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 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.

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Deficit-Based Language	Strengths-Based, Person-Centered Language
He's a schizophrenic. or She's borderline.	**He/she is living with…. has a diagnosis of…. is experiencing…** On a deeper level Borderline and Schizophrenia (not schizophrenic) are terms that have specific psychological meaning or are constructs with a defined meaning ***not code words to describe people you don't like!*** (i.e. Borderline personality disorder is a mental health disorder that impacts the way you think and feel about yourself and others, causing challenges functioning in everyday life. It includes a pattern of unstable intense relationships, distorted self-image, extreme emotions and impulsiveness.) However, listen into a team meeting and see if you can distinguish when direct service staff are using these terms to describe the specific psychological term or construct and when they are actually using these words as shortcuts to describe an individual they find annoying or difficult to work with. *"Susie is so borderline! She's such a drama queen and is always pushing everyone's buttons!'*
An Addict / Junkie Crack-head / Meth-head	**A person diagnosed with an addiction that experiences the following…Person with an addiction to substances; substance use interferes with person's life.** Addiction is a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence. **ASAM Overview of Preferred Terms for the spectrum of alcohol and other drug use:** 1) Low or lower risk use (and non-use) 2) Unhealthy (alcohol, other drug) use a) Hazardous use or at-risk use b) Harmful use c) Severe Substance Use Disorder (Addiction) Clinical Diagnosis Substance Use Disorders-Four categories On a deeper level - Listen into a team meeting and see if you can distinguish when direct service staff are using these terms to describe the specific diagnostic term or construct and when they are actually using these words as shortcuts to describe a member they find annoying or difficult to work with. *"All that crackhead/meth head wants to do is use the system and smoke their life away."*
Non-compliant	**Prefers alternative strategies, does not agree with our suggestions and/or recommendations, Chooses not to… Has their own ideas…** On a deeper level - Compliance is a passive behavior in which a patient is following a list of instructions from the doctor/staff. Adherence is an active choice of patients to follow through with the prescribed treatment while taking responsibility for their own well-being. Compliance is referring to persons acquiescing when they are following health care providers' orders; while in the word adherence, people agree to the instructions via the relationship/partnership and shared decision making. In compliance individuals passively follow recommendations of others (not empowered) and in adherence individuals are activated to follow the recommendations resultant of shared decision making or their choice. (Empowered)

Exercise adapted for this presentation from Person Centered Care Planning and Service Engagement (PCCP), Yale University, 2017. Content of table derived from the following sources: Tondora and Davidson, 2006; White, 2001; and Meta Services, 2005.)

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Unmotivated or "Not Ready"	**Person is not interested in what the program/system has to offer, persons interests and motivating incentives unclear.** All people are "motivated" and "ready" if they are talking to you. What they may be motivated and ready for may not be what you think they should be motivated and ready for. That is our problem, not their problem. We make it their problem and then call them names like "resistant", "unmotivated", "help-rejecting", "oppositional", self-will run riot", stinking thinking".
In Denial, Lack of Insight	**Person disagrees with having a diagnosis; does not agree that they have a mental illness; pre-contemplative stage of recovery**
Entitled	**Aware of one's rights, proactively pursuing what is rightfully theirs.** On a deeper level - We all have a need for fairness, to receive what is our right to have, to be acknowledged and appreciated for what we have done or deserve. If you are skilled at achieving this recognition and what is rightfully yours, you are applauded you for knowing what you want and how to succeed. Sometimes individuals are not skilled at gaining respect or not good at getting things that are rightfully theirs. Perhaps they have not been taught the value of hard work and diligent effort to reach a goal. These individuals may use counterproductive interpersonal skills which result in labels like "entitled" or "narcissistic".
Manipulative	**Resourceful; tenacious in their efforts to get needs met, really trying to get help.** On a deeper level - If you are skilled at asking for what you want, comfortable in persuading people to meet your needs, collaborate and cooperate with you, we call you "assertive", an "effective leader", or "a person of influence". However if you are not skillful in asking for what you want…if you ask something from someone and don't get it …then you attempt to get yet another person to meet your need, we call you "manipulative", especially if you go about it in an annoying persistent manner.
Acting Out	**Person disagrees with Recovery Team and prefers to use alternative coping strategies.** On a deeper level - When a person has the skills to deal with frustration, disappointment and stress, then no one is offended by the person's behavior and coping mechanisms. Someone may not be skilled at managing stress, frustration, and needs for love and acceptance. Therefore their ineffective attempts to cope with their troubling feelings and needs often ends up by being noticed and targeted as "acting-out" behaviors, which need to be subdued and controlled.

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Exercise Summary

Terminology and Language Can Distance Us from Forming a Relationship / Working Alliance with People.

When people are not skilled at getting their needs met, don't call them names.
"Manipulative", attention-seeking", "entitled", "acting-out" flow so easily from the tongue. But if you reframe the person's behavior as unskilled attempts to get their needs met, you can be empathic and help them develop more effective ways to get their needs met.

Implications Related to the Language We Choose to Use:

1. Incorrectly used words and terminology create barriers that inhibit and even prevent joining therapeutically with people.
2. Using such words can gives ourselves permission to not listen to people and see their important feelings and needs: "*She is so borderline and acting out, that you can't believe a word she says."*
3. When we label people in this way, it puts the problem within the person, instead of seeing that the problem is an interactive one, influenced by the direct service worker / PSR Practitioners' attitudes, beliefs and behavior.

Words convey feelings, attitudes and prejudices that are held by he direct service worker / PSR Practitioner and directly affect the self-esteem of individuals. Thus it is of great importance for direct service workers / PSR Practitioners' to be sensitive to the power of words to heal or hurt.

(Ronald J. Diamond, MD, Professor at the University of Wisconsin School of Medicine and Public Health in Madison. "From Bad-mouthing to Good-mouthing the Customers: Alternatives to pathologizing and put-down labeling of people.")

Speaking about people in disrespectful ways is oppressive because it dehumanizes them. In an ironic twist, when we dehumanize people, we also dehumanize ourselves. That is, each time we speak disrespectfully about people, we become a little less human ourselves. The goal of the, "Communicating Respectfully With or About Clients" performance standard is not only to save individuals from oppression, but to save our own humanity.

When we learn to communicate with/about individuals with respect, then we renew our own humanity. This in turn helps us build more empowering relationships with individuals in which they can experience their own value and worth.

(Intentional Care Performance Standards Chapter VIII: Communicating Respectfully With or About Clients.)