Manitoba Health

Co-occurring Mental Health and Substance Use Disorders Initiative

Winnipeg Region
Co-occurring Disorders Initiative

Glossary of Terms

October 2003

Common Terms

Abstinence-expected ("dry") housing

This model is most appropriate for individuals with comorbid substance disorders who choose abstinence, and who want to live in a sober group setting to support their achievement of abstinence. Such models may range from typical staffed group homes to supported independent group sober living. In all these settings, any substance use is a program violation, but consequences are usually focused and temporary, rather than "one strike and you're out". (K. Minkoff/AACP, Position Paper on Housing, 2001)

Abstinence-encouraged ("damp") housing

This model is most appropriate for individuals who recognize their need to limit use and are willing to live in supported setting where uncontrolled use by themselves or others is actively discouraged. However, they are not ready or willing to be abstinent. Interventions focus on dangerous behavior, rather than substance use per se. Motivational enhancement interventions are usually built in to program design. [See ***Consumer-choice ("wet") housing***] (K. Minkoff/AACP, Position Paper on Housing, 2001)

Anchoring

A term which has been used within the context of Co-occurring Disorders Initiative strategic planning and refers to the process of formalizing system change initiatives by creating supporting infrastructure (e.g., via contracts, policies and procedures).

Assessment

Assessment is a clinical evaluation process for identifying issues and resources that need to be considered in treatment/rehab/service planning or addressed immediately as part of a crisis response strategy. Comprehensive assessment processes may extend over several sessions and typically include an exploration of: safety or acute risk issues, existing diagnoses and/or treatment histories, presenting concerns/needs/goals, motivational levels, history of acute, symptomatic and non-symptomatic episodes, functional capacities/strengths, resources and supports. Comprehensive integrated assessment for persons with co-occurring mental health and substance use disorders also needs to include an investigation the inter-relationship between the mental health and the substance use disorders. Assessment processes are frequently supported by the use of assessment tools from interview frameworks to standardized tests.

Biopsychosocial (model)

This refers to an explanatory framework which purports to account the appearance of mental health or substance use disorders in terms of the combined interaction of three groups of contributing factors: the biological, the psychological and the social or sociocultural. It may also refer to a strategic framework for helping services which incorporates action components that address each of these influences.

Case Management

The coordination of multiple services (simultaneous or sequential) for a given client usually by one person designated as case manager. Case management roles normally include active outreach, advocacy, coordination of personal care plans, and monitoring of mental health status. Supportive case management involves assertive interventions which ensure that clients receive essential components of care, particularly where they seem unable to manage this on their own.

Client / Patient / Consumer

The term "client" refers to a person who is a recipient of a clinical or professional helping service and for whom a case file would normal be established. The term "patient" denotes a person who receives medical clinical services and for whom a medical chart or case file would normally be established. The term "consumer" or "consumer/survivor" is used to denote a person who chooses to participate in professional helping services or self-help but who is not (necessarily) either a "client", or a "patient".

Clinical / Clinician

Pertaining to a professional helping role in medicine or other health related field / Person working an clinical service role

Collaboration

More formal relationships among providers that ensure both mental disorders and substance abuse problems are included in the treatment regimen. An example of such collaboration might include interagency staffing conferences where representatives of both substance abuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and participate in service delivery. (SAMHSA, Report to Congress, 2002)

Co-morbidity

Refers to the simultaneous existence of two or more disorders or diseases. It is often applied in relation to the concurrent presence of mental health and substance use disorders.

Concurrent Disorders

Is synonymous with co-occurring disorders and is the preferred term of Health Canada. In Ontario, dual diagnosis refers to the concurrent presence of developmental disability and mental health disorders.

Consultation

Informal relationships among providers that ensure both mental disorders and substance abuse problems are addressed, especially with regard to identification, engagement, prevention, and early intervention. An example of such consultation might include a telephone request for information or advice regarding the etiology and clinical course of depression in a person abusing alcohol or drugs. (SAMHSA, report to Congress, 2002)

Consumer / Client / Patient

The term "consumer", or "consumer/survivor" is used to denote a person who chooses to participate in professional helping services or self-help but who is not (necessarily) either a "client", or a "patient". The term "client" refers to a person who is a recipient of a clinical or professional helping service and for whom a case file would normal be established. The term "patient" denotes a person who receives medical clinical services and for whom a medical chart or case file would normally be established.

Consumer-choice ("wet") housing

This model has had demonstrated effectiveness in preventing homelessness among individuals with persistent homeless status and serious psychiatric disability. The usual approach is to provide independent supported housing with case management (or ACT) wrap-around, focused on housing retention. The consumer can use substances as he chooses (though recommended otherwise) except to the extent that use related behavior specifically interferes with housing retention. Pre-motivational and motivational interventions are incorporated into the overall treatment approach. (K. Minkoff/AACP, Position Paper on Housing, 2001)

Contingency Learning

The circumstances or set of circumstances which operate to maintain a behaviour, whether desirable or undesirable.

Contingency Management

Contingency management refers to any strategy designed to promote behavioral learning and behavior change by utilizing positive and/or negative contingencies in an organized manner to create rewards for engaging in the desired behavior(s) and/or consequences for engaging in less desired behaviors. With regard to co-occurring disorders, contingency management strategies can be utilized to promote change with regard to either the mental illness or substance use disorder, or both. (K. Minkoff)

Continuity

A course of treatment for individuals with chronic co-morbid conditions ideally includes continuous, integrated and unconditional relationships that endure across multiple episodic interventions or programmatic episodes of care which have expectations, conditions, and/or time limits. (K. Minkoff)

Transitions, either upward or downward in the continuum of services, should incorporate relevant elements of any preexisting treatment plan. Treatment plans should be relevant to the entire course of an episode of illness/disability so that they can provide a degree of continuity in the context of change if properly elaborated and utilized. (AACP, Continuity of Care Guidelines, 2001)

Co-occurring Disorders

In the context of the Co-occurring Disorders Initiative, co-occurring disorders (COD) refers to the presence of both mental health and substance use issues concurrently, although this does not necessarily mean that both have to be currently active. [Also see ***Disorder***] Problems may be identified as co-occurring even if one is seen as having been active in the past only. This would provide a marker of risk for re-activation. Co-occurring disorders is also referred to variously as dual diagnosis, co-morbidity and concurrent disorder.

"Disease and Recovery Model"

This phrase appears in the CODECAT clinician self-assessment tool which is used in conjunction with the Co-occurring Disorders Initiative. A local amendment to this tool, approved by its authors, allows the term "disease" to be replaced with "disorder". This change was requested to avoid the possibility that a reader may take this phrase to mean that best practices in working with people who have co-occurring disorders requires conformity to the beliefs and practices of a "disease" or " illness" model in either addictions or mental health. [See ***Disorder***]

Disorder

In the context of the Co-occurring Disorders Initiative, the term "*disorder*" is not intended to refer exclusively to a medical diagnosis or other formal specification of clinical state. Rather, it is intended to refer to a broader category of "issues of clinical concern", which would include formal diagnoses, but extend beyond to also include issues identified as part of a clinical evaluation process deemed serious enough to include in service planning.

Dual Diagnosis

This term is often synonymous with co-occurring disorders and concurrent disorders. In Ontario, however, dual diagnosis typically refers to the concurrent presence of developmental disability and mental health disorders.

Dual Diagnosis Capable (DDC)

This refers to mental health or substance abuse programs that are modified to address the needs of persons with moderate (less than severe) levels of co-occurring disorder. Basic modifications for all programs would include welcoming policy and practices, and universal screening and assessment. Depending on the range of services that are part of the normal scope of practice for a given program, modifications may also include integrated treatment planning, supportive psychopharmacology policies, augmented program content, and inter-program coordination of care efforts. A program would be considered DDC to the extent that it addresses the needs of these persons within the context of, and employs modifications that fit with, its normal range of services functions. (CODI/Minkoff)

Dual Diagnosis Enhanced (DDE)

This refers to DDC programs enhanced to accommodate individuals with more severe symptoms or disability and provide more specialize programming and staff skills. For example, an inpatient unit that provides addiction programming in a psychiatrically-managed setting would be DDE. (CODI/Minkoff)

Empathic Detachment

A helping technique which focuses on helping the patient/client to accept responsibility for the outcomes of their choices. While acknowledging the hardship or discomfort being experienced by the patient/client, the helper may offer feedback on the apparent connection between they do and what happens, then encourage and assist them in their efforts to realize more positive outcomes, often through the use of contracting, consequences and contingency learning. Dr. Minkoff contrasts this with "supportive case management and care" which is an intervention which ensures that patients/clients receive essential components of care, particularly where they seem unable to manage this on their own.

Harm Reduction

Harm reduction approaches seek to reduce the negative consequences of drug use for the individual, the community and society while the user continues to use drugs… A harm reduction approach to a person's drug use in the short-term does not rule out abstinence in the longer term. Indeed, harm reduction approaches are often the first step towards the eventual cessation of drug use. (Canadian Centre on Substance Abuse, 1996)

The primary focus of harm reduction is on people who are already experiencing some harm due to their substance use. Interventions are geared to movement from more to less harm… with an emphasis on immediate and realizable goals. The eventual goal may be abstinence but the user does not have to begin this way. The drug user's decision to use drugs is acknowledged as a personal choice, for which they take responsibility. (Centre for Addiction and Mental Health, 2002)

Integration

Integration is defined as an array of appropriate substance abuse and mental health interventions identified in a single treatment plan based on individual needs and appropriate clinical standards and provided or coordinated by a single treatment team. It is the recommend treatment approach for individuals with two or more equally severe co-occurring disorders. (SAMHSA, 1999)

Integrated Program(s)

The organizational structure for providing integrated treatment, where the mental health and/or substance abuse program is responsible for ensuring an array of staff or linkages with other programs to address all of the needs of its clients. The program is responsible for ensuring that services are provided in an appropriate and easily accessible setting, services are culturally competent, etc. (SAMHSA, 2002)

Integrated Services

Integrated service approaches combine elements of both systems into a unified program. They involve cross-trained clinicians and unified case management. Each system of care within the integrated model must include program elements to meet the needs of clients at every phase of rehabilitation. This approach is posed as the ideal for clients with two or more primary disorders. (R. Ries, 1992)1

Relationships among mental health and substance abuse providers, in which the contributions of professionals in both fields are merged into a single treatment setting or unified treatment regimen involving more than one setting. (adapted from SAMHSA, Report to Congress, 2002)

Integrated Treatment

Integrated treatment is "any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting". (SAMHSA, Report to Congress, 2002)

Integrated treatment refers to any mechanism by which treatments for each disorder are combined into a person-centered coherent whole at the level of the consumer and each treatment can be modified to accommodate issues related to the other disorder (K. Minkoff)

Integrated System

The organizational structure for supporting an array of programs for people with different needs, including individuals with co-occurring substance abuse disorders and mental disorders. The system is responsible for ensuring appropriate funding mechanisms to support the continuum of services needs, addressing credentialing/licensing issues, establishing data collection/reporting systems, needs assessment, planning and other related functions. (SAMHSA, Report to Congress, 2002)

Integrated Treatment Plan

A treatment plan that documents and addresses both problems specifically with appropriately matched interventions.

Horizontal Integration

Experience of continuity and unity is facilitated as the person receives services from various collaborating providers (including provider systems) at any given episode of service, at any level of care or phase of recovery

Levels of Care (adapted ASAM PPC 2r)

Level I: Outpatient Services / Non-Residential / Community-Based

Organized non-residential services delivered in a wide variety of community settings where clinicians provide professionally directed evaluation, treatment, rehabilitation and recovery services provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

Level II: Intensive Outpatient / Partial Hospitalization Services

Structured non-residential day or evening treatment/rehabilitation programs. Programs generally provide 9 or more hours of structured programming per week. Programs typically have the capacity to arrange for medical, psychological and psychopharmacological consultation and can assist in accessing clinically necessary "wraparound" support services such as child care, transportation, and vocational training.

Level III: Residential/Inpatient Treatment/Rehabilitation Services

An organized set of services providing 24-hour care in a live-in setting. The defining characteristic of all Level III programs is that they serve clients/patients who need safe and stable living environments in order to develop sufficient recovery skills. Common variations include: Clinically Managed Low-Intensity Residential Services (Level III.1); Clinically Managed Medium-Intensity Residential Services (Level III.3); Clinically Managed High-Intensity Residential Services (Level III.5); and, Medically Monitored Intensive Inpatient Treatment (Level III.7)

Level IV: Medically Managed Intensive Inpatient Services

Medically managed intensive inpatient treatment is an organized service that involves 24-hour care, medically directed evaluation, treatment and nursing care in an acute-care inpatient setting. It is designed for individuals whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services.

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1 Ries, Richard K. (1992). *Serial, Parallel and Integrated models of Dual Diagnosis Treatment*. Journal of Health Care for the Poor and Underserved, 3(1)

Levels of Involvement Framework

A framework used by the Addictions Foundation of Manitoba to describe the range of individual gambling alcohol or other drug involvement. This framework covers non-problematic to highly problematic behaviours, and describes the various levels of involvement in terms of observable data or reported experiences. The Levels of Involvement are: *Non-Involvement, Irregular Involvement, Regular Involvement, Harmful Involvement, Dependent Involvement, Transitional Abstinence* and *Stabilized Abstinence*.

Mental Health Disorders

Although commonly understood in relation to formal designation of psychiatric disorders as listed in a diagnostic framework such as DSM-IV or DSM-IVTR, within the context of the Co-occurring Disorders Initiative, referring to a "mental health disorder" may or may not indicate of the existence of a diagnosis or other formal designation of disorder. Given the more global definition of "disorder" identified previously [see ***Disorder***], reference to a "mental health disorder" may also be used informally to indicate the presence of presumptive issues of dis-ordered behaviour, perception or thought processes, that are of clinical concern. "Mental illness" would be a term with similar meaning although perhaps more closely associated with the connotation of a formal designation.

Motivational Interviewing or Motivational Enhancement Therapy

Motivational approaches employ motivational strategies to mobilize the client's own change resources. They focus on what the client views as goal impediments in contrast to confrontational approaches which focus on what others think is wrong. The latter more often than not increases client resistance to change. MI or MET (a structured set of therapeutic sessions utilizing MI principles) views resistance as a normal response to threatened freedoms and is concerned about conveying respect for client choice and responsibility.

Parallel Services

Parallel treatment involves the client simultaneously in separate mental health and substance use treatment programs. It tends to place the responsibility for integration, continuity and coherency of services with the client and this can be problematic where the service systems do not share common philosophy, approaches or language and where few attempts are made to bridge the differences. (R. Ries, 1992)[2]

Patient / Client / Consumer

The term "patient" denotes a person who receives medical clinical services and for whom a medical chart or case file would normally be established. The term "client" refers to a person who is a recipient of a clinical or professional helping service and for whom a case file would normal be established. The term "consumer" or "consumer/survivor" is used to denote a person who chooses to participate in professional helping services or self-help but who is not (necessarily) either a "client", or a "patient".

Phases of Recovery (K. Minkoff, 1994)

- Acute Stabilization:
  - Stabilization of active substance use or acute psychiatric symptoms
- Engagement/ Motivational Enhancement
  - Interventions designed to establish a primary clinical relationship and to facilitate the person's ability and motivation to initiate and maintain participation in a program of stabilizing treatment.
- Prolonged Stabilization / Active Treatment
  - Interventions of any type which are designed to stabilize the symptoms of the disorder, prevent relapse, and help persons to maintain a stable baseline and optimal level of functioning.
- Recovery & Rehabilitation
  - Interventions designed to help persons to develop new skills, reacquire old skills, and achieve personal growth and serenity, once prolonged stabilization has been consistently established.

Primary Illness/ Disorder

A disease/illness/disorder that is not associated with or caused by any previous disease/illness or disorder but which may lead to a secondary disease.

2 Ibid.

Program Competencies / Competency Levels

A term which applies to the "dual diagnosis capable" (DDC) and "dual diagnosis enhanced" (DDE) levels of program response capacities as outlined in the American Association of Community Psychiatry Position Statement on Program Competencies for Co-occurring Psychiatric and Substance Use Disorders (2001) These levels are described as separately applicable the mental health and chemical dependency programs programs (DDC-CD; DDE-CD; DDC-MH; and DDE-MH). [see: ***Dual Diagnosis Capable***; and ***Dual Diagnosis Enhanced***]

Quadrant Model

A four-cell table used for identifying diagnostic subtypes of co-occurring disorder. The identification of subtypes is helpful for determining what service specializations need to be involved and when, and what level of care is appropriate. (K. Minkoff)

- Quadrant IV: High Psych / High Substance
  a) Patients with serious and persistent mental illness, who also have alcoholism and/or drug addiction, and who need treatment for addiction, for mental illness, or for both. This may include sober individuals who may benefit from psychiatric treatment in a setting which also provides sobriety support programs.
  [See: ***Serious and Persistent Mental Illness***]
  b) Persons with severe acute psychiatric disturbance (non-SPMI) and substance dependence.
- Quadrant III : Low Psych / High Substance
  Patients with alcoholism and/or drug addiction who have significant psychiatric symptomatology and /or disability but who do not have serious and persistent mental illness. Includes both substance-induced psychiatric disorders and substance-exacerbated psychiatric disorders.
- Quadrant II: High Psych /Low Substance
  Patients with serious and persistent mental illness (e.g. Schizophrenia, Major Affective Disorders with Psychosis, Serious PTSD) which is complicated by substance abuse, whether or not the patient sees substances as a problem.
- Quadrant I: Low Psych / Low Substance
  Patients who usually present in outpatient setting with various combinations of psychiatric symptoms (e.g. anxiety, depression, family conflict) and patterns of substance misuse and abuse, but not clear-cut substance dependence.

Recovery

A process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding a life despite or within the limitations imposed by that condition. Efforts to support personal recovery processes should focus on enhancing all aspects of the person's life: social, vocational, recreational, spiritual, and clinical. (State of Connecticut, Mental Health and Addiction Services, 2002)

Recovery (mental health)

Recovery is the process by which people with a psychiatric disability rebuild and further develop important personal, social, environmental and spiritual connections, and, confront the devastating effects of stigma through personal empowerment. (Center for Psychiatric Rehabilitation, Boston University)

Recycle

This term refers to Stage of Change process where an individual reverts back to a previous stage of change.

Rehabilitation

A service designed to assist in the restoration of a person's positive functional capacities where these have been compromised as the result of trauma, injury, disability or illness. Traditionally the term "rehabilitation" has been used to describe an extended process that focuses on re-establishing or enhancing functional capacities which have been compromised. In common usage, however, the term "rehabilitation" tends to have overlapping meaning and is sometimes used interchangeably with the term "treatment" (historically associated with medical interventions designed to address acute symptoms and re-establish physical or psychiatric stability which has been disrupted). The problem of overlapping and unclear meaning is evident within the context of the Co-occurring Disorders Initiative where various participating programs and agencies use these terms differently and express particular preferences. In order to accommodate the preferred language of various programs, the terms may be treated as interchangeable in certain circumstance, for instance, where "treatment plan" would mean essentially the same thing as "rehabilitation plan" or a "service plan". *[See **Treatment**]*

Screening

A routine process by which efforts are made to identify the presence of a clinical problem or problems at the point of entry into a service program. Screening involves a brief inquiry to flag presumptive problems or identify issues requiring further assessment. *[See **Assessment**]* It is a routine process and normally is based on a standard set of questions. If a patient exceeds a minimal threshold on a screening instrument, a more comprehensive assessment should be conducted.

Sequential / Serial Services

Sequential patterns are the norm where traditional separate systems rules apply. With sequential treatment the patient is treated first in one system and then the other. These patterns are now seen as the most highly problematic for dual disorder clients. (R. Ries, 1992)[3]

Serious (Severe) and Persistent Mental Illness (SPMI)

The term "serious/severe and persistent mental illness," or SPMI, is the currently accepted term for a variety of mental health problems that involve serious disability. SMPI definitions tend to vary but generally involve a combination of criteria which include categories of diagnosis, as well as descriptions of functional disability, and duration of service involvement.
Example definitions:

- Persons diagnosed with severe and persistent mental illness have a current DSM-IV designated mental illness diagnosis and experience substantial impairments in functioning due to the severity of their clinical condition. These persons currently experience substantial dysfunction in a number of areas of role performance or are dependent on substantial treatment, rehabilitation, and support services in order to control or maintain functional capacity. Furthermore, they have experienced substantial impairments in functioning due to mental illness for an extended duration on either a continuous or episodic basis. (New York State Office of Mental Health)

- Adults with severe and persistent mental illness are individuals who as a result of a mental disorder, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services, of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relations, homemaking, self-care, employment and recreation. (North Carolina, DHR, 1989)

Service Plan

Service plan is an alternative to “treatment plan” or “rehabilitation plan”.

Stages of Change (Prochaska and DiClemente)

A change process model recognizes that change typically involves people progressing through various stages of motivation or interest in changing. The stages of change identified by this model are as follows:

- Precontemplation: Not considering or thinking about a need to change
- Contemplation: Considering or thinking about change at some time in the future
- Preparation: Preparing to undertake a change
- Action: Initiating and achieving change
- Maintenance: Maintaining change over extended period of time
- Termination: No longer feel threatened by a relapse to pre-change states

The model emphasizes the need to initiate interventions with an understanding of the client’s awareness of a problem and interest in pursuing change. Within this model, professional helping roles and efforts are aligned with the particular stage of client interest and effort. They encourage and support progress through the stages toward successful outcomes. The model recognizes that clients who participate in counseling services will start at different stages of change and therefore require different program responses. It suggests that helpers should not attempt to move individuals to adopt a change where those individual either see no obstacles or feel unprepared to move against them. The first step for individuals who appear to be in a precontemplation stage, for instance, would be to help them to decide whether or not there is a problem that warrants their attention and for which some help could be useful. The Stages of Change model also refers to the process of recycling (reverting back to a previous stage) as a normal part of change that should be anticipated and used as a learning opportunity [See ***Recycle***.]

Stages of Treatment [Osher & Kofoed, 1989][4]

- Engagement: Developing a trusting relationship or working alliance
- Persuasion: Helping the client to acknowledge a problem and interest in change
- Active Treatment: Helping the client to achieve stable recovery (abstinence/ reduced use)
- Relapse Prevention: Helping the client to maintain stable recovery

3 Ibid.
4 Osher, Fred C., and Kofoed, L.L. (1989). *Treatment of Patients with Psychiatric and Psychoactive Substance Abuse Disorders.* Hospital and Community Psychiatry 40

Substance Use Disorders

This a general reference to any or all of the various substance-use disorders that are listed in DSM-IV or DSM-IVTR. The two primary diagnostic categories of substance use disorders are substance abuse and substance dependence. Differing but roughly equivalent terms may be employed by different addiction services providers participating in the Co-occurring Disorders Initiative. The Addictions Foundation of Manitoba, for instance, uses the non-diagnostic but conceptually equivalent terms (Harmful Involvement and Dependent Involvement) in its Levels of Involvement Framework.

Treatment

Although the term "treatment" is traditionally associated with medical interventions designed to address acute symptoms and re-establish physical or psychiatric stability which has been disrupted, it also tends to be used in a broader, more (culturally) generalized fashion to describe the clinical practices of entire fields of helping service: e.g., "addiction treatment services", or "treatment plans". In common usage then, the term "treatment" often tends to have overlapping meaning with the term "rehabilitation" (traditionally used to describe an extended process that focuses on re-establishing or enhancing functional capacities which have been compromised). Although a Comprehensive, Continuous, Integrated System of Care, ultimately could reasonably be expected to include both treatment and rehabilitation within its range of services, these terms have varied and overlapping meanings and are used differently among the various agencies and programs participating in the Co-occurring Disorders Initiative. Therefore, in the context of the Initiative, the term "treatment" may be understood as referring not only to the provision of medical/psychiatric care, but also to a broader range of clinical interventions undertaken in allied fields of mental health and addictions. It may be understood, in some circumstances, as equivalent to "rehabilitation". [See ***Rehabilitation***]

Vertical Integration

Experience of continuity is facilitated across programs or services as the person moves through levels of care or phases of recovery

Common Acronyms

AACP: American Association of Community Psychiatrists

AOD: Alcohol and other drugs

ASAM PPC: American Society of Addiction Medicine Patient Placement Criteria

CAMI: Chemical Abusing Mentally Ill. This denotes Chemical abuse or dependence as primary with personality disorders (but without severe mental illness). (Sciacca,1991).

CCISC: Comprehensive Continuous Integrated System of Care (K. Minkoff, 1999)

COD Co-occurring or Concurrent Disorders

CODECAT: Co-occurring Disorders Educational Competency Assessment Tool (Minkoff and Cline)

COFIT: CCISC Outcome Fidelity and Implementation Tool (Minkoff and Cline)

COMPASS: Comorbidity Program Audit and Self-Survey (Minkoff and Cline)

CQI: Continuous Quality Improvement

DD: Dual Diagnosis

DDC: Dual Diagnosis Capable

DDE: Dual Diagnosis Enhanced

DR: Dual Recovery

DRA: Dual Recovery Anonymous

DSM: Diagnostic and Statistical Manual of Psychiatric Disorders (American Psychiatric Association). Latest edition is DSM-IV-TR

ILSA: Integrated Longitudinal Strength-Based Assessment (K. Minkoff, 2001)

LOCUS: Level Of Care Utilization System For Psychiatric And Addiction Services (AACP, 2002)

MH: Mental Health

MICAA: Mentally Ill, Chemical Abusers, and Addicted - Denotes the severely mentally ill chemical abuser. (Sciacca, 1991)

MIDAS: Mentally Ill Drug and Alcohol Screen (K. Minkoff)

MISA: Mentally Ill Substance Abuser. May denote various combinations of dual disorders with or without severe mental illness.

MIDAA: This denotes the inclusion of Mental Illness, Drug Addiction and Alcoholism in various combinations as dual/multiple disorders.

SA: Substance Abuse

SAMHSA: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

SPMI: Serious/Severe and Persistent Mental Illness [see definition]

Some Useful Online Reference Resources for Mental Health and Addictions

Title	Web Address	Features
Dr. Bob's Psychopharmacology Tips	www.dr-bob.org/tips/	▫ Searchable information database on psychopharmacological medications
DSM Online Quick Reference Guides	www.behavenet.com/capsules/disorders/dsm4classification.htm	▫ APA Psychiatric Disorders Diagnostic Classification and Criteria
e-Medicine Clinical Knowledge Database	www.emedicine.com/med/PSYCHIATRY.htm	▫ On-line Medical Reference Directory with articles on most psychiatric diagnostic categories
Erowid's Psychoactive Vaults	www.erowid.org/psychoactives/psychoactives.shtml	▫ Information on common psychoactive drugs
Glossary of Psychiatric Terminology	www.abess.com/glossary.html	▫ Glossary of terms in the field of Psychiatry and Neurology
Internet Mental Health	www.mentalhealth.com/	▫ Disorders, Medications, quick ref glossary
Online Medical Dictionary	http://cancerweb.ncl.ac.uk/omd/	▫ Online searchable dictionary of medical terminology
Straight Facts about Drugs and Drug Abuse	www.hc-sc.gc.ca/hecs-sesc/cds/pdf/straight_facts.pdf	▫ Health Canada information booklet
Substance Abuse and Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov/centers/csat/content/Tap22/App-cl-01.htm	▫ TAP 22 Definitions of Substance Abuse and Mental Health Services

CODI Glossary Postscript: Language as Bricolage

Social constructionist and postmodern theorists like to talk about our use of language or our understanding of words as being based on local rules and conventions that evolve over time through a process of taking qualities of meaning from one context and applying them in another to generate functional intelligibility. A term that has been applied to describe this characteristic of language is *bricolage*[5] … which means to use something that is at hand for a tool it was not designed for. A brick used for a hammer, for example, is bricolage. While this contextual and fluid nature of meaning-making can obviously result in confusion because of the multiplicity of meanings that result, postmoderns like to view this as inherent in all communication; a background understanding that invites us to consciously enter into conversations as interactive processes of meaning-construction. Such conversations seek to generate intelligibility and good ideas ('paralogy'[6]). Accepting this quality as inherent, helps, they say, to inspire 'generous listening' and 'reciprocal generosity' in communication.

5 http://www.california.com/~rathbone/lexicon.htm

6 http://www.california.com/~rathbone/paralog2.htm