

# HAMILTON ANATOMY OF RISK MANAGEMENT-YOUTH VERSION (HARM-YV)

Name:	Dx:	PCL-YV:	IQ:	<b style="color: orange;">Long Term Estimate of Risk</b> <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Index Offences:	Date: <small>Select</small>	SAVRY:	Other:	
Completed by:	Discipline:	YLSI:	Other:	

**PAST**

Historical Violent Offences	Dates	Weapon	# Charges
Historical Non-Violent Offences	Dates		# Charges
<b>Past Targets:</b>			

Historical Risk Factors	✓
MMD:	<input type="checkbox"/>
Personality Traits:	<input type="checkbox"/>
Substance Use:	<input type="checkbox"/>
Cognitive Deficits:	<input type="checkbox"/>
Self-harm/Suicidal Beh:	<input type="checkbox"/>
Home Environment	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**CURRENT**

AIS Totals			
	This Period	Last Period	Year to Date
9			
8			
7			
6			
5			
4			
3			
2			
1			
0			

Current Risk Factors / Change												
(highlight top 3)	<span style="color: green;">1</span>	<span style="color: orange;">2</span>	<span style="color: red;">3</span>	<span style="color: green;">1</span>	<span style="color: orange;">2</span>	<span style="color: red;">3</span>	<span style="color: green;">1</span>	<span style="color: orange;">2</span>	<span style="color: red;">3</span>	<span style="color: green;">1</span>	<span style="color: orange;">2</span>	<span style="color: red;">3</span>
Rule Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School/Voc Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insight: illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structured Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Mood Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Psychotic Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Med Non-Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Low Frustration Tol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Callous/Unemotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
High Aggress Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inflated Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sensation Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHD Traits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Family Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Peer Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Community Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Self-Harm Incident Totals			Suicide Gesture/Attempt Totals			Forms Completed?		Level of Supervision		
This Period	Last Period	Year to Date	This Period	Last Period	Year to Date	Suicide Risk	Level of Supervision	Arms Length	Constant Visual	Intermit Visual
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protective/Strength Factors</b>			Individual:			Family:		Environmental:		

<b>Violence Risk Assessment</b>	With Professional Support <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Professional Support:	No Professional Support <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Comment:
<b>Suicide Risk Assessment</b>	With Professional Support <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Professional Support:	No Professional Support <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Comment:
Potential Behaviours:	Rationale:	Potential Target(s):	Duty to Protect? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No

**FUTURE**

RISK MANAGEMENT: Treatment Plan / Interventions / Team Member Responsible / Response									
Privileges Onsite					Privileges Offsite				
Escorted	A	Unescorted	B	Escorted	C	Unescorted	D		
Unit-Based	<input type="checkbox"/>	Cross-Ctr	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Registered	<input type="checkbox"/>		
Cross-Ctr	<input type="checkbox"/>	Time:		Goal-Based	<input type="checkbox"/>	Goal-Based	<input type="checkbox"/>		
Late Rec	<input type="checkbox"/>			Rec-Based	<input type="checkbox"/>	Rec-Based	<input type="checkbox"/>		
				Time:			Time:		