

# *Person First*

## **GUIDELINES**



City of Philadelphia  
 **DBHIDS**  
DEPARTMENT of BEHAVIORAL HEALTH  
and INTELLECTUAL disABILITY SERVICES

# Introduction

Words are among the most powerful tools for communication that human beings have at their disposal. They can be used to heal, affirm motivate, inform, build capacity and consensus, inspire, praise, and educate. Unwittingly, and often with no intent at malice, they can be used to minimize, marginalize, pathologize, stigmatize and oppress.

The fields of alcohol and other drug treatment and mental health services collectively referred to as behavioral health have long used words to diagnose and label individuals and families by their (respective) challenges. This is taught in colleges and universities as the way in which we identify people and the challenges for which they present with care. However, this labeling has a tendency to elicit pity or sympathy, create oppressive situations, cast people and families in a negative light and/or in “victim” roles and perpetuate negative stereotypes.

Labeling people and families by their challenges (e.g. homeless, alcoholic, addict, schizophrenic, diabetic etc.) also tends to dehumanize, disenfranchise and reduce the person or family to being that challenge, instead of someone living with, in recovery from or experiencing symptoms of it.

The field of behavioral health services is historically paternalistic in its approach to working with people and families. Social healing words (strengths-based language) help the field eliminate that paternalism and move away from doing things to and for people and families to doing things with them.

Learning a new language, especially for adults, is often challenging. Many people in the behavioral health field were trained to label the people and families with whom they work. Insurance companies pay for diagnoses rather than, wellness and healing. Thankfully, large systems employing vast numbers of people have begun to reevaluate such ideologies as illness in the workforce costs companies billions of dollars each year in lost productivity. The art is in recognizing the use of words that are grounded in the strengths and capacities of people and families. This recognition promotes whole health (physical, emotional, social spiritual), improved outcomes and healing.

The following work represents years of thinking affirmatively about people, families and communities and how best to support their journeys to wellness. Some believe that moving away from deficit language devalues their work and diminishes their roles as experts who have spent years getting their educations and working in their fields. Conversely others feel relief that they do not always need to be the expert. One person working in a community-based program in DC related that he found his work less taxing because he was stepping out of the way to promote people deciding their own courses of care. We believe there is little cost associated with changing language rather the benefits are immeasurable in terms of better outcomes and more collaborative relationships with people receiving services, their families and their communities.

## Definition of Recovery from Behavioral Health Challenges

*A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. -SAMHSA 2011*

## Behavioral Health System Word Association

*Some words associated with the behavioral health system and with people with lived experience from behavioral health challenges.*

Please note: This list is not intended to be all-inclusive. By the time this booklet is published, the language may have changed; as language tends to do.

Traditional Phrases	Suggested Replacement Terms
Addict/Drug Addict/Alcoholic	Person experiencing challenges with usage of alcohol and/or other drugs
Case Manager	System Navigator, Care Coordinator
Clients/Members/Consumers/Patients/Cases	Individuals/people/families or individuals/people/families seeking or receiving services, or just use the person's name
Comorbidity	Dual diagnosis, The need for integrated care to address dual (or multiple) co-occurring challenges
Crazy	Living with a mental health challenge, Experiencing mental health challenges
Cultural competency	Person- First, Culturally affirming
Decompensating	Having a difficult time with____/ is experiencing____ or having serious challenges
Difficult/Difficulty	Challenging/challenge
Disabled/Handicapped	Living with a disAbility Living with {name of the challenge} Ask the person how they refer to their challenge. See: Handicap
Discharge Plans	Continuing Support Plans, Community Living Plans
Drugs and alcohol	Alcohol and other drugs
Experiencing adversity	Developing resilience, has different world-view
Graduation	Transition, reached transition goals
Handicap	Disability, disAbility, , physical/emotional challenges
Hermaphrodite	Intersex
High functioning	Excels at _____,exhibits strengths, highly capable
Homeless	Experiencing homelessness/Housing insecure, Has no shelter

## Behavioral Health System Word Association

<b>Traditional Phrases</b>	<b>Suggested Replacement Terms</b>
In denial	Experiencing the challenge differently, different world-view
Low functioning	Has challenges in certain areas, is in early learning stages
Mental health/Substance abuse disorder	Behavioral health challenge(s)
Mental illness	Mental health challenge
Mentally ill	Living with, Experiencing challenges/In recovery from a mental health challenge
Mentally retarded/Mental retardation	Intellectual disability, Intellectually disabled/Intellectual disAbility
Non-compliant	Choosing not to; Making other choices, Has a different opinion or world-view
Problem	Challenge
Recovering addict/Alcoholic/Schizophrenic, etc.	Person with lived experience
Relapse	Intermittent success/Resumed use, working through the cycles or stages of recovery
Relapse prevention	Recovery management, Proactive wellness
Resistant to treatment/Treatment resistant	Not ready to engage, Chooses not to have or has opted out of treatment
Treatment plans (adult)	Recovery plans, Service Plans, Personal Goal Plans
Treatment Plans (children)	Goal plans/Service plans/Resilience plans/Plans of care
Treatment team	Recovery/Resilience support team
User of the system/Frequent Flyer/High utilizer	Resourceful/Self-advocate, Finds refuge and safety in the system
Victim	Survivor/Thrifer
Wheelchair-bound	Uses a wheelchair for mobility, Gets around on wheels
Weakness	Challenge, Opportunity for growth, Area for improvement

## **Defining Words and Phrases** using a strengths based model

***Biocultural psychosocial assessment***- is a strengths-based clinical tool that takes into consideration aspects beyond the nationality/ethnicity of the person or family who is/are being assessed for services. Aspects include faith and spirituality, age, social role, sexuality, gender, gender identity/expression, cognitive and physical abilities, etc.

***Choice***-Providing a menu of services that are available to people and families that meet their needs in their own contexts.

***Holistic Care***-Supports and services that take into consideration and honor all aspects of who people and families are in their own contexts. Holistic care is integrated (physical, emotional, spiritual) and comprehensive

***Indigenous Healers and Institutions***-Individuals and organizations located in the natural environment of people and families who offer words, ideas, rituals, relationships, and other resources that help initiate and/or sustain the healing process. They are distinguished from professional healers and institutions not only by training and purpose, but through relationships that are culturally-grounded, enduring, and often reciprocal and/or non-commercialized.

***Integrated care***-A term commonly used to imply the addressing of alcohol and other drug treatment and mental health treatment needs concurrently. In healthcare reform, the term integrated implies the more holistic addressing of health and wellness needs (behavioral and physical) concurrently.

***Person/family-directed-Care***- Supports and services delivered to people and families that are driven by the needs, hopes, dreams, desires and values of those receiving the services rather than the being clinician-driven

***Person-First***-A Person-First approach ensures that a person or family's nationality, ethnicity, language capability, religion, spirituality, gender, gender identity or expression, sexual orientation, social role, age, physical ability, cognitive ability, and/or economic status is acknowledged and incorporated into the delivery of recovery and resilience-oriented services.

***Peer Support and Leadership***-The honoring of the voices of people and families with lived experiences in the behavioral health system, both internally and in free-standing teams in the community, through the use of them on staff, boards, advisory councils and task forces. This includes paid staff positions where the person has the same rights and responsibilities as any other staff member and where their opinions mean just as much as any of their colleagues in the agency.

***Recovery***- The process of pursuing a contributing and fulfilling life regardless of the difficulties one has faced. It involves not only the restoration, but also continued enhancement of a positive identity as well as personally meaningful connections and roles in one's community. It is facilitated by relationships and environments that promote hope, empowerment, choices and opportunities that promote people in reaching their full potential as individuals and community members (Philadelphia DBHIDS Recovery Advisory Committee, 2006).

**Resilience**-is a protective process which enables us to reach good outcomes even though we have endured significant adversities. Resilience is a common phenomenon arising from ordinary human adaptation and strength. It is a dynamic process that can change across time, developmental stage, and life domain. All children, youth, adults, families and communities have the capacity to demonstrate resilience. There are many factors that enhance a child's resilience pathway including: positive relationships with caregivers, peers, or a caring adult; internal strengths such as problem-solving skills, determination and hope; and environmental factors like effective schools and communities. With these types of strengths, supports, and (at times) services, we can bolster our capacity for resilience, manage challenges, and successfully reach developmental or life stage milestones as healthy and productive members of society.w

**Shared power**-In behavioral health care, the act of two or more people, one being the person directly engaged in the receipt of care, which operate as partners rather than as "expert" and "passive recipient" and who take steps to share information about the options available for care. The goal of shared decision making is to craft mutually agreed upon treatment decisions that are relevant to the person or family receiving them.

**Transformation**- the move away from deficit ways in which to think about, talk about and provide care for people and families to ones that are strengths-based, Person-First and holistic and that honor the ways in which people, families and communities seek, define and operationalize health and wellness for themselves.

**Wellness Recovery Action Plan**- Wellness Recovery Action Plan (WRAP) is a personalized wellness and recovery system that helps people to 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams. WRAP is for anyone wanting to create positive change in their life and improve their overall health. It is an evidenced-based tool and is in the SAMHSA Registry of tools that promote health and wellness.

## Concepts to Promote Resilience and Development of Protective Factors in children and families, A non-inclusive list

Deficit-based Statement	Strength-based Alternative
Child is "bad"	Child's <i>behavior</i> needs improvement
Child is "non-compliant" with following directions	Child is not following directions (Focus on actual behavior)
Child is "slow/dumb"	Child learns differently
Child hangs out with negative peers	Child needs help identifying positive peers and activities
Child "never sits still"	Child needs help to focus or creative ways to engage
Family is in perpetual crisis	Family has continued to exist under stress, and has strengths that have helped them survive together thus far
Family is dysfunctional	Family is in need of support/Family could benefit from _____ supports
Family resists agency intervention	Family believes in taking care of their own
Child lies	Child needs enhanced coping skills

## **LGBTQIA+ Terms & Definitions**

Please note This list is not intended to be all-inclusive. By the time the booklet is published the language may have changed, as language tends to do.

**Agender-** One lacking an internal gender or who does not self-identify as any gender.

**Ally-** A person who supports and honors specific communities ( or groups of which the person is not a member) and acts accordingly to confront and challenge phobic language and/or behaviors in themselves or others.

**Asexual-** *One who does not experience romantic or sexual attraction to any gender*

**Bisexual-** A person who is emotionally, romantically, spiritually, sexually and/or relationally attracted to males/men and females/women, though not necessarily simultaneously; attraction may or may not be equal towards members of the female or the male sex.

**Cisgender-** A term indicating that someone is not of trans\* experience ( i.e. does not identify as transgender or any other associated identity). Often used to denote the conformity of one's self identity with the socially constructed gender expression and roles associated with a particular sex.

**Coming Out-** The process by which one may first acknowledge, accept, and/or appreciate one's sexual orientation or gender identity and begin to share that with others

**Gender-** Refers to a socially constructed categorization system which assigns traits of masculinity and femininity to individuals. Not a fixed system: characteristics vary by culture and can change over time.

**Gender Dysphoria-** A term recently integrated in the DSM-V ( instead of the polarizing and widely opposed Gender Identity Disorder), used to reflect the incidence of clinically significant distress---over a period of six months or more----related to a disparity between one's gender identity and the gender group to which others would assign the individual ( Note: One's deviation in gender identity---or nonconformity---is not an inherent disorder rather the diagnosis is included as means to affirm those experience tremendous anguish related to gender identity---perceived versus self-identified).

**Gender Expression-** The multitude of external characteristics that we may choose to communicate our gender identities, including apparel, grooming habits, mannerisms, etc

**Gender Binary-** The idea that there are only two gender identification options- male bodied people who identify as masculine and female bodied people who identify as feminine.

**Gender Identity-** One's personal identification of being masculine, feminine, a combination of the two or neither. May or may not align with the gender expectations associated with one's assigned sex.

**Heteronormative/Heteronormativity-** The rigidly fixed assumption that everyone is heterosexual unless there are signs suggesting otherwise; also characterized by a belief that deems heterosexuality superior to any other sexual orientations



**Intersex**- A word used to describe individuals born with bodies that are not clearly defined as female or male. Characteristics may include ambiguous genitalia and/or chromosomal combinations

**LGBTQIA+** - An acronym for Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Intersex, Asexual communities( Note: The plus sign is used to further abbreviate the acronym and reflect that a greater number of additional identities exist within the greater community beyond what is specified.

**Logical family** (family of choice)- This term takes the biology out of biological and replaces it with connections based on love, support and affinity

**Name/pronoun**-Used instead of “preferred” name or “preferred” pronoun. Regardless of what a government-issued identification says, people should always be asked, “What is your name and what are your pronouns?” (Please note: Those should be honored regardless of what it states on an id)

**Pansexual**- A person who is sexually attracted to individuals of all gender identities or expressions. (i.e. gender identity has no significance or relevance in determining attraction)

**Same-gender loving**- An alternative to the more common usage of same sex, used to symbolize the expression of romantic and/or sexual attraction between people of the same gender. An especially significant term, as it can reflect that two romantic partners may be of the same gender identity, but not the same sex/sexual identity.

**Same sex couple**- A romantic pairing of two people of the same sex. Avoid the terms “gay couple,” lesbian couple”, or “homosexual couple”

**Sex**- Refers to a person’s biological characteristics/status assigned at birth and typically categorized as male, female or intersex. Such characteristics include gonads, chromosomes, and internal and external organs/genitalia. Often used inaccurately and interchangeably with gender.

**Sexual orientation**- Represents one’s romantic, sexual and/or emotional attraction to another sex: the degree of attraction may vary as aspects of identity are fluid and can develop over time ( Note: Sexual orientation is neither a “preference” nor a “lifestyle” and any such usage is inaccurate and can be seen as offensive).

**Sexual Identity**- The sex with which one may identify ( e.g. male, female or intersex).

**Third Gender/Gender-queer**- Most often refers to people who identify their gender as not conforming to the traditional western model of gender as binary (male/female). Individuals may identify their gender as combining feminine and masculine aspects or neither.\. Variations on this word include androgynous, androgyne, and polygender

**Transgender**- One who identifies and lives as a member of a gender group that may deviate from the normative expectations based on assigned sex.. Often (but not always) one may work to align assigned sex and gender identity through appearance and medical procedures. *Note: The word transgender is an adjective and should be used as a noun: calling some “a transgender,” for instance. In addition, refrain from the arbitrary inclusion of an -ed suffix, i.e. a man who is attracted to other men would not be referred to as “gayed”.*

**Trans\*** - Umbrella term used to describe multiple communities whose expressions or identities transcend gender norms. These may include ( but are not limited to) transsexual, transgender, , third gender, people who identify themselves as being of “trans experience,” Two Spirit people, gender variant and gender non-conforming people, drag kings and queens, and sometimes people who are born intersex

**Transition** -, A process ( within the trans\* communities) that supports the alignment of one’s gender assigned at birth assigned sex and gender the gender or genders an individual knows themselves to be. This transition is not necessarily physical or medical (hormones and/or surgery) has aspects that may include social, spiritual, familial and employment

**Two Spirit** - Most often used by Indigenous (Native), Aboriginal, and First Nations people from Canada; and chosen to distinctly reflect associated traits; characterized by their masculine and feminine attribute ( in tandem), combined with the designation and distinct gender and social roles.

**Queer** - “Umbrella term” often used to indicate a sexual and/or gender identity that may deviate from heteronormative, gender binary standards. Appropriated within the past twenty years this term formerly used to malign, harass and spread hatred and animosity toward members of these communities, While, many elders refrain from using the term, it has become a widely used term by younger people within the communities.

## Resources

*The Philadelphia Department of Behavioral Health Practice Guidelines for Recovery and Resilience Oriented Treatment* [www.dbhids.org](http://www.dbhids.org)  
[en.wikibooks.org/wiki/Strengths-Based\\_Social\\_Work\\_Practice](http://en.wikibooks.org/wiki/Strengths-Based_Social_Work_Practice)  
[www.mentalhealthrecovery.com/wrap](http://www.mentalhealthrecovery.com/wrap)

*San Francisco Human Rights Commission- LGBT Advisory Committee*  
*Bisexual Invisibility: Impacts and Recommendations*

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