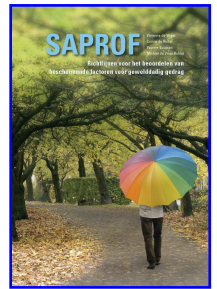


# Factsheet SAPROF



## Structured Assessment of Protective Factors for violence risk

*Guidelines for the assessment of protective factors for violence risk*

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### Why a tool for protective factors?

- Prevention of violence (also) by means of strengthening positive factors
- Protective factors have long received little attention in risk assessment and risk management: risk assessment tools primarily focus on risk factors
- Internationally increasing attention for positive approach to treatment
- Mental health care professionals desire better guidelines for positive factors in risk assessment and risk management
- No specific tools available for the assessment of protective factors for violence risk

### What is the SAPROF?

- The SAPROF is a tool according to the *Structured Professional Judgment* approach for the structured assessment of protective factors, intended as an addition to existing risk assessment tools that evaluate risk factors (e.g., HCR-20, HCR:V3)
- The SAPROF was developed to be used in (in-/outpatient) forensic and general psychiatry, the prison system or during probation supervision
- The SAPROF is applicable to adult violent and sexual offenders/patients, male and female
- Repeated assessments of the SAPROF factors are able to demonstrate treatment progress, which makes the tool valuable for treatment evaluation

### Goals of the SAPROF

- Structured evaluation of protective factors for violent behavior
- Through the combined use of protective factors and risk factors in risk assessment, care for a more accurate and balanced assessment of the risk of future violence
- Offer guidelines for effective and achievable positive treatment interventions based on the findings from the dynamic protective factors in the SAPROF

### Development of the SAPROF

- 2004: The pilot version was constructed based on:
  - Literature studies on protective factors, contextual factors en situational factors
  - Clinical expertise:
    - Analysis of suggested protective factors in clinical risk assessments
    - Interviews with mental health professionals at the Van der Hoeven Kliniek (inpatient), Pompe Kliniek (inpatient) and De Waag (outpatient)
- 2006: A pilot study was conducted into the user friendliness, reliability and clinical value of the pilot factors
- 2007: The Dutch version SAPROF was published
- 2009: The SAPROF was translated into English by the original authors
- Since then the SAPROF quickly gained international attention and was translated into several other languages:
  - 2010: German and Italian version
  - 2011: French, Spanish, Norwegian, Swedish and Portuguese version
  - 2012: Russian version
  - Danish en Chinese version in preparation
- 2012: publication of the SAPROF 2<sup>nd</sup> Edition in English and Dutch. The content of the items was not changed in the 2<sup>nd</sup> Edition, however the introduction chapter was revised and a new research section was added. Based on feedback from international users and translators, ambiguities were clarified
- Following the SAPROF adult version, a SAPROF youth version is currently being developed. The SAPROF-YV is expected to be ready by the end of 2013

## Using the SAPROF

- The SAPROF should be used in addition to a risk focused risk assessment tool, like the HCR-20, the HCR:V3 or other structured risk tools
- Risk assessment with the SAPROF:
  - The SAPROF contains 17 protective factors organized within three scales:
    - Internal factors: *Intelligence, Secure attachment in childhood, Empathy, Coping, Self-control*
    - Motivational factors: *Work, Leisure activities, Financial management, Motivation for treatment, Attitudes towards authority, Life goals, Medication*
    - External factors: *Social network, Intimate relationship, Professional care, Living circumstances, External control*
  - The factors are coded on a three-point scale (0-1-2)
  - 15 of the 17 items are dynamic and therefore changeable through clinical intervention
  - The tool gives the opportunity to indicate the most important protective factors for the assessed individual. This can be done in two ways:
    - marking 'keys': factors which currently provide the most protection for the individual
    - marking 'goals': factors that intervention should focus on first as improvement on these factors is deemed to provide much additional protection for the individual
- Coding procedure:
  1. Coding of the SAPROF protective factors and the risk factors from a risk tool (e.g., HCR-20/HCR:V3)
  2. Marking the 'key' and 'goal' protective factors
  3. Formulating a final protection judgment on the available level of protection for the individual in his or her assessed situation, based on the SAPROF
  4. Formulating an overall final risk judgment on 'Violence to others' based on the SAPROF and the risk factors from the risk tool that was used

The risk assessment is followed by scenario planning based on risk formulation (What could happen? Who would be victim? How imminent and severe is the violence risk? Which risk- and protective factors are most influential on violent outcome?). Naturally, the evaluation should conclude with treatment and risk management planning based on the positive and negative findings from the risk assessment.

## Research results with the SAPROF

- Retrospective validation studies
  - Violent offenders: good interrater reliability and predictive validity for official reconvictions for violent behavior after treatment, for short-term as well as long-term follow-up
  - Sexual offenders: good interrater reliability and predictive validity for official reconvictions for general violent behavior as well as specifically for sexually violent behavior, for short-term as well as long-term follow-up
  - Significant incremental predictive validity protective factors in addition to risk factors, interaction effect risk- and protective factors
  - Changeability of protective factors through treatment: SAPROF dynamic protective factors changeable, more positive change leads to less recidivism
- Prospective studies in clinical practice:
  - Good predictive validity for violent incidents during treatment, both for violent offenders and for sexual offender and for men as well as women
  - Changeability of protective factors between different treatment stages
  - Mental health professional enthusiastic about using the SAPROF in clinical practice: valuable addition to the risk assessment which provides balance to the assessment, offers guidance in formulating treatment goals and phasing treatment and facilitates risk-communication
- Several international research projects are currently ongoing, e.g. in the UK, Canada, US, Italy, Germany, Russia, Australia, Hong Kong

## SAPROF versions

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