ADMINISTRATIVE REGULATION OPR: MENTAL HEALTH NUMBER 602

MENTAL HEALTH DEFINITIONS AND ACRONYMS

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) lists and defines terms used throughout the 600 series of ARs.

II. POLICY

This regulation defines and clarifies the mental health terms and acronyms commonly used within the ADOC.

III. DEFINITION(S) AND ACRONYM(S)

A - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Abnormal Involuntary Movement Scale (AIMS), Modified: An assessment tool used to determine if a patient, who takes certain types of medications, is experiencing side effects.

Activity Technician (AT): A specially trained person who works with inmates in leisure-time, therapeutic activities facilitating adjustment.

Activities Technician Training: Annual training for improving the skills of the Activities Technician presenting current effective therapeutic activities.

Acute Psychosis: The intense onset of a serious mental disorder which is characterized by delusions and/or hallucinations.

AIS Number: Alabama Inmate Serial Number.

Ammons Quick Test: An intelligence test.
**Annual In-service Training:** Annual training that focuses on reviewing ADOC policies and practices to enhance job performance.

**Annual Mental Health Training:** A specialized yearly training for mental health staff to enhance professional skill development.

**Annual Quality Improvement Plan:** A specifically targeted yearly review of medical / mental health records for quality assurance purposes.

**Antipsychotic Medication:** Medications that are used to specifically target psychotic symptoms.

**Antisocial Personality Disorder (ASPD):** A *personality* type characterized by a pervasive pattern of disregard for and violation of the rights of others.

**Axis:** The five (5)-category system used in the mental health field for making a comprehensive and global diagnosis. They include:

1. **Axis I:** *Clinical Disorders.*
2. **Axis II:** *Personality Disorders and Mental Retardation.*
3. **Axis III:** *General Medical Conditions.*
4. **Axis IV:** *Psychosocial and Environmental Problems.*
5. **Axis V:** *Global Assessment of Functioning.*

**Baseline:** A record of an inmate’s behavior, measured over time, for assessment and comparison.

**Behavior Plan:** A method of treatment designed to increase or decrease specific behaviors in an inmate.

**Beta III:** An intelligence test.

**BID:** A medical term referring to *twice daily.*

**Bradley Agreement:** A legal agreement between the ADOC and a class of acutely or severely mentally ill inmates (Agreement of Experts August 8, 2000) to provide adequate levels of mental health services to these inmates.

**Bradley Codes:** Codes used to identify the mental health status of inmates. They include: MH-0, MH-1, MH-2, MH-3, MH-4, MH-5 and MH-6.

**Bradley Settlement:** See Bradley Agreement.
Carbamazepine: A medication used to help stabilize mood, also known as Tegretol.

CBC (Complete Blood Count): A blood test used for medical purposes.

Cheeking: Refers to instances when inmates place medication(s) between their teeth and cheek, to avoid ingesting.

Chief Psychiatrist: Clinically oversees other psychiatrists within the ADOC. Also, monitors, evaluates, and determines which medications will be included in the drug formulary.

Clozapine: An anti-psychotic medication used to diminish the symptoms of schizophrenia.

Community Standards of Care: Standards of medical/psychological treatment that are accepted and practiced at the local regional level.

Competence/Competency: The ability of a person to understand his / her situation and convey his / her thoughts/feelings, free of any psychological disturbance.

Crisis Bed: A specifically equipped bed in a single-cell used for inmates who are experiencing an unstable period characterized by the inability to adapt to a change resulting from a precipitating event.

Crisis Cell: Cells in an infirmary and / or Intensive Psychiatric Stabilization Unit designed for conducting crisis assessments and interventions. A crisis cell is equipped with a modified bed and should stand no more than six inches off the floor and should not have a head or footboard. The cell presents no protruding or rough edges, exposed pipes or bars, or other physical limitations that an inmate could potentially use for self-harm. The cell door has a cuff-port and a window that provides adequate staff observation of the entire cell. Ventilation and heating of the cell should be adequate for an inmate with limited property to be comfortable.

Crisis Intervention: – Short-term psychological support services directed toward stabilization and reduction of symptoms during a mental health crisis. Services are designed to assist the inmate to return to a pre-crisis level of functioning.

Crisis Intervention Services: Intervention provided by a contracted mental health professional and / or ADOC psychologist / psychological associate to address an emotionally stressful event. Psychiatric consultation is also available. When an inmate requires placement in a crisis cell, mental health staff provide daily monitoring and documentation on workdays. Trained medical staff, with consultation with the on-call psychiatrist, provide monitoring and documentation on weekends and holidays. Trained correctional officers will monitor inmates in crisis cells at regularly scheduled intervals.
specified by policy and as clinically indicated. If the crisis is not resolved within 72 hours, the inmate is transferred for intensive psychiatric stabilization.

**Critical Incident Stress Debriefing:** The process of systematically assisting a person in returning to a normal state of psychological health, following exposure to an unusually stressful event.

**Cube (Cubicle):** The area of the prison that is enclosed in shatter resistant glass where the electro-mechanical gates are controlled.

**Culpability:** The ability of an inmate to understand the wrongfulness of certain misconduct, at the time the behavior occurred.

**Custody:** Refers to the level of supervision by security of an inmate.

---

**Deaf or Hearing-Impaired Person:** A person who cannot readily understand spoken language or communicate effectively through speech because of auditory deficiencies.

**De-escalation:** A crisis intervention technique.

**Departmental Form:** Forms unique to and used by the ADOC.

**Diagnostic and Statistical Manual – IV (DSM IV):** see *DSM-IV*.

**Director of Mental Health:** The contract mental health administrator who is responsible for monitoring contracted mental health programs within the ADOC.

**Director of Treatment:** The ADOC mental health professional who is responsible for monitoring medical, mental health and substance abuse treatment programs within the system.

**Disciplinary:** A sanction imposed for rule infractions.

**DSM – IV – Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition:** A classification system that provides precise, objective and optimally valid means of defining and diagnosing mental illnesses.

---

**EAP Coordinator:** The designated contact person at each institution for the *Employee Assistance Program.*

**EKG:** Electrocardiogram. An instrument used in the detection and diagnosis of heart abnormalities.
**Emergency Forced Medication:** Inmates have the right to refuse psychotropic medication except in psychiatric emergencies or when administrative procedures have been conducted consistent with the Supreme Court *Washington v. Harper* decision. Psychiatric emergencies occur when an inmate poses an imminent threat to self or others and all less intrusive measures have been attempted or judged by the psychiatrist to be inadequate. Emergency forced psychotropic medication orders are valid for a single administration of medication only.

**EOS:** End Of Sentence.

**F**

**Forensic Evaluation:** A mental health evaluation for legal procedures.

**G**

**General Prison Population (GP):** The part of the prison where most inmates are housed.

**Gender Identity Disorder:** A psychiatric disorder identified as transsexualism.

**Group Programming:** Structured clinically-driven interventions that are facilitated by mental health staff and offered to inmates on a regular basis. Programming includes psycho educational groups, unstructured support groups and structured activities.

**H**

**HIPAA (Health Insurance Portability and Accountability Act of 1996):** National standards for maintaining a patient’s privacy by specifying acceptable agency practices for release of medical and mental health information.

**Hormonal Replacement Treatment:** A medical procedure in which male or female hormones are prescribed as a result of the patient’s inability to produce an adequate amount of these hormones naturally.

**Housing Unit Temperature Log:** A record utilized for documentation of the temperatures of the housing areas within the mental health unit.

**Hyperthermia:** Abnormally high body temperature.

**Hypothermia:** Abnormally low body temperature.
Incident Report: A document describing time, place and details of an incident.

Individual Counseling: One-to-one session between a mental health professional and an inmate that addresses mental health concerns or problems referenced by the inmate’s treatment plan.

Informed Consent: Written documentation of the purpose of services, risks related to the service, limits to the service, relevant costs, reasonable alternatives, the right to refuse or withdraw consent, and the time frame covered by the consent. An inmate’s signature acknowledges understanding of options and services rendered.

Initial In-service Training: Training designed to acquaint new employees to the ADOC policies and procedures and job expectations.

Institutional-Specific Information: See Site-Specific Information.

In-service Mental Health Training: Yearly training for mental health professionals.

Intake Mental Health Screening: The gathering of pertinent psychosocial information of inmates entering the ADOC.

Inpatient Psychiatric Treatment: Treatment for episodes of serious mental illness/risk of self-harm that requires multidisciplinary treatment approach including Psychiatrist, Psychologist, Social Worker, activities staff and twenty-four hour Psychiatric Nursing coverage. Individual treatment plans and the ability to provide involuntary medication are essential.

Intensive Psychiatric Stabilization Units (SUs): Specific units devoted to individuals in need of individual treatment for acute episodes of serious mental illness/risk of self-harm with the goal of returning the inmate to a less restrictive setting in a reasonable time.

Interdisciplinary Team Meetings: Regularly scheduled meetings of mental health staff, security, wardens and nursing staff to discuss various issues related to mental health care.

Intermediary Interpreter: Any person able to assist in providing active communication between spoken English and sign language or between variations of sign language, by acting as a linguist between a hearing-impaired person and a qualified interpreter.

Involuntary Commitment: A legal process of committing an inmate to a state mental health inpatient treatment facility.
**Involuntary Medication:** A legal process for the administration of psychotropic medication to an inmate who refuses voluntary treatment.

**Involuntary Medication Review Committee:** A panel of three (3) mental health professionals who decide whether or not involuntary medication will be administered to an inmate.

**Job Board:** A committee of staff members at the institutional level that assigns jobs to inmates.

**Life-Threatening Suicide Attempt:** A suicide attempt or gesture that requires intensive medical and mental health treatment.

**Lithium:** A psychotropic medication used to control mood swings.

**Medication Administration Record (MAR):** A document for recording the distribution of medications to a given patient.

**Medication Consent Form:** A document signed by an inmate agreeing to take a specific medication for a specific length of time.

**Mental Health Code:** A code assigned to each inmate designating the level of need for mental health treatment. See AR 613, *Mental Health Coding and Tracking of Inmates:* Briefly:

1. **MH-0:** No identified assistance needed, General Population – Segregation.
2. **MH-1:** Stabilized, with mild impairment in mental functioning, General Population – Segregation.
3. **MH-2:** Not Stabilized, with mild impairment in mental functioning, General Population – Segregation.
4. **MH-3:** Moderate impairment such as difficulty in social situations and / or poor behavioral control, RTU – Open Dorm.
5. **MH-4:** Severe impairment and suicide ideation and / or poor reality testing, RTU – Closed Dorm.
6. MH-5: Severe impairment such as hallucinations and delusions or inability to function in most areas of daily living, SU.

7. MH-6: Severe debilitating symptoms / persistent danger to self or others, recurrent violence, inability to maintain minimal personal hygiene, or gross impairment in communication, State Commitment or Hospital Services.

**Mental Health Nurse Training:** Initial training and orientation provided by the Supervising Psychologist or designee.

**Mental Health Quality Improvement Program:** A program aimed at systematically monitoring current practices and documentation to ensure compliance with policies and procedures. The program also reviews individual incidents and service delivery problems to identify areas for improvement, promote necessary change and assess the outcome of such change.

**Mental Health Rounds:** Scheduled tours of the segregation unit by the mental health staff. Rounds are completed weekly in segregation units to ensure inmates identified as having serious mental illness receive continuous services while confined and inmates exhibiting signs of serious mental illness treated in a timely manner. Rounds include: brief verbal contact with every confined inmate; inquiry into any problematic behaviors observed by security staff; and referral for mental health assistance upon inmate request. Mental health rounds are conducted for the purpose of identifying and referring inmates and are not a substitute for on-going treatment of inmates in this setting.

**Mental Stability:** The absence of mental health symptomology.

**Minnesota Multiphasic Personality Inventory-2 (MMPI-2):** A personality assessment given to all inmates during intake to gain information about their psychological functioning.

**Multidisciplinary Treatment Team:** A group of mental health service providers, who develop, implement and monitor a treatment plan.

**NCCHC – National Commission on Correctional Health Care:** An accrediting agency that develops standards for health care in a correctional setting.

**No-shows:** An inmate who misses his / her medication or appointment at designated times.

**OBSCIS:** Offender Based State Corrections Information System.
**On-call:** The mental health staff contact person designated to provide consultation, notification, and/or instructions during non-duty hours.

**Orientation:** The process of educating new staff / inmates about the mental health program at a particular institution.

**Outpatient Treatment:** The medical / mental health treatment of inmates who are not confined to a hospital or mental health unit.

**Palming:** A deceptive technique used by inmates to avoid taking their medication(s). Inmate places medication in his / her hand, appears to orally ingest the medication, but instead continues to hold medication in their hand.

**Physical Restraints:** An authorized means of restricting an inmate’s ability to exercise free movement of the arms and legs which totally immobilizes the inmate.

**Physician Order Sheets:** A document, signed by a physician, ordering certain medications or specific treatment for a patient.

**Pill Call:** Designated times of day when medication(s) is dispensed.

**PO:** A medical term which indicates a medication should be taken by mouth.

**Post Mortem Review:** A review of the events that lead to the death of an inmate.

**Precautionary Watch:** Placement of an inmate in a safe cell on the Intensive Psychiatric Stabilization Unit requiring a physician’s order.

**Pre-release:** A program whereby inmates are provided information to prepare for release from incarceration.

**PRN:** A medical term meaning as needed.

**Progress Notes:** Notes in the inmate’s medical record reflecting each contact notable observations.

**PR - Progress Review (Classification Review):** A scheduled, periodic review of individual inmates to make recommendations regarding changes in security level, custody, institutional placement, or programming.

**Protective Custody:** A special housing assignment isolating an inmate when an enemy has been validated and a safety or life threatening situation exists.

**Psychological Evaluation:** An assessment of a person’s mental status.
**Psychological Instability:** A person whose emotional state is atypical or unstable and/or who might pose a risk to self or others

**Psychotropic Medication Report:** A form used when inmates report psychotropic medication related problems.

**Psychotropic Medications:** Medications which are prescribed to treat a variety of mental disorders and/or psychological difficulties.

**Quality Improvement Program (QI):** A process aimed at systematically monitoring current practices and documentation to ensure compliance with policies and procedures. The process also reviews individual incidents and service delivery problems to identify areas for positive change, then promote and assess the outcome of such change.

**Qualified Interpreter:** A linguist who is able to communicate effectively, accurately and impartially, both receptively and expressively to another, using any necessary specialized vocabulary.

**Reception Mental Health Evaluation:** An initial assessment of an inmate’s psychological history and current mental status upon intake.

**Reception Mental Health Screening:** An initial assessment of an inmate’s psychological history and functioning upon intake.

**Residential Treatment Unit (RTU):** A specialized housing placement for treating serious mental illness or risk of self-harm in a less restrictive setting.

**Sanity:** A legal term referring to the mental competence of an inmate.

**Sanity Commission:** A three member panel responsible for evaluating and recommending proper treatment or transfer of an inmate to a state psychiatric hospital.

**Security Level:** A rating category for institutions and inmates to facilitate risk management.

**Segregation (SEG) Review Board:** A weekly board of institutional representatives who assess the status of inmates in segregation.

**Segregation/Segregation Unit (SEG):** Inmate housing placement for the purpose of separating an inmate from the general prison population.
**Serious Mental Illness (SMI):** *Seriously Mentally Ill.* A substantial disorder of thought, mood, perception, orientation, or memory such as those that meet the DSM IV criteria for Axis I disorders: schizophrenia, schizoaffective disorder, psychotic disorders due to substance abuse or general medical condition, major depression, bipolar disorder, and organic conditions resulting in significant and debilitating psychotic symptoms or cognitive impairment; persistent and disabling Axis II personality disorders. A serious mental illness significantly impairs judgment, behavior, and the capacity to recognize reality or cope with the ordinary demands of life within the prison environment and is manifested by substantial pain or disability. Serious mental illness requires a mental health diagnosis, prognosis and treatment, as appropriate, by mental health staff.

**Sex Offender:** A male or female convicted of a criminal sex offense as a juvenile, youthful offender, or an adult.

**Sexual Reassignment Therapy:** A treatment for transsexuals in which hormone medications or surgical procedures are utilized to alter a person’s physical appearance, in an attempt to adopt the physical characteristics of the opposite gender.

**Side Effect Medication:** Medicine(s) prescribed to offset negative characteristics of primary medicine(s).

**Site-Specific Information:** Instruction is specific only to a certain institution.

**SMAC-24:** A laboratory blood test measuring 24 different serum levels.

**SOAP Format:** Medical documentation format used to chart an inmate contact which includes Subjective, Objective, Assessment and Plan.

**Specialized Mental Health Training:** An intensive course on mental health issues for designated non-mental health professionals.

**Specialized Training:** Individualized mental health instruction for designated ADOC and contract staff.

**Standards for Health Services:** Guidelines which apply current community health and mental health care practices to the correctional setting.

**STAT:** A medical term meaning immediately.

**Suicidal Ideation:** Thoughts of harming or killing oneself.

**Suicide Gesture:** An act as a formality or a sign of intention or attitude toward attempting or committing suicide.

**Suicide Watch:** Placement of an inmate in a crisis cell for his/her protection because of demonstrated or threatened suicidal behavior or risk of self-harm.
**Supervising Psychologist:** A licensed psychologist, employed by the mental health contractor, who directs contract mental health services at an institution.

**Support Group:** A number of individuals who gather as a unit for the purpose of mutual self-help.

---

**Tardive Dyskinesia:** A medical condition resulting from certain psychotropic medications, which causes uncontrollable muscle spasms.

**TDD/TTY (Telephone Device for the Deaf) (Teletypewriter):** A telephone communication device for the deaf or hearing impaired that uses an electronic transmission of text. A text telephone machine similar to a typewriter coupled to a telephone or directly connected to a telephone line that has a message display for those who cannot hear over the telephone.

**Telecommunications Relay Services (TRS):** A system which allows a deaf, hearing impaired or speech disabled person to communicate with a hearing person who does not have a TTY system.

**TFT:** A laboratory blood test to determine the level of thyroid functioning.

**Transsexualism:** A psychiatric disorder described by the DSM-IV as Gender Identity Disorder, in which a person has an overwhelming desire to become the opposite sex, or a person whose external sexual genitalia has been surgically altered.

**Transsexualism Management and Treatment Committee:** A team consisting of the Medical Director, Chief Psychiatrist and Mental Health Director or designees. A medical doctor specializing in endocrinology or psychiatry from the community may be retained as a consultant on specific cases.

**Treatment Compliance:** Refers to an inmate’s conformity to the treatment plan.

**Treatment Coordinator:** Mental health professional or Supervising Psychologist who organizes and monitors an inmate’s treatment process.

**Treatment Level 1, 2, 3, & 4:** A graduated system that matches admission behavioral criteria to an inmate’s needs for placement on a residential treatment unit.

**Treatment Plan:** A document which lists the individual inmate’s problems as assessed by the Treatment Team. The document also includes interventions aimed at addressing the problems, the frequency with which the interventions will be provided, and the anticipated goals to be achieved.
**Treatment Team:** A multidisciplinary team, with the psychiatrist as the chairperson, which determines the level of mental health services required by the inmate at a specific point in time.

**Valproic Acid:** A psychotropic medication, also known as Depakote, used to control mood swings.

**Videoconferencing:** A system that provides people at different locations with the ability to communicate with both video and audio capability.

**Watch Procedures:** Standardized procedures for housing inmates who are placed on supervised watch: mental health observation, precautionary watch, and suicide watch.

**Wechsler Adult Intelligence Scale-Third Edition (WAIS-III):** A standardized intelligence test used to determine intellectual functioning.

**Wide Range Achievement Test (WRAT) Level 2, Reading:** A standardized test administered to all inmates to determine their reading grade level (RGL).

**IV. RESPONSIBILITIES**

The ADOC Director of Treatment is responsible for ensuring that the terms listed in this AR are clearly and accurately defined.

**V. PROCEDURES**

This section is not used in this AR.

**VI. DISPOSITION**

There are no forms used in this regulation, therefore no disposition instructions are needed.

**VII. FORMS**

There are no forms prescribed in this regulation.

**VIII. SUPRECEDES**

This is a new regulation and does not supersede any other regulations.
IX. PERFORMANCE

This AR is published under the authority of:

A. The Bradley Agreement, dated August 8, 2000


C. Department of Mental Health and Mental Retardation Statutory Authority: *The Code of Alabama*, 1975, Section 22-50-11

D. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Richard F. Allen, Commissioner