Treatment Planning with the Brief Addiction Monitor (BAM)

DRAFT Version 3

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Preface

The 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 substance abuse programs. It includes both symptom level outcomes as well as functional outcomes.

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.

We hope that the information contained within this document will facilitate using the BAM in treatment planning. We have other materials available via Sharepoint (http://vaww.national.cmop.va.gov/MentalHealth/SUD/Forms/AllItems.aspx) or from the Philadelphia CESATE.

We are available to help you as you implement the BAM in your clinical setting.

The Philadelphia CESATE

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Treatment planning and the BAM

- A treatment plan is a road map that a veteran and provider follow through treatment
- It consists of:
    - problems for which the veteran is seeking treatment
    - the veteran's strengths/resources that will support his/her engagement in treatment efforts
    - the veteran's goals for treatment
    - objectives the veteran will complete in pursuit of the goals
    - interventions provided to the veteran to assist him/her in accomplishing the objectives.
- It encourages veteran and therapist to think in terms of therapy *outcomes;* neither need wonder what therapy is attempting to accomplish.
- It provides an assessment of progress (read: measurable changes)
- It details therapeutic responsibilities: what will be done, when it will be done, and by whom.
- The best plans are developed when provider(s) and veteran collaborate.

The BAM can help by

- determining the veteran's strengths
- indicating the presence of a problem
- providing evidence of goal achievement by measuring progress on objectives.
- targeting and measuring the effectiveness of interventions for specific deficiencies in the veteran's lifestyle.

Using the BAM to determine the Veteran's strengths

Strengths refer to the **abilities and/or resources** available to the veteran that could be of assistance in pursuing his/her treatment goals. Strengths could include high self-efficacy, religious and/or spiritual beliefs, vocational involvements, financial stability, and social supports for recovery. 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)."

"John Doe attended self-help groups on 15 days in the past 30 days (BAMQ10)."

"On 25 of the past 30 days, John Doe has spent time with family and friends who support his recovery (BAMQ16)."

Higher levels of **motivation to change** would also be a strength upon which therapeutic progress would rely. Indeed, SAMHSA/CSAT asserts that treatment plans should contain a section addressing motivation for change (see Treatment Improvement Protocol 44). Although the BAM does not assess a respondent's stage of change ala the SOCRATES or URICA, it can provide evidence of behaviors consistent with the motivational stages (particularly Action, Maintenance, and Relapse) in Prochaska and DiClemente's Transtheoretical Model (Psychotherapy: Theory, Research & Practice, 1982, 19(3), 276-288).

FOR EXAMPLE…

> Higher levels of participation in self-help groups would be consistent with the Action stage of change – a relative strength.
>
> Follow-up BAMs revealing 6 months or longer of sustained high frequency protective factors, low frequency risk factors, and abstinence from substance consumption (BAM items 4 through 7G) would be indicative of Maintenance.
>
> Any return to substance consumption, re-emergence of Risk factors, and/or marked decrease in Protective factors would be consistent with Relapse or an imminent risk thereof.

After using the baseline BAM to develop the strengths-based foundation for the treatment plan, follow-up BAMs can be used to assess the status of these strengths (i.e. do they need buttressing?) and to identify emerging ones for inclusion on the plan. To reinforce the veterans' engagement in treatment, providers are encouraged to provide them with feedback on how their repertoire of strengths is evolving as they matriculate through treatment.

Using the BAM to develop a problem list

A problem is a **brief clinical statement of a condition** of the veteran that needs treatment. Each statement describes one problem evidenced by a variety of indicators. Problems are subcategorized as Active (symptoms present and treatment indicated), Inactive (symptoms absent due to ongoing treatment), or Resolved (symptoms absent and treatment no longer necessary).

Problem statements can be multidimensional constructs, i.e. low self-esteem, that are evidenced by measurable signs (objective criteria) and symptoms (subjective criteria). The same problem may present differently in different veterans.

FOR EXAMPLE…

> Problem #1 (Active): John Doe has been unable to maintain sobriety as evidenced by…
>
> - John's BAC on (a recent date) was .23
> - John's family reports he has been drinking alcohol daily
> - John manifests alcohol withdrawal symptoms
> - John has three DWI arrests in the past 5 years including one 3 weeks ago
> - John has 4 previous enrollments in treatment for alcohol dependence

N.B. When a particular problem is a diagnosable condition, i.e. alcohol dependence, the indicators should correspond to the DSM diagnostic criteria.

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 20 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 25 of the past 30 days he has been in situations or with associates that put him at risk for drug use (BAMQ11).

The **presence of the remaining Risk items (#1, 2, 3, & 15)** and/or **the absence of the remaining Protective items (#10, 12, 13, 14, & 16)** may serve as indicators of addiction-related problems or be included in the treatment plan as problems themselves (presumably supported by additional indicators).

FOR EXAMPLE…

Problem #3 (Active): John Doe complains of unsatisfactory physical health as evidenced by:

- Poor physical health in the past 30 days (BAMQ1).
- Sleep difficulties in 15 of the past 30 days (BAMQ2).

OR

Problem #4 (Active): John Doe does not get adequate sleep as evidenced by:

- Sleep difficulties on 15 of the past 30 days (BAMQ2).
- John reports that he has been disciplined for falling asleep on the job (non-BAM evidence).

OR

Problem #5 (Active): "John Doe complains of persistent mood disturbances as evidenced by:

- John states that he has been depressed for most of the day on 16 of the past 30 days (BAMQ3).
- John reports he has had thoughts of hurting himself in the past 2 weeks (from clinical interview or PHQ9).

OR

Problem #6 (Active): John Doe lacks resources to support his recovery as evidenced by:

- John has spent none of the past 30 days with family or friends who support his recovery (BAMQ16).
- John has insufficient legal income for necessities (BAMQ14).
- John has not been involved in any gainful activities in the past 30 days (BAMQ13).
- John is not involved in self-help groups (BAMQ10).
- John reports his religion does not support his recovery at all (BAMQ12).

Please note that a more detailed assessment of the veteran's religious and/or spiritual beliefs vis-à-vis recovery is likely necessary to determine if BAM Question #12 is best considered a current or potential source of support for recovery. That is, the veteran's perception of low/no support for his/her recovery from Religion/Spirituality does not necessarily indicate a problem state. However, when this potential protective factor is absent, it is advisable to assess the veteran's receptivity to such interventions, i.e. pastoral care.

Using the BAM to set goals and measure progress on objectives

A goal is a brief clinical statement of the condition you expect treatment to help veteran achieve. That is, **goals are desired outcomes of treatment**. All goals infer a set of behaviors the veteran and provider agree should be established in the veteran's lifestyle. Goals are established *with* not *for* the veteran. Goals can be framed as the resolution of pathological states and/or as the achievement of a richer state of wellness. That is, goals can be more ambitious than the elimination of pathology…

- Instead of "John Doe will stop drinking," consider "John Doe will develop a sober lifestyle that prevents relapse."
- Instead of "John Doe will stop negative self-talk," consider "John Doe will develop and use positive self-talk."

These questions can help the veteran decide on goals:

- What is this veteran doing that's maladaptive?
- What does the veteran need to do differently?
- How can I help the veteran behave in adaptive ways?

Objectives are the specific tasks that the veteran must accomplish to achieve a goal. Objectives are the time-bound, measurable indicators that the veteran is making progress towards a treatment plan goal. Consequently, providers are encouraged to remember the **T.R.A.M.** principle when developing objectives with their veteran clients. That is, objectives must be **T**ime-bound (with start and completion dates indicated), **R**ecorded (expressly stated on the plan), **A**ssigned (the veteran assumes responsibility for completing the objective), and **M**easurable (the objective is operationalized to eliminate ambiguity in determining whether it has been accomplished).

Accomplishing a goal is inferred by the completion of all the objectives that the veteran and provider have determined as requisite elements of the goal. Objectives that go uncompleted may need to be deconstructed into smaller units via behavioral shaping.

To develop objectives, ask the question: "What does the veteran need to do to achieve the goal?"

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).

OR

Goal #2: John will be physically healthy.

- Objective #1: By (a certain date), John will describe his physical health for the past 30 days as very good or excellent (BAMQ1).

- Objective #2: By (a certain date), John will report no nights with sleep disturbances (BAMQ2).
- Objective #3: By (a certain date), John will demonstrate a Use score of zero.

OR

Goal #3: John will lead a sober lifestyle.

- Objective #1: By (a certain date), John will demonstrate a 50% reduction in his Risk Score.
- Objective #2: By (a certain date), John will demonstrate a 50% increase in his Protective Score.
- Objective #3: By (a certain date), John will demonstrate a Use score of zero.
- Objective #4: By (a certain date), John will have attended self-help meetings on >50% of the previous 30 days (BAMQ10).
- Objective #5: By (a certain date), John will have spent less than 4 days in situations that put him at risk of substance use (BAMQ11).

In clinical progress notes, providers can add narrative to indicate the progress made on the objectives.

FOR EXAMPLE…

> "John's BAM on (a certain date) indicates that his Risk score is 12. This represents a 50% reduction in his Risk score since (a certain date). Specific risk factors that have been reduced are an improvement in Health (from Poor to Good on BAMQ1), Sleep (from 16 nights to 2 nights on BAMQ2), and Mood (from 9 days to 1 day on BAMQ3)."

Using the BAM to target interventions

Interventions (also known as Methods) are **what the provider does to help the veteran complete the objective**. There should be at least one intervention for every objective. If the veteran doesn't complete the objective, either new interventions may be added to the plan or the objective will be deconstructed into achievable successive approximations (behavioral shaping).

Interventions specify…

- The start date of the service to be provided.
- The frequency of service to be provided.
- The provider responsible for delivering the intervention.

To decide on interventions, ask "What can I do to help the veteran achieve his objectives?"

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…

Problem #1 (Active): John Doe complains that his drinking 'has gotten way out of hand' as evidenced by:

- John stated he drank heavily on 20 of the past 30 days (BAMQ5).
- John reported that he has been considerably bothered by craving in the past 30 days (BAMQ8).
- John reports slight confidence to be abstinent from alcohol in the next 30 days (BAMQ9).
- John reports that in 25 of the past 30 days he has been in situations or with associates that put him at risk for heavy drinking (BAMQ11).

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 reducing his heavy drinking.
Intervention #1C: On (specify date), (specify provider name) will conduct a physical exam on John Doe.

Objective #2: By (specify date), John will have attended self-help meetings on 15 or more of the previous 30 days (BAMQ10).
Intervention #2A: On (specify date), (specify provider name) will provide John with a list of 12-step meetings within walking distance (.25 miles) of John's home.