

CenterPointe's Language Guide

"Think twice before you speak, because your words and influence will plant the seed of either success or failure in the mind of another" – Napoleon Hill

Our l	language:
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Should focus on the strengths, assets, and abilities NOT diagnoses, deficits, and labels.
Should reflect our respect and unconditional positive regard NOT our judgments and opinions.
Should be clear, understandable, and free of jargon NOT difficult to understand for individuals in service.
Should be based upon evidence-based best practices NOT confusing data, speculation, and assumptions.
Should focus on a sense of commitment, hope, and opportunity.

GENERAL L	ANGUA	GE EXPECTATIONS:	
Others May:		At CenterPointe, We:	
Use general terms like: Patient, Client, or Consumer		Refer to people as People, or Individuals	
These connotate a disconnected, business relationship.		These terms are used to recognize humanity in everyone we serve.	
Focus on the use of labels and diagnoses.		Put the person first and focus on their struggle.	
"They are mentally ill"		"They are a person struggling with mental health issues."	
"They are an alcoholic (or addict, schizophrenic, etc.)."		"They are a person diagnosed with a substance use disorder."	
Generalize the symptoms to the individual.		Recognize the specific symptoms that individuals experience.	
"That's just the way those people (addicts, borderlines, etc.) beha		"They have been struggling in the following ways:"	
"All mental health patients are dangerous."		"Unlike other individuals, they have thrived in the following ways:"	
Use stigmatizing and condescending terminology.		Use destigmatizing and empowering terminology.	
"They are a mental case." OR "That's crazy."		"Although They have had struggles with alcohol and mental health	
"They are an alcohol abuser."		issues, they have a lot of strengths and capabilities."	
SPECIFIC L	ANGUA	GE EXPECTATIONS:	
Others May Say:		At CenterPointe, We Say:	
• The clients we see are alcoholics/addicts.	• The peo	ople in our services struggle with addictive behaviors.	
• They are mentally ill.	• They ha	ave struggled with mental health issues.	
• They are a schizophrenic.	• They ha	ave been diagnosed with schizophrenia.	
• They are decompensating.	• They are experiencing a return of symptoms.		
They are being manipulative.	They are skilled at getting their needs met.		
• They are non-compliant, and treatment resistant.	• They choose not to, would rather not, or prefer other options.		
They are low functioning.	• They have a tough time with this activity/skill.		
• They are dangerous.	They tend to become aggressive when upset.		
• They are unmotivated.	They haven't found anything that sparks their motivation yet.		
• They are in denial.	They are not sure if they have a problem yet.		
They are manic and paranoid.	They haven't slept in three days and struggle with trusting others.		
They are being very difficult.	• We aren't on the same page and it's a challenge for me to work with then		
• Wow! That's crazy. I can't believe it.	Wow! That's wild. I can't believe it.		