



**Processes and practices:
Understanding the client**

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Agenda

“Robert”
DRFs, underlying processes
& promising practices

Protective factors and
underlying processes
(e.g., SAPROF-SO)

Implications for practice

Robert (38 y/o)

- Serving second sentence of imprisonment for sexual offenses against female children (aged 8 – 11 years). In each instance, Robert was a trusted babysitter (for his employer and a neighbor)
- Stated that he was in “relationships” with the victims prior to his offending, that he “never hurt them” and that the sex was “entirely consensual”

Robert – brief background

- Parents separated when he was 8 y/o, then lived with father and brother
- Bullied extensively by brother and peers
- Sexual abuse by older female, reported positive aspects (attention)
- Superficial adult relationships. Feels safer around children (“they don’t judge/hurt me”)
- Excelled academically, biology degree
- Stable employment history (Department of Conservation – park ranger)

Robert

**Dynamic risk factors
(Stable-2007)**

- Capacity for relationship stability
- Emotional identification with children
- General social rejection
- Deviant sexual preference

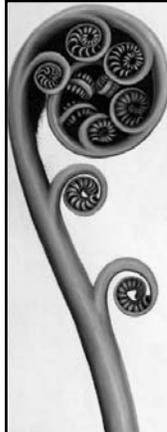
Hypothesized processes

- Seeking relatedness
- Maladaptive schema
 - Abandonment/Rejection
 - Defectiveness, failure
- Implicit theory: viewing children as sexual objects
- Avoidance of adult relationships

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Promising practices

- Schema work (e.g., Schema therapy, Trauma-Informed Care)
- Treatment for social anxiety (including gradual exposure to feared situations)
- Identify/generate opportunities for developing connections with adults



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Implications for practice

Defining protective factors

- Structured Assessment of PROtective Factors against violence risk (SAPROF) definition:

Any characteristic of a person, his / her environment or situation, which reduces risk of future (sexual) violence
(de Vogel, de Ruiter, Bouman, & de Vries Robbé, 2009)


- Definable propensity, not simply the absence of a risk factor
(de Vries Robbé, Mann, Maruna, & Thornton, 2015)

Why assess protective factors?

- Brings balance to risk assessment
 - Incremental predictive validity for recidivism
- Aligns with strengths-based approaches to assessment/treatment, and desistance research
 - May help inform treatment/management
- Engaging for clients and clinicians




Proposed protective factors



Why the SAPROF-SO?

- SAPROF authors found good predictive validity for violence and sexual violence
(De Vries Robbé, De Vogel, Koster & Bogaerts, 2014)
- Additional sexual offense specific protective factors hypothesized
 - "Healthy sexual interests" (de Vries Robbé, Mann, Maruna & Thornton, 2015)
- Demand and empirical support for an actuarial version
(Hanson & Morton-Bourgon, 2009; Kelley, Barahal, Thornton, & Ambroziak, 2017)
- Provided an opportunity for bridging theory and empiricism
(see Fortune & Ward, 2017)



SAPROF-SO

Structured Assessment of Protective Factors
for Violence risk - Sexual Offense version

Pilot version
April 2018

Guidelines for the assessment of protective factors for people who have sexually offended

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Please note that this manual is intended for use only by clinicians and researchers trained in the SAPROF-SO by one of the authors. It is not yet ready for use in forensic evaluations but can be used in treatment settings for the purpose of case formulation, intervention planning and monitoring of treatment progress.

Mechanisms underlying protective factors: *Two Varieties of Potential Protective Processes*

- Control refers to processes that mitigate risk-related propensities
- Prosocial Reward refers to processes that lead the person to experience a prosocial life as satisfying (links to GLM and desistance)



(Thornton, Kelley, & Nelligan, 2017; Willis et al., 2017) 12

Example

- Regular **work** may provide a source of Control when
 - job requirements crowd out opportunities for antisocial or offense related behavior
 - informal social policing of behavior in the work place
 - peers modeling prosocial behavior create normative pressure
- It may provide a source of Prosocial Reward if
 - the person enjoys their work,
 - feels good about working,
 - enjoys the company of co-workers,
 - is less bored than they would be without work, etc.

Scoring sheet SAPROF-SO - pilot version
Tobias and Kemp (2016) published the updated and expanded assessment instrument (e.g., State PFR & State PFR-2017, PFR-202)

Client Information		Scoring	
Name	DOB	Score	Rating
Current contact			
Probable future contact			
Number assessment			
Information used to make ratings (interviews, file notes, etc)			
SAPROF-SO			
Item	Internal capacity	Prosocial identity	Stability
1. Internal capacity: processing	Current	Future	
2. Internal capacity: attention	Current	Future	
3. Internal capacity: memory	Current	Future	
4. Internal capacity: emotion	Current	Future	
5. Internal capacity: motivation	Current	Future	
6. Internal capacity: self-regulation	Current	Future	
7. Internal capacity: social skills	Current	Future	
8. Internal capacity: self-identity	Current	Future	
9. Internal capacity: self-esteem	Current	Future	
10. Internal capacity: self-worth	Current	Future	
11. Internal capacity: self-respect	Current	Future	
12. Internal capacity: self-compassion	Current	Future	
13. Internal capacity: self-acceptance	Current	Future	
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50. Internal capacity: self-compassion	Current	Future	

Theoretical Alignment	
GLM constructs	Debate theory
Internal capacity (strengths within individual)	Self-control
Good Life plan	Cognitive transformation
Sources of primary human goods	Informal social control
Sources of primary human goods, external capacity	Natural desistance/maturation
Internal and external capacity; sources of primary goods	Formal social control

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Implications for practice

Implications

- Risk and protective factors – predictive utility and that’s about it (but can be proxies for underlying processes)
- Understanding the underlying processes helps inform treatment and helps the client understand themselves
- Understanding processes can help to identify activating events and situations earlier
 - Early intervention rather than relying more exclusively on arousal reconditioning
 - Prevention and desistance strategies rather than simply risk management

Implications

- Therapy: Process versus content
 - Many clients think more in terms of stories than factors
 - Understanding the process of protective factors can help to make them more salient and accessible in treatment
 - “Here’s how I can do this” rather than “I need to use my coping skills”
 - Understanding how schemas work rather than identifying the schemas themselves.

What works?

Who works?



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