



The ASAM Criteria

Fourth Edition

VOLUME 2: ADOLESCENTS AND TRANSITION-AGED YOUTH

Addiction is a pediatric-onset illness: Over 80% of adults with substance use disorder (SUD) initiated substance use before the age of 18. Substance use carries particular risks during adolescence due to the critical brain development that occurs during this stage. This is borne out by prevalence data, as those who begin using substances before age 15 are 6.5 times more likely to develop SUD than those who delay use until age 21 or older. Earlier initiation of substance use is also associated with more complex and severe addiction.

First published in 1991, *The ASAM Criteria* promotes individualized and holistic treatment planning and guides clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care. These standards provide a framework for organizing SUD treatment systems and a foundation for state and national efforts to advance the quality of SUD care.

In the Third Edition of *The ASAM Criteria*, decision rules and standards for adolescents were interwoven with those for adults. For the Fourth Edition, ASAM has developed a separate volume to address the needs of adolescents and transition-aged youth. The goals for this volume were to:

- Develop a comprehensive set of standards for adolescents and transition-aged youth that reflect current research, best clinical practices, and the unique developmental needs of these populations
- Promote fully integrated care for co-occurring mental health conditions within the adolescent SUD treatment system
- Promote holistic and individualized care that is person-centered with a family-systems orientation
- Support delivery of a chronic care model of treatment for SUD and co-occurring mental health conditions
- Promote prevention and early intervention to reduce substance-related harms, including progression to SUD
- Improve clarity and simplify the standards and decision rules to support more effective implementation

KEY TERMS AS DEFINED BY THE ASAM CRITERIA

Adolescent is defined as a youth under 18 years of age. We did not establish a lower threshold because, although substance use and SUD among youth under 12 years of age is rare, no separate standards exist for the treatment of younger children, and no research exists to guide separate standards.

Transition-aged youth is defined as people ages 16 to 25 years who are in the process of transitioning to adulthood, which includes navigating numerous psychosocial transitions such as gaining and maintaining independence, forming one's self-identity, exploring sexuality and relationships, and pursuing post-secondary education and career development.

Family is defined as a patient's primary support system. Family is not limited to biological family and can include other caregivers and support persons, such as those with whom the patient is living and/or has deep emotional attachments.

Beginning with the First Edition, certain foundational concepts have served as the heart of *The ASAM Criteria*. These guiding principles are the basis for all content within the Adolescents and Transition-Aged Youth Volume of *The ASAM Criteria*, Fourth Edition:

- Admission into treatment is based on patient needs rather than arbitrary prerequisites (eg, prior treatment failure)
- Patients move along the continuum of care based on their progress and outcomes, with a focus on transitioning to the least restrictive level of care as quickly as possible while maintaining safety and effectiveness
- Co-occurring mental health conditions are an expectation, not an exception, among patients with SUDs
- Care is interdisciplinary, evidence-based and -informed, patient-centered, and delivered from a place of empathy
- Adolescent treatment should be family-driven (when appropriate) and youth-guided
- Care should be consistent with the systems of care approach, focusing on the holistic success and well-being of each patient
- Clinicians should seek to obtain adolescent assent or consent using a shared decision-making framework to support participation in treatment
- Patients receive a multidimensional assessment that addresses the broad biological, psychological, developmental, social, and cultural factors that contribute to SUDs, addiction, and recovery
- Treatment plans are individualized based on patient and family needs and preferences
- Treatment interventions are developmentally appropriate, with adolescents and transition-aged youth treated in peer-specific groups separate from adults
- Secondary prevention and early intervention are critical for avoiding disease progression and warrant specialty SUD care

Co-occurring Capability

The ASAM Criteria, Fourth Edition, establishes the expectation that *all* SUD treatment programs will be, at minimum, co-occurring capable. For adolescent SUD treatment programs, this includes the expectation of fully integrated mental health care.

The ASAM Criteria incorporates multiple sets of interacting standards that provide a framework for organizing the addiction treatment system and determining appropriate level of care recommendations, including:

- The adolescent continuum of care with service characteristic standards for each level of care
- Assessment standards
- Treatment planning standards
- Dimensional Admission Criteria and Transition and Continued Service Criteria

Adolescent and Transition-Aged Youth Treatment Considerations

Treatment of adolescents and transition-aged youth with SUD and co-occurring conditions has many unique considerations compared with treatment of adults. The following considerations guided the rationale throughout this volume:

Developmental Considerations. Assessment and treatment services should be adjusted to the adolescent's age and developmental stage, both of which will evolve over the course of treatment.

Family Engagement. Family engagement is critical for successful adolescent SUD treatment. Children do well when families do well. As such, SUD treatment clinicians should consider a patient's family as part of the unit of care. All levels of care in the adolescent continuum are expected to offer family services.

Prevention and Early Intervention. *The ASAM Criteria* Adolescent Dimensional Admission Criteria recommends specialty care at Level 1.5Y or 2.1Y for adolescents and transition-aged youth who are using substances and at high risk of SUD but do not currently meet diagnostic criteria for SUD, with the goal of preventing escalation to SUD. More intensive specialty care at Level 2.1Y may be recommended when family services or wraparound supports are needed to reduce an adolescent's risk of transitioning to SUD.

Co-occurring Conditions. Seventy-five percent of psychiatric illnesses emerge by age 24. In this age group, mental health conditions are often a primary concern alongside their SUD. As such, the Adolescents and Transition-Aged Youth Volume of *The ASAM Criteria* includes the expectation that all adolescent levels of SUD care provide integrated mental health treatment.

Adverse Childhood Experiences (ACEs). Many, if not most, adolescents with SUD have significant ACEs that may be ongoing. All adolescent SUD treatment programs should use trauma-sensitive practices in all aspects of program operations, from assessment to treatment planning and service provision, with a focus on addressing trauma sequelae and preventing retraumatization.

Vulnerabilities and Safety. Adolescents with SUD have unique vulnerabilities and are at risk of exploitation and other harms in the context of treatment. Programs that serve adolescents should have policies and procedures in place that proactively consider adolescent vulnerability and address safety.

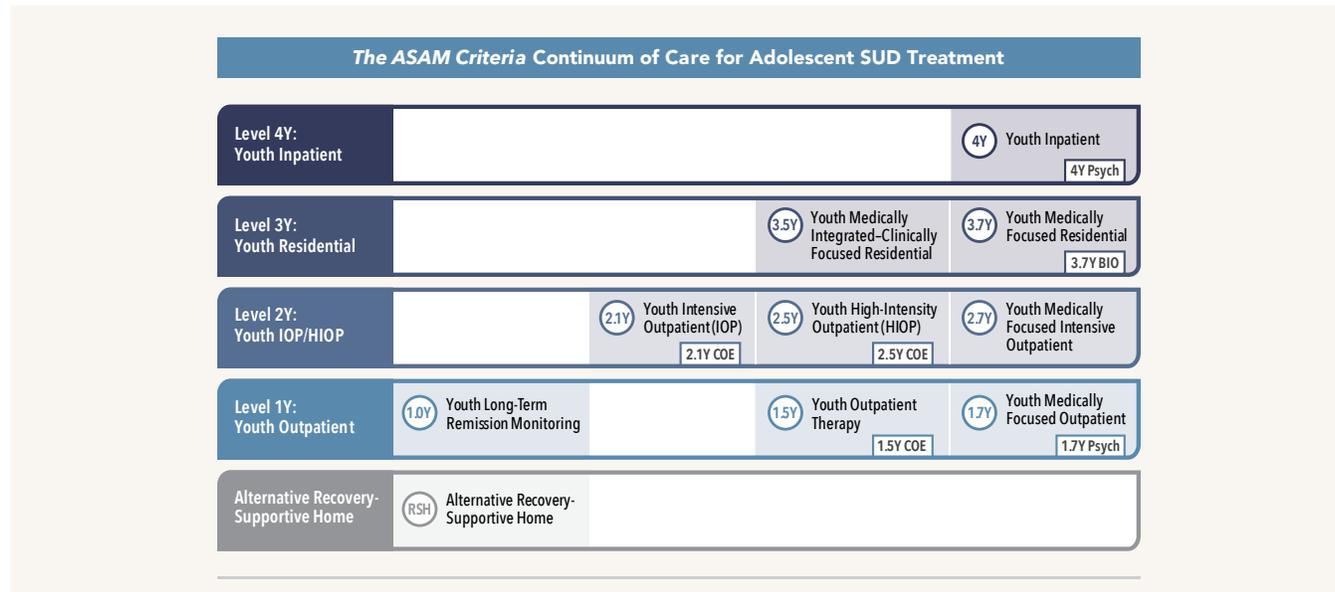
Home- and Community-Based Services. Many adolescents and families who meet admission criteria for residential levels of care are not able or willing to access the recommended care. Consequently, many high-risk adolescents are treated in outpatient settings. As such, this volume of *The ASAM Criteria* seeks to strengthen outpatient adolescent SUD treatment by promoting home- and community-based services in Level 2Y programs, enabling them to serve youth with more severe illnesses and complex needs.

Systems of Care. This volume of *The ASAM Criteria* encourages adoption of the systems of care approach, which emphasizes the importance of coordination across the range of systems that may support a patient's treatment and recovery support needs, including schools, healthcare professionals, juvenile legal systems, child welfare agencies and foster care, and services for intellectual and developmental disabilities (IDDs). Patient and family needs across these various areas should be coordinated in a team-based, family-driven, and youth-guided approach across all systems involved in an adolescent's care.

Transition to Adulthood. A key developmental focus of adolescence is gaining the knowledge and skills to transition to adulthood. Substance use can impede development of life skills (eg, building a healthy prosocial network) and attainment of key milestones toward independence (eg, completing education, establishing employment). The role of the adolescent SUD treatment system in preparing patients for this transition, and the transition to the adult SUD treatment system, is an important theme throughout the Adolescents and Transition-Aged Youth Volume of *The ASAM Criteria*.

The Continuum of Care

Similar to earlier editions, this Fourth Edition of *The ASAM Criteria* describes treatment as a continuum marked by four broad levels of care, with decimal numbers expressing further gradations of treatment intensity.



Level 4Y and the x.7Y levels of care (ie, Levels 1.7Y, 2.7Y, and 3.7Y) are **medically focused** SUD treatment programs with a primary focus of treating withdrawal and stabilizing biomedical concerns. However, medically focused programs also provide the full spectrum of psychosocial services to patients and families who are able to comfortably participate.

Levels 2.5Y and 3.5Y are **medically integrated–clinically focused** levels of care. They provide high-intensity psychosocial services along with integrated medical management. Available medical services are equivalent to those provided at Level 1.7Y (ie, medically focused outpatient), which focuses on uncomplicated initiation and titration of addiction medications and management of common low-complexity biomedical concerns.

Levels 2.1Y and 1.5Y are **clinically focused** SUD treatment programs. Level 1.5Y provides nonintensive psychosocial services, while Level 2.1Y provides intensive psychosocial services.

The updated continuum of care promotes:

A Chronic Care Model of Treatment. The new Level 1.0Y provides ongoing monitoring for adolescents in stable remission, including recovery management checkups and ongoing medication management services for those prescribed addiction medications.

Co-occurring Capable Care. The Fourth Edition promotes more integrated care for co-occurring mental health conditions by incorporating standards for co-occurring capable care into the core standards for *all* levels of care. In the adolescent continuum of care, co-occurring capability includes providing fully integrated mental health treatment. Separate, advanced standards are included for co-occurring enhanced (COE) levels of care.

Integration of Care. As with the adult continuum of care, the adolescent continuum of care integrates withdrawal management services in the x.7Y programs with the expectation that these levels also provide integrated biomedical and psychosocial services. The adolescent continuum of care will also include a BIO designation for select Level 3.7Y programs with enhanced biomedical capabilities, including the ability to provide intravenous (IV) fluids and medications, as well as advanced wound care.

Holistic Care. The Fourth Edition of *The ASAM Criteria* advocates for care that addresses the broad biological, psychological, developmental, social, and cultural needs of the patient and family unit. As such, *all* adolescent SUD treatment programs are expected to provide family services, recovery support services (RSS), and risk reduction services. The Fourth Edition of *The ASAM Criteria* emphasizes the importance of engaging with the patient and family to understand their treatment goals and preferences and being responsive to them.

Assessment and Treatment Planning

Although a full biopsychosocial assessment is not necessary to determine level of care recommendations, it is the foundation of a comprehensive treatment plan. The Fourth Edition describes standards for three separate assessments:

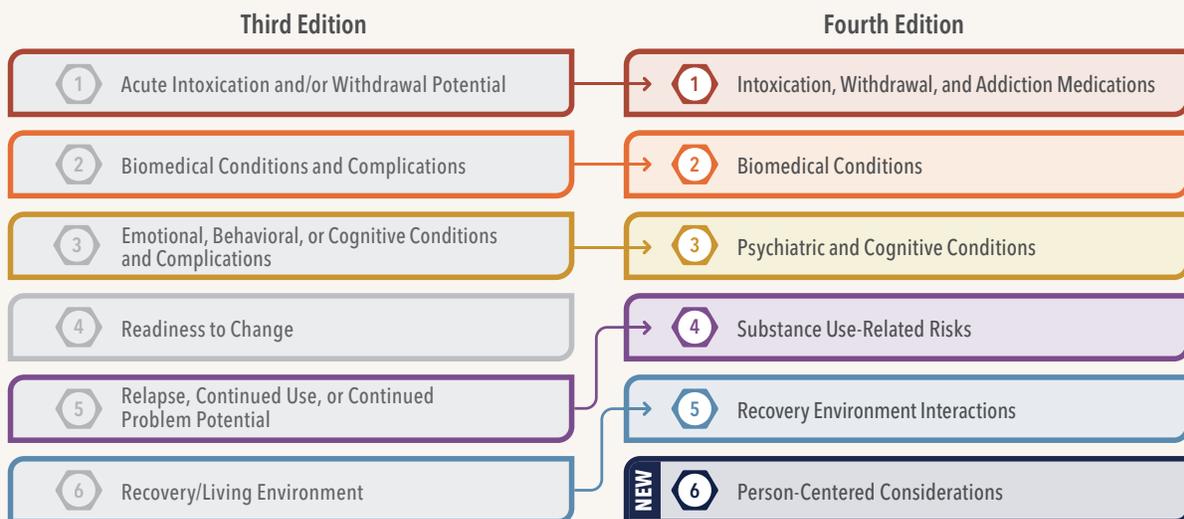
1. <i>The ASAM Criteria</i> Level of Care Assessment is used to determine a patient's recommended level of care	2. <i>The ASAM Criteria</i> Treatment Planning Assessment is used to develop a patient's comprehensive treatment plan	3. Reassessment and Treatment Plan Reviews are used to support treatment plan updates, aid measurement-based care (MBC), and inform level of care transitions
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All assessments are multidimensional and consider a patient's biological, psychological, developmental, familial, social, and cultural contexts. The Fourth Edition also describes standards that guide clinicians on how to use the results of the multidimensional assessment to identify problems and strengths in each dimension and subdimension and work with patients and families to develop family-driven and youth-guided treatment plans.

Dimensions and Subdimensions

Stakeholders had noted that the Third Edition's Dimension 4: Readiness to Change does not contribute independently to a patient's recommended level of care. Rather, readiness to change impacts clinical judgments related to risks in other dimensions. It also influences the services that should be delivered at any level of care and should be carefully considered in treatment planning. The Fourth Edition reorders the dimensions such that consideration of readiness to change is integrated across dimensions and replaced by a new dimension, Dimension 6: Person-Centered Considerations. This new dimension considers barriers to care, patient and family preferences, and need for motivational enhancement. The Fourth Edition also simplifies and updates dimension names to reflect the field's evolving terminology and facilitate effective dissemination of these standards.

Changes to *The ASAM Criteria* Dimensions in the Fourth Edition



The Fourth Edition reorders the dimensions from the Third Edition. Readiness to change is now considered within each dimension, and the Third Edition Dimensions 5 and 6 were shifted to Dimensions 4 and 5, respectively, in the Fourth Edition. The new Dimension 6: Person-Centered Considerations considers barriers to care (including social determinants of health), patient and family preferences, and need for motivational enhancement.

The Fourth Edition describes subdimensions reflecting core actionable factors that should be assessed within each dimension. During the Level of Care Assessment, the subdimensions in **bold** inform level of care recommendations and initial treatment for immediate needs; however, all subdimensions are considered for treatment planning purposes. Dimensions 1 through 5 are used to develop a level of care recommendation. When assessing Dimension 6, the assessor works with the patient to determine which level of care the patient and family are willing and able to engage in.

The ASAM Criteria Dimensions and Subdimensions for Adolescent Assessment	
<p>Dimension 1: Intoxication, Withdrawal, and Addiction Medications</p> <ul style="list-style-type: none"> • Intoxication and Associated Risks • Withdrawal and Associated Risks • Addiction Medication Needs <p>Dimension 2: Biomedical Conditions</p> <ul style="list-style-type: none"> • Physical Health Concerns • Pregnancy-Related Concerns • Sleep Concerns <p>Dimension 3: Psychiatric and Cognitive Conditions</p> <ul style="list-style-type: none"> • Active Psychiatric Symptoms • Intellectual and Developmental Concerns • Trauma Exposure and Related Needs • Psychiatric and Cognitive History 	<p>Dimension 4: Substance Use-Related Risks</p> <ul style="list-style-type: none"> • Likelihood of Engaging in Risky Substance Use¹ • Likelihood of Engaging in Risky SUD-Related Behaviors¹ <p>Dimension 5: Recovery Environment Interactions</p> <ul style="list-style-type: none"> • Ability to Function Effectively in Current Environment • Safety in Current Environment • Support in Current Environment • Educational Needs • Cultural Perceptions of Substance Use and Addiction² <p>Dimension 6: Person-Centered Considerations</p> <ul style="list-style-type: none"> • Patient Preferences • Family Preferences • Barriers to Care • Need for Motivational Enhancement

1. Risky substance use and SUD-related behaviors refer to any use or behaviors linked to substance use or SUD, respectively, with significant risk of adverse medical, psychological, emotional, social, financial, and/or legal consequences.

2. When assessing this subdimension during the Treatment Planning Assessment, the clinician will explore the patient's and family's cultural backgrounds with them, particularly how their cultural backgrounds might create barriers or supports for participating in treatment. This subdimension is not included in the Level of Care Assessment but is important for treatment planning.

Additional Chapters

In addition to the core ASAM Criteria standards and decision rules, the Adolescents and Transition-Aged Youth Volume of *The ASAM Criteria*, Fourth Edition, includes chapters discussing:

- Prevention and Early Intervention
- Integrating Care for Co-occurring Mental Health Conditions
- Integrating Services Across Systems of Care
- Applying *The ASAM Criteria* in Utilization Management
- Integrating Recovery Support Services
- Addressing Trauma
- Supporting Transition-Aged Youth
- Supporting Patients Who Are Pregnant and Parenting

Implementation Tools

ASAM has developed a variety of [implementation tools](#) to support application of *The ASAM Criteria* for adult patients. ASAM is working to develop the following implementation tools for adolescent and transition-aged patients, including:

Resource	Anticipated Availability
Free, publicly available training slides	Q2 2026
Training through ASAM and our partner organizations	Q2 2026
Level of Care Assessment Guide	Q2 2026
Treatment Planning Assessment Guide	Q4 2026
Treatment planning template	Q2 2026
Standardized service request forms for requesting payer authorizations	Q2 2026
Utilization management software through partnership with Change Healthcare	Q2 2026

ASAM will continue to develop additional implementation tools to support the needs of the SUD treatment field.

Future Volumes

Planned future volumes will address (1) Correctional Settings and Community Reentry and (2) Behavioral Addictions.