

# Social Change: Language Matters

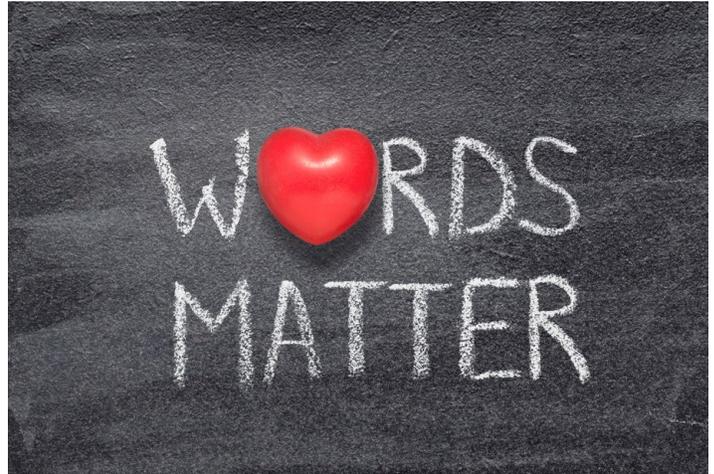
By Rose Maire, MAC, LCADC, CCS, NAADAC Ethics Committee Chair

As a profession, we are called to do no harm. Our clients deserve respect, and we must consider the effects of the words that we use. Words matter and words have consequences. When words are used inappropriately to describe a client or used inappropriately with a client, those words not only negatively promote societal perceptions regarding substance use disorders, they feed the stigma that keeps individuals from seeking treatment and recovery support services.

Generally speaking, stigma associated with a characteristic or condition typically decreases when people think that the characteristic is outside of the person's control or that the person was not responsible for the condition. However, the experience of stigma has not decreased for our clients, even though there is concrete, science-based evidence that genetics have a strong causal role in the development of a SUD, and SUDs cause significant impairment in a person's ability to inhibit their impulses and responses to stimuli.

As professionals, we do not want to bring societal stigmas to our sessions. Our profession talks about drug "abusers" and "addicts," but would never refer to a person with an eating disorder as an eating abuser or eating addict. Rather than using the "abuser" language, we should be talking about hazardous, risky, or harmful use. We talk about clean and dirty urinalysis drug screens (UAs), or a client being "dirty" when we should be talking about negative and positive test results. As ethical practitioners, we have an obligation to monitor our verbal and nonverbal engagements with clients, peers, and others.

At the NAADAC 2020 Annual Conference, Dr. Carlo DiClemente, the co-developer of the Stages of Change Model, challenged all of us to examine what it means to make a mistake and to look at our definitions of success and failure. We all make mistakes; mistakes are valuable learning lessons. Most of us would agree that some of our best opportunities for growth came from making mistakes, learning from them, and incorporating what we learned into our lives. So, did we fail, or did we have an opportunity to learn, grow, and move forward? For our clients who struggle with SUDs, "relapse" is the word we have used to describe use that came during a period of abstinence. Dr. DiClemente proposes that "relapse" connotes failure and places blame and shame on the client. He also suggests that a "relapse" happens after a person has had a period of abstinence. For clients newly in recovery or going through significant life changes and stressors, they are not "relapsing" because they are learning how to take control of their lives and their use and maintain their changes. Labeling a client a "chronic relapser" is stigmatizing and can inhibit the process of change. Change can be a struggle in early recovery and there are many lessons to be learned in that struggle. Dr. DiClemente also acknowledged that recovery is not a linear line; recovery can have many twists and turns along the journey. So, instead of using the word "relapse," Dr. DiClemente is asking us to use the word "recycling." Clients go through the stages of change many times during their treatment and recovery journey. When a client has a lapse, something is not working in their journey; something is wrong with what the client is doing currently. Lapses typically happen in the action stage, which then moves



the client back to a pre-action stage for reprocessing. Their change plan needs to be revised with the new data gained from the lapse. As clinicians, we have to examine how we use the word "relapse," and we need to consider using the word "recycling" instead.

As addiction professionals and clinicians, we understand the power of words. We can use words to empower our clients or we can use words to disempower our clients. The NAADAC/NCC AP Code of Ethics offers providers a standard of practice that puts clinical work with the client front and center. We uphold the fact that all clients have the right to excellence in the delivery of their care. Bias, judgment, and stigma have an insidious way of negatively impacting our work; stigma is an infectious disease that we have to identify and address. Everything we say to the client and about the client has an impact. The next time you hear words like "relapsed" rather than "recycled," consider the intent of using that word and what affect it has on our clients. Does the use of specific words motivate our clients to seek treatment, or does the use of those words create a barrier to seeking treatment?



*Rose Maire, MAC, LCADC, CCS, NCSE, has worked in the addiction treatment field for over 30 years and is currently the Clinical Director of COPE Center in Montclair, NJ. She holds a Master's degree in Counseling and is licensed in New Jersey as a Clinical Alcohol and Drug Counselor. She is also certified as a Master Addiction Counselor and a Certified Clinical Supervisor, and holds the National Clinical Supervision Endorsement. Maire has worked in outpatient, intensive outpatient, and short-term residential levels of care. She has also taught graduate level counseling courses and has worked as a Student Assistance Counselor. At the state level, she has served on the Co-occurring Task Force, the Drug Court Treatment Subcommittee, and the Workforce Development Committee. Currently, she is working on the steering committee with other New Jersey addiction professionals to form a New Jersey affiliate of NAADAC. Although she has held many different positions in the field, her first love remains working directly with clients. Maire was a commissioner on the NCC-AP for 10 years. She found working with professionals dedicated to maintaining competency standards for addiction treatment professionals to be an honor and a highlight of her career. She currently serves as Chair of the NAADAC Ethics committee.*