

# Recovery and Resiliency Language Guide

This document outlines language that aligns with the values, principles, and practices of recovery and resiliency.

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## Summary

As a leader in mental health (MH) and substance use (SU) healthcare, Magellan promotes recovery and resiliency principles and practices. Intentionally using respectful language to support a person's humanity and recovery is central to this approach.

This guide was developed by Magellan Healthcare staff members who have lived/living experiences with mental health and/or substance use conditions or are family members or caregivers of people who have a history of MH/SU conditions. Our staff members incorporated readily available language guides from well-known national MH/SU organizations to create this guide. This is a working document that will be updated as language evolves.

## Why focus on language?

Language is a powerful tool for shaping how we view people living with MH/SU conditions. It can increase or decrease stigma and discrimination that can impact relationships, employment, housing, and the ability of individuals to actively participate in their communities.

Language also has a powerful influence over how a person views themselves, their abilities, and future. For a youth receiving a MH diagnosis, language can create fear they will be forever judged and outcasted, or create hope they can live a fulfilling life even with a MH challenge. For a parent in early recovery from a SU condition, language can mean the difference between believing it is only a matter of time before a return to use, or believing they have what it takes to maintain their recovery.

## Recovery & Resiliency (R&R)-oriented language

This is not an exhaustive list of all R&R-oriented language. However, it provides highlights of commonly used words and phrases in mental health and substance use service settings. It encourages the use of R&R-oriented language that is:

- Person centered – Highlights the person and their preferences, goals and dreams instead of their challenges
- Person first – Describes a MH/SU condition as something the person has or lives with rather than who they are
- Strengths based – Gives a sense of optimism, hope, opportunity, empowerment and self-determination
- Accessible, relatable, and easy to understand – Avoids medical/diagnostic language unless necessary
- Free of stigma, prejudice bias, and discrimination – Does not reinforce stereotypes, low expectations or individual blame
- Reflects best practice – Honors the lived/living experiences of people with MH/SU conditions

By using R&R-oriented language, we are reducing bias, stigma, and discrimination for the people and the communities we serve.

## Strengths-based language

Strengths-based language encourages optimism, hope and opportunity.

**Example 1:** *Jalyn is suffering with depression vs Jalyn is living with depression*

*Suffering* sensationalizes MH/SU conditions, reinforces stereotypes, and contributes to the notion that people do not recover.

**Example 2:** *Mikah’s problem behavior is skipping school vs Mikah has unexcused absences from school due to unresolved anxiety.*

*Problem behavior* implies judgement. Focus should instead be on the challenge driving the behavior.

Other options to try:

<i>Instead of</i>	Suffering from/with	<i>Try</i>	Experiencing challenges with Living with Working to recover from
<i>Instead of</i>	Decompensating Unstable	<i>Try</i>	Experiencing an increase in challenges
<i>Instead of</i>	Unmotivated Lazy Helpless	<i>Try</i>	Doesn’t have interest in Has not begun Working to build hope
<i>Instead of</i>	Refused Unwilling Resisted	<i>Try</i>	Chose not to Declines Not ready
<i>Instead of</i>	Hopeless	<i>Try</i>	Needs support to change
<i>Instead of</i>	Attention-seeking	<i>Try</i>	Seeking connection
<i>Instead of</i>	Needy	<i>Try</i>	Has unmet needs
<i>Instead of</i>	Fails Lacks Poor	<i>Try</i>	Needs support Needs education Having challenges with
<i>Instead of</i>	Deficits Issues Problems	<i>Try</i>	Challenges Barriers Has unmet needs

## Person-centered language

Person-centered language is empowering and promotes self-determination.

Example: *She is non-compliant* vs *She is not in agreement with the treatment plan*.

Compliance is a metaphor used for force to suggest conformity and lack of self-determination. It gives the impression the treatment team are the experts, and the participant needs to do what they say.

Other options to try:

<b><i>Instead of</i></b>	Noncompliant Uncooperative Non-Adherent	<b><i>Try</i></b>	Not in agreement with the treatment plan Having challenges taking medication
<b><i>Instead of</i></b>	Case	<b><i>Try</i></b>	Youth, Family, Individual, Member
<b><i>Instead of</i></b>	Frequent flyer	<b><i>Try</i></b>	Uses services and supports often Has been in the hospital several times
<b><i>Instead of</i></b>	Low functioning	<b><i>Try</i></b>	Has difficulty with
<b><i>Instead of</i></b>	Believes Claims	<b><i>Try</i></b>	Says States
<b><i>Instead of</i></b>	Complaining	<b><i>Try</i></b>	Advocating
<b><i>Instead of</i></b>	Relapse	<b><i>Try</i></b>	Return to Recurrence of use Setback
<b><i>Instead of</i></b>	Incapable Is giving up	<b><i>Try</i></b>	Needs assistance/support Needs help to continue
<b><i>Instead of</i></b>	Compliant Adherent	<b><i>Try</i></b>	Engaged Following through Involved Participating
<b><i>Instead of</i></b>	In denial	<b><i>Try</i></b>	Still researching options Desires a different outcome Has a different perspective
<b><i>Instead of</i></b>	Victim	<b><i>Try</i></b>	Survivor

## Person-first language

Person-first language describes someone as living with a mental health or substance use condition, rather than defining them by it.

Example: *She's bipolar.* Vs *She is living with bipolar disorder.*

Defining a person by a diagnosis rather than living with or having a diagnosis is dehumanizing. This language indicates that the diagnosis has superseded the individual's personhood.

Other options to try:

<i>Instead of</i>	Schizophrenic/Schizo Bipolar Mentally ill Borderline	<i>Try</i>	Living with schizophrenia Given a diagnosis of bipolar Experiences mental health challenges
<i>Instead of</i>	Addict Alcoholic	<i>Try</i>	Person with a/an substance/opioid/alcohol use condition
<i>Instead of</i>	Consumer Patient Client Kiddo	<i>Try</i>	Individual Participant Person's name Youth
<i>Instead of</i>	Former Addict Recovering alcoholic	<i>Try</i>	Person in recovery Person in long- term recovery
<i>Instead of</i>	Anti-social	<i>Try</i>	Prefers quiet Prefers to be on their own
<i>Instead of</i>	Defiant Hostile Manic Oppositional Violent Belligerent	<i>Try</i>	Describing the interaction Protective Assertive Feeling unsafe

## Avoiding medical/diagnostic language

Medical/diagnostic language may cause challenges when communicating information. Language that avoids medical/diagnostic words helps your message become more accessible, relatable, and easy to understand. It's best practice to avoid using medical/diagnostic terms unless it is absolutely necessary.

Behavioral health is a term some people use interchangeably when referring to mental health and substance use. However, as the National Alliance on Mental Illness (NAMI) identified, the word *behavior* is seen as a matter of choice and can evoke bias and prejudice. When it's appropriate, try using *people with mental health and substance use conditions* instead.

Serious mental illness (SMI) and Serious Emotional Disturbance (SED) refer to federal and state classifications of illnesses. It makes sense to use these terms when referring to things like an eligibility group. When talking about a group of general people, instead of referring to them as *being SMI or SED*, consider using *living with significant mental health condition/challenge*.

Other options to try:

<b>Instead of</b>	Substance abuse	<b>Try</b>	Substance Use Substance Misuse
<b>Instead of</b>	Delusional Paranoid	<b>Try</b>	Alternative perceptions Experiencing (describe the thoughts/actions respectfully)
<b>Instead of</b>	Home visit	<b>Try</b>	Family time
<b>Instead of</b>	Residential placement	<b>Try</b>	Residential treatment Residential intervention Residential setting
<b>Instead of</b>	Transition-age youth (TAY)	<b>Try</b>	Youth/Young Adult (YYA)
<b>Instead of</b>	Manipulative Triangulating	<b>Try</b>	Trying to get needs met
<b>Instead of</b>	Committed suicide Unsuccessful suicide	<b>Try</b>	Died by suicide Ended/took their life Attempt to end their life

## References

\* The following organizations' language guides advise against using "suffering" when referring to MH conditions

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