

**Person-First Language as a  
Person-Centered Practice**

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**Agenda**

- Introductions
- Overview of Person-First Language
- Person-First Language in Context

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**Introduce Yourself (1 of 2)**

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- We will introduce ourselves in a way that encourages us to go deeper into reflecting on and sharing who we are as human beings.
- **Share three stories about yourself.** Please share what comes up in the moment or what feels most important; you don't need to include all details.

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**Introduce Yourself (2 of 2)**

- 1. **Place:** What is a place that has shaped you? That could be where you grew up, where you live now, or any other place that has meaning to you. It could be your own story, the story of your ancestors, and/or the story of people who lived on the land.
- 2. **Name:** Who named you, and why did they name you? What is the journey you have been on with your name? Your name is part of your origin story and situates you in the context of your family, community, and world.
- 3. **Intention:** What are you willing to take responsibility for? What are you willing to receive today? What are you willing to give?

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**Person-First Language**



How to put the person first in conversations about supports

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**Why Person-First Language?**

- Respect and dignity
- Focus on the individual
- Impact on perception
- Inclusive communication
- Promoting positive outcomes
- Educational importance
- Policy and practices
- Critiques and alternatives

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### Examples of Diagnosis- or Deficit-First Language vs. Person-First Language

Diagnosis or Deficit-First	Person-First
Addict	Person with a substance use disorder, person in recovery
High (or low)-functioning	Specifically describe what's going on for the person
They are ADHD or hyperactive	They are working with ADHD or hyperactivity
Frequent flyer	Uses our services when they need to
People are suicidal or having suicidal ideation	People impacted by suicide or experiencing thoughts of suicide
She committed suicide	Death by suicide, killed themself
He is severely mentally ill	He has a mental health diagnosis
Suffers with, suffers from	Person with, who has a diagnosis of
Non-compliant, non-adherent	Chooses not to because ...

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- ### Reframe Problems or Symptoms into Needs
- Instead of:
- **Those with serious mental illness**
    - ▶ They need supports to navigate their emotional wellness and mental health
  - **They are manic or has mania**
    - ▶ Describe what that means or looks like for the person
  - **They have behavioral problems**
    - ▶ They need behavioral supports or could benefit from emotional navigation strategies
  - **They have reading problems**
    - ▶ The need individual support with reading
  - **They isolate and withdraw**
    - ▶ They could benefit from more friends and genuine supports
  - **They have anger issues or are aggressive**
    - ▶ They need a safe space for physical release when ignited with intense emotions

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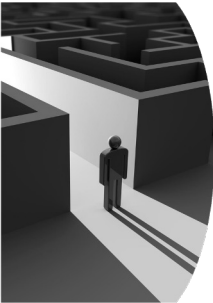
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### Impacts of Not Using Person-First Language



- Fosters pity and low expectations
- Perpetuates negative stereotypes and reflects prejudice
- Devalues and disrespects people as individuals
- Limits the person's identity
- Defines the person by their diagnosis
- Robs the person of the opportunity to define themselves
- Increases bias, stigma, and shame

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## Person-First Language in Context

Person-first language is part of a larger person-centered approach to thinking, planning, and practice

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## Person-Centered Approaches



### Person-centered thinking

- A foundational principle requiring consistency in language, values, and actions
- The person and their loved ones are experts in their own lives
- Equal emphasis on quality of life, well-being, and informed choice



### Person-centered practices

- Alignment of services and systems to ensure the person has access to the full benefits of community living
- Service delivery that facilitates the achievement of the person's desired outcomes



### Person-centered planning

- A methodology that involves learning about a person's preferences and interests for a desired life and the supports (paid and unpaid) to achieve it
- Directed by the person, supported by others selected by the person



National Center on Advancing Person-Centered Practices and Systems

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## How Do We Think About Person-Centered Practices and Systems?

**Negative perspectives on illness and disability have led to a 'SYSTEMS focus.'**

- Person-centered approaches draw from human rights approaches to health and wellbeing.
- A person-centered system of support builds the capacity of each person based on who they are.

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### Trauma/Recovery Model

Medical Model	Trauma/Recovery Model
Assumes mental health problems are a result of chemical imbalances or otherwise biologically based	Assumes that mental health problems are complex and not fully understood; environmental, developmental, cultural and other factors are major contributors
What's wrong with you?	What happened to you?
Focus on illness, deficits	Focus on wellness, strengths
Emphasis on the brain	Emphasis on the person
Recovery means symptom reduction	Recovery means a full life
Behaviors viewed as deviant	Behaviors are viewed as coping attempts
Medications are central	Medication is not seen as more important than psychosocial and other supports (people, places, purpose)
People are encouraged to comply with treatment interventions	People are empowered to take charge of their own recovery
The helper is the expert and the client is dependent on the helpers' expertise	The client is the expert and the helper is a coach

*Adapted from the July NCAPPS webinar "The Three Legs of the Stool: A Framework for Person-Centered Community Mental Health Services"*

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### Living with Mental Illness Why Person-First Language?



<https://youtu.be/DanoV5ylc4o?feature=shared>

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### Reflection

- How did Ronald Banks' poem make you feel?
- Did any of these characterizations seem familiar?
- How could you incorporate more person-centered approaches in your daily work?

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**Thank You!**

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