



## Language Matters!

Everyone, no matter what their role in the organization, can use language that is engaging and non-stigmatizing. Below are examples of person-centered language that can be substituted. Small changes like these support overall policy and treatment initiatives and demonstrate respect and partnership between individuals.

### Instead of saying.....

### Try replacing it with .....

Deficit Based Language	Person-Centered Language
Smoker	Person who uses tobacco
Substance abuser/addict [tobacco]	Person living with [tobacco] use
Case or Patient or Client	Person
Mental Illness or Mentally Ill or Referring to Someone as their Diagnosis	Person with mental health challenges Person living with [schizophrenia]
<b>Other Examples</b>	
Smoking Cessation or “Sensation”	Tobacco treatment/ tobacco recovery
“Quit” in group names, discussions	Healthy living groups/learning about tobacco
Acting out	Responding to stress
Chronic	Long-term
Client believes that	Person states that
Clinical case manager	Recovery coach or guide
Decompensated	Experienced an increase in symptoms
Dysfunctional family	Unstable household
Front-line staff/in the trenches	Direct support staff
Low functioning	Person’s symptoms/addiction interferes with; has difficulty with
Maintaining clinical stability/abstinence	Promoting a life worth living
Manipulative	Seeking alternative methods of meeting needs, resourceful
Refused	Declined, repeatedly said “no”
Resistant/non-compliant	Disagrees with, chooses not to, in early stages of change
Suffering from	Living with/recovering from
Treatment team	Recovery team
Unmotivated	Has not begun, in early stages of change
Unrealistic	Idealistic, high expectation
Weaknesses	Barriers to change or support needs