



SAARA

of Virginia

Recovery Oriented Language

A Guide to Creating a Recovery-Ready
Community



"Words are important. If you want to care for something, you call it a 'flower', if you want to kill something, you call it a 'weed.' - Don Coyhis



Table of Contents

1. About Saara
2. Key Words
3. Recovery Oriented Approach
4. Stigma
5. General Principles

6. Guidelines
7. Younger Population
8. Recovery Messaging
9. Checklist
10. References



Substance Abuse &
Addiction Recovery
Alliance *of Virginia*

2222 Mounument Ave
Richmond, VA 23220
info@saara.org

P: (804) 762-4445
F: (804) 762-4333
saara.org

ABOUT SAARA

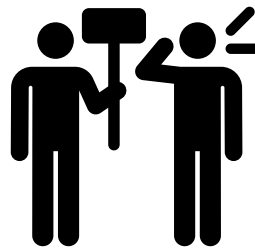
who we are...

SAARA of Virginia is a nonprofit organization that is committed to mobilizing supporters to work with legislators and other decision-makers to enhance our system of care for Substance Use Disorder (SUD) in Virginia. SAARA facilitates educational training programs for Peer Recovery Specialists and other community supporters.

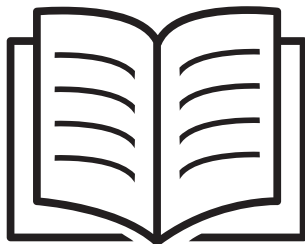
SAARA provides Peer Recovery Support Services across the state of Virginia.



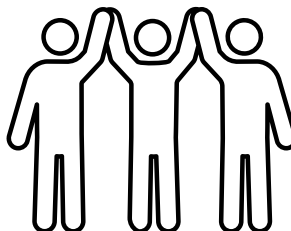
Advocate



Educate



Support





Recovery: A process of change through which individuals improve their health and wellness while living self-directed lives and strive to meet their full potential.

Recovery-Oriented: Support that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to improve health, wellness, and quality of life for those with, or at risk of, substance-related problems.

Stigma: An attribute, behavior, or condition that is socially discredited.

Agent of change: A person who sees a problem in their community, large or small, and does something to take action for substantial change.

Person-centered: An approach where the person is at the center of service. The focus is not on the condition or disadvantage, but instead on what the person can do and who they are.



A Recovery-Oriented Approach

Research shows that taking a **recovery-oriented approach** to both mental health and substance use benefits everyone. Styles of communication within the field of recovery can vary considerably from one organization to the next. The lack of a common language across the field fosters a sense of fragmentation and confusion among those working in the field, and often allows stigma to prevail. As a recovery advocate, SAARA of Virginia is making the case for why we should make the effort to use mindful, person-centered language with those we serve.

With inclusivity in mind, it is important for professionals and peers to be knowledgeable of the different pathways of recovery. By encouraging many different pathways and styles of recovery, we can provide the dignity of choice to those seeking help. By including the individual in the decision-making process, we empower them, allowing them to build confidence in their own decision-making skills. We must remain open to all of the various pathways so that we can help the greatest possible number of people on their recovery journey.

To be effective agents of change, there needs to be an understanding of recovery-orientated language when addressing mental health diagnoses as well as substance use disorders. Appropriate language is an essential component in helping individuals on their path of recovery.

What we say and how we say it matters.



Stigma

What is stigma? Stigma is defined as an attribute, behavior or condition that is socially discredited.

Substance Use Disorder (SUD) is among the most stigmatized conditions in our society today. Even with the medical language that often comes with a diagnosis, there are many additional hardships associated with the stigma from SUD. The words that we choose can determine whether people with SUD will find themselves in an environment of compassion or punishment, the latter making them more reluctant to accept help.



Two main components often lead to stigma in relation to substance use disorders.

1. The idea of perceived control. "If they wanted to, they could just stop."
2. A sense of moral failure on part of the individual in acquiring the condition. "It was their choice to start in the first place."



Effects of Stigma

TREATMENT

In 2017, The Center for Behavioral Health Statistics and Quality conducted a study that specifically addressed the connection between stigma and treatment. The data of this study revealed that 28% of individuals who believed that they needed and wanted substance use treatment cited stigma as the reason for not receiving treatment. Our society is losing the opportunity to effectively help these individuals as a result of prevalent stigma.

COMMUNITY RESOURCES

A study by the medical journal Psychiatric Services (2014) found a correlation was found between stigma and a lack of resources for the affected population. It was noted that people did not want to be associated with individuals who are either suffering from or are in recovery from SUD. Many of the people in the study shared that they felt that "people with substance use disorder can be or should be denied housing employment, social services, and health care."

Health Care

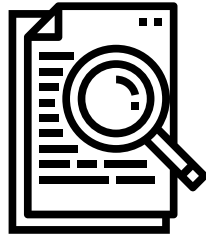
Within the health care profession, recent studies have claimed that health care providers treat patients with a history of substance use disorders differently than individuals with no such history. The stigma associated with substance use disorder likely affects how clinicians see patients as well.

28% of individuals cited stigma as the reason for not receiving treatment



General Principles for Recovery Orientated Language

Person-centered and medically-infused language may elicit more positive recovery outcomes.



Our language needs to be:

- Person-centered
- Strengths-based
- Consistent with body language
- Free of unnecessary jargon
- Non-judgmental

Give thought to how the language is heard by the person:

- What else am I saying (non-verbally)?
- How might someone with different lived experience perceive what I'm saying?

Questions to consider:

- Am I using person-centered language?
- Am I conflating *any* substance use with SUD?
- Am I using technical/medical jargon?
- Am I using fear-based language?
- Am I speaking from my own experience, or making judgements about that which I don't fully understand?



Guidelines for Language and Communication

Consider these basic guidelines when communicating with someone in recovery

DON'T

Label people:

"They're a user"
"They're an addict"

Emphasize limitations:

"I don't think you can do that"

Minimize their experiences

"That doesn't sound too bad"

Avoid condescending and disparaging language

"I'm glad I have more self-control"

DO

Put people first when describing them:

"Person struggling with..."
"A person diagnosed with..."

Emphasize abilities:

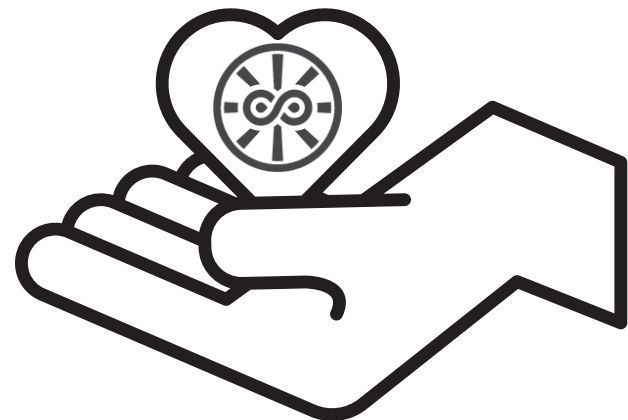
"What are your strengths and skills?"

Validate the person's experiences:

"That must have been really difficult."

Listen Actively:

"If I'm hearing you correctly..."



Guidelines for Language and Communication Continued...

Language of Acceptance, Hope, and Respect

"Jerry has a mental health condition."

"Sam lives with a substance use disorder."

"Matt is choosing not to...."

"Carlton is using non-prescribed medications to cope with his challenges."

"Jason is participating in medication-assisted treatment."

"Alex is continuing to work towards their recovery."

Phrases that Stigmatize

"Jerry is not normal."

"Sam is a drug abuser."

"Matt can't get his life together."

"Carlton is an alcoholic."

"Jason is still treatment-resistant."

"Alex relapsed again."

Remember, there is often no need to mention a diagnosis or use medical language at all. Instead, try saying something like, "a person struggling with substance use disorder," which removes some of the responsibility and shame felt by the individual and ensures that they aren't defined by a diagnosis.



Practicing with Young People

It is important to use language that reflects the diversity of cultures and age ranges that enter into the recovery space. Different cultures have their own unique styles of speech. Listening without judgement while remaining open-minded is key.

How Do Young People View Recovery?

The younger generation often relates to the broader concept of **health and wellness**, as opposed to the idea of "fixing" or "curing" people. Instead of asking about recovery goals, it is suggested that the hopes and aspirations of the individual be the focal point in relation to the recovery process.

Communication Styles

The language used by young people may differ from clinical or "proper" vocabulary. For example, a young person may share that they "feel like crap today" or "this is absolute shit."

While some people are still averse to harsh language, being able to accept the communication style of the individual is important in building a rapport with them.

Interpersonal Challenges

Young people are generally more likely to struggle with face-to-face communication. The prevalence of text-based communication can sometimes lead to a lack of awareness when it comes to social cues. There is often a feeling of safety associated with virtual communication for those who struggle with mental health and/or substance use disorders. At the same time, this can foster more sincere and honest discussions with younger people when conversations are held in a virtual meeting space.



Personal Recovery Messaging

Personal Recovery Messaging is the ability to tell our own story. There are many people who work in the recovery field who are peers (or persons in recovery) themselves. Recovery messaging gives us the opportunity to "speak up" and advocate for not only recovery-oriented language but also the field of recovery as a whole.

The value of personal recovery messaging is that others are able to see that it is possible to live a happy, healthy, productive life after being diagnosed with a mental illness or substance use disorder.

It is important to always keep personal recovery stories **personal**, speaking only from one's own experience without exaggerating or diminishing it. The purpose, after all, is to share the message of successful recovery rather than focusing solely on the "mess" of addiction.

When sharing a message of recovery, be sure that you know your audience. Always be sure to speak from your own perspective and tailor the message for each individual.



"It's hard to hate up close."

-Michael Botticelli, Director of Office of National Drug Control Policy



Framing your Message

These are some examples of how to frame your message according to the perspective of each person who benefits by the recovery lifestyle. It is important to be able to share stories of hope to provide an example of how recovery can benefit society as a whole.

Person in Recovery:

"I am a person in long-term recovery" which means...

- I am now enrolled in school, something that I never thought would be possible.
- Long-term recovery has given me hope and stability that I never had before.
- I am able to contribute to my community and create a better life for myself and my family.

Family Member:

"My family and I are in long-term recovery" which means...

- We have become healthier together and enjoy our lives.
- We have entered recovery as a family and have seen how family support contributes to our success.

Ally Message:

"I work with/interact with those who are living in long-term recovery."

- I have seen it bring stability to their lives.
- They can use their experience to empower, educate, and enhance the community we live in.



Overview and Checklist

We need to believe in the community we serve by supporting individuals who are currently coping with SUD. Speak up within your organization and try to make changes so we can effectively help those who need support.

Checklist

Ask before speaking:

- What else am I saying?
- How will others hear this?
- Am I providing a message of hope?

Give thought to:

- How the language is perceived (You may not think the language is stigmatizing, but think of how the language is being used within society and the community)
- Body language (most communication is nonverbal)
 - Use appropriate eye contact
 - Use non-threatening body posture

Perform a language audit:

- Look at mission statements, websites, social media
- Create a search for some of the common stigmatizing words and replace them



"Speak up!"

Consider speaking up and informing colleagues and peers about the benefits of positive, recovery-oriented language.



References

- Pennelle, O. (2019, August 1). Language matters in the recovery movement. *Faces and Voices of Recovery*. Retrieved September 16, 2021, from <https://facesandvoicesofrecovery.org/blog/2019/08/01/language-matters-in-the-recovery-movement/>.
- Education Development Center. (2019, March 28). Words matter: How language choice can reduce stigma. *Words Matter: How Language Choice Can Reduce Stigma | Prevention Solutions*. Retrieved September 16, 2021, from <https://preventionsolutions.edc.org/services/resources/words-matter-how-language-choice-can-reduce-stigma>.
- Pyle, S. (2019, December 5). What the latest research says about recovery, stigma, and the language we use. *CASAT OnDemand*. Retrieved September 16, 2021, from <https://casatondemand.org/2018/09/17/what-the-latest-research-says-about-recovery-stigma-and-the-language-we-use/>.
- White, W. (2007). Language and Recovery Advocacy: Why We Worry About the Words. *Recovery Rising: Quarterly Journal of the Faces and Voices of Recovery*. Winter, pp. 1,3.
- Young People in Recovery,(2021, March 12). Recovery Messaging [PowerPoint slides].National Office of Young People in Recovery. https://docs.google.com/presentation/d/1GUOuZXcgbXN5qW_Nk4t7fLHTOPhye4r/edit#slide=id.p1
- "Substance Use Disorders: A Guide to the Use of Language" Prepared by TASC, Inc. under contract for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS), last rev. 4.12.04
- MHCC. (2018). Recovery Oriented Language Guide. Mental Health Coordinating Council . Retrieved August 15, 2021, from http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf.
- Kelly, J. F. (2004). Toward an addiction-ary: A proposal for more precise terminology. *Alcohol Treatment Quarterly* , 22 (2), 79-87.
- Barry, C. L., Search for more papers by this author, McGinty, E. E., Pescosolido, B. A., Goldman, H. H., Dr. Barry and Dr. McGinty are with the Department of Health Policy and Management, BA, P., Al., E., BG, L., RC, K., WR, W., CE, A.-B., Williams, A. R., McGinty, E., Saloner, B., & Kennedy-Hendricks, A. (2014, October 1). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*. Retrieved September 16, 2021, from <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400140>.
- Van Boekel LC, Brouwers EP, van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug Alcohol Depend*. 2013 Jul 1;131(1-2):23-35. doi: 10.1016/j.drugalcdep.2013.02.018. Epub 2013 Mar 13. PMID: 23490450.
- What does it mean to be an agent of change? *Education Pioneers*. (2019, May 31). Retrieved September 16, 2021, from <https://www.educationpioneers.org/blog/what-does-it-mean-be-agent-change>.
- Principles for effective support - what is a person-centred approach? What is a person-centred approach? - Principles for effective support. (n.d.). Retrieved September 16, 2021, from <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>.

