



Dual Diagnosis Glossary

Prepared by
National Coalition on Dual Diagnosis



Developmental Disabilities Section of the
Canadian Psychiatric Association



NADD Ontario

Glossary

Most definitions provided courtesy of the Training in Partnership Curriculum (2007). Developed by The Dual Diagnosis Implementation Committee of Toronto and George Brown College. Author: Barbara Everett, Ph. D.

A

Adaptive behaviour: "Adaptive behavior represents the conceptual, social, and practical skills that people have learned to be able to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment."

Source: The American Association of Intellectual and Developmental Disabilities. Available at: http://www.aamr.org/Policies/faq_mental_retardation.shtml

C

Concurrent disorders: a term used in some jurisdictions to refer to people who have a mental illness and an addiction. In other jurisdictions, this combination of problems is called dual diagnosis.

D

Developmental Disability: the National Coalition for Dual Diagnosis adopted the following definition:

"Children, youth and adults who have significantly greater difficulty than most people with intellectual and adaptive functioning and have had such difficulties from a very early age (or the developmental period prior to age 18). 'Adaptive functioning' means carrying out everyday activities such as communicating and interacting with others, managing money, doing household activities and attending to personal care.

This definition of developmental disability also includes children, youth and adults with developmental disorders such as Fetal Alcohol Spectrum Disorders or Autism Spectrum Disorders."

Other definitions include:

a) "A particular state of functioning that begins in childhood and is characterized by limitations in both intelligence and adaptive skills."

Source: The American Association on Mental Retardation

b) "An IQ of approximately 70 or below and concurrent deficits or impairments in present adaptive functioning (i.e. the person's effectiveness in meeting the standards expected for his or her age group) 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.

Mild	IQ 50 – 70
Moderate	IQ 35 – 55
Severe	IQ 20 – 40
Profound	IQ 20 - 25

Note: IQ must be measured on a normal curve so that there is no over-diagnosis.

Source: The Diagnostic and Statistical Manual – IV.

c) "An impaired ability to learn. It sometimes causes difficulty in coping with the demands of daily life. It is a condition which is usually present from birth and it is not the same as a mental or psychiatric illness."

Source: The Canadian Association of Community Living (2000).

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being.

Dual diagnosis: There is a confusion of terms in Canada and other jurisdictions. In many parts of Canada and internationally, dual diagnosis refers to people who have a mental illness and an addiction (sometimes called a concurrent disorder). However, in Ontario and several other provinces, people living with lifelong developmental disabilities and mental health needs are said to have a dual diagnosis.

Definition:

Coping with mental health problems when you have a developmental disability.

Other definitions include:

a) "Individuals with a developmental handicap and mental health needs".

Source: The continuum of services for persons with dual diagnosis (The Red Report) from the Metro Agencies Representatives Council Task Force (1989).

b) "Individuals who have a diagnosed emotional/psychiatric disturbance as well as a diagnosed developmental disability."

Source: Interministerial Initiative on Dual Diagnosis (1990), Ontario

c) "Individuals with a developmental disability and mental health needs"

Source: Policy Guideline for the provision of services for persons with a dual diagnosis. Ministries of Health and Long Term Care and Community and Social Services, Mental Health Programs and Services Unit and Developmental Services Branch, 1997.

E

Environmental Factors: Poor medical attention, under stimulation, disadvantaged environment.

H

Habilitation: Programs and environments designed to help people with developmental disabilities learn and keep skills to cope with their disability and their environment.

Source: Florida State Handbook for families.

Handicap: A disadvantage for a given individual resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

Note: Mental retardation is a term that has fallen out of use, although it remains a formal diagnostic designation as defined by the Diagnostic and Statistical Manual IV (DSM IV). As a result, psychiatrists and other mental health professionals may still use the term. Source: World Health Organization: definitions (1980).

Health equity: The term does not necessarily mean equal outcomes. Many people with a dual diagnosis are misunderstood, cannot communicate, or are denied certain services. They may have access to some services, but outcomes will be poor unless services are designed to meet their particular needs.

I

Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function.

Inclusion: People with disabilities should enjoy the same level of participation in society as anyone else.

Intellectual disability: Refers specifically to people with cognitive deficits who may or may not have other developmental disabilities. It is a term often used synonymously with developmental disability. Both intellectual disability and developmental disability were developed to counteract the stigmatization attached to mental retardation. However, the DSM – IV TR continues to use “mental retardation.” Source: The American Association of Intellectual and Developmental Disability. Discussion available at: http://www.aaid.org/About_AAIDD/MR_name_change.htm

M

Mental health: Mental health (or well being) is an ideal we all strive for. It is a balance of mental, emotional, physical and spiritual health. Caring relationships, a place to call home, a supportive community, and work and leisure all contribute to mental health. However, no one’s life is perfect, so mental health is also about learning the coping skills to deal with life’s ups and downs the best we can.

Mental illness: Mental illness is a serious disturbance in thoughts, feelings and perceptions that is severe enough to affect day-to-day functioning. Some types of mental illnesses are:

- Schizophrenia - seeing, smelling or hearing things that aren’t there or holding firm beliefs that make no sense to anyone else but you – symptoms that are often called psychosis, noting that psychosis can be associated with other disorders such as depression or in relation to drug abuse.
- Depression - intense feelings of sadness and worthlessness – so bad that you have lost interest in life.

- Bi-polar disorder - cycles of feeling intensely happy and invincible followed by depression,
- Anxiety disorders - panic attacks, phobias, obsessions or post traumatic stress disorder,
- Eating disorders – anorexia (not eating), bulimia (eating too much and then vomiting), or binge eating disorder (eating too much and not purging – often leading to obesity), and
- Borderline personality disorder - severe difficulty with relationships, placing yourself in danger, making decisions that turn out to be very bad for you – most often as a result of a history of child abuse, abandonment or neglect.”

N

Normalization: This concept originated in Sweden in the 1960’s and is defined as “making available to the mentally retarded patterns and conditions of everyday life, which are as close as possible to the patterns of mainstream society.”

Source: Baxter, J. A. & Cain, N. (2006). Psychotherapeutic interventions. In N. Cain, G. Holt, Davidson, P. & Bouras, N (eds). Training handbook of mental disorders in individuals with intellectual disability. Kingston, NY: NADD Press.

P

Perinatal: -Asphyxia, substance use in pregnancy, poor prenatal care.

Postnatal: -Malnutrition, mercury or lead poisoning, non-stimulating environment, childhood diseases, head trauma, seizure disorder.

Prenatal: -Genetic / Chromosomal abnormalities or syndromes, maternal age, low IQ of parents.

R

Recovery: Recovery is a term used by the mental health system to describe an approach to services.

“Recovery defines consumers, not as passive objects of treatment, but as active participants – along with their families and caregivers - in creating and maintaining their own mental health. Recovery focuses on wellness rather than illness. Recovery is not a cure. There is no timeline. It is living life to the fullest despite challenges.

Consumers say that recovery is much more than just dealing with the symptoms of mental illness. People have other life experiences that have affected their mental health. Recovery acknowledges and validates all these experiences and opens the door to a broader base of coping mechanisms than simply diagnosis, medication or therapy.”

Source: Working together towards recovery: Consumers, families, caregivers and providers. A publication of the Canadian Collaborative Mental Health Initiative. Available at: <http://www.ccmhi.ca/en/consumers.html> p. 5 - 6 and p. 39.

Rehabilitation (Typically referred to as psychosocial rehabilitation.): “A range of social, educational, occupational, behavioral, and cognitive interventions for increasing the role performance of persons with serious and persistent mental illness and enhancing their recovery”

Source: Barton, R. (1999). Psychosocial rehabilitation services in community support systems: A review of outcomes and policy recommendations. *Psychiatric Services*, Vol 5, p. 525 – 539. Available at: <http://psychservices.psychiatryonline.org/cgi/content/full/50/4/525>

S

Self-advocate: People with intellectual/developmental disabilities who speak for themselves. Some may require help with communication.

Source: The Self-Advocates Council of Community Living Ontario

Service partnership: Local agreements between and among agencies to serve a particular client group.

Support circle or support network: The people involved in individuals’ lives who know them well, assist them to express what they want and value their contributions. The network may include family, friends, community members, volunteers and paid supports.