Mental Health America
Allegheny County

A Guide to the Use of Recovery-Oriented Language

In Service Planning, Documentation, and Correspondence

Recovery is an ongoing process through which individuals improve their health and wellness and live satisfying self-directed lives. Recovery often begins as a person collaborates with their natural supports and their providers to overcome stigma and identify their own unique strengths, preferences, and support needs.

Supporting recovery requires recognizing that the power dynamics of traditional service planning privilege the viewpoints and decision making frameworks of professionals over the individuals served. In order to mitigate this inequality and begin to alleviate the stigma of mental illness, recovery planning utilizes a client-participatory and client-directed approach.

Documents that are produced during the recovery process can be important communication tools. Using recovery-oriented language can promote honest and respectful communication which builds trust, facilitates successful therapeutic relationships, and encourages partnerships between individuals who use services and individuals who provide them. Written language may also have long-term implications for clients as documents may influence the impressions and treatment recommendations of future providers and may impact access to housing and services.

Therefore, careful attention should be paid to the way that documents are written and the language that is used. While recovery-oriented language is fluid and subject to continued improvement, it is important to ensure that the language chosen accurately reflects the client's voice, supports recovery, and does not overly privilege the viewpoint of professionals. Documents should impart a sense that the individuals described are equals in the decision-making process. Language that excludes, stigmatizes, marginalizes, diminishes, patronizes or lowers the status of any individual or group should not be used.

**"I can talk, but I may not be heard. I can make suggestions, but they may not be taken seriously.
I can voice my thoughts, but they may be seen as delusions.
I can recite experiences, but they may be interpreted as fantasies.
To be a patient or even an ex-client is to be discounted."**
Esso Leete
(Ridgway, 1988)

"The difference between the right word and the almost right word is the difference between lightning and the lightning bug."
Mark Twain

"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

Language that is commonly used within the mental health system can often be improved. The following are examples of simple, practical ways to reframe the conversation in recovery-oriented ways.

Rather than these words:	Use words that promote recovery:
Refused	Declined / Repeatedly said no
Resisted	Chose not to / Disagreed with the suggestion
Client believes that…	Client stated that…
Delusional	Experiencing delusional thoughts
Paranoid	Experiencing paranoid symptoms
Decompensate	Experiencing an increase in symptoms
Manipulative	Seeking alternative methods of meeting needs
Noncompliant	Not in agreement with the treatment plan Difficulty following treatment recommendations
Unmotivated	Bored / Has not begun
Suffering from…	Has a history of…
Low functioning	Has difficulty with…

Guidelines for the Use of Written Language that Supports Recovery

1. Is the document strengths-based rather than deficit-based? A strength-based perspective examines "what works" and "how to do more of what works" rather than focusing primarily on identifying and eliminating problems. For example, "Mr. Jones stated that he has been able to remain safe for the past two weeks by visiting with his family more often, taking daily walks to relieve stress, and talking regularly with a close friend," rather than "Mr. Jones is compliant with treatment and has not self-harmed in two weeks."
2. Does the document include jargon? Documents should reflect language that is understood and chosen by the client. For example, use "32 year old man" rather than "32yoM." This ensures that clients will be able to read and understand the document.
3. Does the document include accurate descriptions of what occurred, avoiding interpretations or assumptions about motives, beliefs, or diagnoses which could inaccurately bias future residential or service providers? For example, "Mr. Jones stated he did not attend his doctor's appointment on Friday because he had been up all night," rather than "Mr. Jones refused medical treatment," or "Mr. Jones' paranoia prevents him from accepting medical treatment."
4. Does the document attribute each statement that is included to the individual who made the statement? For example, "Dr. Smith stated that Mr. Jones did not take his medication for two days last week," rather than "It was reported that Mr. Jones has not been taking his medications recently." This helps to ensure that the document is a clear representation of the conversations between providers and clients.
5. Does the document include the client's stated perspective? This could include information about what is important to them, the reasons why a particular choice was made, the quality of services being provided, and the client's agreement or disagreement with treatment recommendations, discharge plans, housing referrals etc. Documenting the client's perspectives may encourage client-directed service planning and will ensure that what is communicated to future providers reflects the client's views.
6. When differing viewpoints have been expressed, are both recorded in the document? For example, "The therapist reports that she visits Mr. Jones twice per week. Residential staff reports that they do not have a record of these visits. Mr. Jones stated that he has not seen the therapist in two weeks." The inclusion of different views helps to ensure that one viewpoint is not privileged over another.
7. When a person's history is discussed, does the document also include the context and the period of time in which a behavior or interaction occurred? This will allow the reader to more accurately understand what occurred.
8. Is the document sensitive to and respectful of the language, thoughts, customs, beliefs, and values of the client's racial, ethnic, religious, or social group? One way to show respect is to recognize that culture influences how people describe their experiences and to document, for example, that the client "stated that God speaks to her" and note that this may be commonly accepted language in the client's culture rather than recording that the client "hears voices."
9. Does the document include information related to client-identified goals, such as "Mr. Jones stated that he would like assistance in returning to school," or "Mr. Jones stated that he plans to rent an apartment and find a job"? Self-determination is one of the fundamental components of recovery.
10. Does the document include what the client stated will assist them in their recovery? Clients have essential information about what has helped and will help them in their recovery.
11. Does the document emphasize pathways to recovery rather than focus on deficits? For example, by noting that a treatment is recommended to "decrease anxiety" rather than "due to high levels of anxiety," which shifts the focus from a problem to a solution.
12. Has the client been given an opportunity to read, respond to, and revise the document? This gives the client access to the same information that providers have and allows the client to exercise control over the processes that impact his or her life.

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