



NYSHealth  
Center for Excellence  
in Integrated Care

*to foster the implementation of integrated approaches for New York State residents with co-occurring mental health and substance use conditions*

---

# Glossary of Terms & Acronyms

**Stanley Sacks, PhD**  
Director

**JoAnn Y Sacks, PhD**  
Assistant Director

**John Challis, BA, BSW, DipTeach**  
Director of Technical Assistance

## CEIC

NDRI • 71 W 23 Street, 8<sup>th</sup> Floor • New York, NY 10010  
toll free **887.888.6677** • tel 212.845.4400 • fax 212.845.4650  
info@nyshealth-ceic.org • <http://www.nyshealth-ceic.org>

## A

- abstinent**— not using substances of abuse at any time.
- acculturated**— mentally and physically in harmony with and connected to the culture in which one lives.
- ACT**— see Assertive Community Treatment
- acute care**— short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill.
- addiction**— physical dependence on a substance of abuse. Inability to cease use of a substance without experiencing withdrawal symptoms. Sometimes used interchangeably with the term **substance dependence**.
- AD/HD**— see attention deficit/hyperactivity disorder
- Addiction Only Services (AOS)**—programs that by law or regulation, by choice, or for lack of resources cannot accommodate patients who have psychiatric illnesses that require ongoing treatment, however stable the illness and however well-functioning the patient. See also Mental Health Only Services.
- advanced program**—a treatment program that has the capacity to provide integrated substance abuse and mental health treatment for clients with COD. These programs address **COD** using an integrated perspective and provide services for both disorders.
- agitation**— a restless inability to keep still. Agitation is most often psychomotor agitation; that is, having emotional and physical components. Agitation can be caused by anxiety, overstimulation, or withdrawal from depressants and stimulants.
- Alcoholism & Substance Abuse Providers [of New York State] (ASAP-NYS)**— is a not-for-profit membership association, which seeks to improve the quality of life in New York State by advocating for and promoting the highest quality treatment, prevention, research and training. ASAP-NYS is committed to working together to support organizations, groups and individuals that prevent and alleviate the profound personal, social and economic consequences of alcoholism and substance abuse in New York State. [Additional information is found online at <http://www.asapnys.org/>]
- anorexia nervosa**—a disorder in which the individual refuses to maintain a minimal normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.
- antiretroviral combination therapy**—treatment for HIV/AIDS infection that employs several medications in combination to suppress the HIV virus or delay both the development of resistant viruses and the appearance of AIDS symptoms.
- antisocial personality disorder**—an illness whose two essential features are: (1) a pervasive disregard for and violation of the rights of others and (2) an inability to form meaningful interpersonal relationships. Deceit and manipulation are important manifestations of antisocial personality disorder.
- anxiety disorder**—an illness whose essential feature is excessive anxiety and worry. The individual with anxiety disorder finds it difficult to control the worry, and the anxiety and worry are accompanied by additional symptoms from a list that includes restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension, and disturbed sleep, among other signs and symptoms.
- AOS**— see Addiction Only Services
- ASAP-NYS**— see Alcoholism & Substance Abuse Providers [of New York State]

**Assertive Community Treatment (ACT)**—a form of treatment that typically employs intensive outreach activities, continuous 24-hour responsibility for client's welfare, active and continued engagement with clients, a high intensity of services, as well as the provision of services by multidisciplinary teams. ACT emphasizes shared decision-making with the client as essential to the client's engagement process.

**assessment**— a basic assessment consists of gathering key information and engaging in a process with the client that enables the counselor to understand the client's readiness for change, problem areas, COD diagnosis, disabilities, and strengths. An assessment typically involves a clinical examination of the functioning and well-being of the client and includes a number of tests and written and oral exercises. The COD diagnosis is established by referral to a psychiatrist or clinical psychologist. Assessment of the client with COD is an ongoing process that should be repeated over time to capture the changing nature of the client's status.

**attention deficit/hyperactivity disorder (AD/HD)**—a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more serious than is typically observed in individuals at a comparable level of development.

## B

**basic program**— a treatment program with the capacity to provide treatment for one disorder, but that also screens for other disorders and is able to access necessary consultations.

**blackout**— a blackout is a period of amnesia or memory loss, typically caused by chronic, high-dose substance abuse. The person later cannot remember the blackout period. Blackouts are most often caused by sedative-hypnotics such as alcohol and the benzodiazepines.

**borderline personality disorder**—an illness whose essential feature is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, along with marked impulsivity that begins by early adulthood and is present in a variety of contexts.

**building capability**—see building co-occurring capability

**building co-occurring capability**—used to describe a process of improving a program's ability to provide integrated care for its clients with co-occurring disorders. The goal is to reach a level of co-occurring capability such that services for both substance use and mental health problems are delivered concurrently and competently. See also Dual Diagnosis Capable and Dual Diagnosis Enhanced.

**bulimia nervosa**—an illness whose essential feature is binge eating and inappropriate compensatory methods to prevent weight gain. In addition, the self-evaluation of individuals with bulimia nervosa is excessively influenced by body shape and weight.

## C

**CAGE questionnaire**—a brief alcoholism screening tool asking subjects about attempts to Cut down on drinking, Annoyance over others' criticism of the subject's drinking, Guilt related to drinking, and use of an alcoholic drink as an Eye opener.

**CBHSQ**— see Center for Behavioral Health Statistics and Quality

**CBT**— see cognitive-behavioral therapy

**CCISC**— see Comprehensive Continuous Integrated System of Care

**CEIC**— (pronounced "seek") see Center for Excellence in Integrated Care

**CM**— see contingency management

- Center for Behavioral Health Statistics and Quality (BHSQ)**—a branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) that has primary responsibility for the collection, analysis and dissemination of behavioral health data.
- Center for Excellence in Integrated Care (CEIC)**—an organization founded by the New York State Health Foundation to promote improvements in integrated care (services for both addiction and mental health conditions) available from outpatient mental health and substance abuse programs for adults throughout New York State. [“CEIC” is pronounced “seek”]
- Center for Mental Health Services (CMHS)**—a branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) that focuses on the prevention and treatment of mental disorders.
- Center for Substance Abuse Prevention (CSAP)**—a branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) that seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco.
- Center for Substance Abuse Treatment (CSAT)**—a branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) that supports the provision of effective substance abuse treatment and recovery services. CSAT is the agency responsible for development of the various Treatment Improvement Protocols (TIPs), such as TIP 42, Substance Abuse Treatment for Persons with Co-occurring Disorders.
- Center for Substance Abuse Treatment**—a division of the Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) that supports the provision of effective substance abuse treatment and recovery services.
- Center for the Integration of Research & Practice (CIRP)**—a division of NDRI established in 1999 under the direction of Stanley Sacks, Ph.D., CIRP is the coordinating site for CEIC (the Center for Excellence in Integrated Care). The mission of CIRP is to improve the quality of treatment services by providing training and technical assistance for the implementation of evidence- and consensus-based practices in the field of substance abuse and co-occurring disorders and conducting rigorous treatment research in the field of co-occurring disorders. [Additional information is available online in the “About” and “Partners” sections of this site ([www.nyshealth-ceic.org](http://www.nyshealth-ceic.org)) and at <http://ndri.org/ctrs/cirp.html> ]
- CIRP**— see Center for the Integration of Research and Practice
- CLMHD**— see Conference of Local Mental Hygiene Directors
- CMHS**— see Center for Mental Health Services
- COD**— see co-occurring disorders
- coerced**— legally forced or compelled.
- cognitive**— pertaining to the mind’s capacity to understand concepts and ideas.
- cognitive-behavioral therapy (CBT)**—a therapeutic approach that seeks to modify negative or self-defeating thoughts and behavior. CBT is aimed at both thought and behavior change— that is, coping by thinking differently and coping by acting differently.
- coke bugs**— slang term for tactile hallucinations (also called formications) that feel like bugs crawling on or under the skin. Chronic and high-dose stimulant abuse can cause these hallucinations.
- collaboration**— in the context of treatment programs, collaboration is distinguished from **consultation** by the formal quality of the collaborative agreement, such as a memorandum of understanding or a service contract, which documents the roles and responsibilities each party will assume in a continuing relationship.
- combined psychopharmacological intervention**—treatment episodes in which a client receives medications both to reduce cravings for substances and to medicate a mental disorder.
- comorbid disorders**—see co-occurring disorders

- competency**— an ability, capacity, skill, or set of skills.
- Comprehensive Continuous Integrated System of Care (CCISC)**—a theoretical method for bringing the mental health and substance abuse treatment systems (and other systems, potentially) into an integrated planning process to develop a comprehensive, integrated system of care. The CCISC is based on an awareness that co-occurring disorders are to be expected in clients throughout the service system.
- concomitant treatment**—treatment of two or more mental or physical disorders at the same time.
- Conference of Local Mental Hygiene Directors (CLMHD)**— is a statewide membership organization that was statutorily incorporated under Article 41 of the Mental Hygiene Law in 1976. The Conference is comprised of local mental hygiene directors and commissioners in all of the 57 counties plus the 5 counties of the City of New York. The Conference advances state and local policies, practices, laws, regulation and funding for the purpose of ensuring comprehensive, integrated and cost-effective systems of care to meet the needs of those persons, and their families, affected by mental illness, developmental disability and/or chemical dependency. [More information about the Conference is available online at <http://www.clmhd.org/> ]
- confrontation**— a form of interpersonal exchange in which individuals present to each other their observations of, and reactions to, behaviors and attitudes that are matters of concern and should be changed. Confrontation presents “reality” to individuals. The goal of confrontation is feedback on behavior and the compelling appeal to the client for personal honesty, truthfulness in dealing with others, and responsible behavior.
- constricted pupils (pinpoint pupils)**— pupils that are temporarily narrowed or closed. This is usually a sign of opioid abuse.
- consultation**— in the context of treatment programs, consultation is a traditional type of informal relationship among treatment providers, such as a referral or a request for exchanging information.
- contingency management (CM)**—an approach to treatment that maintains that the form or frequency of behavior can be altered through a planned and organized system of positive and negative consequences. CM assumes that neurobiological and environmental factors influence substance use behaviors and that the consistent application of reinforcing environmental consequences can change these behaviors.
- continuing care**— care that supports a client's progress, monitors his or her condition, and can respond to a return to substance use or a return of symptoms of mental disorder. It is both a process of post-treatment monitoring and a form of treatment itself. Sometimes referred to as *aftercare*.
- convulsions**— a symptom of a seizure, characterized by twitching and jerking of the limbs. A seizure is a sudden episode of uncontrolled electrical activity in the brain. If the abnormal electrical activity spreads throughout the brain, the result may be loss of consciousness and a grand mal seizure. Seizures may occur as the result of head injury, infection, cerebrovascular accidents, withdrawal from sedative-hypnotic drugs, or high doses of stimulants.
- co-occurring disorders (COD)**—refers to co-occurring substance use (abuse or dependence) and mental disorders. Clients said to have COD have one or more mental disorders as well as one or more disorders relating to the use of alcohol and/or other drugs. See dually disordered.
- countertransference**—the feelings, reactions, biases, and images from the past that the clinician may project onto the client with COD.
- crack**— cocaine (cocaine hydrochloride) that has been chemically modified so that it will become a gas vapor when heated at relatively low temperatures. Also called “rock” cocaine.

- cross-training**— the simultaneous provision of material and training to persons from more than one discipline (for example, to substance abuse and social work counselors or to substance abuse counselors and corrections officers).
- CSAP**— see Center for Substance Abuse Prevention
- CSAT**— see Center for Substance Abuse Treatment
- cultural competence**—the capacity of a service provider or an organization to understand and work effectively in accordance with the cultural beliefs and practices of persons from a given ethnic/racial group. Also includes an ability to examine and understand nuances and exercise full cultural empathy.
- cultural destructiveness**—practices or actions through which an individual shows that he or she regards other cultures as inferior to the dominant culture, through cultural incapacity and blindness to more positive attitudes and greater levels of skill.
- cultural proficiency**—the highest level of cultural capacity, which implies an ability to perceive the nuances of a culture in depth and a willingness to work to advance in proficiency through leadership, research, and outreach.
- cultural sensitivity**—the capacity and willingness of a clinician or other service provider to be open to working with issues of culture and diversity.
- culturally competent treatment**—biopsychosocial or other treatment that is adapted to suit the special cultural beliefs, practices, and needs of a client.

## D

- DDC**— see dual diagnosis capable
- DDCAT**— see *Dual Diagnosis Capability in Addiction Treatment*
- DDCMHT**— see *Dual Diagnosis Capability in Mental Health Treatment*
- DDE**— see dual diagnosis enhanced
- deficit**— in the context of substance abuse treatment, disability, or inability to function fully.
- Department of Health and Human Services (DHHS)**—is the US federal government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS works closely with state and local governments, and many HHS-funded services are provided at the local level by state or county agencies, or through private sector grantees. The Department’s programs are administered by 11 operating divisions, including eight agencies in the US Public Health Service and three human services agencies. The department includes more than 300 programs, covering a wide spectrum of activities. In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide, and they enable the collection of national health and other data.
- detoxification**— a clearing of toxins from the body. The medical and biopsychosocial procedure that assists a person who is dependent on one or more substances to withdraw from dependence on all substances of abuse.
- DHHS**— see Department of Health and Human Services
- dilated pupils**— pupils that have become temporarily enlarged.
- disorder**— an illness or a disruption of some mental or physical process.

- domestic violence**—the use of emotional, psychological, sexual, or physical force by one family member or intimate partner to control another. Violent acts include verbal, emotional, and physical intimidation; destruction of the victim's possessions; maiming or killing pets; threats; forced sex; and slapping, punching, kicking, choking, burning, stabbing, shooting, and killing victims. Spouses, parents, stepparents, children, siblings, elderly relatives, and intimate partners may all be targets of domestic violence.
- downers**— slang term for drugs that exert a depressant effect on the central nervous system. In general, downers are sedative-hypnotic drugs, such as benzodiazepines and barbiturates.
- Dual Diagnosis Capability in Addiction Treatment (DDCAT)**— a nationally-recognized index (a questionnaire or instrument) used to measure 35 variables organized into seven domains or categories. The DDCAT is designed to assess the capability of a substance abuse program to deliver treatment services for mental health problems as well as for addiction problems. The index generates a comprehensive report that describes details of the program's current level of integrated care along with associated observations and practical recommendations. The score obtained determines the level of integration that the program has achieved, according to three main levels of capability. "Addiction Only Services" (AOS) is indicative of the least integration of care and denotes a program that is primarily capable of serving persons with only substance use problems. "Dual Diagnosis Capable" (DDC), also known as "co-occurring capable," indicates a medium level of integration, and denotes a program that is capable of delivering or coordinating care for both substance use and mental health problems in their policies and procedures, assessment, treatment planning, program content, and discharge planning. "Dual Diagnosis Enhanced" (DDE), also known as "co-occurring enhanced," indicates a high degree of integration, and denotes a program that is capable of providing services equally for both mental health and substance use problems. DDE programs are able to help those clients who are more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder.
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT)**—a nationally-recognized index (a questionnaire or instrument) used to measure 35 variables organized into seven domains or categories. The DDCMHT is designed to assess the capability of a mental health program to deliver treatment services for addiction problems as well as for mental health problems. The index generates a comprehensive report that describes details of the program's current level of integrated care along with associated observations and practical recommendations. The score obtained determines the level of integration that the program has achieved, according to three main levels of capability. "Mental Health Only Services" (MHOS) is indicative of the least integration of care and denotes a program that is primarily capable of serving persons with only mental health problems. "Dual Diagnosis Capable" (DDC), also known as "co-occurring capable," indicates a medium level of integration, and denotes a program that is capable of delivering or coordinating care for both substance use and mental health problems in their policies and procedures, assessment, treatment planning, program content, and discharge planning. "Dual Diagnosis Enhanced" (DDE), also known as "co-occurring enhanced," indicates a high degree of integration, and denotes a program that is capable of providing services equally for both mental health and substance use problems.
- Dual Diagnosis Capable (DDC)**—of or pertaining to programs that address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning. Also known as "co-occurring capable."
- Dual Diagnosis Enhanced (DDE)**—of or pertaining to programs that have a higher than average level of integration of substance abuse and mental health treatment services. These programs are able to provide primary substance abuse treatment to clients who are, compared with those treatable in DDC programs, more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder. Also known as "co-occurring enhanced."
- dually disordered**—having been diagnosed with two disorders, for example a substance use disorder and a mental health disorder. See also "co-occurring disorders."

**dual recovery groups**—therapy groups in which recovery skills for co-occurring disorders are discussed.

**DTs**— delirium tremens, a state of confusion accompanied by trembling and vivid hallucinations. Symptoms may include restlessness, agitation, trembling, sleeplessness, rapid heartbeat, and possibly convulsions. Delirium tremens often occurs in people with alcohol use disorders after withdrawal or abstinence from alcohol.

## E

**ecstasy**— slang term for methylenedioxymethamphetamine (MDMA), a member of the amphetamine family (for example, speed). At lower doses, MDMA causes distortions of emotional perceptions. At higher doses, it causes potent stimulation typical of the amphetamines.

**empirical**— relying on observation or experience rather than theoretical principles or theory.

**engagement**— a client's commitment to and maintenance of treatment in all of its forms. A successful engagement program helps clients view the treatment facility as an important resource.

## F

**formal collaboration**— formal collaboration occurs when the nature of the client's disabilities requires more specific information and more complex and targeted intervention. This level of working relationship ensures that providers give attention to both mental health and substance abuse disorders in the treatment regimen. An example of such collaboration is an interagency staffing conference where representatives of both mental health and substance abuse agencies take part in the development and implementation of a specific treatment program for clients with co-occurring disorders. Focus is placed on the creation of an individualized treatment plan that is implemented under the auspices of one system or the other. (See also collaboration and service integration.)

**fully integrated program**—a treatment program that actively combines substance abuse and mental health interventions to treat disorders, related problems, and the whole person more effectively.

**functional**— pertaining to a person's ability to carry out tasks. Also, working, able to work.

## G

**grounding**— the use of strategies that soothe and distract the client who is experiencing intense pain or other strong emotions, helping the client anchor in the present and in reality. Grounding techniques direct the mental focus outward to the external world, rather than inward toward the self. Also can be referred to as “centering,” “looking outward,” “distraction,” or “healthy detachment.”

## H

**habilitation**— initial learning and the acquisition of skills necessary for everyday life.

**hallucinogens**— a broad group of drugs that cause distortions of sensory perception. The prototype hallucinogen is lysergic acid diethylamide (LSD). LSD can cause potent sensory perceptions, such as visual, auditory, and tactile hallucinations. Related hallucinogens include peyote and mescaline.

**hepatitis**— an inflammation of the liver, with accompanying liver cell damage and risk of death. Hepatitis may be of limited duration or a chronic condition. It may be caused by viral infection or by chronic exposure to poisons, chemicals, or drugs of abuse, such as alcohol.

**HHS**— see Department of Health and Human Subjects

- ice**— slang term for smokable methamphetamine. Just as cocaine can be modified into a smokable state (crack cocaine), methamphetamine can be prepared so that it produces a gas vapor when heated at relatively low temperatures. When smoked, ice methamphetamine produces an extremely potent and long-lasting euphoria, an extended period of high energy and possible agitation, followed by an extended period of deep depression.
- ICM**— see Intensive Case Management
- impaired**— hampered or held back from being able to do some mental or physical task.
- infectious**— able to spread by an agent such as a virus or bacterium.
- informal collaboration**—informal collaboration ensures that both mental illness and substance abuse problems are sufficiently understood by all participating providers to allow effective identification, engagement, prevention, and early intervention. An example of this type of collaboration is a telephone request for information or general advice regarding the origins and clinical course of depression in a person abusing alcohol or drugs. Discussion of a particular client usually does not occur, or occurs at a relatively general level. (See also collaboration, service integration.)
- Institute for Research, Education & Training in Addictions (IRETA)**—is a 501 (c) (3) organization that works with national, state, and local partners to improve recognition, prevention, treatment, research and policy related to addiction and recovery. To achieve its mission, IRETA will provide: accurate and timely dissemination of evidence-based information; bidirectional exchange of constructive knowledge related to addiction and recovery; and knowledge of addiction and recovery in a culturally competent manner. See also the Northeast Addiction Technology Transfer Center (NeATTTC). [You can find more information about IRETA online at [www.ireta.org](http://www.ireta.org) ]
- integrated competencies**—the possession of specific attitudes, values, knowledge, and skills required to provide appropriate services to individuals with COD in the context of their actual job and program setting.
- integrated interventions**—specific treatment strategies or therapeutic techniques in which interventions for two or more disorders are combined in a single session or interaction, or in a series of interactions or multiple sessions.
- integrated treatment**—any mechanism by which treatment interventions for **co-occurring disorders** are combined within the context of a primary treatment relationship or service setting. It recognizes the need for a unified treatment approach to meet the **substance abuse**, mental health, and related needs of a client, and is the preferred model of treatment.
- integration**— as defined by **NASMHPD** and **NASADAD** in the context of treatment programs, denotes relationships among mental health and **substance abuse** providers in which the contributions of professionals in both fields are moved into a single treatment setting and treatment regimen.
- Intensive Case Management (ICM)**—a thorough, long-term service to assist clients with serious mental illness (particularly those with psychiatric and functional disabilities and a history of not adhering to prescribed outpatient treatment) by establishing and maintaining linkages with community-based service providers. ICM typically provides referrals to treatment programs, maintains advocacy for clients, provides counseling and crisis intervention, and assists in a wide variety of other basic services.
- Intermediate program**—a treatment program that focuses primarily on one disorder without substantial modification to its usual treatment, but also with the capacity to explicitly address specific needs of another disorder.

**intersystem linkages**—connections between substance abuse treatment and mental health systems that allow collaboration. Necessary because these are the primary care systems for persons with COD.

**intervention**—encompasses the specific treatment strategies, therapies, or techniques that are used to treat one or more disorders.

**IRETA**—see Institute for Research, Education & Training in Addictions (IRETA); see also Northeast Addiction Technology Transfer Center (NeATTC)

## J

## K

## L

**legal problems**—people who abuse substances are at a higher risk for engaging in behaviors that are high risk and illegal. These behaviors may result in arrest and other problems with the criminal justice system. Examples of such behaviors include driving while intoxicated, writing bad checks to obtain money for drugs, failure to pay bills and credit card debts, possession or sale of drugs, evictions, and drug-related violence.

**locus**—a place or a setting for some activity.

## M

**marijuana**—the Indian hemp plant *cannabis sativa*; also called “pot” and “weed.” The dried leaves and flowering tops can be smoked or prepared in a tea or food. Marijuana has two significant effects. In the person with no tolerance for it, marijuana can produce distortions of sensory perception, sometimes including hallucinations. Marijuana also has depressant effects and is partially cross-tolerant with sedative-hypnotic drugs such as alcohol. Hashish (or “hash”) is a combination of the dried resins and compressed flowers of the female plant.

**Mental Health Association of New York State (MHANYS)**—is a 501(c)(3) not-for-profit organization with 30 local affiliate Mental Health Associations serving 54 counties in New York State. MHANYS, and its affiliate network, work to promote mental health and recovery, encourage empowerment in mental health service recipients, eliminate discrimination, raise public awareness with education, and advocate for equality and opportunity for all. [More information about MHANYS is available online at <http://www.mhanys.org/> ]

**Mental Health Only Services (MHOS)**—programs that by law or regulation, by choice, or for lack of resources are focused on providing services for persons with mental health problems only, and that have not incorporated services for patients who have substance use problems that require ongoing treatment. See also Addiction Only Services.

**mental health program**—an organized array of services and interventions with a primary focus on treating mental health disorders, whether providing acute stabilization or ongoing treatment.

**mental health treatment system**—a broad array of services and programs intended to treat a wide range of mental health disorders.

**MHANYS**—see Mental Health Association of New York State

**MHOS**—see Mental Health Only Services

**MI**—see motivational interviewing

**Modified Therapeutic Community (MTC)**—a therapeutic community whose approach to treatment adapts the principles and methods of the therapeutic community to the circumstances of the COD client. The MTC employs interventions that have special functions, all of which share community, therapeutic, and educational purposes. All interventions are grouped into four categories: community enhancement, therapeutic/educative, community/clinical management, and vocational.

**mood disorders**— include the depressive disorders (“unipolar depression”), the bipolar disorders, and two disorders based on etiology — mood disorder due to a general medical condition and substance-induced mood disorder.

**motivational interviewing (MI)**—a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

**MTC**— see Modified Therapeutic Community

**mutual self-help**— an approach to recovery from **substance use disorders** that emphasizes personal responsibility, self-management, and clients' helping one another. Such programs apply a broad spectrum of personal responsibility and peer support principles, usually including 12-Step methods that prescribe a planned regimen of change.

## N

**Nathan S. Kline Institute for Psychiatric Research (NKI)**—a facility of New York State’s OMH (*Office of Mental Health*), NKI has earned a national and international reputation for its pioneering contributions in psychiatric research, especially in the areas of psychopharmacological treatments for schizophrenia and major mood disorders, and in the application of computer technology to mental health services. The multicultural consumer and provider networks of NKI’s *Center of Excellence in Culturally Competent Mental Health* and *Center to Study Recovery in Social Contexts* provide CEIC with expertise in recovery and cultural competence, and connections with consumer networks (e.g., *Mental Health Empowerment Project*), and advocacy groups. [Additional information is available online in the “Partners” section of this site ([www.nyshealth-ceic.org](http://www.nyshealth-ceic.org)) and at [www.rfmh.org/nki/](http://www.rfmh.org/nki/) ]

**National Development & Research Institutes, Inc. (NDRI)**—founded in 1967, NDRI is a non-profit research and educational organization dedicated to advancing scientific knowledge in the areas of drug and alcohol abuse, treatment and recovery; HIV, AIDS and HCV; therapeutic communities; youth at risk; and related areas of public health, mental health, criminal justice, urban problems, prevention and epidemiology. [You can find more information about NDRI, its institutes, centers, and affiliates, online at [www.ndri.org](http://www.ndri.org) ]

**National Mental Health Association (NMHA)**—a policymaking and educational association that holds workshops and has an annual conference for clinicians working with persons with mental health problems, including persons with COD. The organization continues to develop resources, documents, publications, and a COD-designated section on its Web site.

**NDRI**— see National Development & Research Institutes, Inc.

**NeATTC**— see Northeast Addiction Technology Transfer Center; see also Institute for Research, Education & Training in Addictions (IRETA)

**neuroleptic medication**—a drug used to treat psychosis, especially schizophrenia.

- New York Association of Psychiatric Rehabilitation Services (NYAPRS)**—a 501c-3 not-for-profit organization, is a statewide coalition of people who use and/or provide recovery-oriented community based mental services. We value difference and promote cultural competence in all aspects of our work. NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses, and those with trauma-related conditions by promoting their recovery, rehabilitation and rights so that all people can participate freely in the opportunities of society. Accordingly, NYAPRS acts to promote: the concept and practice of mental health recovery; the widespread availability of quality recovery-centered rehabilitation and peer support services throughout New York State; the rights of people with psychiatric disabilities in the struggle against stigma and discrimination both within the mental health system and in the larger community. NYAPRS membership includes over 100 community mental health service agencies that support the efforts of tens of thousands of New Yorkers by providing a wide range of services that share a fundamental belief in the capacity for recovery, healing and independence for every individual with a psychiatric disability. [For more information on NYAPRS and its activities, visit their website at <http://www.nyaprs.org/> ]
- New York City (NYC)**—The largest city in New York State, consisting of five boroughs (counties); namely, Manhattan (New York County), Brooklyn (Kings County), Queens (Queens County), the Bronx (Bronx County), and Staten Island (Richmond County). Also: the City of New York
- New York State (NYS)**—New York State, a geographical division consisting of 62 counties, 5 in the City of New York that correspond to the boroughs, and 57 outside NYC; the state capital is Albany.
- New York State Conference of Local Mental Hygiene Directors (NYSCLMHD)**— see Conference of Local Mental Hygiene Directors
- New York State Health Foundation (NYSHealth)**—is a private, statewide foundation that aims to improve New York’s health care system by expanding health insurance coverage, containing health care costs, increasing access to high-quality services, and addressing public and community health. NYSHealth advances its mission under three general initiatives; specifically, expanding health insurance coverage, increasing access to high-quality health care services, and improving public and community health. [More information about NYSHealth is available online at <http://www.nyshealthfoundation.org/>]
- New York State Office of Alcoholism and Substance Abuse Services (NYS-OASAS)**—see Office of Alcoholism and Substance Abuse Services
- New York State Office of Mental Health (NYS-OMH)**—see Office of Mental Health
- NKI**— see Nathan S. Kline Institute for Psychiatric Research
- NMHA**— see National Mental Health Association
- nodding out**— slang term for the early stages of depressant-induced sleep. Opioids and sedative-hypnotics induce depression of the central nervous system, causing mental and behavioral activity to become sluggish. As the nervous system becomes profoundly depressed, symptoms may range from sleepiness to coma and death. Typically, “nodding out” refers to fading in and out of a sleepy state.

**Northeast Addiction Technology Transfer Center (NeATTC)**—located in Pittsburgh, PA, NeATTC is designed to enhance the quality of addiction treatment and recovery services within the region by providing policymakers, providers, consumers and other stakeholders with state-of-the-art information through technology translation and transfer activities. This initiative, funded by the Center for Substance Abuse Treatment (CSAT), is one of 14 regional centers in a national network that serves all 50 states and the U.S. Territories. The goals of the NeATTC are to increase the knowledge and skills of addictions treatment practitioners; to heighten the awareness, knowledge and skills of all professionals who have the opportunity to intervene in the lives of people with substance abuse disorders; and to foster regional and national alliances among practitioners, researchers, policymakers, funders, and consumers to support and implement best treatment practices [You can find more information regarding the NeATTC and its activities online at <http://www.ireta.org/attc/> ]

**NYAPRS**— see New York Association of Psychiatric Rehabilitation Services

**NYC**— see New York City

**NYS-OASAS**— see Office of Alcoholism and Substance Abuse Services

**NYS-OMH**— see Office of Mental Health

**NYS**— see New York State

**NYSCLMHD**— see Conference of Local Mental Hygiene Directors

**NYSHealth**— see New York State Health Foundation

## O

**OASAS**— see Office of Alcoholism and Substance Abuse Services

**Office of Alcoholism and Substance Abuse Services (OASAS)**—a government agency to regulate and oversee services for alcoholism and substance use throughout New York State.

**Office of Mental Health (OMH)**—a government agency to regulate and oversee mental health services throughout New York State.

**OMH**— see Office of Mental Health

**opioid**— a type of depressant drug that diminishes pain and central nervous system activity. Prescription opioids include morphine, meperidine (Demerol), methadone, codeine, and various opioid drugs for coughing and pain. Illicit opioids include heroin, also called “smack,” “horse,” and “boy.”

**organization**— an entity that provides mental health services in two or three service settings (inpatient, residential, or outpatient) and is not classified as a psychiatric or general hospital or as a residential treatment center.

**outreach strategies**—approaches that actively seek out persons in a community who may have substance use disorders and engage them in substance abuse treatment.

## P

**paranoia**— a type of delusion, or false idea, that is unchanged by reasoned argument or proof to the contrary. Clinical paranoia involves the delusion that people or events are in some way specially related to oneself. People who are paranoid may believe that others are talking about them, plotting devious plans about them, or planning to hurt them. Paranoia often occurs during episodes of high-dose chronic stimulant use and may occur during withdrawal from sedative-hypnotics such as alcohol.

**paraphernalia**— a broad term that describes objects used during the chemical preparation or use of drugs. These include syringes, syringe needles, roach clips, and marijuana or crack pipes.

- pathological gambling**—an illness whose essential feature is persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits.
- personality disorders**—rigid, inflexible, and maladaptive behavior patterns of sufficient severity to cause internal distress or significant impairment in functioning. Personality disorders are enduring and persistent styles of behavior and thought, rather than rare or unusual events in someone's life.
- posttraumatic stress disorder (PTSD)**—an illness whose essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close friend or relative.
- Practice Improvement Collaboratives**—community-based initiatives that link treatment providers, researchers, and policymakers in order to build a strong foundation to effect action.
- Prescribing Onsite Psychiatrist Model**—a model for a substance abuse treatment agency that includes on its staff a psychiatrist who works onsite from 4 to 16 hours a week. The onsite psychiatrist brings diagnostic, behavioral, and medication services directly to where the clients are based for the major part of their treatment.
- prognosis**— a clinician's judgment or estimate of how well a disorder will respond to treatment.
- program**— currently, *substance abuse* treatment programs use the Service Delivery Unit (SDU) as their program definition for the National Survey of Substance Abuse Treatment Services. *Mental health* treatment programs use facility or organization in reporting for the Survey of Mental Health Organizations, General Hospital Mental Health Services, and Managed Behavioral Health Care Organization (SMHD).
- protease inhibitor**—*protease* is an enzyme used by the HIV to process new copies of the virus after it has reproduced. Protease inhibitors are medications used to treat HIV; they interfere with the action of this enzyme, thus interfering with viral reproduction.
- psychopharmacological**—pertaining to medications used to treat mental illnesses.
- psychosis**— a mental disorder that is characterized by distinct distortions of a person's mental capacity, ability to recognize reality, and relationships to others to such a degree that it interferes with that person's ability to function in everyday life.
- psychosocial**— involving a person's psychological well-being, as well as housing, employment, family, and other social aspects of life circumstances.
- PTSD**— see posttraumatic stress disorder
- psychotropic medication**—a drug that has an effect on the mind and sometimes affects behavior as well.

## Q

- quadrants of care**—a conceptual framework that classifies clients in four basic groups based on relative symptom severity, rather than by diagnosis.

## R

- referral**— a process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs. For COD, referrals are frequently made for detoxification, assessment, special treatment, and medications.

- relapse**— a breakdown or setback in a person's attempt to change or modify any particular behavior. An unfolding process in which the resumption of substance abuse is the last event in a series of maladaptive responses to internal or external stressors or stimuli.
- relapse prevention therapy (RPT)**—a variety of interventions designed to teach individuals who are trying to maintain health behavior changes how to anticipate and cope with the problem of relapse. RPT strategies can be placed in five categories: Assessment Procedures, Insight/Awareness Raising Techniques, Coping Skills Training, Cognitive Strategies, and Lifestyle Modification.
- remission**— a state in which a mental or physical disorder has been overcome or a disease process halted.
- RPT**— see relapse prevention therapy

## S

- SAMHSA**— see Substance Abuse and Mental Health Services Administration
- schizophrenia**— a type of **psychosis**. Persons diagnosed with schizophrenia are subject to hallucinations occurring in the absence of insight into their pathological nature, as well as disorganized speech and grossly disorganized or catatonic behavior. The disorder lasts for at least 6 months and includes at least 1 month of active-phase symptoms including two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms.
- screening**— a formal process of testing to determine whether a client warrants further attention at the current time for a particular disorder and, in this context, the possibility of a co-occurring substance or mental disorder. The screening process for **co-occurring disorders** seeks to answer a “yes” or “no” question: Does the substance abuse [or mental health] client being screened show signs of a possible mental health [or substance abuse] problem? Note that the screening process does not necessarily identify what kind of problem the person might have or how serious it might be but determines whether further assessment is warranted.
- service integration**—no one set of treatment interventions constitutes integrated treatment. The term refers to the availability and delivery of a comprehensive array of appropriate mental health and substance abuse services and interventions that are identified within a single treatment plan, coordinated by a single treatment team, and both effective and responsive to the high degree of severity of both mental illness and substance abuse experienced by the client. Under the “no wrong door” approach, integrated services should be available, as necessary, through both mental health and substance abuse treatment systems. (See also collaboration and informal collaboration.)
- Single State Agencies**—systems that organize statewide services.
- skin abscess**— a collection of pus formed as a result of bacterial infection. Abscesses close to the skin usually cause inflammation, with redness, increased skin temperature, and tenderness. Abscesses may be caused by injecting drugs and impurities into the body.
- slurred speech**— a sign of depressant intoxication. When people consume significant amounts of sedative-hypnotics and opioids, their speech may become garbled, mumbled, and slow.
- stigma**— a negative association attached to some activity or condition. A cause of shame or embarrassment.
- substance abuse**—a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. Sometimes used interchangeably with the term **substance dependence**.

**Substance Abuse and Mental Health Services Administration (SAMHSA)**—has a mission to reduce the impact of substance abuse and mental illness on America’s communities. Established in 1992, SAMHSA is directed by Congress to target substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over time, SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation’s health. SAMHSA administers a combination of competitive, formula, and block grant programs and data collection activities through its four centers: the Center for Mental Health Services (CMHS), which focuses on the prevention and treatment of mental disorders; the Center for Substance Abuse Prevention (CSAP), which seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco; the Center for Substance Abuse Treatment (CSAT), which supports the provision of effective substance abuse treatment and recovery services; and the Center for Behavioral Health Statistics and Quality (CBHSQ) which has primary responsibility for the collection, analysis and dissemination of behavioral health data. Over the past decade, SAMHSA has funded such initiatives as the Co-occurring Center for Excellence (COCE) and the Co-occurring State Incentive Grants (COSIG), which were instrumental in advancing our understanding and treatment of co-occurring disorders.

**substance abuse treatment program**—an organized array of services and interventions with a primary focus on treating substance use disorders, providing both acute stabilization and ongoing treatment.

**substance abuse treatment system**— a broad array of services organized into programs intended to treat substance use disorders. It also includes services organized in accord with a particular treatment approach or philosophy (e.g., methadone treatment or therapeutic community).

**substance dependence**—a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by a need for increasing amounts of the substance to achieve intoxication, markedly diminished effect of the substance with continued use, the need to continue to take the substance in order to avoid withdrawal symptoms, and other serious behavioral effects, occurring at any time in the same 12-month period.

**substance use disorders**—a class of substance-related disorders that includes both **substance abuse** and **substance dependence**.

**suicidality**— a measure or estimate of a person's likelihood of committing suicide. A high-risk behavior associated with COD, especially (although not limited to) serious mood disorders.

**system**— an organization of a number of different treatment programs and related services in order to implement a specific mission and common goals.

## T

**therapeutic alliance**— a type of relationship between client and clinician in which both are working cooperatively toward the same goals, with mutual respect and understanding; also called “helping alliance.” The bond of trust formed between client and clinician during therapeutic work that makes healing possible.

- therapeutic community (TC)**—a consciously designed social environment or residential treatment setting in which the social and group process is harnessed with therapeutic intent. The TC promotes abstinence from alcohol and illicit drug use, and seeks to decrease antisocial behavior and to effect a global change in lifestyle, including attitudes and values. The TC employs the community itself as the agent of healing. The TC views drug abuse as a disorder of the whole person, reflecting problems in conduct, attitudes, moods, values, and emotional management. Treatment focuses on drug abstinence, coupled with social and psychological change that requires a multidimensional effort involving intensive mutual self-help typically in a residential setting.
- toxicity**—poisonous nature; poisonous quality.
- transference**—the feelings, reactions, biases, and images from the past that the client with COD may project onto the clinician.
- trauma**—violent mental or physical harm to a person, damage to an organ, etc.
- treatment**—*substance abuse* treatment is an organized array of services and interventions with a primary focus on treating substance abuse disorders. For the Treatment Episode Data Set, the Center for Substance Abuse Treatment defines treatment to include the following general categories: hospital, short- and long-term residential, and outpatient. *Mental health* treatment is an organized array of services and interventions with a primary focus on treating mental disorders, whether providing acute stabilization or ongoing treatment. These programs may exist in a variety of settings, such as traditional outpatient mental health centers (including outpatient clinics and psychosocial rehabilitation programs) or more intensive inpatient treatment units.
- treatment retention**— keeping clients involved in treatment activities and receiving required services.
- tremor**— an involuntary and rhythmic movement in the muscles, most often in the hands, feet, jaw, tongue, or head. Tremors may be caused by stimulants such as amphetamines and caffeine, as well as by withdrawal from depressants.
- TC**— see therapeutic community

## U

- unsteady gait**— crooked, meandering, and uncoordinated walk, typical of alcohol-impaired people.
- uppers**— slang term used to describe drugs that have a stimulating effect on the central nervous system. Examples include cocaine, caffeine, and amphetamines.
- US DHHS**— see Department of Health and Human Services
- US Department of Health and Human Services (US-DHHS)**—see Department of Health and Human Services

## V

## W

- wraparound services**—aspects of a treatment program that address difficult-to-treat problems, such as finding childcare while in treatment, arranging for proper housing, and finding employment

## X

## Y

## Z

*Adapted from:*

Center for Substance Abuse Treatment. (2005). *Substance Abuse Treatment for Persons with Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series, Number 42. S. Sacks, Chair & R. Reis, Co-Chair, Consensus Panel. DHHS Pub. No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Retrieved 04/18/08 online at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.74073>