

**words DO hurt: taking the “dis” out of functional language**



*bart andrews, phd*

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Behavioral Health Response

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**Who am I, why am I here?**

*–Admiral Stockdale, 1992*

- Father
- Husband
- Psychologist
- PhD
- Vice President Clinical Operations-BHR
- Long Term Recovery-substance use
- Suicide Attempt Survivor



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**Have you heard this joke?**

Psychiatrist says to the nurse and behavioral health intake staff, “Don’t send me any borderlines, med seekers or multiple suicide attempters”

The punch line: there is no punch line, this is not a joke, it was said by a real doctor at a real hospital- probably even today.

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### Mortality from Medical Causes

Medical Cause	Peak (1960-1995)	Current (2006-2012)
Suicide	~100%	~20%
Stroke	~100%	~20,000
AIDS	~100%	~50,000
Heart Disease	~100%	~1.1 Million
ALL (Leukemia)	~100%	~6,000

The Quest for the Cure: The Science of Mental Illness, Thomas Insel, MD, Director of NIMH, 2014 National Council for Behavioral Health.

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### Why haven't we made more progress?

Culture and Language-Part of Problem

- Blame, shame and prejudice
- Client motivation vs. treatment efficacy
- Emphasis on individual instead of the environment surrounding individual
- NOT Mental Wellness as "Social" Health
- Misunderstanding of professional boundaries

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### Customer-Clinician Relationship

The quality of the relationship between customer and the clinician impacts EVERYTHING. Better relationship =

- 1) Better outcome
- 2) Better customer satisfaction
- 3) Better clinician rating of job satisfaction
- 4) Lower the rate of complaints and lawsuits



HAPPIER CUSTOMERS = HAPPIER CLINICIANS

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## Understanding Change



- 40% from EXTRA therapeutic factors
- 30% Therapeutic Alliance
- 15% is derived from hope/expectancy
- 15% specific to therapeutic technique

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## What do you make of this?

- What's different about the word customer?
- What are EXTRA therapeutic variables?
- Would you have guessed how little of change is connected to EBP?
- Who's hope and expectancy?????

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## Lets talk angels and HARPS

- Recovery potential test developed
- Psychologists screened, ID'd and dist. HARPS (High Alcoholism Recovery Potential)
- 1 year later, HARP groups significantly better than non HARP
- What was the secret?

Leake and King (1977)

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**HOLD THE PHONE MISTER,  
ARE YOU IMPLYING**



**OUR ATTITUDES AND EXPECTATIONS  
IMPACT CLINICAL OUTCOMES?**

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mematic.net

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**Lets talk substance use or abuse or  
addiction, or what the hell is the word  
now? NUCLEAR DEFENSE SOUNDS SO MUCH BETTER  
THAN**



**MUTUALLY ASSURED DESTRUCTION**

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### Clinicians, attitudes and words

- Given vignettes and only difference was
  - Is a substance abuser or
  - Has a substance use disorder
- “Is substance abuser” was rated higher on punishment-perpetrator factor but
- On 6 point scale, both groups rated close to three, meaning they believed person in tx bore significant responsibility for situation AND THESE WERE ALL MENTAL HEALTH PROFESSIONALS

Kelly, J. F., & Westerhoff, C.M. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy* (2009),

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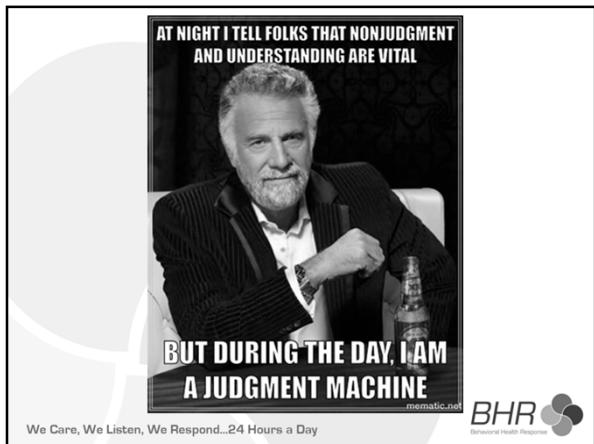
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## So what do we do?

Suicide/Emotional Wellness is a SOCIAL Health Problem

- Language, Messaging and Suicide Prevention
- Evidence Informed and Care Focused Intervention
- The Way Forward- The Role of Lived Experience
- Staying in non judgment with our attitudes and words

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## SO MUCH STIGMA

About 6,850,000 results (0.30 seconds)

**Scholarly articles for mental health and stigma**  
Sigma and mental health - Sartorius - Cited by 122  
How stigma interferes with mental health care - Corrigan - Cited by 1034  
Mental health consumers' experience of stigma - Wahl - Cited by 682

Google

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About 3,620,000 results (0.28 seconds)

**Scholarly articles for suicide and stigma**  
Suicide and stigma: a review of the literature and ... - Sudak - Cited by 42  
Do suicide survivors suffer social stigma: A review of ... - Civilar - Cited by 115  
The cultural context of suicide stigma in Taiwan - Tzeng - Cited by 42

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The graph illustrates the historical trend of Google search results for the terms 'suicide' and 'stigma' from 1900 to 2000. The y-axis represents the percentage of results, ranging from 0.00000% to 0.00040%. The x-axis represents years from 1900 to 2000. The 'stigma' line shows a sharp increase starting around 1970, reaching approximately 0.00035% by 2000. The 'suicide' line shows a minor peak around 1930 and remains relatively stable, staying below 0.00010% throughout the period.

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## Fun with Definitions (or not)

stig·ma  
'stig-mə/

*noun*  
noun: **stigma**; plural noun: **stigmata**; plural noun: **stigmas**

1.a mark of disgrace associated with a particular circumstance, quality, or person.

"the stigma of **mental disorder**"

*synonyms:*

shame, disgrace, dishonor, ignominy, opprobrium, humiliation, (b  
ad) reputation

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## Our Language is SLOPPY

What do we mean by "stigma?"

- Prejudice and discrimination?
- Barriers to seeking help?
- Negative emotions connected with MI?
- Self acceptance?
- Acceptance by others?
- SAMHSA no longer uses or endorses this term, why do we still use it

WE NEED INTENTIONAL LANGUAGE

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YOU CANNOT STIGMATIZE ME BECAUSE

I

**DECLINE**

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## What this all Means

"Stigma" means brand or sore. It is now used almost exclusively with mental health. It automatically, unfairly and erroneously victimizes a person diagnosed with a psychiatric condition. A person DOES NOT have stigma. Society does. Society has been branded by fear and ignorance.

The word "stigma" is no longer used as a medical term, but it brings dishonor and is a cause of shame, reproach or discredit to people with psychiatric conditions. It should no longer be used in either educational institutions, by governments or the media because it promotes discrimination. Instead, use the word "prejudice" (negative thinking) which can be concretely addressed because it causes discrimination (unjust treatment of certain groups of people), creates negative bias and promotes negative stereotyping.

*Language: A Mental Health Primer* by Harold A. Maio and Sandy Naiman  
"Coming Out Crazy" for The Toronto Star at <http://thestar.blogs.com/mentalhealth>

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## The Functional Dichotomy

## Why We Must Strike the Terms “High Functioning” and “Low Functioning” from Our Vocabulary

By LEAH HARRIS



<http://www.madinamerica.com/2015/03/must-strike-terms-high-functioning-low-functioning-vocabulary>

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**Customers cannot fail, but providers and systems fail all the time**

# HAVE YOU EVER HEARD SOMEONE SAY

## **SHE REALLY WANTED CANCER OR HE DID NOT WORK HARD ENOUGH AT CHEMO**

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## How We Think About Mental Illness – Time for Plan B

March 13, 2015 by DavidSussman

Depending on who you talk to, there are dramatically different views of mental illness. One scenario which captures the unpleasant reality many have experienced looks something like this:

*Plan A – Many people with a mental illness:*

1. Have never been diagnosed
2. Have received a diagnosis but have a lack of insight or deny it
3. Are afraid to talk about it
4. Are ashamed to disclose it
5. Never seek treatment for it
6. Are ridiculed and ostracized because of it
7. Want treatment but none is available
8. Have the wrong diagnosis
9. Receive ineffective treatment

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## Plan B: David Sussman

<http://davidsussman.com/2015/03/13/how-we-think-about-mental-illness-time-for-plan-b/>

- Learn they have a treatable illness
- Acknowledge they have it
- Talk openly about it with no fear or shame
- Want to learn more about it
- Readily seek treatment for it
- Find help & support is available to treat it
- Find caring professionals who want to help them
- Have an accurate diagnosis
- Engage in effective treatment
- Feel hopeful about effectively managing it
- Believe recovery is possible
- Realize they are a person and not just a illness
- Reclaim their lives and experience peace of mind and fulfillment

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## Open Dialogue Therapy

<http://www.mindfreedom.org/kb/mental-health-alternatives/finland-open-dialogue>

**MindFreedom**  
Win human rights in the mental health system! 

you are here: home → knowledge base → alternatives to the traditional mental health system → **Finland Open Dialogue**

**Finland Open Dialogue**  
A Finnish alternative to the traditional mental health system for people diagnosed with "psychosis" known as "delusions" in "Open Dialogue." This approach respects the individual's network of family and friends, as well as respect the decision-making of the individual. Here are two follow-up studies. One is a two-year follow-up with the other, which is the recommended study, is a four-year follow-up.

**Ellen About Open Dialogue by Daniel Mackler**  
Filmmaker Daniel Mackler visited the innovative Open Dialogue model in Finland, and made a film available via DVD. Here's a brief description of Open Dialogue and the film.

**A Visit to the Finnish Open Dialogue Model**  
Filmmaker Daniel Mackler visited Finland to look at the Open Dialogue process himself. Here's a brief article about his visit.

**Study on Five-Year Outcomes from Open Dialogue Approach in Finland for Schizophrenia.**

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## MORE HURTFUL LANGUAGE

- Commit Suicide
- Compliant vs Non Compliant
- Axis II – this is out of date and coded
- Resistant
- Manipulative or my favorite “gamey”
- Personality Disorder (not only are you ill, your whole personhood is jacked up)

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## Say Instead

- Suicided or died by suicide
- Treatment is adherent or not (not client)
- Drop it, its old and coded language
- Needful, help seeking, persistent, engaged
- Experiencing emotional deregulation or the primary symptoms
- Always use person centered language

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We Care, W




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## 3 Final Thoughts

- If you would not say it in front of your customer, don't say it. PERIOD
- Alter your language to emphasize understanding and compassion versus judgment, blame or stereotyping-be mindful
- If you hear others being hurtful, speak up!

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