



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

Deficit-Based Language

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

Describing a Person

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

Describing Behavior

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