

MBIR™ Professional Language Principles

Guidance for Ethical, Grounded, and Trauma-Informed Professional Communication

This document has been developed to support grounded, ethical, and professionally responsible communication within the MBIR™ practitioner ecosystem. MBIR™ encourages careful use of language in educational, practitioner, public-facing, and professional contexts. Communication should remain respectful, reflective, non-exaggerated, and trauma-informed while maintaining appropriate distinction between practitioner observation, educational discussion, and established clinical evidence.

1. Core Communication Principles

MBIR™ encourages communication that is:

- grounded
- trauma-informed
- respectful
- non-coercive
- non-pathologising
- regulation-focused
- professionally responsible.

Language should support clarity, safety, and thoughtful educational discussion.

2. Recommended Professional Language

Examples of helpful language include:

- “supports reflective exploration”
- “may assist regulation awareness”
- “clients sometimes report...”
- “present-state-focused approach”
- “practitioner observations suggest...”
- “awareness-based exploration”
- “regulation-oriented practice”
- “trauma-informed educational approach”

3. Language to Avoid

Practitioners are encouraged to avoid exaggerated or absolute language such as:

- “guaranteed healing”
- “instant nervous system reset”
- “scientifically proven cure”
- “permanent transformation for everyone”

- “replaces medical treatment”
- “fixes all trauma”
- “rapidly rewires the brain”

4. Educational Discussion vs Evidence

Practitioner observations, client experiences, reflective inquiry, and educational discussion should not be presented as formal scientific proof.

MBIR™ encourages clear distinction between:

- practitioner experience
- conceptual exploration
- reflective discussion
- observational learning
- and established evidence.

5. Social Media & Public Communication

When discussing MBIR™ publicly, practitioners are encouraged to communicate responsibly and ethically.

This includes:

- avoiding sensationalism
- avoiding unrealistic promises
- respecting confidentiality
- using measured language
- maintaining professional boundaries
- avoiding fear-based messaging.

6. Trauma-Informed Communication

MBIR™ encourages communication that supports emotional safety and nervous-system awareness.

Practitioners are encouraged to:

- avoid shaming language
- avoid pathologising communication
- respect individual pacing
- avoid coercive emotional framing
- communicate with calmness and clarity.

7. Professional Humility

Professional humility is considered an important aspect of ethical communication.

Practitioners are encouraged to remain aware of:

- the limitations of current knowledge
- the individuality of client experiences
- the complexity of nervous-system responses
- the importance of careful interpretation.

8. Scope & Responsibility

MBIR™ does not claim to replace appropriate medical, psychological, or psychiatric care.

Practitioners are expected to communicate within their training, competence, professional role, and ethical responsibilities.

9. Closing Statement

MBIR™ International supports grounded educational discussion, ethical communication, reflective inquiry, and responsible professional development.

The methodology encourages thoughtful practitioner dialogue while maintaining professional caution, clarity, and integrity.

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