A Mental Health Glossary of Selected Terms for Judicial Use During Child Custody Cases*

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Introduction

Judges often utilize mental health professionals as consultants when they make decisions in determining the best interest of the child. The following pages comprise a glossary of selected mental health terms that judges may encounter during the course of child custody proceedings, which involve mental health issues and/or forensic mental health consultations and reports. The glossary includes common mental health terms as well as terms that are specific to children and forensic mental health practice. It is our hope that this glossary will facilitate the development of enhanced communication between judges and mental health professionals.

The words in the glossary were chosen based on a review of psychology and psychiatry textbooks, a review of related practice parameters and guidelines, already existing mental health glossaries, and relevant literature. For a complete review of the sources used to compile this glossary, please see the reference section located at the end of the glossary[1,2,3,4,5].

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[4] Terms quoted from: Kaplan, H. I., & Sadock, B. J. (1998). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry.* Baltimore: Williams & Wilkins were reprinted with permission.
[5] Terms quoted from: Melton, G. B., Petrila, J., Poythress, N. G., & Slobogin, C. (1997). *Psychological evaluations for the courts: a handbook for mental health professionals and lawyers* (2nd ed.). New York: The Guilford Press.

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A

Affect: "A pattern of observable behaviors that is the expression of a subjectively experienced feeling state (emotion). Common examples of affect are sadness, elation and anger. In contrast to mood, which refers to a more pervasive and sustained emotional 'climate,' affect refers to more fluctuating changes in emotional 'weather.' What is considered the normal range of the expression of affect varies considerably, both within and among different cultures" (American Psychiatric Association, 1994, p. 763) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association.

> Blunted Affect: "Significant reduction in the intensity of emotional expression" (American Psychiatric Association, 1994, p. 763) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association.
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> Flat Affect: "Absence or near absence of any signs of affective expression" (American Psychiatric Association, 1994, p. 763) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association.
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> Labile Affect: "Abnormal variability in affect with repeated, rapid and abrupt shifts in affective expression" (American Psychiatric Association, 1994, p. 763) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association
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> Restricted/Constricted Affect: "Mild reduction in the range and intensity of emotional expression" (American Psychiatric Association, 1994, p. 763) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Antisocial: Conduct or attitude that does not conform to societal norms or expectations. Often characterized by criminal behavior, hostility, disrespect of others and their property, and deceitfulness

Anxiety: Apprehension, tension, or uneasiness caused by anticipation of danger. "May be regarded as pathologic when it interferes with effectiveness in living, achievement of desired goals or satisfaction, or reasonable emotional comfort" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Apathy: "Lack of feeling, emotion, interest, or concern" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

At Risk: "Vulnerable to psychological, physical, and adaptive difficulties during developmental years and later in life, as well. This statistical, epidemiological concept is usually used to refer to children with certain types of life experiences or from certain social or ethnic groups" (Sattler, 1998, p. 1031)

Attachment: Refers to the quality of the emotional relationship between two people. Attachment styles are generally formed through early relationships between a caregiver and infant and evolves over time

***Atypical*:** "An adjective used to describe unusual or uncharacteristic variations of a disorder" (Edgerton & Campbell, 1994)

See also ***Atypical Antipsychotic***

Authoritarian Parenting: "A restrictive pattern of parenting in which adults set many rules for their children, expect strict obedience, and rely on power rather than reason to elicit compliance" (Shaffer, 1996, p. 609)

Authoritative Parenting: "A flexible style of parenting in which adults allow their children autonomy, but are careful to explain the restrictions they impose and will ensure that their children follow these guidelines" (Shaffer, 1996, p. 609)

B

Behavior Disorder: "General term used for any aberrant or maladaptive pattern of behavior" (Sattler, 1998, p. 1032)

Bereavement: "Psychological, physiological, or behavioral responses associated with loss or death" (Sattler, 1998, p. 1033). The term loss can be used to describe any number events in which a person feels distress, or an absence or void, when something or someone of value is no longer available or less available. Feelings related to loss not only occur in the case of death, but can also result due to loss of functioning, loss of family unit, disruption in attachment (i.e. a child who had daily contact with a parent prior to separation/divorce now has intermittent contact), loss of home, etc.

Body Image: "One's sense of the self and one's body" (Edgerton & Campbell, 1994)

Bonding: Term often used to describe the attachment or emotional ties between caregiver and infant. See also *Traumatic Bonding*

C

Capacity: Often used by mental health professionals to describe a person's ability to make decisions and judgments. Can be distinguished from competency, as competency refers to a legal ruling

Caregiver: "Person responsible for another's health and welfare, such as a parent or guardian, another person within the home, or a person in a relative's home, foster care home, or residential institution. A caregiver is responsible for meeting an individual's basic physical and psychological needs and providing protection and supervision" (Sattler, 1998, p. 1033)

Child Developmental Stages:

Infancy: Birth to 18 months. Developmental period marked by rapid growth and development. Tasks include attaining physiological regulation, transitioning from reflexive to voluntary behavior, becoming attached to caregivers and separating self from others

Toddler: 18-36 months. Characterized by marked growth in language, motor skills and capacity to the explore the world

Preschool-aged: Ages 3-4 years. Developmental tasks include mastering toileting and other self-care activities, and the development of language, self–control, and gender identity

Middle Childhood: Ages 5-11. Developmental include adjusting to school, establishing friendships, and developing morals

Puberty: Those physiological changes between childhood and adulthood. It usually begins to occur between ages 10 and 13.

Adolescence: Those psychological and emotional changes between childhood and adulthood. "Generally begins at about age 12 and ends at a loosely defined time, when the individual achieves independence and social productivity (usually about age 20)" (Edgerton & Campbell, 1994)

Clinical Assessment Interview: "Interview designed to obtain relevant information in order to make an informed decision about the interviewee, such as for screening, classification/placement, program/planning/remediation, or program evolution" (Sattler, 1998, p. 1035)

Clinical Significance: This term can be used in multiple ways (1) "Measure of the strength of a treatment as indicated by the extent to which it has improved the life of a client in a real-world setting; usually using either subjective evaluation or social comparison" (Shaughnessy & Lechmeister, 1997). (2) In research, the term is often used to distinguish between statistical significance and real world applicability of the findings. (3) Clinically, the term is used to denote changes in presentation or symptomotology

Cognition: "general term used encompassing all the various modes of knowing and reasoning"(Edgerton & Campbell, 1994)

Cognitive Development: "Beginning in infancy, the acquisition of intelligence, conscious thought, and problem-solving abilities" (Edgerton & Campbell, 1994)

Comorbid: "Psychological disorder that tends to occur with another psychological disorder" (Sattler, 1998, p. 1036). For example, depression and anxiety often occur together

Competency Assessment: An evaluation of a person's ability to "make a sound judgment—to weigh, to reason and to make reasonable decisions" (Kaplan & Sadock, 1998, p. 1313). While mental health professionals are often asked to assess a person's competency and make recommendations, the ultimate decision is a legal one. Competency should be distinguished from capacity, which is a term sometimes used by mental health professionals

Concrete Thinking: "Thinking characterized by immediate experience, rather than abstractions. It may occur as a primary, developmental defect, or it may develop secondary to organic brain disease or schizophrenia" (Edgerton & Campbell, 1994). It is also a developmentally appropriate way of thinking for young children.

Confidentiality: "Ethical obligation of a professional not to reveal information obtained through professional contact with a client without specific consent. It protects the client from any unauthorized disclosures of information given in confidence to a professional." There are certain circumstances where confidentiality must be broken such as when a person is at imminent risk of harming self or others, or if a child is being abused (Sattler, 1998, p. 1037)

Confusion: "Inability of a person to make sense of the environment, reflected in agitated behavior, disorganized language, incorrect memories, or poor memories" (Sattler, 1998, p. 1037)

Control (behavioral): Ability to regulate behavior and refrain from acting on impulses

Coping: "Ways in which individuals deal with anxiety, stress, illness, and other forms of tension and adversity" (Sattler, 1998, p. 1038)

Coping Strategies: "Behaviors, cognitions, and perceptions employed by a person to maintain [functioning] when faced with stress [such as family conflict, marital problems, financial problems, etc.] or illness" (Sattler, 1998, p. 1038)

Coping Styles: "Relatively enduring and characteristic ways in which individuals respond to stressful situations, such as illness" (Sattler, 1998, p. 1038)

Crisis Intervention: A brief form of treatment, whereby techniques to reduce the emotional distress brought on by a traumatic or stressful event are employed

D

Decompensation: A deterioration in functioning; worsening of symptoms

Defense Mechanism: "In the psychodynamic perspective, techniques used by individuals to try to avoid awareness of unpleasant or anxiety-arousing feelings and thoughts" (Sattler, 1998, p. 1039)

Delusions: "A false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (e.g., it is not an article of religious faith)" (American Psychiatric Association, 1994, p. 765)

Depersonalization: "An alteration in the perception or experience of the self so that one feels detached from, and as if one is an outside observer of, one's mental processes or body (e.g., feeling like one is in a dream). Depersonalization can result from exposure to a traumatic event (American Psychiatric Association, 1994, p. 766)

Derealization: "An alteration in the perception or experience of the external world so that it seems strange or unreal (e.g., people may seem unfamiliar or mechanical)." Derealization can result from exposure to a traumatic event (American Psychiatric Association, 1994, p. 766)

Detoxification: "The process of providing medical care during the removal of dependence-producing substances from the body so that withdrawal symptoms are minimized and physiological function is safely resorted. Treatment includes medication, rest, diet, fluids, and nursing care" (Edgerton & Campbell, 1994)

Developmental Delay: "Lag in the development of a function relative to expectations for an individual of a particular age" (Sattler, 1998, 1040)

Developmental Disability: "Chronic, severe disability that (a) results from a mental or physical impairment, (b) begins before age 22, (c) is likely to be life-long, (d) results in major limitations in everyday functioning, such as self-care, language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and (e) reflects a need for special services that are individually planned and coordinated. Examples of developmental disabilities are cerebral palsy, mental retardation, Down syndrome, autism, epilepsy, deafness, blindness, serious learning disabilities, and spina bifida" (Sattler, 1998, p. 1040)

Disability (psychiatric): "Deprivation of intellectual or emotional capacity of fitness. As defined by the federal government, "Inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last or has lasted for a continuous period of not less than 12 full months" (Edgerton & Campbell, 1994)

Disinhibition: Acting on impulses; failure to restrain oneself resulting in a disregard for societal rules or expectations. Can be the result of mood altering illicit drugs/medications alcohol, certain mental illnesses, and neurological problems

Disorganized behavior: Ranges from "child-like silliness" to agitation and often precludes goal-directed behavior including hygiene and self-care (American Psychiatric Association, 1994) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Disorganized Speech: Characterized by speech "derailment" or "loose associations" that interfere with goal directedness and coherence (American Psychiatric Association, 1994)

Disorientation: "Disturbance of orientation in time, place, or person" (Kaplan & Sadock, 1998, p. 275)

Dissociation: "A disruption in the usually integrated functions of consciousness, memory, identity, or perception" (American Psychiatric Association, 1994, p. 477). Dissociation can be described as a "self removal" or trance-like state. It can result in feeling detached from one's self or body, loss of memory for personal information, and in extreme cases can result in the development of new a new identity. Dissociation can result from traumatic experiences. Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Distractibility: "The inability to maintain attention, that is, the shifting from one area or topic to another with minimal provocation, or attention being drawn too frequently to unimportant or irrelevant external stimuli" (American Psychiatric Association, 1994, p. 766) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Drug Holiday: "Discontinuance of a therapeutic drug for a limited period of time. Sometimes used as a way of evaluating baseline behavior or as a means of controlling or reducing the dosage of psychoactive drugs and side effects" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

E

Early Intervention: "(1) Services provided to infants and young children during the period of most rapid growth and development, designed to help them develop to their greatest potential. These services may be home-based, center-based, or both; they may include family training and counseling, special instruction, speech pathology/audiology, physical therapy, occupational therapy, and psychological therapy, vision services, assistive technology, service coordination, health services, evaluation, screening, and assessment. (2) Services provide to families who are at risk for maltreating their children (Sattler, 1998, pp 1042-1043)

Empathy: "Insightful awareness, including the meaning and significance of the feelings, emotions, and behavior of another person" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Executive Functioning: "Cognitive abilities such as planning, organizing, sequencing, and abstracting" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Externalizing Disorders: "Conditions whose symptoms are outer-directed and primarily associated with undercontrolled behaviors. Examples are conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, aggression, and adjustment disorder" (Sattler, 1998, p. 1045)

F

Failure to Thrive: "Problem in pediatrics in which infants or young children show delayed physical growth, often with impaired social and motor development. Nonorganic [not caused by a medical problem] failure to thrive is thought to be associated with lack of adequate emotional nurturing" (Edgerton & Campbell, 1994)

Fetal Alcohol Syndrome: A congenital disorder characterized by birth defects such as, "central nervous system dysfunction, birth deficiencies (such as low birth weight), facial abnormalities, and variable major and minor malformations" that result from alcohol consumption by the mother during pregnancy. "A safe level of alcohol use during pregnancy has not been established, and it is generally advisable for women to refrain from alcohol use during pregnancy" (Edgerton & Campbell, 1994)

Flashback: "A recurrence of a memory, feeling, or perceptual experience from the past." Flashbacks can occur as the result of exposure to a traumatic event (American Psychiatric Association, 1994, p. 766). Flashbacks can be distinguished from memories in that they are generally perceived as intrusive, out of conscious control, and often distressing.

G

Gender Identity: "A person's inner conviction of being male or female" (American Psychiatric Association, 1994, p. 767)

Gender Role: "Attitudes, patterns of behavior, and personality attributes defined by the culture in which the person lives as stereotypically 'masculine' or 'feminine' social roles" (American Psychiatric Association, 1994, p. 767)

Grief: "Normal, appropriate emotional response to an external and consciously recognized loss; it is usually time-limited and subsides gradually" (Edgerton & Campbell, 1994). The term loss can be used to describe any number events in which a person feels distress, or an absence or void, when something or someone of value is no longer available or less available. Feelings related to loss not only occur in the case of death, but can also result due to loss of functioning, loss of family unit, disruption in attachment (i.e. a child who had daily contact with a parent prior to separation/divorce now has intermittent contact), loss of home, etc.

H

Hallucinations: "A sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ" (American Psychiatric Association, 1994, p. 767) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Hypervigilance: "Excessive attention and focus on all internal and external stimuli…" (Kaplan & Sadock, 1998, p. 275)

I

Identity: "The sense of self and unity; one element is gender identity" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Impulse: "A desire or propensity to act in a certain way, typically in order to ease pain or gain pleasure" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Impulsive: "Characterized by rapid movement or decision making without benefit of judgment; characterized by a tendency to act quickly without thinking; hasty; rash (Sattler, 1998, p. 1050)

Informed Consent: "Permission by the patient for a medical procedure based on understanding the nature of the procedure, the risks involved, the consequences of withholding permission, and alternative procedures" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Insight: "Self-understanding; the extent of a person's understanding of the origin, nature, and mechanisms of his or her maladaptive attitudes and behavior" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Intelligence: "Capacity to learn and utilize appropriately what one has learned. May be affected by emotions" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Internalizing Disorders: Conditions in which the symptoms are inner-directed and primarily associated with overcontrolled behaviors. Examples are anxiety disorders, depressive disorders, social withdrawal, psychophysiological disorders, eating disorders…" (Sattler, 1998, p. 1051)

L

Learning Disability: "Disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. A learning disability may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations. Students with a learning disability have a severe discrepancy between intellectual ability and achievement in one or more academic areas" (Sattler, 1998, p. 1053)

M

Malingering: "Conscious fabrication or gross exaggeration of physical or psychological symptoms in pursuit of a recognizable goal" (Sattler, 1998, p. 1054)

Memory:

Episodic: Refers to memory for specific events
Implicit: refers to memory for automatic skills
Semantic: Refers to memory of facts
Short-term/Immediate memory: Recall of material within seconds to minutes
Long-term: Recall of events over the past few hours to years

Mental Disorder: "Clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom" (American Psychiatric Association, 1994, p., xxi)

Mental Health Services:

Community Mental Health Center (CMHC): "A mental health service delivery system first authorized by the Federal Community Mental Health Centers Act of 1963 to provide a comprehensive program of mental health care to [specific geographic] area residents. The CMHC is typically a community facility or a network of affiliated agencies that serves as a locus for the delivery of the various services in the concept of community psychiatry" (Edgerton & Campbell, 1994)

Day treatment: "Includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. Day treatment programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them" (Substance Abuse and Mental Health Services Administration, n.d.)

Early intervention: "A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse" (Substance Abuse and Mental Health Services Administration, n.d.)

Inpatient hospitalization: "Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting" (Substance Abuse and Mental Health Services Administration, n.d.)

Intake/Screening: "Services designed to briefly assess the type and degree of a client's/patient's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service. Services may include interviews, psychological testing, physical examinations including speech/hearing, and laboratory studies" (Substance Abuse and Mental Health Services Administration, n.d.)

Outpatient: "A patient who is receiving ambulatory care at a hospital or other health facility without being admitted to the facility" (Edgerton & Campbell, 1994)

Partial Hospitalization: "A psychiatric treatment program for patients who require hospitalization only during the day, overnight, or on the weekends" (Edgerton & Campbell, 1994)

Residential Treatment Centers: "Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious* emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes" (Substance Abuse and Mental Health Services Administration, n.d.)

Transitional Living Programs: "Programs in various settings, such as small group homes, rehabilitation hospitals, and outpatient centers, that prepare a disabled person for maximum independence in activities of daily living" (Sattler, 1998, p. 1073)

Mental Status: "The level and style of functioning of the psyche, including a person's intellectual functioning and emotional, attitudinal, psychological, and personality aspects and the relationships between them. The term is commonly used to refer to the results of the examination of the patient's mental state" (Edgerton & Campbell, 1994)

Mental Status Exam: "Assessment by an interviewer of a [person's] competence in such areas as general orientation to time, place, and person; recent and remote memory immediate memory; insight and judgment; reading, writing, and spelling; and arithmetical concentration. Such an evolution may be conducted in cases of brain injury, when a [person] appears confused, or when the interviewer simply wants to obtain some indication of the [persons]'s general mental functioning (Sattler, 1998, 1055)

Mood: "A pervasive and sustained emotion that colors the perception of the world. Common examples of mood include depression, elation, anger, and anxiety. In contrast to affect, which refers to more fluctuating changes in emotional 'weather,' mood refers to a more pervasive and sustained emotional 'climate'" (American Psychiatric Association, 1994, p. 768) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

> Dysphoric: "An unpleasant mood, such as sadness, anxiety, or irritability" (American Psychiatric Association, 1994, p. 768) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association
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> Elevated Mood: "An exaggerated feeling of well-being, or euphoria or elation. A person with elevated mood may describe feeling 'high,' 'ecstatic,' 'on top of the world,' or up in the clouds'" (American Psychiatric Association, 1994, p. 769)
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> Euthymic Mood: "Mood in the 'normal' range, which implies the absence of depressed or elevated mood" (American Psychiatric Association, 1994, p. 769) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association
>
> Expansive: " Lack of restrain in expressing one's feelings, frequently with a an overvaluation of one's significance or importance" (American Psychiatric Association, 1994, p. 769) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

O

Object Relations: "The emotional bonds between one person and another, as contrasted with interest in and love for the self; usually described in terms of capacity for loving and reacting appropriately to others" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

P

Parental Alienation: A term utilized to describe a situation in which a child becomes aligned with one parent and develops a distorted and overly negative view of the other parent. In extreme cases, it can destroy the parent-child relationship (American Academy of Child and Adolescent Psychiatry, 1997). It may occur as the result of high conflict divorce, where one parent in a custody case encourages the child to become alienated from the other party in the case

Parent Training/Parent Education: Teaching parents to better interact with, guide, teach, and discipline their children in an age appropriate manner. Classes exist that are specifically focused on teaching parenting skills. Sometimes parent education also occurs during the course of a child's treatment is separate sessions with the parents.

Parenting Skills: "Parents' competencies in providing physical care, protection, supervision, and psychological nurturance appropriate to a child's age and stage of development" (Sattler, 1998, p. 1060)

Perception: "Mental processes by which intellectual, sensory, and emotional data are organized logically or meaningfully" (Edgerton & Campbell, 1994)

Permissive Parenting: "A pattern of parenting in which adults make few demands of their children and rarely attempt to control their behavior" (Shaffer, 1996, p. 609)

Psychiatric Evaluation: Most commonly used to describe an evaluation, generally an interview, aimed at formulating a psychiatric diagnosis. While psychiatric evaluations are typically performed by a psychiatrist, psychologists and social workers can also conduct psychiatric/diagnostic interviews. It should be noted that sometimes the terms psychiatric evaluation and psychosocial evaluation are used interchangeably. Please see the definitions of each of these terms for distinction between them

Psychoeducation: A general term used to describe education about psychological and mental health information. For example, education about mental illness (i.e., causes, symptoms and treatments), education about child development, or education about discipline can all be considered psychoeducation

Psychoeducational Evaluation: Most commonly used to describe an evaluation, performed by a psychologist, of a child's cognitive functioning and academic abilities and achievement. May contain background information, and family and social functioning of the child. It should be noted that sometimes the terms psychological evaluation, psychoeducational and psychosocial evaluation are used interchangeably. Please see the definitions of each of these terms for distinction among them

Psychological Evaluation: Most commonly used to describe an evaluation, performed by a psychologist, of a child's psychological functioning. It generally includes testing of cognitive functioning and personality functioning. It also may background information, and, in the case of a child, educational information, as well as tests of academic functioning. It should be noted that sometimes the terms psychoeducational evaluation, psychological evaluation, and psychosocial evaluation are used interchangeably. Please see the definitions of each of these terms for distinction among them

Psychomotor: "Pertaining to the motor effects of psychological processes. Psychomotor tests are tests of motor skill that depend on sensory or perceptual-motor coordination" (Sattler, 1998, p. 1064)

Psychomotor Agitation: "Excessive motor activity associated with a feeling of inner tension. When severe, agitation may involve shouting and loud complaining. The activity is usually nonproductive and repetitious, and consists of such behavior as pacing, wringing of hands, and inability to sit still" (Edgerton & Campbell, 1994)

Psychomotor Retardation: A noticeable slowing of movements and speech that is often associated with depression. Examples are slowed eye-blinks and long response time to questions

Psychopathology: "The study of the significant causes and processes in the development of mental disorders. Also the manifestations of mental disorders" (Edgerton & Campbell, 1994)

Psychosocial Evaluation: Most commonly used to describe an evaluation, generally an interview, aimed assessing a person's psychological and social functioning. Background information, school information, employment status and history, psychiatric history, relationship history, and family history are typically gathered. It may or may not be focused on the developmental of a diagnostic formulation. It should be noted that sometimes the terms psychiatric evaluation, psychological evaluation, and psychosocial evaluation are used interchangeably. Please see the definitions of each of these terms for distinction among them

Psychotherapy: "A process in which a person who wishes to relieve symptoms or resolve problems in living or is seeking personal growth enters into an implicit or explicit contract to interact in a prescribed way with a psychotherapist," usually a psychologist, psychiatrist, or social worker (Edgerton & Campbell, 1994)

Selected Types of Psychotherapeutic Interventions

> Behavior Therapy/Behavior Modification: "A type of treatment that targets reducing or eliminating maladaptive behaviors or emotions. For example, behavior therapy may be used to eliminate bed-wetting, decrease a child's tantrums, or decrease phobias. Techniques used include reinforcement, punishment, and consequences
>
> Brief Psychotherapy: "Any form of psychotherapy whose end point is defined either in terms of the number of sessions (generally not more than 15) or in terms of specified objectives; usually goal oriented, circumscribed, active, focused and directed towards a specific problem or symptom" (Edgerton & Campbell, 1994)

Cognitive-Behavioral Therapy (CBT): A form of psychotherapy that focuses on the relationship between thoughts and behavior. It supposes that maladaptive thinking patterns result in the development and maintenance of psychological symptoms. Treatment focusing the identification and modification of the maladaptive thinking patterns, thereby resulting in a decrease in symptoms

Conjoint Therapy: "A form of marital therapy in which a therapist sees the partners together in joint sessions" (Edgerton & Campbell, 1994). Can also refer to parent-child sessions.

Counseling: "A form of supportive psychotherapy in which one person, the advisor or counselor offers guidance or advice to another based on their joint discussion of the other's particular or general personal problems." Clergy and social workers commonly employ this technique (Edgerton & Campbell, 1994)

Family Therapy: "Treatment of more than one member of a family in the same session" (Edgerton & Campbell, 1994). Family therapy can also be used to describe therapy that focuses on family issues, regardless of who participates in the actual treatment.

Group Therapy: "Application of psychotherapeutic techniques by a therapist who uses the emotional interactions of members of the group to help them achieve relief from distress and possibly to modify their behavior. Typically, a group is composed of 4 to 12 persons who meet regularly with the therapist" **(**Edgerton & Campbell, 1994)

Milieu Therapy: Type of treatment in which the patient's environment is structured to help meet the patient's therapeutic needs. Staff members' behavior and attitudes, as well as patient activities are all part of the treatment. This is a common technique used in inpatient settings and residential treatment settings

Play therapy: "A treatment technique utilizing the child's play as a medium for expression and communication between patient and therapist" (Edgerton & Campbell, 1994). Play therapy is particularly useful for young children, children who are reluctant to talk, and children who have difficulty expressing themselves with words.

Psychoanalysis: "Psychoanalysis focuses on past conflicts as the underpinnings to current emotional and behavioral problems. In this long-term and intensive therapy, an individual meets with a psychoanalyst [more than once per week], using 'free association' to explore unconscious motivations and earlier, unproductive patterns of resolving issues" (Substance Abuse and Mental Health Services Administration, n.d.)

Psychodynamic Psychotherapy: Type of treatment, based on psychoanalysis. "It is based on the premise that human behavior is determined by one's past experiences, genetic factors, and current situation. This approach recognizes the significant influence that emotions and unconscious motivation can have on human behavior" (Substance Abuse and Mental Health Services Administration, n.d.)

Supportive Psychotherapy: "A type of therapy in which the therapist-patient relationship is used to help the patient cope with specific crises or difficulties that he or she is currently facing…. It employs a range of techniques, depending on the patient's strengths and weaknesses and the particular problems that are currently distressing. These techniques include listening in a sympathetic, concerned, understanding, and nonjudgmental fashion; providing factual information that may counter a patient's unrealistic fears; setting limits and encouraging the patient to control or relinquish self-destructive behavior and to give attention to more constructive action; and facilitating discharge of and relief from painful feelings within the controlled environment of the [therapy] room" (Edgerton & Campbell, 1994).

Psychosis: "Inability to distinguish reality from fantasy; impaired reality testing, with the creation of a new reality" (Kaplan & Sadock, 1998, p. 281). Often used synonymously with thought disorder. Schizophenia, delusional disorder, shizoaffective disorder are examples

Psychotic: "The narrowest definition of psychotic is restricted to delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A slightly less restrictive definition would also include prominent hallucinations that the individual realizes are hallucinatory experiences. Broader still is a definition that also includes other positive symptoms of Schizophrenia (i.e., disorganized speech, grossly disorganized or catatonic behavior)" (American Psychiatric Association, 1994, p. 770)

R

Reality Testing: "Objective evaluation and judgment of the world outside the self" (Kaplan & Sadock, 1998, p. 281)

Reexperiencing: Reliving an event through intrusive thoughts, images, perceptions or dreams. Generally results from exposure to a traumatic event and is a feature of posttraumatic stress disorder

Regression: "Return to earlier and less mature behavior" (Sattler, 1998, p. 1065)

***Resilience*:** A person's capacity to use internal and external resources to adapt to adverse stressful, or traumatic events or environments

S

Self-Help Groups: "…people with a common problem who collectively help each other by personal and group support. Examples are Alcoholics Anonymous (AA), Gamblers Anonymous (GA), and Narcotics Anonymous (NA)" (Edgerton & Campbell, 1994).

Sign: "An objective manifestation of a pathological condition. Signs are observed by the examiner rather than reported by the affected individual" (American Psychiatric Association, 1994, p. 770)

Somatization: Multiple recurrent physical symptoms (i.e., pain, gastrointestinal problems, etc.) without known medical cause

Statistical Significance: "A finding that an observed phenomenon (e.g., a difference between two groups) is unlikely to have occurred by chance. Conventionally, in the social and behavioral sciences are held to be statically significant when $p = 0.05$, that is, when a group difference of a given magnitude would be expected by chance fewer than 5 times in 100" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 640)

Stressor (psychological): "Any life even or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation of a mental disorder" (American Psychiatric Association, 1994, p. 771)

Substance: "A chemical agent that is used intentionally to alter mood or behavior. Also includes prescribed medications and poisons, toxins, industrial solvents, and other agents to which one may be exposed unintentionally and whose effects on the nervous system may lead to behavioral or cognitive disturbances" (Edgerton & Campbell, 1994).

Symptom: "A subjective manifestation of a pathological condition. Symptoms are reported by the affected individual rather than observed by the examiner" (American Psychiatric Association, 1994, p.770)

Syndrome: **"**A grouping of signs and symptoms, based on their frequent co-occurrence, that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection" (American Psychiatric Association, 1994, p. 770)

T

Temperament: "Style in which infants (or any individuals) react to their environment" (Sattler, 1998, p. 1072)

> Activity Level: "In infants, amounts of physical motion during sleeping, eating, playing, dressing, bathing, and so forth" (Sattler, 1998, p. 1028)

Adaptability: "In infants, ease or difficulty with which reactions to stimuli can be modified in an appropriate way. An adaptable infant adjusts easily to unexpected company, warms up to new people and tries new foods with interest" (Sattler, 1998, p. 1028)
Approach Tendency: "In infants, positive initial responses to new stimuli, including people, situations, places, foods, toys, and procedures" (Sattler, 1998, p. 1030)
Attention Span and Persistence: The longevity of focus on an activity and the extent to which the activity is continued when it is difficult (Sattler, 1998)
Distractibility: Refers to how much extraneous stimuli alters the focus of the infant (Sattler, 1998)
Intensity of Reaction: In infants, energy level of responses, whatever the quality or direction. An infant with a high level of intensity reacts vigorously with pleasure or displeasure (Sattler, 1998, p. 1051)
Quality of mood: Refers to amount of positive or negative feelings exhibited (Sattler, 1998)
Rhythmicity: Refers to the regularity of physiological functions such as hunger, sleep, feeding, etc. (Sattler, 1998)
Threshold of Responsiveness: Refers to the amount of stimuli an individual can tolerate before becoming upset (Sattler, 1998)

Difficult Children: Characterized by temperamental attributes that include "irregularity in biological functions, a predominance of negative (withdrawal) responses to new stimuli, slowness in adapting to changes in environment, a high frequency of expression of negative mood, and a predominance of intense reactions" (Thomas, Chess, & Birch, 1969, p. 75)

Easy Children: Children who are "preponderantly positive in mood, highly regular, low or mild in the intensity of their reactions, rapidly adaptable, and unusually positive in their approaches to new situations" (Thomas, Chess, & Birch, 1969, p. 85)

Slow to Warm Up Children: Children who present with "low activity level, initial withdrawal responses, slow adaptability, low intensity of reactions, and a relatively higher frequency of negative mood responses…" (Thomas, Chess, & Birch, 1969, p. 92)

Therapeutic Alliance: Relationship between therapist and patient that involves mutual trust and cooperation to work toward alleviating the patient's symptoms (Kaplan & Sadock, 1998)

Thought Disorder: (not a formal DSM diagnosis) Often used synonymously with psychosis "A disturbance of speech, communication, or content of thought, such as delusions, ideas of reference, poverty of thought, flight of idea, perseveration, loosening of associations, and so forth. A thought disorder can be caused by an emotional disorder or an organic condition (Edgerton & Campbell, 1994). Schizophrenia, delusional disorder, shizoaffective disorder are examples.

Tolerance: "The need for greatly increased amounts of the substance to achieve intoxication (or the desired effect) or a markedly diminished effect with continued use of the same amount of the substance" (American Psychiatric Association, 1994, p. 176)

Traumatic Bonding: Refers to the attachment or ties between two people where one of the people is emotional, physically, or sexually abusive or threatening. Typically the victim develops a distorted view of the other person such that they are able to view that person positively and maintain a strong emotional connection with them

W

Withdrawal: "A maladaptive behavioral change, with physiological and cognitive concomitants, that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance" (American Psychiatric Association, 1994, p. 178)

Selected Terms Related to Abuse, Neglect and Family Violence
(Mental Health Definitions)

Terms Related to the Diagnoses of Mental Disorders (American Psychiatric Association, 1994, except where noted)

Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV): A system of classification of mental disorders that incorporates five axes, each conveying a different domain of information

Axis I: The majority of clinical diagnoses are considered fall within this domain, with the exception of personality disorders and mental retardation (see Axis II).

Axis II:

Personality Disorders: Maladaptive patterns or styles of viewing and interacting with the world that impairs an individual's ability to function

Mental Retardation: IQ that is substantially below average (see definition of mental retardation in the Selected Mental Disorders section)

Axis III: General Medical Conditions

Axis IV***:*** Physical and Environmental Stressors

Axis V: ***The Global Assessment of Functioning:*** A numeric rating that represents a clinician's judgment of the person's overall psychological, academic, social and vocational functioning on a scale of 0 to 100. Levels 70 and below represent mild to severe impairment. The higher the score, the less the impairment

Not Otherwise Specified (NOS): Diagnosis used when a clinical presentation includes features of a diagnostic class, but does not meet criteria for a known diagnosis; The symptoms do not fit in any one diagnostic class, but do cause significant distress or impairment; The etiology of the symptoms is unknown; Not enough information is known or information is inconsistent

Provisional (rule-out; R/O): Strong indicators that a specific diagnosis may be met, but more information is needed to be certain.

Selected Mental Disorders
(American Psychiatric Association, 1994)

Acute Stress Disorder: Exposure to a traumatic event that included actual or threatened death or serious harm to self or others. The response is marked by fear, helplessness or horror. Dissociative symptoms, avoidance, and increased arousal are present. Similar to PTSD, but occurs immediately after the traumatizing event. Symptoms last between 2 days to 4 weeks after the event ceases

Adjustment Disorder: Impairment or distress in the form of depression, anxiety, and/or conduct disturbance in response to an identifiable stressor. The distress or impairment is in excess of what would be expected given the stress. Onset of symptoms is within the first 3 months after exposure to the stressor and does not persist for more than an additional 6 months once the stressor is removed

Agoraphobia: Worry in places or situations from where escape might be difficult or where help might be unavailable if a panic attack occurs

Asperger's Disorder: Disorder characterized by marked and sustained impairment in social development, with intact cognitive and intellectual capacities. Restricted or stereotyped behavior or interests are also present

Attention-Deficit/Hyperactivity Disorder ADHD: Characterized by levels of inattention, hyperactivity and impulsivity that are greater than would be expected given person's age, interfere with academic or social functioning, and are present prior to the age of 7. Symptoms must be present in more than one setting

> *Inattentive Type:* Characterized by distractibility, difficulty sustaining attention, failure to complete tasks, carelessness, and forgetfulness
>
> *Hyperactive-Impulsive Type:* Characterized by restlessness, difficulty remaining still, difficulty waiting turn and loud play
> *Two types may be combined*

Autistic Disorder: Disorder characterized by marked impairment in social interaction, impairment in communication, and restrictive or stereotyped movements. Onset occurs before age 3

Bipolar Disorders:

> ***Bipolar I Disorder:*** The presence of one or more Manic Episodes
>
> ***Bipolar II Disorder:*** The presence of one or more Major Depressive episodes and at least one hypomanic episode without ever having a manic or mixed episode
>
> ***Cyclothymic Disorder:*** Periods of hypomania mixed with periods of below threshold depressive symptoms that last for at least two years (one year in children)

Hypomanic Episode: Similar to Manic Episode, but less severe. Symptoms must be present for at least 4 days, but while observable to others, they often do not cause marked impairment in functioning

Manic Episode: A period lasting at least one week, with marked mood disturbance that includes elevated, expansive, or irritable mood. Included in the diagnosis are the following symptoms: inflated self-worth, decreased need for sleep, pressured speech, racing thoughts or flight of ideas, distractibility, increased goal-directed behavior, increased risk taking behavior. Symptoms cause impairment in social or occupational functioning. Can result in hospitalization

Mixed Episode: Meet criteria for both Major Depressive Episode and Manic Episode for at least one week

Conduct Disorder: Continual behavior pattern that violates societal norms or rights of others, including aggressive behavior toward living beings, damaging property, lying, stealing, or serious violation of rules. "The following factors may predispose the individual to the development of Conduct Disorder: parental rejection and neglect, difficult infant temperament, inconsistent child-rearing practices with harsh discipline, physical or sexual abuse, lack of supervision, early institutional living, frequent changes of caregivers, large family size, association with a delinquent peer group, and certain kinds of familial psychopathology" (p. 88).

Delusional Disorder: The presence of non-bizarre delusions for at least one month (in the absence of any other psychotic symptoms). Generally impairs situation on which the delusion is based, but does not impair overall ability to function

Dysthymic Disorder: Depressed mood for most of the day, on more days than not, over the course of two years. In children, only one year is needed for diagnosis and mood can be irritable. Symptoms of decreased or increased appetite, insomnia or hypersomnia, decreased energy, low self-esteem, concentration problems, and hopelessness can be present (at least 2 symptoms must be present)

Expressive Language Disorder: Clinically significant impairment in academic, social or occupational communication caused by substantially lower expressive language (i.e., limited vocabulary, tense errors, word recall problems, below average sentence length or complexity) on objective measures when compared to performance on objective measures of nonverbal and/or receptive language

Generalized Anxiety Disorder: Characterized by at least a 6-month period of excessive nervousness and worry. Associated with restlessness, fatigue, concentration difficulty, muscle tension, and insomnia

Major Depressive Disorder: At least one Major Depressive Episode, which includes a 2-week period of either depressed mood or loss of interest in pleasurable activities (in children irritability is often present). Physical symptoms include weight gain or loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or decreased energy. Cognitive symptoms include feelings of worthlessness or guilt, poor concentration or indecision, thoughts of death or suicide

Mixed Receptive-Expressive Language Disorder: Clinically significant impairment in academic, social, or occupational communication similar to those in Expressive Language Disorder and impairments due to substantially lower receptive language scores (i.e., understanding words and sentences) on objective measures when compared to nonverbal abilities on objective measures

Mental Retardation:

1. Below average intellectual functioning. Generally an IQ of 70 or below
2. Deficits or impairments in adaptive functioning (ability to act in accordance to age-appropriate norms) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety
    a. Mild: IQ 50-55 to approximately 70
    b. Moderate: IQ 35-40 to approximately 50-55
    c. Severe: IQ 20-25 to approximately 35-40
    d. Profound: IQ below 20 or 25

Obsessive-Compulsive Disorder (OCD): Marked by obsessions followed by compulsive behavior that alleviates anxiety in the short term

> ***Obsessions****:* "Persistent ideas, thoughts, impulses, or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress" (p. 418)
> ***Compulsions****:* "Repetitive behaviors or mental acts the goal of which is to prevent or reduce anxiety or distress, not to provide pleasure or gratification" (p. 418)

Oppositional Defiant Disorder: Behavior or attitude that is negative or hostile that lasts 6 or more months. Often includes loss of temper, arguing with adults, defiance, externalization of blame, irritability, and/or vindictiveness. "Oppositional Defiant Disorder is more prevalent in families in which child care is disrupted by a succession of different caregivers or in families in which harsh, inconsistent, or neglectful child-rearing practices are common" (p. 92)

Panic Attack: Sudden onset of fear, nervousness, fear of going crazy, and sense of impending doom. Physical symptoms such as shortness of breath, rapid heartbeat, and chest pain are often associated with the illness

Panic Disorder: The presence of recurrent panic attacks and at least one of the following: fear of having another panic attack that persists for at least one month, worry about the cause of the panic attack, change in behavior as a result of the attacks

Personality Disorder: "An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Antisocial Personality Disorder***:*** "A pattern of disregard for, and violation of, the rights of others" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Avoidant Personality: "A pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Borderline Personality Disorder: "A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity" (p. 629). "Physical and sexual abuse, neglect, hostile conflict, and early parental loss or separation are more common in the childhood histories of those with Borderline Personality Disorder (p. 652) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Dependent Personality Disorder: "A pattern of submissive and clinging behavior related to an excessive need to be taken care of" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Histrionic Personality Disorder: "A pattern of excessive emotionality and attention seeking" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Narcissistic Personality Disorder: "A pattern of grandiosity, need for admiration, and lack of empathy" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Obsessive-Compulsive Personality Disorder: "A pattern of preoccupation with orderliness, perfectionism, and control" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Paranoid Personality Disorder: "A pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Schizoid Personality Disorder: "A pattern of detachment from social relationships and a restricted range of emotional expression" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Schizotypal Personality Disorder: "A pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior" (p. 629) Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright 1994. American Psychiatric Association

Posttraumatic Stress Disorder (PTSD): Response to a traumatic event that included actual or threatened death or serious harm to self or others. The initial response is marked by fear, helplessness or horror. Symptoms of PTSD include, is persistently reexperiencing the event, avoidance of reminders of the event, and increased arousal (i.e. increased startle response, irritability, difficulty initiating or maintaining sleep, and hypervigilance). Duration of the symptoms is longer than one month

Reactive Attachment Disorder: Disturbance in social relatedness in most contexts beginning before age 5. Marked by extreme social inhibition or ambivalence, or indiscriminate social behavior as a result of physical or emotional neglect or repeated changes in primary caregiver

Reading Disorder, Mathematics Disorder, Disorder of Written Expression: Particular ability is substantially below what is expected given IQ, age, and education; and deficit(s) interferes with achievement in school and daily functioning

Separation Anxiety Disorder: Characterized by excessive and developmentally inappropriate worry around separating from home or caregivers. Includes distress upon actual or impending separation, worry about harm coming to an attachment figure, difficulty separating at bedtime and other times when separation occurs (e.g. school). It is often associated with physical complaints. Distress causes impairment in functioning. Duration is at least 4 weeks (APA, 1994). Children who experience traumatic events, particularly domestic violence, may exhibit symptoms of separation anxiety (Drake, Bush, van Gorp, 2001)

Schizoaffective Disorder: Distinguished from schizophrenia, by the presence of a major depressive episode, manic episode, or mixed episode. The perceptual disturbance occurs for at least two weeks during the course of the illness without accompanying mood symptoms

Schizophrenia: Marked impairment in social or occupational functioning due to disturbances in perceptions, speech/language, motoric behavior, pleasurable activities, drive and attention. Symptoms are mostly present for at least one month (if untreated) and must be present at some other point in time for another six months. Two or more of the following symptoms are needed: delusions, hallucinations (generally auditory such as hearing voices), disorganized speech, disorganized or catatonic behavior, and negative symptoms (flat affect, alogia, avolition). Schizophrenia tends to be a lifelong illness that can be particularly debilitating, especially without appropriate treatment

Relational Problems: Diagnosed when interactions between a relational group cause significant impairment in functioning or significant symptoms in one or more of the group members

> Parent-Child Relational Problem: The interaction between the parent(s) and child causes significant functional impairment or leads to clinically significant symptoms

Partner Relationship Problem: The interaction between partners or spouses causes significant functional impairment or leads to clinically significant symptoms

Sibling Relational Problem: The interaction between siblings causes significant functional impairment or leads to clinically significant symptoms

Substance Abuse: Use of a substance despite recurrent and significant adverse consequences related to the repeated use of the substance, but the person has yet to become physically dependent on the substance

Substance Dependence: Use of a substance that results in tolerance, withdrawal, and compulsive substance use, despite significant substance related problems. Substance dependence is more serious than substance abuse

Tourette's Disorder: The presence of multiple motor (i.e. touching, eye-blinking, squatting) and one or more vocal (i.e. clicking, grunting, yelping, barking, sniffing, coughing) tics. The tics may occur multiple times per day nearly every day or intermittently during the course of more than 1 year

Selected Terms Related to Medication
(Dulcan, 1999, Green, 2001, Kaplan & Sadock, 1998)
*Parentheses refer to trade name

Biomedical Treatment (Psychopharmacology)***:*** "Medication alone, or in combination with psychotherapy, has proven to be an effective treatment for a number of emotional, behavioral, and mental disorders. The kind of medication a psychiatrist prescribes varies with the disorder and the individual being treated" (Substance Abuse and Mental Health Services Administration, n.d.)

Psychotropic Medication: Medicine used to treat psychiatric illnesses

List of psychotropic medications

Adderall (see ***Stimulant*** section)	Clonidine (see ***Catapres and Tenex*** section)
alprazolam (see ***Antianxiety*** Section)	clozapine (see ***Neuroleptic*** section)
amitriptyline (see Tricyclics in ***Antidepressant*** section)	Clozaril (see ***Neuroleptic*** section)
amphetamine mixed salts (see ***Stimulant*** section)	cyprohedptadine (See ***Antihistamine*** section)
Anafranil (see Tricyclics in ***Antidepressant*** section)	Concerta (see ***Stimulant*** section)
Atarax (see ***Antihistamine*** section)	Corgard(see ***Beta-Blocker*** section)
atenolol (see ***Beta-Blocker*** section)	Cylert (see ***Stimulant*** section)
Ativan (see ***Antianxiety*** Section)	Depakene (see ***Mood Stabilizer*** section)
Aventyl (see Tricyclics in ***Antidepressant*** section)	Depakote (see ***Mood Stabilizer*** section)
Benadryl (see ***Antihistamine*** section)	desipramine (see Tricyclics in ***Antidepressant*** section)
benzodiazapines (see ***Antianxiety*** Section)	Desyrel (see ***Antidepressant*** section)
Bupropion (see Wellbutrin in ***Antidepressant*** section)	Dexadrine (see ***Stimulant*** section)
carbamazepine (see ***Mood Stabilizer*** section)	dextroamphetamine sulfate (see ***Stimulant*** section)
Catapres (see ***Catapres and Tenex*** section)	Diazepam (see ***Antianxiety*** Section)
cholordiazepoxide (see ***Antianxiety*** Section)	Diphenhydramine (see ***Antihistamine*** section)
Celexa (see SSRIs in ***Antidepressant*** section)	Effexor (see Effexor in ***Antidepressant*** section)
chlorpromazine hydrochloride (see ***Neuroleptic*** section)	Elavil (see Tricyclics in ***Antidepressant*** section)
citalopram (see SSRIs in ***Antidepressant*** section)	Endep (see Tricyclics in ***Antidepressant*** section)
clomipramine (see Tricyclics in ***Antidepressant*** section)	escitalopram (see SSRIs in ***Antidepressant*** section)
clonazepam (see ***Antianxiety*** Section)	fluoxetine (see SSRIs in ***Antidepressant*** section)
	Seroquel (see ***Neuroleptic*** section)
fluvoxamine (see SSRIs in ***Antidepressant*** section)	sertraline (see SSRIs in ***Antidepressant*** section)

guanfacine (see ***Catapres and Tenex*** section)
Haldol(see ***Neuroleptic*** section)
haloperidol (see ***Neuroleptic*** section)

Hydroxyzine (see ***Antihistamine*** section)
imipramine (see Tricyclics in ***Antidepressant*** section)
Inderal (see ***Beta-Blocker*** section)
Klonopin (see ***Antianxiety*** Section)
Lexipro (see SSRIs in ***Antidepressant*** section)
Librium (see ***Antianxiety*** Section)
lithium (see ***Mood Stabilizer*** section)
lorazipam (see ***Antianxiety*** Section)
Luvox (see SSRIs in ***Antidepressant*** section)
Magnesium pemoline (see ***Stimulant*** section)
Mellaril (see ***Neuroleptic*** section)
Methylphenidate (see ***Stimulant*** section)
nadolol (see ***Beta-Blocker*** section)
nefazodone (see ***Antidepressant*** section)
Norpramin (see Tricyclics in ***Antidepressant*** section)
nortiptyline (see Tricyclics in ***Antidepressant*** section)
olanzapine (see ***Neuroleptic*** section)
paroxetine (see SSRIs in ***Antidepressant*** section)
Paxil (see SSRIs in ***Antidepressant*** section)
Pamelor (see Tricyclics in ***Antidepressant*** section)
Periactin (see ***Antihistamine*** section)
Pertofrane (see Tricyclics in ***Antidepressant*** section)
pindolol (see ***Beta-Blocker*** section)
Propranolol (see ***Beta-Blocker*** section)
Prozac (see SSRIs in ***Antidepressant*** section)
quetiapine (see ***Neuroleptic*** section)
Risperdal (see ***Neuroleptic*** section)
risperidone (see ***Neuroleptic*** section)
Ritalin (see ***Stimulant*** section)

Serzone (see ***Antidepressant*** section)
Stelazine (see ***Neuroleptic*** section)
trazadone (see ***Antidepressant*** section)
Tegretol (see ***Mood Stabilizer*** section)
Tenex (see ***Catapres and Tenex*** section)
Tenormin (see ***Beta-Blocker*** section)
Thorazine (see ***Neuroleptic*** section)
thioridazine hydrochloride (see ***Neuroleptic*** section)
Tofranil (see Tricyclics in ***Antidepressant*** section)
trifluoperazine hydrochloride (see ***Neuroleptic*** section)
Valium (see ***Antianxiety*** Section)
valproate (see ***Mood Stabilizer*** section)
valproate acid (see ***Mood Stabilizer*** section)
Venlafaxine (see SSRIs in ***Antidepressant*** section)
Visken (see ***Beta-Blocker*** section)
Vistaril (see ***Antihistamine*** section)
Wellbutrin (see Wellbutrin in ***Antidepressant*** section)
Xanax (see ***Antianxiety*** Section)
Zoloft (see SSRIs in ***Antidepressant*** section)
Zyprexa (see ***Neuroleptic*** section)

Stimulant Medication (Central Nervous System)

Generally used to treat ADHD
Examples: methylphenidate (Ritalin, Concerta); dextroamphetamine sulfate (Dexedrine); magnesium pemoline (Cylert); amphetamine mixed salts (Adderall)

Antianxiety Drugs

Used in the treatment of anxiety, nervousness, worry, physical symptoms of anxiety such as panic symptoms, insomnia, night terrors and sleepwalking
Examples: Benzodiazapines: lorazipam (Ativan), clonazepam (Klonopin) chlordiazepoxide (Librium), diazepam (Valium), alprazolam (Xanax)

See SSRIs,

Mood Stabilizer Drugs (Anticonvulsants)

Used to treat seizures; also used for behavior problems, aggression, severe mood swings and anger. Often used in the treatment of bipolar disorders
Examples: carbamazepine (Tegretol); valproate or valproic acid (Depakene or Depakote; lithium

Antihistamines

Used to treat allergies; also used to treat anxiety and insomnia
Examples: diphenhydramine (Benadryl); hydroxyzine (Atarax or Vistaril); cyproheptadine (Periactin)

Beta-Blockers

Used to treat high blood pressure and irregular heartbeat; also used to treat aggressive or violent behavior. Particularly useful with children with developmental delays, or in people with head injuries that have subsequent aggressive behavior; may also help decrease PTSD symptoms
Examples: propranolol (Inderal); atenolol (Tenormin); pindolol (Visken); nadolol (Corgard)

Catapres (clonidine) and Tenex (guanfacine)

Used to treat high blood pressure. Also used to treat symptoms of Tourette's disorder, tics and ADHD; to reduce cigarette withdrawal; anxiety, panic, and bipolar disorder in children

Neuroleptic Medication:

Used to treat psychosis, such as schizophrenia, mania or very severe depression. They can reduce hallucinations, delusions and calm agitation. Also used to treat vocal and motor tics and severe behavior problems
Examples: *Standard Neuroleptics (older medications, often with many side-effects):* chlorpromazine hydrochloride (Thorazine), thioridazine hydrochloride (Mellaril), trifluoperazine hydrochloride (Stelazine), haloperidol (Haldol) *Atypical Neuroleptics (Newer medications, with relatively fewer side-effects):* clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel)

Antidepressant Medication

Desyrel (trazodone) and Serzone (nefazodone):

Used to treat depression, insomnia, and disruptive behavior disorders in children.

Effexor (venlafaxine):

Used to treat depression, anxiety and attention problems

Selective Serotonin Reuptake Inhibitors (SSRIs)

Used to treat depression, panic, obsessive-compulsive disorder, bulimia and posttraumatic stress disorder

Examples: fluvoxamine (Luvox), paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), escitalopram (Lexapro)

Tricyclic Antidepressants

Used to treat depression, as well as enuresis, ADHD, school phobia, separation anxiety, OCD, panic, certain sleep disorders, and trichotillomania (compulsive pulling out of hair). This is an older class of medication that are currently not frequently used

Examples: imipramine (Tofranil), nortiptyline (Pamelor or Aventyl), desipramine (Norpramin or Pertofrane), amitriptlyline (Elavil or Endep), clomipramine (Anafranil)

Wellbutrin (Bupropion)

Used to treat depression, ADHD, conduct problems, and during smoking cessation

Selected Terms Related to Psychological Assessment/Testing

Psychological Tests: "Any of a variety of systematic techniques for measuring human behavior, including personality, intelligence, attitudes, achievement, academic performance, or other aspects of behavior" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 637)

Reliability: "The extent to which a test or procedure will yield the same result either over time or with different observers" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

> Interrater Reliability: "The agreement between different individuals scoring the same procedure or observations" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.
>
> Split-Half Reliability: "The correlation within a single test of two similar parts of the test" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.
>
> Test-Retest Reliability: "The correlation between the first and second test of a number of subjects" (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Validity: "Extent to which an instrument or procedure, such as a test, interview, or observation, actually measures what it purports to measure" (Sattler, 1998, p. 1074)

> Construct Validity: "The extent to which the test measures a theoretical construct or trait" (Groth-Marnat, 1997, p. 21)
>
> Content Validity: "Refers to the representativeness and relevance of the assessment instrument to the construct being measured" (Groth-Marnat, 1997, p. 17)
>
> Criterion Validity: "Determined by comparing test scores with some sort of performance on an outside measure. The outside measure should have a theoretical relation to the variable that the test is supposed to measure. For example, an intelligence test might be correlated with grade point average, an aptitude test with independent job ratings, or general maladjustment scores with other tests measuring similar dimensions" (Groth-Marnat, 1997 p. 18)
>
> > *Concurrent Validity:* "Refers to measurements taken at the same, or approximately the same, time as the test. For example, an intelligence test might be administered at the same time as assessments of a group's level of academic achievement" (Groth-Marnat, 1997 p. 18)

Predictive Validity: "Used to refer to outside measurements that were taken some time after the test scores were derived. Thus, predictive validity might be evaluated by correlating the intelligence test scores with measures of academic achievement a year after the initial testing" (Groth-Marnat, 1997 p. 18)

External Validity: "The applicability of the generalizations that may be made from the experimental findings beyond the occasion with those specific subjects, experimental conditions, experiments, or measurements" (Edgerton & Campbell, 1994)

Norms: "In one usage, a set standard of development or achievement usually derived from the average or median achievement of a large group. In another sense, any pattern or trait taken to be typical in the behavior of a social group" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 633)

Structured Interview: A formal interview with prearranged questions often aimed at formulating a DSM-IV diagnosis (Kaplan & Sadock, 1998)

Types of Psychological Tests/Select Tests and Measures

Selected Achievement Tests:

Wide Range Achievement Test (WRAT): Now in it's third edition, it measures basic skills of reading, spelling, and arithmetic**.** It can be used with individuals between the ages of 5 and 74 (Wilkinson, 1993)

Woodcock-Johnson Tests of Achievement: Now in it's third edition, it can be used to "determine and describe the present status of an individuals' academic strengths and weakness" (Mather & Woodcock, 2001, p. 6)

Intelligence Tests: "Any of several psychological techniques for systematically assessing the cognitive functioning and general problem-solving ability of an individual relative to others of his or her own age or of similar demographic background. Intelligence tests typically result in an IQ score, which can be interpreted according to population norms to estimate a person's level of adaptive intelligence" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 631)

Selected Intelligence Tests

Bayley Scales of Infant Development: An individually administered test that assesses the cognitive functioning and motor development of infants between the ages of 1 month and 20 months (Edgerton & Campbell, 1994)

Stanford Binet: Assesses intellectual functioning of children and adults between the ages of 2 through adulthood. It measures performance on problem solving and developmental tasks (Edgerton & Campbell, 1994) Reprinted with permission from the American Psychiatric Glossary, Copyright 2003. American Psychiatric Association.

Wechsler Abbreviated Scale of Intelligence (WASI): An individually administered instrument used to measure cognitive abilities. It is considered to be brief, yet reliable and can be used on individuals between the ages of 6 and 89 (The Psychological Corporation, 1999)

Wechsler Adult Intelligence Scale (WAIS): An individually administered instrument aimed at assessing adult cognitive strengths and weaknesses. It is appropriate for use for individuals between age 16 and 89 (Wechsler, 1997)

Wechsler Intelligence Scale for Children (WISC): Now in its fourth edition, it is an individually administered instrument aimed at assessing cognitive abilities of children ages 6 years to 16 years, 11 months. Provides scores that reflects functioning in specific cognitive areas, as well as a score that represents general cognitive functioning (Wechsler, 2003)

Wechsler Preschool Primary Scale of Intelligence: Now in its third edition, it is an individually administered instrument for assessing intellectual functioning of preschool children between the ages of 2 years 6 months through 7 years 3 months (Wechsler, 2002)

Objective Personality Tests: "Psychological diagnostic tests that are highly structured and have a limited response format, usually one that can be reliably scored by a technician having little knowledge of the theoretical construction of the test or meaning of the responses obtained. Personality inventories consisting of "true-false" responses to series of descriptive statements are representative of this type of test" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 634)

Selected Objective Personality Tests

Minnesota Multiphasic Personality Inventory (MMPI)**:** "An objective personality test composed of items that the subject scores as "true-false" as applied to himself or herself. The test contains ten scales for clinical assessment and three 'validity' scales to assess the person's test-taking attitude or candor (Melton, Petrila, Poythress, & Slobogin, 1997, p. 632). It is now in its' 2nd edition. There is also a version for adolescents

The MMPI is often used in forensic settings, including child custody. It is the most frequently used test in forensic child custody evaluations (Pope, Butcher, & Seelen, 2000)

MMPI-2 Reports for Forensic Settings (Butcher, J. N.): The MMPI-2 can be used in multiple forensic situations, including child custody disputes. An individual's responses can be compared to a sample of people involved in similar situations (Pearson Assessments, 2003)

Millon Clinical Multiaxial Inventory (MCMI): Currently on its third edition. It is an objective measure used for assessing clinical and personality disorders. Contains built in mechanisms that are sensitive to misrepresentations made by the test taker (Millon, 1994)

Projective Personality Measures: "Psychological diagnostic tests that utilize ambiguous stimulus material to elicit the subject's responses, usually in a relatively unstructured procedure. Because the subject must impose his or her own meanings and organization on the ambiguous material, the responses are viewed as projections of subject's own personality. Scoring of projective tests is typically complex and may involve a significant amount of interpretation by the clinician" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 637)

Selected Projective Personality Measures

Rorschach Inkblot Test: "A projective test consisting of a set of ten bilaterally symmetrical inkblots. Subjects are requested to tell the examiner what the inkblots remind them of. The overall goal of the technique is to assess the structure of personality, with particular emphasis on how individuals construct their experience (cognitive structuring) and the meanings assigned to their perceptual experiences (thematic imagery)" (Groth-Marnat, 1997, p. 393)

Thematic Apperception Test: "A projective test requiring that the subject create narrative stories in response to a series of pictured cards, usually portraying one or more persons. The subject's responses regarding the thoughts and feelings of the stimulus figures, the nature and quality of their relationship with each other, and techniques they employ in resolving personal or interpersonal problems are interpreted by the clinician to gain insight into the subject's own personality. For children there is the Children's Apperception Test" (Melton, Petrila, Poythress, & Slobogin, 1997, p. 640)

Forensic Assessment Instruments (FAIs): Psychological tests, surveys, and interviews that were developed to address specific legal questions and issues. The FAIs have varying degrees of reliability and validity (Melton, Petrila, Poythress, & Slobogin, 1997)

Selected FAIs (often used for custody evaluations):

While the FAIs described below were developed to provide information useful to forensic evaluators, it is important to note that the psychometric properties, reliability, and validity vary among tests. Therefore, inferences drawn on the basis of the tests should be considered in conjunction with other data.

(Otto & Edens, 2003, except where noted)**:**

Ackerman-Schoendorf Scales of Parent Evaluation of Custody (ASPECT) (Ackerman & Shoendorf, 1992): A tool developed to aid evaluators in making custody recommendations. It compiles data from multiple sources. Scores are combined into a "Parental Custody Index."

Bricklin Perceptual Scales (BPS) (Bricklin, 1990): A measure whereby parental competence is evaluated by children by having the children answer questions about tasks that their parents do "very well" or "not so well."

Perception of Relationships Test (PORT) (Bricklin, 1989): Projective drawing task designed for custody evaluations. It consists of 7 drawing tasks. The configuration of the family members in the pictures is used to help in identifying the child's parental preference

Parent Awareness Skills Survey (PASS) (Bricklin, 1990): An assessment tool used to evaluate parenting strengths and weaknesses and their skills awareness by evaluating their responses to vignettes about typical childrearing situations

Parent Perception of Child Profile (PPCP) (Bricklin, 1991): Developed to assess parent's awareness of developmental needs of children

Child Abuse Potential Inventory (CAPI) (Milner, 1986): Forced choice questionnaire devised to assess parental risk for physically abusing their children. It contains built-in mechanisms to assess parental misrepresentations

Parenting Stress Index (Abidin, 1995): Questionnaire developed to assess level of stress in the parent-child relationship and stress in general

Selected Empirically Based Questionnaires:

Caregiver-Teacher Report Form/1 ½ -5 (C-TRF/1 ½-5) (Achenbach, 1997): "Obtains ratings by daycare providers and teachers, plus descriptions of problems, disabilities, what concerns the respondent most about the child, and the best things about the child" (Achenbach System of Empirically Based Assessment, 2004a)

Child Behavior Checklist/1 ½ -5 (CBCL/1 ½-5) (Achenbach, 2001): "Obtains parents' ratings of 99 problem items plus descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child" (Achenbach System of Empirically Based Assessment, 2004b)

Child Behavior Checklist/6-18 (CBCL/6-18), (Achenbach, 2001): "Obtains reports from parents, other close relatives, and/or guardians regarding children's competencies and behavioral/emotional problems" (Achenbach System of Empirically Based Assessment, 2004c)

Children's Depression Inventory (Kovaks, 1998.): "A measure of depressive symptoms in youths" between the ages of 7 and 17. There are version for parents and teachers, as well as a self-report version" (Multi-Health Systems, Inc., 2003a)

Conners' Rating Scales-Revised (CRS-R) (Conners, 1997): "A comprehensive assessment of psychopathology and problem behavior and the standard in ADHD assessment in children and adolescents." There is a version for parents and teachers, as well as an adolescent self-report version (Multi-Health Systems, Inc., 2003b)

Multidimensional Anxiety Scale for Children (MASC) (March, 1999): "An empirically derived instrument that provides a reliable and valid assessment of anxiety symptoms across clinically significant symptom domains." Can be used for individuals between the ages of 8 and 19 (Multi-Health Systems, Inc., 2003c)

Teacher Report From (TRF), (Achenbach, 2001) "Designed to obtain teachers' reports of children's academic performance, adaptive functioning, and behavioral/emotional problems" (Achenbach System of Empirically Based Assessment, 2004d)

Youth Self Report (YSR) (Achenbach, 2001): "The YSR can be completed by youths having 5th grade reading skills, or it can be administered orally. Its competence and problem items are generally parallel to those of the CBCL/6-18, plus open-ended responses to items covering physical problems, concerns, and strengths. Youths rate themselves for how true each item is now or was within the past six months" (Achenbach System of Empirically Based Assessment, 2004e)

Selected Measures of Traumatic Stress

Child Posttraumatic Stress Reaction Index (CPTS-RI) (Fredrick, Pynoos, & Nadar, 1992): A 20 item semi-structured interview that assesses children's responses to traumatic events. It contains some of the DSM-IV criteria from the main subscales (Re-experiencing, Numbing/Avoidance, Physiological Arousal) (Feindler, Rathos, & Silver, 2003)

Trauma Symptom Checklist for Children (TSCC) (Briere, 1996): Assesses posttraumatic symptomotology in children and adolescents between 7 and 16 years of age. Domains assessed include: anger, anxiety, depression, dissociation posttraumatic stress, and sexual concerns. Contains built-in validity scales. It is based on a conceptual model of posttraumatic symptomotology, rather than DSM-IV criteria (Feindler, Rathos, & Silver, 2003)

Selected Mental Health Professions and Professionals

Psychiatric Nursing
(Excerpted from American Psychiatric Nurses Association http://www.apna.org/faq/aboutnursing.html)

Psychiatric Nursing: "The clinical practice of Psychiatric-Mental Health Nursing occurs at two levels: Basic [Registered Nurse, RN] and Advanced [Advance Practice Registered Nurse, APRN].

Registered Nurse (RN): "At the basic level, registered nurses work with individuals, families, groups and communities, assessing mental health needs, developing a nursing diagnosis and a plan of nursing care, implementing the plan and finally evaluating the nursing care." **Requirements:** "There are two year programs leading to an associate's degree (AD) in nursing, a three year program for a diploma in Nursing (usually hospital-based) or a four year college or university program leading to a Bachelor's degree (BSN). All are eligible to take the RN licensing examination after graduation."

Advanced Practice Registered [Psychiatric]Nurses (APRN)/Nurse Practitioners (NP): "Have a Master's degree in psychiatric-mental health nursing and assume the role of either Clinical Nurse Specialist or Nurse Practitioner. Psychiatric-Mental Health Nursing (PMHN) is considered a "Specialty" in nursing. Specialty practice is part of the course work in a Master's Degree Program. In addition to the functions performed at the basic level, APRN's assess, diagnose, and treat individuals or families with psychiatric problems/disorders or the potential for such disorders. They provide a full range of primary mental health care services to individuals, families, groups and communities, function as psychotherapists, educators, consultants, advanced case managers, and administrators. In many states, APRNs have the authority to prescribe medications."

"APRNs can also sub-specialize in such areas as Child-Adolescent Mental Health Nursing, Geropsychiatric Nursing, (the elderly) Forensics, (Offenders with psychiatric problems) or Substance-Abuse."

Psychiatry
(Excerpted from American Board of Psychiatry and Neurology, 2005 http://www.abpn.com/home.html)

Psychiatrist: "A physician who specializes in the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders. He or she understands the biological, psychological, and social components of illness and is qualified to order diagnostic laboratory tests, to prescribe medications, to evaluate and treat psychological and interpersonal problems, and to give continuing care for psychiatric problems. The psychiatrist is also prepared to help individuals and families who are coping with stress, crises, and other life problems. He or she may also act as a consultant to primary care physicians or to non-medical psychotherapists such as psychologists, social workers or nurse-practitioners."

Board Certified Psychiatrist: **"**In order to be certified by the ABPN [American Board of Psychiatry and Neurology], a psychiatrist must fulfill educational, practice, and examination requirements. **Educational Requirements-** The physician must possess an MD or DO degree from an accredited school of medicine or osteopathy (or international equivalent). The physician must complete at least four years of accredited post-graduate (residency) training including a minimum of three years of training in psychiatry. Subspecialty certification requires additional training beyond these four years. **Practice Requirements-** The psychiatrist must have an unrestricted license to practice medicine in the United States or Canada. The psychiatrist must have maintained a high standard of personal and professional conduct. **Examination Requirements-** The psychiatrist must pass a day-long written examination covering knowledge of the basic sciences as well as the clinical science of psychiatry and its subspecialties. The psychiatrist must pass an oral examination, which includes observation of the history-taking and examination skills of the psychiatrist with an actual patient. This examination is designed to assess the psychiatrist's clinical skills with special reference to competence and safety."

Subspecialty Certifications:

Board Certified Child and Adolescent Psychiatrist: In addition to being a Board Certified Psychiatrist, a Board Certified Child and Adolescent Psychiatrist "must complete a minimum of 2 full years of ACGME [Accreditation Council for Graduate Medical Education]-accredited residency training in child and adolescent psychiatry."

Certification in the Subspecialty of Forensic Psychiatry: In addition to being a Board Certified Psychiatrist, a Board Certified Forensic Psychiatrist must complete "one year of ACMDE-accredited fellowship training in forensic psychiatry" and pass an examination.

Psychology (New York State)
(Excerpted from New York State Department of Education: Office of the Professions: http://www.op.nysed.gov/, except where noted)

Psychologist: "A health care professional who diagnoses and treats mental, nervous, emotional, and behavioral disorders and ailments. Psychologists' practices also include industrial/organizational psychology, research, and teaching. In providing services to individuals, organizations, and the public, psychologists apply principles, methods or procedures of understanding, predicting or influencing behavior."

Requirements- "Have a doctoral degree in psychology that was granted on the basis of the completion of a doctoral program in psychology registered by the Department as licensure qualifying, or determined by the Department to be the substantial equivalent in accordance with the Regulations of the Commissioner. The program must be a doctoral program in psychology which requires at least three years of full-time study or the equivalent, including seminars, tutorials, or other graduate level coursework representing two years of full-time study or the equivalent… Psychologists have completed two years of supervised experience, including one year after the doctoral degree. They have also passed a national licensing exam."

"Psychotherapists are *not* necessarily licensed as psychologists in New York."

Doctor of Philosophy in Psychology (PhD): "The Ph.D. is the oldest doctorate and is generally regarded as the research degree. Though many professional psychology programs award it, they typically have an emphasis on research training and the integration of that with applied or practice training" (APA, 2005)

Doctor of Psychology (PsyD): "First awarded in the last 1960's, but increasing in popularity among professional schools, is a professional degree in psychology (similar to the M.D. in medicine). Programs awarding the PsyD degree place major emphasis on preparing their graduates for professional practice as practitioner-scholars, and less extensive research training" (APA, 2005)

Social Work (New York State)
(Excerpted from New York State Department of Education: Office of the Professions: http://www.op.nysed.gov/)

***Social Worker*:** "Social workers are trained to provide a variety of services, ranging from psychotherapy to the administration of health and welfare programs. They work with human development and behavior, including the social, economic, and cultural systems in which people function.

Licensed Master Social Workers (LMSW): "May provide all social work services, including clinical services such as the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and the provision of psychotherapy. The Licensed Master Social Worker may provide these clinical services only under supervision of an LCSW, licensed psychologist or psychiatrist." The LMSW has earned a Master of Social Work (M.S.W.) degree from a graduate school of social work accredited by the Council on Social Work Education and passed a national licensing exam.

Licensed Clinical Social Worker (LCSW): "May provide all social work services, including clinical services such as the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and the provision of psychotherapy." The LCSW "has completed an M.S.W. degree that includes clinical courses, has three years of post-degree supervised experience in clinical social work, and has passed a clinical licensing examination."

Licensed Clinical Social Worker (R Privilege): "Designates that an LCSW who fulfills the requirements of the insurance law for supervised experience providing psychotherapy, is recognized in New York State as reimbursable psychotherapist."

Selected Professional Boards and Organizations

American Academy of Child and Adolescent Psychiatry (AACAP): "The AACAP, a 501(c)(3) non-profit organization, was established in 1953. It is a membership based organization, composed of over 6,500 child and adolescent psychiatrists and other interested physicians. Its members actively research, evaluate, diagnose, and treat psychiatric disorders and pride themselves on giving direction to and responding quickly to new developments in addressing the health care needs of children and their families" (AACAP, n.d.a)

WEBSITE: http://www.aacap.org/

American Board of Psychiatry and Neurology (ABPN): "The American Board of Psychiatry and Neurology, Inc., is an independent, nonprofit organization that certifies doctors practicing psychiatry and neurology, as well as their subspecialties." Subspecialties include child and adolescent psychiatry, forensic psychiatry, addiction psychiatry, clinical neurophysiology, geriatric psychiatry and neurodevelopmental psychiatry" (ABPN, n.d.)

WEBSITE: http://www.abpn.com/

American Professional Society on the Abuse of Children (APSAC): "A membership society dedicated to serving professionals who work in child abuse and neglect and thereby improve the quality of services to maltreated children and the adults who share and influence their lives" (APSAC, n.d.)

WEBSITE: http://www.apsac.org/

American Psychiatric Association (APA): "The American Psychiatric Association is a medical specialty society recognized world-wide. Its over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorder, including mental retardation and substance-related disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment" (American Psychiatric Association, n.d.)

WEBSITE: http://www.psych.org

American Psychological Association (APA): "The American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With more than 150,000 members, APA is the largest association of psychologists worldwide" (American Psychological Association, n.d.)

WEBSITE: http://www.apa.org

Association of Family and Conciliation Courts (AFCC): "An international and interdisciplinary association of family, court, and community professionals dedicated to the constructive resolution of family disputes" (AFCC, n.d.b)

WEBSITE: http://www.afccnet.org

Selected Practice Parameters Relevant to Forensic Mental Health Consultations

Practice Parameters: "Assist clinicians in providing high quality assessment and treatment that is consistent with the best available scientific evidence and clinical consensus" (American Academy of Child and Adolescent Psychiatry, n.d.b)

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