



ASAM

American Society of
Addiction Medicine

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DOCUMENTATION

All Programs

Documentation standards for Level 2.1 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Co-Occurring Programs

In addition to the documentation standards described here, Level 2.1 co-occurring capable and co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning.



ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient 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 patient'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).

Co-Occurring Enhanced Programs

The patient in need of Level 2.1 co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use 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 patient's presenting 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).



ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

Direct admission to a Level 2.1 program is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) **and** in Dimension 3 (if any emotional, behavioral, or cognitive conditions or problems exist), as well as in at least **one** of Dimensions 4, 5, or 6.

Transfer to a Level 2.1 program is advisable for the patient who

- a. has met the essential treatment objectives at a more intensive level of care **and**
- b. requires the intensity of services provided at Level 2.1 in at least one of Dimensions 4, 5, or 6.

A patient also may be transferred to Level 2.1 from a Level 1 program when the services provided at Level 1 have proved insufficient to address the patient's needs or when Level 1 services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 2.1 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2

DIMENSION 2:

Biomedical Conditions and
Complications

All Programs

In Dimension 2, the patient'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.

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DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 2.1 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or co-occurring enhanced program, depending on the patient's level of function, stability, and degree of impairment in this dimension.

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by (a) **or** (b):

- a. The patient engages in abuse of family members or significant others, and requires intensive outpatient treatment to reduce the risk of further deterioration;
- or**
- b. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires intensive outpatient monitoring to minimize distractions from his or her treatment or recovery.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) **or** (b) **or** (c):

- a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires management because the patient's history suggests a high potential for distraction from treatment; such a disorder requires stabilization concurrent with addiction treatment (for example, an unstable borderline personality disorder, compulsive personality disorder, unstable anxiety, or mood disorder);
- or**

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

3

DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

- b. The patient is assessed as at mild risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts but no active plan);
or
- c. The patient is at significant risk of victimization by another. However, the risk is not severe enough to require 24-hour supervision (for example, the patient has sufficient coping skills to maintain safety through attendance at treatment sessions at least 9 or more hours per week).

4

DIMENSION 4:

Readiness to Change

All Programs

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

- a. The patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed. Such interventions are not feasible or are not likely to succeed in a Level 1 program;
or
- b. The patient's perspective inhibits his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the patient attributes his or her alcohol or other drug and mental health problems to other persons or external events rather than to an addictive or mental disorder.) Such interventions are not feasible or are not likely to succeed in a Level 1 program. However, the patient's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.1 can be effective.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by meeting criteria for all programs and (a); **and** one of (b) **or** (c):

- a. The patient is reluctant to agree to treatment and is ambivalent about his or her commitment to change a co-occurring mental health problem;
and
- b. The patient is assessed as requiring intensive services to improve his or her awareness of the need to change. The patient has such limited awareness of or commitment to change that he or she cannot maintain an adequate level of functioning without Level 2.1 services. For example, the patient continues to experience mild to moderate depression, anxiety, or mood swings, and is inconsistent in taking medication, keeping appointments, and completing mental health assignments;
or
- c. The patient's follow through in treatment is so poor or inconsistent that Level 1 services are not succeeding or are not feasible.

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LEVEL 2.1

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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DIMENSION 5:

Relapse, Continued Use, or
Continued Problem Potential

All Programs

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

a. Although the patient 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 patient 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 patient has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the patient's condition so that direct admission to Level 2.1 is indicated.

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to the alcohol, other drug, or other addictive or psychiatric disorder.

Such a patient has impaired recognition or understanding of—and difficulty in managing—relapse issues, and requires Level 2.1 co-occurring enhanced program services to maintain an adequate level of functioning. For example, the patient may have chronic difficulty in controlling his or her anger, with impulses to damage property, or the patient continues to increase his or her medication dose beyond the prescribed level in an attempt to control continued symptoms of anxiety or panic.

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DIMENSION 6:

Recovery Environment

All Programs

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

a. Continued exposure to the patient's current school, work, or living environment will render recovery unlikely. The patient 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 patient 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.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by a living, working, social, and/or community environment that is not supportive of good mental functioning. The patient has insufficient resources and skills to deal with this situation.

For example, the patient is unable to cope with continuing stresses caused by hostile family members with addiction, and he or she evidences increasing depression and anxiety. The support and structure of a Level 2.1 co-occurring enhanced program provide sufficient stability to prevent further deterioration.

LEVEL 2.1

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