

Adaptation and validation of the ASAM PPC-2R criteria in French and Dutch speaking Belgian drug-addicts.

J. REGGERS¹, M. ANSSEAU¹, F. GUSTIN¹, S. PIRARD^{1,2}, P. Van DEUN³, A. SEGHERS³, P. EARLEY⁴, J. BESSON⁵, D. GASTFRIEND²

Affiliations

1. Department of Psychiatry, University of Liège, CHU du Sart Tilman, B35, B-4000 Liège, Belgium.
2. MGH Addiction Research Program, Harvard Medical School, 388 Commonwealth Av, Boston MA 02215, USA.
3. De Spiegel, Addiction Treatment Centre, Groot Park 9, B-3360 Lovenjoel, Belgium
4. CMHC Systems, Inc., 4015 S Cobb Dr Suite 120, Smyrna GA 30080, USA.
5. Division of Substance Abuse, Department of Adult Psychiatry, University of Lausanne, Clinique de Cery, 1008 Prilly, Lausanne, Switzerland.

Introduction: Addiction treatments range from low threshold ambulatory to highly managed hospital care. Facilities and services vary widely among regions and countries. Many national governments perceive an urgent need for improved patient placement matching in order to obtain optimal treatments given economic and resource limitations. To reach these goals, the American Society of Addiction Medicine (ASAM) authorized the development of a computerized algorithm of matching criteria to help providers assess six clinical dimensions (ASAM Patient Placement Criteria–2nd Edition Revised; PPC-2R) (Mee-Lee et al., 2001) to generate recommendations for four main levels of care.

The purposes of this study were twofold: first, to adapt and validate the structured interview software to the two principal Belgian languages: French and Dutch; and second, to evaluate if such a placement matching method is valid and might lead to a more efficient addiction treatment planning policy in a European country, such as Belgium.

Method: The PPC-2R prototype question sequence was translated/adapted into French and Dutch using a sequential forward/backward translation method. A cross-sectional national study was conducted in different treatment centres constituting the four levels of care: outpatient treatment (Level-I), intensive outpatient treatment/partial hospital (Level-II), residential/intensive inpatient treatment (Level-III), and medically managed intensive inpatient treatment (Level-IV). A total of 201 consenting adults with substance dependence, half from each language community, were recruited in equal proportions in the four types of centres and assessed by trained psychologists. Outcomes were then assessed at one month with a 5-point global rating scale (Carey et al., 1996), keeping assessors, patients, programs, and raters all blind as to the patients' ASAM PPC-2R match or mismatch status at baseline.

Results: 201 subjects were assessed with a mean duration of the interview of 114 (± 43) minutes. The PPC-2R algorithm generated a placement matching report for 167 patients (83%). One month outcomes showed that patients who received treatment in settings corresponding to a PPC-2R match or higher level of care (n = 140) were rated as significantly better than patients (n = 27) who were mismatched to a lower level of care than recommended ($F_{1,167}=3,92;P<0.049$).

Conclusion: This study shows the applicability of the ASAM PPC-2R outside the US in 2 different languages and the usefulness of the system in matching patients to an optimal level of care. These promising results are similar to three earlier studies of the PPC-1 edition algorithm and should be replicated in longer-term longitudinal studies.

References:

- Mee-Lee D, Shulman GD, Fishman M, Gastfriend DR, Griffith JH: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R). Chevy Chase, MD, American Society of Addiction Medicine, Inc. (ASAM), 2001
- Carey et al., 1996, Concurrent validity of clinicians' ratings of substance abuse among psychiatric outpatients. *Psychiatr Serv.* 47 : 842-847.

Grants / Acknowledgements: This research was supported by Belgian grants from the Federal Science Policy and the Foundation for Medical Scientific Research (FRSM) – S. Pirard was research fellow at the FRSM at the time of the research and received a grant from the Belgian American Educational Foundation. Dr. Earley was supported by a US SBIR grant from the NIAAA. Dr. Gastfriend was supported by US grant NIDA K24-DA00427.