BAM

What is it?

Brief Description:

- The Brief Addiction Monitor (BAM) is a 17-item, multidimensional, progress-monitoring instrument for patients in treatment for a substance use disorder (SUD). The BAM includes items that assess risk factors for substance use , protective factors that support sobriety, and drug and alcohol use (items 4-7G). The BAM produces composite scores for the three aforementioned domains. The instrument can be used in treatment planning, progress monitoring, and group or individual psychotherapies for SUD.
- The BAM-R, or continuous response BAM, retrospectively examines the patient's past 30-days allowing responders to give the actual number of days rather than intervals of days (e.g., 4-8, 9-15 days). The BAM-IOP is intended to assess on a weekly basis as it covers only the prior 7 days.
- When considering a diagnosis, the clinician will still need to use clinical interviewing skills to determine whether the symptoms are causing clinically significant distress or impairment and those symptoms are not better explained or attributed to other conditions (i.e. substance use, medical conditions, bereavement, etc.)

Why should I use it?

Clinical Utility

- Measurement based care emphasizes the use of standardized assessments, and other "tests" to help personalize care and guide treatment decisions.
    - Just as a primary care provider would routinely check glucose levels to better inform their treatment plan for a patient's diabetes, routinely administering rating scales to monitor improvement or a change in mental health symptoms is considered best practice in providing optimal care.
- Routinely using these tools to measure longitudinal changes and track treatment progress are associated with superior client outcomes when compared to usual care
    - Assessments alert clinicians to lack of progress, guides treatment decisions, identifies potential intervention targets, and assists in differential diagnosis
    - Assessments prompt changes in interventions if needed when things are not working or can prompt stepdown in care after a patient's functioning has improved
- The data can be used by the clinician to engage the client in therapeutic process, overall validating them as an active partner in their health care and mental wellness
- It can improve communication between providers and facilitate collaboration among different services

How easy is it to do?

Administration

- How is it administered?
    - Self-administered by the patient (preferred)
    - By interviewer in person or via telephone
- How long does it take?
    - About 5 minutes to complete
- Where & when can it be done?
    - Waiting area prior to session
    - Beginning, during, or end session
    - At home prior to appointment
- How is data collected?
    - Paper and pencil
    - BHL Software
    - Tablets or other electronic device

BAM

How do I use this?

Scoring and Interpretation

- Patients provide the numbers of days/nights on a Likert-scale ranging from 0-4 in the BAM-IOP and 0-30 in the BAM-R regarding their risk behaviors, protective behaviors, and substance use.
- Other items require categorical responses each of which has a corresponding numerical score. For example on Item 1 of the BAM-R, Excellent=0, Very Good=8, Good=15, Fair=22, Poor=30, while on the BAM and BAM-IOP Excellent=0, Very Good=1, Good=2, Fair=3, Poor=4.
- Examining scores from individual items is the most clinically relevant use of this measure. Clinicians are strongly encouraged to attend to the item-level data because they have direct implications for treatment planning. They identify specific areas of need or resources for the patient's recovery. Each functional domain has an associated composite score which serves as cross-sectional marker of clinical status.
    - Use = sum of Items 4, 5, & 6 (Scores from 0 to 12 on the BAM-IOP and 0-90 on the BAM-R; higher scores meaning more Use)
        - Item 7 (7A-7G) are not scored as part of the subscales but provide elaboration for item 6.
    - Risk = sum of Items 1, 2, 3, 8, 11, & 15 (Scores from 0 to 24 on the BAM-IOP and 0-180 on the BAM-R; higher scores meaning more Risk)
    - Protective = Sum of Items 9, 10, 12, 13, 14, & 16 (Scores from 0 to 24 on the BAM-IOP and 0-180 on the BAM-R; higher scores meaning more Protection)
    - Item 17 can be used as an overall assessment of treatment progress, but is not scored on any of the specific subscales
- Note that the BAM does not generate a psychometrically refined total score. The developers caution that its three factor scores (Use, Risk, and Protective) need additional psychometric evaluation. However, patients and providers find it an appropriate set of items to inform initial treatment planning and for ongoing measurement based care.

How could this help me with my patients?

Treatment Planning

By Total Score of Functional Domain

Note: The examples provided below reference the date range reflected in the BAM-R (30 days) but content still applicable to BAM-IOP (7 days)

- Determining the veteran's strengths: The presence (or higher frequency occurrence) of any of the **BAM Protective items** indicates relative strengths/resources the veteran brings to the treatment setting. These are indicated by the corresponding health factors for BAM questions 9, 10, 12, 13, 14, & 16.
    - FOR EXAMPLE…
      "John Doe reports that he is extremely confident that he can remain abstinent from alcohol and drug use in the next 30 days (BAMQ9)."
- Indicating the presence of a problem: The **BAM's alcohol and drug consumption items** (4 through 7G) and several BAM Risk and Protective items (8, 9, & 11) may be included as indicators of problematic drug and/or alcohol use. Note that the *presence of the Risk items (8 & 11)* and/or *absence of the Protective item (9)* can be related to problematic substance use.

- FOR EXAMPLE…
  Problem #2 (Active): John Doe complains that his cocaine use 'has gotten way out of hand' as evidenced by:
  - John stated he used cocaine on 16 of the past 30 days (BAMQ7c).
  - John reported that he has been considerably bothered by drug craving in the past 30 days (BAMQ8).
  - John reports slight confidence to be abstinent from drugs in the next 30 days (BAMQ9).
  - John reports that in 16 to 30 of the past 30 days he has been in situations or with associates that put him at risk for drug use (BAMQ11).

- Providing evidence of goal achievement by measuring progress on objectives: By aligning objectives with the BAM, follow-up BAM assessments provide the time bound evidence for determining therapeutic progress.
  - FOR EXAMPLE…
    Goal #1: John Doe will enjoy healthy sleep.
    - Objective #1: By (a certain date), John will report no nights with sleep disturbances (BAMQ2).
    - Objective #2: By (a certain date), John will report no use of alcohol in the past 30 days (BAMQ4).
- Informing the selection of and measuring the effectiveness of interventions for assisting patients in meeting or managing specific challenges they are experiencing. Providers may apply interventions that target specific deficiencies identified by the BAM. The deficiencies may be a combination of high frequency pathological (Use or Risk) behaviors and low frequency healthy (Protective) behaviors.
  - FOR EXAMPLE…
    Goal #1: John will lead a sober lifestyle.
    - Objective #1: By (a certain date), John will demonstrate a 50% reduction in his Risk Score from the baseline BAM assessment on (specify date of baseline).
    - Intervention #1A: From (specify start date and end date), (specify provider name) will provide John Doe with training on craving management skills during his weekly individual therapy sessions.
    - Intervention #1B: On (specify date), (specify provider name) will prescribe a 90- day supply of (medication name) to assist John Doe with sleeplessness.
    - Intervention #1C: On (specify date), (specify provider name) will conduct a physical exam on John Doe.

Measuring Change

- Good clinical care requires that clinicians monitor patient progress. It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status. Discussion with each patient about his/her data is strongly recommended for informing and promoting motivational enhancement and collaborative treatment planning. The goal is to see changes on each scale with each administration of the BAM; and, when changes are not evident, to consider adaptive, collaborative changes to the patient's treatment plan.

- Because norms are not available for evaluating patients' data, the BAM is best used in comparison to the individual's previous scores and evaluations to assess clinical progress. Administration of the BAM at baseline and 3-months post baseline has been shown to reveal statistically significant reductions in problem frequency and severity, and improvements in protective factors or prosocial behaviors on all the items as well as on the three factor scores

Can I trust it?

Psychometric properties

- Reliability info: excellent test/retest reliability.
- Validity info: predictive validity

References

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Brief Addiction Monitor (BAM)

Name:_____ Date:_____

1. In the past 30 days, would you say your physical health has been:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

4. In the past 30 days, how many days did you drink ANY alcohol?

- ☐ 0 (Skip to #6)
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? (One drink is considered one shot of hard liquor (1.5 oz) or 12-ounce can/bottle of beer or 5 oz glass of wine)

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?

- ☐ 0 (Skip to #8)
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

7. In the past 30 days, how many days did you use:

A. Marijuana (cannabis, pot, weed)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

C. Cocaine/Crack?

- ☐ 0
- ☐ *1-3*
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

E. Opiates (e,g, .Heroin, Morphine, Dilaudid, Demerol, Ocycontine, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl, etc.)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

10. In the past 30 days, how many days did you attend selfhelp meeting like AA or NA to support your recovery?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

12. Does your religion or spirituality help support your recovery?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- ☐ No
- ☐ Yes

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely

16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

17. How satisfied are you with your progress toward achieving your recovery goals?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely