "recovery" are used frequently in documentation and delivery of services.

4. Providers attempt to interpret perceived deficits within a strengths and resilience framework, as this will allow the individual to identify less with the limitations of their disorder. For example, an individual who takes their medication irregularly may be automatically perceived as "non-compliant," "lacking insight," or "requiring monitoring to take meds as prescribed." However, this same individual could be seen as "making use of alternative coping strategies such as exercise and relaxation to reduce reliance on medications" or could be praised for "working collaboratively to develop a contingency plan for when medications are to be used on an 'as-needed' basis."

5. Avoid using diagnostic labels as "catch-all" means of describing an individual (e.g., "Is a 22-year-old borderline patient with…"), as such labels often yield minimal information regarding the person's actual experience or manifestation of their illness or addiction. Alternatively, an individual's needs are best captured by an accurate description of his or her functional strengths and limitations. While diagnostic terms may be required for other purposes (e.g., classifying the individual to support reimbursement from funders), their use should be limited elsewhere in the person-centered planning document.

Tondora, et al., (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 (p. 1)

- What types of messages might be communicated by the language on the left?
- For each word, try to identify a more strengths-based term or phrase while keeping in mind the principles noted above.
- Are there other words/phrases in your plans and/or language that you would like to change? Why?

The Glass Half Empty…The Glass Half Full		
Deficit-based Language		Strengths-based, Recovery-oriented Alternative
1	A schizophrenic, a borderline	
2	An addict/junkie	
3	Clinical Case Manager	
4	Front-line staff/in the trenches	
5	Substance abuse/abuser	
6	Suffering from	
7	Treatment Team	
8	LMHA Local Mental Health AUTHORITY	
9	High-functioning vs. Low Functioning	
10	Acting-out	
11	Unrealistic	
12	Denial, unable to accept illness, lack of insight	
13	Resistant/non-compliant	
14	Weaknesses	
15	Unmotivated	
16	Clinical decompensation, relapse, failure	
17	Maintaining clinical stability/abstinence	

Tondora, et al., (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 (p.2)

- What types of messages might be communicated by the language on the left?
- For each word, try to identify a more strengths-based term or phrase while keeping in mind the principles noted above.
- Are there other words/phrases in your plans and/or language that you would like to change? Why?

The Glass Half Empty…The Glass Half Full		
Deficit-based Language		Strengths-based, Recovery-oriented Alternative
18	Puts self/recovery at risk	
19	Non-compliant with medications/treatment	
20	Minimize risk	
21	Consumer (in addictions community)	
22	Patient (in mental health community)	
23	Treatment works	
24	Discharged to aftercare	
25	Enable	
26	Frequent Flyer	
27	Dangerous	
28	Manipulative	
29	Entitled	
30	DTO/DTS/GD	
31	Baseline	
32	Helpless	
33	Hopeless	
34	Grandiose	
35	User of the system	

Tondora, et al., (2007). Yale University School of Medicine Program for Recovery and Community Health. New Haven, CT.

The Glass Half Empty…The Glass Half Full		
Deficit-based Language		Strengths-based, Recovery-oriented Alternative
1	A schizophrenic, a borderline	A person diagnosed with schizophrenia who experiences the following…
2	An addict/junkie	**A person diagnosed with an addiction that experiences the following…
3	Clinical Case Manager	Recovery Coach/Recovery Guide (*I'm not a case, and you're not my manager!*)
4	Front-line staff/in the trenches	Direct care/support staff providing compassionate care
5	Substance abuse/abuser	Person with an addiction to substances; substance use interferes with person's life
6	Suffering from	Working to recover from; experiencing; living with
7	Treatment Team	Recovery Team, Recovery Support System
8	LMHA Local Mental Health AUTHORITY	Recovery and Wellness Center
9	High-functioning vs. Low Functioning	Person's symptoms interfere with their relationship (work habits, etc.) in the following way…
10	Acting-out	Person disagrees with Recovery Team and prefers to use alternative coping strategies
11	Unrealistic	Person has high expectations for self and recovery
12	Denial, unable to accept illness, lack of insight	Person disagrees with diagnosis; does not agree that they have a mental illness pre-contemplative stage of recovery
13	Resistant/non-compliant	Not open to… Chooses not to…Has own ideas…
14	Weaknesses	Barriers to change; needs
15	Unmotivated	Person is not interested in what the system has to offer; interests and motivating incentives unclear; preferred options not available
16	Clinical decompensation, relapse, failure	Person is re-experiencing symptoms of illness/addiction; an opportunity to develop and/or apply coping skills and to draw meaning from managing an adverse event: Re-occurrence
17	Maintaining clinical stability/abstinence	Promoting and sustaining recovery

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The Glass Half Empty…The Glass Half Full		
Deficit-based Language		Strengths-based, Recovery-oriented Alternative
18	Puts self/recovery at risk	Takes chances to grow and experience new things
19	Non-compliant with medications/treatment	Prefers alternative coping strategies (e.g., exercise, structures time, spends time with family) to reduce reliance on medication; Has a crisis plan for when meds should be used; beginning to think for oneself
20	Minimize risk	Maximize growth
21	Consumer (in addictions community)	Person in recovery, person working on recovery
22	Patient (in mental health community)	Individual, consumer, person receiving services
23	Treatment works	Person uses treatment to support his/her recovery
24	Discharged to aftercare	Connected to long-term recovery management
25	Enable	Empower the individual through empathy, emotional authenticity, and encouragement
26	Frequent Flyer	Takes advantage of services and supports as necessary
27	Dangerous	Specify behavior
28	Manipulative	Resourceful; really trying to get help
29	Entitled	Aware of one's rights
30	DTO/DTS/GD	Describe behaviors that render one danger to self/others, etc.
31	Baseline	What a person looks like when they are doing well
32	Helpless	Unaware of capabilities
33	Hopeless	Unaware of opportunities
34	Grandiose	Has high hopes and expectations of self
35	User of the system	Resourceful; good self-advocate
Content of table derived from the following sources: Tondora and Davidson, 2006; White, 2001; and Meta Services, 2005.		

Tondora, et al., (2007). Yale University School of Medicine Program for Recovery and Community Health. New Haven, CT.