

Stanford Integrated Psychosocial Assessment for Transplant (SIPAT)

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Patient's Name: _____

Date: _____

Patient's MR#: _____

Total Score: _____

SIPAT Examiner: _____

A. PATIENT'S READINESS LEVEL

I. Knowledge & Understanding of Medical Illness Process (that caused specific organ failure)

- 0) **Excellent Understanding:** Patient & support system are fully aware of the cause(s) of illness leading to organ failure and need for transplantation. Both patient and support system demonstrate a high degree of self-directed learning.
- 1) **Good Understanding:** Patient & support system are mostly aware of the cause(s) of the illness process and contribution to current health status.
- 2) **Moderate Understanding:** Patient has modest knowledge despite teaching/material provided –
Or – A patient who just found out about his/her condition and has not received transplant-related education.
- 3) **Limited Understanding:** Patient has only rudimentary knowledge despite of years of illness and/or extensive teaching by providers.
- 4) **Poor Understanding:** Extreme denial or indifference is evident.

II. Knowledge & Understanding of the Process of Transplantation

- 0) **Excellent Understanding:** High degree of self-directed learning and excellent knowledge of treatment risks & benefits.
- 1) **Good Understanding:** Patient & support have studied & understood provided literature.
- 2) **Moderate Understanding:** Patient has modest knowledge despite teaching/material provided –
Or – A patient who just found out about his/her condition and has not received transplant-related education.
- 3) **Limited Understanding:** Patient only has only rudimentary knowledge despite of intensive teaching by providers.
- 4) **Poor Understanding:** Extreme denial or indifference evident.

III. Willingness/Desire for Treatment (Transplant)

- 0) **Excellent:** Patient is highly motivated and proactively involved in his/her medical care.
- 1) **Good:** Patient expresses interest and is actively involved in his/her care
- 2) **Moderate:** Patient appears ambivalent; only passively involved in process; actions are only acceptable at best. – **Or –** A patient who just found out about his/her condition and has not received transplant-related education.
- 3) **Limited: Patient who has limited involvement in his/her care.** Family member or medical team appears more interested in the transplant process than patient.
- 4) **Poor:** Family member or MD pushing patient to participate in the transplantation evaluation process; the patient is uninterested or mostly unengaged.

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IV. Treatment Compliance/Adherence (Pertinent to medical issues)

- 0) **Excellent:** Patient is fully compliant and is an effective partner with medical staff.
- 2) **Good:** Patient is mostly compliant; requires redirection or reeducation; but no significant negative outcomes are documented.
- 4) **Moderate:** Only partially compliant or excessive self-management; requires multiple efforts and persuasion from the Transplant team and/or family – **Or** – A patient who just found out about his/her condition and has not received transplant-related education.
- 6) **Limited:** Only compliant after the development of complications or side effects.
- 8) **Poor:** Evidence of significant treatment non-adherence with negative impact to patient's health (e.g., treatment non-adherence/compliance; continued substance use after learning of illness).

V. Lifestyle Factors (Including diet, exercise, fluid restrictions; and habits according to organ)

- 0) Able to modify & sustain needed changes- self initiated.
- 1) Patient is responsive to recommended changes.
- 2) Patient is reluctant, but compliant with recommended changes, after much prompting and encouragement from support & transplant team.
- 3) Patient complies with recommended changes only after the development of complications.
- 4) Unhealthy diet & sedentary lifestyle. Reluctant to change despite efforts from treatment team and support system (e.g., non-adherence with recommended restrictions; continued substance use after learning of illness).

B. SOCIAL SUPPORT SYSTEM

VI. Availability of Social Support System

- 0) **Excellent:** Multiple family, significant others &/or friends have been identified and ARE actively engaged as part of the support system. Excellent back-up system in place.
- 2) **Good:** Various individuals (e.g., minimum of two people) have been identified and are actively engaged in the patient's care. A back-up system, albeit limited, seems feasible.
- 4) **Moderate:** A back-up system has not been confirmed or appears limited / tentative.
- 6) **Limited:** The patient's identified support system appears tentative, inconsistent, unreliable, conflicted, uncertain or uncommitted. Identified backup system's reliability is questionable..
- 8) **Poor:** Patient unable to identify reliable support system, or identified caregiver has failed to present to clinic. No reasonable back-up support system is in place.

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VII. Functionality of Social Support System

- 0) **Excellent: Members of the** support team have demonstrated initiative in learning and are already committed to and actively and effectively engaged in the patient's care.
- 2) **Good:** A limited support system has already committed to and has had effective engagement in the patient's care. Or, they are not involved yet, but appear ready to help.
- 4) **Moderate: Members of the** patient's identified support system may themselves need some psychosocial work before they are ready for transplantation.
- 6) **Limited:** Member of the identified support system themselves have problems (e.g., medical or psychosocial) which may impair or limit their ability to reliably assist the patient – **OR** – The identified person(s) have expressed doubts/hesitation/conflict.
- 8) **Poor:** Patient has suffered due to unreliable support system –**OR**– the transplant team has not been able to effectively work with the support team.

VIII. Appropriateness of physical living space & environment

- 0) **Excellent:** Patient has excellent, long-term, permanent and adequate housing.
- 1) **Good:** Patient has some stable housing arrangement, albeit not optimal.
- 2) **Adequate:** Reported arrangement is only temporary and/or tenuous.
- 3) **Limited:** Unable to confirm reported arrangement or perceived to be inappropriate.
- 4) **Poor:** Non-existent; patient has no stable living arrangements –**OR**– lives in environment that doesn't promote Transplant health.

C. PSYCHOLOGICAL STABILITY & PSYCHOPATHOLOGY

IX. Presence of Psychopathology (mood, anxiety, psychosis & others)

(Other than organic psychopathology [Q.X] & personality disorders [Q.XI]) (Use clinical judgment. If the patient demonstrates clinical signs of psychopathology please follow up with appropriate diagnostic exam (e.g., depression (Q.IXa) or anxiety [QIXb])

- 0) **None:** No history of psychiatric problems.
- 2) **Mild Psychopathology** – Present or History of **mild psychopathology** (e.g., Adjustment disorder). Usually a self-limited problem without significant negative impact on level of functioning. No hospitalization needed. **No History of SI/SA.**
- 4) **Moderate Psychopathology** – Present or history of moderate psychopathology (e.g., depressive or anxiety disorder). Treatment, if needed, has been/was effective, good compliance. No SI/SA at present; although **possible history SI/SA in past.**
- 6) **Severe psychopathology. Present or history** of severe psychopathology (e.g., severe mood, anxiety or psychotic disorder with significant impairment of psychosocial functioning). Patient has needed **psychiatric hospitalization(s) in the past or “+” history of SI/SA.**
- 8) **Extreme psychopathology.** Present or history of severe psychopathology (e.g., as above) usually associated with repeated episodes of psychosis or suicidality; and associated with a history of multiple psychiatric hospitalizations and/or treatment with ECT; or history of multiple SI/SA). Patient may be in need of acute psychiatric intervention before proceeding.

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IXa. Assessment of Depression (Use clinical judgment; Patient Health Questionnaire [PHQ] or Beck Depression Inventory [BDI], if available)

- 0) **No** Clinical Depression; or PHQ < 5; or BDI= 0 – 13.
- 1) **Mild** Clinical Depression; or PHQ = 5 – 9; or BDI= 14 – 19.
- 2) **Moderate** Clinical Depression; or PHQ = 10 – 19; or BDI= 20 – 28.
- 3) **Severe** Clinical Depression (includes psychosis and/or suicidality); or PHQ ≥ 20; or BDI = 29 – 63.

IXb. Assessment of Anxiety (Use clinical judgment; Generalized Anxiety Disorder questionnaire [GAD-7] or Beck Anxiety Inventory [BAI], if available)

- 0) **No** Clinical Anxiety; or GAD-7 < 5; or BAI = 0 – 7.
- 1) **Mild** Clinical Anxiety; or GAD-7 = 5 – 9; or BAI = 8 – 15.
- 2) **Moderate** Clinical Anxiety; or GAD-7 = 10 – 14; or BAI = 16 – 25.
- 3) **Severe** Clinical Anxiety; or GAD-7 ≥ 15; or BAI = 26 – 63.

X. History of Organic Psychopathology or Neurocognitive Impairment:

Illness or medication induced psychopathology (e.g., encephalopathy, Rx-induced psychosis)

- 0) **None:** No history of disease or treatment induced psychiatric problem.
- 1) **Mild Organic Psychopathology:** history or at present.
- 3) **Moderate Organic Psychopathology:** history or at present.
- 5) **Severe Organic Psychopathology:** history or at present.

Xa. Assessment of Current Cognitive Functioning (Use clinical judgment or MoCA or MMSE, if available)

- 0) **Cognitive Functioning Within Normal Limits;** or MoCA / MMSE ≥ 26.
- 1) **Borderline** Level of Cognitive Functioning; or MoCA / MMSE = 22 – 25.
- 2) **Impaired** Cognitive Functioning; or MoCA / MMSE < 22.

XI. Influence of Personality Traits vs. Disorder

- 0) **None:** No history of significant personality disorder or psychopathology/traits.
- 1) **Minimal:** History of some personality traits or mild psychopathology only in response to illness, medical treatment or psychosocial stressors (i.e., none at baseline). No characterological interference with medical treatment. No history of SI/SA.
- 2) **Mild:** History of minimal personality traits or psychopathology at baseline, or in response to illness, medical treatment or psychosocial stressors. Treatment, if needed, has been effective. Patient with good compliance and no characterological interference with medical treatment. No history of SI/SA.
- 3) **Moderate:** History of moderate personality psychopathology or traits, at baseline; evidence of exacerbation & poor coping in response to illness, medical treatment or psychosocial stressors. “+” need for multiple psychiatric hospitalizations in the past. Some characterological interference with medical treatment. “+”/”-“ History of SI/SA.
- 4) **Severe:** History of very severe character pathology present at baseline; evidence of significant exacerbation & poor coping in response to illness, medical treatment or psychosocial stressors. Significant characterological interference with medical treatment. Patient is in need for acute psychiatric intervention before proceeding, or history “+” need for multiple psychiatric hospitalizations and/or SI/SA in the past

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XII. Effect of Truthfulness vs. Deceptive Behavior in Presentation

- 0) No evidence of deceptive behavior in history or at present.
- 2) Patient has not volunteered some negative information, but truthfully answered on direct questioning.
- 4) Patient has not been fully forthcoming with negative information, but provides it on confrontation.
- 6) Patient has not been fully forthcoming with negative information. Information obtained only from external sources.
- 8) There is clear evidence of deceptive behavior as evidence by records, collateral information or testing.

XIII. Overall Risk for Psychopathology (including items IX – XII)

- 0) **None:** No history of personal or familial psychiatric problems; no psychiatric complications in response to illness, medical treatment or psychosocial stressors.
- 1) **Minimal:** History of acceptable coping with current or previous medical challenges or psychosocial stressors. No psychiatric complications in response to illness, medical treatment or psychosocial stressors.
- 2) **Mild:** History of poor coping with current or previous medical challenges or psychosocial stressors. Only minimal, if any, psychiatric complications in response to illness, medical treatment or psychosocial stressors.
- 3) **Moderate:** History of problematic coping with current or previous medical challenges or psychosocial stressors. Patient has experienced some psychiatric complications to medical illness, interventions or treatment –**OR**– Presence of moderate psychopathology in family of origin.
- 4) **Severe:** History of significant problems with coping in response to current or previous medical challenges or psychosocial stressors. –**OR**– History of significant psychopathology present in family of origin.

D. LIFESTYLE & EFFECT OF SUBSTANCE USE

XIV. Alcohol Use/Abuse/Dependence

- 0) **None:** No history of alcohol use.
- 2) **ALCOHOL USE – NO ABUSE:** History of minimal alcohol use which has caused no social or medical problems (i.e., no abuse). If requested by the team the patient promptly discontinued all alcohol use.
- 4) **MODERATE ALCOHOL ABUSE:** History of moderate alcohol abuse evidenced by excessive drinking and possible deleterious bodily or social effects. Patient quit use as soon as patient learned of disease or when first told by MD. Patient may have required treatment/intervention in order to achieve sobriety.
- 6) **DEPENDENCE OR SEVERE ABUSE:** History of severe alcohol abuse or dependence. Patient required treatment/ intervention in order to achieve sobriety (or refused treatment); or continued to use after disease progressed, developing medical complications.
- 8) **DEPENDENCE OR EXTREME ABUSE:** History of extreme alcohol abuse & multiple relapses despite warning and/or treatment. Patient continued to drink until just prior to presentation or only quit drinking when too sick to continue.

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XV. Alcohol Use/Abuse/Dependence - Risk for Recidivism (Use clinical judgment or use AUDIT, if available)

- 0) **None:** No history of Alcohol use (Audit = 0).
- 1) **Low Risk:** (AUDIT 1 – 7).
- 2) **Moderate Risk:** (AUDIT 8 – 15).
- 3) **High Risk:** (AUDIT 16 – 19).
- 4) **Extreme Risk:** History of recidivism after prior treatment or after an extended period of sobriety (AUDIT > 20).

XVI. Substance Use/Abuse/Dependence – Including Prescribed & Illicit Substances (Use clinical judgment or use DAST, if available)

- 0) **None:** No history of illicit substance use; or abuse of prescribed substances.
- 2) History of **minimal** substance abuse (illicit or prescribed substances). Quit use as soon as patient learned of disease or when first told by MD.
- 4) **MODERATE SUBSTANCE ABUSE:** History of moderate substance abuse (illicit or prescribed substances), but quit use as soon as patient learned of disease or when first told by MD. Patient may have required treatment/intervention in order to achieve remission.
- 6) **DEPENDENCE OR SEVERE ABUSE:** History of dependence or severe abuse (illicit or prescribed substances). Patient required treatment/intervention in order to achieve sobriety (or refused treatment/intervention); or continued to use after disease progressed, developing medical complications.
- 8) **DEPENDENCE OR EXTREME ABUSE:** History of dependence or extreme substance (illicit or prescribed substances); History of multiple relapses despite warning and/or treatment. Patient continued to use until just prior to presentation or only quit when too sick to continue.

XVII. Substance Use/Abuse/Dependence – Including Prescribed & Illicit Substances - Risk for Recidivism

- 0) **None:** No history of illicit substance Use; or abuse of prescribed substances (DAST = 0).
- 1) **Low Risk:** (DAST 1 – 2).
- 2) **Moderate Risk:** (DAST 3 – 5).
- 3) **High Risk:** (DAST 6 -8).
- 4) **Extreme Risk:** History of recidivism after prior treatment or after an extended period of sobriety (DAST 9 – 10).

XVIII. Nicotine Use/Abuse/Dependence

- 0) **None:** Never used tobacco in any form. No history of Nicotine Use/Abuse.
- 1) **Past use:** Quit > 6 months (“ – ” nicotine test).
- 3) **Recent use:** Quit <6 months (“ – ” nicotine test).
- 5) **Active use:** Still currently smoking (per admission, accessory source report, or “+” test).

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SIPAT TOTAL Score: _____

SIPAT Score Interpretation

0 – 6

Excellent candidate

- Recommend to list without reservations.

7 – 20

Good candidate

- Recommend to list – although monitoring of identified risk factors may be required.

21 – 39

Minimally Acceptable Candidate

- Consider Listing. Identified risk factors must be satisfactorily addressed before representing for consideration.

40 – 69

Poor Candidate

- Recommend deferral while identified risks are satisfactorily addressed.

> 70

High Risk candidate, significant risks identified

- Surgery is not recommended while identified risk factors continue to be present.

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CONSIDERATIONS FOR FINAL PSYCHOSOCIAL RECOMMENDATIONS:

The following contraindications or risk factors were identified:

ABSOLUTE CONTRAINDICATIONS:

- ___ Inadequate social support system
- ___ Active illicit substance use
- ___ Active alcohol dependence/abuse
- ___ Active nicotine abuse
- ___ Active manic or psychotic symptoms that may impair adherence with treatment
- ___ Current suicidal ideation (in a patient with a history of multiple suicidal attempts)
- ___ Dementia (requires a formal diagnosis by psychiatrist, neurologist or geriatrician)
- ___ Non-adherence with treatment †
- ___ History of recidivism of substance abuse after previous organ transplantation †

†= in the case of a re-transplant candidate.

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RELATIVE CONTRAINDICATIONS

A. High Risk:

- Active alcohol use (suspected to be directly causative/exacerbating medical problem)
- Active abuse of prescribed substances
- Limited adherence with treatment (e.g., self-management with interference with care)
- Deceptive behavior
- Current suicidal ideation (in a patient with no prior history of multiple suicidal attempts)
- High degree of denial or ambivalence regarding transplantation
- Personality disorders
 - Cluster A (i.e., Paranoid, Schizotypal)
 - Cluster B (i.e., Antisocial, Borderline, Narcissistic)

B. Moderate Risk:

- Alcohol use (not directly causative of medical problem)
- Prescribed (“medical”) marijuana use
- Inability to understand relevant information and poor receptiveness to education
- Reluctance to relocate near care center
- Absence of adequate living environment –OR– Reluctance to relocate to a more appropriate housing environment
- Limited or restricted access to resources
- Controlled major psychiatric disorder
 - History of suicidal attempts
 - Mood disorders
 - Psychotic disorders
 - Severe anxiety disorders
 - Mental retardation

C. Lower Risk:

- Obesity: BMI > 30 – 40kg/m²
- Limited literacy
- Cognitive disorders

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Overall numbers of Risk Factors (RF):

Absolute _____ Severe _____ High _____ Moderate/Low _____

SPECIAL CONSIDERATIONS:

1. The patient has at least 1 absolute contraindication? Yes___ No___

If the answer to the above question is YES please refer to guidelines and consider deferment/decline. If none present proceed to next question.

2. The patient has at least 2 high risk, relative contraindications? Yes___ No___

3. The patient has at least 3 moderate/low, relative contraindications? Yes___ No___

4. Patient failed to meet abstinence contract? Yes___ No___

5. Listed patient failed a toxicology screening test?
N/A___ Yes___ No___

6. Listed patient is not compliant? Yes___ No___

7. The patient has active/unstable psychiatric symptoms in need of treatment or questionable psych history waiting clarification? Yes___ No___

If the answer to ANY question #2-7 is YES, refer to guidelines for final recommendation. If none present proceed to SIPAT interpretation.

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➤ Guidelines for Deferment from Transplant List

A. Patients who meet **ONE RELATIVE – HIGH RISK contraindications**

–OR–

B. A **SIPAT score** ≥ 40 – 68, plus ANY of the following:

- Questionable psychiatric history - until clarified; or a well-documented history of currently unstable psychiatric symptoms in need of active treatment
- Patient having ≥ 2 high risk factors
- Patient having ≥ 3 moderate / low risk factors
- Failure to meet substance use and/or behavioral contract

➤ Guidelines for Recommending Declining Listing/Removal from Transplant List:

A. Patients who meet **ONE ABSOLUTE contraindications**

–OR–

B. A **SIPAT score** ≥ 70, plus ANY of the following:

- Patient meeting multiple risk factors (≥2 High Risk; ≥3 Moderate & Low Risk).
- Failure to meet abstinence contract terms within the prescribed deferment period.
- Listed patient with a positive toxicology screening test for any substance of abuse, alcohol, or nicotine.
- Listed patient who is not fully adherent with:
 - Clinic visit
 - 12-step program or Chemical Dependency Treatment Program
 - Psychiatric care
 - Development of adequate support team

C. Remediation:

- Patient will receive an intervention, and be given 2 months to modify his/her behavior or correct deficiencies.
- Above step may be repeated once, but on second reassessment (3rd talk) if behavior is still problematic or conditions are still suboptimal a recommendation may be made for the patient to be removed from the transplant list.
- A patient who has been previously declined or removed from the list: After 1 year, during which time must have followed with previous recommendations or corrective measures, must undergo a comprehensive psychosocial evaluation prior to representation to selection committee.