

Co-Occurring/Dual Diagnosis- Also Co-occurring Conditions, Co-occurring Disorders and Dual Diagnosis or Dually Diagnosed, IDDT, MISA: Clients with co-occurring disorders (COD) have one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of co-occurring disorders occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder. A person who meets the diagnostic criteria for a major Axis I Mental Disorder or Axis II Personality Disorder (List A) **AND** a major Substance-Related Disorder (List B) per the current version of the DSM. COSIG
SAMHSA's 2002 report to Congress

Culture: The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.

Culturally Appropriate: Demonstrating both sensitivity to cultural differences and similarities and effectiveness in using cultural symbols to communicate a message.

Cultural Competence: A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community.

Cultural Competence: Definition and Conceptual Framework: Cultural competence is the ongoing practice of integrating information about individuals, families and communities into service delivery. This is accomplished by transforming that information into specific clinical standards and practices, skills, services approaches, policies, and outreach strategies that match the service population and increase the quality and appropriateness of care. Cultural competence is also acknowledging the impact of oppressive histories, life experiences, language, values, beliefs and customs, including traditional healing approaches, on an individual's recovery process. *Davis, King (1998). Cave, Cathy. (2005)*

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (Adapted from [Cross et al., 1989](#)) *National Center for Cultural Competence Georgetown University Center for Child & Human Development*

Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation. A Community is said to be culturally diverse if its residents include members of different groups.

Cultural Groups: A group of people who consciously or unconsciously share identifiable values, norms, symbols, and some ways of living that are repeated and transmitted from one generation to another.

Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.

Dual Recovery: is an individualized process of moving forward in your life and community while balancing your journey towards integrated healing from mental illness and substance use.

The Dual Recovery Committee of Wisconsin Recovery Implementation Task Force

Emerging Practices: This term is often used interchangeably with promising practices. The New Freedom Commission defines these practices as treatments and services that are promising yet less thoroughly documented. These practices often include programs that run on a more local level, have had positive outcomes with people in the community but have not been replicated on a large scale or gathered significant data. *Science to Service SAMHSA*

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions including the allocation of resources that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers collectively to speak effectively for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his/her own destiny and influences the organizational and societal structures in his/her life.

Ethnic: Belonging to a common group -- often linked by race, nationality and language --with common cultural heritage and/or derivation.

Evidence-Based Practice - A practice which, based on research findings and expert or consensus opinion about available evidence, is expected to produce a specific clinical outcome (measurable change in client status). *SAMHSA COCE overview 5*

Evidence-Based Thinking: A process by which diverse sources of information (research, theory, practice principles, practice guidelines, and clinical experience) are synthesized by a clinician, expert, or group of experts in order to identify or choose the optimal clinical approach for a given clinical situation. *SAMHSA COCE overview 5*

Family: A family is a grouping of individuals who are nurturing each other intellectually, emotionally, spiritually, physically, and psychologically. Family is not limited to nuclear family. Family may include family of origin, extended families, blended families, and “adopted” families. Not all women have children.

Family-Centered Treatment: Family-Centered Treatment is a very comprehensive combination of principles, philosophy and services that have been shown to enhance the transformation of both individuals and families into healthy, functioning entities that can raise children, reach economic goals, and support the wellbeing of all members. *Family-Centered Treatment for Women With Substance Use Disorders - History, Key Elements, and Challenges Submitted by: JBS International, Inc., and The Center for Children and Family Futures, Inc. Submitted to: Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment 2007*

FAS: Fetal Alcohol Syndrome is a *specific* birth defect caused by alcohol use while pregnant. **FAS** is a diagnosis: It is medical diagnosis Q86.0 in the International Classification of Diseases (ICD-10).

FASD: Fetal Alcohol Spectrum Disorders is a term referring to individuals who have more than one of the features associated with FAS but do not exhibit sufficient features to make a clear FAS diagnosis. Included within this terminology is alcohol-related neurodevelopmental disorder (ARND). *CDC's Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice.*

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD refers to a spectrum of conditions that include fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Although disorders within the spectrum can be diagnosed, the term FASD itself is not intended for use as a clinical diagnosis. *FASD Center of Excellence*

Gender Responsive: A created environment through site selection, staff selection, policy and program development, content, and material that reflects an understanding of the realities of the lives of women & girls, and their families that addresses and responds to their strengths and challenges. *S. Covington and Bloom*

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports. *National Consensus Statement on Mental Health Recovery US Department of HHS, SAMHSA.gov*

Insurance Parity: Refers to federal and state laws requiring mental health and alcohol and other substance use and addiction coverage which is no more restrictive

than coverage for other illnesses, that is, making coverage equivalent to the coverage for all other disorders.

Integration/integrated Services: is the creation of linkages between traditionally separate systems, services, resources, people, or processes making connections. Ideally, there would be a team based approach and a single plan with the input individual and family and from representatives of all systems involved with the individual and her family.

Language: The form or pattern of speech -- spoken or written -- used by residents or descendants of a particular nation or geographic area or by any large body of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.

Linguistic competence/ Linguistic proficiency: The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Developed by Tawara D. Goode and Wendy Jones, 8/00, Revised 8/03, 9/08, 3/09. National Center for Cultural Competence, Georgetown University Center for Child & Human Development

Major Depressive Disorder (MDD): A mood disorder characterized by intense feelings of depression over an extended time, without the manic high phase of bipolar disorder. Major depressive disorder involves feelings of irritability and sadness, as well as feelings of guilt, hopelessness and fatigue that could lead to thoughts of suicide and death. *American Psychological Association*

Mania/ Manic Episode: A component of bipolar disorder characterized by periods of extreme elation, unbounded euphoria without sufficient reason, and grandiose thoughts or feelings about personal abilities. *American Psychological Association*

Mental Disorder: Health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. *American Psychiatric Association*

Mental Health: State of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. *US Surgeon General*

Mental Illness (es): Term that refers collectively to all diagnosable mental disorders. *US Surgeon General*

Mental Health Problems: Signs and symptoms of insufficient intensity or duration to meet criteria for any mental disorder. *US Surgeon General*

Mood Disorders: See affective disorders.

Affective (mood) Disorder: To diagnose schizoaffective disorder, a person needs to have primary symptoms of schizophrenia such as delusions, hallucinations, disorganized speech, or disorganized behavior along with a period of time when he or she also has symptoms of major depression or a manic episode. See definitions for major depressive disorder and manic episode for more information on these symptoms. *National Alliance on Mental Illness*

Multicultural: Designed for or pertaining to two or more distinctive cultures.

Obsessive Compulsive Disorder (OCD): A mental disorder characterized by obsessions—recurrent thoughts, images, or impulses that recur or persist despite efforts to suppress them—and compulsions—repetitive, purposeful acts performed according to certain rules or in a ritualized manner. *American Psychological Association*

Panic Disorder: An anxiety disorder in which individuals experience unexpected, severe panic attacks that begin with a feeling of intense apprehension, fear, or terror. *American Psychological Association*

Person Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health. *National Consensus Statement on Mental Health Recovery US Department of HHS, Samhsa.gov*

Prevention: The field of prevention science, well known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, has produced effective strategies for the mental health and substance abuse fields. The system must have three levels of prevention practice: Universal which addresses populations at-large, selective prevention, which targets groups or individuals who are at higher risk of developing a substance abuse problem or mental illness; and indicated prevention, which addresses individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable. Prevention efforts can support safer schools and communities, better health outcomes, and increased productivity. Prevention science tells us that a comprehensive approach to a particular problem or behavior is an effective way to achieve the desired permanent behavioral or normative change. Health reform recognizes that prevention is a critical element in bending the cost curve and in improving the overall health of all Americans. All

health-related prevention efforts should recognize and address the interrelated impact of mental health and substance use on overall well-being.

Promising Practices: Clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in achieving client outcomes but are not yet supported by rigorous scientific evidence. NREPP defines these practices as those that score at least a 3.33 on its rating scale.¹⁶ (See *NREPP Rating System*).*Science to Service SAMHSA*

Program: A designed plan for carrying out the applicant's proposal.

Public Health Model: Considers that mental health and substance abuse (use/misuse) problems arise (or worsen) when individuals at risk of problems interact with agents (such as substances or stressors) in environments that encourage problems. Services may include reducing risk and promoting resiliency factors within the environment. Addressing environmental risk factors can effectively reduce the incidence and severity of substance use, trauma, and mental health problems. Sex/gender and cultural factors lead to differences in socialization, expectations, and lifestyle, as well as differences in the way women and men experience risk and resiliency factors, stress, and access to resources. *Brittle, c, Bird CE. Literature review on effective sex- and gender –based systems/models of care. Arlington, VA: us department of HHS, 2007. retrieved June 23, 2011*
<http://www.womenshealth.gov/archive/owh/multidisciplinary/reports/genderbasedmedicine/>

Psychotherapy: Any of a group of therapies, used to treat psychological disorders that focus on changing faulty behaviors, thoughts, perceptions, and emotions that may be associated with specific disorders. *American Psychological Association*

Psychosocial Treatment: Treatment option for those with mental health disorders emphasizing a positive consumer- therapist relationship. The consumer learns skills to communicate effectively, maintain self-care and their relationships with others, and improve functioning in their daily lives. Consumers who receive psychosocial therapy are known to adhere more strictly to their medication schedule. *National Institute of Mental Health*

Race: A socially defined population that is derived from distinguishable physical characteristics that are genetically transmitted.

Recovery: Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. *SAMHSA 5/20/11*

Recovery Coaches: have an ongoing professional relationship that offers help to persons who are in or who are considering recovery from addiction to produce extraordinary results in their lives, careers, businesses, or organizations—while advancing their recovery from addiction.

Recovery coaches affirm that there is innate health and wellness in clients. They do not promote or endorse any single or particular way of achieving or maintaining sobriety, abstinence, or serenity or of reducing suffering from addiction. They focus on coaching of clients to create and sustain great and meaningful lives. Through the process of recovery coaching, clients deepen their learning, improve their performance, and enhance their quality of life. Coaching accelerates the client's progress in recovery by providing greater focus and awareness of choices, actions, and responsibility. Coaching concentrates on where clients are now and what they are willing to do to enjoy a better tomorrow. The recovery coaching process recognizes that results are a matter of the client's intentions, choices, and actions taken toward building a strong foundation and creating a life worth staying healthy for, supported by the coach's efforts and application of the coaching process.
Adapted from ICF Definition of Coaching

Recovery Principles: Person-driven; Occurs via many pathways; is holistic; is supported by peers; is supported through relationships; is culturally-based and influenced; is supported by addressing trauma; involves individual, family, and community strengths and responsibility; is based on respect; and emerges from hope.

Recovery-Oriented System of Care: A recovery-oriented systems approach supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustain health, wellness, and recovery from alcohol and drug problems. Allows coordination of multiple systems, providing responsive, outcomes-driven approaches to care.

Recovery support services: Essential service definition -Relapse Prevention/Wellness Recovery Support Services are designed to address the further needs of people who are working to develop or who have developed a plan for recovery. Relapse Prevention and Wellness Recovery Support Services include activities to develop and implement strategies or treatments applied in advance to (a) prevent future symptoms of mental illness and/or substance abuse, (b) reduce the adverse behavioral health and health impacts related to mental illness, substance abuse, and related traumatic experiences, (c) build on, and/or maintain wellness skills learned in medical, behavioral health, and related trauma treatment and allied recovery support services, and (d) provide linkages to other clinical and non-clinical services that promote recovery and wellness, which are considered relapse prevention and wellness recovery support activities. *SAMHSA Financing Center of Excellence 9/3/2010 draft*

Rehabilitation: Program option designed to help consumers interact more effectively in their communities and daily lives. *National Institute of Mental Health*

Resiliency: Encompasses the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and open. *The President's New Freedom Commission on Mental Health, 2003*

Risk Factor: The precise cause of mental illness isn't known, certain factors (*e.g.*, genetics, stressful life situations, a traumatic experience) may increase the risk of developing mental health problems. *Mayo Clinic staff*

Respite Care: Temporary relief for caregivers and families and is a service in which care is provided to: individuals with disabilities and other special needs; individuals with chronic or terminal illnesses; individuals at risk of abuse or neglect.

Schizoaffective disorder: Schizoaffective disorder is one of the more common, chronic, and disabling mental illnesses, characterized by a combination of symptoms of schizophrenia and an **Schizophrenia / Schizophrenic disorder:** Chronic, severe mental disorder with symptoms broken down into three categories: positive, disorganized, and negative symptoms. Positive symptoms refer to mental experiences “added to” a person when they are ill, including hallucinations and delusions. Disorganized symptoms include: confused thinking and speech, behaviors that do not make sense, altered senses to everyday sights, sounds and language, and misunderstanding feelings such as joy or anger. Negative symptoms refer to attributes that are “taken away” from the person by illness, including: emotional flatness, lack of expression, and an inability to start and follow through with daily activities. *National Alliance on Mental Illness*

Self-directed: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his/her own life goals and designs a unique path towards those goals. *National Consensus Statement on Mental Health Recovery US Department of HHS, Samhsa.gov*

Serious Emotional Disturbance (SED): Applies to persons from birth to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria and that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities. *Substance Abuse and Mental Health Services Administration*

Serious Mental Illness (SMI): A mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and may be of lifelong duration. *Substance Abuse and Mental Health Services Administration*

Spiritual Health: Is a positive perception of meaning and purpose of life. *Paraphrased as defined by the World Health Organization [WHO]*

Stigma: Refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness

(Corrigan and Penn, 1999) *Mental Health: Culture, Race, and Ethnicity, 2001 A Supplement to Mental Health: A Report of the Surgeon General U.S. Department of Health and Human Services*

Strength-based: Identifies and builds on the assets, strengths, resources, and resiliencies of the individual, family, and community – rather than emphasizing the needs, deficits, and pathologies. *SAMHSA website retrieved June 23, 2011* Onaje M. Salim, Public Health Advisor CSAT/DSCA/Co-Occurring and *Homelessness Activities Branch 9/2010*

Stress: is the state in which a person perceives an event as threatening or endangering to their well-being and/or the body's reaction to a positive or negative change that requires a physical, cognitive, behavioral, or emotional adjustment or response. Stressors are external life circumstances, triggers, or events, which may be at the root cause. *Adapted from Mental Health America of Wisconsin*

Substance Use: Refers to the risky, chronic, problematic or harmful use of alcohol, tobacco, prescription drugs, and controlled substances. *Healthiest Wisconsin 2010*

Trauma: A traumatic event or situation creates psychological trauma when it overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. It includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. It also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation. This definition intentionally does not allow us to determine whether a particular event is traumatic; that is up to each survivor. *Sidran Institute*

Trauma-informed care: Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans. Includes basic training training/education to all staff—from secretaries to high level administrators—understanding of trauma permeates every aspect of treatment milieu and interventions. *Institute for Health and Recovery*

Trauma-specific treatment: Educating fewer, carefully selected staff/clinicians to conduct actual trauma treatment. Services are designed, reconsidered and evaluated with the understanding of the role that violence and highly adverse experiences play in the lives of people seeking health and human services. Health and human service staff are knowledgeable about the prevalence of trauma histories in the lives of individuals who seek and receive services. Services are delivered in a way that avoids inadvertent traumatization and retraumatization and facilitates consumer participation. Programs, policies, and services are designed to work respectfully and

collaboratively with the person who has experienced trauma to promote healing and recovery.

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. *SAMHSA.gov*

Wellness: a proactive, preventive lifestyle approach, which emphasizes daily lifestyle choices; Wellness involves recognition of social, occupational, spiritual, physical, intellectual and emotional needs, with each dimension being necessary for optimal health. A person's overall state of health (mental and physical) is closely linked with their lifestyle choices.

Woman-centered treatment: uses bio-psycho-sociocultural frameworks based on knowledge and research centered on women; the knowledge and models are grounded in women's experiences, are built on women's strengths, and recognize the realities of women's lives, including the barriers and constraints they face. Woman-centered care must recognize the **Centrality of Connections and Relationships:** in women's lives and embed treatment in relational contexts. Woman-centered care must be **Holistic, Comprehensive, Coordinated, and available through a Continuum** that addresses all stages and severities of use. Holistic services are based on the understanding that there are connections among the biological, psychological, sociocultural, and political spheres of life. Comprehensive and coordinated services include at least two major components: (1) the breadth of life areas included and (2) the continuity of assistance over time (including different levels and types of care at different times). Comprehensive approaches attend to the major areas of women's lives, all of which are affected by their use of alcohol, drugs, and tobacco and are required for a healthy recovery, continuing wellness, and constantly improving quality of life. *Draft TIP 51*

Wraparound services: The term "wraparound" came into use in 1986, in an article by Lenore Behar, who defined it as a way to "surround multi-problem youngsters and families with services rather than with institutional walls, and to customize these services" (Behar 1986). The wraparound approach is more a process than a service, in which a child's or family's individual needs are addressed by the full range of services they need, with maximum flexibility in funding. *TIP 51 Substance Abuse Treatment: Addressing the Specific Needs of Women*