

Patient-Centered Language: A 3-Zone Reference

How you frame the conversation determines whether the patient hears care or judgment.

AVOID

"It's all in your head."
"You need to relax."
"There's nothing structurally wrong, so..."
"You should see a therapist."
"Just stop worrying so much about it."
"Other patients don't have this much trouble."

USE

"Pain doesn't live in just one system."
"Your body has been carrying a lot."
"I want to make sure you have the full team you need. Would it help to talk to someone who specializes in the stress side of this?"
"What else has been going on that might be making this harder to recover from?"
"There are people I trust who can help with the parts that are outside my scope."

BOUNDARY CHECK — WHEN THE CONVERSATION DRIFTS TOWARD THERAPY

Some patients will try to use the chiropractic visit as therapy. The pattern is time-limited acknowledgment + redirect to qualified care + return to your scope. Caring AND clear.

TEMPLATE SCRIPT:

"I can hear how much you're carrying. That's exactly the kind of thing [counselor name] is great at sitting with. Let me make sure you're connected — and let's get you set up on the table."

Then redirect. Then deliver care. The patient stays in your care — you've added a teammate, not handed them off.

CULTURAL HUMILITY NOTE

How a mental health referral lands depends on culture. Florida is one of the most demographically diverse states in the country. In some communities — Hispanic/Latino, Caribbean, Haitian, African American, certain Eastern European and religious communities — mental health referral carries significant stigma. Watch for resistance. "Someone who specializes in stress and sleep" lands more universally than "a therapist." "A counselor who works with our patients" lands better in many immigrant and faith-based communities than clinical-sounding terms. The goal is the connection, not the label. Adapt to your community.