



ASAM

American Society of
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ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA



The adolescent who is appropriately placed in a Level 2.1 program is assessed as meeting the diagnostic criteria for a substance use 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 and/or other drug use and other addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).



ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

Direct admission to a Level 2.1 program is advisable for the adolescent who meets the stability specifications in Dimension 1 (if any withdrawal problems exist) **and** Dimension 2 (if any biomedical conditions or problems exist) and the severity specifications in at least **one** of Dimensions 3, 4, 5, and 6.

Transfer to a Level 2.1 program is appropriate for the adolescent who has met the objectives of treatment in a more intensive level of care **and** who requires the intensity of service provided at Level 2.1 in at least **one** dimension.

An adolescent also may be transferred to Level 2.1 from a Level 1 program when the services provided at that level have proven insufficient to address his or her needs or when Level 1 services have consisted of motivational interventions to prepare the adolescent for participation in a more intensive level of care for which he or she now meets criteria. (The adolescent may be transferred to the next higher intensity level of care if the indicated level is not available in the immediate geographic area.)

The adolescent who is appropriately placed in a Level 2.1 program is not experiencing or at risk of acute withdrawal. At most, the adolescent's symptoms consist of subacute withdrawal marked by minimal symptoms that are diminishing (as during the first several weeks of abstinence following a period of more severe acute withdrawal).

The adolescent is likely to attend, engage, and participate in treatment, as evidenced by his or her meeting the following criteria:

- a. The adolescent is able to tolerate mild subacute withdrawal symptoms.
- b. He or she has made a commitment to sustain treatment and to follow treatment recommendations.
- c. The adolescent has external supports (family and/or court) that promote engagement in treatment.

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

NOTE: If the adolescent presents 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), it is safer to err on the side of greater intensity of services when making a placement decision. For example, a Level 2.5 setting may be indicated if the adolescent is doing poorly or if there are indications in other dimensions that he or she would benefit from that level of care.

a

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

2

DIMENSION 2: Biomedical Conditions and Complications

In Dimension 2, the adolescent's biomedical conditions and problems, if any, are stable or are being addressed concurrently and thus will not interfere with treatment. Examples include mild pregnancy-related hypertension, asthma, hypertension, or diabetes.

or

The adolescent's biomedical conditions and problems are severe enough to distract from recovery and treatment at a less intensive level of care, but will not interfere with recovery at Level 2.1. The biomedical conditions and problems are being addressed concurrently by a medical treatment provider.

3

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

The adolescent's status in Dimension 3 is characterized by at least **one** of the following:

- a. **Dangerousness/Lethality:** The adolescent is at mild risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts, but no active plan), and requires frequent monitoring to assure that there is a reasonable likelihood of safety between IOP sessions. However, his or her condition is not so severe as to require daily supervision.
- b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by an emotional, behavioral, or cognitive problem, which causes mild interference with, and requires increased intensity to support, treatment participation and/or adherence. For example, the adolescent requires frequent repetition of treatment materials because of memory impairment associated with marijuana use.
- c. **Social Functioning:** The adolescent's symptoms are causing mild to moderate difficulty in social functioning (involving family, friends, school, or work), but not to such a degree that he or she is unable to manage the activities of daily living or to fulfill responsibilities at home, school, work, or community. For example, the adolescent's problems may involve significantly worsening school performance or in-school detentions, a circle of friends that has narrowed to predominantly drug users, or loss of interest in most activities other than drug use.
- d. **Ability for Self-Care:** The adolescent is experiencing mild to moderate impairment in ability to manage the activities of daily living, and thus requires frequent monitoring and treatment interventions. Problems may involve poor hygiene secondary to exacerbation of a chronic mental illness, poor self-care, or lack of independent living skills in an older adolescent who is transitioning to adulthood, or in a younger adolescent who lacks adequate family supports.
- e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without frequent monitoring and maintenance. For example, he or she may require frequent prompting and monitoring of medication adherence (in an adolescent with a history of medication non-adherence) or frequent prompting and monitoring of behavioral adherence (in an adolescent with a conduct disorder or other serious pattern of delinquent behavior).

a

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4

DIMENSION 4: Readiness to Change

The adolescent's status in Dimension 4 is characterized by (a) **or** (b):

- a. The adolescent requires structured therapy and a programmatic milieu to promote progress through the stages of change, as evidenced by behaviors such as the following: (1) the adolescent is verbally compliant, but does not demonstrate consistent behaviors; (2) the adolescent is only passively involved in treatment; or (3) the adolescent demonstrates variable adherence with attendance at outpatient sessions or self or mutual help meetings or support groups. Such interventions are not feasible or are not likely to succeed in a Level 1 service;
or
- b. The adolescent's perspective inhibits his or her ability to make progress through the stages of change. For example, he or she has unrealistic expectations that the alcohol or other drug problem will resolve quickly and with little or no effort, or does not recognize the need for continued assistance. The adolescent thus requires structured therapy and a programmatic milieu. Such interventions are not feasible or are not likely to succeed in a Level 1 service.

5

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

The adolescent's status in Dimension 5 is characterized by (a) **or** (b):

- a. Although the adolescent has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan;
or
- b. There is a high likelihood that the adolescent will continue to use or relapse to use of alcohol and/or other drugs or gambling without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification or ambivalence toward treatment. The adolescent has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the adolescent's condition so that direct admission to Level 2.1 is indicated.

4

LEVEL 2.1

6

DIMENSION 6: Recovery Environment

The adolescent's status in Dimension 6 is characterized by (a) **or** (b) **or** (c):

- a. Continued exposure to the adolescent's current school, work, or living environment will render recovery unlikely. The adolescent lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.1 program;
or
- b. The adolescent lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also lacks the resources or skills necessary to maintain an adequate level of functioning without Level 2.1 services.
or
- c. In addition to the characteristics for all programs, a third option is that the adolescent's family or caretakers are supportive of recovery, but family conflicts and related family dysfunction impede the adolescent's ability to learn the skills necessary to achieve and maintain abstinence.

NOTE: The adolescent may require Level 2.1 services in addition to an out-of-home placement (for example, at Level 3.1 or the equivalent, such as a group home or a non-treatment residential setting such as a detention program). If his or her present environment is supportive of recovery but does not provide sufficient addiction-specific services to foster and sustain recovery goals, the adolescent's needs in Dimension 6 may be met through an out-of-home placement, while other dimensional criteria would indicate the need for care in a Level 2.1 program.