Goal: Engage human services specialists in a discussion of recovery language and how stigma in language impacts consumers negatively.

- Describe the impact of stigma in mental health and substance use disorders.
- Discuss 3 approaches to support long term recovery using strength based language.
- Contrast current and alternative terminology in addressing recovery in mental health and substance use disorder.

Additional Aims:
- To understand the concepts behind inclusive, empowering language—not to memorize a list of “acceptable words”
- To share with one another our own lived experiences with language, both positive and negative
- To learn how to implement new and dynamic language that honors the unique lived experience of each person
- To ensure the messages we intend to send are the messages that are received
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
STIGMA SELF ASSESSMENT

Throughout the workshop you will be assessing your own stigma attitudes.

This is meant only as an inventory of your own experience with stigma and your own attitudes. The only right answers to these questions are the ones that are true for you.

SUBSTANCE USE DISORDERS

- When you were a child, how did you feel about addiction to alcohol or other drugs - and about people with addictions — and why do you think you felt that way?

MENTAL HEALTH STIGMA

- How long do the majority of people with a mental health problem wait before telling their closest family and friends about it?
  a. 2 months
  b. 7 months
  c. Over a year

Put in the Chat Box
Language has power

“Words can inform our mind, caress and comfort our feelings, excite and thrill our spirit, or warm and kindle the flame of our hearts. They can also slap our face, punch us in the stomach, rattle our nerves, kill our desire, or destroy our self-confidence. Language... can emotionally move and affect us as powerfully as physical actions.

...To give the power of language its rightful place we should teach the power of articulate speech that captures the intensity of our feelings, without using them as weapons, and we should not tolerate the abuse of this power that violates us and our system.”

- “The Power of Language,” Michele Toomey Ph.D.
What factors have most affected your beliefs about addiction and mental health, and your attitudes toward people with these disorders?
What is Addiction?

What is Stigma?

“an attribute that is deeply discrediting” and described the stigmatized individual as “a discredited person facing an unaccepting world” (Goffman, 1963).

Stigma is sometimes described as an imaginary “stain” that we see on a human being.

What is Stigma?

- Negative stereotypes, labels, judgments and prejudice that can lead to discrimination.
  - Stereotypes: Generalized belief; “People with mental illness are violent”
  - Prejudice: Judgment based on that belief; “They’re violent, I’m scared and don’t want anything to do with them”
  - Discrimination: Action based off those judgments and beliefs; “I won’t hire or rent to a person with mental illness because I’m scared of them.”
Types of Stigma

- **Public stigma:** Stigma faced externally from a system, group or individual
  - Public stigma effects many areas of life:
    - Employment
    - Housing
    - Healthcare
    - Education

- **Self-stigma:** internalized public beliefs that effect self-esteem and self-efficacy
  - I’m not worthy, I’m not able
  - “Why try?” Effect
  - Diminished care seeking & treatment engagement; people do not want to be seen as one of “those” people so they aren’t likely to seek mental health services
  - Worse outcomes for recovery

Self Stigma

**SOCIAL FACTORS**
- Economic, cultural and political landscapes
- Society’s expectations, framework & care services
- Community support networks
- Access to treatment
- Levels of stigma and discrimination

**SELF FACTORS**
- Mental or physical illness
- Mental state (e.g. depression, anxiety)
- Living skills and confidence
- Levels of knowledge
- Life experience and life skills
- Self-esteem and self-efficacy
- Identity
- Treatment of discrimination

**CONTEXTUAL FACTORS**
- Chronological and background of an individual’s life
- Type of care provider
- Childhood sexual abuse
- Power dynamics
- Long-term illness
- Societal discrimination
For people with a substance use disorder, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care.

**STIGMA is...**

“A negative belief about a group of people”
- Age
- Race
- Ethnicity
- Gender
- Sexual Orientation
- Disability
- Religion
- Size
- And many more...

Some examples of stigmatizing language around mental health issues...
- Crazy
- Nuts
- Psycho
- Hoarder
- Paranoid
- Committed suicide
- Brain disorder/disease
- Non-compliant
- Manipulative
- Decompensating
- In denial/Lacks insight (anosognosia)
- High/Low-functioning
Some examples of stigmatizing language around substance use disorders issues...

- Drunks
- Druggies
- Junkies
- Pot head
- Pill poppers
- Tweaker

“Those people”

- Alcoholic
- Addict
- Drunk
- Old Wino
- Crack Head
- Junkie
- Needle Freak
- Benzo Queen
- Garbage Head

MENTAL HEALTH STIGMA

Which of these is a common symptom of schizophrenia?

a. Violent behavior
b. Split personality
c. Hallucinations & delusions
"I am a toothache"

- I have a toothache.
- I am experiencing tooth pain.
- I have an abscessed tooth.

UNDERSTANDING THE IMPACT OF SUD STIGMA

- Two main factors affect the burden of stigma placed on a particular disease or disorder:
  - perceived control that a person has over the condition
  - perceived fault in acquiring the condition.
- When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness.
- Hard-to-treat cancers vs. mental health conditions. SUD
- The potential for stigma is greater still when someone is using an illegal substance, which carries the additional perception of criminality.
It’s about trying to see things from the other person’s perspective - and discovering truths about ourselves and our experiences.

PERSON FIRST LANGUAGE

Use People First Language to tell what a person HAS, not what a person IS.

- Emphasize abilities not limitations.
- For example, say “a man walks with crutches,” not “he is crippled.”
- Avoid negative words that imply tragedy, such as
  - afflicted with
  - suffers
  - victim
  - prisoner
  - unfortunate

When talking about mental health ....

Instead of: I am a schizophrenic. How About...?
I have a diagnosis of schizophrenia; for me, that means I have lived experience of hearing voices.

I am a Voice Hearer.

Or

Joseph committed suicide. How about...?
Javier died by suicide. Javier took his own life.

Or

My client is treatment resistant or non-compliant. How About...?
I am working with someone who is not ready for change; has chosen to look into alternative treatments at this time. S/he has decided not to use medications right now.
MENTAL HEALTH STIGMA

- How many people will experience suicidal thoughts throughout their lifetime?
  a. 2%
  b. 17%
  c. 33%

People with a substance use disorder who expect or experience stigma have poorer outcomes. People who experience stigma are less likely to seek out treatment services and access those services. When they do, people who experience stigma are more likely to drop out of care earlier. Both of these factors compound and lead to worse outcomes overall.

Substance use disorder is among the most stigmatized conditions in the US and around the world.

Health care providers treat patients who have substance use disorders differently. Health outcomes for patients with substance use disorders who expect or experience stigma are worse. Treatment of patients with substance use disorders varies widely, especially when health care providers' beliefs that persons with disorders are worthy of less care or help are involved. Stigma leads to less care and worse outcomes when treating patients with substance use disorders.

Treatment Does Not Equal Recovery

Treatment is part of recovery – but it is not equal to recovery.

The goal of treatment is absence of symptoms; the goal of recovery is holistic health.

Recovery is different for each individual, and the social determinants of health need to be addressed before the recovery process can move forward.
Relapse

- In no other chronic medical condition is a return to being symptomatic described a “relapsing”.
- Stigmatizing term
- Carries much emotional baggage
- A more medically accurate term would be “a recurrence” or “a return to use”. A less stigmatizing term would be a “setback”.

“Relapse is part of recovery”

- The resumption of drug use by someone with a history of addiction is part of the disorder, but not part of the process of getting well
- Fails to acknowledge the potential for permanent recovery with no continued episodes of drug use
- Minimizes the pain and potential loss of life involved in the resumption of usage

“Relapse is part of recovery”

- Offers the person seeking recovery an invitation and excuse for continued use
- Is a thin line away from the “once an addict, always an addict” mantra that has fueled decades of addiction-related social stigma
- Lessens programmatic accountability

Relapse is not part of recovery. White (2010)
Clean and Sober

- Have you heard these terms used with someone who is diagnosed with cancer, diabetes, hypertension?
- Laden with moral implications
- Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature
- Alternative – Drug Free or Free from illicit or non-prescribed medications
- Mutual Aid Group usage

In one study of clinicians, those exposed to the term "substance abuser" were more likely to judge the person as deserving of blame and punishment than when the phrase "having a substance use disorder" was used.

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

A patient with diabetes has "an elevated glucose" level. A patient with cardiovascular disease has "a positive exercise tolerance test" result. A clinician within the health care setting addresses the result. An “addict” is not “clean”—he has been “doing” drugs and has a "dirty" urine sample.

despite harmful consequences. Yet, despite evidence of a strong causal link for genetic and environmental control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.

What do you personally believe is the true nature of addiction?

Put in the Chat Box
The social virus is spreading fast......

"Stigma is dangerous for the millions of Americans affected by mental health conditions. It causes people to feel ashamed for something that is out of their control, prevents them from seeking help and even takes lives.

"Although stigma is a virus that anyone can be exposed to, we do have a cure, and that is compassion and understanding.

"We need to talk openly and raise our voices, so we can put an end to the fear and shame, and cure stigma once and for all."

Mary Giliberti, CEO of NAMI

MENTAL HEALTH STIGMA

Which country’s Prime Minister was re-elected in 2001 after publicly taking time off for depression?

- a. Poland
- b. Norway
- c. Mexico

Ten Components of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strength-based
- Peer supported
- Respect
- Responsibility
- Emerges from Hope
The Eight Dimensions of Wellness

- Emotional—Coping effectively with life and creating satisfying relationships
- Environmental—Good health by occupying pleasant, stimulating environments that support well-being
- Financial—Satisfaction with current and future financial situations
- Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
- Occupational—Personal satisfaction and enrichment from one’s work
- Physical—Recognizing the need for physical activity, healthy foods, and sleep
- Social—Developing a sense of connection, belonging, and a well-developed support system
- Spiritual—Expanding a sense of purpose and meaning in life

Language of Recovery

<table>
<thead>
<tr>
<th>Current Terminology</th>
<th>Alternative Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment is the goal</td>
<td>Treatment is an opportunity for personal life recovery (one of multiple pathways into meaningful recovery)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Drug of choice (in diagnosis the CLIENT feels is creating the problem)</td>
</tr>
<tr>
<td>Drug of Choice / Abuse</td>
<td>Drug of choice (in diagnosis the CLIENT feels is creating the problem)</td>
</tr>
<tr>
<td>Detox</td>
<td>Abstinence</td>
</tr>
<tr>
<td>Substance Poisoned</td>
<td>Relapse Reversal</td>
</tr>
<tr>
<td>Pathology Based Assessment</td>
<td>Substance Use Disorder/Abuse Disorder</td>
</tr>
<tr>
<td>Detox is part of treatment</td>
<td>Treatment to the goal of recovery</td>
</tr>
<tr>
<td>Relapse is part of recovery</td>
<td>Treatment to the goal of recovery</td>
</tr>
<tr>
<td>Self Help Group</td>
<td>Support Group</td>
</tr>
<tr>
<td>Self Help Groups</td>
<td>Support Group</td>
</tr>
<tr>
<td>outpatient</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Recurrence/Return to Use</td>
<td>Recurrence/Return to Use as part of the disease</td>
</tr>
</tbody>
</table>
The Most Respectful Way of Referring to People is as People

<table>
<thead>
<tr>
<th>Term</th>
<th>Alternative Reasoning</th>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients / Patients / Consumers</td>
<td>The people in our program</td>
<td>More inclusive, less stigmatizing; shift the focus to the individual</td>
</tr>
<tr>
<td>treats it as addicts</td>
<td>The folks we work with</td>
<td>Put the person first; avoid defining the person by their disease</td>
</tr>
</tbody>
</table>

The terms listed below, along with others, are often people’s ineffective attempts to reclaim some shred of power while being treated in a system that often tries 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.

Matthew is manipulative

- Matthew is trying really hard to get his needs met
- Matthew is bending and stretching to get the help he needs

Kyle is non-compliant

- Kyle is choosing not to
- Kyle is refusing to follow the rules set by the program or facility

Mary is resistant to treatment

- Mary doesn’t see the point
- Mary doesn’t understand the information

Jennifer is in denial

- Jennifer is ambivalent about...
- Jennifer doesn’t understand the consequences of...

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- Jennifer doesn’t understand the consequences of...

What do I do if someone tells me I said something stigmatizing?

1. Take a breath!
2. Apologize (yes, even if you feel defensive— you’re apologizing for the hurt, not your intent).
3. Ask for more information: what you said that was hurtful, why it’s hurtful, and what some alternatives might be.
4. Thank the person for their courage and honesty in coming forward, and for trusting you enough to let you know!
What happens if/when I slip up?

- Catch it
- Check it
- Change it

What can we do?

Individual level
- Affirming attitudes:
  - People with mental illness recover
  - They should determine all their goals and interventions to reach those goals
- Actions and Advocacy:
- Community Supports
  - Easy stuff: CHANGE YOUR WORDS
    - Use first person language
    - Avoid stigmatizing terms and point out other people who use them

Stabilization or Transformation?

It will take more than a change in language to alter society’s perceptions, attitudes, and policies. Nonetheless, it is an essential component to reducing stigma, and hence the obstacles and barriers to treatment that currently exist, and is a way for everyone to contribute.
Health Care Professionals

- The treatment and recovery communities can help recovering people grow by recognizing that they have a disease but are not defined by that disease. Recovery is about becoming a caring husband or wife, a loving father or mother, or perhaps a better son or daughter. Helping people achieve healthy biopsychosocial and spiritual lives and helping them to recognize that they have the capacity to do so is the greatest tool we have to prevent and reduce stigma.

  —Richard Landis, Senior Vice President of Operations, Danya International, Silver Spring, Maryland

The Impact

- Individuals with mental health disorders who are categorized as having emotional disturbances for the purpose of obtaining Individualized Education Plans have the lowest high school graduation rate among all disabilities.

- People with mental health disorders experience staggeringly high rates of unemployment compared to the general population.

- Instead of access to services, we see massive rates of suicide, incarceration, and homelessness.

- According to the Americans with Disabilities Act, restricting the rights of individuals with disabilities from access to “the same opportunities (as others) to participate in the mainstream of American life” is discrimination.

- With discrimination comes prejudice.

  - Prejudice is “an antipathy based on faulty and inflexible generalization - it may be felt or expressed
  - It may be directed towards a group or an individual of that group.
  - We do not talk about the stigma associated with being a part of other groups that are protected against discrimination like sex, religion, or race.
  - We call speech, action, and inaccurate portrayals of these people prejudiced and hateful.

STIGMA DISCRIMINATION PREJUDICE
Thank you!
And remember: Your words can change the world.