

DA On-line Training Glossary of Terms

A

- **Acculturation (level of):** Level of acculturation (the modification of the culture of a group or individual as a result of contact with a different culture) could be to “mainstream” culture or it could be into a new social group, a new town, family (in-laws or adoption), or any change in group of people with whom the client associates.

C

- **Child and Adolescent Service Intensity Instrument (CASII):** is a tool to determine the appropriate level of care placement for a child or adolescent. The CASII links a clinical assessment with standardized "levels of care" and has a method for matching the two. The method consists of quantifying the clinical severity and service needs on six dimensions (eight ratings) that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a spectrum along which a child/adolescent may lie on any given dimension.
- **Communication style (verbal/non-verbal):** Culturally impacted verbal and non-verbal communication styles—like call and response, looking at people in the eyes when they are talking, the teenage rolling of the eyes, means of conveying conflict or conflict avoidance, tone of voice, posture and means of expressing one-self verbally and non-verbally.
- **Clinical Trainee:** as defined in rule, a mental health practitioner that complying with requirements for licensure or board certification as a mental health professional including the supervised practice in the delivery of mental health services for the treatment of mental illness OR A student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional
- **Clinical Summary:** includes the following pieces of information: Clinical formulation of cause of client’s mental health symptoms, prognosis, and likely consequences of the symptoms; How client meets criteria for the diagnosis (including symptoms, duration and functional impairment); Analysis of strengths, cultural influences, life situations, relationships, health concerns and how the diagnosis interacts/impacts with client’s life; Explain rule outs, other provisional diagnoses and why alternative diagnoses that were considered and ruled out
- **Cultural influences** (as defined in 9505.0370 subp.9 of the outpatient mental health services rule) are: Racial or ethnic self-identification; Experience of cultural bias as a stressor; Immigration history and status; Level of acculturation; Time orientation; Social orientation; Verbal communication style; Locus of control; Spiritual beliefs; and Health beliefs (including culturally specific healing practices)

D

- **Diagnostic Assessment:** a written assessment that documents a clinical and functional face-to-face evaluation of the client's mental health including the nature, severity, impact of behavioral difficulties, functional impairment, and subjective distress of the client, and identifies strengths and resources.

E

- **Early Childhood Service Intensity Instrument (ECSII):** was developed to provide a structured tool to help providers and clinicians from multiple agencies serving children from ages 0-5 to assess what intensity of services are needed and to develop comprehensive, integrated service plans.
- **Experience of cultural bias as a stressor:** Description of how the individual has experienced cultural bias from other people (cultural bias being the practice of interpreting and judging behavior by standards inherent to one's own culture), and how it relates to his or her overall mental health symptoms.

G

- **Global Assessment of Functioning (GAF):** is a numeric scale (0 through 100) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR.

H

- **Health beliefs and engagement in culturally specific healing practices:** What is the client's philosophy behind their symptoms or mental health situation? Have they gone to culturally specific providers such as a religious provider, Shaman, psychic, etc?

I

- **Immigration history and status:** Description of the individual's immigration path (if applicable). Is the client a political refugee, an economic refugee, or on a work or student visa? The intent is not to identify whether the client has documentation to be in the country but more his or her experience as an immigrant.

L

- **Locus of control:** describes whether the individual feels like they are in control of their environment—their own choices or does the worlds around them “push” them from one choice to another?

M

- **Medical Assistance (MA):** is the largest of Minnesota’s publicly funded health care programs. MA is Minnesota’s Medicaid program. It is jointly funded with state and federal funds. The Minnesota Department of Human Services oversees the program statewide. The federal Centers for Medicare and Medicaid Services oversees Medicaid nationally.
- **Medical necessity:** described to be that which is reasonable and necessary for the diagnosis or treatment of illness to improve the functioning that is impacted by the illness.
- **Mental Health Status Exam (MSE):** is a structured way of observing and describing a patient's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment
- **Minnesota Health Care Programs (MHCP):** includes programs such as: fee for service MA, MN Care, SNBC (special needs basic care), and PMAPs (pre-paid medical assistance
- **MN-ITS:** is a system for providers enrolled with Minnesota Health Care Programs (MHCP) and their affiliated billers.

Q

- **Qualified clinical supervisor:** is someone who meets the definition of a licensed mental health professional, who holds a license without restrictions that has been in good standing for at least one year while having performed at least 1,000 hours of clinical practice; is approved, certified, or in some other manner recognized as a qualified clinical supervisor by the person's professional licensing board, when this is a board requirement; is to be competent as demonstrated by experience and graduate-level training in the area of practice and the activities being supervised; is not the supervisee's blood or legal relative or cohabitant, or someone who has acted as the supervisee's therapist within the past two years; and has experience and skills that are informed by advanced training, years of experience, and mastery of a range of competencies.

R

- **Racial or ethnic self-identification:** the individual/family would report how they identify themselves in a racial or ethnic context. Race is often defined as being related to a person's appearance - chiefly the color of their skin. It is determined biologically, with genetic traits such as skin color, eye color, hair color, bone/jaw structure etc. Ethnicity, on the other hand, is often defined as relating to cultural factors such as nationality, culture, ancestry, language and beliefs.
- **Rehabilitative Services:** levels of intervention that address the conditions of emotional disturbance or mental illness that impair and interfere with individuals' abilities to function independently. For children with emotional disturbances, rehabilitation means that services are provided to restore the child to a level of functioning that they had either achieved before or would have achieved if normal development had not been impaired because of a mental health disorder. For adults with mental illness, rehabilitation means that services are provided to retain stability and functioning if the adult is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services. In Minnesota Health Care Programs, Children's Therapeutic Services and Supports (CTSS) and Adult Rehabilitative Mental Health Services are examples of rehabilitative service packages.

S

- **Strengths and Difficulties Questionnaire (SDQ):** is a brief behavioral screening questionnaire used for children and adolescents ages 3-16 years old. All versions of the SDQ ask about 25 attributes, some positive and others negative.
- **Session:** is an untimed unit used when billing for a completed diagnostic assessment. The session is billed after the written report is complete.
- **Social orientation:** Can involve information regarding the client's friends, social group, partnership status, sexual orientation, etc.
- **Spiritual beliefs:** can include religious beliefs or other forms of spiritual beliefs

I

- **Time orientation:** is about how the client understands and uses time. On one end of the continuum there are people with Monochronic orientation of time—task oriented, expect things to be on time, and a separate time and place for work and play. On the other end are people with Polychronic orientation of time—time and schedules are more flexible, maintaining relationships and socializing is more important than accomplishing tasks.