Training Package

RISK STRATIFICATION PRACTICE VIGNETTES FOR CLINICIANS

Cohen Veterans Network

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Developed by:

Cohen Veterans Network

INTRODUCTION

This document contains detailed guidance on using the **CVN Risk Stratification Practice Vignettes for Clinicians**.

The CVN Risk Stratification Practice Vignettes were built in alignment with the Rocky Mountain MIRECC Suicide Risk Stratification Model and describe six hypothetical clients presenting with varying levels of acute and chronic suicide risk. Risk levels for each of the vignettes were validated by experienced clinicians and researchers at Cohen Veterans Network, University of Texas Health Science Center at San Antonio, and the Department of Veterans Affairs.

This training package contains instructions for trainers, designated risk levels and rationales for each of the practice vignettes, and suggested discussion themes to address the nuances of suicide risk stratification. This package was developed to be utilized in trainings led by trainers with expertise in suicide risk assessment and to facilitate discussions that enhance the skills of clinicians in stratifying suicide risk and making informed decisions regarding client safety.

INSTRUCTIONS FOR TRAINERS:

1. **Preparation:** Trainers should have previous experience with suicide risk stratification including expertise/familiarity with models of suicide risk including the MIRECC matrix, nuances and challenges of suicide risk stratification, and resources to make available to the clinicians participating in the training. Trainers should review both the Rocky Mountain MIRECC Risk Stratification Table to ensure familiarity and comfort using the matrix, particularly the difference between acute and chronic risk ratings and the CVN Risk Stratification Practice Vignettes, as well as their validated risk levels, rationales, and related discussion themes located in this package. Finally, trainers should tailor this training package to the specific needs of their organization by developing learning objectives specific to their goals (see sample learning objectives below) and modifying discussion themes where appropriate.

2. **Introduction**: Begin the training session by emphasizing the importance of accurate suicide risk assessment and its impact on client safety and treatment planning. Emphasize that the vignettes are designed to simulate real-world scenarios and challenge clinicians to think critically about various risk and protective factors and their interplay.

   Provide trainees with a brief overview of the vignettes' content, structure, and objectives. Review the MIRECC Risk Stratification Table with the trainees, discussing the difference between acute and chronic risk and the essential features of each risk level.

3. **Case Analysis:** Ask participants to evaluate each of the six vignettes. Encourage them to rate both the acute and chronic risk and to recommend a disposition. Clinicians should also complete the open textboxes which provide an opportunity to explain the basis and rationale for their rating decisions. Allow approximately 1 hour for this portion of the activity.

4. **Case Review:** After all participants have completed the vignette exercise, go through the vignettes sequentially. For each vignette, have the group discuss their assessed stratifications using their interpretation of the vignette narrative in accordance with the MIRECC table, allowing them to reach a consensus, if possible. After revealing the validated risk levels and talking through the provided rationale, discuss how their identified risk levels align or fail to align with appropriate interventions. Emphasize the relationship between assessed risk level and the intensity of the intervention. Transition into further discussions about the interventions and care plans or dispositions that would be suitable based on the vignette.

5. **Theme Discussion:** After discussing the ratings and justification for each vignette, use the recommended themes (described below) to discuss broader issues affecting risk stratification and suicide risk management. The themes generally match issues that arise in each vignette but are also designed to examine a broad range of topics related to suicide prevention in clinical settings.
6. **Debrief and Feedback:** Conclude the training session with a debriefing. Encourage clinicians to reflect on the experience and share insights gained from the discussions and exercises. Provide constructive feedback and address any questions or concerns.
7. **Validate Challenges and Promote Use of Best Practices:** It is important to end on a positive note by emphasizing how stressful managing risk can be for clinicians as well as how nuanced and complex these determinations can become. End with a discussion of ways to mitigate individual risk and uncertainty appropriate to your setting.

SAMPLE **LEARNING OBJECTIVES:**

After the completion of this training package, clinicians should be able to meet the sample learning objectives listed below. Trainers may tailor these learning objectives or develop new objectives specific to the needs and goals of their organization.

LEARNING OBJECTIVE #1	Clinicians will be able to interpret and apply the MIRECC Risk Stratification Table.
LEARNING OBJECTIVE #2	Clinicians will accurately assess and stratify suicide risk in clinical scenarios, distinguish between acute and chronic risk factors, and make informed decisions regarding client safety.
LEARNING OBJECTIVE #3	Clinicians will relate identified risk levels to appropriate dispositions and understand the relationship between assessed risk levels and the intensity of intervention required.

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RATIONALES FOR SUICIDE RISK DESIGNATIONS

Note: Designated risk levels are in **bold**.

BILL

This client exhibits **high acute** and **high chronic** suicide risk due to a combination of risk and protective factors. His acute risk is elevated by access to lethal means (firearm) while being unwilling to engage in safety planning. Rehearsal behaviors involving a firearm also escalate his immediate risk. Furthermore, he is experiencing homelessness and financial instability and has limited social support. On a chronic level, his history of previous suicide attempts and unstable housing compounds his vulnerability. While there are some protective factors in the form of social support from his daughter, the pervasive risks outweigh this support.

DARRELL

This client presents with **high acute** and **intermediate chronic** suicide risk. His acute risk is elevated due to increased alcohol use, rehearsal behaviors (repeatedly driving across a bridge while intoxicated), and expressed intent contingent upon potential job loss. Previous suicide attempts and past military legal issues contribute to his elevated chronic risk. However, some protective factors, such as a strong reason for living (his daughter) and a history of previous treatment and coping skill utilization, place Darrell at intermediate instead of high chronic risk and provides an opportunity for building on protective factors and reinforcing coping skills.

MATTHEW

This client demonstrates **intermediate acute** risk and **low chronic** risk. In terms of acute risk, his risk level is elevated by the presence of daily thoughts of suicide, a recent increase in stress, a formulated suicide plan, and rehearsal behaviors. Despite these acute factors, his chronic risk remains low, primarily due to the absence of prior suicidal ideation and a history of successful mental health treatment. Additionally, protective factors including his denial of intent, strong social connections, and strong engagement in a religious community serve to mitigate risk.

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RATIONALES FOR SUICIDE RISK DESIGNATIONS

Note: Designated risk levels are in **bold**.

NICHOLE

This client presents **intermediate levels of both acute and chronic** suicide risk. At the acute level, she faces several challenges, including ongoing suicidal ideation, feeling overwhelmed, persistent issues with chronic pain, alcohol use, potential mixing of pain medication and alcohol, and access to lethal means. These factors contribute to her immediate risk. On a chronic level, a history of non-suicidal self-injury and persistent chronic pain further exacerbate her vulnerability over time. However, protective factors, such as her denial of intent, strong social support network, and a robust marital relationship, help to moderate these risks to some extent.

LUPE

This individual exhibits an **intermediate acute** and **high chronic** suicide risk profile. In terms of acute risk, her risk is heightened by daily thoughts of suicide, a recent increase in anxiety and distress, a lack of social support, and the additional strain of caregiver guilt and burnout. On a chronic level, previous hospitalizations for suicidal ideation and persistent, long-standing suicidal ideation significantly elevate her enduring risk. While her role as a committed caregiver and denial of intent based on this role can act as a protective factor, the cumulative weight of her chronic risk factors indicates she may not have an ability to endure future crises without resorting to self-directed violence.

LINDA

This individual presents with a **high acute** and **low chronic** suicide risk. Her acute risk is substantial due to explicit suicidal intent and concrete plan with means, recent relationship stress, a lack of social support, as well as preparatory behaviors including stockpiling pills and exploring rehoming her dog. Importantly, her unwillingness to reduce access to means further elevates her immediate risk. Her low chronic risk is attributable to the absence of any history of suicidal ideation or attempts.

DISCUSSION THEMES

BILL

Note the lack of protective factors and how that should impact risk assessment. Also note the need for immediate intervention given his risk profile. Discuss the importance of assessing access to firearms given their common use and lethality.

DARRELL

This vignette provides an opportunity to discuss the definitions of intent and preparatory behaviors. This is also an opportunity to discuss the role of substance abuse and impulsivity in suicide risk.

MATTHEW

Matthew's vignette is an opportunity to discuss how to evaluate stated intent versus the behaviors reported by clients as well as the role of involved social support in reducing suicide risk. This is also a good place to discuss how to evaluate if a client has a "plan" and if they are engaging in rehearsal.

NICHOLE

Nichole's vignette is an opportunity to discuss the relationship between chronic pain and suicide as well as between non-suicidal self-injury and suicide.

LUPE

Lupe is a good example of the need for case management services and a discussion of how they can be helpful in a variety of circumstances. Further, this is a good time to discuss insomnia as a risk factor and to note that past suicide attempts are not required for a client to have high chronic risk in this model.

LINDA

Use this opportunity to discuss means safety beyond firearms. This is also an excellent chance to talk about individuals who do not have chronic risk but that do have acute risk as well as the roles of passive versus active suicidal ideation.

CVN
RISK STRATIFICATION
PRACTICE VIGNETTES
FOR CLINICIANS

Developed by:

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INTRODUCTION
& PURPOSE OF THE VIGNETTES

These vignettes were developed as a tool to help clinicians practice suicide risk stratification. They were built to align with the Rocky Mountain MIRECC Suicide Risk Stratification Model, which is a comprehensive framework developed to enhance suicide risk assessment. The framework departs from traditional approaches by incorporating two dimensions: severity and temporality. This allows clinicians to consider both acute (short-term) and chronic (long-term) risk at three distinct levels. The vignettes were developed and systematically validated by experienced clinicians and researchers at Cohen Veterans Network, University of Texas Health Science Center at San Antonio, and the Department of Veterans Affairs. The vignettes are designed to be tools for enhancing training, promoting discussions, and exploring how clinicians apply clinical judgment to assess and stratify suicide risk in clinical settings. They are not designed or intended to evaluate clinician's knowledge, skills, or abilities.

SUBJECTIVITY & CONTEXTUAL VARIATION

It's important to acknowledge that clinical decision-making involves some degree of subjectivity due to the complexity of human behavior in conjunction with unique patient histories. A vignette-based approach accommodates and capitalizes on this variability providing a platform to evaluate and understand the range of interpretations and judgments made by clinicians. The results will offer insights into the factors influencing clinicians' judgments facilitating improved training and guidance for suicide risk assessment and management.

PRACTICAL APPLICATIONS

These vignettes can be employed in various settings:

- Individual Clinician: Clinicians can use vignettes for self-assessment and reflection, considering how their judgment aligns with the MIRECC model.
- Group Supervision: Vignettes foster valuable discussions among groups of clinicians, allowing for group learning through sharing insights, perspectives, and best practices. A training package has been developed for these vignettes and is available at: cohenveteransnetwork.org/srs
- Practice or Agency: Vignettes can contribute to refining agency-wide protocols for suicide risk assessment by understanding clinician decision making processes and how the model is applied across clinicians.

INSTRUCTIONS

The following pages contain six vignettes which represent varying levels of acute and chronic risk for suicide. Paying close attention to the details in each vignette, use the MIRECC Risk Stratification Table to score each fictitious client's acute and chronic risk level and determine a treatment disposition. Be sure to list factors you considered when making your decision. While vignettes are inevitably limited in detail this may aptly simulate the clinical environment where details may be lacking, unclear, and/or uncertain. Use the information provided in conjunction with your best clinical judgment to stratify each vignette.

BILL'S VIGNETTE

Please evaluate Bill's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Bill, a 55-year-old White male combat veteran, presents stating "My partner threw me out three days ago. I don't know what I am going to do, or where I will stay now." Bill is currently sleeping in his car and has limited funds. He has been parking in a friend's driveway overnight but expresses that he feels like a burden.

Bill is previously divorced and has two adult children with his ex-wife. He is close with his daughter and sees her one to two times per week. Bill has a history of hospitalizations after break-ups, beginning when his ex-wife asked for a divorce. He has had two prior suicide attempts, the first at age 21 and the second 18 months ago, which was interrupted by his now ex-partner.

Bill reports that he has been thinking about shooting himself daily, frequently handles his favorite pistol, and has held his gun to his temple two-to-three times since the break-up. Bill is not willing to enact any safe firearm storage and is generally unwilling to engage with a discussion about lethal means safety.

1. Please evaluate Bill's ACUTE risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Bill?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Bill?

4. Please evaluate Bill's CHRONIC risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Bill?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Bill?

7. What is your disposition determination for Bill? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Bill?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Bill?

DARRELL'S VIGNETTE

Please evaluate Darrell's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Darrell, a 28-year-old Black male Marine veteran, reports "I have been drinking a lot more recently. I feel so sad and angry, especially when I drink, and wonder why I still bother living." He reports these thoughts always occur when he drinks. His drinking has recently increased from two drinks per night to "maybe 8-10." This increase started after he was placed on probation at work for tardiness following a late night out drinking with friends.

Darrell has previously described a suicide attempt after his last deployment six years ago. This attempt was interrupted by fellow Marines and never reported to leadership. Darrell's drinking increased after being discharged from the Marine Corps due to a failed drug test (marijuana). He attended substance abuse treatment, and, over the past three years, he reports being able to use the coping skills he learned during treatment until recently. When you ask about his recent drinking, Darrell admits that he lost count of how many drinks he had during his night out two days ago. He adds that on his way home he thought about driving off the bridge near the bar. He tells you that he has been thinking about this a lot and has gone out of his way to drive across the bridge several times in the last two days, including on the way to this appointment. "I think I am going to be fired. When I lose this job, I am going to end it."

Since completing substance abuse treatment, Darrell has consistently held a full-time job and rebuilt his relationship with his school age daughter. He now has regular visitation, and he frequently talks about how important she is to him.

1. Please evaluate Darrell's ACUTE risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Darrell?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Darrell?

4. Please evaluate Darrell's CHRONIC risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Darrell?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Darrell?

7. What is your disposition determination for Darrell? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Darrell?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Darrell?

MATTHEW'S VIGNETTE

Please evaluate Matthew's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Matthew, 40-year-old White, male veteran, states "my wife made me come because I'm not myself lately. I've been stressed out and short-tempered." Matthew says he feels increased pressure at his job and needs to work longer hours.

Matthew reports a history of PTSD related to combat but no previous suicide attempts. He states that the counseling he received after getting out of the Army helped him significantly. Matthew tells you that he has fewer intrusive memories than he did during the first few years after he was discharged but still has nightmares, especially when he is stressed.

As you talk with Matthew, he reveals that he has had daily thoughts of suicide for the past few weeks, usually at nighttime before falling asleep. He imagines himself jumping in front of the train on the way to work and has done some "practice" jumps when the tracks have been clear but says he would not go through with it.

Matthew and his wife are active in church, and they run a weekly bible study at their house. They are also close with their families and get together at least once a week.

1. Please evaluate Matthew's ACUTE risk for suicide, using the MIRECC table.

Low 1	Low 2	Low 3	Intermediate 4	Intermediate 5	Intermediate 6	High 7	High 8	High 9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Matthew?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Matthew?

4. Please evaluate Matthew's CHRONIC risk for suicide, using the MIRECC table.

Low 1	Low 2	Low 3	Intermediate 4	Intermediate 5	Intermediate 6	High 7	High 8	High 9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Matthew?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Matthew?

7. What is your disposition determination for Matthew? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Matthew?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Matthew?

NICHOLE'S VIGNETTE

Please evaluate Nichole's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Nichole, a 27-year-old African American female military spouse, reports "I am completely overwhelmed, I can't do this anymore." She has significant pain due to endometriosis which interferes with her work attendance. She feels guilty missing work and begins to doubt herself, saying "maybe I just need to try harder." At least four days a week she rates her pain 7 out of 10. On these days she has two to three drinks to help her sleep. Most weeks Nichole is able to attend two restorative yoga sessions, a recommendation from her primary care physician.

Nichole says she frequently thinks about "ending it all, the pain, the self-doubt" and has thought about what it would feel like to take all of her pain medication "and just drift away." But she tells you "I don't think I'd do that. I love my husband and I want to be around for my niece and nephew."

Nichole had several episodes of cutting in her late teens, two of which required medical attention. However, Nichole denies that she was trying to kill herself. She frequently discusses her husband during sessions and indicates that they have a strong and stable relationship.

1. Please evaluate Nichole's ACUTE risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Nichole?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Nichole?

4. Please evaluate Nichole's CHRONIC risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Nichole?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Nichole?

7. What is your disposition determination for Nichole? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Nichole?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Nichole?

LUPE'S VIGNETTE

Please evaluate Lupe's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Lupe, a 47-year-old divorced Hispanic female Air Force veteran, was referred by primary care for anxiety following a negative medical workup. She states, "I've been having shortness of breath, but they can't find anything." Lupe says that over the past few months she has had trouble sleeping and has been having persistent worries. "I can't turn my brain off. I keep going over all the mistakes I make. I dropped my brother helping him into his wheelchair. He was in pain for weeks and it's my fault!"

She states that her current anxieties increased after she ended an on-again, off-again relationship with her boyfriend and that she is having trouble focusing on day-to-day tasks. She reports being irritable with her brother and increasingly anxious in crowds. "I can't even go to the grocery store. I just order everything online." She is having daily thoughts of suicide and tells you that she would hang herself if it weren't for her brother. He is disabled and she is his caretaker. "He's all I have. He needs me, there isn't anyone else who can take care of him."

Lupe denies any previous suicide attempts, but she does have a history of hospitalization for suicidal ideation. The first hospitalization occurred while she was on active duty following military sexual trauma. Records show that Lupe was hospitalized after telling several fellow Airmen that she was planning to hang herself. Three more hospitalizations took place over the 12 years since her medical retirement from the Air Force, all following periods of major stress, including the deaths of her parents. Lupe says she has experienced suicidal thoughts since her teen years.

1. Please evaluate Lupe's ACUTE risk for suicide, using the MIRECC table.

Low 1	Low 2	Low 3	Intermediate 4	Intermediate 5	Intermediate 6	High 7	High 8	High 9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Lupe?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Lupe?

4. Please evaluate Lupe's CHRONIC risk for suicide, using the MIRECC table.

Low 1	Low 2	Low 3	Intermediate 4	Intermediate 5	Intermediate 6	High 7	High 8	High 9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Lupe?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Lupe?

7. What is your disposition determination for Lupe? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Lupe?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Lupe?

LINDA'S VIGNETTE

Please evaluate Linda's suicide risk levels against the MIRECC table as if you were assessing this client during intake at an outpatient mental health clinic.

Linda, a 33-year-old White, female Coast Guard veteran, presents reporting that she just found out her partner has been cheating on her with her new friend, Rebecca. Linda says she doesn't want to be alive anymore and is thinking about taking all her sleeping pills. She reports that she's never experienced these thoughts before. "I feel so devastated, I am crying all the time, I just want it to stop, I don't want to wake up."

Linda has a history of insomnia, which is being treated with medication. She has no other significant mental health diagnoses and no history of suicidal ideation or suicide attempts. Six months ago, she quit her job to move out of state with her partner who was being transferred. She has struggled to make new friends in the area.

Linda tells you that she has refilled her sleeping pill prescription a week early and has been counting her pills every night. She also says that she called a shelter last night and asked about rehoming her dog. You ask Linda if she would consider giving her sleeping pills to a friend to hold, but Linda refuses. "I can't sleep without them. Besides, Rebecca was my only friend here. I have no one else."

1. Please evaluate Linda's ACUTE risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

2. How much confidence do you have in your ACUTE risk evaluation for Linda?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

3. What factors in the vignette contributed to your ACUTE risk evaluation for Linda?

4. Please evaluate Linda's CHRONIC risk for suicide, using the MIRECC table.

Low	Low	Low	Intermediate	Intermediate	Intermediate	High	High	High
1	2	3	4	5	6	7	8	9
◯	◯	◯	◯	◯	◯	◯	◯	◯

5. How much confidence do you have in your CHRONIC risk evaluation for Linda?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

6. What factors in the vignette contributed to your CHRONIC risk evaluation for Linda?

7. What is your disposition determination for Linda? Select one.

- ◯ Plan for hospitalization (voluntary/involuntary)
- ◯ Plan for intensive outpatient program or partial hospitalization program
- ◯ Increase frequency of outpatient sessions
- ◯ No further action required, follow-up as usual

8. How much confidence do you have in your disposition determination for Linda?

No Confidence (pure guess)	Minimal Confidence	Substantial Confidence	Extreme Confidence (almost certain)
◯	◯	◯	◯

9. Do you have any additional comments on your disposition determination for Linda?