[insert organisation name/logo]

Recovery Oriented Language Guide

"*Words are important. The language we use and the stories we tell have great significance to all involved. They carry a sense of hope and possibility or can be associated with a sense of pessimism, both of which can influence personal outcomes[1]*"

This Language Guide provides guidance on recovery oriented language used by **[insert organisation name]** Board members, volunteers and staff.

1.   Guidelines for Recovery Oriented Language[2]

<u>General Principles</u>

Our language:
- represents the meanings we have constructed from experience
- prompts attitudes, expectations and actions.
- Needs to always reflect unconditional positive regard for people

We may not be aware of the impact our words have on our own attitude as well as on those around us.

The words we choose reflect our attitudes; that we do (or do not) truly value people, believe in them, and genuinely respect them.

None of us should be defined by our problems or diagnoses, or by a single aspect of who we are; we are people first and foremost

Our language needs to be:
- respectful
- clear and understandable
- free of jargon, confusing data, and speculation
- non-judgemental
- carrying a sense of commitment, hope and opportunity

We need to give thought as to:

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[1] Devon Partnership Trust and Torbay Care Trust (2008, p2)
[2] adapted from Roberts & Thekkepalakkal, (2009).

- how our language, as read/heard by the person to which we are referring, could positively contribute to the person's health (or otherwise)
- what meanings we are making for people to live in relation to

Our language conveys thoughts, feelings, facts and information, but beyond that we need to ask ourselves questions like:
- *What else am I saying?*
- *What else will someone read/hear?*
- *Do I give a sense of commitment, hope and opportunity or a sense of pessimism?*
- *'Do I convey an awareness and expectation of recovery?*

Some General Guidelines[3]

DON'T	**DO**
DON'T label people *Don't say "he is mentally ill"* DON'T define the person by their struggle DON'T equate the person's identity with a diagnosis *Very often there is no need to mention a diagnosis at all It is sometimes helpful to use the term "a person diagnosed with," because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not.*	DO put people first: *Do say "person with mental illness"* *Do say "a person diagnosed with …"*
DON'T emphasize limitations. *Don't focus on what is wrong*	DO emphasise abilities. *Do focus on what is strong* *Ie. the person's strengths, skills & passions*
DON'T use condescending terms DON'T sensationalize a mental illness. *This means not using terms such as "afflicted with," "suffers from," "victim of,"* DON'T portray successful persons with mental illness as superhumans. *This carries the assumption that it is rare for people with mental illness to do great things.*	
Presume that a person wants to be called by a particular term eg. Consumer or client	Enquire as to how the person would like to be addressed

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[3] From Wahl (2010)

Worn-out words vs language promoting acceptance, hope, respect & uniqueness[4]

Worn-out words	Language for acceptance, hope, respect uniqueness
• Sam is mentally ill • Sam is schizophrenic • Sam is a bipolar • Sam is …	• Sam lives with / has a mental illness • Sam has schizophrenia • Sam has been diagnosed with bipolar disorder • Sam is a person with…
• Kylie is decompensating	• Kylie is having a rough time • Kylie is experiencing …
• Sam is manipulative	• Sam is trying really hard to get his needs met • Sam may need to work on more effective ways of getting his needs met
• Kylie is non-compliant	• Kylie is choosing not to… • Kylie would rather… • Kylie is looking for other options
• Sam is very compliant	• Sam is excited about the plan we've developed together • Sam is working hard towards the goals he has set
• Kylie is resistant to treatment	• Kylie chooses not to… • Kylie prefers not to… • Kylie seems unsure about…
• Sam is high functioning	• Sam is really good at…
• Kylie is low functioning	• Kylie has a tough time taking care of herself • Kylie has a tough time learning new things • Kylie is still early in her recovery journey
• Sam is dangerous	• Sam tends to (describe actions, eg hit people) when he is upset • Sam sometimes kicks people when he is hearing voices
• Kylie is mentally ill chemically abusing (MICA)	• Kylie is experiencing co-existing mental health and substance use/abuse problems
• Sam is unmotivated	• Sam doesn't seem inspired to go back to work • Sam is not in an environment that inspires him • Sam is working on finding his motivation • Sam has not yet found anything that sparks his motivation
• Jane is normal	• Jane does not have a disability / illness

[4] From Wahl (2010)

Worn-out words	Language for acceptance, hope, respect uniqueness
• Kylie is manic	• Kylie has a lot of energy right now • Kylie hasn't slept in three days
• Sam is paranoid	• Sam is experiencing a lot of fear • Sam is worried that his neighbours want to hurt him
• Kylie has a chronic /persistent mental illness	• Kylie has been working towards recovery for a long time • Kylie has experienced depression for many years
• Sam is very difficult	• Sam and I aren't quite on the same page • It is challenging for me to work with Sam
• Manipulative • Grandiose • In denial • Passive aggressive • Self-defeating • Oppositional	*These are often people's attempts to reclaim some shred of power while being treated in a system that may try to control them.* *The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want*

<u>Specific Guidelines</u>

1. Speak or write about a person, with a problem, not about a disorder, diagnosis or case.

2. Include a description of a person's strengths & resources alongside difficulties.

3. Explicitly own words and concepts such as diagnosis as *from a medical perspective* rather than as a pronouncement of universal truth.

4. Record people's progress and their efforts and engagement with their own recovery.

5. Where there are different views between the person writing a letter / report and the person it is important to:
   - include recognition of that awareness
   - describe their viewpoint in their own words and
   - describe how their viewpoint contrasts with the author's

   For example, "*whereas I think ... I'm aware that x takes a very different point of view and considers/ stated that ...*"

6. Express "shortfalls" as work or progress still to be achieved.

7. Record the person's own hopes or ambitions as well as those held by the support team and what needs to happen for such hopes to be realised

8. Seek to express issues of risk (safety and risk management) in terms of planning for safety and success.

9. When actions are suggested that the person disagrees with,give a clear reason for why these are considered necessary in terms of supporting someone's recovery and acknowledge their alternate view.

10. When there is opportunity, such as for Tribunal reports:
    - always offer a developed draft to the person
    - offer to review and respond to their views on what you have written.
    - where there are significantly different viewpoints consider how these can be included either by changing what you have written if it is acceptable to you or else include a description of the person's alternate viewpoint.

11. Be aware that letters and reports are constructions rather than objective descriptions.
    - where possible, write reports with the person they are about, while at the same time preserving the integrity and authenticity of your own viewpoint.

12. Where there is a practice of offering people copies of letters written about them consider if the letter could instead be written directly to the person it is about - as a record of the conversation and a reminder of decisions - and copied to the other relevant parties (eg support workers, general practitioners).

13. Set up recovery oriented language prompts in organisational document and data templates, and include in Continuous improvement Audit process.

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