Name of Tool	Short-Term Assessment of Risk & Treatability: Adolescent Version (START:AV)
Category	Youth Assessment: Violence Risk (Validated)
Author / Publisher	Viljoen, Nicholls, Cruise, Desmarais and Webster
Year	2010

Description

• This is an SPJ instrument focusing on assessing short-term risk (up to three months) and strength factors in adolescents. All items are potentially dynamic in nature (Singh et al., 2014).

• This is an adolescent version of the START risk assessment tool. Developers of START worked alongside individuals with clinical and research expertise in managing adolescents to develop the START:AV. It was developed out of a need to address factors like self-harm, suicide, victimisation and substance abuse in risk assessment (Vilijoen et al., 2012b).

• It consists of dynamic and protective factors that are rated from 0 to 2 for their presence within the review period. Risk estimates of low, moderate or high are given on eight outcome domains: violence, self-harm, suicide, unauthorised absence, substance abuse, self-neglect, victimisation and general offending (Sellers et al., 2017; Sher et al., 2017).

Age Appropriateness

12-18

Assessor Qualifications

The recommendations provided in the START:AV User Guide are to obtain formal training via a workshop if possible, study the User Guide and companion Knowledge Guide, establish competency through a minimum of three practice cases and regularly refresh knowledge about the tool.

Strengths

• The START:AV was found to have strong current validity with the SAVRY and identify a greater number of strengths (Viljoen et al., 2012a).

• The instrument is able to be used by adolescents in hospital, mental health and justice settings (Sher et al., 2017; Viljoen et al., 2012a).

• The START:AV is said to complement other risk measures in a number of ways: examination of the broader adverse outcomes that adolescents are vulnerable to; offers a balanced overview of strengths and vulnerabilities; focuses on dynamic factors that are relevant to short-term risk (Viljoen et al., 2012a).

• It has been suggested that the START:AV may be used to classify dynamic factors as acute or stable, which could be useful in identifying treatment options and interventions (Sellers et al., 2017).

Empirical Grounding	■ ■ ■ ■ ■ ■ □ □ □

An extensive literature review was undertaken by the authors to formulate risk and protective factors for adolescents. All of the items in the adult version of START were found to be relevant to young people, so these were retained in the START:AV. General Offending was added as an outcome and detailed coding instructions were provided to explain how risk and protective factors could manifest in adolescents: parenting and home environment, as well as relationships with caretakers and peers (Viljoen et al., 2012b).

Inter-Rater Reliability	■ ■ ■ □ □ □ □ □ □
a) UK Research	None available at present.
b) International Research	• Viljoen et al. (2012a) found that ICCs were in the good to excellent range, with any disagreements relating to low/moderate and moderate/high risk. • Inter-rater agreement was evident (k>.67) in 10% of randomly selected cases in a study by Singh et al. (2014).

Validation History

General Predictive Accuracy	■ ■ ■ □ □ □ □ □ □
a) UK Research	• In a study by Sher et al. (2017), the START:AV total vulnerabilities and verbal aggression and the total vulnerabilities and physical aggression scores yielded a moderate to large effect size.
b) International Research	• In a sample of 90 adolescents, Viljoen et al. (2012a) found that START:AV risk estimates and vulnerability total scores predicted a number of adverse outcomes: violence, offending, victimisation, suicidal ideation and substance abuse.

Validation History

Applicability: Females	□ □ □ □ □ □ □ □ □

Sher et al. (2017) found there were gender differences in predictive validity, with no significant relationships being found when it was applied to a female sample. It is, therefore, suggested that the START:AV items do not accurately reflect the strengths and vulnerabilities specific to female self-harm and aggression.

Validation History

Applicability: Ethnic Minorities	■ ■ ■ ☐ ☐ ☐ ☐ ☐
a) UK Research	None available at present.
b) International Research	• Viljoen (2014) applied the START:AV retrospectively to a group of 30 American Indian and Alaska Native youth in a residential centre in the United States. Vulnerability and strength scores were predictive of violence with AUCs of .78 and .67 respectively.

Validation History

Applicability: Mental Disorders	■ ■ ■ ☐ ☐ ☐ ☐ ☐
a) UK Research	• Sher et al. (2017) carried out a study within a medium secure adolescent service with a sample divided between those on pathways for mental disorder and developmental disabilities (individuals with a diagnosis of a learning disability or autism spectrum disorder). The study found there was evidence for the predictive validity of START:AV in male adolescents with and without developmental disabilities. Predictions for property damage, physical and verbal aggression were significant for the non-developmental disabilities group.
b) International Research	None available at present.

Contribution to Risk Practice

• Sher and Gralton (2014) surveyed staff members in a UK-based medium secure service for adolescents to determine their views about the START:AV. Findings showed that staff members felt the instrument was straightforward to use, although there were difficulties in completing risk formulation and making distinctions in ratings.

• De Beauf, de Vogel and de Ruiter (2019) assessed the implementation of the START:AV in a residential youth care facility in the Netherlands. The majority of staff members perceived the START:AV core constructs as useful for treatment and the completion rate for assessments was acceptable. A lack of integration into clinical case conferences and increased workload, however, meant that satisfaction with the tool decreased for staff members over time.

Other Considerations

• Singh et al. (2014) found there were discrepancies between START:AV assessments and treatment plans, for adolescents with higher vulnerabilities ratings (particularly females) had fewer interventions targeting their specific needs. This elucidates the need for interventions to be tailored to risk assessment scoring.

• Rather than relying solely on the START:AV, Viljoen et al. (2012b) recommended that it should be supplemented with additional evidence-based approaches.

• Training for this tool is available online or the possibility of a START:AV author travelling to venues to provide in-person training may also be considered.