Person-First Language

Written/Edited by Tim Saubers, CPS
Program Coordinator for Workforce Development
Peer Recovery Center of Excellence
University of Texas at Austin

Language matters in how people, behavior, and service activities are described. Within the medical model approach, human services have a long history of referring to people as their diagnosis, using stigmatizing labels, speaking in pejorative terms, and embracing deficit-based descriptions. Language matters and we all need to work hard to use person-first language. That means we must change how we think and talk about people, behavior, and services.

The following tables contrast deficit-based language with strengths-based, person-first language when describing people, behavior, and services.

The information below is pulled directly from the revised Wisconsin Certified Peer Specialist (CPS) curriculum.

Describing a Person

Deficit-Based Language	Strengths-Based Language
Schizophrenic, borderline, bipolar, hoarder	Person diagnosed with… Person who experiences the following… Person in recovery from… Person living with…
Addict, junkie, substance abuser	Person who uses substances Person living with addiction
Consumer, patient, client	Person in recovery Person working on recovery Person participating in services Person with lived experience
Frequent flyer, super utilizer, a regular	Frequently uses services and supports Is resourceful A good self-advocate Attempts to get needs met

Describing Behavior

Deficit-Based Language	Strengths-Based Language
Good/bad, right/wrong	Different, diverse, unique
Suffering from	Person is experiencing, living with, working to recovery from
Acting-out, “having behaviors”	Person is experiencing strong emotions Person is upset/angry/overwhelmed
Attention-seeking	Looking for support, looking for connection Having a hard time
Criminal, delinquent, dangerous	Specify unsafe behavior Person who has experienced incarceration
Denial, unable to accept illness, lack of insight	Person disagrees with diagnosis Person sees themselves in a strengths-based way
Manipulative	Resourceful; trying to get help; able to take control in a situation to get needs met; boundaries are unclear; trust in relationship has not been established; learned to navigate world differently
Oppositional, resistant, non-compliant, unmotivated	Constraints of the system don’t meet the individual’s needs; preferred options are not available; services and supports are not a fit
Danger to others, danger to self, general danger	People should not be reduced to acronyms; describe behaviors that are threatening
Entitled	Person is aware of their rights, empowered, self-advocate
Puts self and/or recovery at risk	Person is trying new things that may have risks, exploring recovery pathways
Weakness, deficits	Barriers, needs, opportunity to develop skills

Describing Service Activity

Deficit-Based Language	Strengths-Based Language
Baseline	Self-determined quality of life
Clinical decompensation, relapse, failure	Challenges, potential setback
Discharged to aftercare, maintaining	Person is connected to social or community supports Person is following up with recovery-oriented supports
Clinical stability, abstinence	Promoting and sustaining recovery, building resilience, utilizing harm reduction approach
Non-compliant with medications, treatment resistant	Person prefers other strategies and pathways Person is making their own decisions Person’s concerns are not being acknowledged by the treatment team
Enable, learned dependency	Providing support in a person-centered manner, opportunity to clarify boundaries
Front-line staff, “in the trenches”	Avoid using war metaphors Use job title