Chapter 16 : Glossary

CURRENT TO MAY 2017

Note: The source of the majority of the medical and psychiatric terms provided in this Chapter is American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington: American Psychiatric Association, 2013) [*DSM-5*].

Abuse of Process: This is a legal term that is used to mean the employment of legal proceedings for a purpose which is frivolous, vexatious or oppressive.

Actus Reus: This is a Latin term used in the criminal law to mean a wrongful act. If actus reus is coupled with a guilty mind (**Mens Rea**), the actor could be criminally liable.

Acute Stress Disorder: This disorder involves the exposure to actual or threatened death, serious injury, or sexual violation. An individual can be exposed to the traumatic event by direct experience, as a witness, learning that the event occurred to a close family member or friend, or experiencing repeated exposure to the details of the traumatic events (e.g. first responders such as a police office). This disorder would not include any exposure through electronic media, television, movies, or pictures, unless the person was exposed for work-related reasons. A person with this disorder will experience intrusive symptoms, such as intrusive memories of the traumatic event, recurring distressing dreams, dissociative reactions (flashbacks), and intense or prolonged psychological distress in response to cues that reflect the traumatic event. Other symptoms include negative moods, dissociative symptoms such as an altered sense of reality or amnesia, avoidance symptoms, and arousal symptoms such as sleep disturbances.
Symptoms of Acute Stress Disorder usually begin immediately after the trauma and persist for 3 days to 1 month (*DSM-5*).

Adaptive Functioning: This is one of three diagnostic criteria for

determining whether an individual has an Intellectual Developmental Disorder (intellectual disability). It refers to a person's ability to "meet developmental and sociocultural standards for personal independence and social responsibility". Deficits in this functioning will present themselves in limitations in one or more activities in daily life, such as communication, social participation, and independent living, across multiple environments (*DSM-5*).

Adjustment Disorder: This disorder is characterized by the development of emotional or behavioural symptoms that occur within 3 months of the onset of the stressor(s). These symptoms must be clinically significant as evidenced by either a marked distress that is out of proportion to the severity of the stressor (taking into account the person's cultural background), and/or significant impairment in social, occupational or other areas of functioning. Individuals from disadvantaged life situations may be at higher risk of developing Adjustment Disorder, as they may be exposed to more stressors (*DSM-5*).

Affect: This is defined as "a pattern of observable behaviours that is the expression of a subjectively experienced feeling state". Affect is not constant and will change in response to the environment, as opposed to **Mood**, which is a pervasive and sustained emotional state. What is considered a normal range of affect will change from culture to culture. Disturbances in affect include: blunted (a significant reduction in the intensity of emotional expression); flat (an absence of affective expression); labile (abnormal variability in affect); inappropriate (discordance between affect and the content of the speech); and restricted (a mild reduction in the intensity of affective expression) (*DSM-5*).

Agitation (psychomotor agitation): This involves "excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of behaviors such as pacing, fidgeting, wringing of hands, pulling of clothes, and inability to sit still" (*DSM-5*).

Agoraphobia: This phobia is defined as a marked and disproportionate fear or anxiety of being in places or situations from which escape might be difficult or in which help might not be available in the event that the individual develops panic-like symptoms or other incapacitating or embarrassing symptoms. Panic-like symptoms are anything included in the symptoms of a panic attack, including dizziness, faintness, and fear of dying. To meet the criteria for agoraphobia, the fear or anxiety must occur in two or more of the following situations: using transportation, being in open spaces, being in enclosed places, standing in line or being in a crowd, and being outside of the home alone (*DSM-5*).

Alzheimer's Disease: This is a progressive, degenerative disease that attacks the brain and results in impaired memory, cognition, judgment and behaviour. See detailed description in Chapter 1.

Amnesia: The inability to recall important autobiographical information that is inconsistent with ordinary forgetting (*DSM-5*).

Amnestic Disorder: This disorder is now included with dementia in the diagnosis for **Neurocognitive Disorder**. See **Neurocognitive Disorder.**

Anorexia Nervosa: This eating disorder has three essential diagnostic features: persistent energy intake restriction, intense fear of gaining weight or behavior that interferes with weight gain, and a disturbance in self-perceived weight or shape. An individual with this disorder will also have a significantly lower body weight than what is considered medically normal for their age, sex, developmental trajectory, and physical health. The individual is usually brought to professional attention by concerned family members, as they will lack insight into their disorder or deny the problem (*DSM-5*).

Antisocial Personality Disorder: This disorder consists of a pervasive pattern of disregard for and violation of the rights of others. The individual must be at least 18 years of age and have evidence of **Conduct Disorder** before the age of 15. People with this disorder may fail to conform with legal or social norms, display manipulative and deceitful behavior in order to personally profit off of others, show

aggression and get into physical fights or commit acts of physical assault, recklessly disregard the safety of others, show little remorse for their actions, and act impulsively and irresponsibly. Individuals with Antisocial Personality Disorder frequently show a lack of empathy, and have an inflated and arrogant self-appraisal (*DSM-5*).

Appearance Notice: This is a notice issued by a police officer compelling the attendance of an arrested person at court. It is issued without arrest. It may also require the accused to attend for photographs and fingerprinting.

Attention Deficit/Hyperactivity Disorder: This is a neurodevelopmental disorder that is characterized by a pattern of inattention (defined as having difficulty maintaining focus or lacking persistence, and not related to defiance or lack of understanding) and/or hyperactivity (excessive motor activity when it is not appropriate) that interferes with functioning or development. The symptoms must present themselves before the age of 12, and must be more severe than what would be typical for the individual's stage of development (*DSM-5*).

Autism Spectrum Disorder: This disorder involves deficits in social communication and social interaction as well as restricted repetitive patterns of behaviour, interests, and activities. These symptoms must be present in early development and must significantly impair social, occupational, or other important areas of functioning. Autism spectrum disorder now encompasses autistic disorder (autism), Asperger's disorder, childhood and distinctive disorder, Rett's disorder, and pervasive developmental disorders not otherwise specified (*DSM-5*).

Avoidant Personality Disorder: An individual with this disorder displays a "pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts". As a result, the individual avoids occupations that involve interpersonal contact, shows restraint within intimate relationships (despite a desire to develop close, personal relationships), is preoccupied with being criticized or rejected in social situations, and views self as socially inept, inferior to others, or

personally unappealing. Individuals with this disorder may have a significantly low threshold for detecting signifiers of social rejection, and thus, may feel extremely hurt by even the slightest criticism or sign of disapproval (*DSM-5*).

Balance of Probabilities: In the law of evidence, the greater likelihood that a fact is so than it is not so. If one has to prove a fact by a balance of probabilities, one must prove that the scales will tip in favour of the fact being true. Compare **Beyond a Reasonable Doubt.**

Beyond a Reasonable Doubt: This is generally the burden of proof required to show that a person is guilty of a criminal offence. It means that the facts be proven to the extent that there would be no doubt in the reasonable person's mind of the accused's guilt. Compare **Balance of Probabilities.**

Bipolar I Disorder: This disorder is characterized by the occurrence of a current or past **Manic Episode.** The **Manic Episode** may have been preceded by or may be followed by **Hypomanic** or **Major Depressive Episodes** (*DSM-5*).

Bipolar II Disorder: This disorder is characterized by the occurrence of a current or past **Major Depressive Episode** and a current or past **Hypomanic Episode** (*DSM-5*).

Borderline Personality Disorder: This is a disorder where the individual has a pattern of instability in self-image, interpersonal relationships, and affects, as well as a pattern of impulsivity that begins in early adulthood. The individual often has unstable and intense interpersonal relationships, will engage in frantic efforts to avoid real or imagined abandonment, may be impulsive in dangerous areas (e.g. substance use, sex, spending, etc.), may have a markedly unstable self-image, and may exhibit a significant reactivity of mood (such as irritability, intense dysphoria, anger, and/or panic) (*DSM-5*).

Brain Injured: This is a "major interruption of brain function occurring after birth, in which functional and behavioral effects can be arrested or

reversed." (Alberta Health, *Services and Programs in Alberta for Persons with Brain Injuries: Discussion Paper*, 1991 at 1, as cited in Vocational and Rehabilitation Research Institute, N. Helledie and S. Shane, "Brain Injury: The Silent Epidemic" (1992) 3(11) V.R.R.I. Research Highlights (June) at 1). Most definitions of developmental disability include brain injury prior to adulthood (up to age 22) with chronic or indefinite disturbance. Even where brain injury occurs after childhood, it will likely constitute some form of permanent handicap to the individual. Brain injury may result in physical, social, cognitive, behavioral or emotional disabilities (Vocational and Rehabilitation Research Institute, N. Helledie and S. Shane, "Brain Injury: The Silent Epidemic" (1992) 3(11) V.R.R.I. Research Highlights (June) at 1).

Brief Psychotic Disorder: This disorder consists of the sudden onset of **Psychotic** symptoms (see **psychoticism**) which last for more than a day and less than one month. The psychotic symptoms may develop in response to a stressful event, such as the loss of a loved one or severe accidents. Symptoms may include delusions, hallucinations, disorganized speech (e.g. incoherence) and grossly disorganized or catatonic behavior (*DSM-5*).

Bulimia Nervosa: This is an eating disorder which is characterized by recurrent episodes of binge eating, followed by inappropriate compensatory efforts to prevent weight gain, such as: self-induced vomiting; use of laxatives or diuretics; strict dieting; or fasting and vigorous exercising. There is also a persistent over-concern about body shape and weight (*DSM-5*).

Burden of Proof: This is a concept of evidence law that determines who has the obligation to prove a fact or facts in dispute by the required degree (e.g., **Beyond a Reasonable Doubt)**. This term encompasses two different concepts: persuasive burden and evidentiary burden. The persuasive burden remains with one party throughout the trial. The evidentiary burden of going forth with the evidence may shift back and forth between the parties as the trial progresses. In a criminal trial, the Crown has the burden of proving the accused's guilt **Beyond a Reasonable Doubt**.

Common Law: This is the body of law which derives its authority from the judgments and orders of the courts over the years (called precedents). It may be contrasted with the statutes which are enacted by legislatures and Parliament.

Compulsions: These are repetitive behaviors or mental acts that an individual feels compelled to perform in response to an obsession or set of rules. The actions are performed in order to neutralize or prevent discomfort from some dreaded event or situation, however, the behaviors are not realistically connected with what they are designed to neutralize. The most common compulsions are hand-washing, counting, checking and touching (*DSM-5*).

Conduct Disorder: This is a **Disruptive, Impulse-Control, and Conduct Disorder** that involves a repetitive and persistent pattern of conduct in which the basic rights of others or age-appropriate societal norms or rules are violated. For example, a child may exhibit aggression towards people and animals, engage in theft, destruction of property, deceitfulness, and serious violations of rules (*DSM-5*).

Confidentiality: Confidentiality is expected when a statement or communication is made in circumstances where it is intended to be kept in confidence. Compare **Privilege.**

Delirium: Delirium is characterized by a disturbance in attention, awareness, and cognition, which develops over a short period of time and tends to fluctuate during the day. There will be evidence that the delirium is a direct physiological consequence of another medical condition, and/or substance withdrawal or exposure (*DSM-5*).

Delusion: A false belief based on an incorrect inference about external reality despite what almost everyone else believes and proof to the contrary. Some common types of delusions are bizarre (physically impossible), delusional jealously (belief that one's partner is unfaithful), erotomanic (the delusion that another person is in love with the individual), grandiose (belief that the individual possesses some great,

but unrecognized talent or insight or has made an important discovery), somatic (preoccupation with physical symptoms, ex: a belief that the individual emits a foul odor) delusion of being controlled or persecuted, thought broadcasting (delusion that one's thoughts are being broadcasted out loud), and thought insertion (the belief that certain thoughts are not one's own and have been inserted into their mind) (*DSM-5*).

Delusional Disorder: This disorder involves the presence of a persistent **Delusion** that is not due to any other mental disorder or a substance or medication. Aside from the impact of the delusion, the individual's functioning is not markedly impaired. Subtypes of this disorder include: erotomatic type (the delusion that another person is in love with the individual); grandiose type (the delusion that the individual has a great and undiscovered talent or insight); jealous type (the delusion that the individual's romantic partner is unfaithful); persecutory type (the delusion that the individual is being conspired against); somatic type (when the delusion's central theme involves bodily functions or sensations); a mix of the above subtypes; or an unspecified subtype (*DSM-5*).

Dementia: This is now included with amnestic disorder in the diagnosis for **Neurocognitive Disorder** diagnosis. See **Neurocognitive Disorder**.

Dependent Personality Disorder: With this disorder, individuals have a "pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation" (*DSM-5*). These individuals will have low self-esteem, and tend to be highly self-critical and self-denigrating. Symptoms include: being unable to make every day decisions without an excessive amount of advice and reassurance from others; needing others to assume responsibility for most major areas of the individual's life; having trouble disagreeing with others because of a fear of rejection; going to excessive lengths to receive support from others; feeling uncomfortable when alone; and being unrealistically preoccupied with fears of being left to take care of oneself (*DSM-5*).

Depersonalization: The individual has feelings of unreality, detachment, or estrangement from oneself, usually with the feeling that they are an outside observer of their own mental processes or body. The individual is aware of a distortion in their perception (they are not hallucinating or delusional) and may feel that they are living in a dream (*DSM-5*).

Depersonalization/Derealization Disorder: With this disorder, the individual suffers from **Depersonalization**, **Derealization**, or both on a persistent basis so as to cause severe distress, or impairment in social, occupational, or other functioning (*DSM-5*).

Depression: see **Major Depressive Episode, Major Depression,** and **Persistent Depressive Disorder**.

Derealization: The individual has feelings of detachment from their surroundings, which are experienced as unreal, dream-like, foggy, or visually distorted (*DSM-5*).

Disruptive, Impulse-Control, and Conduct Disorders: These disorders encompass conditions involving self-control of emotions and behaviors. The problems associated with these disorders are "manifested in behaviors that violate the rights of others (e.g., aggression, destruction of property) and / or that bring the individual into significant conflict with societal norms or authority figures" (*DSM-5*).

Dissociative Amnesia: This is characterized by an inability to recall autobiographical information that would normally not be forgotten. This information is usually traumatic in nature. Dissociative amnesia is not a permanent form amnesia and is always has the potential for reversal. Dissociative amnesia can be localized, selective, generalized, systematized, and or continuous. Localized amnesia is the most common and involves the failure to recall events for a circumscribed period of time. Selective amnesia is also common and involves amnesia of specific events for a circumscribed period of time. Generalized amnesia is a complete loss of memory of one's life history or identity. Systematized amnesia occurs when an individual loses memory for a specific category of information. In continuous amnesia the individual

forgets each new event as it occurs (*DSM-5*)

Dissociative Disorders: With these disorders the individual experiences a disruption in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. These symptoms have the potential to disrupt every area of psychological functioning and frequently occur after a trauma (*DSM-5*).

Dissociative Fugue: This is a specifier of **Dissociative Amnesia.** Dissociative fugue is described as "bewildered wandering". The individual may find themselves at a location such as a beach or nightclub and have no memory of how they came to be there (*DSM-5*).

Dissociative Identity Disorder: With this disorder, the individual suffers disruption of identity characterized by two or more distinct personality states. The disruption involves a marked discontinuity in the individual's sense of self. The disorder causes gaps in memory that are inconsistent with ordinary forgetting (**Dissociative Amnesia**). Often the individual will be unaware of events that occurred in a different 'state' or personality. The disturbance will not be a part of broadly accepted cultural or religious practice, nor be confused with fantasy play in children (*DSM-5*).

Dyssomnias: These are disorders in the amount, quality, or timing of sleep. Included are insomnia (difficulty in initiating or maintaining sleep), hypersomnia (excessive daytime sleepiness or sleeping) and circadian rhythm sleep disorder (a mismatch between the normal sleep-wake schedule of the individual and that demanded by his environment) (*DSM-5*).

Factitious Disorder: With this disorder the individual consciously and intentionally feigns or induces physical or psychological symptoms in order to invoke the psychological benefits of being in the sick role (*DSM-5*).

Fetal Alcohol Spectrum Disorder (FASD): FASD is now known as a Neurodevelopmental Disorder Associated with Prenatal Alcohol

Exposure and is in the category of "other specified neurodevelopmental disorders" in the DSM-5. This category applies to presentations where some neurodevelopmental disorder symptoms may be present, but the presentation does not neatly fall into any specific category. This disorder is characterized by a range of developmental disabilities following alcohol exposure in utero (*DSM-5*). See detailed description in Chapter 1.

Gambling Disorder: This disorder is categorized under Substance-Related and Additive Disorders. With this disorder, the individual exhibits persistent and recurring maladaptive gambling behavior, including at least four of the following symptoms: a preoccupation with gambling (past exploits or future or hypothetical events); a need a gamble with increasing amounts of money in order to achieve the same level of excitement; repeated and unsuccessful efforts to control, cut back or stop gambling; restlessness or irritation when cutting back on gambling; use of gambling as an escape (from problems or mood); a need to chase losses (for example, after a big loss, returning to recover via more gambling); frequent lies to cover up extent of gambling; committing illegal acts (forgery, fraud, theft, etcetera) to finance gambling; loss (or placement in jeopardy) of a significant relationship, job, or educational or career opportunity because of gambling; and a reliance on others to relieve a tenuous financial situation created by gambling (*DSM-5*).

Gender Dysphoria: This disorder is characterized as a marked incongruence between one's experienced gender and their assigned gender. Individuals experiencing gender dysphoria have a strong desire to be a member of the other gender and treated as said gender. The condition is associated with distress or impairment in social, occupational, or other areas of functioning (*DSM-5*)

Generalized Anxiety Disorder: With this disorder the individual experiences "excessive anxiety and worry [...] for a majority of days during at least a six month period, about a number of events or activities" (*DSM-5*). The intensity and duration of the worry is out of proportion to the actual likelihood or severity of the subject of their

concern, and interfere severely with normal functioning. The individual finds it difficult to control the worry, which can be accompanied by restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance, or other physical symptoms (*DSM-5*).

Grandiosity: A belief that one is superior to others and deserves special treatment, marked by self-centeredness and condescension towards others. It is a facet of the broader personality trait domain "antagonism" (*DSM-5*).

Habeas Corpus: This is a Latin term meaning "you have the body". An order for habeas corpus is an order that an arrested (or detained) person be brought into court or before a judge to determine if his detention is lawful.

Hallucination: A perception-like experience where the individual perceives sounds, tastes, sights, odors, which are not truly there. Hallucinations differ from illusions, which involve the misinterpretation of an *actual external stimulus*. The individual may or may not realize that he or she is having a hallucination (*DSM-5*).

Histrionic Personality Disorder: With this disorder, the individual exhibits a pervasive pattern of excessive emotionality and attention-seeking behaviours. Individuals with this disorder feel distressed when they are not the centre of attention. They may be inappropriately seductive, or use their physical appearance to gain attention. Their emotional expression will be shallow and inconstant, and they will use an excessively impressionistic style of speech with exaggerated emotion. They will also often be quite suggestible, and consider their relationships to be more intimate than they actually are (*DSM-5*).

Hypomanic Episode: An abnormality of mood resembling mania but of a lesser intensity. It involves a distinct period of elevated or irritable mood and an increase of abnormal activity or energy. Unlike, a **Manic Episode** the symptoms are not severe enough to cause marked impairment in social or occupational functioning or to require hospitalization. **Delusions** are never present (*DSM-5*).

Impulsivity: Impulsivity involves "acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; a sense of urgency and self-harming behavior under emotional distress. Impulsivity is a facet of the broad personality trait domain disinhibition" (*DSM-5*).

Indictment: This includes an **Information**, plea or charge which commences criminal proceedings for indictable offences (these are usually more serious offences with harsher minimum penalties). Made by the Attorney General or one of his agents (Crown prosecutors).

Information: This is a written complaint sworn before a justice of the peace on a criminal matter which authorizes a justice to make an order. To lay an information is to provide a sworn statement that an offence has been committed. In Canada, a police officer or an individual may lay an information.

Intellectual Developmental Disorder: This disorder replaces mental retardation and mental disability. Intellectual developmental disorder is characterized "by deficits in general mental abilities and impairment in everyday adaptive functioning, in comparison to an individual's age, gender, and socioculturally matched peers" (*DSM-5*). The diagnosis requires both clinical assessment and standardized IQ testing. In general, an individual will have scores of about two standard deviations below the average or more on these tests, and severity levels will be measured by adaptive behaviours across the social, conceptual, and practical domains (*DSM-5*).

Intermittent Explosive Disorder: This is a **Disruptive, Impulse-Control Disorder** that is characterized by the recurrent failure to resist aggressive impulses that results in verbal or physical aggression, or property damage. With this disorder the degree of aggressiveness is grossly out of proportion to the precipitating cause and are not premeditated (*DSM-5*).

Intoxication: This is recognized as **Substance Intoxication**.

Kleptomania: This is a **Disruptive, Impulse-Control, and Conduct disorder** that is characterized by the recurrent failure to resist impulses to steal objects not needed for personal use or their monetary value. Thefts are usually not committed to express anger or vengeance, but rather are a response to increasing tension prior to the theft and pleasure, gratification, or relief at the time of committing the theft (*DSM-5*).

Language Disorder: This disorder results in marked impairment in the acquisition and use of language, when compared to that expected of a person of similar age, intelligence, and age-appropriate education (*DSM-5*).

Major Depressive Disorder: This disorder is characterized by episodes (**Major Depressive Episode**) in which five or more of the following symptoms are present: depressed mood most of the day, nearly every day, diminished interest or pleasure in all or most activities, significant weight change, insomnia or hypersomnia, psychomotor agitation, fatigue, feelings of worthlessness or inappropriate guilt, diminished ability to concentrate and make decisions, and recurrent thoughts of death and suicide (*DSM-5*).

Manic Depressive: See **Bipolar Disorder**

Manic Episode: This is a distinct period (usually lasting at least one week, but any duration if hospitalization is necessary) during which there is an "abnormally, persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least one week" (*DSM-5*). Manic episodes cause impairment in occupation or social activities and relationships with others. The individual may exhibit the following symptoms: a decreased need for sleep; a continuous flow of accelerated speech; distractibility; excessive planning of goal-directed activities (e.g., sexual, occupational, political, religious); excessive involvement in risky yet pleasurable activities (such as unrestrained

buying sprees or sexual indiscretions); increased sociability; unwarranted optimism; inflated self-esteem or grandiosity; and lack of judgment (*DSM-5*).

Mens Rea: This term is used in the criminal law to denote a guilty mind. It is the criminal intent required, in addition to the **Actus Reus,** in order to find a person guilty of a criminal offence.

Mixed Features: "Mixed episode" has been replaced with a mixed features specifier. This specifier is "applied to mood episodes during which subthreshold symptoms from the opposing pole are present" (*DSM-5*).

Mood: "A pervasive and sustained emotion that colors the perception of the world" (*DSM-5*). Common examples include, depression, elation, anger and anxiety. In contrast to affect, which is the emotional "weather", mood can be understood as the emotional "climate" (*DSM-5*).

Multiple Personality Disorder: This is recognized as **Dissociative Identity Disorder**.

Narcissistic Personality Disorder: The individual displays "a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy beginning by early adulthood" (*DSM-5*). Symptoms can include: a grandiose sense of self-importance; a preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love; a belief that she is "special" and can only be understood by high-status individuals or institutions; a need for excessive admiration; a sense of entitlement; interpersonal exploitation; a lack of empathy; frequent powerful bouts of envy; or arrogant, haughty behaviors or attitudes (*DSM-5*).

Natural Justice: This is a term used in a variety of legal settings. It denotes the basic procedural requirements for fairness. Some of the factors of natural justice are (1) that the person who makes the decision is not biased; (2) that the parties have sufficient notice of the hearing;

and (3) that a person whose rights will be determined has the right to be heard.

Neurocognitive Disorders: Neurocognitive disorders (NCDs) were previously referred to as "Dementia, Delirium, Amnestic, and Other Cognitive Disorders"; "neurocognitive disorder" is simply the new scientific term. NCDs include: delirium; NCD due to Alzheimer's disease; vascular NCDs; NCDs with Lewy bodies; NCD due to Parkinson's disease; frontotemporal NCD; NCD due to traumatic brain injury; NCD due to HIV; substance-induced NCD; NCD due to Huntington's disease; NCD due to prion disease; NCD due to another medical condition; NCD due to multiple etiologies; and unspecified NCD (*DSM-5*).

Obsessions: "Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted and that in most individuals cause marked anxiety or distress. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion)" (*DSM-5*).

Obsessive-Compulsive Disorder: With this disorder, the individual experiences recurrent **Obsessions**, **Compulsions** or both, which cause marked distress and significantly interfere with the individual's normal routine, occupational functioning or usual social activities (*DSM-5*).

Obsessive-Compulsive Personality Disorder: The individual exhibits a "preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency, beginning in early adulthood" (*DSM-5*). Symptoms include: a preoccupation with details, rules, lists, schedules and organization to the extent that the point of the activity is lost; perfectionism that interferes with task completion; excessive devotion to work and productivity; inflexibility about matters of ethics, morals, or values (not explained by the individual's culture or religion); an inability to dispose of normally discarded items; a reluctance to delegate tasks or work with others; a miserly spending style; or a frequent display of rigidity and stubbornness (*DSM-5*).

Panic Attack: A discrete period of intense fear or discomfort in the absence of real danger in which four (or more) of the following symptoms develop abruptly and reach a peak within 10 minutes: palpitations or pounding heart; sweating; trembling or shaking; feeling of choking; sensations of shortness of breath; chest pain or discomfort; nausea; feeling dizzy; fear of losing control; fear of dying; numbness or tingling sensation; chills or hot flushes; and feelings of unreality. Panic attacks can occur in association with any anxiety disorder, as well as other disorders (*DSM-5*).

Panic Disorder: The individual experiences recurrent unexpected **Panic Attacks.** The individual is concerned about having additional attacks, worries about the implications of the attack or its consequences, and significantly changes their behavior because of their fear of potential attacks in the future (*DSM-5*).

Paranoia: See **Delusional Disorder.**

Paranoid Personality Disorder: With this disorder, the individual has a pervasive distrust and suspiciousness of others, with a tendency to interpret the actions of others as deliberately demeaning or threatening. The individual often suspects, without reasonable grounds, that others are exploiting, harming, or deceiving them or that their partner is adulterous. The individual is frequently preoccupied with unjustified doubts about the loyalty of their friends, and may read hidden threatening messages in otherwise benign comments or actions. The individual will likely be reluctant to confide in others because of an unwarranted fear that the information will be used maliciously against them. The individual may persistently hold grudges for a variety of reasons, and might perceive attacks on their character that are not apparent to others, reacting angrily (*DSM-5*).

Paranoid Schizophrenia: This is a subtype of **Schizophrenia** identified in the DSM-IV, but since dropped in the latest version of the DSM. Here, the individual experiences a preoccupation with one or more **Delusions** or frequent auditory **Hallucinations** revolving around a single theme or

themes. Individuals may exhibit anxiety, anger, argumentativeness and violence. None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect (*DSM-IV-TR)***.**

Paraphilia: "The term denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (*DSM-5*).

Paraphilic Disorder: Occurs when a paraphilia is currently causing "distress or impairment to the individual" or harm or risk of harm to themselves or others (*DSM-5*). Examples of paraphilic disorders include voyeuristic disorder (spying on others during private activities), exhibitionistic disorder (exposing one's genitalia), frotteuristic disorder (touching or rubbing against a non-consenting individual), sexual sadism disorder (inflicting, humiliation, bondage, or suffering), pedophilic disorder (sexual focus on children), fetishistic disorder (using nonliving objects), and transvestic disorder (engaging in sexually arousing cross-dressing) (*DSM-5*).

Parasomnias: These are disorders are characterized by "abnormal behavioral, experiential, or physiological events occurring in association with sleep" (*DSM-5*). They do not, however, necessarily cause a sleep disturbance or an inability to sleep. The most common types of parasomnia disorders are non-rapid eye movement sleep arousal disorders (includes sleepwalking and sleep terrors) and rapid eye movement sleep behavior disorders (involves episodes of arousal during sleep) (*DSM-5*).

Persistent Depressive Disorder (Dysthymia): This disorder is a consolidation of DSM-IV defined major depressive disorder and dysthymic disorder. It is characterized by a depressed mood for most of the day, most days for at least two year, and with less than a two month break in the depression. Symptoms include: poor appetite or overeating; insomnia or hypersomnia; low energy or fatigue; low self-esteem; poor concentration or difficulty making decisions; and feelings

of hopelessness. These symptoms cause significant distress or impairment on the individuals social, occupational, or other important areas of functioning (*DSM-5*).

Personality Disorders: These disorders are enduring patterns of inner experience and behavior that differ markedly from expectations of the individual's culture. These patterns are inflexible and stable over time, and usually have an onset in adolescence or early adulthood, leading to significant distress or impairment. Often patients will exhibit the symptoms of more than one personality disorder. Examples of personality disorders include: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive-compulsive, and personality change due to another medical condition (*DSM-5*).

Pervasive Developmental Disorders: These are recognized as **Autism Spectrum Disorders**.

Phobia: See **Specific Phobia.**

Post-Traumatic Stress Disorder: This disorder can occur when an individual has been exposed to actual or threatened death, serious injury, or sexual violence. Exposure can be direct, as a witness, learning that the traumatic event happened to a close family member or friend, or by experiencing repeated or extreme exposure to the details of a traumatic event (for example, in the case of first responders, such as police officers). The disorder may present itself in a number of ways, such as through recurrent and distressing memories and/or dreams about the trauma, dissociative reactions in which the individual feels like they are re-experiencing the trauma, and/or distressing physiological/psychological reactions to stimuli that resemble the trauma. The individual will persistently avoid stimuli associated with this trauma and may experience a general numbing of general responsiveness. The individual will also experience persistent symptoms of increased arousal, which may include difficulty sleeping, irritability, hypervigilance, exaggerated startle response, and difficulty concentrating. The disturbance causes significant distress or impairment

in the individual's social, occupational, or other important areas or functioning (*DSM-5*).

Premenstrual Dysphoric Disorder: This disorder is characterized by a pattern of chronic emotional and behavioral symptoms that occur in the week prior to the onset of menses. Symptoms include: marked sadness; irritability or anger; marked anxiety or tension; depression; decreased interest in usual activities; lack of energy; difficulty concentrating; change in appetite or food cravings; a feeling of being overwhelmed or having lack of control; sleep disturbances and other physical symptoms (*DSM-5*).

Prima Facie: This is a Latin term which means "on the face of it" or "at first glance".

Privilege: This is the right of a party to withhold otherwise admissible evidence from a court of law. This right is usually based on the relationship between the testifying party and another party (e.g., the accused). Often the relationship of solicitor and client permits a claim of privilege. Compare **Confidentiality.**

Privilege Against Self-Incrimination: This specialized privilege actually can be either of two types of privilege. First, it could mean the privilege protected by the *Canada Evidence Act.* Second, it could be the right of the accused not to testify against himself. See also the *Charter of Rights and Freedoms,* ss. 11(c) and 13.

Promise to Appear: This is a formal document signed by an individual charged with a criminal offence wherein the individual promises to appear in court. It is usually signed in the presence of a peace officer.

Psychopathy: See **Antisocial Personality Disorder.**

Psychoticism: This is one of the five broad personality trait domains. Psychoticism involves the exhibition of a "wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions" (*DSM-5*).

Pyromania: This is a **Disruptive, Impulse-Control, and Conduct Disorder** that involves deliberate and recurrent fire-setting, accompanied by tension or affective arousal prior to the act. The individual is fascinated and attracted to fire, and does not set fires for monetary gain or to conceal criminal activity. The individual experiences a feeling of gratification or relief after the setting of or aftermath of the fire (*DSM-5*).

Recognizance: An obligation undertaken by an accused in a criminal case to appear in court on a particular day. It may or may not require that the individual make a deposit of money to ensure appearance.

Res Judicata: This is a Latin term which stands for a matter which has already been settled by a court judgment. Once a matter has been determined, it cannot be tried again.

Schizoid Personality Disorder: An individual with this disorder exhibits a pervasive pattern of social detachment, restricted emotional expression, and introversion. The individual will exhibit some of the following symptoms: unwillingness to have any close social relationships; preference for solitary activities; little interest in sexual experiences with others; lack of close friends other than first-degree relatives; indifference to the praise or criticism of others; and emotional coldness, and detachment (*DSM-5*).

Schizophrenia: This disorder involves a wide range of cognitive, behavioural, and emotional symptoms, though no one symptom defines the disorder. In order to be diagnosed, two or more of the following symptoms must be present: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms such a diminished emotional expression. The disorder markedly lowers the individual's level of functioning in one or more major areas of life. Symptoms last for at least one month and signs of the disturbance persist for at least six months (*DSM-5*).

Schizophreniform Disorder: This disorder has the same features as

Schizophrenia, but the symptoms only last between one and six months (*DSM-5*).

Schizotypal Personality Disorder: This disorder involves a pervasive pattern of "social and interpersonal deficits marked by acute discomfort with and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior" (*DSM-5*). Symptoms include: paranoid thinking; bodily illusions; lack of close friends or confidants; suspiciousness; odd beliefs; eccentric behavior and appearance; and excessive social anxiety (*DSM-5*).

Sentence: A judgment pronounced by the court after criminal conviction whereby the punishment is imposed.

Shared Psychotic Disorder (Folie a Deux): This occurs when an individual who may not otherwise entirely meet criteria for delusion disorder, develops **Delusions** as a result of a close relationship with another individual who already has a delusion. The delusion will be in a similar context to that of the individual with the already established delusion, and generally resolves on separation from that person (*DSM-5*).
Please note: The DSM-5 no longer includes shared psychotic disorder as a separate disorder. Instead, the definition appears as an example in "Other Specified Schizophrenia Spectrum and Other Psychotic Disorder".

Social Anxiety Disorder (Social Phobia): With this disorder the individual experiences a marked and persistent fear of one or more social or performance situations in which the individual is exposed to unfamiliar people or could possibly be scrutinized by others. The individual fears that they may act in an embarrassing or humiliating way. Upon exposure to the feared social situation, the individual becomes anxious and may even have a **Panic Attack** and as a result, avoids said situations where possible. Some examples include fear of public speaking, fear of eating in front of others, and fear of urinating in a public washroom (*DSM-5*).

Somatic Symptom and Related Disorders: This is a group of disorders in which the individual has somatic symptoms associated with significant distress and impairment. These individuals are often diagnosed in primary care and other medical settings, as they believe their symptoms to be purely physical. Some examples of Somatic Symptom Disorders include Conversion Disorder, as well as Illness Anxiety Disorder (*DSM-5*).

Specific Learning Disorder: This disorder involves difficulties with academic learning that have persisted for at least 6 months, despite attempts to intervene. The skills must be substantially lower than those generally expected for the individual's age. Difficulty can be within the domains of reading, written expression, and or mathematics (*DSM-5*).

Specific Phobia: The individual exhibits a marked and persistent fear or a specific object or situation that is out of proportion to the actual danger of the threat. It is cued by the presence or anticipation of a certain object or situation and the fear is not better explained by **Agoraphobia**, **Panic Disorder** or **Social Phobia**. Upon exposure to the phobic stimulus, the individual becomes anxious and may even have a **Panic Attack**, and as a result he avoids said stimulus where possible. The most common phobias are fear of dogs, snakes, insects, mice, blood, closed spaces, heights and air travel (*DSM-5*).

Substance Use Disorders: These disorders involve a variety of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. For individuals with severe disorders, a change in brain circuits may persist beyond detoxification. With this disorder the individual may take the substance in larger amounts or for a longer period than was intended, express an effort to cut down on substance use and experience failed attempts to stop using the substance, spend a lot of their time obtaining, using, and recovering from the substance, the individual's daily activities may revolve around the substance, the use may cause social impairment, and the individual may partake in risky use of the substance (*DSM-5*).

Substance/Medication-Induced Anxiety Disorder: This disorder

involves prominent anxiety and **Panic Attacks** that develop during or soon after intoxication or withdrawal or after exposure to a medication (*DSM-5*).

Substance/Medication-Induced Bipolar and Related Disorder: The individual suffers from a disturbed mood, marked by an elevated, expansive or disturbed mood, with or without symptoms of depression, and developing during or soon after substance intoxication or withdrawal (*DSM-5*).

Substance/Medication-Induced Depressive Disorder: The individual suffers from a persistently depressed mood or markedly diminished interest in almost all activities, developing during or soon after substance intoxication or withdrawal (*DSM-5).*

Substance/Medication-Induced Psychotic Disorder: With this disorder the individual suffers from prominent **Hallucinations** or **Delusions** that develop during or soon after **Substance Intoxication** or substance withdrawal or are due to the direct physiological effects of a substance (*DSM-5*).

Substance Intoxication: The individual exhibits reversible substance maladaptive behavior (e.g., belligerence, impaired judgment, impaired social or occupational functioning) and substance-specific behaviors (e.g., slurred speech, incoordination, unsteady gait, and flushed face) due to recent ingestion of a substance. Substance Intoxication may result from ingestion of alcohol, amphetamines, caffeine, cannabis, cocaine, and other substances. It develops during or shortly after use of the substance and is short-term and reversible (*DSM-5*).

Summary Conviction Offence: A criminal offence which is tried summarily, without a jury, usually before a provincial court judge.

Summons: This is a document requiring that the accused attend for trial at a certain date. If the offence is indictable, the accused will be directed to attend for photographs and fingerprinting.

Surety: A surety is an individual who gives security for another individual. In the criminal context, a friend or relative who agrees to ensure that the accused attends trial. Sureties are often required to enter into **Recognizance** and if the accused does not attend or breaches bail conditions, the surety's **Recognizance** may be forfeited to the Crown.

Tic: An "involuntary, sudden, rapid, recurrent, nonrhythmic, motor movement or vocalization" (*DSM-5*).

Trier of Fact: The trier of fact determines the facts after hearing the evidence. In cases where the criminal matter is heard without a jury, the trier of fact is the judge. In cases where there is a judge and a jury, the trier of fact is the jury.

Verdict: A verdict is the final decision made by a jury or judge as to the guilt of the accused.

Voir Dire: This is a trial within a trial held by a judge in the absence of the jury. It is usually held to determine if evidence is admissible or for some other matter. A voir dire may also be held in a trial before a judge alone. Here, if the judge determines that the evidence is inadmissible, she disregards it.

Warrant: A judicial order that a peace officer arrest, seize, or search a person, place or thing.

Withdrawal: The development of symptoms such as anxiety, restlessness, irritability, insomnia, and impaired attention as a result of stopping or reducing the intake of psychoactive substances (e.g., drugs or alcohol) which the individual had previously used regularly (*DSM-5*).