



**Wisconsin Children's Mental Health Collective Impact Partners (CIPs)
Language Guide**

Deficit-Based Language

**Strength-Based, Recovery-Oriented, Person-First,
Trauma-Informed Alternative**

<u>Describing a Person</u>	
Schizophrenic, a borderline, bipolar	Person diagnosed with..., person who experiences the following..., in recovery from...
Addict, junkie, substance abuser	Person who uses substances; a person with substance use issues
Consumer, patient, client	Person in recovery, a person working on recovery, a person participating in services
Frequent flyer, super utilizer	Frequently uses services and supports, is resourceful, a good self-advocate, attempts to get needs met
<u>Describing Behavior</u>	
Good / bad, right / wrong	Different, diverse, unique
High- vs. low-functioning	Doing well vs. needs supports
Suffering from	Person is experiencing, living with, working to recover from
Acting-out, "having behaviors"	Person's behaviors may indicate a trauma memory has been triggered, person is upset
Attention-seeking	Seeking to get needs met, seeking assistance to regulate
Criminogenic, delinquent, dangerous	Specify unsafe behavior, utilizing unsafe coping strategies
Denial, unable to accept illness, lack of insight	Person disagrees with diagnosis, person sees themselves in a strength based way (Honor the individual's perception of self)
Manipulative	Resourceful, trying to get help, able to take control to get needs met, boundaries are unclear, trust in relationship has not been established
Oppositional, resistant, non-compliant, unmotivated	Constraints of the system don't meet the individual's needs, preferred options are not available, services and supports are not a fit for that person (assume that people do well if they can)
DTO, DTS, GD (Danger to Others, Danger to Self, General Danger)	People should not be reduced to acronyms; describe behaviors that are threatening
Entitled	Person is aware of her/his rights, empowered
Puts self and/or recovery at risk	Person is trying new things that may have risks

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<u>Describing Service Activity</u>	
Baseline	Self-determined quality of life that was established at the first meeting
Clinical decompensation, relapse, failure	Crisis as an opportunity to develop and or apply coping skills and to draw meaning from an adverse event; recovery is not linear - relapse is expected and support is increased as necessary
Discharged to aftercare	Person is connected to long-term recovery support
Maintaining clinical stability, abstinence	Promoting and sustaining recovery, building resilience
Minimize risk	Maximize growth, presume competency
Non-compliant with medications, treatment	Person prefers alternative strategies, therapies and interventions; not reliant on medical model treatment; has a crisis or WRAP plan; person is thinking for herself
"Treatment works"	Person uses treatment to support his/her recovery
Case manager	Recovery coach, recovery guide, recovery support, care coordinator ("I'm not a case, and you're not my manager")
Enable	Empower through empathy, emotional authenticity, and encouragement
Front-line staff, "in the trenches"	Avoid using war metaphors and develop language that promotes strong relationships
Treatment team	Recovery team, recovery support system, care team