The Language of Recovery: How to Share the Reality of Recovery in Professional Settings

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Learning Objectives

• Upon Completion of this session, participants will be able to:
  • Articulate three key points required for speaking in professional settings.
  • Identify four phrases that are counter-productive when speaking in professional settings.
  • Prepare an oral statement to present in a professional setting.
  • Demonstrate two skills for keeping the focus on recovery when speaking in professional settings.
Language Matters

• Language is the key to changing the way people with substance use disorders see themselves and the way they are seen by others.

• Be willing to question your beliefs and assumptions about the language we use and the way we tell our story.
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
Introduction

• Please introduce yourself:

  • Your name, your recovery status and the organization in which you work,

  • Your expectations for this training
Guiding Vision

- The guiding vision of our work must be to create a world in which people with:
  - a history of alcohol and/or drug problems
  - people in recovery
  - people at risk for these problems

- are valued and treated with dignity, and where stigma, accompanying attitudes, discrimination and other barriers to recovery are eliminated

Why Are We Here?

1. Organizing and mobilizing (1) the millions of Americans in long-term recovery from alcohol and other drug addiction; (2) our families, friends, and allies to speak with one voice.

2. Changing public perceptions of recovery.

Why Are We Here?

4. Keeping a focus on the fact that recovery works and is making life better for over 20 million Americans.

5. Raising the national profile of the recovery movement

6. Supporting local recovery advocacy and recovery community organizations
“Words have immense power to wound or heal...The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.”

William White
Author
What is Stigma?

• It is a characteristic or condition that is socially discrediting and is mainly influenced by whether you think someone is to blame and whether they have control over the behavior.

• Two main factors influence stigma:
  • Cause
  • Controllability

• Stigma decreases when
  • “It’s not his fault”
  • “She can’t help it”
Impact of Stigma

- Erodes confidence that substance use disorder is a valid and treatable health condition
- Creates barriers to jobs, housing, relationships
- Deters public from wanting to pay for treatment
- Allows insurers to restrict coverage
- Stops people from seeking help
- Impacts clinical care and treatment decisions
What is Internalized Stigma?

“Internalized” stigma... occurs when a person cognitively or emotionally absorbs stigmatizing assumptions and stereotypes... and comes to believe and apply them to him- or herself.

Internalized Stigma Outcomes

- Depression
- Decreased Hope
- Worsening Symptoms
- Less likely to seek treatment
- Less likely to self-advocate

Celebrity Addiction

• When the actor Phillip Seymour Hoffman died the description was “found half naked on the bathroom floor with a needle hanging out of his arm.”

• If that had been a heart attack would they have said half naked on the bathroom floor with a BigMac in his hand and French fries scattered across the floor?
By Our Silence We Let Others Define Us
Language & Society: Perception vs. Reality

Language frames what the public thinks about substance use and recovery, and it can also affect how individuals think about themselves and their own ability to change.

- Inappropriate use of language can negatively impact the way society perceives substance use and the people who are affected by it.

Language intentionally and unintentionally propagates stigma: the mark of dishonor, disgrace, and difference that depersonalizes people, depriving them of individual or personal qualities and personal identity.

- Stigma is harmful, distressing, and marginalizing to the individuals, groups, and populations who bear it.

Why cocaine addicts keep making bad decisions

BY GEOFFREY MOHAN
February 4, 2015, 7:25 p.m.

Chronic cocaine use alters brain circuits that help people learn from mistakes, a new study suggests.

The study, published online Tuesday in the Journal of Neuroscience, could offer a biological marker for the cycle of destructive decisions that many addicts exhibit.

Researchers measured EEG signals from a region of the midbrain that has been associated with how the brain manages errors in decision-making, according to an anti-narcotics agent in Panama whoetta search has no package of confiscated cocaine.

Chronic cocaine use skews the brain's reward-related error management, according to a new study. Here, an anti-narcotics agent in Panama hack open a package of confiscated cocaine.
“Recovery is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.”

SAMHSA/CSAT 2011
<table>
<thead>
<tr>
<th>Current Terminology</th>
<th>Alternative Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment is the goal; Treatment is the only way into Recovery</td>
<td>Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)</td>
</tr>
<tr>
<td>Untreated Addict/Alcoholic</td>
<td>Individual not yet in Recovery</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Substance Use Disorder/Addiction/Substance Misuse</td>
</tr>
<tr>
<td>Drug of Choice / Abuse</td>
<td>Drug of Use</td>
</tr>
<tr>
<td>Denial</td>
<td>Ambivalence</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>Recovery Management</td>
</tr>
<tr>
<td>Pathology Based Assessment</td>
<td>Strength / Asset Based Assessment</td>
</tr>
<tr>
<td>Focus is on total abstinence from all illicit and non-prescribed</td>
<td>Focus on the drug CLIENT feels is creating the problems</td>
</tr>
<tr>
<td>substances the CLINICIAN identifies</td>
<td>Each illicit substance has unique interactions with the brain; medication if available is appropriate.</td>
</tr>
<tr>
<td>A Drug is a Drug is a Drug</td>
<td>Recurrence/Return to Use</td>
</tr>
<tr>
<td>Relapse</td>
<td>Recurrence/Return to Use may occur as part of the disease</td>
</tr>
<tr>
<td>Relapse is part of Recovery</td>
<td>Drug Free / Free from illicit and non-prescribed medications</td>
</tr>
<tr>
<td>Clean / Sober</td>
<td>Mutual Aid Group</td>
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<tr>
<td>Self Help Group</td>
<td>Drug Poisoning</td>
</tr>
<tr>
<td>Drug Overdose</td>
<td>Commence Recovery</td>
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Many Pathways to Recovery

- Mutual Support groups
- Professional treatment
- Nontraditional methods
- Medical interventions
- Faith based
- On your own
- and many more...
Substance / Drug Abuse

- The concept of “abuse”
- Behavioral / Judgmental / Stigmatizing term (as in “Domestic or Child Abuse”)
Substance /Drug Abuse

• DSM V
  • Substance Use Disorder
• Misuse
• Addiction vs. Dependence
Drug of Choice / Habit

• "Choice" and "Habit" are behavioral not a medical terms

• Drug of Use
In one study of clinicians, those exposed to the term “substance abuser” were more likely to judge the person as deserving of blame and punishment than when the phrase “having a substance use disorder” was used.

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States


A patient with diabetes has “an elevated glucose” level. A patient with cardiovascular disease has “a positive exercise tolerance test” result. A clinician within the health care setting addresses the results. An “addict” is not “clean”—he has been “abusing” drugs and has a “dirty” urine sample, despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.
“Intrinsic motivation for change arises in an accepting, empowering atmosphere that make it safe for the person to explore the possibly painful present in relation to what is wanted and valued. People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.” (Miller and Rollnick, 2002)
The language that we use

• They’re not ready
• They don’t want it bad enough
• They haven’t hurt/lost enough
• They’re too resistant
• They are in denial
“Those people”

- Alcoholic
- Addict
- Drunk
- Old Wino
- Crack Head
- Junkie
- Needle Freak
- Benzo Queen
- Garbage Head

- Burn Out
- Pot Head
- Borderline
- Nut Job
- Crazy

- And then there is “Chronic Relapser”
A Drug is a Drug is a Drug...

- Different cultures surrounding different drugs
- Stigmatizes individuals in Medication Assisted Recovery and individuals with Co-Occurring Disorders taking prescription medications.
Relapse

• In no other chronic medical condition is a return to being symptomatic described a “relapsing”.

• Stigmatizing term

• Carries much emotional baggage

• A more medically accurate term would be “a recurrence” or “a return to use”. A less stigmatizing term would be a “setback”.

“Relapse is part of recovery”

- The resumption of drug use by someone with a history of addiction is part of the disease, but not part of the process of getting well.
- Fails to acknowledge the potential for permanent recovery with no continued episodes of drug use.
- Minimizes the pain and potential loss of life involved in the resumption of usage.
Clean and Sober

• Have you heard these terms used with someone who is diagnosed with cancer, diabetes, hypertension?
• Laden with moral implications
• Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature
• Alternative – Drug Free or Free from illicit or non-prescribed medications
• Mutual Aid Group usage
Clean and Dirty

• Urine Drug Screens are medical tests, medical tests are not “clean” or “dirty”
• Alternative – Positive or negative
Portrayal of persons with successfully treated mental illness and drug addiction is a promising strategy for reducing stigma and discrimination toward persons with these conditions and improving public perceptions of treatment effectiveness.

Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination

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Person First Language
- Highlights the fact that an individual’s condition, illness, or behavior is “only one aspect of who the person is, not the defining characteristic.”

- Uses the word referring to the individual before words describing his/her behaviors or conditions.
  - Refers to an individual first; e.g., “person with a cocaine use disorder”; “individual engaged in risky use of substances”
  - Reinforces the individual’s identity as a person first and foremost

- Omits terms like “alcoholics” & “users”, which group, characterize, and label people by their illness; linguistically presume homogeneity in experience, character, and motivation; and depersonalizes the individual.
Talking About YOUR RECOVERY
What is a message?

• An exchange of information using words

• The most important information you want your listener to hear

It is crucial that you know what you want to say and leave in people's minds.
Why is a Message Important?

When you don't know what you are talking about it's hard to know when you are finished.

Tommy Smothers
Who are you talking to?

- Family
- Friends
- Neighbors
- Co-workers
- Public officials
Talking with others

How do you describe your job to others who know little or nothing about recovery?
Addiction vs. Recovery

• What is the percentage of time you spend telling your story of Addiction vs. your story of Recovery?
Our Stories Have Power

The more our policymakers, our allies, friends, and neighbors and employers hear our stories and understand that we can and do get well the more people will seek help that they and their loved ones need in order to recover.
Faces and Voices of Recovery

http://www.facesandvoicesofrecovery.org
Why Recovery Messaging is Important

1. Make it personal, so that we have credibility
2. Keep it simple and in the present tense, so that it’s real and understandable
3. Help people understand that recovery means you or the person you care about is no longer using alcohol or other drugs. We do this by moving away from saying “in recovery” to saying “in long-term recovery”, by using concrete examples from our lives to talk about stability and by mentioning the length of time that the person is in recovery
Why Recovery Messaging is Important

4. Talk about your recovery, not your addiction

5. Help people understand that there is more to recovery than just not using alcohol or other drugs, and that part of recovery is about creating a better life
Language Matters

• The language we use with relative mutual acceptance “in-house” becomes a whole new animal when we take it “out-house”- out to John Q. Public to the schools, the legislators, the judges, funders, higher education, the media, and elsewhere.

• It’s one thing to call ourselves an “addict” in the rooms, but when we do this in public settings, it simply reinforces the very stigmatizing concept that we’re now working so hard to reverse. Language DOES matter.
Mutual Support Group / Treatment “Speak”

Just for Today
One Day at a Time
Stay in the Moment
Recovery Message

- We have a way to describe and talk about recovery so that people who are NOT part of the recovery community understand what we mean when we use the word “recovery.”

- One of the important findings from our research is that the general public believes that the word recovery means that someone is trying to stop using alcohol or other drugs.

- We have found a way to talk about recovery in a clear and credible way that will help move our advocacy agenda forward, making it possible for more people to get the help they need to recover.
What’s not in the Message and Why

• I’m an addict (or alcoholic)
• I’m a recovering addict (or alcoholic)
• Addiction is a disease
• Information about 12-step programs, for examples membership in AA or NA or Al-Anon
• A “definition” of recovery
• **Practice makes perfect.** You should write, edit and write again. Practice your speech out loud to see how sounds, how long it is and gauge if it's understandable and interesting. The speech should sound like its conversational and "off the cuff."

• **Skip the alphabet soup.** Keep it simple. Avoid using jargon, acronyms and terminology that others outside your organization or field wouldn't understand.

• **What you do and why you do it.** Briefly talk about what you do, how you do it and why it's important for your community. Start with a simple impact statement answering each of the following questions with short one to two-word answers. What do you do? Why do you do it? How do you do it? Build off your impact statement.
Elevator Speech

• **Show the impact and tell a story.** Don't just give a statistic of how many people you serve. Bring a face to that number. Talk about your work in a real way, letting your audience know the impact and the importance for the people you serve.

• **Call to action.** At the end, call your listeners to action. Tell your listeners about an upcoming event, how to volunteer or where to donate. Send your listener to your website for more information.
Personalizing the Message

• There are many ways to develop a message
• Messages aren’t designed as one-size-fits-all
• Our message has been adapted for many different groups:
  • People using medication in their recovery
  • Family members who have lost loved ones to addiction, and others
• Find your own voice by using these messages as a guide.
I’m in long-term recovery which means...

- Have not used alcohol or other drugs for x number years
- Long-term recovery has given me new hope and stability
- I’ve been able to create a better life for myself, my family and my community
- I’m speaking out (sharing this with you) so that others have the opportunity to achieve long-term recovery
Putting a Face & a Voice on Recovery: Message for a Family Member

- My family and I are in long-term recovery, which means ...
- (My son/daughter/husband/wife) hasn’t used alcohol or other drugs for x years
- We’ve become healthier together, enjoying family life in our home
- Long-term recovery has given me and my family new purpose and hope for the future
- I want to make it possible for others to do the same
Putting a Face & a Voice on Recovery: Message for a supporter

“"My name is Suzie Smith, and I am a long-term Recovery Advocate. For me, that means I've been a long-term supporter of the recovery efforts of people in and/or seeking recovery from alcohol & other drug problems.""
Let’s do it.

Formulate your story:

*Person in Recovery*

*Or*

*Family Member of a Person in Recovery*
Speaking to the Media and in Public
Advocacy with Anonymity

- These messages don’t violate the traditions of a 12-step fellowship
- Help us educate others in 12-step groups about their right to speak out!
Reach the Persuadable Middle

Advocacy that addresses first and foremost the "persuadable middle" on an issue, rather than preaching to the choir of the issue base or relying on harangues aimed at opponents. This strategy stands the test of time -- it wins supporters on an issue for the long-term by moving the "center" of the issue toward your goals without drawing sharp lines that create unnecessary adversaries.
Messaging Goals

• Have effective, credible language that you can use to talk about your life and experiences

• Know how to use the message in different situations

• Make it possible for more individuals, families and communities to get well
Some Common Sense

• No recovering person should advocate publicly if his or her sobriety, family, job or financial well-being will be put into jeopardy.

• No recovering person should advocate at the level of public media unless he or she has two years of recovery.

• You may disclose your identity and speak as a person in long-term recovery so long as your membership in a particular program of recovery is not revealed.
Your Frame of Mind

• Speak with one voice

• Make it personal; it adds credibility and breaks down misperceptions

• Talk about your recovery, not your addiction - your recovery story
Core Message

• The Problem:
  • Need more opportunities for people to achieve long-term recovery
  • Need more effective treatment and recovery support services
  • There are discriminatory policies
  • The public and policymakers don’t know about the reality of recovery
The Solution:

- A strong national recovery movement organized at the local, state and federal levels
- Putting a face and a voice on recovery to break down misperceptions that will change attitudes (stigma)
- Advocating to change policies (discrimination)
Message Goals

• Expand opportunities for recovery
• Mobilize and organize the recovery community to advocate for own rights and needs
• Break down discriminatory barriers
• Build our national recovery advocacy movement
• Achieve a just response to addiction as a health crisis
Preparation

• Decide if this interview makes sense for you and your organization
• Determine your primary goal in participating in the interview
• Role play the interview and rehearse hard questions
• Visualize your audience and speak to them as though they were in the room
• Assume that everything you say will be recorded or written down
Prepare for Interviews

• Know in advance which points you want to get across - work them into your responses

• Focus on your key points, not the interviewer’s points
Deliver Your Message

• Use colorful language such as metaphors or analogies that help to make your point to increase the likelihood of being quoted
  • Example: “Recovery helped me pick up the shattered pieces of my life.”
• Use anecdotes from your work, your life and your community to support your points
• Speak in lay person’s terms - if you must use jargon or technical language, explain it
Technique

Make Your First Words Count
A new study by Microsoft reveals that while people had an average attention span of 12 seconds in 2000, the average attention span today is just eight seconds. That’s compared with the average 9-second attention span of a goldfish.
Technique

• Lead with a positive conclusion and then state supporting facts. All other remarks should support your lead statement.
  • Example: “Long-term recovery is working for millions of Americans…”

Technique

• Be brief - responses to questions should be short; 18-30 second bites.

• THE HARD TRUTH: IF IT ISN’T SHORT IT DOESN’T GET USED

• “For the first time, the recovery community is speaking in one voice to change the public perception of recovery and to promote effective public policy.”
The Spin
The Pivot
Staying on Message by Pivoting

• If you get a question you don’t want to answer, change the question by using a transitional or “pivoting” phrase such as:
  • “Another thing to remember...”
  • “That’s not my area of expertise, but what I can tell you is...”
  • “Another way of thinking about this is...”
Example: *Not a Good One*

Q. “Some people believe addiction is a personal or moral weakness. How do you respond?”

A. “I certainly understand that some people regard addiction as a moral weakness. It’s certainly not a moral weakness by any means.”
Example: *The Right Way*

Q. “Some people believe addiction is a personal or moral weakness. How do you respond?”

A. “People in recovery are some of the strongest people I know. The fact is that treatment and recovery have proven to work for millions of people just like me.”
Summary

• Use messaging to tell your recovery story...your healthy story
• Make it personal
• Use your message in all parts of your life with
  Family and friends
  Neighbors and co-workers
  Media and public officials
• Always!
Practice...Practice....Practice!!

Confucius
• I hear and I forget
• I see and I remember
• I do and I understand
To sum it all up

• By us changing our language we can start the process of the general public changing their language and perception
• We need to bring unequivocal messages of hope that the problems of substance use disorders and severe and persistent mental illness can be resolved
• The focus needs to be on the solutions that recovery brings
  • The reality of recovery
  • The diversity of patterns of recovery
  • The variety of methods used to achieve recovery