

USING THE BAM

WHY SHOULD WE USE THE BAM?

The benefits to SUD care in the VA could be substantial, as regular administration of the clinical monitor will yield important data on patient processes and outcomes that can be linked with other measures (e.g., treatment attendance, urine toxicology results, etc.) to provide a comprehensive, real-time data source to drive clinical decisions.

BAM MATERIALS AVAILABLE BY REQUEST:

- 17-ITEM BAM
- ANNOTED BAM WITH USAGE GUIDELINES
- FURTHER INFORMATION ON PILOT STUDY RESULTS
- RELATED RESEARCH

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BRIEF ADDICTION MONITOR (BAM): A NEW PERFORMANCE MEASURE IN VA SUD CARE

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ABOUT THE BAM

WHAT IS THE BAM?

The Brief Addiction Monitor (BAM) is a 17-item, multidimensional questionnaire designed to be administered by clinical staff as an in-person or telephone interview, or to be completed as a patient self-administered questionnaire, for all patients enrolled in outpatient substance abuse programs. It includes both symptom level outcomes as well as functional outcomes.

WHY WAS THE BAM DEVELOPED?

Previous monitoring efforts (e.g., VA 1997 ASI initiative, National Research Study (Tiet et al., 2006) had significant limitations, including too lengthy assessments, procedures not well-integrated into standard clinical care, excessive burden to staff and patients, concern about low follow-up rates, and the information collected has little or no clinical value.

HOW WAS THE BAM DEVELOPED?

Initially, 25 potential monitoring items were selected from existing instruments and reviews of literature on treatment outcome predictors. An initial version of the instrument was administered to VA SUD patients, followed by interviews to determine the process of interpreting and responding to items (i.e. "cognitive testing"). The final protocol yielded 17-item BAM.

BAM PILOT STUDY FINDINGS:

- 5 minute assessment can monitor progress in multiple areas
- Most items appear sensitive to change from disposition to 3 month follow-up
- Under-reporting may be more likely with clinicians than with research technicians
- Follow-up rate was strongly related to whether patient is still in treatment (94% follow up rate for those still in treatment at 3 months vs. 45% follow up rate for those not in treatment at 3 months)

BAM ITEMS:

The use of a client's answer will be different depending on the item's response scale and on the nature of the question. Each question can be reasonably placed into one of four categories:

Self-reported substance abuse:

These items assess frequency and type of substance use. More days of use is considered more problematic. Frequency and type of use may indicate need for substance abuse treatment for dropouts. Also, frequency and type of use may indicate the need to adjust treatment for current clients.

Functional Problems:

These items assess severity or frequency of various problems. More severe or frequent difficulty is considered more problematic. Higher severity and frequency may suggest a need further assessment or referral for specialized services. Additionally, higher severity and frequency of

these problems may also pose a risk factor for substance abuse by patients both in and out of treatment.

Risk Factors:

These items, especially in the context of other life problems (above) assess severity, frequency, of potential risk factors for substance abuse. If the client is currently not using, high ratings suggest they are at an increased risk for use. If they are using, high ratings will likely promote continued use. Efforts to minimize these risks are warranted.

Protective Factors:

These items assess intensity and frequency of potential protective factors. High ratings should help promote abstinence and are worth supporting. Low ratings suggest an increased risk for use and efforts to enhance protective factors are warranted. These efforts may include exploration of the lack of protective factors with the client, problem solving, supporting change, or advice.

THE BAM AS A PERFORMANCE MEASURE

As indicated in the Handbook on Uniform MH Services (p 28): "Patients with substance use illness need to be ... monitored in an ongoing manner, and care needs to be modified, as appropriate, in response to changes in their clinical status."

Therefore, the BAM is slated tentatively to become a standard performance measure in FY 2011. More details are available upon request.