

ASAM CRITERIA STATEMENTS ADOLESCENT

Dimension 1

Level 0.5

Q1

The adolescent who is an appropriate candidate for level 0.5 service is shows no signs of acute or subacute withdrawal, or risk of acute withdrawal.

Level I

One of the following:

Q2

The adolescent who is appropriately placed in a level I program is not experiencing acute or subacute withdrawal from alcohol or other drugs, and is not a risk of acute withdrawal; or

Q3

The adolescent is experiencing very mild withdrawal; the symptoms consist of no more than lingering but improving sleep disturbance.

Level II.1

Q4

The adolescent who is appropriately placed in a level II.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:

Indent

Q5

(a) The adolescent is able to tolerate mild subacute withdrawal symptoms.

Q6

(b) He or she has made a commitment to sustain treatment and to follow treatment recommendations.

Q7

(c) The adolescent has external supports (family and/or court) that promote engagement in treatment.

Level III.1 - Reintegration

Q8

The adolescent's status in dimension I is characterized by problems with intoxication or withdrawal (if any) that are being managed through concurrent placement in another level of care for detoxification.

Q9

If residential placement in a level III.1 program is being used to support detoxification in a nonresidential level of care, then the adolescent is considered to have met specifications for Dimension one1.

Level III.5 - Intermediate

Q10

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 commitment and increased treatment intensity (without frequent access to medical or nursing services) to support engagement and 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.

Q11

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

Level IV

Q12

The adolescent who is appropriately placed in a Level IV program is experiencing acute withdrawal, with severe signs or symptoms, and is at risk for complications that require 24-hour intensive medical services. Such complications may involve delirium, hallucinosis, seizures, high morbidity medical complications, pregnancy, severe agitation, psychosis, unremitting suicide risk, and the like; or

Q13

There is recent (within 24 hours) serious head trauma, or loss of consciousness, with persistent mental status or neurological changes, resulting in the need to closely observed the adolescent at least a hourly; or

Q14

Drug overdose or intoxication has compromised the adolescent's mental status, cardiac function or other vital signs or functions; or

Q15

The adolescent has a significant acute biomedical disorder that causes substantial risk of serious or life threatening consequences during withdrawal (such as significant hypertension or esophageal varices).

Dimension 2

Level 0.5

Q1

In Dimension 2, the adolescent's biomedical conditions or problems, if any, are stable or being actively addressed through appropriate medical services and will not interfere with therapeutic interventions get this level of care.

Level I

Q2

If the adolescent has biomedical conditions and problems and Dimension 2, they are sufficiently stable to permit participation in outpatient treatment.

Level II.1

Q3

In Dimension 2, the adolescent's biomedical conditions and problems, if any, are stable or being concurrently addressed and will not interfere with treatment at this level of care; or

Q4

The adolescent's biomedical conditions and problems are severe enough to distract from recovery and treatment had a less intensive level of care, but will not interfere with recovery at level II.1. The biomedical conditions and problems are being addressed concurrently by a medical treatment provider.

Level III.1 – Reintegration

One of the following

Q5

(a) Biomedical conditions distract from recovery efforts and require limited residential supervision to ensure their adequate treatment or 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

Q6

(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.

Level III.5 - Intermediate

One of the following

Q7

(a) Biomedical conditions distract from recovery efforts and require residential supervision (that is unavailable had 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

Q8

(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.

At Level IV

One of the following

Q9

(a) Biomedical complications of the addictive disorder require medical management and skilled nursing care (examples include delirium, seizures, GI bleeding, pancreatitis, stupor/coma, renal failure, rhabdomyolysis, severe cellulitis, endocarditis, and the like); or

Q10

(b) A concurrent biomedical illness or other condition (such as pregnancy) requires stabilization and intensive medical management (as through daily

primary nursing interventions, IV therapy, 24-hour observation, intensive medication regimens, or intensive investigations); or

Q11

(c) A concurrent biomedical condition is so severe that continued drinking or drug use presents an immediate danger to life or severe danger to health (including pregnancy).

Dimension 3

Level 0.5

Q1

In Dimension 3, the adolescent's emotional, behavioral or cognitive conditions or complications, if any, are stable or being addressed through appropriate mental health services and will not interfere with therapeutic interventions at this level of care.

Level I

All of the following

Q2

(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.

Q3

(b) Interference With Addiction Recovery Efforts: the adolescent's emotional concerns relate to negative consequences and the facts 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 a condition, appropriate additional psychiatric services are provided concurrent with the level one 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 modalities and materials used); and [2] participate in the treatment process.

Q4

(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's no imminent breakup 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).

Q5

(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).

Q6

(e) Course of Illness: The adolescent has only mild signs and symptoms. Any ticket problems (such as severe depression, suicidality, aggression or dangerous delinquent behaviors) have been all 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 a risk of aggression).

Level II.1

One of the following

Q7

(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 ensure that there is a reasonable likelihood of safety between IOP sessions.

Q8

(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 compliance. For example, the adolescent requires frequent repetition of treatment materials because of memory impairment associated with marijuana use.

Q9

(c) Social Functioning: The adolescent's symptoms are causing mild to moderate difficulty and social function (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, 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.

Q10

(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 for 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.

Q11

(e) Course of Illness: The adolescent's history and the 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 compliance (in an adolescent with a history of medication noncompliance) or frequent prompting and monitoring of behavioral compliance (in an adolescent with a conduct disorder or other serious pattern of delinquent behavior).

Level III.1- Reintegration

One of the following

Q12

(a) Dangerousness/Lethality: The adolescent is at risk for dangerous consequences because of lack of a stable living environment (for example, exposure to the elements, risk of assault, risk of prostitution, and the like). He or she needs a stable residential setting for protection.

Q13

(b) Interference With Addiction Recovery Efforts: The adolescent needs a stable living environment to promote a sustained focus on recovery tasks (for example, recovery efforts are hindered by the adolescent's preoccupying worries about shelter).

Q14

(c) Social Functioning: The adolescent's emotional, behavioral or cognitive problem results in moderate impairment in social functioning. He or she therefore needs limited 24-hour supervision, which can be provided by program staff or in combination with a Level I or Level II program. This might involve protection from antisocial peer influence in a motivated adolescent, reinforcement of improving behavior self-management techniques, support of increasingly independent functions (such as school or work), and the like.

Q15

(d) Ability for Self Care: The adolescent has moderate impairment in his or her ability to manage the activities of daily living and thus needs limited 24 hour supervision, which can be provided by program staff or through coordination with a Level I or Level II program. The adolescent's impairments might require the

provision of food and shelter, prompting for self care, or supervised self administration of medications.

Q16

(e) Course of Illness: The adolescent's history and present situation suggests that an emotional, behavioral or cognitive condition would become unstable without 24-hour supervision (for example, an adolescent who experiences rapid dangerous exacerbation if he or she misses a few doses of medicine or if he or she has even a minor relapse to substance use);

OR

Q17

The adolescent's emotional, behavioral or cognitive condition suggests the need for low-intensity and/or longer-term reinforcement and practice of recovery skills in a controlled environment.

Level III.5 – Intermediate

One of the following

Q18

(a) Dangerousness/Lethality: The adolescent is at moderate but stable risk of imminent harm to self for 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 and nursing services.

Q19

(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 in distracting ways. He or she requires 24 hour structured therapy and/or a programmatic milieu to promote sustained focus on recovery tasks because of the active symptoms.

Q20

(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 in a less intensive level of care.

Q21

(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 reaching of personal safety techniques in an adolescent who has suffered physical or sexual assault, and the like.

Q22

(e) Course of Illness: The adolescent's history and present situation suggest that any emotional, behavioral or cognitive condition would become unstable without 24-hour supervision in a medium-intensity structured programmatic milieu. These may involve, for example, an adolescent who substance use has been associated with a dangerous pattern of criminal or delinquent behaviors and who needs monitoring to assess the 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 in a less intensive level of care, and the like.

Dimension 4

Level 0.5

Q1

In Dimension 4, the adolescent expresses willingness to gain an understanding of how his or her current use of alcohol or other drugs may be harmful or impair his or her ability to meet responsibilities and achieve personal goals.

Level I

a, and one of b or c or d

Q2

(a) The adolescent expresses willingness to cooperate with the treatment plant and to attend all scheduled activities. A structured milieu program is not required; and

Q3

(b) The adolescent acknowledges that he or she has an alcohol or other drug problem and wants help to change, but ambivalent about recovery efforts and requires monitoring and motivating strategies; or

Q4

(c) The adolescent who has co-occurring mental and substance-related disorders is able to acknowledge the psychiatric diagnosis but is resistant to the substance use diagnosis, or vice versa; or

Q5

(d) The adolescent admits that he or she has an alcohol or other drug problem, but is more invested in avoiding a negative consequence than in recovery efforts. He or she requires monitoring and motivating strategies to help with engagement in treatment, to facilitate his or her progress through the stages of change, and to prevent deterioration.

Level II.1

A or b

Q6

(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 compliance 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 one service; or

Q7

(b) The adolescent's perspective inhibits his or her ability to make progress through the stages of change. For example, here she has unrealistic expectations that the alcohol or 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 I service.

Level III.1 - Reintegration

Both of the following

Q8

(a) The adolescent is open to recovery but requires limited 24-hour supervision to promote or sustain progress through the stages of change; and

Q9

(b) The adolescent is cooperative in likely to engage in treatment at this level of care.

Level III.5 - Intermediate

One of the following:

Q10

(a) The adolescent requires 24-hour supervision and a structured programmatic milieu to promote progress through the stages of change, as evidenced by a lack of previous treatment engagement and/or extensive functional impairment. For example, the adolescent has not engaged or followed through with motivational enhancement interventions in outpatient treatment, or the adolescent substance use and/or related functional impairment has contributed to his or her leaving school without an alternate structured daily activity; or the adolescent with juvenile justice involvement has failed in previous attempts to mandate or coerce treatment at a less intensive level of care and requires a Level III.5 program to initiate engagement in treatment and role induction; or

Q11

(b) The adolescent has not related his or her problems to substance or has not accepted the need to change and this is in need of intensive motivating strategies, activities and process is available only in a setting with 24-hour supervision and a medium intensity milieu. For example, the adolescent does not believe that there is a need for further treatment or recovery work following detoxification, even though he or she is at imminent risk of resuming a recent pattern of theft and thus requires intensive motivation to prepare for compliance or follow through with outpatient treatment; or

Q12

(c) Despite serious consequences to his or her life, the adolescent does not believe that there is any problem in daily substance use.

Level IV

Q13

Only in adolescent who meets criteria in Dimension 1, 2 or 3 is appropriately placed in a Level IV program. Problems in Dimensions 4, 5 or 6 alone are not sufficient for placement at Level IV.

Dimension 5

Level 0.5

a or b

Q1

(a) The adolescent does not understand or accept the need to alter his or her current pattern of use of alcohol or other drugs in order to prevent harm that may be related to such use; or

Q2

(b) The adolescent needs to acquire the specific skills needed to change his or her current pattern of use.

Level I

Q3

In Dimension 5, the adolescent is assessed as being able to significantly reduce his or her substance use or to achieve or maintain abstinence and recovery goals with only minimal support. The adolescent needs regular therapeutic contact to help him or her deal with issues that include, but are not limited to, preoccupation with alcohol or other drug use, craving, peer pressure, impulse control, and lifestyle and attitude changes.

Level II.1

A or b

Q4

(a) The adolescent is at significant risk of relapse or continued use, as well as deterioration in level of functioning, without frequent outpatient monitoring and therapeutic services (as indicated, for example, by difficulty in deferring immediate gratification and related drug-seeking behavior, increasing responsiveness to negative peer influences, or ongoing infrequent lapses); or

Q5

(b) The adolescent demonstrates impaired recognition and understanding of relapse issues. He or she is able to avoid continued use or relapse only with the moderate treatment support available in a Level II.1 program.

Level III.1 - Reintegration

One of the following

Q6

(a) The lack of monitoring or supervision between treatment encounters in a less intensive level of care has been a major barrier to abstinence; or

Q7

(b) The adolescent's recovery skills are not yet sufficient to overcome environmental triggers such as peer substance use or internal triggers such as craving; or

Q8

(c) The adolescent's history of chronic substance use, repeated relapse and/or resistance to treatment predicts continued use or relapse without residential containment.

Level III.5 - Intermediate

One of the following

Q9

(a) The lack of monitoring or supervision between treatment encounters at a less intensive level of care has been a major barrier to abstinence and achievement of recovery goals. The adolescent's continued substance use poses a high risk of serious impairment in the absence of 24-hour monitoring and structured support; or

Q10

(b) The adolescent requires residential containment, treatment and a structured programmatic milieu, to further develop recovery skills that are not yet sufficient to overcome environmental triggers (such as peer substance use or family stressors) or internal triggers (such as craving). The adolescent's continued use poses a high risk of serious impairment in the absence of 24-hour monitoring and structured support; or

Q11

(c) The adolescent's history of chronic substance use, repeated relapse and/or resistance to treatment predicts continued use or relapse without residential treatment and a structured programmatic milieu. For such an adolescent, the intensity of a Level III.5 setting is required to promote and prepare for treatment response and relapse prevention at a less intensive level of care; or

Q12

(d) The adolescent's likelihood of relapse and/or continued use poses a high risk of serious impairment in the absence of 24-hour monitoring and structured support. Such an adolescent may be at high risk of relapse/continued use because of ongoing exposure to substances in the context of trafficking, involvement with a gang, or other delinquent or drug involved peers.

Level IV

Q13

Only an adolescent who meets criteria in dimensions 1, 2 or 3 is appropriately placed in a Level IV program. Problems in Dimensions 4, 5 or 6 alone are not sufficient for placement at Level IV.

Dimension 6

Level 0.5

One of the following

Q1

(a) A significant member of the adolescent's social support system has a pattern of substance abuse that prevents him or her from meeting social, work, school or family obligations; or

Q2

(b) One or more family members are abusing alcohol or other drugs (or have done so in the past), thereby heightening the adolescent's risk for a substance-related disorder; or

Q3

(c) A significant member of the adolescent's social support system expresses values concerning alcohol or other drug use that pose a risk to the adolescent of the initiation of such use or progression of an established pattern of substance use; or

Q4

(d) A significant member of the adolescent's social support system condones or encourages use of alcohol or other drugs.

Level I

One of the following

Q5

(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 school or work environment or legal coercion; adequate transportation to the program is available; support meeting locations and a non-alcohol/drug centered work or school environment are located near the home environment and are accessible); or

Q6

(b) The adolescent does not have an ideal primary or social support system to assist with immediate sobriety, but he or she has demonstrated motivation and willingness to obtain such a support system and such efforts are judged to be feasible; or

Q7

(c) The adolescent's family, guardian and/or significant other(s) are supportive but require professional interventions to improve the adolescent's chances of treatment success and recovery. Such interventions may involve assistance in monitoring and supervision techniques, limit setting, communication skills, a reduction in rescuing behaviors, and the like.

Level II.1

A or b or c

Q8

(a) Continued exposure to the adolescent's current school, work or living environment will impede recovery. He or she has insufficient (or severely limited) resources and skills necessary to maintain an adequate level of functioning without the services of a Level II.1 program, but is capable of maintaining an adequate level of functioning between sessions; or

Q9

(b) The adolescent lacks social contacts, or has inappropriate 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 2.1 program, but is capable of maintaining an adequate level of functioning between sessions; or

Q10

(c) 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

Level III.1 – Reintegration

One of the following

Q11

(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 adolescent is assessed as being unable to achieve or maintain recovery without residential containment; or

Q12

(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 containment; or

Q13

(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 support. 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

Q14

(d) Logistic 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.

Level III.5 - Intermediate

One of the following

Q15

(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 adolescent is assessed as being unable to achieve or maintain recovery without residential treatment; or

Q16

(b) The adolescent has a family or other household member who has an active substance use the disorder or substance use is endemic in his or her home environment or broader social network, so that recovery goals are assessed as unachievable with a residential treatment; or

Q17

(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

Q18

(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.

Level IV

Q19

Only an adolescent who meets criteria in Dimensions 1, 2 or 3 is appropriately placed in a Level IV program. Problems in Dimension 4, 5 or 6 alone are not sufficient for placement at Level IV.