

The following is a list of key concepts and terms that are commonly used in the fields of mental health and substance abuse. Many of these terms have been defined by federal agencies, particularly the Substance Abuse & Mental Health Services Administration. This is not an exhaustive list, but it represents many of the concepts, services, and models of care that are used by mental health and substance abuse programs, services, and systems that serve children, adolescents, and their families.

For purposes of this glossary, the term *child* is used to refer to children and adolescents from birth through 21 years of age. Also, entries marked with an asterisk (*) are taken from the Substance Abuse & Mental Health Services Administration Mental Health Dictionary (<http://mentalhealth.samhsa.gov/resources/dictionary.aspx>).

Assessment

An assessment is a professional, comprehensive, and individualized review of child and family needs that is conducted when services are first sought from a mental health professional (eg, psychiatrist, psychologist, social worker). The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. An assessment also evaluates the strengths, resources, and treatment preferences of the child and family.

Behavior therapy

Behavior therapy focuses on recognition of certain harmful or maladaptive behaviors that may be operating subconsciously and the substitution of more helpful behaviors. Elements may include stress management, biofeedback, and relaxation training to change thinking patterns and behavior.

Care coordination

Care coordination can be provided to any patient and includes a range of medical and social support services beyond medical case management. The goal of care coordination is to help link patients and families to services that optimize outcomes articulated in a patient-centered care plan. Care coordination may address the social,

developmental, educational, and financial needs of patients and families. Care coordination includes activities that may or may not be covered by defined benefit packages offered by managed care organizations.

Case management

Case management is a process typically focused on a limited set of predetermined diseases or conditions and guided by potential health care cost savings or quality improvements. In many cases, targeted case management is one aspect of general disease management. Traditionally, case managers provide services in a benefit package, often supported by a health plan or managed care organization. Individuals who receive case management services typically have complex and expensive medical (or mental health) needs. While numerous case management models exist, case management can involve assessment of child and family needs, development of service plans, contact with service providers on a child or family's behalf, work with the child or family to facilitate access to needed services, monitoring, and reassessment.

Child protective services*

Child protective services are designed to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and child care. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with the family whenever possible.

Children and adolescents at risk for mental health problems*

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments, including physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version^a

Published in 1996, this manual served to develop a common language among general medical and mental health clinicians and to lay a descriptive framework for the full spectrum of mental health issues presenting to primary care clinicians. The manual guided the clinician in assessing the effect of risk and protective factors in the child (eg, health, cognitive status, temperament, emotional health, sociability, general reaction to stress); in their relationships (eg, high-quality, continuous caregiving and secure attachment vs low-quality, discontinuous caregiving with ambivalent, insecure attachment); and in their environment (eg, family resources, safety of physical environment, family communication, emotional and physical support/health, caregiver reaction to stress, community resources).

Cognitive behavioral therapy

Cognitive behavioral therapy is a combination of cognitive and behavioral therapy that focuses on thinking patterns and the harmful or self-destructive behaviors that might accompany them. Cognitive behavioral therapy combines changing the thinking patterns along with changing the behavior. It is often the preferred treatment for mild to moderate depression in children and adolescents, phobias, panic disorder, obsessive-compulsive disorder, anxiety, and bulimia.

Cognitive therapy

Cognitive therapy seeks to identify and correct thinking patterns that can lead to troublesome feelings and behavior.

Colocation

Colocation is one strategy for integrating primary and behavioral health care services to address issues of access, quality, and fragmented delivery systems in children's

mental health. Generally, this term refers to models whereby mental health professionals are colocated within primary care settings, or primary care clinicians are colocated within mental health programs, typically public programs. In cases where primary care settings colocate mental health professionals, examples of models include large colocated multispecialty group practices (eg, behavioral and primary care), community-governed nonprofit health centers, and traditional private primary care offices. In the latter, business arrangements may include a mental health agency's employee who is outstationed in the primary care office, a self-employed mental health professional who is renting or using space in the primary care office, or a mental health professional who is employed by the primary care practice. (See "Resources for Further Information" for more on colocation models in primary care settings.)

Consumer

Consumer is the term used in the mental health system to describe a person who is a client or user of mental health services. This term embodies principles of self-determination, choice, and child- or family-centered care—central to the recent movement toward reform or transformation of the public mental health system. Mental health consumers often convey these principles in the expression, "Nothing about us without us."

Counseling

Counseling is a more limited, direction-oriented, problem-solving approach, while psychotherapy works at a more in-depth understanding of what is driving behavior. However, it is often difficult to distinguish between counseling and therapy.

Crisis residential treatment services

This term refers to short-term, 24-hour care provided in a nonhospital setting during a mental health crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a crisis residential treatment service. This care is designed to avoid inpatient hospitalization, help stabilize the child, and determine the next appropriate step.

^aGiven the volume and frequency with which code revisions occur, some of the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* codes listed in this reference may not reflect the most current information available. Please refer to the 2010 *ICD-9-CM* manual at <http://eweb.aap.org/pub87021> for the most updated codes.

Cultural competence/culturally effective care

Cultural competence refers to a set of congruent practice skills, attitudes, policies, and structures that come together in a system, in an agency, or among professionals and enable that system or those professionals to provide culturally effective care. Cultural competency is the acceptance of and respect for difference, continuing self-assessment of one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources, and flexibility within service models to work toward better meeting the needs of diverse populations. These competencies can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.

Culturally competent organizations

Culturally competent organizations have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally. These organizations have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve. They incorporate these components into policy making, administration, practice, and service delivery, and systematically involve consumers, key stakeholders, and communities.

Day treatment

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy, lasting at least 4 hours a day. These programs work in conjunction with, and may be provided by, mental health, recreation, and education organizations.

Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version

See The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), developed by the American Psychiatric Association, is the official classification system of mental health disorders. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when categorizing or describing mental health problems. *See also* Multiaxial system.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)

Published by ZERO TO THREE, this is a developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers. Its diagnostic categories reflect the consensus of a multidisciplinary group of experts in early childhood development and mental health. The manual helps clinicians, mental health professionals, and early childhood specialists to understand how relationships and environmental factors contribute to mental health and developmental disorders and to use diagnostic criteria effectively for classification and intervention in young children. *See also* Multiaxial system.

Diagnostic evaluation

The goals of a diagnostic evaluation (general psychiatric evaluation) are to establish a psychiatric diagnosis, to collect data that are sufficient to permit a case formulation, and to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation.

Dual diagnosis

A person who has an alcohol or a drug problem and an emotional or a psychiatric problem is said to have a dual diagnosis. The term can also be used to describe a person who has an intellectual disability and an emotional or psychiatric problem.

Early intervention

Early intervention is a process used to recognize mental, emotional, behavioral, or learning problems and to respond to factors that put individuals at risk of developing mental health problems before they become established and more difficult to treat. Early intervention can help children get better in less time and can prevent problems from developing or becoming worse. Early intervention processes typically use validated screening tools to identify children with or at risk for mental health problems; include consultation by trained professionals with parents, teachers, and other caregivers; and serve children in their natural environments to provide needed supports and guidance.

Early Intervention program

The Early Intervention (EI) program was created as a result of the Individuals With Disabilities Education Act, originally passed by Congress in 1986. States subsequently passed legislation to support and operationalize the system. There are 2 separate EI programs for young children who have or are at risk of having a disability or other special need that may affect their development, health, or education—the Infant-Toddler program covers children from birth through 2 years, 11 months, and the Preschool program covers children from 3 to 5 years (or until the child enters kindergarten). Primary responsibility for each of these programs is assigned to a lead agency; these assignments vary from state to state.

Children participating in the Infant-Toddler program are eligible for an evaluation, service coordination, development of an individualized family service plan, and in some states, an array of assistive and supportive services. Agencies may render a charge for some of these services, though services cannot be denied because of a family's inability to pay.

Children participating in the Preschool program are entitled to free and appropriate special education service in the least restrictive environment through the local school system.

Services may include a multidisciplinary evaluation, an individualized education program, and an array of assistive and supportive services.

Emergency and crisis services

Crisis intervention services are used in emergency situations to provide immediate intervention or care when children are, or are at high risk of becoming, a danger to themselves or others, or are experiencing acute psychotic episodes or other emergency events (eg, suicide attempt). Such services are available 24 hours a day, 7 days a week, and provide screening, psychiatric evaluation, emergency intervention and treatment, stabilization, and referral to community services and resources. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams (eg, mobile crisis units), and crisis respite care.

Evidence-based practices or programs

Evidence-based practices or programs are based on systematic, empirical research relying on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators; and rigorous data analyses, adequate to test the stated hypotheses and to justify the general conclusions drawn.

Family-centered care

Family-centered care means that families have a primary decision-making role in the care and education of their own children. The term may also encompass policies and procedures governing care for all children in their community, state, tribe, territory, and nation. The term typically is used when describing mental health systems of care. The family, social service agencies, and health care providers are collaboratively involved in each of the following:

- Choosing supports, services, and providers
- Promoting the inclusion of evidence-based treatments and therapies
- Setting goals
- Designing and implementing programs

- Supporting the youth or consumer to guide care as appropriate
- Monitoring outcomes
- Determining the effectiveness of all efforts to promote the mental health of children and youth

Family self-help

Self-help groups are based on the premise that peers—people who have mental illness or have a family member with mental illness—share common experiences and, therefore, can help each other by providing information, as well as practical and emotional support. Self-help groups are peer led and range from small, informal groups to well-organized national networks. Self-help organizations may provide drop-in centers and case management, employment, housing, crisis, and family support programs.

Family support services

Family support services are designed to keep the family together, while coping with the mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, crisis services, and respite care.

Family therapy

Family therapy includes discussion and problem-solving sessions with multiple members of the family.

Foster care*

Foster care is the provision of a living arrangement in a household other than that of the client's or patient's family.

Group therapy

Group therapy includes a small group of people who, with the guidance of a trained therapist, discuss individual issues and help each other with problems.

Home-based services*

This help is provided in a family's home for a defined period or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports.)

Inpatient hospitalization

This term refers to intensive mental health treatment that is provided in a hospital setting 24 hours a day. Inpatient hospitalization provides short-term treatment in cases where a child is in crisis and may be a danger to self or others, and diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Intake/screening

These services are designed to briefly assess the type and degree of a child's mental health condition to determine whether services are needed and to link a child to the most appropriate and available service. Services may include interviews, psychologic testing, physical examination, speech and hearing evaluation, and laboratory studies.

Integrated care

This term refers to a range of strategies and models to integrate primary and behavioral health care for the purposes of improving children's access to mental health services and supports, reducing duplication and fragmentation of services, and improving the quality of care. Integration strategies can include, but are not limited to, the following:

- Incorporating mental health services (eg, preventive counseling, mental health screening, early intervention, mental health treatment) into the scope of services provided by a primary care clinician
- Improving collaboration between independent, office-based primary care clinicians and mental health professionals (eg, two-way communication between primary care clinicians and mental health professionals)
- Embedding primary care clinicians within public mental health programs (comprehensive programs that offer primary and behavioral health care through one administrative entity)
- Colocating behavioral health providers in primary care offices (See "Resources for Further Information" for more on integrated care.)

Linguistic competence

Linguistic competence is the capacity of an organization and its personnel to communicate effectively and convey information in a way that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competence involves policy, structures, practices, procedures, and dedicated resources, including the following:

- Multilingual/multicultural staff
- Sign language interpretation services
- Text telephone and other assistive technology devices
- Printed materials in easy-to-read, picture-and-symbol formats understandable by people who have low literacy level

Mental health

Mental health is the state of successful performance of mental and emotional function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.

Mental health parity

Mental health parity refers to the concept of providing the same insurance coverage for mental health treatment as that offered for medical and surgical conditions. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 requires parity in group health plans providing mental health or substance abuse benefits and insuring 50 or more employees, whether the plans are self-funded (regulated under the Employee Retirement Income Security Act) or fully insured (regulated under state law). However, the new law does not apply to individual health plans offered by business with 50 or fewer employees.

Mental health problems

This term may refer to behavioral or emotional signs or symptoms of undetermined intensity, impact, or duration. In the parlance of the *Diagnostic and Statistical Manual for Primary Care* (see pages 2 and 3), mental health “problems” are signs or symptoms that cause impairment but do not meet diagnostic criteria for a mental health “disorder.”

Mental illness

Mental illness collectively refers to all mental disorders, defined as health conditions associated with distress or impaired functioning and characterized by abnormalities in thinking, emotion, mood, behavior, human interaction, or some combination thereof.

Movement/art/music therapy

Movement/art/music therapy methods include the use of movement, art, or music to express emotions. This therapy is intended to help persons who cannot otherwise express feelings.

Multiaxial system

The *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, organizes each psychiatric diagnosis into 5 levels (axes) relating to different aspects of disorder or disability.

- **Axis I:** clinical disorders, including major mental disorders, as well as developmental and learning disorders. Common Axis I disorders include depression, anxiety disorders, bipolar disorder, attention-deficit/hyperactivity disorder, autism, phobias, and schizophrenia.
- **Axis II:** underlying pervasive or personality conditions, as well as mental retardation. Common Axis II disorders include personality disorders (paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder) and mental retardation.
- **Axis III:** acute medical conditions and physical disorders. Common Axis III disorders include brain injuries and other medical or physical disorders that may aggravate existing diseases or present symptoms similar to other disorders.
- **Axis IV:** psychosocial and environmental factors contributing to the disorder.
- **Axis V:** current level of global functioning.

The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)* also organizes diagnoses around 5 levels (axes).

- **Axis I:** infant's primary diagnosis. Examples include affective disorders, post-traumatic stress disorder, and eating behavior disorders.
- **Axis II:** symptomatic disorders specific to the caregiver-child relationship based on the clinician's structured observations of the pair's interaction. Axis II categories include angry/hostile, over-/under-involved, anxious/tense, and verbally, physically, or sexually abusive relationship disorders.
- **Axis III:** medical or developmental conditions, such as developmental language disorder, failure to thrive, and cerebral palsy.
- **Axis IV:** acute and chronic stressors in the child's environment. Examples include parental psychopathology and parental conflict.
- **Axis V:** child's current functional and emotional level of adaptation.

Peer support/peer specialists

A growing array of peer support programs draw on the lived experience of mental health consumers and family members who have learned to live well with their illnesses and have been extensively trained to help others—consumers and professionals. In a number of regions of the country, peer specialists undergo a certification process preparing them to assist their peers in such areas as skill building, goal setting, problem solving, connecting to needed services, and establishing mutual self-help groups; and in understanding the structure of the mental health system, client rights, cultural competency, and confidentiality. The National Alliance on Mental Illness Web site (www.nami.org) is a resource for finding peer support/peer specialists by geographic area.

Person-centered plan

This term, or similar terms such as *plan of care* and *plan of service*, refers to a document that is developed through a process focused on and directed by the individual (consumer) and his or her family or advocate. It identifies the consumer's desired outcomes and determines the

supports and services needed to achieve the desired outcomes. In the case of child and adolescent consumers, the person-centered plan is developed with input from the child, family, mental health professional(s), and representatives of involved agencies and schools. Many public mental health systems require development and documentation of such a plan and incorporate a review of the plan into periodic audits of service providers.

Plan of care*

A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Primary care clinician

A primary care clinician provides comprehensive health care, including preventive care (well-child or health supervision services), acute care (treatment of acute illnesses and injuries), and chronic illness care within a medical home. The primary care clinician is typically the first contact for a patient with undifferentiated health concerns. Roles of the primary care clinician include recognizing and identifying early signs of health problems, providing treatment for identified conditions, promoting self- and family management of the condition, referring patients in need of emergency or specialty care, coordinating primary and specialty care, and monitoring the patient's progress in care. Child and adolescent primary care clinicians may be pediatricians, pediatric or family nurse practitioners, family physicians, or physician assistants.

Psychiatrist*

A psychiatrist is a professional who completed medical school and training in psychiatry, and is a specialist in diagnosing and treating mental illness.

Psychoanalysis

Psychoanalysis is long-term therapy meant to uncover unconscious motivations and early patterns to resolve issues and to become aware of how those motivations influence present actions and feelings.

Recovery*

The term *recovery* describes the process by which a person becomes more aware of the substance use, mental disorder, or co-occurring disorders as a problem and initiates and maintains a substance-free or symptom-managed life and, as a part of that process, generally achieves a stronger sense of balance and control over his or her life. Recovery is a lifelong process that takes place over time and often in specific stages.

Residential treatment centers

Residential treatment centers provide services 24 hours a day for children with serious emotional disturbances who require constant supervision and care. They may also be known as therapeutic group homes. These centers (or group homes) usually serve more than 12 children at a time. 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. The primary purpose of residential treatment is to improve overall functioning, including social and behavioral skills, so the individual can function adequately in his or her community, school, and home.

Respite care

Respite care is a service that provides a break for families who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. These services may be offered to families on a periodic or routine basis.

Screening

Screening is a process used to determine whether an asymptomatic person may be at risk of having a condition that warrants further review or intervention. Mental health or psychosocial screening of children is designed to identify children who may require further mental health assessment. Psychosocial screening of a child's parent(s) or caregiver(s) is designed to identify factors in the child's social environment that may be associated with social-emotional problems in the child.

Psychosocial screening is conducted using validated tools that may gather data directly from a youth, parent, teacher, or caregiver or may be administered by a trained professional (eg, primary care clinician, nurse, social worker, psychologist, counselor). Results are interpreted by a trained professional who determines whether further assessment is needed. Screening does not result in definitive statements about a child's problem; nor does it draw a conclusion about a mental health disorder or diagnosis.

Serious emotional disturbance

A serious emotional disturbance in a child or an adolescent is a diagnosable disorder or combination of disorders that severely disrupts his or her daily functioning in the home, school, or community. Disorders such as depression, attention-deficit/hyperactivity disorder, anxiety, bipolar disorder, conduct disorder, and eating disorders, singly or in combination, may cause impairment of sufficient severity to be considered a serious emotional disturbance.

Specialty services or specialists

The term *specialty services* in the context of pediatric mental health refers to clinical services provided by professionals specifically trained and licensed to assess and address the psychosocial needs of children, adolescents, and their families. Pediatric mental health *specialists* include developmental-behavioral pediatricians; neurodevelopmental pediatricians; adolescent medicine specialists; neurologists and psychiatrists who are specially trained or have experience with children and adolescents; clinical social workers; clinical psychologists; marriage and family therapists; professional counselors; nurses with advanced training in mental health practice; substance abuse therapists; mental health case managers; Early Intervention specialists; and school-based personnel such as guidance counselors, school social workers, and school psychologists. General pediatricians and other primary care clinicians have many overlapping competencies; however, the term *specialists*, used in the context of mental health care, is intended to differentiate the professionals listed above from primary care clinicians. *Specialty services* may be provided by individuals or organizations, such as developmental evaluation centers, Early Intervention agencies, mental health or substance abuse treatment facilities, and departments of social services or juvenile justice. *Specialty services*, in the ideal, are part of a connected system of care that includes the medical home. (*See also* System of care.)

Substance abuse*

This is the misuse of medications, alcohol, or other illegal substances.

Suicide*

Suicide is the eighth leading cause of death in the United States, claiming about 30,000 lives a year. Ninety percent of persons who commit suicide have depression or another diagnosable mental or substance abuse disorder. Suicide attempts are among the leading causes of hospital admissions in persons younger than 35 years. Because mood disorders such as depression substantially increase the risk of suicide, suicidal behavior is a matter of serious concern for clinicians who deal with the mental health problems of children and adolescents. Suicide can be prevented.

System of care

System of care is an evidence-based approach to the care of children and adolescents with serious emotional disturbances and their families. It incorporates a broad array of services and supports that are organized into a coordinated network, integrate care planning and management across multiple levels, are culturally and linguistically competent, and build meaningful partnerships with families and youth at service delivery and policy levels. Guiding principles in a system of care specify that services should be

- Comprehensive, incorporating a broad array of services and supports
- Individualized
- Provided in the least restrictive, appropriate setting
- Coordinated at the system and service delivery levels
- Involve families and youth as full partners
- Emphasize early identification and intervention

Treatment

Treatment is a type of service, support, or clinical intervention that is designed to address identified emotional, psychological, and social needs of a child or family leading toward optimal function, self-sufficiency, and recovery. The term often refers to therapy and counseling that is repeated over a course of time, as determined by the child or family (depending on the age of the child) together with a service provider. Treatment includes, but is not limited to,

hospitalization, partial hospitalization, outpatient services, evaluation, various psychotherapies, and medication monitoring.

Treatment plan

A treatment plan is a plan of care that is designed specially for each child and family, based on individual strengths and needs. Ideally, mental health specialists and primary care clinicians collaborate with the child and family to develop the plan. (*See Person-centered plan.*) The plan establishes goals and summarizes appropriate treatment and services to meet the special needs of the child and family, leading toward optimal function, self-sufficiency, and recovery.

Unmet needs*

These are identified treatment needs that are not being met, or treatment that is inappropriate or not optimal.

Wraparound services

Wraparound services are a package of community services and natural supports that are flexible and tailored to meet the unique needs of children with serious emotional disturbances. Wraparound services are based on a definable planning process and are designed for children and their families to achieve a positive set of outcomes in the home setting. Services are provided by multidisciplinary teams that may include case managers, psychiatrists, nurses, social workers, vocational specialists, substance abuse specialists, community workers, peer specialists, and family members or caregivers.

Resources for Further Information

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