



3rd Edition  
June 2022

# PSYCH HUB'S COMMUNICATION GUIDE FOR BEHAVIORAL HEALTH CONTENT

SAFE & INCLUSIVE LANGUAGE & IMAGERY

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# OVERVIEW AND PURPOSE

The language and imagery we use are powerful and shape how we see the world, others, and ourselves.

The purpose of this document is to present the most cutting-edge and up-to-date information on how to communicate about behavioral health topics and diverse cultural identities.

*Note:* **Behavioral health** is the term we use to encompass symptoms, disorders, treatment, and research related to mental health, substance use, and suicide.

Stigma is one of the biggest barriers to people seeking support for behavioral health concerns. This guide is intended to help people avoid unintentionally causing harm with hurtful or stigmatizing language or images. It also aims to provide guidance on ways to foster inclusion and acceptance through the promotion of carefully selected terminology and imagery suggestions. This guide was not created to be the single source of permanent truth on these topic areas, but to represent the ideal standards as they are at this current time, as indicated by research and voices of people from the referenced communities. The important thing is to embrace that adhering to best practices is a never-ending journey. This guide will be updated accordingly as new and emerging research is available.

Of note, this guide was created for a general audience to help inform the production of content creation (video animation, scriptwriting, etc.), and we acknowledge there may be some settings (e.g., clinical treatment) where not all suggestions would be applicable. We encourage thoughtfulness, introspection, and adaptability from all readers when using this guide. This document is not a substitute for training in communication skills, such as body language, tone, and listening techniques. These skills are important aspects of effective communication in daily life. We encourage everyone to seek information on non-verbal communication and, if applicable, to their professional role, to engage in ongoing training and supervision. *For more information about communication skills, check out our course [Motivational Interviewing: Communication Basics](#).*

**Remember, although this guide provides recommendations, it's best to avoid generalizations and assumptions. These guidelines are *not meant to be monolithic or prescriptive*. When speaking to or about someone, we recommend that you ask the person what they prefer and honor that.**

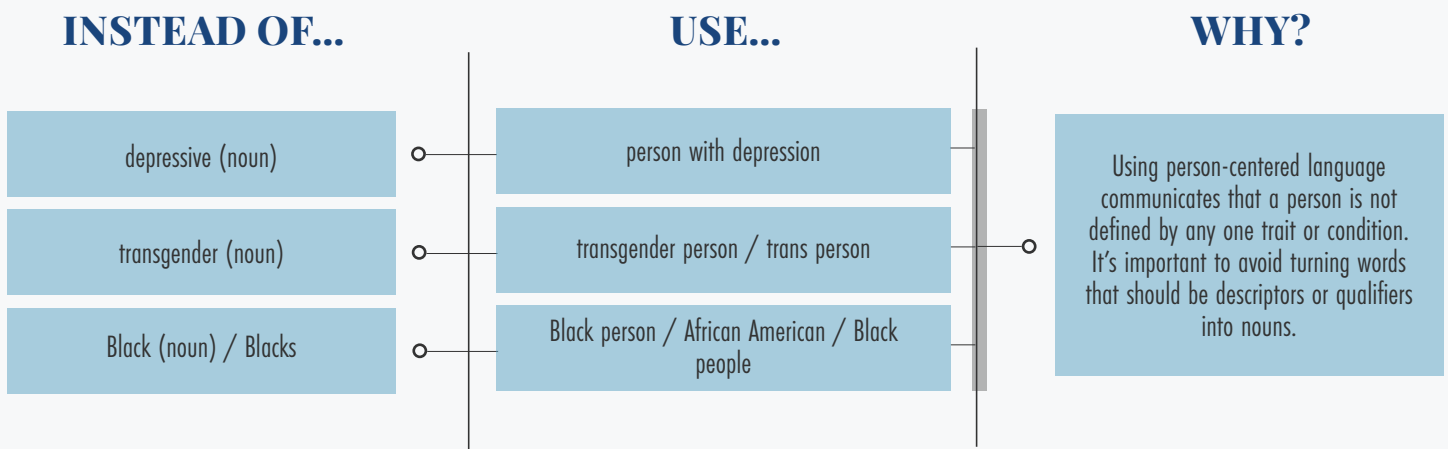
## THE USE OF THIS GUIDE CAN HELP INDIVIDUALS AND ORGANIZATIONS...

- Create **non-stigmatizing, non-triggering, hopeful, and empowering** content.
- **Provide positive, strengths-based perspectives** whenever possible (e.g., in a video about self-care, describe the benefits of engaging in self-care rather than simply the disadvantages of not practicing self-care; in a discussion of the relationship between culture and mental health, focus not only on mental health disparities, but also on cultural protective factors such as connectedness and spirituality).

# HIGH-LEVEL RECOMMENDATIONS

## PERSON-CENTERED LANGUAGE

Person-centered (or person-first) language should be the default when describing any individual.



## IDENTITY-FIRST LANGUAGE

Some communities, such as the Deaf community (Crocker & Smith, 2019), disabled people, and autistic people, have rejected the use of person-first language in favor of identity-first language (e.g., "disabled person" rather than "person with a disability", "autistic person" rather than "person with autism"). Such individuals advocate for identity-first language because they see their disabilities as a part of their identity and nothing to be ashamed of. It's important to refer to individuals based on their preferences. Psych Hub follows the guidance from the Americans with Disabilities Act National Network and uses person-first language, and will adapt our approach based upon any future consensus reached by any given community that identity-first language is more appropriate (ADA Knowledge Translation Center, 2017).

## STRENGTHS-FOCUSED LANGUAGE

Language should be used that focuses on strengths, positive attributes, abilities, and the inherent worth and dignity of each person. Often, marginalized cultural identities and behavioral health disorders are described negatively, which can be damaging to the people being referred to.

- Avoid focusing only on difficult experiences or barriers people may encounter based on their health or culture. Instead, try to focus on respectful and empowering language that more accurately reflects the whole person (Sosa, 2018).
- When discussing how to help others, avoid centering the helper or portraying the recipient as helpless or dependent.
- Avoid terminology that reduces people’s agency and autonomy over their lives, decisions, and treatment. Focus on empowering individuals to make the best choices for their health and life.



## OUTCOMES AND ADVICE

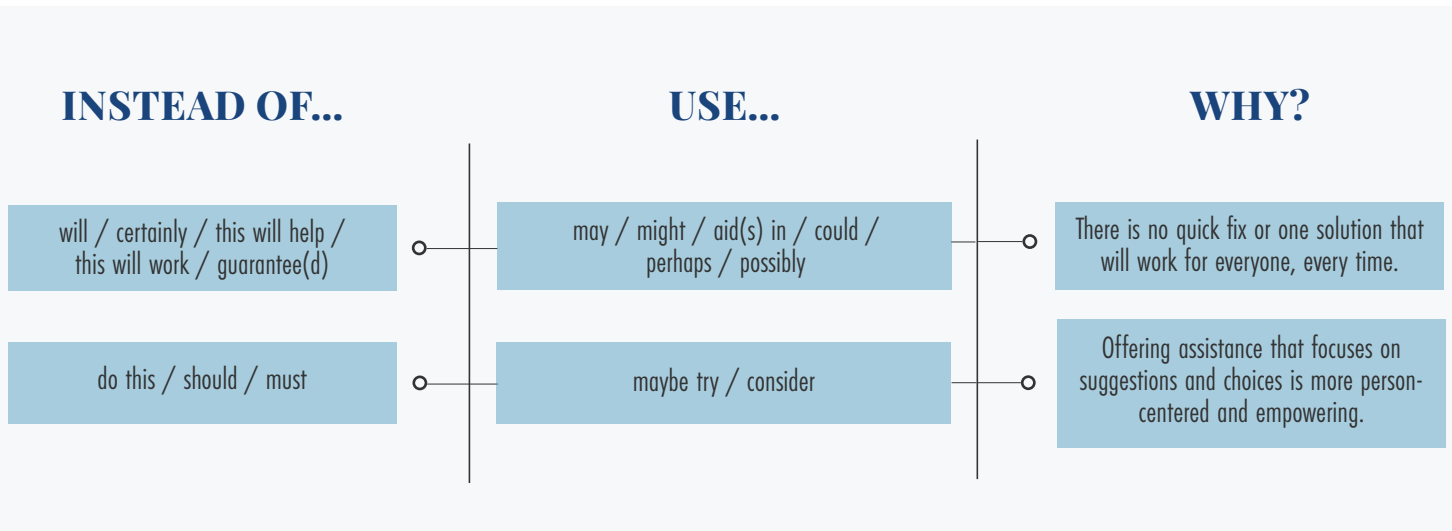
Avoid language that guarantees outcomes, giving direct advice, and using prescriptive language. When beginning treatment, people should always be made aware of the potential risks and benefits as well as the limitations of effectiveness.

### ***Some advice about advice***

There are many reasons even licensed behavioral health providers don’t give directive advice or tell others exactly what to do, including but not limited to:

- They are not the ones who will personally experience the consequences of implementing that advice.
- The suggestion may or may not work, or it may even cause harm.
- If the directive doesn’t work or causes problems, it can cause a rupture in the relationship and damage trust.
- It helps to avoid inadvertently harming others by attempting to “help.”
- People should be empowered to make the best choices for themselves, and providing too much direction can foster helplessness and dependency.
- Working together to identify a variety of potential suggestions instead of giving an absolute directive helps to teach problem solving skills, fosters empowerment, and promotes autonomy.
- By not giving explicit advice, one avoids taking on the responsibility for another person’s health or life.

When considering the recommended language below, keep in mind that these recommendations are presented in the context of treatment recommendations and outcomes as well as lifestyle health and wellness strategies.



## DIVERSITY RECOMMENDATIONS

Be inclusive and promote equity. All types of diversity (and the intersectionality of these aspects of identity) should be taken into account when creating content, including but not limited to...

- Race, ethnicity, & indigenous heritage
- First language & migrant status
- Gender, sex, & sexual/romantic orientation
- Disability & neurodiversity
- Socioeconomic status
- Spirituality & religion
- Body size
- Geographical location
- Age
- Parental status
- Military and veterans

**Diversity in lived experience videos:** When selecting people to share their lived experiences, consider which groups and demographics might be most affected by a given issue, or how aspects of identity might impact the way that an issue is experienced.

**Diversity in animations:** When creating animations, write and check for visual and audio descriptions of character skin color, body type, gender, accent, age, visible disabilities, and cultural or religious attire in each script. These aspects of identity should be considered in terms of how they might affect the way that character experiences and understands mental and behavioral health.

**Diversity in curriculum & areas of focus:** When designing curriculum and written content, consider how diversity and intersectionality impact the topic. Integrate these considerations throughout the curriculum, including but not limited to which groups are most impacted by a given issue or disorder; cultural competency, cultural humility, and implicit bias of mental health professionals; the importance of social and political advocacy in the mental health field; cultural adaptations of treatment; and disparities in access to treatment.

## DEPICTION RECOMMENDATIONS

**Positive imagery:** Avoid using images of people in emotional distress. If using stock photos with people, choose those with more neutral or toned-down emotional expressions. For animation, characters may show emotional expression but avoid any portrayal that could be too triggering or potentially disparaging (Stuart, 2006).

**Substance-free depictions:** Do not show any images of alcohol, illicit drugs, prescription medications, or paraphernalia. Even prescription medication bottles could be triggering for a variety of reasons (for example, those whose substance use concerns are related to prescribed medications).

# TOPIC-SPECIFIC RECOMMENDATIONS

## REMINDER

As we review topic-specific recommendations, it's important to remember as you are interacting with others directly, that you should always prioritize each individual's preferences for labeling themselves, as these preferences vary. Examples include "Black person" versus "African-American," "victim" versus "survivor," "disabled person" versus "person with a disability," and "fat" versus "overweight." Rather than assuming, it's best to simply ask the individual what they prefer.

However, when creating resources for the general public, these guidelines reflect what we understand to be best practices at the time this guide was created. It is important to keep in mind that these best practices are ever evolving as we strive to maintain cultural sensitivity and accuracy when discussing individuals and groups of people.

## MENTAL HEALTH

### Language

- Conditions and disorders are NOT capitalized unless they include proper nouns (e.g., Tourette's syndrome).

INSTEAD OF...	USE...	WHY?
mental health problem	mental health issue / mental health condition / mental illness	"Problem" has a negative connotation and places judgment on another person's experience.
suffers from mental illness / struggles with mental health / mental health challenges	experiences mental illness or behavioral health disorder / has a mental illness or behavioral health disorder	"Suffer" may imply pity. This kind of language victimizes the individual (Counseling Staff, The Family Institute at Northwestern University, 2019).
using any disorder as a noun (e.g., schizophrenic, depressive, alcoholic, anorexic)	person with schizophrenia / person with depression / person with alcohol use disorder / person with anorexia	People are not their disorders or conditions. Using person-first language is vital.
sane / insane	recovered or in recovery / unrecovered managed condition / unmanaged condition treated disorder / untreated disorder	Use of inaccurate and outdated language is stigmatizing.
psych ward	psychiatric hospital / psychiatric facility / inpatient treatment setting / mental health treatment program	



## Depictions

- Do not depict people in inaccurate mental health treatment settings, such as prison-like buildings, or the use of physical restraints.
- Show behavioral health providers interacting with clients/patients without desks between them.

## SUBSTANCE USE

### Language

- Avoid derogatory terms. Examples include “addict,” “junkie,” and “rock bottom” (David et al., 2019).
- Respect personal preference. Some people with substance and alcohol use disorders may use terms like “alcoholic” or “addict” to refer to themselves, as these are the norm in many support groups.
- **SUD:** substance use disorder

INSTEAD OF...	USE...	WHY?
substance abuse	substance use / substance misuse / substance use disorder	The term “abuse” has been found to have a high association with negative judgments and punishment (Kelly & Westerhoff, 2010).
drug or alcohol problem	experiences a substance use disorder	Describing a disorder as a “problem” implies the individual is responsible for creating said “problem,” and contradicts the known science of the biopsychosocial development of substance use disorders.
dirty / clean	positive / negative drug screen	Avoid language that associates substance use disorders with impurity (David et al., 2019).
clean	person in recovery / person in long-term recovery	
relapse	recurrence of use; recurrent of symptoms	The term “relapse” itself implies only two possible outcomes — success or failure — that do not fully describe what actually occurs. Recurrence of symptoms is common to substance use behaviors and chronic illness in general (Substance Abuse and Mental Health Services Administration, 2019).
drug-seeking	concerning behaviors	Avoid language that contributes to negative moral connotations of substance use disorders (Copeland, 2020).
addict / substance abuser / alcoholic	person with a substance use disorder	Use person-first language rather than (often derogatory) labels. Of note, some people in the recovery community use the word “addict” or “alcoholic” as accepted terms. This is another instance where the wishes of the individual should be taken into account.

## INSTEAD OF...

## USE...

## WHY?

addiction

substance use / substance misuse /  
substance use disorder

The term “addiction” has been removed from the DSM substance use disorder definitions and descriptions due to its ambiguity of definition as well as the stigma of the word itself. “Substance use disorder” is offered for suggested use since it is a more accurate and neutral term (American Psychiatric Association, 2013).

alcoholism

alcohol misuse / alcohol use disorder

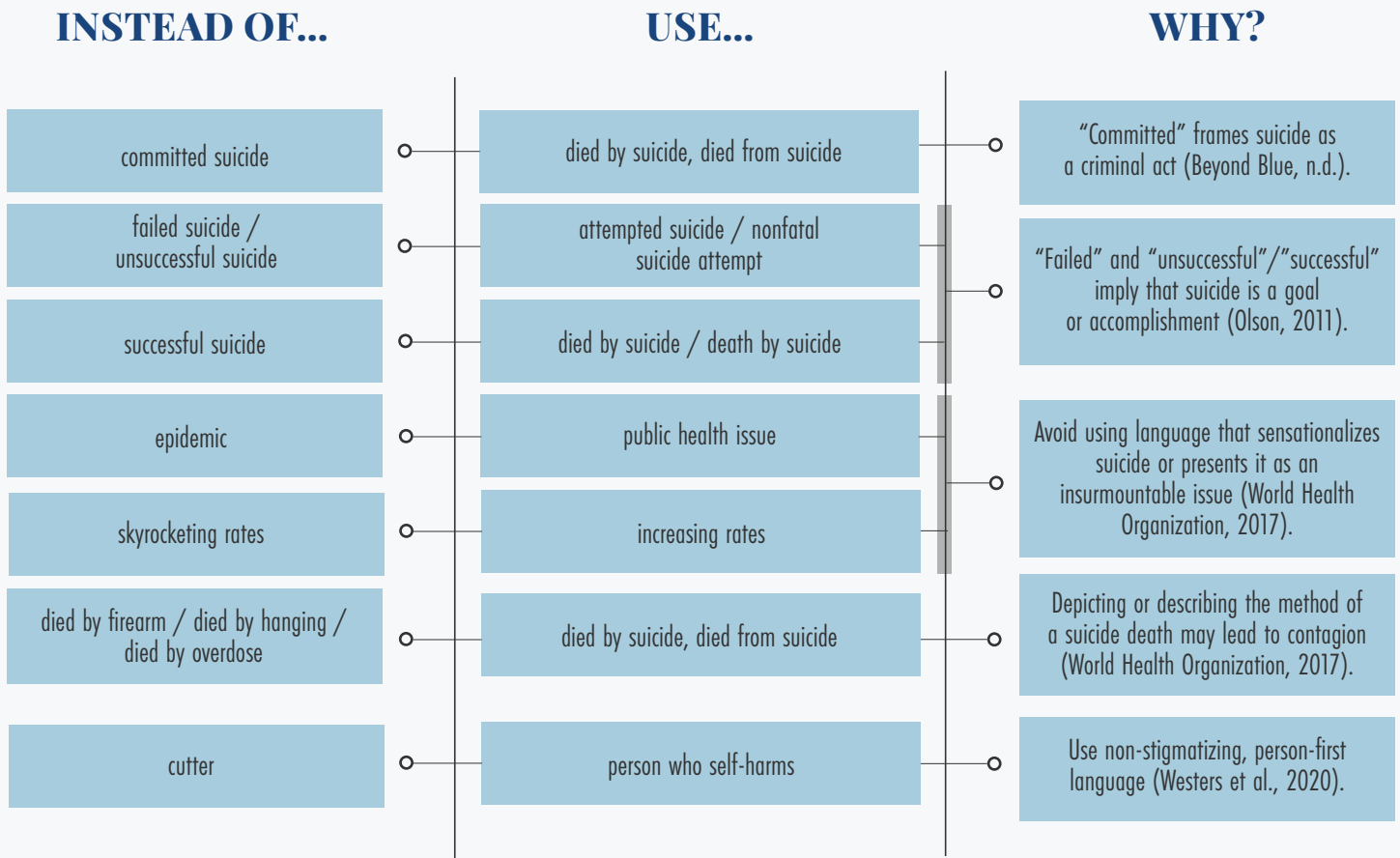
“Alcoholism” is not the name of a disorder and carries negative connotations.

### Depictions

- Do not use visuals of paraphernalia or substances themselves, or show people using the substance, as this may trigger cravings or lead someone in recovery to return to the state they were in when they were using (*Inside Treatment and Recovery: A Look at the Transition*, 2017).
- Avoid depicting substance use disorders as something separate from mental illness or psychiatric disorders. “Behavioral health disorders” is an umbrella term that encompasses mental health and substance use disorders.

## SUICIDE AND SELF-HARM

### Language



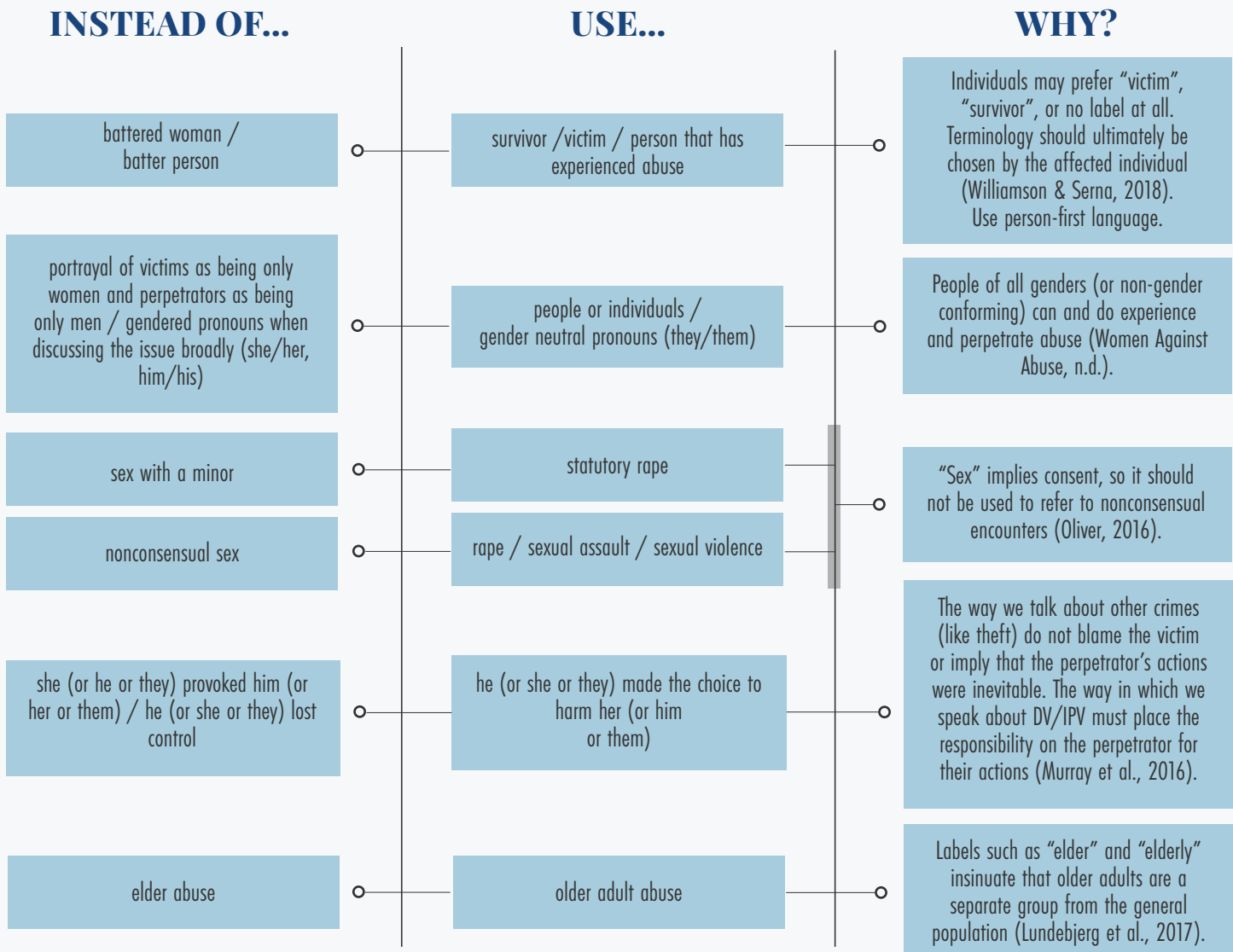
### Depictions

- Do not visually depict a suicide or suicide methods, such as firearms or rope (World Health Organization, 2017).
- Do not visually depict wounds, methods, or tools of non-suicidal self injury (Westers et al., 2020).
- Do not visually depict self-harm or scars from self-harm, as it may increase the viewer's risk of self-harm and/or suicide (Arendt et al., 2019).
- Avoid using images of people in emotional distress when covering this topic (Suicide Awareness Voices of Education (SAVE), n.d.).

## DOMESTIC VIOLENCE & SEXUAL ASSAULT

### Language

- **Domestic violence:** Broad term that can apply to violence against family or other household relationships (Women Against Abuse, n.d.).
- **Intimate partner violence:** Specifically refers to violence in romantic relationships (Women Against Abuse, n.d.).
- **Neglect:** Failure to provide basic needs, including food, housing, medical care, supervision, and protection from harm (Child Welfare Information Gateway, 2019). In recent years, failure to provide emotional support and connection has also been recognized as a specific type of neglect (Holland, 2019).
- **Non-physical characteristics of abuse:** Not all abusive relationships will include a physical violence aspect. Abuse can be inflicted psychologically, emotionally, verbally, socially, spiritually, technologically, and financially. Some examples of non-physical abuse include control, constant criticism, isolating from social support, restricting access to financial resources, insults, shaming, denial, blaming, and stalking. For more information, check out our course [Safety Planning](#).



### Depictions

- Do not use imagery depicting someone in emotional distress, physical abuse, or signs of physical abuse (e.g., bruises, broken bones).

## RACE, ETHNICITY, & INDIGENOUS HERITAGE

### Language

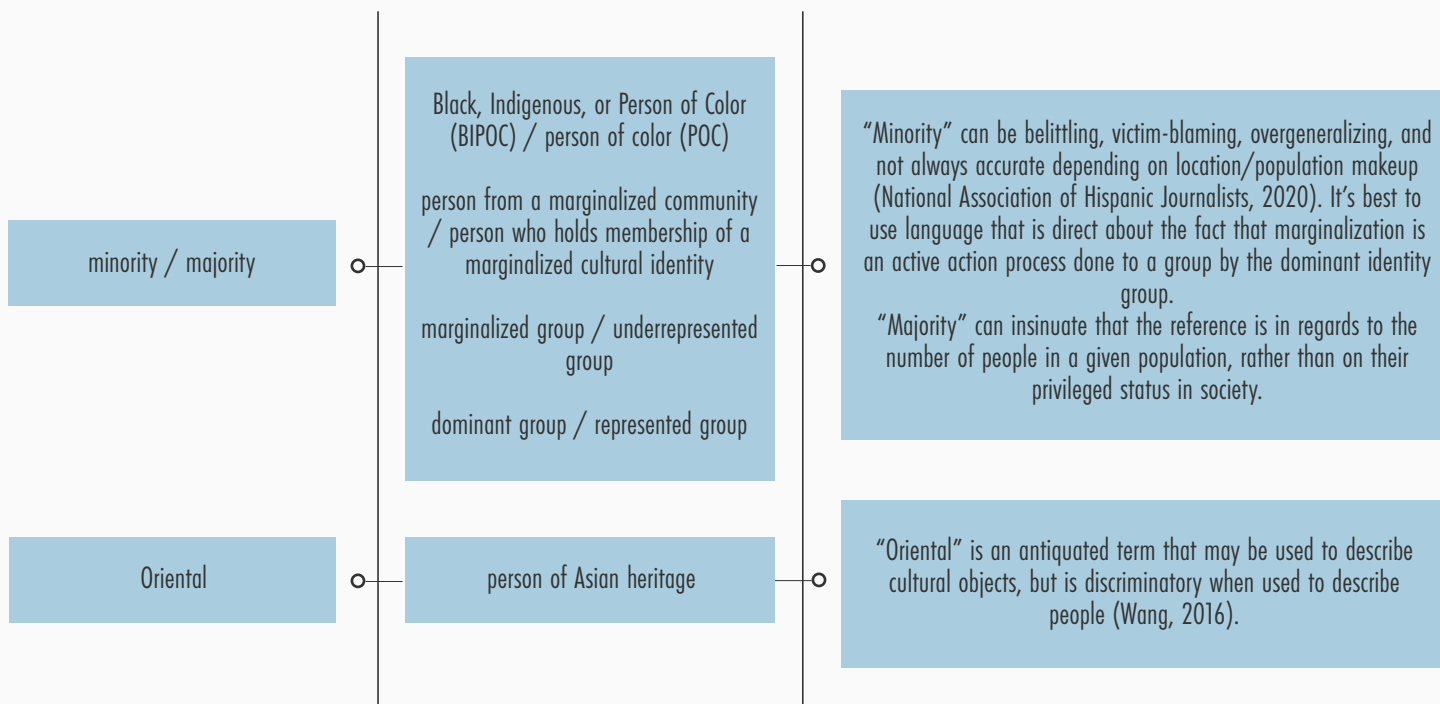
- **Race:** determined by physical characteristics such as skin color (APA Style, n.d.-c).
- **Ethnicity:** determined by shared language and culture (APA Style, n.d.-c).
- **BIPOC:** Black, Indigenous, and People of Color.
- **Racism:** Bias, prejudice, discrimination, and marginalization on the basis of **race**.
- **Colorism:** Bias, prejudice, discrimination, and marginalization on the basis of **darkness of skin**.

INSTEAD OF...	USE...	WHY?
Blacks	Black people / African Americans	Avoid reducing or dehumanizing people by using specific, accurate, and person-centered language.
Latino(s) (unless specifically referring to a Latino man / Latino men) Latina(s) (unless specifically referring to a Latina woman / Latina women)	Latine(s) / Latinx	“Latine” and “Latinx” acknowledge Latin American descent without conforming to binary gender constructs (Blas, 2019; Salinas & Lozano, 2019). However, Latinx has been criticized for lacking popularity among Hispanic people (Noe-Bustamante et al., 2020) and going against typical Spanish vocabulary (Blas, 2019). For these reasons, Latine may be the preferred option, although it ultimately comes down to personal preference.
Indian	Native American / American Indian / Indigenous	These terms should ONLY be used when describing a group of individuals from more than one tribe. If describing one or more individuals from the same tribe, the specific tribal affiliation should be used (Native American Journalist Association, n.d.).
Native American tribe	Name the specific tribe (for example, Tejon Indian Tribe)	To avoid erasing the diversity among indigenous communities, tribal affiliations should be used if referring to a specific tribe (Native American Journalist Association, n.d.). For a comprehensive list of tribes, see <a href="#">National Congress of American Indians (NCAI)</a> .

## INSTEAD OF...

## USE...

## WHY?



### Depictions

- Include a wide range of skin tones in animated characters and people involved in live films. Depicting only lighter-skinned people of color does not qualify as inclusive representation (Knight, 2015).
- Take great care to ensure accuracy if depicting a character wearing cultural garb.
- Ensure that the lips/mouth of Black characters match their facial skin tone to avoid imagery that is similar to blackface/minstrels (Clark, 2019).

## NATIONALITY & MIGRANT STATUS

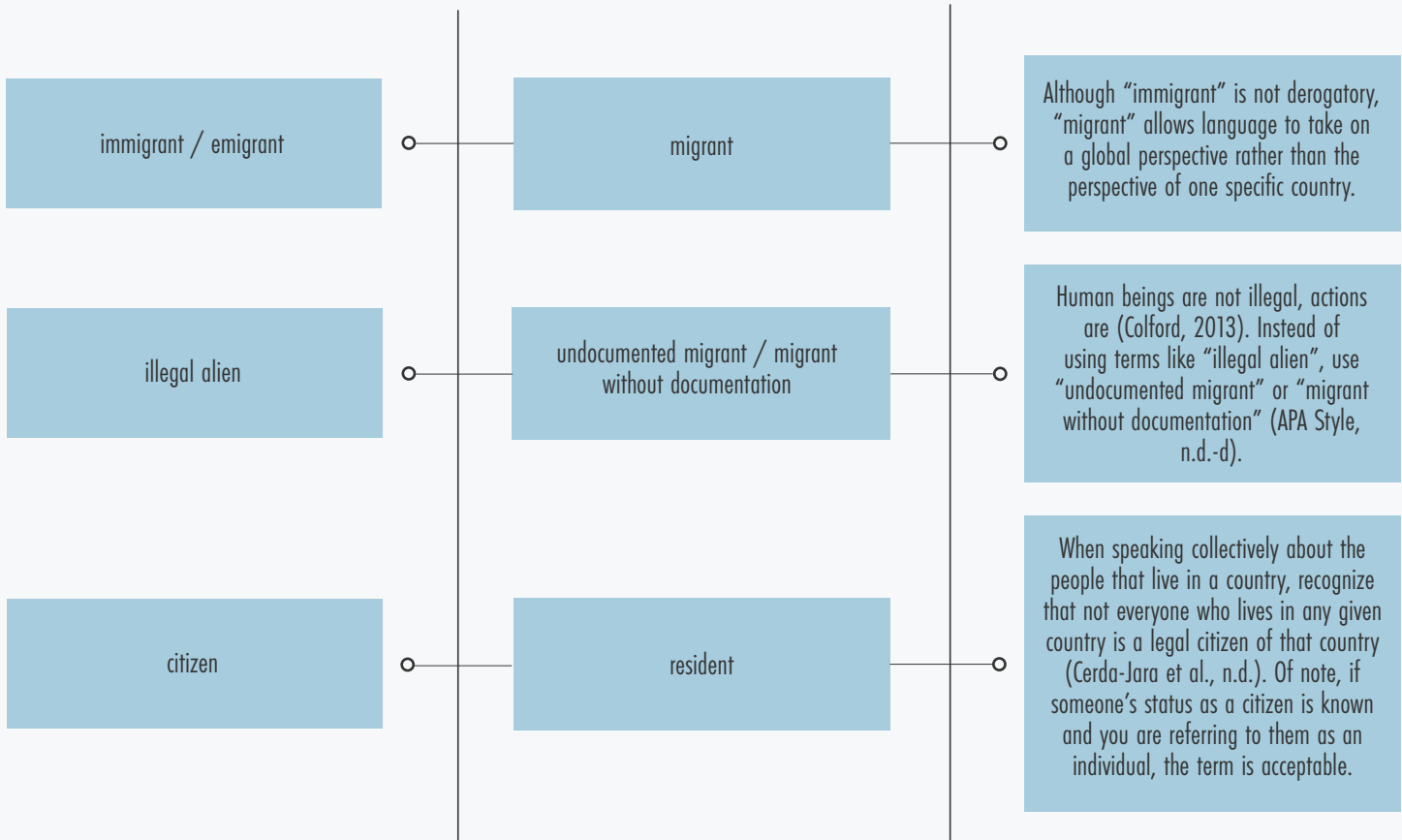
### Language

- **Nativism:** Bias, prejudice, discrimination, and marginalization on the basis of **country of birth**. *Synonym:* *xenophobia*.
- **Native speakerism:** Bias, prejudice, discrimination, and marginalization on the basis of **first language and accent**.

## INSTEAD OF...

## USE...

## WHY?



### Depictions

- When portraying characters, include a wide range of national backgrounds and accents.
- Unless discussing statistics or research specific to a certain country, make content as universal as possible.

## SPIRITUALITY & RELIGION

### Language

- Religion is a case in which person-first language is acceptable, but not necessary or even the norm. It is most common to use identity-first language, such as "Muslim" or "Muslim person" rather than "person who is Muslim" (Kapitan, 2017).

### Depictions

- Take care to ensure that any depictions of religious clothing, icons, or other imagery is accurate, necessary, and not stereotypical.
- Ensure a broad range of people from diverse religious and non-religious backgrounds are represented in live film, animations and stock photos.

## GENDER, SEX, & SEXUAL/ROMANTIC ORIENTATION

### Language

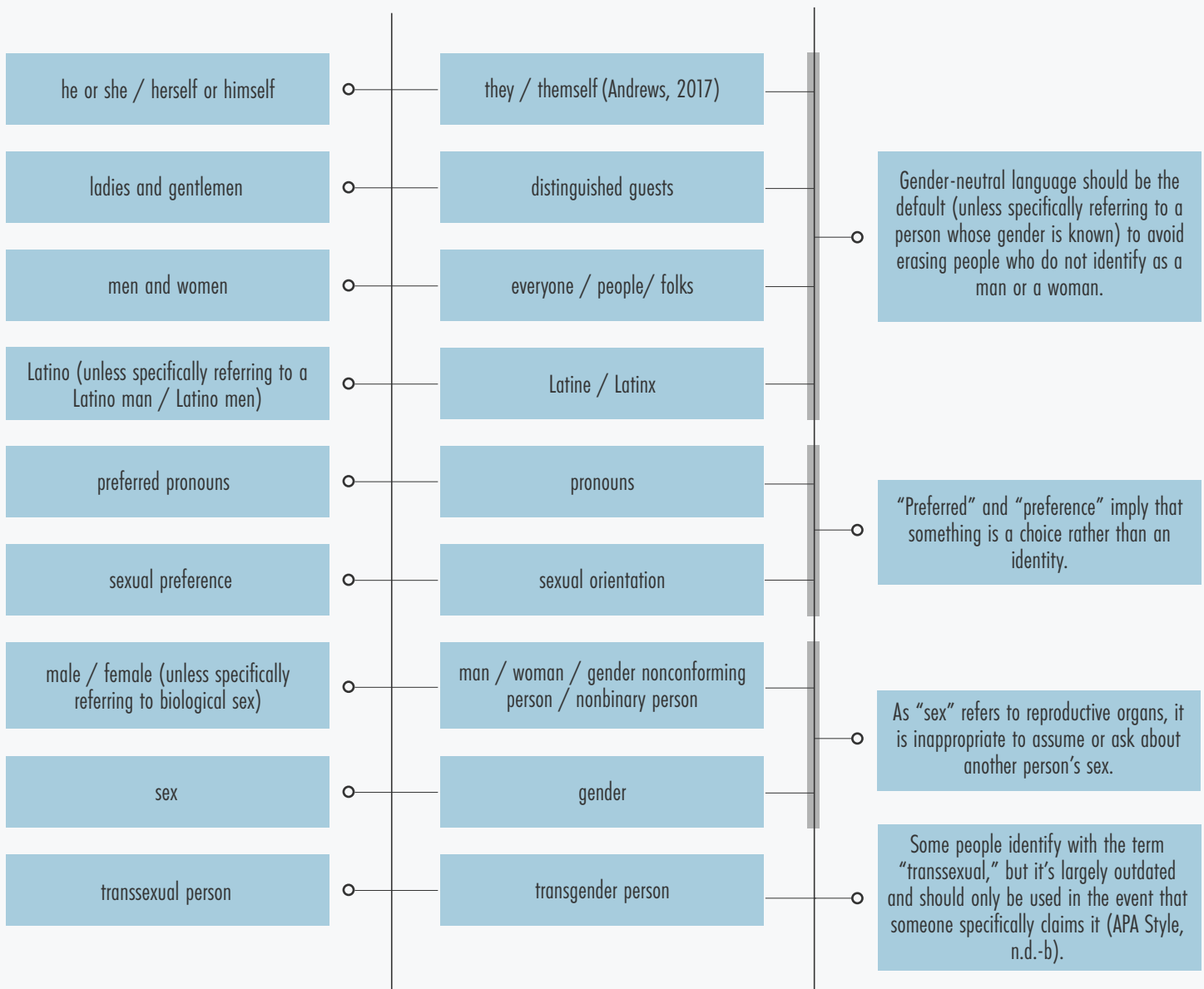
- **Pronouns:** Use the correct pronouns of the person about whom you are speaking. Until someone has shared their pronouns with you, it's safest to use gender neutral pronouns (i.e., they/them). Tip: To find out someone's pronouns, you could say something like, "By the way, what pronouns do you use? Mine are \_\_\_\_." In addition to they/them, gender neutral pronouns that people may use include ve/ver, xe/xem, and ze/hir (Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) Resource Center, n.d.).
- **Gender:** Demographic characteristic determined by the characteristics that cultures and societies associate with biological sex. Gender identities include but are not limited to woman, man, genderqueer, non-binary, androgynous, and gender nonconforming. Some indigenous persons also identify as two-spirit (American Psychological Association, 2015a, 2015b; Robinson, 2020).
  - **Cisgender:** Describes someone whose gender matches their biological sex at birth.
  - **Transgender:** Describes someone whose gender does not match their biological sex at birth.
- **Queer:** Reclaimed term for anyone who is a part of the LGBTQ+ community (American Psychological Association, 2015a).
- **Sexual and romantic orientations:** Descriptive terms for the sex and/or gender of people to whom someone is attracted sexually and/or romantically (American Psychological Association, 2012).
  - **Aromantic / asexual:** Describes someone who does not experience (romantic/sexual) attraction.
  - **Bioromantic / bisexual:** Describes someone who is (romantically/sexually) attracted to people of more than one gender.
  - **Demioromantic / demisexual:** Describes someone who needs to form a strong emotional connection before they feel (romantically/sexually) attracted to someone.
  - **Heteroromantic / heterosexual:** Describes someone who is (romantically/sexually) attracted to people of a gender different from their own.
  - **Homoromantic / homosexual:** Describes someone who is (romantically/sexually) attracted to people of the same gender as them.
  - **Panromantic / pansexual:** Describes someone who is (romantically/sexually) attracted to people regardless of their sex or gender.
- **Sexism:** Bias, prejudice, discrimination, and marginalization on the basis of sex or gender.
- **Heterosexism:** Bias, prejudice, discrimination, and marginalization on the basis of sexual or romantic orientation.



## INSTEAD OF...

## USE...

## WHY?



### Depictions

- Include an even distribution of genders in all roles (e.g., professional, clinical, caregiving, authority figures).
- Include characters of a range of gender identities and sexual/romantic orientations.

## DISABILITY & NEURODIVERSITY

### Language

- **Neurodiverse:** Describes someone who exhibits the characteristics of atypical neurological and cognitive development, such as people with autism or dyslexia (Baron-Cohen, 2017).
- **Neurotypical:** Describes someone who exhibits the characteristics of average neurological and cognitive development (Baron-Cohen, 2017).
- **Ableism:** Bias, prejudice, discrimination, and marginalization on the basis of **disability or neurodiversity**.

INSTEAD OF...	USE...	WHY?
wheelchair-bound / confined to a wheelchair	person who uses a wheelchair	Take a strengths-based perspective by emphasizing abilities rather than limitations (ADA Knowledge Translation Center, 2017).
is non-verbal / can't talk	uses a communication device / uses an alternative method of communication	
handicapped person / the disabled	disabled person / person with a disability / people with disabilities	Use person-first language unless a certain person or community prefers identity-first language, as many in the disabled community do (McColl, 2019; Wong, 2019). Avoid using "handicapped" in any context (ADA Knowledge Translation Center, 2017).
paraplegic	person with paraplegia	
dwarf / midget	little person / person of short stature	
stroke victim	person who has had a stroke	Use neutral language rather than language that portrays people as victims or as lacking something (ADA Knowledge Translation Center, 2017).
birth defect	congenital disability	
person afflicted with epilepsy / person suffering with epilepsy	person with epilepsy	Use language that emphasizes the need for accessibility. Avoid using "handicapped" in any context (ADA Knowledge Translation Center, 2017).
brain-damaged	person with a brain injury	
handicapped parking	accessible parking	Avoid language that implies people without disabilities are superior to people with disabilities (ADA Knowledge Translation Center, 2017).
normal / healthy / able-bodied / whole	without disabilities	
blindspots	knowledge gaps	Avoid language that gives disabilities a negative connotation.
lame / dumb	uncool / boring / not interesting	

## Depictions

- Ensure there is representation of neurodiverse individuals and people with disabilities in all live film, animations, and stock footage.

## BODY SIZE & EATING DISORDERS

### Language

This is one topic for which the language is very much in flux; there is no universal consensus on describing body size. We do recognize, however, that some terminology has been identified as harmful and shaming, and can contribute to unhealthy beliefs and behaviors that are associated with some eating disorders. Along those lines, it's best to avoid ever implying anyone has an eating disorder (International Association Of Eating Disorders Professionals Foundation, n.d.).

When discussing body size, the first question to ask yourself is, "Does this need to be discussed?" Unless you are a helping professional or a person writing character descriptions, it is almost never appropriate to comment on someone's weight or body size, even if you perceive the comment to be positive. Avoid equating body size with health, morality, or an ideal beauty standard (Pinon, 2020).

- **Sizeism:** Bias, prejudice, discrimination, and marginalization on the basis of body size or weight. This includes both positive and negative treatment on the basis of body size and/or shape.
- **Higher body weight:** Many people propose avoiding the use of the word "obese," even in the context of medical treatment settings, since it is such a highly stigmatized and hurtful term. Research shows that terms such as "weight" and "unhealthy weight" are preferred by patients in the context of advice from a healthcare professional (Santore, 2012). Some people that identify as fat advocate for the use of "fat person" as a way to reclaim the word and empower themselves, while others cannot separate the word from hateful or judgmental connotations. The term plus-size is also still in use (Gordon, 2017, April 5; Wilbury, 2016) although this is also a term that some feel has a negative connotation (Hudson, 2019).
- **Lower body weight:** The use of the word "skinny" can be harmful to those who may be of a lower body weight. Criticism of those who are of lower body weight for any assumed higher status they have because of their weight is also to be avoided.
- **Ultimately, it comes down to individual preference.** A good suggestion for common use is "person of higher or lower body weight," and above all else, to honor the wishes of each unique individual.

### INSTEAD OF...

obese / morbidly obese / overweight

### USE...

person of higher body weight / larger person / weight / unhealthy weight

### WHY?

"Obese" is a medicalized, stigmatized term. Person-first language should be used and direction from fat activists should be taken (Puhl, 2020), and above all else, the preference of each individual should be prioritized.

## INSTEAD OF...

skinny / thin

## USE...

person of lower body weight /  
unhealthy weight

## WHY?

Using person-first language can help to avoid presenting smaller sizes as the ideal or cause any negative impact on those who are of a smaller size.

### Depictions

- Avoid depicting people of higher body weight as gluttonous (e.g., eating quickly or sloppily).
- Avoid showing people of any body weight binge eating, dieting, or restricting their food intake.
- Avoid presenting any body size as an ideal standard.
- Include a wide range of body sizes in all live film, stock photos, and animations. Ensure this is done when body size is not related to the topic at hand; in other words, people of higher body weight should not only be represented when discussing weight gain as a symptom.
- When depicting eating disorders, include a wide range of body sizes, while acknowledging that eating disorders can impact individuals at any size.
- When depicting eating disorders, avoid including imagery of individuals at a dangerously low body weight (e.g., skeletal, with protruding bones), as this could be triggering to some people.

## AGE

### Language

- **Ageism:** Bias, prejudice, discrimination, and marginalization on the basis of age.
- Avoid discussing people as qualified/valuable or unqualified/invaluable based on their age. (Examples: asking a young professional how old they are or commenting on how young they look; inquiring about when an older coworker will retire.)

## INSTEAD OF...

the elderly / seniors / aged  
dependents

senile person

## USE...

older adults

person with dementia

## WHY?

Labels insinuate that older adults are a separate group from the general population (Lundebjerg et al., 2017).

“Senile” is an outdated and potentially stigmatizing term (APA Style, n.d.-a).

### Depictions

- When depicting characters, include a wide range of ages with the exception of disorders that are age-specific and/or content that is geared toward a specific age group.

## SOCIOECONOMIC STATUS

### Language

- **Avoid stigmatizing terms.** Examples include “inner-city,” “ghetto,” “the projects,” “poverty stricken,” and “welfare reliant” (APA Style, n.d.-d).
- **Classism:** Bias, prejudice, discrimination, and marginalization on the basis of **socioeconomic status**.

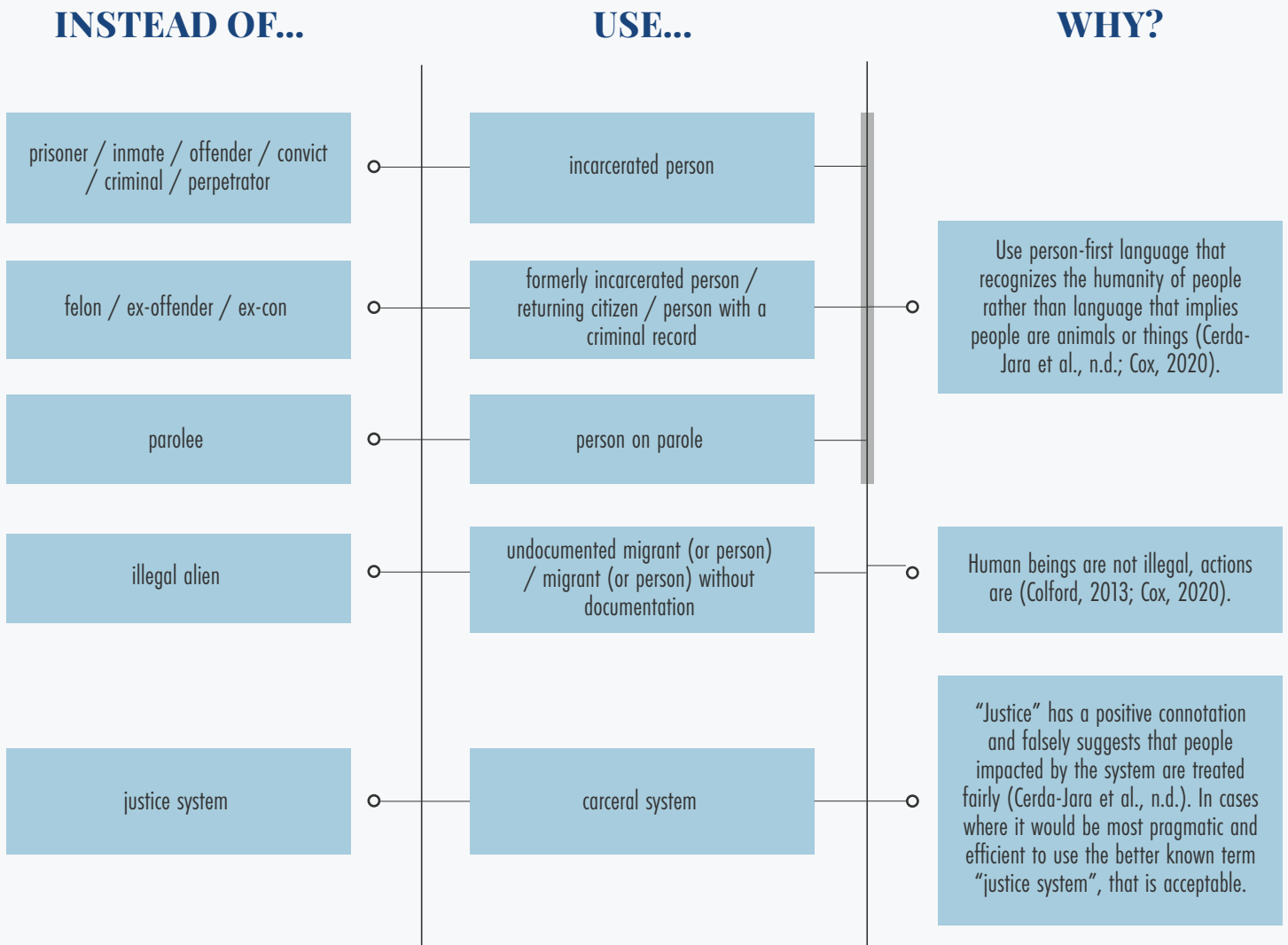


### Depictions

- When depicting professionals, include a wide range of jobs and work settings.
- Avoid dehumanizing or victimizing portrayals of people without homes (e.g., a person who looks dirty or is dressed poorly).

# INCARCERATION & THE CARCERAL SYSTEM

## Language



### Depictions

- When depicting people involved in the carceral system, avoid dehumanizing imagery (e.g., a person behind bars or in a prison uniform).
- In all content, avoid using imagery of people behind bars or in shackles/ball and chains for metaphorical purposes.

# ACKNOWLEDGEMENTS

## PSYCH HUB STYLE GUIDE

was authored by Abigail Asper, LMSW and Emily St. Amant, LPC-MHSP. Thank you to Whitley Lassen, PsyD and Sakinah Omar, LCSW for reviewing and Ryan Richards for research assistance on this project.

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