

Appendix F: Example: Short-Term Assessment of Risk and Treatability Tool (START)



Name: _____
Last First Middle

Record #: _____

Male Female D.O.B. _____
yy/mm/dd

Diagnosis: DSM-IV^{TR} ICD-10
 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

STATUS: HOSPITAL Status: _____
 COMMUNITY Status: _____
 CORRECTIONS Status: _____

PURPOSE: REFERRAL ADMISSION REVIEW Specify: _____
 OTHER Specify: _____

START Time Frame: _____
days/weeks/months

Key Item	Strengths			START Items	Vulnerabilities			Critical Item	SIGNATURE RISK SIGNS						
	2	1	0		2	1	0		Hx*	Risks	T.H.R.E.A.T		Low	Mod	High
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>							
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Relationships (TA: Y/N)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>							
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Occupational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>							
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	SPECIFIC RISK ESTIMATES						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	Hx*	Risks	T.H.R.E.A.T		Low	Mod	High
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Mental State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Violence	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Emotional State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Self-Harm	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Suicide	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Impulse Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Unauthorized Leave		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. External Triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Social Support (PPS: Y/N) ⁺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Self-Neglect		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Material Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Being Victimized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Case Specific Risk: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Med. Adherence (N/A <input type="checkbox"/> ⁺)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	CURRENT MANAGEMENT MEASURES					
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Rule Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Treatability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	Current Management Plan:					
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Case Specifics Item: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Case Specifics Item: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>						

Health Concerns/Medical Tests: _____

Risk Formulation: *what factors/predict-explain/which person/will carry out/what act/when?* _____

completed by: _____ date: _____

*TA - Therapeutic Alliance ‡PPS - Positive Peer Support †N/A – Not Applicable Hx - Historical Version 1.1 © 2009

The START assesses seven dynamic risks (violence to others, suicide, self-harm, being victimized, substance abuse, self-neglect, unauthorized absences and treatability) as low, moderate or high. History for the seven risks is also assessed. Twenty patient strengths and vulnerabilities are evaluated on the degree of absence or presence using ratings of 0, 1, or 2. Critical vulnerabilities and key strengths can be identified. Signature risk signs and risk formulation can also be identified. The START was designed for psychiatric and forensic inpatients and outpatients. A guide is available that details the use of the START and relevant evidence at http://www.bcmhas.ca/Research/Research_START.htm.

Strengths and vulnerabilities are rated for strength (0, 1, 2) & vulnerabilities (0, 1, 2) using a set of terms with ascribed meanings. Key and critical items are highlighted. Seven risks including violence to others, self-harm, suicide, unauthorized leave, substance abuse, self-neglect and victimization by others is assessed low, moderate or high.

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