

# **Wisconsin Public Psychiatry Network Teleconference (WPPNT)**

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# WPPNT Reminders

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**Wisconsin  
Public  
Psychiatry  
Network  
Teleconference**

# **How We Speak Matters: Undoing Stigmatizing Language**

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Director of Clinical Services  
(Wisconsin & Minnesota)

# Learning Objectives

1

Review the **importance of language** and the words we use towards people we are providing services.

2

Identify some of the common words and language that is **outdated, stigmatizing, and harmful** that continues to be present in the helping industry and understand how it impacts individuals seeking help.

3

Learn **alternative strategies** for speaking to, talking about, documenting, and other ways we use language to engage with individuals and provide them with a safe space for healing.

# Disclaimer

- I personally do not use a lot of the words that will be mentioned in this presentation.
- I professionally limit using some of the words (i.e., “relapse”) as often as possible.
- To learn and implement new language we must undo the stigmatizing language that is prevalent in our industry. In doing so we must talk about it.
- This may be uncomfortable for several, understandable reasons. Many of us have come to see the terms as “part of” the work we do and has been embedded in numerous ways.



“Stick and bones may break my bones;  
but **words shall never hurt me.**”

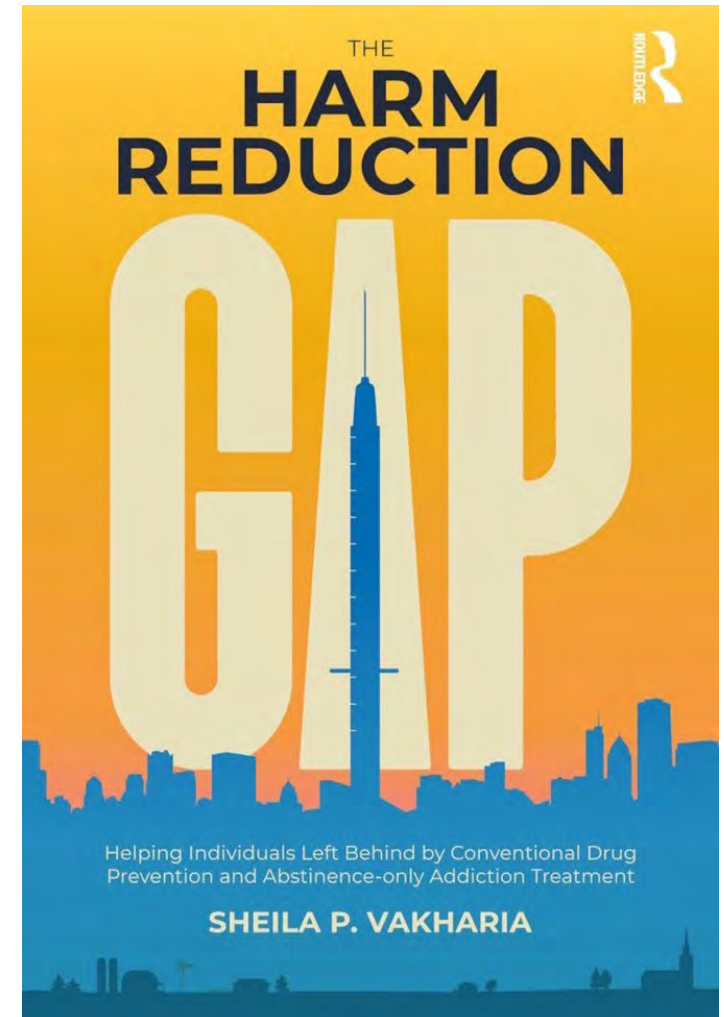
# The **Importance** of Language

- Language is important because it is the primary tool for **communication**.
- It allows us to **express our** thoughts, feelings, and ideas to others as well as **understand** the thoughts, feelings, and ideas of **others**.
- Language also enables us to **learn** from one another, **share** knowledge and information, and **build** relationships.
- Plays a crucial role in **education, business, and social** interactions.
- Language **empowers** individuals by providing them with the ability to advocate for themselves, express their rights, and engage in civic participation.
- Shapes individual and collective identities and is a key aspect of **cultural identity**.

How does  
language  
**impact** the  
people we  
serve?

# “A **Note** on Language”

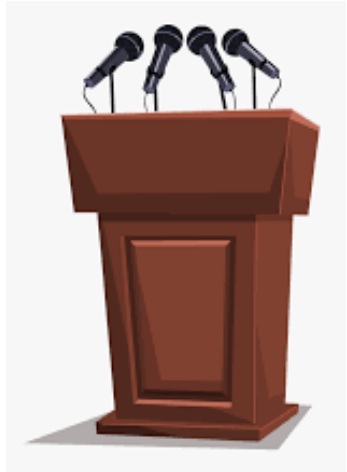
- Words **matter**. How we use them can reveal our values, priorities, and perspectives.
- Language is so **powerful** that it can change how we view ourselves and others.
- It can shift our **understanding** of current circumstances and possible solutions.
- Words have **weight** and carry their own connotations, so they can also mean different things to different people.



- Individuals will use language when seeking services, asking for resources, and responding to, “What can we do for you today?”
- Our first interaction with an individual already introduces them to the language we use.
- How we talk to people will be their first experience with us before receiving any kind of treatment services.
- Those first initial moments can be the difference between an experience of being:
  - Seen vs. Unseen.
  - Heard vs. Unheard
  - Humane vs. Inhumane

“You never get a second chance to make a great first impression.”

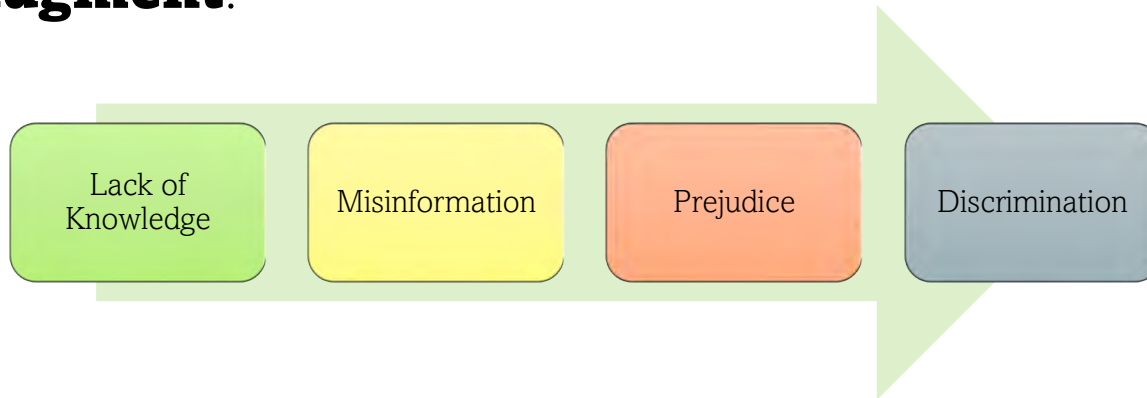
# How Language **Shows**



How we talk about people will be heard by members of the community when **presenting** or doing **outreach**. The language we use will be reflected in **policies** and **procedures**. How we refer to individuals will be read in **documentation** and **charts**. The way we treat them will be shared among colleagues during **staffings** and **team meetings**. Language is reflected in the **names** of agencies and organizations.

# What is **stigmatizing** language?

- Stigma is a **negative association** with circumstance or trait that can result in **discrimination** against a person for a certain characteristic(s).
- Stigma can also be described as **internal** feelings of **shame** or **judgement** from others.
- Stigmatizing language includes words or phrases with **negative labels** that assign **judgment**.



# What **language** are we talking about?



# Language Related to **Substance Use**

- Language can reflect subconscious biases and it can help or harm people with stigmatizing conditions (such as substance use disorder).
- This language can perpetuate isolation and misunderstanding between people with substance use disorders and the community in general.
- Terms such as “junkie”, “addict”, “drunk”, and “user” imply an individual is the causes of their own illness and can lead to less empathetic responses.
- Stigmatizing language can carry weight that people with substance use disorders are selfish, lazy, served no purpose, criminal, and dirty.

“The words become **grenades** – strategically spoken at times in order to do the most **damage**.”

**Marissa Angerer**

Shatterproof  
Ambassador

# How We Talk About **Mental Health**

- Many generations have grown up in a society where language such as “crazy”, “psycho”, “loony”, “nutty”, “mentally ill” were acceptable words to describe an individual with mental health.
- Stigmatizing language is one of the many barriers to seeking treatment for mental health.
- An individual’s mental health is only one aspect of who they are, as their mental health does not define them, and using stigmatizing language to describe the person can be harmful.
- General public often views living with a mental health disorder as a character flaw (lazy, does not try hard enough, looking for attention, or even dangerous).

“”What mental health needs  
is more sunlight, more  
candor, and more  
unashamed conversations.”

Glenn Close

# Phrases Related to Mental Health

## Obsessive Compulsive Disorder

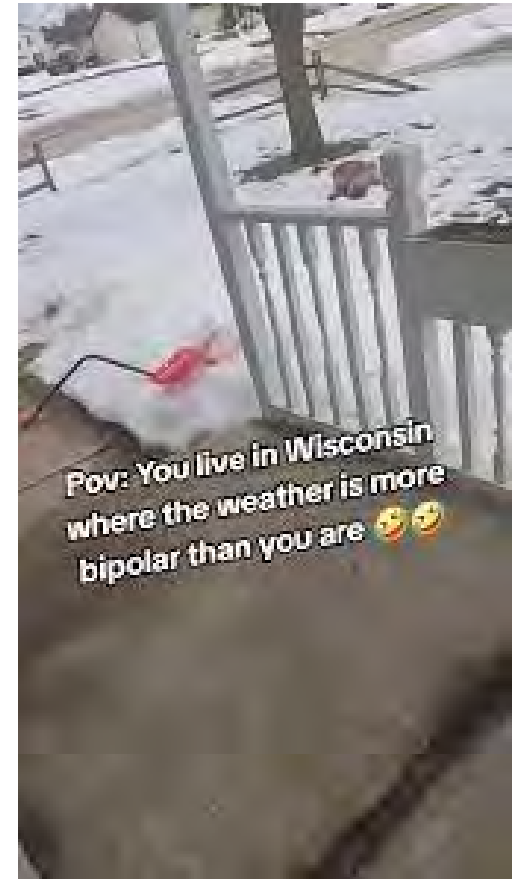
- Describing someone who is organized as “OCD” – being clean, tidy, and particular.

## Schizophrenia

- Using problematic words like ‘psycho’ to describe a person we dislike or to describe a person’s reaction.

## Suicide or Suicidal

- Saying, “Ugh, I’m going to kill myself” when frustrated, embarrassed, or when something is going wrong.



# Words About **Gambling**

- “Pathological”, “Compulsive”, “Irresponsible Gambler”, “Problem Gambler”, “Gambling Addict”:
  - Systematic literature review which covered **72 articles** and reports, public stigmas covers the prejudice and discrimination endorsed by the general population that may affect an individual with gambling disorder.
  - Generally, attracts substantial negative stereotypes, social distancing, emotional reactions, status loss, and discrimination.
  - Gambling disorder has been found to be **more stigmatized** than depression and obsessive-compulsive disorder.
  - Respondents reported greater desire for **social distance**, more **negative** stereotypes, and greater beliefs about **devaluation** and **discrimination** for individuals with gambling problems.
  - Commonly endorsed stereotypes of people with gambling problems include that they are **irresponsible** and **greedy**.

## **Phrases:**

“I bet...”

“The hand you’ve been dealt.”

“That’s how the cards fall sometimes.”

“It’s a roll of the dice.”

A person with a gambling disorder (according to respondents of the study) may be perceived as an **idiot**, an **immature** and **reckless** individual, as someone who wants to **easily** earn some extra money or have too much money, someone who is a **liar** and characterized by their **weak** willpower.

# Evolving from **Violent Language**

What  
**populations**  
might we want to  
consider for  
violent language?



Domestic  
Violence

Trauma

Veterans

First  
Responders

Natural  
Disasters

# Humanizing & Respectful Language in Criminal Justice

- Many individuals who have been incarcerated; have accepted and reproduced the “official” jargon of the criminal justice system.
- Designed to desensitize, terms such as “felon,” “convict,” “offender” and “criminal” replace names and other descriptions, such as “woman,” “daughter,” “father,” “child” or “person.”
- These labels compound punishment and ultimately harm by reducing people to their worst moments, fueling stigma and



What do we call them now?



# How **often** do we come across stigmatizing language?





How does  
language  
cause this kind  
of **damage**?

## Attempting to Gain Community Support for **Substance Use Treatment**

“With overdose data that has been collected and the current lack of providers in the area we want to make access to treatment for those who are **drug addicts** to get the help they need.”

“With overdose data that has been collected and the current lack of providers in the area we want to make access to treatment for those who are **lazy and dangerous** to get the help they need.”

## Advocating for **Funds**

“Asking for dedicated funding for helping **pathological gamblers** and prevention programs on the state and national level. Hoping for federal recognition of problem gambling as an **addiction** eligible for resources and treatment.”

When considering the **impact** of stigmatizing language, this may sound like...

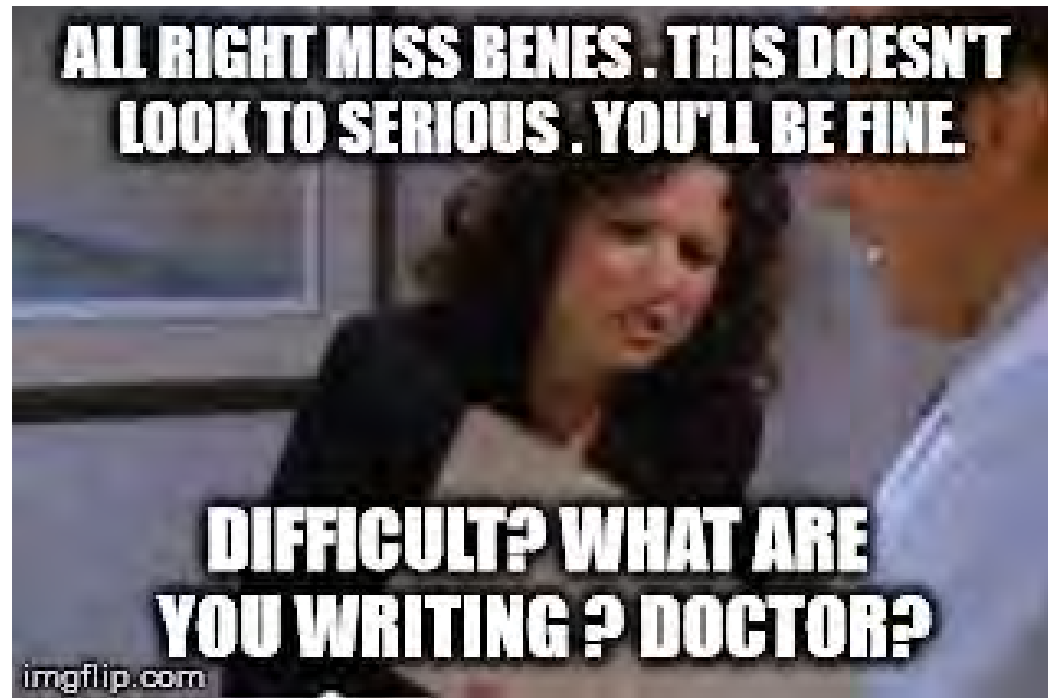
“Asking for dedicated funding for helping **people who are greedy and want to easily earn money** and prevention programs on the state and national level. Hoping for federal recognition of problem gambling as an addiction characterized by their **weak willpower.**”

# Requesting Mental Health **Services**

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices. We need more services for those who are **mentally ill**.”

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices. We need more services for those who **don’t try hard enough** and are **looking for attention.**”

What we say matters; but what about what we **write** (document)?



# The Impact of **Documented** Language

- Randomized controlled trial among mental health professionals.
  - One person was referred to as a **“substance abuser.”**
  - The other person was referred to as **“having a substance use disorder.”**
  - Person identified as substance abuser:
    - More personally culpable.
    - Punitive measures should be taken against them.
- In a qualitative study published in JAMA Network Open, Beach and her colleagues analyzed physician notes describing 600 patient encounters at an urban academic medical center.
  - Five themes representing negative language used by physicians: credibility, stereotyping, difficult patient, disapproval, unilateral decisions.

The **majority of patients** with substance-related diagnoses had **at least one note containing stigmatizing language.**

The Incidence and Disparities in Use of Stigmatizing Language in Clinical Notes for Patients With Substance Use Disorder, Journal of Addiction Medicine, July/August 2023, Vol. 17, Issue 4



Research has found that  
**stigmatizing language appears  
in almost 20%  
of clinical notes.**  
**About 90% of the time  
the most prevalent terms were  
"abuse" and "substance abuse."**

The Incidence and Disparities in Use of Stigmatizing Language in Clinical Notes for Patients With Substance Use Disorder, Journal of Addiction Medicine, July/August 2023, Vol. 17, Issue 4



“Sticks and stones may break my bones, but words can also **hurt** me. Stones and sticks break only skin, while words are **ghosts that haunt** me. Slant and curved the word-swords fall, it pierces and sticks **inside** me. Bats and bricks may ache through bones, but words can **mortify** me. Pain from words has left its' scar, on mind and heart that's tender. Cuts and bruises have not healed, it's words that I **remember**.”

— **Ruby Redfort**

Why isn't **positive attention** enough to overcome stigmatizing language?



# “People Differ Widely in Their Understanding of Even a Simple Concept Such as the Word Penguin.”

- The Merriam-Webster dictionary defines the word “**penguin**” as “any of various erect short-legged flightless aquatic birds (family Spheniscidae) of the southern hemisphere.”
- That description seems simple enough, but definitions are not what people have in mind when they actually use words.
- **Concepts people hold, even for a word like penguin, vary from person to person on a shockingly frequent basis.** This does not mean we all disagree on the basic definition of a penguin. But while some people might think they are noisy, plump creatures, more like a whale than an eagle, others might consider them to be awkward, strange animals, more like an ostrich than a dolphin.
- To make matters worse, the researchers found that people are **usually oblivious to these differences** and believe that **most other people think like they do even when almost nobody does.**

We think about what a penguin is like in dozens of different ways—one reason why we often **talk past** each other.

# What if the **individual(s)** uses that language?

- If someone uses stigmatizing language themselves;
  - Explore the **origins** of the language.
    - “Where did you hear or learn about that word?”
  - What **impact** does the language have?
    - “When you say that word or use that language, what happens?”
    - “What is that like for you to hear that word?”
- People have the choice to how they refer to themselves; as helping professionals we should respect but not necessarily emulate.
- Ultimately, we want to hold ourselves professional accountable to the language we use while educating others about its impact (individuals, family members, communities, etc.).

# What if a helping professional in recovery identifies with that language?

Counselors

Peer  
Support

Recovery  
Coaches

Client  
Navigators

- Accept how that individual chooses to identify themselves.
- Do not apply that identity to people you are helping.
- Self-Disclosure: “I have type one diabetes” and “I am a type one diabetic.”
  - What’s the difference?

# Why are some people **resistant** to change their language? **reluctant**

Constantly reiterated in  
medica, textbooks,  
books, podcast, etc.

Part of identity

Names of organizations  
and part of  
policies/procedures

Actives uncomfortable  
feelings of  
using/having used  
stigmatizing language

Ownership of using  
stigmatizing language

Requires vulnerability

Lost connection with  
culture and  
communities

How do we **undo** language?



# What is **person-centered** language?

- Person-first language emphasizes the person rather than their diagnosis, which helps remove stigma.
- Person-first language reframes the situation by removing stigmatizing language and not labeling an individual only by their condition.
- A simple approach to using words that are appropriate and respectful.
- Focuses on people's abilities instead of their limitations.
- By using non-stigmatizing language, we reduce the continuation of stigma and negative bias.
- Eliminating stigmatizing language can build rapport and create a non-judgmental environment for safe and positive interactions.

“This isn’t about being politically correct, it’s not about being nice or polite. Our language really colors **how we think about people**, and colors **policy**.”

Michael Botticelli

# Addressing Countertransference

- It is quite likely that helping professionals will have had encounters with people who use substances, gamble, have mental health diagnosis, etc.
- A related kind of countertransference can take place with a practitioner who has successfully overcome their own experiences.
- Ambivalence towards substance use, mental health, gambling, etc. as a disease/disorder to be healed or as a crime to be punished can lead to punitive and stigmatizing views.
- These experiences may include the use of some stigmatizing language.

“Unexamined, countertransference can **derail** treatment by interfering with the professional’s ability to effectively help.”

# Interventions

## Contact

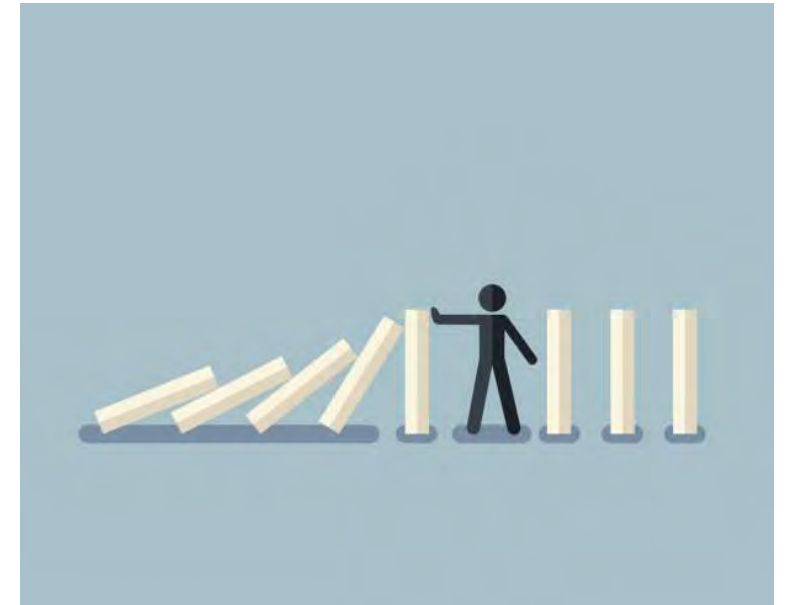
- Creating opportunities to interact with individuals with the stigmatized condition.

## Education

- Presenting information to counteract stereotypes and correct misunderstandings of the stigmatized condition.

## Advocacy

- Emphasize societal causes of stigmatized conditions and shift focus from the individual to society.



# Word Replacements – **Substance Use**

Instead of	Say This
Junkie, Addict, Drunk, User, Abuser	Person with a substance use disorder (SUD)
Addicted to...	Has a substance use disorder (SUD)
Alcoholic, Drunk	Person with alcohol use disorder (AUD)
Clean	Substance-Free
Clean (toxicology)	Testing negative for substance use.
Dirty	Person who tests positive for substance use.
Dity (toxicology)	Testing positive for substance use.
Ex-addict/former addict	Person in recovery or person in long-term recovery
Drug Addicted Infant Addicted Baby Born Addicted	Baby with neonatal opioid withdrawal/neonatal abstinence syndrome; Newborn exposed to substances.
Relapse, Lapse, Slip	Returned to substance use Resume or experienced a reoccurrence Episode

“Language has an impact – it influences the way people feel, the way they think, the decisions they’re likely to make. We’re just asking people to modify the type of language they use so that we can set people up in our systems for **success**.”

Robert Ashford

# Word Replacements – **Mental Health**

“If thought corrupts language, language can also corrupt thought.”

George Orwell

Instead of	Say This
Successful suicide	Died by suicide
Unsuccessful suicide	Suicide attempt
Unsuccessfully attempted suicide	Attempted suicide
Trauma victim	Trauma survivor
That person is crazy	Person seems to be distressed Person seems to be experiencing mental health challenges
That is nuts	That is interesting
Insane/disturbed	Individual with a mental health disorder/diagnosis.
Mental illness	Person living with a mental health challenge or person with a mental health disorder/diagnosis.

# Word Replacements – **Gambling**

Instead of	Say This
Problem Gambling Pathological Gambling Gambling Addiction Gambling Addict Irresponsible Gambler Compulsive Gambler Personality Gamblers Relief and Escape Gamblers Actions Gamblers	Person with gambling disorder. Person experiencing problems with gambling. Problematic gambling.
I bet...	I imagine... I think the likelihood...
The hand you are dealt.	The experiences you are having.
Let's just roll the dice.	Let's put ourselves out there.



# Word Replacements - **Violent Language**

Instead of	Say This
We're going to pull the trigger.	We're going to <b>proceed</b> .
I'll take a <b>stab</b> at it.	I'll take the <b>first pass</b> at.
Did we jump the <b>gun</b> ?	Did we <b>start too soon</b> ?
It'll bite the <b>bullet</b> .	I won't <b>avoid</b> it any longer.
That'll <b>kill</b> two birds with one stone.	That'll <b>feed</b> two birds with one scone.
What's the <b>deadline</b> ?	What's the <b>due date</b> ?
We must pick our <b>battles</b> .	We must choose our <b>opportunities</b> .
Can you <b>shoot</b> me an e-mail?	Can you <b>send</b> me an e-mail?
That was <b>overkill</b> .	That was a <b>bit excessive</b> .
I <b>bombed</b> the presentation.	I didn't <b>do my best</b> .

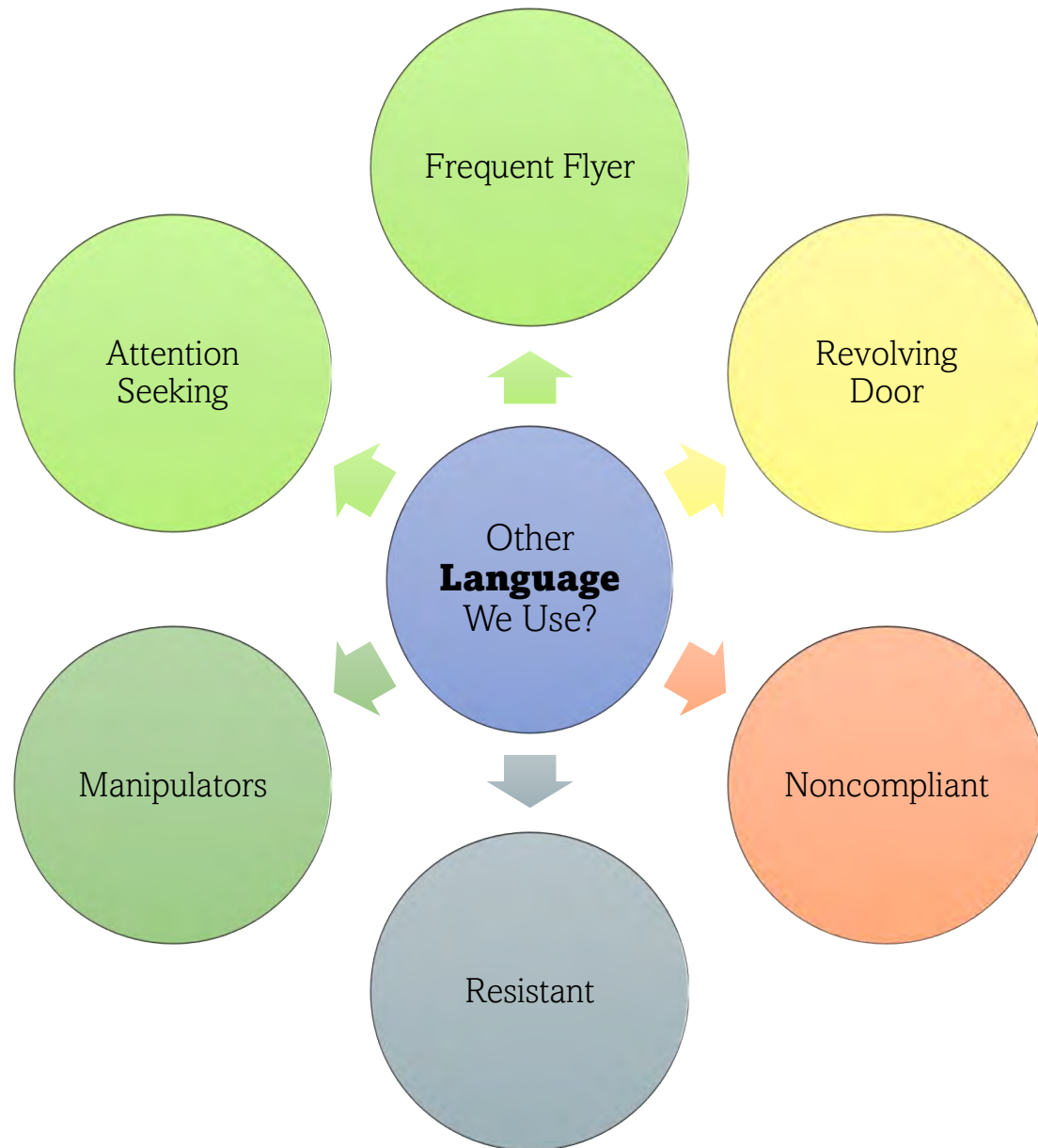
Instead of	Say This
Let's just roll with the punches.	Let's just move <b>forward</b> .
We can <b>soften</b> the blow by...	We can make it a <b>little easier</b> by...
I'm going to take a <b>shot in the dark</b> .	I'm going to take a <b>guess</b> .
Let's not <b>beat</b> a dead horse.	Let's not <b>focus on that</b> anymore.
I was <b>blown</b> away by the presentation	I was <b>impressed</b> by the presentation.
I was <b>kicking</b> around an idea.	I was <b>thinking through</b> an idea.
He's a <b>straight shooter</b> in meetings.	He's <b>pretty direct</b> in meetings.

# Word Replacements – **Criminal Justice**

<b>Instead of</b>	<b>Say This (people/person)</b>
Felons	Convicted of felonies
Criminals, Convicts	Convicted of crimes.
Offenders or Perpetrators	Who have committed offenses.
Defendants	Accused of a crime.
“Worst of the worst”/Violent Offenders	Who have committed serious offenses.
Nonviolent Offenders	Who have committed less serious offenses.
Ex-Cons	Who have been incarcerated.
Parolees	On parole.
Sex Offenders	Convicted of a sex crime.
Juveniles	Children, young people.
Inmate	Who are incarcerated.

“Calling me inmate, convict, prisoner, felon or offender indicates a lack of understanding of who I am, but more importantly what I can be.”

Eddie Ellis, a formerly incarcerated advocate and founder of the Center for NuLeadership on Urban Solutions



Maybe your client isn't  
"non-compliant." Maybe:

they're not feeling safe with you  
they're not feeling safe in general  
you're not hearing their concerns  
the modality you're using is more harmful  
than helpful  
there's no flexibility to your approach  
you haven't earned your client's trust  
you're addressing the wrong thing  
you're re-enacting oppression  
you're not the best fit for them

@INTERSECTIONALRECOVERY

- “I know it is common to refer to individuals as an addict, but a person-first centered approach would be **person with a (substance, gambling) use disorder**.”
- “Historically, we may refer to this individual as noncompliant or resistant, but it is better to say **nonadherent** or **reluctant**.”
- “Instead of saying crazy it is more humane to say **experiencing issues with mental health**.”
- “This research identifies the term pathological gambler, which for this purpose, was how the individuals were identified. We would identify them today as a **person diagnosed with gambling use disorder**.”
- “I still catch myself saying relapse and am working towards saying **return use**.”
- “All urine is dirty; when it comes to drug screens we refer to it as **positive** or **negative**.”



“If you are not comfortable saying it to the person you are helping, we should not feel comfortable saying it amongst each other.”

# **Retiring** Stigmatizing Language

- Example: Relapse
- Removing the word “relapse” does not interfere with the ability to help someone prevent a return to use.
- Alternative Languages:
  - relapse = **recurrence of a use disorder**
  - one time or short-term period of use = **episode**
  - **return to substance use/gambling**
- Instead of *Relapse Prevention Plan* use “**Prevention Planning**” or “**Harm Reduction Planning.**”
- Instead of *Relapse Prevention Group* use “**Prevention Group**” or “**Recovery Management.**”

# Handouts & Resources

#engaged

## HOLIDAYS AND RECOVERY

During the holidays, there are many potential triggers and situations that can be problematic either due to the nature of them (holiday parties) or changes from past traditions that give rise to feelings of loss or sadness. As we prepare for these events and possible changes, there are a few things to consider, and while we are looking specifically at the Holidays, these considerations apply to any type of event throughout the year.



**BE PREPARED**

ATTENDING PARTIES AND HOLIDAY EVENTS AS A NON-DRINKER/DRUG USER

- ✓ Avoid vulnerable situations.
- ✓ Recognize the emotional complexities of the season.
- ✓ Have a support system lined up.
- ✓ Take care of yourself.
- ✓ Create new traditions with family and friends.

Refer to the handout: [Holidays and Recovery Worksheet](#)

**THINGS TO ASK:**


- What is the event all about?
- Is it appropriate for my stage of recovery?
- What are my motives for attending?
- Who will be at the party? Is there anyone there who will try to compromise my sobriety? Who can go with me that supports my sobriety?
- What will I say when someone offers me a drink/drugs?
- What are possible [relapse triggers](#)? What is my escape plan if I feel a craving or urge come on?

**THINGS TO DO:**

- Take a sober friend with you, if possible
- Have an exit strategy if you get too uncomfortable (e.g., take emergency or prior engagement)
- Figure out transportation/rides/somewhere to stay if needing to leave early
- Remind yourself of the actual purpose of the gathering
- Remind yourself why you do not want to use substances
- If you decide not to go, develop a plan of something to do instead to avoid depression/isolating


Connecting Recovery | Healing Communities

Replaced “relapse” to return to use from Weekly Topics.



## Community Medical Services

CONNECTING RECOVERY | HEALING COMMUNITIES



### Wisconsin Client Handbook

*Hours of Operation:*

**Fond Du Lac:** Monday – Friday 5:00 am – 1:00 pm, Saturday and Sunday 6:00 am – 10:00 am  
**Madison on Broadway:** Monday – Sunday 7:00 am – 6:00 pm  
**Pewaukee:** Monday – Friday 5:00 am – 12:00 pm, Saturday and Sunday 6:00 am – 10:00 am  
**South Milwaukee:** Monday – Friday 5:00 am – 12:00 pm, Saturday and Sunday 6:00 am – 10:00 am  
**West Allis:** Monday – Sunday 4:00 am – 6:00 pm

Phone calls received after hours are redirected to a 24-hour service number.

Replaced references to relapse with return to use.  
Replaced refusal (in reference to UDS) to decline.



# Removing Language from **Documentation**



- Clinical Documentation
- Supervision Notes
- Staffing Forms
- Charts

Instead Of...	Use This...
Processed with patient <b>relapse</b> on substance use/gambling.	Processed with patient recent <b>episode</b> of gambling. Processed recent return to substance use.
Individual is <b>noncompliant</b> with required services.	Individual is <b>reluctant</b> to engage in recommended services.

Language Matters:  
Using Non-Stigmatizing, Inclusive, and Person-First Language

THESE HURT 	THESE HELP 
<b>Substance Use</b>	
substance abuse	substance use/misuse
alcoholic	person with alcohol use disorder
addict/junkies/druggies/users	person with a substance use disorder
battling/suffering from an addiction	person living with a substance use disorder
former addict	person in recovery
stayed clean	maintained recovery
dirty/clean drug screen	positive/negative urine drug test
relapse	return to use/recurrence
non-compliant/bombed out	chooses not to at this point
needle exchange	syringe services
addicted mom/dad	caregiver with a substance use disorder
addicted baby	baby with prenatal exposure to substances/ baby experiencing neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS)
medication is a crutch	medication is a treatment tool
<b>Incarceration</b>	
prisoner/inmate/detainee/offender	person who is incarcerated/person who is in contact with, involved in, or interacting with the criminal legal system
convict/felon/criminal/thug	person with convictions
<b>Mental Health</b>	
crazy/insane/psycho/mentally ill/ emotionally disturbed	person with a mental illness/person with a mental health condition

Adapted and updated 3/28/22 from National Council for Behavioral Health. Toolkit for the Surgeon General's Report on Addiction, <https://www.thenationalcouncil.org/surgeon-general-toolkit/language-matters/>

Terms that may be okay to use with some populations	Terms that are inclusive to a variety of populations and experiences
<b>Pregnancy and Parenting</b>	
pregnant women/mother	pregnant person/birthing people/parent
breastfeeding	chest feeding, body feeding
mothering/fathering	parenting/caregiving
husband/wife	partner/spouse
fetal death, fetal demise	pregnancy loss

Adapted and updated 6/13/23 from National Institutes of Health: Inclusive and Gender-Neutral Language, <https://www.nih.gov.nih-style-guide/inclusive-gender-neutral-language/>; and World Health Organization, Newsroom Spotlight, Why we need to talk about losing a baby, <https://www.who.int/news-room/spotlight/why-we-need-to-talk-about-losing-a-baby>



HOPE  
CONSORTIUM

Supporting  
Treatment & Recovery  
in Northern and Central Wisconsin

# Speaking Engagements

Conference Brochures & Websites

Submission & Proposal Guidelines

Power Points & Handouts

Keynote & Breakout Surveys

## IGCCB Provider **Training Guidelines**

- The use of person first/nonstigmatizing language
- Potentially triggering gambling/gaming images should not be used without specific educational purpose
- Current diagnostic terminology should be used, ie., gambling disorder rather than pathological gambling, unless there is a specific reason such as quoting a source that uses pathological gambling.

# Media Representation & Portrayal

- People are not a spectacle, a pet project, a scoop, or an advertisement. They are **PEOPLE**.
- Recording moments of consumption, congregation, intoxication, withdrawal, shame, etc. for the sake of “raising awareness” or “documenting the crisis” (while legally valid), are morally bankrupt.
- Peoples’ lives become weaponized against them.
- Stories need to be heard; but they need to be heard on the person’s terms and deserve media integrity.

# Visuals (Signs, Advertisements & Images)



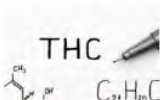









NIDAMED

Words Matter - Terms to Use and Avoid When Talking About Addiction

A study participant shared: "I love the hand holding, because I think it communicates if you're talking about patient services treatment it communicates what we actually do to help people get to where they need to be is that's very embracing."

- Treatment and patient imagery with distressed or unhappy individuals considered **stigmatizing**.
- Treatment and patient imagery depicting wellness, health, and vitality considered **non-stigmatizing**.

Table 2 Imagery-induced stigma by setting

Category	Non-Stigmatizing Imagery	Stigmatizing Imagery
Treatment/Patients		
Types of SUD		
Law Enforcement		
Courts		
Jail/Prison		
Reentry		

Adaptation of Table 2 (Hulseley et al., 2023)

# Additional Resources for Changing Language

- Addiction Language Guide (Shatterproof):  
<https://www.shatterproof.org/sites/default/files/2023-02/Stigma-AddictionLanguageGuide-v3.pdf>
- Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain:  
<https://www.gambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>
- Language Matters in Mental Health: <https://hogg.utexas.edu/wp-content/uploads/2022/03/Language-Matters-FINAL.pdf>
- What Words We Use – and Avoid – When Covering People and Incarceration:  
<https://www.themarshallproject.org/2021/04/12/what-words-we-use-and-avoid-when-covering-people-and-incarceration>
- “Words Matter” when it comes to substance use – do images matter too? <https://www.recoveryanswers.org/research-post/words-matter-substance-use-do-images-matter/>

# Undoing Stigmatizing Language

Let **people choose** how they are described.

If you are not sure what words to use, **just ask!**

Avoid using language that **defines** someone by their condition.

Avoid language that makes **judgments**.

**Describe** without downplaying or becoming overly graphic.

Use **updated, accurate** terminology.

How much of an **impact** does language have on someone's journey?

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

- *Maya Angelou*

Know all the theories, master all the techniques, but as you touch a human soul be just another human soul.

CARL JUNG



# Close with a **Purpose**



The **impact** words and language has on the people you serve.



Ways to **reduce** or **minimize** the harm caused by stigmatizing language.



Identify areas to **eliminate** and **replace** stigmatizing words with person-centered language.



## Contact

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