Recorded Webinar Transcript: Words Matter: Language and Stigma Reduction - 12/16/2020

Cindy Christy:

I have straight up 2:00. So we give it maybe another 30 seconds, Keegan, just as the participant list is growing rapidly.

Keegan Wicks:

Yep, that sounds great. If everyone could please take their seat. There's a lot of extra space in the back over here.

Cindy Christy:

All right. Well, welcome everyone. We're thrilled you're here. I know a lot of you are still getting logged in. So I'll go ahead and start us off, Keegan. And yes, I do see questions in there about housekeeping. And we'll explain all that to you in a moment.

So thank you, everyone. Good afternoon. We are, again, excited to have so many of you with us today. We do have over 1,200 registrants today. So we're thrilled. And we're thankful that you are taking your time to spend with us today. And my name is Cindy Christy, I'm a program manager here at the New Peer Recovery Center of Excellence. And we have Keegan Wicks with us today. He's going to offer his insights on Words Matter: Language and Stigma Reduction. So this is basically one hour. So it's just a taste. We know from your feedback in all the previous trainings, that some of you wish for three to eight hours for all the questions that we're getting. So we will be having more specific trainings in the future. And we'll take that dive into topics on a much deeper level in 2021.

So as we are still new, we want to show this slide once more, before we get into the training. Thank you, Keegan. So this new center is at the University of Missouri, Kansas City. And we're partnering with the University of Wisconsin, the University of Texas and the National Council for Behavioral Health. And unique to this center is our peer led steering committee. This group of individuals in recovery are from various areas across the country, advocating for recovery prevention, medication, and a wide range of support services.

And we're focused on training and technical assistance. And as you can see in this graphic, our four areas include clinical integration and peer support services, recovery community organization capacity building, workforce development and evidence based practice all pertaining to peer recovery support. And in 2021, we will begin to take in technical assistance and trainings requests. There'll be more information about that soon, we should hope to have our new website live at the beginning of the year, so you'll be able to visit the website and find out more.

There will be contact information on the last slide if you have questions about the center, your future ability to request assistance for upcoming events. So that's just a bit more about the Center. And now for the training, we'll go over just a few housekeeping items. So a few of you have asked why you're not on camera, and only three of us are. We're using a Zoom webinar room, which just allows our panelists and presenters to be on camera. And primarily Keegan will just be the one on camera.

Also, all of you are muted. So for questions, we have two ways to do it. The chat feature, you can write anything, comments, questions, you have resources to share. We would love to have a rich conversation going on in there. If you have a really specific question and want to make sure it gets asked

please use the Q&A feature there. I think on everybody's computer, it's like second in from the left. And we'll be monitoring those and as time permits, asking those questions to our presenter.

Oh, one thing I want to make sure that when you are posting in the chat feature, make sure you are sending it to attendees and panelists. We'd love everyone to see all the comments and questions coming in. And lastly, we will make the slides available, we will send you the recording and we are giving you certificate of participation for one hour. And that email, I know a lot of you get eager to have that, we get it out within a week. I try my best to get it out sooner. But our follow up email will have, as I said, recording the PowerPoints, your certificate and a brief evaluation. It's only five questions long. So I am going to stop talking and turn it over to Keegan Wicks. Enjoy everyone.

Keegan Wicks:

Thank you so much, Cindy. And I'm really excited to be here with you all today. A formal Welcome. My name is Keegan Wicks, and I'm a person in long term recovery from a substance use disorder and mental health. My pronouns are he and him. And I am a nationally certified peer recovery support specialist.

I am also happily here representing Faces and Voices of Recovery, a national nonprofit advocacy organization headquartered in DC. We have a whole lot of information to cover. And I'm going to be honest, I'm really excited to be here with you. This is probably my favorite topic to talk about when we talk about recovery. I lead our advocacy and public policy initiatives at Faces and Voices. And this is a topic that is constantly coming up.

Ultimately, words matter. The words we use in every facet of our existence, in every opportunity and every conversation that we have. And they especially matter when we talk about recovery and substance use. Time and time again, we have found that... Words have changed over the years. And it's hard to keep up with what's what. And we found that there are words that we use, that aren't relevant to our conversations anymore. And perhaps more importantly, that cause stigma, that further the stigma that already exists within substance use, substance use disorders, people who use drugs, and their families and allies associated with them.

So by the end of our conversation here today, here's what you'll be able to take away. Today, we're going to dive into conversations, to figure out what exactly are these words that are causing such problems among recovery in our field. We're going to talk about the research and science behind the words we use and why they matter. So not just me telling you that these words are useful in today's language, unless the use is intended to harm others.

But we're also going to talk about establishing what some of these old myths and beliefs are, and how to do away with them. Specifically, I want you to take away intentional strategies on how you can use your words, and the language that you speak and communicate with others to change the way that substance use recovery, people who use substances and beyond are viewed.

We're also going to provide some other suggestions on how you and perhaps if you're working actively in an organization can change stigma, by doing things like a language audit. And we'll talk a little bit further about that. In any type of experience, I recognize that we may be talking about new discussions and a new set of beliefs and perhaps introducing new ideas. And so I ask that you proceed here with an open mind so that we can have a new experience together. As we talk about this.

I also want to recognize and thank you for the opportunity to be with us today as we navigate this session. Zoom fatigue is a very real thing, and has played a huge impact on all of our lives. And so I appreciate you sticking through this next hour. And I hope that you find this information useful.

It's important that we set a baseline for our conversation, as we talk so much about stigma and the harm that the words can cause and, most importantly, the strength and empowerment that our words can cause. So I want to speak about what it looks like to talk about stigma and discrimination and prejudice. And so let's start with the definition of what stigma is. And prepare yourself I see that everyone is communicating in chat. And I really love that it's great to see so many people from all over. So we're going to pull some information from chat and ask your participation as we go throughout this. And so I thank you for your participation ahead of time.

So first things first, what is stigma? And this is something that as a person who has attended what feels like a million, fillion trainings over the years that this is bland. This is bland to me, because I feel like I hear this so much. But I think it's critical that we talk about this to establish a starting point, and to figure out where we go from here. And so here's what I have for you. Stigma is ultimately a relationship between an attribute, an undesirable attribute and a stereotype that is assigned to a person or a group. And what happens as a result of that? Ultimately it discredits people. If individuals are devalued, often in a social context. They face inequality, inequity and barriers to accessing a variety of services, especially as it relates to substance use. It marginalizes individuals and communities at large.

And ultimately, it prevents an individual from achieving their full potential, from really engaging in their pursuit of happiness and contentment. All right, so that's stigma. So let's take a look at what are some of the ways that stigma can exist within our communities, within our various levels. Often I can experience stigma, I can either be the recipient, or the provider of stigma, whether I'm conscious of this or whether I'm not conscious. We experience stigma from within, from recovery communities, and through the professional realms, and from the general public. And we'll talk about a little bit more of the various types of stigma that can be experienced.

But when stigma occurs in these given areas, we notice that it's clear that there are different consequences that people face, depending upon where they're experiencing the stigma. I'm going to work backwards if you're following along in the screen. When we experience people who have stigma surrounding the general public or the public at large. Often, we experience individuals who talk about having a substance use disorder, and how that's not a real disorder, how it's more of a moral failing than an actual disease. Which hopefully, if you're here on our call today that that's not true.

Professionals experienced stigma on a regular basis. And I want to clarify that this is also well beyond, outside the scope of the recovery community and the recovery field, meaning prevention, treatment, recovery. So even beyond that, think about primary care physicians and other medical providers. As a result of stigma, people begin to believe the stigma. They begin to believe that people aren't able to recover, the treatment is not effective, and that there is no hope through this process of recovery.

Stigma's experienced all throughout the recovery community, in a variety of different realms. Perhaps you're familiar with the definition of recovery, that SAMHSA has provided the working definition of recovery. I know if you were here, on our last call, you had an opportunity to hear a little bit about that from Joseph. But we experience that there can be stigma, whether it's a particular pathway that somebody is on. Perhaps often stigma is associated inside the recovery community with perhaps,

moderation, with using substances in moderation versus an abstinence based recovery. Or perhaps accessing medications and using medications, there can be a stigma.

And ultimately, when all of this stacks up it impacts the individual who is seeking the help, or who may not even have yet an opportunity to seek help. And we'll spend some time talking about that. The ultimate consequence is that people feel hopeless.

We talked about varieties of stigma and what this looks like. We can have different types of stigma. Let's talk about stigma as it exists in the general public. I also want to reiterate, because often I think it can be easy to get lost if you work in the field for a period of time, that we start to kind of perhaps unintentionally put people in different pockets. And so there are people who are in recovery. There are people who may not suffer from or have potential to experience a substance use disorder, and there are people who use drugs.

Rather than looking at all of this as a continuum. We can change the conversation and experience different attitudes and a negative feelings towards individuals who are experiencing problems with people who use drugs or for people who have a substance use disorder. And so how do we see that in the public? If anybody may have social media, I know that there has been dozens of times where I've seen memes and other pictures and the signs depicting substance use disorder as a moral failing.

I'll never forget that I was watching or I was scrolling endlessly on social media. And I saw that there was an image of a person on a bike. And they were riding their bike very seamlessly. And it said addiction is a disease. And then they took this big stick, and they shoved it right into their bike wheel. And it caused them to fall over all in this picture. And then it essentially alluded to that, no, it's not, it's a moral failing, you chose this. And so I see examples of this type of stigma on social media and beyond all the time, whether that's comments and other discussions on blog posts, perhaps showcasing images of people who may have overdosed or completed suicide in their homes.

And we talk about institutional stigma. And here this is tricky. And I think this is something that's been highlighted outside the scope of recovery from substance use, in our society at large, talking about systematic stigma, systematic prejudice, like systematic racism. Intentional or unintentional practices and policies that limit individuals from being treated as individuals. And it limits their opportunities, it limits their ability to engage in society as other people would. It excludes them from activities.

We may see that in insurance coverage, perhaps in the three strike policy that you may be familiar with in the criminal justice setting. And ultimately, the stigma comes down to the individual, and they internalize them. And what happens there is people are not able to get access to the treatment that they so deserve, as a human right, because they feel a loss of hope, a loss of confidence, a loss of self esteem.

What are some other effects of prejudice and discrimination? We talked about it excluding people from mental health and substance use activity... Or excuse me. We talked about it, excluding people. And some examples of that are employment. If people aren't able to access the housing, affordable, safe, healthy housing, they are unable to access health care because of... Oh my gosh, I'm totally drawing a blank on the word. Pre-existing conditions, there we go.

And ultimately, it impacts people's ability to successfully participate in social activities and practices with their family or friends. So I ask that we dive into chat, and you provide some examples of

other ways that stigma has impacted people, perhaps people that you know, perhaps stigma that you have yourself experienced. Though, I'm not asking you to name yourself, or specifically name others. But share with us what some other ways are, that you've experienced or seen stigma. And we'll read some of these answers off. My good old colleague, Joseph will help us navigate through this. So we'll take just a couple seconds and spend some time to talk about what it looks like to experience stigma and some examples that you faced.

Joseph:

Alright, Keegan, we're starting to see some excellent examples here around how people have been seeing stigma. Stigma related to harm reduction in their neighborhood. We're seeing education as well, if they individual receive a drug charge, people receive... Oh, and it's just keep on going.

Keegan Wicks:

Yeah, how about that.

Joseph:

Around their current housing status, around healthcare and medication.

Keegan Wicks:

This is great.

Joseph:

[crosstalk 00:19:02]. Yes.

Keegan Wicks:

Thank you so much, Joseph. And so what's clear here, at least what seems like thousands of people who are on this call with us have experienced or witnessed stigma in some capacity. And we have to change that. And the good news is, however, many of us have joined this call today. Today on if you're not already implementing these things, there are clear cut directions that you can take to begin to change the perception that people have surrounding substance use and recovery.

I saw somebody speak of syringe exchanges and that harm reduction as a whole is something that has absolutely experienced stigma, as it relates to people getting safe and effective medical care. People having the opportunity to be able to ever seek treatment. Yeah, these are great examples, really appreciate this. Let's look at some other examples.

So we've spoken about people internalizing this stigma. That it becomes something that I hear X, Y, and Z, my life, in perhaps in social activities, in movies, in surrounding experiences. And I feel a sense of guilt and shame. If I experience a mental health experience, or perhaps a substance use disorder, I have this lower self esteem, as it relates to all of this. And again, it ultimately leads to people keeping this a secret. And I use that phrase loosely. But really, this is what happens. People don't feel comfortable talking about their challenges that they're facing in their life. And they don't get the help

they need. And as a result of that, if they're not getting the help, that they need, they're less likely to either improve, to experience some type of recovery, or to seek wellness in their life.

And so we understand that discrimination and stigma are something that people experience at every part of their process, at every part of their life. And I understand that stigma and discrimination is something that is experienced well outside the realm of substance use as well. But I want to remind you that what people are experiencing, is a whole set of their own life values, situations, traumas, and experiences, long before they ever meet you if you're a provider, or a community member.

And long before anyone may even have an idea of asking for help. And I ask you keep that in mind, as you meet these people where they're at. And I think it's critical, it's paramount, that we're treating people properly, as humans, as equals, as partners in their recovery journey, or their lack of. And we do that by using dignified language, by meeting them where they're at. And we do that in all areas of our lives. And so before we get into some of the research behind these things, the words we use are critical.

The heart of the recovery movement, as he's often referred to, as Don Coyhis, has this incredible description of how words matter. It says this, it says "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." And I think that that speaks volumes to what we're experiencing.

If I use proper language, if I use positive language, I have an opportunity to allow individuals to seek their own journeys. To begin removing that stigma that we can experience. All right, so let's talk about some of the research that has come up. In particular, I want to talk about two different studies. We are all flowers, I love that. I want to talk about two different studies. The first came out of 2010. So 10 years ago, and ultimately, a group of individuals were assigned case studies and they were all similar in nature, except that there was different language that was used for people who were engaging in substance use.

So these individuals were assigned case studies about subjects who were experiencing some type of substance use. And the only difference was the language that was used to describe them. And the research that was conducted showed that when a subject was described as a substance abuser, or somebody who abuses substances, generally the punitive action was taken. They were seen as someone who, I'll say, a criminal. Whereas when they were described as having a substance use disorder, a therapeutic action was recommended. And I want to really hit home on this.

And I'm sure as we're kind of all going through this along together. In this example of a person who has a substance use disorder, the therapeutic action was recommended. The biggest glaring difference here is that a person is seen as a person. And this is language that's person centered. Whereas a substance abuser, the identified problem becomes the person versus it being a person centered with somebody who is a whole being, who has experienced a variety of issues in their life.

And then, ultimately, this study was replicated by a group of clinicians on two different occasions. And the results were the same. Carrying further, in a new study that was done a couple years ago by Dr. Robert Ashford, he pulled the general public. And he tried to look at different biases towards people who use drugs, and individuals with substance use disorder. And it was clear that when language was used like addict and alcoholic, relapse, that there was a negative bias associated with individuals when that language was used.

And on the alternate side, there was a positive association when other types of language was used. And I'm going to hit this home a few different times as we navigate today's discussion. But things like medication assisted recovery, recurrence of use. Whereas addict and alcoholic evoked negative attitudes about the person, that it was describing. And so this is, in itself, when I began my process of not just being in recovery, but beginning the process of working in the field, I was confronted with a whole new set of challenges.

And one of them was learning a different type of language. Because I was fortunate to have mentors and other professionals beside me, who were highlighting what you're learning about here today and that the language we use matters that our stories have power, and the words that we choose should be chosen carefully. And I had learned early on in my recovery process. By default, I was taught words like addict and alcoholic and relapse. And so the idea of new terms to describe the recovery that I had come to know, were very different and very foreign to me. And frankly, I was really taken aback by it. I wasn't interested in learning new language. And so it was really something that took time and a lot of conversation with others that I had to begin to address. Is there a question from the floor?

Cindy Christy:

Yes, let me unmute. Thanks, Keegan, I didn't want to break your stride. But we have a couple of questions, if you have a moment. It might help everyone. Someone asked, "What is the meaning of meeting them where they're at?"

Keegan Wicks:

Oh, my God. Thank you to the person who asked that question. So it is getting out of the idea of one treatment fits all. And it's quite literally, if you think about physically going to a person to meet them in their environment, where they are located. That is one example of that. But another is really looking at each individual is experiencing their own set of circumstances and their own set of life experiences. And each person comes to the table with their own set of strengths, their own set of resiliences, and their own set of issues that they may or may not be interested in working on.

And it's a power shift. And so the idea is, rather than me being an authority figure, if I'm in direct service, telling an individual "You need to stop doing this or you need to do this." It's going down to meet them and saying "Hey, how's this working for you? What's going on? And is that something you're interested in working on?" So it's framing the conversation differently and honestly, is something that we can have probably an entire day's worth of discussion on. I really love that you asked that question. Thank you so much.

Cindy Christy:

Thanks, Keegan. Appreciate that one more quick one. And just let everyone know, we may not get to all your questions today. But Keegan and Joseph have agreed to look at all the questions and possibly put together an FAQ. But quickly. Let's see, this person cannot recall the source, but they have read that using the word stigma perpetuates stigma. Has your research uncovered this too, or do you have thoughts about this?

Keegan Wicks:

Yeah, thank you. So it's challenging. I think my experience with this and our experience as an organization has really been that it's utilized, the word itself is utilized a lot. And if you're playing a counting game of how many times I've said stigma during the training, you're probably winning. And so we've begun toying with alternative suggestions for how to describe this. And also, I'll recognize that stigma and discrimination are often confused. And they often a lot of times things that we're talking about is really related to discrimination. But I'll say that we've also began using terms like negative public perception as an alternative. I have not read any research that has supported one or the other. But I know that this has been something that has been brought up before. Thank you.

All right. All right. So we're going to dive back in. But recognize this language is something that may be new. I had used this, as described before, I had used old stigmatizing language a lot before. I had worked in direct services for a variety of years in several different capacities. And I use phrases like addict and alcoholic. And I didn't know, it wasn't until kind of later that I had learned when is it appropriate to use these types of terms. And I think one of the experiences that we run into, is in a professional setting sometimes professionals can use that type of language as ways to build rapport with individuals.

But I'll say using language to build rapport is not often the best practice. And I think at every occasion, it becomes teaching issue or a teaching opportunities, it becomes an experience to showcase what it looks like to use dignifying language to the people that we're serving. And so I'll share with you a couple infographics as we go along. Another source by Dr. Robert Ashford and when is it appropriate at kind of a larger scale and a visual representation of this.

And so, I want to be clear, obviously, you can see that in public with clients, medical settings, journalists and beyond it is not acceptable to use these terms addict, alcoholic, substance abuser, because we know that they are stigmatizing we know that using this language is not person centered. It increases someone's chance of receiving punitive actions rather than therapeutic actions and more. But a lot of individuals who enter into the field of recovery, who will participate in trainings and beyond, may participate in some type of recovery process of their own, such as mutual aid meetings.

And language like addict and alcoholic may be an intentional part of that subculture, and may be used as kind of a cultural shortcut to relay an identifiable experience. And I'm not here to argue that. I am in no way shape or form telling you that you must change your language inside your own mutual aid meetings. What we're really speaking about is beyond that. And so when we use this positive information and this positive types of language, we see that there's an increased public support for policies so that people can actually receive the care that they may need for things like Mental Health Parity. For things like policies in organizations, for recovery ready workplaces. It also provides an opportunity for additional funding. And ultimately it allows individuals to interact with people who may have a problem with substance use, or mental health, but allows normalizing the interaction and engagement people experience with that.

So it's not a black sheep discussion, we're talking about being part of the same herd. And so we take this information, how do we begin to implement. We know that using certain words can be

stigmatizing, can increase negative public perception to use some of the language we had spoken about before? What can we do?

And actually, yeah, thank you so much. I see some questions coming in. What are alternatives to these words that I'm suggesting you no longer use? I feel like that's a really important question. Because just not saying anything, obviously, is not an appropriate response. We have to know how to talk about them. And so hang in with me, just briefly, so that we can start talking about some positive experiences and some positive language that we can use as alternatives. I apologize to give you that cliffhanger here. I want to spend time talking about storytelling and why storytelling matters.

The words we use matter, our stories have power. It's the title of one of our signature trainings here at Faces and Voices. And a lot of what we're discussing today is discussed in the larger trainings that we provide. And our stories have power is not just a cool title. I mean, it's because what we know is that when individuals share their own lived experiences, and provide education about what they've learned through their own life experiences, as well as information that's grounded in evidence informed practices. Is that people are twice as likely to be impacted on changing their attitudes and behaviors as it relates to whatever it is that we may be talking about. Twice as likely.

So when we talk about individuals have power in their story, and in their storytelling abilities, we mean it. Now, I'm not saying storytelling is the answer for all situations. I think that there can be its own kind of host of issues that we can experience as we navigate through that as well. What I am here to tell you is that telling stories about your own lived experience is an effective strategy. And we can do that if you work in a recovery based setting, perhaps as a treatment provider, or as a peer recovery support specialist. Sharing your own stories, minding whatever policies that may be present in your organization, minding whatever ethics may be in your way, or there to help further guide you in your process.

But it can be a really useful strategy, and not just to build rapport, but to share with others your experiences, and possible opportunities for them to seek the help they need. We do it through role modeling, too. And we do this through... I guess I don't have to explain role modeling, but I will just in case. It's that I'm living my life, the way that I hope others will inevitably live. And so it's probably a terrible explanation for it. But the idea is, if I think it's important for people to use positive person centered language, then I should be doing that too.

We also do this through a variety of different education opportunities, through education through communities. Whether that's town halls, and other gatherings and panel discussions. Where we have a variety of people who can share their own stories through a basic understanding of the science behind addiction and recovery. And like I've been preaching about for the last however long, through using non-stigmatizing and recovery oriented language. I think the key part is, in our organization is experiencing a lot of this as we are navigating, growing through diversity, equity and inclusion efforts, through learning about black, indigenous and people of color, and a variety of oppression that individuals have faced throughout history and in recent years.

What we're learning in this is to hold each other accountable. That we have opportunity and a safe space to have teachable moments with one another. And I think that same principle can be used here in recovery messaging, when we talk about when there's an opportunity for language, even though it may be inconvenient, it may be inconvenient to correct someone, and to provide an alternative piece of language for them to use. But I think it's an important opportunity for us to begin effecting change.

When do we use it. We've already showed kind of this other example, in that visual representation, but we use recovery messaging at every occasion. And so this may be at the dinner table, it may be with your neighbors, so the general public, you may be engaging at a speaking engagement, writing letters to news editors, on your own blog posts, and especially during media interviews.

And what's the process for this and we'll show an example. And then we'll talk about some adequate replacements for language that has been stigmatizing. We want to make it personal. We talked about that, it's my story that has power. And I really want to emphasize that you are the person whose story has power. And it means the world in your own community, when you're sharing your stories. It means a whole heck of a lot more when you do that in your own community than when I do that in your community.

You know, and it's because people's perceptions change when they recognize individuals. When they already have a respect, when they already have some type of relationship. So that adds credibility. Don't get me wrong, it can be absolutely effective to experience stories from other people as well. But I think you as an individual attending this today have a real opportunity to capitalize on your own relationships to affect change.

I think it's also important that we speak with one voice. And what I mean by that is that we're having consistent messaging. Which can be tough, especially I think, in this field, because there's so many different types of information that are constantly surrounding us. And there's a lot of opportunities that have conflicting information. And so in your community, there may be opportunity to speak about a consistent piece of messaging for local funding, or a local Recovery Center. Your state may have priorities, advocacy priorities that are very specific to your area and what your group would like to accomplish. Likewise, there may be things nationally.

And I think what you'll find is that depending upon what you're advocating for, and how you're speaking, these things might change that the messaging you're using may change, and that's okay. But I encourage you to discover what's in your community, what's in your state, what's in your nation, to figure out what voice you should be using. And I think this bottom bullet, I'll better explain, to focus on recovery. I think what we're really talking about is having a strengths based approach. I think we're looking at the value of uplifting individuals, using their strengths and resiliency, which may be a focus on celebrating recovery, and that recovery is a very possible outcome.

We had talked about providers not being used to seeing that recovery is a viable outcome. We can change that conversation and share with them that treatment is effective. Recovery is real and recovery is the projected outcome, provided an individual has enough resource and support in their process. And so when we look at the structure of how we engage in recovery messaging, I think often it's easy to follow along in this basic set of format. This introduction, it sets the precedent, and I think you'll notice that I did some version of that when we initially started.

And I think it's easy to get lost in this as well. But the point is that when I'm speaking about recovery, I'm identifying myself as an individual, person centered. And that for me, I am a person in recovery. But I think that it's important to establish your relationship whether that you yourself are an individual in recovery, whether you are a family member or an ally of somebody who is in recovery, or seeking a recovery journey, or somebody who used substances. Whatever the case may be. To talk about what recovery means to you.

And this is where it is kind of... It's easy to get lost, and it's easy to get creative. And then to talk about why you're sharing your recovery story. And so the shortened example of this is, "My name is Keegan and I'm a person in long term recovery. And for me, that means that I've been in remission from using substances for 10 years. And I share this with you today to show you that recovery is possible. And recovery is possible, because I received services that help support me through the first five years of my recovery process, and have actively engaged in some sort of treatment for recovery, as needed, throughout my process of time." And so we have opportunity to cater to the discussion, how it's unique to you, again, telling your own personal story, it doesn't need to be mine. And it doesn't need to be someone else's.

I also, in taking the storytelling a step further. And as we get into recommendations for various types of language, I want to recognize how to further operationalize recovery. And I want to mention a few different things here. One is that recovery is not linear. Recovery is such a different process for so many different people. And going back before, we had talked about the working definition of recovery. And that's something that if you haven't seen it yet, if you haven't had opportunity to read through it, I highly recommend that you do that.

That there are a variety of different measurements that can be used to see growth and progress in someone's experience in recovery. And this is something that I think was really critical to me. And that really I had discovered, when I had begun working actively in recovery support services at a local recovery community organization. If you are in the clinical realm, you may have heard of the global assessment of functioning, which is a scale one... Excuse me, 0 to 100, that basically rates how serious a person's individual mental health illness may be, using symptoms from their day to day experiences and their day to day life.

So I had heard of that before, but I had not heard of things like the BARC-10 10, or RCS, the recovery capital scale. I didn't realize that there were measurement outcomes that actually captured improved functioning, that captured improvement in someone's resources that they had available to them. Because what we have found is that the more resources a person has at their disposal, the better their chances are of attaining a successful recovery.

I also add that to always make sure that everyone is included, everyone that should be included as a part of any decision making process. As it relates to your organization, as it relates to recovery, your own community. I always think of Joseph when I talk about the participatory process, really making sure that we have opportunity to have all voices come to the table. And people who use drugs are an often overlooked piece of this really important equation.

I think it's critical that we have individuals who are using substances at the table to help make decisions about the care that they're going to receive. And so I think that important considerations. If somebody is saying down below, "Nothing about us without us." It's exactly right. Making sure that we always have representation through the entire continuum of the recovery process.

All right, so I know I had promised you solutions, and I apologize for delaying the solutions until now. But the language we use matters. And so we have talked about the negative descriptions, and we've included examples of both substance use and mental health in this and suggested alternatives. I also want to recognize here, I think earlier I had either said committed suicide or completed suicide, which is a With great transparent learning opportunity. The correct terminology is died by suicide. That's the positive, person centered description that we can begin using now.

And so I think a great example that this is an opportunity to constantly be learning and constantly have teachable moments. But so we look at, rather than saying someone is clean or sober, we talk about a person being in recovery. Rather than describing somebody as an addict or an alcoholic it's a person with a substance use disorder. And people may feel more comfortable describing kind of more specifically, a person with an opioid use disorder, person with an alcohol use disorder. That's acceptable.

But I really want to hit home that... The other thing I'll mention briefly, which we could probably spend a lot of time discussing is the way we use our language in normal conversations that we may have no idea about. I was on the phone with someone the other day, and they had mentioned, they had just described that their computer was acting up. And they had apologized, and they said, "Man, I'm so sorry, my computer's acting up, it's really being bipolar today."

So secretly, my heart stopped. But actively it was an opportunity to educate that individual that, hey, that's actually provides a negative connotation to people who have bipolar disorder. And using that type of language further stigmatizes people. And if your computer is acting up, or being slow, or I don't know it has a virus, describe it as such. There are other adjectives available. But save that one. So, I want to share that example.

Again, I also want to get back to clean and sober addict, an alcoholic. Beginning to introduce myself as a person with a substance use disorder, as a person in recovery was hard. Because I had been ingrained in my own recovery experience to identify myself as an alcoholic, as an addict. As somebody who was sober, somebody who was clean. And it was challenging, really hard to begin changing that. And so if you have begun to experience... You may have experienced, I don't know like, for instance, when we talk about pronouns, that's a discussion that has come up more prevalent lately. You may find that it's hard to get acclimated to using a different pronoun for somebody who prefers a different pronoun.

And you may find yourself that you have engaged in conversation and referred to somebody as the incorrect pronoun. Or even talking about completed suicide earlier. It doesn't mean that we're just overnight going to fully succeed at this, but it's recognizing within yourself, within your organization, within others, that this takes time. And one of the most important opportunities is to make the decision to begin to change this. And to really see that people, when their language is different. When we're using Person Centered language, the outcome is different.

All right, so finally, I want to... Yes, language change is intentional. I want to talk very briefly about conducting a language audit. And I recognize that we're not going to have a whole lot of time to be able to dive deeper into this, I want to acknowledge that SAMHSA has a toolkit that speaks about conducting a language audit in your organization within the work that you are doing. And so if we don't have opportunity to cover all of this, I'll make sure that you have opportunity at a later date to read through that.

But ultimately, it's reviewing the materials that your organization has presumed produced, and scanning them. Scanning them for stigmatizing language. And then intentionally replacing them with more inclusive language, with Person Centered language. What I want to hit home about this is that we're doing this with all of the material within an organization, not just a policy and procedure manual, not just our PowerPoints. But we're looking at blog posts, training manuals, emails. All of this.

And the great thing is technology has a lot of opportunity where we can do search and replace functions for electronic documents. I'm not saying that that's a perfect solution, but certainly can be a

time saver. And so what are some other things that can be done as we navigate through this. It's important to reflect on the types of information we want to share with the public, we want to share with our audience.

And then again, as we had mentioned earlier, nothing about us without us, to seek input from stakeholders, from people that will be served by our services, and to always have ongoing conversations and training opportunities with staff on stigma. Especially surrounding the negative impacts that it can have on individuals seeking help they need. And so, as we talk about the act of ways to reduce stigma, I leave you with this, it's important to be mindful at every stage in the process of words that you're using, and the effects that they can have on people.

It's important to begin intentionally, albeit uncomfortably, sometimes, using positive language when you speak about individuals who use substances, individuals with substance use disorder, individuals with mental health and beyond. I also want to acknowledge it's uncomfortable, I know I said it before, I want to acknowledge again, it's uncomfortable, but embrace that change. Lean into it. I ask that you share your story, and use recovery messaging, at every opportunity that you have. And ultimately make sure that you're conducting, assuming you have the ability in your organization, if you're working for a recovery organization, or perhaps suggest this to your supervisors, to conduct a language audit within the work that you do.

If this has piqued your interest, there's more where that came from. I'm going to let my friend Cindy talk a little bit further about what we have going on next. But I also want to acknowledge that you can always check out more of Faces and Voices of Recovery, and what we're doing in your neck of the woods, and perhaps virtually in this climate at FacesandVoicesofrecovery.org. Thank you so much. Really appreciate your time. Over to you, Cindy.

Cindy Christy:

Thank you so much, Keegan and a little virtual round of applause here for our presenter. I'll tell you what he did. There are a ton of questions that we obviously are not going to get to. But I just wanted to acknowledge some of the people that wrote very thoughtful questions, thought provoking, and I got a quick one for you. So now I have to find... I may not have a quick one for you. It was about the use of long term recovery, who gets to say they're in long term recovery.

Keegan Wicks:

Oh, my God, I love that question. Wow. Yeah, so I offer to you there's no cut off. I offer, it's been my experience that you say what you're comfortable with. If you're not sure if you qualify as a person in long term recovery, then using a person in recovery is a completely appropriate alternative. When we look at attaining sustained recovery or another illness, we talked about attaining remission, perhaps with cancer we talk about five years of sustained recovery. We know that after five years of sustained recovery, people's recurrence of use, by the way, I saw a lot of shout outs to that. Recurrence of use, formerly called relapse, drops 85%. Recurrence of use drops 85% when an individual attains five years of sustained recovery. I'm not saying five years is the limit. But I think what you're comfortable with is what you should be using.

Cindy Christy:

Thanks, Keegan. Love the answer. Okay, everyone, you will get an email from me. I'm going to try my best to get it out to you. I'm going to try for Friday, but we usually ask for a week. It will have the slides to this presentation, the recording. It'll also have information on how you can download a certificate of participation and an evaluation.

And Keegan, yes, thanks. A lot of you, I'm sure most of you on here saw that a save the date went out for a number of trainings that are coming up in the first of the year. We do not have the registration live yet. I'm hoping to have that out next week. We've got a lot of responses and a lot of questions about the save the date. So we're really excited about that. We have a couple more things to figure out before we let it go live. And it does involve Keegan and Faces and Voices of Recovery. So thanks, everyone. Have a great afternoon. Have a wonderful holiday. Happy everything and we hope to see you soon take care all.

Keegan Wicks:

Take care.