ASAM American Society of Addiction Medicine

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ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA

The adolescent who is appropriately placed in a Level 1 program is assessed as meeting the diagnostic criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting alcohol, tobacco, and/or other drug use or addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties (such as family members, legal guardians, and significant others) when there is valid authorization to obtain this information.

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to Level 1 is assessed as meeting specifications in ***all*** of the following six dimensions.

Dimension	Criteria
DIMENSION 1: Acute Intoxication and/or Withdrawal Potential	The adolescent has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 1 setting. The adolescent who is appropriately placed in a Level 1 program is not experiencing acute or subacute withdrawal from alcohol or other drugs, and is not at risk of acute withdrawal; ***or*** If the adolescent is experiencing very mild withdrawal, the symptoms consist of no more than lingering but improving sleep disturbance. **Nicotine:** Nicotine withdrawal is the exception to the previous statement, as it may be marked by more severe symptoms. However, these can be managed in a Level 1 setting. Nicotine withdrawal symptoms may require either nicotine replacement therapy or non-nicotine pharmacological agents for symptomatic treatment. **NOTE:** If the adolescent is presenting for treatment after recently experiencing an episode of acute withdrawal without treatment (as opposed to stepping down from a more intensive level of care following a good response to treatment), it is safer to err on the side of greater intensity of services in making a placement. For example, a Level 2.1 setting may be indicated if the adolescent is doing poorly or if there are indicators for that level of care in other dimensions.
DIMENSION 2: Biomedical Conditions and Complications	The adolescent's status in Dimension 2 is characterized by biomedical conditions and problems, if any, that are sufficiently stable to permit participation in outpatient treatment. Examples include uncomplicated pregnancy or asymptomatic HIV disease.
DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications	The adolescent's status in Dimension 3 is characterized by ***all*** of the following: a. **Dangerousness/Lethality:** The adolescent is assessed as not posing a risk of harm to self or others. He or she has adequate impulse control to deal with any thoughts of harm to self or others.

LEVEL 1 4

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a

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

3 DIMENSION 3:
Emotional, Behavioral, or Cognitive Conditions and Complications

b. **Interference with Addiction Recovery Efforts:** The adolescent's emotional concerns relate to negative consequences and effects of addiction, and he or she is able to view them as part of addiction and recovery. Emotional, behavioral, or cognitive symptoms, if present, appear to be related to substance-related problems rather than to a co-occurring psychiatric, emotional, or behavioral condition. If they ***are*** related to such a condition, appropriate additional psychiatric services are provided concurrent with the Level 1 treatment. The adolescent's mental status does not preclude his or her ability to: (1) understand the materials presented (that is, his or her cognitive abilities are appropriate to the treatment modality and materials used); and (2) participate in the treatment process.

c. **Social Functioning:** Relationships or spheres of social functioning (as with family, friends, and peers at school and work) are impaired but not endangered by substance use (for example, there is no imminent break-up of family, expulsion from home, or imminent failure at school). The adolescent is able to meet personal responsibilities and to maintain stable, meaningful relationships despite the mild symptoms experienced (such as mood swings without aggression or threats of danger, or in-school suspension for lateness but no suspensions for truancy).

d. **Ability for Self-Care:** The adolescent has adequate resources and skills to cope with emotional, behavioral, or cognitive problems, with some assistance. He or she has the support of a stable environment and is able to manage the activities of daily living (feeding, personal hygiene, grooming, and the like).

e. **Course of Illness:** The adolescent has only mild signs and symptoms. Any acute problems (such as severe depression, suicidality, aggression, or dangerous delinquent behaviors) have been well stabilized, and chronic problems are not serious enough to pose a high risk of vulnerability (such as chronic and stable low-lethality self-injurious behavior, chronic depression without significant impairment or increase in severity, or chronic stable threats without risk of aggression).

4 DIMENSION 4:
Readiness to Change

The adolescent's status in Dimension 4 is characterized by (a) ***and*** one of (b) ***or*** (c) ***or*** (d):

a. The adolescent expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan;

and

b. The adolescent acknowledges that he or she has a substance-related or other addictive disorder and/or mental health problem and wants help to change, but is ambivalent about recovery efforts and requires monitoring and motivating strategies;

or

c. The adolescent is ambivalent about a substance-related or other addictive disorder and/or mental health condition. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example: (a) the adolescent has sufficient awareness and recognition of a substance use or addictive disorder and/or mental health problems to allow engagement and follow through with attendance at intermittent treatment sessions as scheduled; (b) The adolescent acknowledges that he or she has a substance-related and/or mental health problem but is ambivalent about change. He or she is invested in avoiding negative consequences and is in need of monitoring and motivating strategies to engage in treatment and progress through stages of change;

or

d. The adolescent may not recognize that he or she has a substance-related or other addictive disorder and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such an adolescent may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.

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ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential	In Dimension 5, the adolescent is assessed as able to achieve or maintain abstinence and related recovery goals. Or the adolescent is able to achieve awareness of a substance or other addiction problem and related motivational enhancement goals, only with support and scheduled therapeutic contact. This is to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol, tobacco, and/or other drug use; other addictive behavior; cravings to use or gamble; peer pressure; and lifestyle and attitude changes.
DIMENSION 6: Recovery Environment	The adolescent's status in Dimension 6 is characterized by (a) ***or*** (b) ***or*** (c): a. The adolescent's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example, significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available; and support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible); ***or*** b. The adolescent does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain such a support system; ***or*** c. The adolescent's family, guardian, or significant others are supportive but require professional interventions to improve the adolescent's chance of treatment success and recovery. Such interventions may involve assistance in limit-setting, communication skills, a reduction in rescuing behaviors, and the like.

Level 2

Intensive Outpatient/Partial Hospitalization Services

Level 2 encompasses intensive outpatient treatment services, which may be delivered in a wide variety of outpatient or partial hospitalization settings. Distinctions are made among various subtypes of Level 2 programs. Criteria are offered here for two variations: Intensive Outpatient (Level 2.1) and Partial Hospitalization (Level 2.5) programs.

Level 2 treatment services can be delivered during the day, before or after work or school, in the evening, or on weekends. For appropriately selected patients, such programs provide essential addiction education and treatment components while allowing patients to apply their newly acquired skills within "real world" environments. Beyond the essential services, many Level 2 programs have the capacity to effectively treat patients who have complex co-occurring mental and substance-related conditions. Programs also have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, medication management, and 24-hour crisis services.

Level 2 programs can provide comprehensive biopsychosocial assessments and individualized treatment plans, including formulation of problem needs, strengths, skills, and priority formulation and articulation of short-term, measurable treatment goals and preferences, and activities designed to achieve those goals—all developed in consultation with the patient. Such programs typically have active affiliations

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