

SORM

**Structured Outcome Assessment and
Community Risk Monitoring**



Karolinska Institute
Centre for Violence Prevention

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English translation: Ulrika Hiscoke et al., 2001

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SORM**Structured Outcome Assessment and Community Risk Monitoring**

CODING SHEET	<i>Presence</i>	<i>Risk effect</i>
	A / B / C	- / 0 / +
<i>Current services and interventions</i>		
1. Detention and correctional treatment		
2. Psychiatric institutional treatment		
3. Professional support and contacts		
4. Physical health-care		
5. Occupational training and employment services		
<i>Social situation</i>		
6. Housing		
7. Economy		
8. Work		
9. Leisure		
10. Daily functioning		
<i>Social network</i>		
11. Family		
12. Partner		
13. Children		
14. Friends		
<i>Clinical factors</i>		
15. Lack of insight		
16. Mood symptoms		
17. Anxiety symptoms		
18. Psychotic symptoms		
19. Instability		
20. Suicidal ideation and suicide attempts		
21. Homicidal thoughts		
22. Lack of treatment motivation		
23. Pharmacological treatment		
24. Substance abuse		
<i>Subjective ratings</i>		
25. Health		
26. Quality of life		
27. Risk of violence		
<i>Criterion variables</i>		
28. Violent acts		
29. Other criminal acts		
30. Risk situations		

CURRENT SERVICES AND INTERVENTIONS

The focus of this section is to what extent society has been intervening in the life of the individual in the past month, either to support or restrain him or her. In this context, services are defined as any publicly or privately financed interventions or restrictions imposed by society on an individual in order to protect or punish him or her.

2. PSYCHIATRIC INSTITUTIONAL TREATMENT

The focus of this item is to assess if the individual has been committed to a psychiatric clinic under civil or criminal law in the past month. The focus of the assessment is how much time the patient has spent on the ward. Therefore, no distinction is made in the coding between commitment under criminal and civil law. When an individual is registered as a patient on a ward, but only goes there for short visits (to collect medication or go to therapy sessions) these contacts should be coded under item 3: Support contacts, as well as under this item. The difference between the coding alternatives (A, B and C) lies in how much time the patient has spent on the ward.

Has the individual been committed to a psychiatric clinic under civil or criminal law in the past month?

<input type="checkbox"/>	No, the individual has not been committed at any point in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>	Yes, the individual has been committed at some point in the past month. <i>Please mark the alternative (A, B or C) below that best describes how much time the patient has spent on the ward.</i>

<input type="checkbox"/>	A	The individual has been registered as a patient on a psychiatric ward throughout the month and has spent practically all that time on the ward.
<input type="checkbox"/>	B	The individual has been registered as a patient on a psychiatric ward throughout the month, but has often spent time outside on leave, or has only been committed part of the month.
<input type="checkbox"/>	C	The individual has been registered as a patient on a psychiatric ward, but has only made short visits to collect medication, go to therapy, take part in social events, etc.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

3. SUPPORTING CONTACTS

The focus of this item is to assess if the individual has had any supporting contacts in the past month. In this context, a supporting contact is defined as a personal contact with a professional or volunteer with the aim to support or supervise the individual in some way. All contacts with outpatient psychiatric services, social services, parole officers, supporting organisations (AA, patient support groups, etc.) should be summarised here. The type of contact may range from the very structured, such as meeting with a psychologist for therapy-sessions, to the less structured, such as meeting with a sponsor from the AA. If the individual takes part in some form of activity that is a non-custodial sanction, such as a treatment program or community service, this should also be coded here. If the individual is in an institution, on a psychiatric ward, or in prison whilst having a supporting contact with someone from outside the institution, that contact should also be included in this assessment. The difference between the coding alternatives (A, B, and C) lies in how regular and frequent the contacts have been in the past month.

Has the individual had a support contact at any point during the past month?

<input type="checkbox"/>		No, the individual has not had a support contact in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual has had a support contact. <i>Please mark the alternative (A, B or C) that best describes how regular and frequent the contact has been in the past month.</i>

<input type="checkbox"/>	A	The individual has had a regular and frequent support contact, at least once per week in the past month.
<input type="checkbox"/>	B	The individual has had a regular support contact, but it has been less frequent than once per week.
<input type="checkbox"/>	C	The individual has had unplanned or sporadic support contacts, f ex in crisis situations, or contacts initiated due to the individual being apprehended by the police, having reports filed against them with the social services, etc.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

4. PHYSICAL HEALTH-CARE

The focus of this item is to assess if the individual has been in contact with health-care services due to somatic problems in the past month. In this context, health-care services are defined as assessment or treatment of physical illness or ailment carried out by a medical professional (doctor, nurse, physiotherapist, etc.). Health-care services given whilst the individual is imprisoned or undergoing in-patient psychiatric care should also be coded under this item. To assess this item, neither the severity of the physical problems, nor whether there is a real physical complaint or not, should be taken into account. The difference between the coding alternatives (A, B, and C) lies in the extent of the contacts during the month.

Has the individual been in contact with health-care services at some point in the past month?

<input type="checkbox"/>		No, the individual has had no contact with health-care services in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual has been in contact with health-care services at some point in the past month. <i>Please mark the alternative (A, B or C) that best describes how frequent this contact has been.</i>

<input type="checkbox"/>	A	The individual has spent the whole month in a hospital, nursing home or the like, or has had as good as daily contact with health-care services due to somatic problems.
<input type="checkbox"/>	B	The individual has had regular and frequent contacts, at least once per week, with health-care services in the past month.
<input type="checkbox"/>	C	The individual has had contact with health-care services on one or a few occasions in the past month.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

5. OCCUPATIONAL THERAPY, VOCATIONAL TRAINING AND EMPLOYMENT SERVICES

The focus of this item is to assess if the individual has received any help or training to get back into work in the past month. Any publicly funded measures should be coded here, such as occupational therapy or vocational training, language courses for immigrants, sheltered work placement, publicly funded employment services, etc. The difference between the coding alternatives (A, B, and C) lies in to what extent the individual has been engaged in such measures or used such services in the past month.

Has the individual taken part in employment measures or used employment services at any point in the past month?

<input type="checkbox"/>		No, the individual has not taken part in employment measures or used employment services in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual has taken part in employment measures or used employment services in the past month. <i>Please mark the alternative (A, B or C) below that best describes to what extent the individual has been engaged in such measures in the past month.</i>

<input type="checkbox"/>	A	The individual has been occupied in some type of publicly funded employment measure on a regular basis (practically every workday) all of the past month. They may f ex have been working in a sheltered workplace, or undergoing retraining or work rehabilitation.
<input type="checkbox"/>	B	The individual has been in regular contact with a retraining centre or other government agency that is aiding the individual in finding work on the open or sheltered job market. They may also have taken part in interventions or taken courses that are short in duration or only take up a few days per week.
<input type="checkbox"/>	C	The individual has had one or more sporadic contacts, such as a few visits to a job centre.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

SOCIAL SITUATION

The focus of this section is the individual's social situation. In this context, social situation is defined as the outer structure the individual upholds in everyday life as pertains to housing, employment, economy, leisure activities and everyday chores such as housekeeping, cooking and hygiene.

7. Economy

The aim of this item is to assess the individual's economic situation, here defined as the balance between income and expenditure. The assessment should focus on whether the individual has a sustainable income when all living expenses and repayments of debts are taken into account. The income source is irrelevant, as the assessment focuses on whether there is enough money to meet the basic needs of the individual. All legally obtained incoming funds are counted as income (wages, all types of benefits and social insurance payments, pensions, etc), and insurance compensation payments. Into the expenditure balance, add the costs of living, debts and damages payments, child support payments, etc. The difference between the coding alternatives (A and B) lies in to what extent the individual's economic situation has been problematic.

Has the individual's economic situation been problematic in the past month?

<input type="checkbox"/>		No, the individual has had a steady income in the form of wages and/or benefits, over the subsistence level. Their economic situation has not been weighed down by debts that the individual has no means of repaying. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual's economic situation has been problematic in the past month. <i>Please indicate which alternative (A or B) below that best describes the extent of the problems in the past month.</i>

<input type="checkbox"/>	A	The total income has not been sufficient to support the individual, who has had to borrow money or seek emergency funds from a social security office, or the like. The individual may also have been unable to live within their sufficient means, and has therefore had to borrow money. The individual may have debts, but not to the extent that the economic situation has become impossible.
<input type="checkbox"/>	B	The individual has not had any income in the past month or has an economic situation that is so weighed down by debts that it has become impossible.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases <input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

NETWORK

The focus of this section is the individual's social network. In this context, social network is defined as the people around the person who do not have a professional relationship with him or her, such as family, relatives and friends.

14. FRIENDS

The focus of this item is to assess to what extent the individual has socialised with persons, other than family members or intimate partners, in the past month. In this context, social contact is defined as meeting with friends or acquaintances outside the work, school or ward context. Meeting with a work colleague or fellow patient is coded as a social contact if they have met in their spare time, and not when taking part in activities organised by the workplace or the ward. Please note that contacts with a confidante or key-worker among the hospital staff should not be coded here, but under item 3. The difference between the coding alternatives (A, B and C) pertains to the frequency and quality of meeting with friends and acquaintances in the past month.

Has the individual met with a friend socially at some point in the past month?

<input type="checkbox"/>		No, the individual has not had any contact with friends in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual has met with a friend at some point in the past month. <i>Please indicate which alternative (A, B or C) below that best describes the extent of the social contacts in the past month.</i>

<input type="checkbox"/>	A	The individual has met socially with more than one person in the past month. The social contacts have been frequent and regular, in so far that they have occurred practically on a weekly basis.
<input type="checkbox"/>	B	The individual has had social contact with only one person in the past month. The contact between them has been frequent and regular, in so far that they have met practically every week.
<input type="checkbox"/>	C	The individual has only had occasional social contacts in the past month.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

CLINICAL FACTORS

The focus of this section is to what extent the individual exhibits signs of mental health problems. The assessment should be based on the impression of the individual during the interview and the information derived. Information from patient files and other sources should also be taken into account. The clinical factors included in SORM are based on the structure of the commonly used psychiatric status-evaluation (Ottozon (1997) and the C-variables of the HCR-20 (Webster et al., 1997).

17. ANXIETY SYMPTOMS

The focus of this item is to assess if the individual has shown clinically significant signs of an anxiety disorder in the past month. In this context, anxiety disorder symptoms are defined by the criteria in the DSM-IV (APA, 1994), such as panic syndrome and obsessive-compulsive disorder, etc. It does not refer to the common everyday use of the term anxiety, such as test taking anxiety, being anxious about something, etc. By clinical significance is meant that the symptoms should be apparent to any clinician or member of the nursing staff who come into contact with the individual. The difference between the rating alternatives (A, B and C) lies in the degree to which the individual has suffered from anxiety disorder symptoms and/or has restricted activities due to anxiety in the past month.

Has the individual experienced anxiety disorder symptoms at any point in the past month?

<input type="checkbox"/>	No, the individual has not experienced anxiety disorder symptoms at any point in the past month. <i>Please continue to risk rating.</i>
<input type="checkbox"/>	Yes, the individual has experienced anxiety disorder symptoms at some point in the past month. <i>Please indicate which alternative (A, B or C) below best describes the extent of the problems in the past month.</i>

<input type="checkbox"/>	A	The individual has experienced anxiety disorder symptoms throughout the whole month, and this significantly lowered their ability to function in everyday life.
<input type="checkbox"/>	B	The individual has experienced anxiety disorder symptoms for a period of the month, during which their ability to function in everyday life was significantly decreased.
<input type="checkbox"/>	C	The individual has experienced a brief, isolated episode of anxiety disorder symptoms at some time in the past month.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

19. INSTABILITY

The focus of this item is to assess how the individual has reacted when he or she has been provoked or under stress or pressure, in the past month. Aggression towards others as well as the individual him- or herself, animals and innate objects should be taken into account. The difference between the alternatives (A, B and C) lies in how prone to aggressive outbursts the individual has been in the past month.

Has the individual been prone to aggressive outburst at some time in the past month?

<input type="checkbox"/>		No, the individual has reacted with an adequate level of irritation or aggressivity when experiencing setbacks or provocations. He or she has been able to control their temper in so far as they have not reacted in a way that has been clearly out of proportion to the triggering event. <i>Please continue to risk rating.</i>
<input type="checkbox"/>		Yes, the individual has at some time during the month reacted with aggressivity that has been clearly out of proportion to the triggering event. <i>Please indicate which alternative (A, B or C) below best describes the individual's degree of instability in the past month.</i>

<input type="checkbox"/>	A	The individual has been clearly unstable in the past month, in so far as that their level of aggressiveness and irritability has been out of proportion to life events. He or she has reacted with intense anger even to minor provocation and the aggressive outbursts have often come without warning. It may seem like the individual has been actively seeking confrontation to get opportunity to let "let off steam".
<input type="checkbox"/>	B	The individual has been easily offended and provocations have usually triggered aggressive outbursts. The individual has easily lost his or her temper when faced with stressors and setbacks. The aggressive reactions have been out of proportion to what triggered it.
<input type="checkbox"/>	C	There have been isolated incidents in the past month when the individual has lost control of his or her temper.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

SUBJECTIVE RATINGS

The focus of this section is the individual's own assessment of his or her current life situation as pertains to mental and physical health and quality of life, and his or her own subjective assessment of risk for future violence. This section differs from all others in the respect that no other information than the individual's own rating is weighed into the scoring.

CRITERION VARIABLES

The focus of this section is to assess to what extent the individual has been involved in violent, or potentially violent incidents in the past month. The purpose of this is to have other, higher resolution outcome information than police or court files.

29. OTHER CRIMINAL ACTS

The focus of this item is to assess if the individual has committed any criminal acts in the past month other than the violent acts coded under item 28. The assessment should be based on the individual’s self-report using the structured interview questions in the interview guide, and on all other available sources. The difference between the rating alternatives (A and B) lies in the severity of the criminal act. In this context, a serious offences is defined as arson, theft, serious traffic offences, such as driving under the influence and reckless driving, fraud, selling narcotics, etc., and should be coded under "A". Less severe criminal acts, such as possession of narcotics, damaging property, less severe traffic offences such as speeding, etc., should be coded under "B".

Please note: Before doing this interview, inform the respondent if there are any circumstances that gives you the right, or requires you to report offences that they disclose to you. (In Sweden, a clinician may break patient confidentiality and report a crime that is punishable by two year’s imprisonment or more, but they are not required to do so.)

Has the individual committed a non-violent crime in the past month?

<input type="checkbox"/>		No, the individual negates committing any criminal act in the past month, and there are no reports of criminality from any other source that is available to the assessor. <i>Please continue to risk rating.</i>	
<input type="checkbox"/>		Yes, the individual has committed a crime at some point in the past month. <i>Please indicate which alternative (A or B) below best describes the severity of the criminal acts.</i>	
<input type="checkbox"/>	A	The individual has committed at least one serious criminal offence in the past month.	
<input type="checkbox"/>	B	The individual has committed at least one less severe criminal act in the past month.	

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

30. Risk situations

The focus of this item is to assess if the individual has been in any situations where there was an immediate risk for violent re-offending, but where the act was prevented or interrupted in some way. The assessment should be based on the individual's self-report and on all other sources available to the assessor. The difference between the rating alternatives (A and B) lies in if the act was stopped by chance or forces outside the individual (immediate risk), or if they themselves exercised some type of self-control to stop before they re-offended. In order to code an incident as immediate risk (A), it should be a situation that would have led to a violent act if the individual had not been held back by someone, or where it was only chance that prevented the crime from being completed. Examples of such situations are being held back by a door man in a bar fight, going to someone's house with the intent of assaulting them, and not being able to get into the house, etc. In other words, it should not be the individual's self-restraint that prevented the crime. To code a "B" the individual should have been in a situation where they, at least to some degree, used self-restraint to stop what would otherwise have been a violent incident (f ex walking away from an argument in a bar just before it turned into a fight, going to the psychiatric emergency room when they know they are about to assault their wife, etc.).

Has the individual been in a risk situation at any time in the past month?

<input type="checkbox"/>	No, the individual has not been in a risk situation in the past month. <i>Please continue to risk rating.</i>	
<input type="checkbox"/>	Yes, the individual has been in a risk situation in the past month. <i>Please indicate which alternative (A, or B) below that describes the situation in the past month.</i>	
<input type="checkbox"/>	A	The individual has been involved in at least one immediate risk situation in the past month where they would have committed a violent offence had they not been stopped by outside factors.
<input type="checkbox"/>	B	The individual has been involved in a risk situation in the past month where they used self-restraint to some degree to stop themselves from committing a violent act.

RISK RATING <i>How does this affect the risk?</i>	<input type="checkbox"/> - Decreases	<input type="checkbox"/> + Increases	<input type="checkbox"/> 0 Unaffected
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Motivation: _____

OBS!

Klipp in skattningsskalorna (linje i stället för boxar) från svenska versionen här och ändra skattnings instruktionerna i enlighet med svenska manualen.

HEALTH



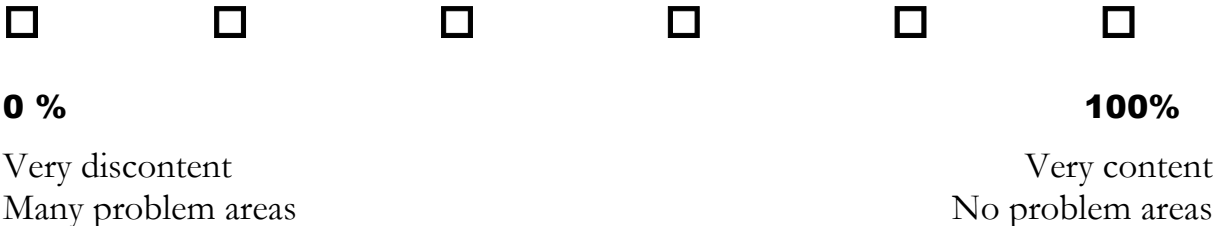
0 %

Very bad
Many health problems

100%

Very good
No health problems

QUALITY OF LIFE



RISK OF VIOLENCE

