



# ASAM

American Society of  
Addiction Medicine

***Licensee's use and interpretation of the American Society of Addiction Medicine's ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions does not imply that the American Society of Addiction Medicine has either participated in or concurs with the disposition of a claim for benefits.***

***This excerpt is provided for use in connection with the review of a claim for benefits and may not be reproduced or used for any other purpose.***

***Copyright 2015 by the American Society of Addiction Medicine. Reprinted with permission. No third party may copy this document in whole or in part in any format or medium without the prior written consent of ASAM.***

**a****ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA**

The adolescent who is appropriately placed in a Level 3.5 program meets the diagnostic criteria for a substance use and/or addictive disorder of moderate to high severity 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 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).

**a****ADOLESCENT DIMENSIONAL ADMISSION CRITERIA**

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least **two** of Dimensions 1 through 6.

**1****DIMENSION 1:**

Acute Intoxication and/or  
Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by the following:

The adolescent is at risk of or experiencing acute or subacute intoxication or withdrawal, with mild to moderate symptoms. He or she needs secure placement and increased treatment intensity (without frequent access to medical or nursing services) to support engagement in treatment, ability to tolerate withdrawal, and prevention of immediate continued use. Alternatively, the adolescent has a history of failure in treatment at the same or a less intensive level of care.

Problems with intoxication or withdrawal are manageable at this level of care.

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

Drug-specific examples follow:

- a. **Alcohol:** Mild acute withdrawal or moderate subacute withdrawal, with symptoms that require 24-hour support, extended monitoring, and non-pharmacological management; no abnormal vital signs; no need for sedative/hypnotic substitution withdrawal management; a CIWA -Ar score of <8; no significant history of regular morning drinking.
- b. **Sedative/hypnotics:** Mild to moderate withdrawal, with symptoms that require 24-hour support and extended monitoring; may have a recent history of low-level daily sedative/hypnotic use, but no cross-dependence on other substances; may have a need for extended agonist substitution therapy, but only with a stable taper regimen in the context of a step down from a more intensive level of care, where the regimen has been titrated and established; no abnormal vital signs; no unstable complicating exacerbation of affective disorder.
- c. **Opiates:** Mild to moderate withdrawal, with symptoms requiring 24-hour support and extended monitoring and non-pharmacological or over-the-counter medication for symptomatic relief; no need for prescription pharmacological treatments or agonist substitution therapy.

a

## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least **two** of Dimensions 1 through 6.

1

### DIMENSION 1:

Acute Intoxication and/or  
Withdrawal Potential

With the high craving states typical of opioid withdrawal, the adolescent may require 24-hour secure placement and increased intensity of treatment because of lack of sufficient impulse control, coping skills, or supports to prevent immediate continued use.

d. **Stimulants:** Mild to moderate to severe withdrawal (involving lethargy, apathy, agitation, depression, suspiciousness, fearfulness, or hypervigilance) of sufficient intensity that the patient needs 24-hour secure placement and increased intensity of treatment to support the ability to tolerate symptoms, support treatment engagement, and bolster external supports.

With the high craving states typical of stimulant withdrawal, the adolescent may require 24-hour secure placement and increased intensity of treatment because of lack of sufficient impulse control, coping skills, or supports to prevent immediate continued use.

e. **Inhalants:** Moderate subacute intoxication (involving cognitive impairment, lethargy, agitation, and depression) of sufficient intensity that the patient needs 24-hour secure placement and increased treatment intensity to support the ability to tolerate symptoms, support engagement in treatment, and bolster external supports.

f. **Marijuana:** Moderate to severe withdrawal symptoms (involving irritability, general malaise, inner agitation, severe sleep disturbance, and severe craving) or sustained susceptibility, subacute intoxication states (involving cognitive disorganization, memory impairment, executive dysfunction, and the like), such that the patient needs 24-hour secure placement and increased treatment intensity to support the adolescent's ability to tolerate symptoms, support engagement in treatment, and bolster external supports. The patient may be using or likely to use marijuana in order to relieve withdrawal from other substances, and may need secure placement to prevent immediate continued use.

g. **Hallucinogens:** Moderate to severe chronic intoxication (involving perceptual distortion, moderate non-delusional suspiciousness, moderate affective instability, and the like), which requires 24-hour secure placement and increased intensity of treatment to support the adolescent's ability to tolerate symptoms, support engagement in treatment, and bolster external supports.

The adolescent's status in Dimension 2 is characterized by **one** of the following:

a. Biomedical conditions distract from recovery efforts and require residential supervision (that is unavailable at a less intensive level of care) to ensure their adequate treatment, or they require medium-intensity residential treatment to provide support to overcome the distraction. Adequate nursing or medical monitoring can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

**or**

b. Continued substance use would place the adolescent at risk of serious damage to his or her physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use (such as continued use of shared injection apparatus). Adequate nursing or medical monitoring for biomedical conditions can be provided through an arrangement with another provider. The adolescent is capable of self-administering any prescribed medications or procedures, with available supervision.

### Biomedical Enhanced Services

The adolescent is in need of biomedical enhanced services if he or she has a biomedical problem that requires a degree of staff attention (such as monitoring of adherence to medications or assistance with mobility) that is not available in other Level 3.5 programs.

2

### DIMENSION 2:

Biomedical Conditions and  
Complications

4

LEVEL 3.5

## a

## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least **two** of Dimensions 1 through 6.

## 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 (requiring 24-hour supervision and a medium-intensity therapeutic milieu):

- a. **Dangerousness/Lethality:** The adolescent is at moderate but stable risk of imminent harm to self or others, and needs medium-intensity 24-hour monitoring and/or treatment for protection and safety. However, he or she does not require access to medical or nursing services.
- b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected by his or her emotional, behavioral, or cognitive problems in significant and distracting ways. He or she requires 24-hour structured therapy and/or a programmatic milieu to promote sustained focus on recovery tasks because of active symptoms.
- c. **Social Functioning:** The adolescent has significant impairments, with moderate to severe symptoms (such as poor impulse control, disorganization, and the like). These seriously impair his or her ability to function in family, social, school, or work settings, and cannot be managed at a less intensive level of care. This might involve, for example, a recent history of high-risk runaway behavior, inability to resist antisocial peer influences, a need for consistent boundaries unavailable in the home environment, or inability to sustain school attendance, and the like.
- d. **Ability for Self-Care:** The adolescent has moderate impairment in his or her ability to manage the activities of daily living and thus requires 24-hour supervision and staff assistance, which can be provided by the program. The adolescent's impairments may involve a need for intensive modeling and reinforcement of personal grooming and hygiene, a pattern of continuing indiscriminate or unprotected sexual contacts in an adolescent with a history of sexually transmitted diseases, moderate dilapidation and self-neglect in the context of advanced alcohol or drug dependence, a need for intensive teaching of personal safety techniques in an adolescent who has suffered physical or sexual assault, and the like.
- e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a medium-intensity structured programmatic milieu. These may involve, for example, an adolescent whose substance use has been associated with a dangerous pattern of criminal or delinquent behaviors and who needs monitoring to assess safety and the likelihood of successful treatment on an outpatient basis before being returned to the community following release from a juvenile justice setting, or an adolescent with a recent lapse or relapse, whose history suggests that this is likely to result in disruptive behavior that will impede participation in treatment at a less intensive level of care, and the like.

## 4

**DIMENSION 4:**

Readiness to Change

The adolescent's status in Dimension 4 is characterized by at least **one** of the following:

- a. Because of the intensity and chronicity of the addictive disorder or the adolescent's mental health problems, he or she has limited insight into and little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;  
**or**
- b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the adolescent has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems and his or her impaired coping skills and level of functioning, often blaming others for his or her addiction problems;  
**or**

**a****ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least **two** of Dimensions 1 through 6.

**4****DIMENSION 4:**  
Readiness to Change

- c. The adolescent demonstrates passive or active opposition to addressing the severity of his or her mental health problem or addiction, or does not recognize the need for treatment. Such continued substance use or inability to follow through with mental health treatment poses a danger of harm to self or others. However, assessment indicates that treatment interventions available at Level 3.5 may increase the patient's degree of readiness to change;  
**or**
- d. The adolescent requires structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery, because motivational interventions have not succeeded at less intensive levels of care and such interventions are assessed as not likely to succeed at a less intensive level of care;  
**or**
- e. The adolescent's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, which will enable him/her to develop insight into the role he or she plays in his or her substance use and/or mental condition, and empower him/her to make behavioral changes, which can only be delivered in a 24-hour milieu;  
**or**
- f. Despite recognition of a substance use or addictive behavior problem and understanding of the relationship between his or her substance use, addiction, and life problems, the patient expresses little to no interest in changing. Because of the intensity or chronicity of the adolescent's addictive disorder and high-risk criminogenic needs, he or she is in imminent danger of continued substance use or addictive behavior. This poses imminent serious life consequences (ie, imminent risk to public safety or imminent abuse or neglect of children) and/or a continued pattern of risk of harm to others (ie, extensive pattern of assaults, burglaries) while under the influence of substances;  
**or**
- g. The adolescent attributes his or her alcohol, drug, addictive, or mental health problem to other persons or external events, rather than to a substance use or addictive or mental disorder. The adolescent requires clinical, directed motivation interventions that will enable him or her to develop insight into the role he/she plays in his or her health condition, and empower him or her to make behavioral changes. Interventions are adjudged as not feasible or unlikely succeed at a less intensive level of care.

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

The adolescent's status in Dimension 5 is characterized by at least **one** of the following:

- a. The adolescent does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore not committed to treatment. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;  
**or**
- b. The adolescent's psychiatric condition is stabilizing. However, despite his or her best efforts, the adolescent is unable to control his or her use of alcohol, other drugs, and/or antisocial behaviors, with attendant probability of harm to self or others. The adolescent has limited ability to interrupt the relapse process or continued use, or to use peer supports when at risk for relapse to his or her addiction or mental disorder. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;  
**or**

4

LEVEL 3.5

**a****ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately placed in a Level 3.5 program meets specifications in at least **two** of Dimensions 1 through 6.

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

- c. The adolescent is experiencing psychiatric or addiction symptoms such as drug craving, insufficient ability to postpone immediate gratification, and other drug-seeking behaviors. This situation poses an imminent danger of harm to self or others in the absence of close 24-hour monitoring and structured support. The introduction of psychopharmacologic support is indicated to decrease psychiatric or addictive symptoms, such as cravings, that will enable the patient to delay immediate gratification and reinforce positive recovery behaviors;  
**or**
- d. The adolescent is in imminent danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation;  
**or**
- e. Despite recent, active participation in treatment at a less intensive level of care, the adolescent continues to use alcohol or other drugs, or to deteriorate psychiatrically, with imminent serious consequences, and is at high risk of continued substance use or mental deterioration in the absence of close 24-hour monitoring and structured treatment;  
**or**
- f. The adolescent demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior (for example, extensive and recurrent pattern of crimes such as burglary, assault, robbery). This poses imminent risk of harm to self or others. The adolescent's imminent danger of relapse is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment. The adolescent requires 24-hour monitoring and structure to assist in the initiation and application of recovery and coping skills.

**6****DIMENSION 6:**  
Recovery Environment

The adolescent's status in Dimension 6 is characterized by at least **one** of the following:

- a. The adolescent has been living in an environment in which there is a high risk of neglect, or initiation or repetition of physical, sexual, or severe, emotional abuse, such that the patient is assessed as being unable to achieve or maintain recovery without residential treatment.  
**or**
- b. The adolescent has a family or other household member who has an active substance use disorder, or substance use is endemic in his or her home environment or broader social network, so that recovery goals are assessed as unachievable without residential treatment.  
**or**
- c. The adolescent's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is assessed as unachievable without residential treatment. For example, the adolescent's family reinforces antisocial norms and values, or the family cannot sustain treatment engagement or school attendance, or the family is experiencing significant social isolation or withdrawal.  
**or**
- d. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care.