SIBAT Clinician (SIBAT-C) Form

Introduction

Did the patient come for this visit?

○ Yes
○ No

Patient is not present because:

○ patient has died by suicide
○ patient has died, but NOT by suicide
○ patient has died, reason is uncertain
○ patient attempted suicide
○ reasons unrelated to suicide or suicide attempt
○ unknown reason

Clinical Work Before Beginning Interview

Review the responses from the SIBAT Patient Form.
Module 6: Clinician Interview

General Instructions
Based on the patient information just reviewed, use the associated semi-structured interview to clarify issues that are necessary to finalize your ratings on the severity and management of this person's suicidal thinking.

The semi-structured interview should be followed to gather information for completion of the clinician-rated modules. Generally, questions in the interview should be asked, however, the patient's clinical condition should guide your line of questioning and phrasing, including the need for additional questions.
Chief Complaint

1. *Tell me why you came here today. / How have you been feeling?*

   1a. If the patient appears down, ask: *Have you been feeling sad or down?*

   1b. If the patient appears "high" or "manic" ask: *Has your mood been better [or higher] than normal?*

Describe the patient’s chief complaint related to suicidal thinking and/or Behavior.

Mood Assessment

Determine if the patient has mixed features of mania and depression. For example, look for evidence of rapid speech, flight of ideas, irritability, in the presence of depressed mood or other depressed symptoms.

Suicide Assessment

2a. *I understand you have had suicidal thoughts or behaviors in the past. Tell me more about your current thinking and anything you may have done to act on this.*

2b. *How frequently have you been having these thoughts in the past week?*

Suicide Plan Assessment

Examine SIBAT response for evidence of a suicide plan, access to methods and intent. Clarify any inconsistencies in their SIBAT report.

3a. *Are there things that increase or worsen your suicidal thinking?*

3b. *Are there things that decrease your suicidal thinking?
4. How detailed are the patient's plans for suicide? *(Check all that apply.)*
   - Frequent thoughts
   - Method well established
   - No plan
   - Occasional thoughts
   - Place well established
   - Timing well established

5. Describe the patient's strength of intent for suicide. *(Check the best response.)*
   - No intent
   - Little intent
   - Moderate intent
   - Strong intent
   - Extremely strong intent

6. Have triggers for the patient's suicide ideation and behavior been identified?
   - No
   - Yes
   What are they?

7. Have modulators that reduce the patient's suicide ideation and behavior been identified?
   - No
   - Yes
   What are they?
8. Are caregivers available who can provide reliable information and support related to the patient's suicide risk?
   - No
   - Yes, very reliable
   - Yes, reliable
   - Yes, but of uncertain reliability
   - Yes, but unreliable
   - Yes, but very unreliable

Impulsivity Assessment

9a. Do you sometimes act quickly without thinking about the consequences of what you are doing?
   
   If yes, ask:
   *Do other people sometimes comment on this?*
   *Tell me more about what they say and why they make such comments.*

9b. Do you sometimes have sudden impulses to end your life?
   
   If yes, ask:
   *How well are you able to control these impulses?*

10. Describe the level of impulsivity for suicide in this patient.
   - Not impulsive
   - Somewhat impulsive
   - Highly impulsive
11. How able is the patient to control his/her impulses for suicide?

- No control
- Some control
- Strong control
- Complete control
Psychiatric and Related Conditions

Besides what we have discussed, what other psychiatric and related conditions do you have?

12. What is/are the patient's current neuropsychiatric diagnoses? (Select all that apply.)

- Anorexia (Eating Disorder)
- Anxiety Disorder
- Attention Deficit Disorder / ADHD
- Bipolar Disorder-Depressed
- Bipolar Disorder-Mania
- Bipolar Disorder-Mixed
- Borderline Personality
- Bulimia (Eating Disorder)
- Chronic pain
- Dementia
- Depression
- Epilepsy
- Mild cognitive impairment
- Obsessive compulsive disorder
- Parkinson's Disease
- Posttraumatic stress disorder / PTSD
- Schizophrenia
- Substance Use Disorder
- Terminal illness
- Other physical, intellectual or mental disability

If Other, please specify:
Alcohol or Drug Use

13a. *Have you had any alcohol recently?*
    If yes, ask *How much alcohol do you use? / How often do you drink until you are drunk?*

13b. *Have you taken recreational drugs recently?*
    If yes, ask *What drug(s) have you been using?*
    *How frequently have you used them? How often do you get high on them?*

13c. *Do you sometimes take more of your prescription drugs than prescribed?*
    If yes, ask *Why do you do this? How often do you do this?*

13d. *Have you used alcohol or taken any street or recreational drugs today?*

14. Does the patient give evidence of acute substance or alcohol abuse/intoxication?
   - ☐ No
   - ☐ Questionable
   - ☐ A little
   - ☐ Moderate
   - ☐ Severe

15. Which substance is suspected? *(Check all that apply.)*
   - ☐ Alcohol
   - ☐ Amphetamine or Methamphetamine
   - ☐ Benzodiazepines
   - ☐ Cocaine
   - ☐ Heroin or other opiates
   - ☐ Marijuana
   - ☐ Prescription pain medications
   - ☐ Psychedelic drugs
   - ☐ Other
     - ☐ If Other, please specify
Mental Status

16. Describe the patient’s mood during the interview. *(Check all that apply.)*
   - Angry
   - Animated
   - Anxious
   - Blunted
   - Confused
   - Depressed
   - Disappointed
   - Euphoric
   - Fearful
   - Happy
   - Irritable
   - Neutral
   - Proud
   - Sad
   - Tearful
   - Tense
   - Other
   If Other, please specify

17. Describe the appropriateness of the patient’s affect during the interview.
   - Appropriate
   - Somewhat inappropriate
   - Highly inappropriate
18. Describe the breadth of the patient’s affect during the interview.
   - Very blunted
   - Somewhat blunted
   - Full
   - Somewhat overreactive
   - Very overreactive

19. Describe the patient’s speech behavior during the interview.
   - Very slowed
   - Slowed
   - Normal
   - Speeded
   - Very speeded
   - Flight of ideas
   - Other
     If Other, please specify:

20. Describe the patient’s motor behavior during the interview.
   - Very slowed
   - Slowed
   - Normal
   - Speeded
   - Very speeded
   - Other
     If Other, please specify:
Assess whether there are reasons to question the reliability of the patient's report regarding their suicide risk.

   - Very reliable
   - Reliable
   - Uncertain
   - Unreliable
   - Very unreliable

22. Describe your impression of the patient's ability to follow a clinical plan without constant professional or family supervision.
   - Very reliable
   - Reliable
   - Uncertain
   - Unreliable
   - Very unreliable
Support Systems

23. **Are there persons who help you cope with your suicidal thoughts?**
   If so,
   - **Who are they?**
   - **Have you turned to them in the past to help with your suicidal thinking?**
   - **Are they available to you now?**
   - **Is your relationship with them strong enough to keep you from making an attempt on your life?**

24. Describe which elements of the information you have obtained contribute most to your assessment of the patient’s suicide risk.

25. Identify any additional considerations that are important to your assessment of the patient’s suicide risk.

26. What symptoms, behaviors or risk factors contribute most to your assessment of suicide risk? *(Check up to 3)*
   - Lack of sufficient patient self-protective factors
   - Patient’s comorbid medical diagnosis
   - Patient’s comorbid psychiatric diagnosis
   - Patient’s current mood
   - Patient’s family history of suicide
   - Patient’s history of life traumas
   - Patient’s history of substance use
   - Patient’s lability of mood and thinking
   - Patient’s prior history of attempts
   - Patient’s reliability for self-management
   - Patient’s self-ratings of suicide risk
   - Patient’s support system
   - Presence of patient self-protective factors
   - Other
If Other, please specify:

27. Please provide additional comments that are important for understanding your clinical assessment of suicide risk and appropriate management for this patient:

- None
- Other

If Other, please specify (English only):

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. □
Module 7: Clinical Global Impressions

Please complete the following questions as you would when making a suicide risk assessment.

1. **Assessment of Frequency of Suicidal Thinking (FoST)**
   Considering all of the information available to you, what is the patient’s frequency of suicidal thinking at this time?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Most of the time
   - All of the time
2. CGI-Severity of Suicidality- Revised (CGI-SS-R)

Considering your total clinical experience with suicidal patients and all information now available to you, how suicidal is the patient at this time?

- Normal, not at all suicidal
- Questionably suicidal
- Mildly suicidal
- Moderately suicidal
- Markedly suicidal
- Severely suicidal
- Among the most extremely suicidal patients

<table>
<thead>
<tr>
<th>RATING</th>
<th>GUIDE TO RATING (CGI-SS-R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal, not at all suicidal</td>
<td>Not suicidal</td>
</tr>
<tr>
<td>Questionably suicidal</td>
<td>Minimal ideations; little if any impulsivity for suicide, few risk factors and many protective factors; and no impact on function.</td>
</tr>
<tr>
<td>Mildly suicidal</td>
<td>Occasional ideations; little if any impulsivity for suicide; few risk factors; adequate protective factors and no or minimal impact on function.</td>
</tr>
<tr>
<td>Moderately suicidal</td>
<td>Intermittent ideations; with possible impulsivity for suicide; may or may not have plan or recent attempt; several risk factors; protective factors may outweigh risk factors and some impact on function.</td>
</tr>
<tr>
<td>Markedly suicidal</td>
<td>Regular ideations with intent or potential for impulsive actions for suicide; may or may not have plan or recent attempt; multiple risk factors outweigh protective factors; and marked impact on function.</td>
</tr>
<tr>
<td>Severely suicidal</td>
<td>Frequent ideations with intent; well worked out suicide plan; may or may not have recent attempt; multiple risk factors outweigh protective factors; and major impact on function.</td>
</tr>
<tr>
<td>Among the most extremely suicidal patients</td>
<td>Nearly constant suicidal ideations and intent; well worked out plan and preparations underway or recent attempt; and severe impact on function.</td>
</tr>
</tbody>
</table>

* Consider seriousness/lethality of any plan or suicide attempt in overall rating
3. Clinical Global Impression of Suicide Risk- Imminent (CGI-SR-I)

Considering all aspects of this patient’s suicidal thinking, behavior and related contributory/protective factors, what is your best clinical judgment of this patient’s imminent risk for suicide within the next 7 days?

- No imminent suicide risk
- Minimal imminent suicide risk
- Mild imminent suicide risk
- Moderate imminent suicide risk
- Marked imminent suicide risk
- Severe imminent suicide risk
- Extreme imminent suicide risk

<table>
<thead>
<tr>
<th>RATING</th>
<th>GUIDE TO RATING (CGI-SR-I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No imminent suicide risk</td>
<td>No evidence of suicide risk is noted</td>
</tr>
<tr>
<td>Minimal imminent suicide risk</td>
<td>Minimal evidence of imminent suicide risk (e.g. may have fleeting ideation). In the context of patient’s impulsivity, risk/protective factors and support systems, patient judged as <strong>highly unlikely</strong> to attempt suicide in next 7 days. No special intervention required.</td>
</tr>
<tr>
<td>Mild imminent suicide risk</td>
<td>Mild evidence of imminent suicide risk (e.g. may have occasional ideation). In the context of patient’s impulsivity, risk/protective factors and support systems, patient judged as <strong>unlikely</strong> to attempt suicide in next 7 days. Patient encouraged to seek clinical follow-up.</td>
</tr>
<tr>
<td>Moderate imminent suicide risk</td>
<td>Moderate evidence of imminent suicide risk (e.g., patient may have active ideation but with little evidence for imminent intent). In the context of patient’s impulsivity, risk/protective factors and support systems, patient judged as <strong>unlikely</strong> to attempt suicide in next 7 days, however, outpatient intervention is needed (e.g. psychotherapy or medications).</td>
</tr>
<tr>
<td>Marked imminent suicide risk</td>
<td>Marked evidence of imminent suicidal risk (e.g., patient has active ideation but evidence for imminent intent is uncertain). In the context of patient's impulsivity, risk/protective factors and support systems, patient judged as <strong>somewhat likely</strong> to attempt suicide in next 7 days. Medication and immediate intervention with urgent outpatient follow-up, increased level of observation, partial hospitalization, or hospitalization is required.</td>
</tr>
<tr>
<td>Severe imminent suicide risk</td>
<td>Severe imminent suicidal risk. In the context of patient's suicidal thinking, behaviors, impulsivity, risk/protective factors and support systems, patient judged as <strong>likely</strong> to attempt suicide in next 7 days. Patient requires immediate hospitalization with or without suicide precautions.</td>
</tr>
<tr>
<td>Extreme imminent suicide risk</td>
<td>Extreme imminent suicidal risk. In the context of patient’s suicidal thinking, behaviors, impulsivity, risk/protective factors and available environmental supports, patient judged as <strong>highly likely</strong> to attempt suicide in next 7 days. Patient requires hospitalization with suicide precautions.</td>
</tr>
</tbody>
</table>
4. Clinical Global Impression of Suicide Risk-Long-Term (CGI-SR-LT)

Considering all aspects of this patient’s suicidal thinking, behavior and related contributory/protective factors, what is your best clinical impression of this patient's long-term risk for suicide (i.e., they will likely end their life by suicide sometime in the future)?

- No suicide risk in the long term
- Minimal suicide risk in the long term
- Mild suicide risk in the long term
- Moderate suicide risk in the long term
- Marked suicide risk in the long term
- Severe suicide risk in the long term
- Extreme risk for suicide in the long term

<table>
<thead>
<tr>
<th>RATING</th>
<th>GUIDE TO RATING (CGI-SR-LT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No suicide risk in the long term</td>
<td>No evidence of future suicide risk</td>
</tr>
<tr>
<td>Minimal suicide risk in the long term</td>
<td>Minimal evidence of future suicide risk, no special intervention required.</td>
</tr>
<tr>
<td>Mild suicide risk in the long term</td>
<td>Limited evidence of future suicide risk, risk should be updated at future regularly scheduled visits with a mental health professional.</td>
</tr>
<tr>
<td>Moderate suicide risk in the long term</td>
<td>Risk for future suicide requires a scheduled outpatient follow-up assessment with a mental health professional trained in suicide management.</td>
</tr>
<tr>
<td>Marked suicide risk in the long term</td>
<td>Risk for future suicide requires regular outpatient follow up with a trained professional and interventions that may include psychotherapy, medication management, or other therapies.</td>
</tr>
<tr>
<td>Severe suicide risk in the long term</td>
<td>Risk for future suicide requires intense outpatient follow up with trained professional with interventions that include various psychotherapy, medication management or other therapies. Partial hospitalization or nursing home care may be warranted.</td>
</tr>
<tr>
<td>Extreme risk for suicide in the long term</td>
<td>Risk for future suicide requires intense outpatient follow up with a trained professional with psychotherapy and medication; partial or full hospitalization and/or Electroconvulsive Therapy would be likely options.</td>
</tr>
</tbody>
</table>

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. ☐
Module 8: Clinical Judgment of Optimal Suicide Management

Please complete the following questions.

1. Considering all of the information available to you, what is your assessment of the best clinical management for this patient at this time (even if the best option is not currently available to you)?

   - No special management needed.
   - Outpatient mental health visits as needed (psychiatrist not required).
   - Monthly outpatient mental health visits (psychiatrist not required). Decrease social isolation. Remove access to methods for suicide.
   - At least weekly outpatient mental health visits (psychiatrist needed). Enlist support of care providers. Decrease social isolation. Remove access to methods for suicide.
   - Supervised setting required (e.g., emergency room) with 24-hour observation and psychiatric evaluation.
   - Psychiatric hospitalization required (no suicide precautions needed).
   - Psychiatric hospitalization required with frequent visual observation (e.g., every 15 minutes).
   - Psychiatric hospitalization required with constant visual observation.
   - Psychiatric hospitalization required with constant visual observation and use of physical or chemical restraints.
   - Not ratable.

Thank you for the time you spent on this module. Please indicate that you have answered questions to the best of your ability by checking this box.

This section is now complete. ☐