



ASAM

American Society of
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ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5

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

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a high risk of relapse to the substance or psychiatric disorder.

Such a patient has impaired recognition or understanding of relapse issues, and inadequate skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse. Such a patient's follow through in treatment is so inadequate or inconsistent, and his or her relapse problems are escalating to such a degree, that treatment at Level 2.1 is not succeeding or not feasible.

For example, the patient may continue to inflict superficial wounds on himself or herself and have continuing suicidal ideation and impulses. However, he or she has no specific suicide plan and agrees to reach out for help if seriously suicidal. Or the patient's continuing substance-induced psychotic symptoms are resolving, but difficulties in controlling his or her substance use exacerbate the psychotic symptoms.

6

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 2.5 program;
- or**
- b. Family members and/or significant other(s) who live with the patient are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The patient requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts.

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 such limited resources and skills to deal with this situation that treatment is not succeeding or not feasible.

For example, the patient is unable to cope with continuing stresses caused by homelessness, unemployment, and isolation, and evidences increasing depression and hopelessness. The support and intermittent structure of a Level 2.5 co-occurring enhanced program provide sufficient stability to prevent further deterioration.



ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA



The adolescent who is appropriately placed in a Level 2.5 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 substance use or gambling 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 2.5 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 **one** of Dimensions 3, 4, 5, and 6.

Transfer to a Level 2.5 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 2.5 in at least **one** dimension.

An adolescent also may be transferred to Level 2.5 from a Level 1 or 2.1 program when the services provided at those levels have proven insufficient to address his or her needs or when Level 1 or 2.1 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 level of care if the indicated level is not available in the immediate geographic area.)

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DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

The adolescent who is appropriately placed in a Level 2.5 program is experiencing acute or subacute withdrawal, marked by mild symptoms that are diminishing (as during the first several weeks of abstinence following a period of more severe acute withdrawal).

Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

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

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

Drug-specific examples follow:

- a. **Alcohol:** Mild withdrawal; no need for sedative/hypnotic substitution therapy; no hyperdynamic state; CIWA-Ar score of ≤ 6 ; no significant history of regular morning drinking; the adolescent's symptoms are stabilized and he or she is comfortable by the end of each day's active treatment or monitoring.
- b. **Sedative/hypnotics:** Mild withdrawal; the adolescent may have a history of near-daily sedative/hypnotic use, but no cross-dependence on other substances; no disturbance of vital signs; no unstable complicating exacerbation of affective disturbance; no need for sedative/hypnotic substitution therapy; the adolescent's symptoms are stabilized, and he or she is comfortable by the end of each day's active treatment or monitoring.
- c. **Opiates:** Mild withdrawal; the adolescent may need over-the-counter medications for symptomatic relief, but does not need prescription medications or opiate agonist substitution therapy; he or she is comfortable by the end of each day's active treatment or monitoring. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.
- d. **Stimulants:** Mild to moderate withdrawal (for example, involving depression, lethargy, or agitation), so that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.
- e. **Inhalants:** Mild subacute intoxication (involving cognitive impairment, lethargy, agitation, and depression), such that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports. The adolescent has sufficient impulse control, coping skills, and/or supports to prevent immediate continued use beyond the active treatment day.

a

ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

1

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

- f. **Marijuana:** Moderate withdrawal (involving irritability, general malaise, inner agitation, and sleep disturbance) or sustained subacute intoxication (involving cognitive disorganization, memory impairment, and executive dysfunction), such that the adolescent is likely to need frequent contact and/or higher intensity services to tolerate symptoms, engage in treatment, and bolster external supports.
- g. **Hallucinogens:** Mild chronic intoxication (involving mild perceptual distortion, mild suspiciousness, or mild affective instability). The adolescent has sufficient compensatory coping skills to support engagement in treatment.

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DIMENSION 2: Biomedical Conditions and Complications

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 2.5. Examples include unstable diabetes or asthma requiring medication adjustment, or physical disabilities that distract from recovery efforts.

Such problems require medical monitoring and/or medical management, which can be provided by a Level 2.5 program either directly or through an arrangement with another treatment provider.

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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 PHP sessions. However, his or her condition is not so severe as to require 24-hour supervision.
- b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by an emotional, behavioral, or cognitive problem, which causes moderate interference with, and requires increased intensity to support, treatment participation and/or adherence. For example, cognitive impairment or significant attention deficit hyperactivity disorder prevents achievement of recovery tasks or goals.
- 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 the adolescent 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 recent arrests or legal charges, or non-adherence with probation, progressive school suspensions or truancy, risk of failing the school year, regular intoxication at school or work, involvement in drug trafficking, or a pattern of intentional property damage.
- Alternatively, the adolescent may be transitioning back to the community as a step down from an institutionalized setting.
- d. **Ability for Self-Care:** The adolescent is experiencing moderate impairment in ability to manage the activities of daily living, and thus requires near-daily monitoring and treatment interventions. Problems may involve disorganization and inability to manage the demands of daily self-scheduling, a progressive pattern of promiscuous or unprotected sexual contacts, or poor vocational or prevocational skills that require habilitation and training provided in the program.
- e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without daily or near-daily monitoring and maintenance. For example, signs of imminent relapse may indicate a need for near-daily monitoring of an adolescent with attention deficit hyperactivity disorder and a history of disorganization that becomes unmanageable in school with substance use; or an initial lapse indicates a need for near-daily monitoring in an adolescent whose conduct disorder worsens dangerously within the context of progressive use.

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LEVEL 2.5

a**ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)****4****DIMENSION 4:**
Readiness to ChangeThe adolescent's status in Dimension 4 is characterized by (a) **or** (b):

- a. The adolescent 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 2.1 program; **or**
- b. The adolescent's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the adolescent has unrealistic expectations that his or her alcohol, other drug, or mental health problem will resolve quickly, with little or no effort, or the adolescent experiences frequent impulses to harm himself or herself. He or she is willing to reach out but lacks the ability to ask for help.) Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the adolescent's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.5 can be effective.

5**DIMENSION 5:**
Relapse, Continued Use, or
Continued Problem PotentialThe adolescent's status in Dimension 5 is characterized by (a) **or** (b):

- a. The adolescent is at high risk of relapse or continued use without almost daily outpatient monitoring and structured therapeutic services (as indicated, for example, by susceptibility to relapse triggers, a pattern of frequent or progressive lapses, inability to overcome the momentum of a pattern of habitual use, difficulty in overcoming a pattern of impulsive behaviors, or ambivalence about or disinterest in treatment). Also, treatment at a less intensive level of care has been attempted or given serious consideration and been judged insufficient to stabilize the adolescent's condition; **or**
- b. The adolescent demonstrates impaired recognition and understanding of relapse or continued use issues. He or she has such poor skills in coping with and interrupting substance use problems, and avoiding or limiting relapse, that the near-daily structure afforded by a Level 2.5 program is needed to prevent or arrest significant deterioration in function.

6**DIMENSION 6:**
Recovery EnvironmentThe 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 2.5 program; **or**
- b. Family members and/or significant other(s) who live with the adolescent are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The adolescent requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts; **or**
- c. The adolescent lacks social contacts, or has high-risk social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also has insufficient (or severely limited) resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program, but is capable of maintaining an adequate level of functioning between sessions.

The adolescent may require Level 2.5 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 2.5 program.

LEVEL 2.5

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