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## Strengthening Therapeutic and Supervisory Relationships: Protective Factors in Treatment and Release Planning

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## Learning goals

-  Identify the three core domains on the SAPROF-SO
-  Summarize the main research findings of related to the SAPROF-SO
-  Describe the reasons for creating strength-based treatment plans
-  Summarize how to consider the SAPROF-SO results when making release plan

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## Where can I find the handouts?

<https://ilatsa.org>

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## Protective Factors vs. Risk Factors

- Risk factors are empirical factors that have been found to be associated with increased risk for future sexual re-offense when present
- Risk assessments are important
  - Understanding baseline risk
  - Identifying intensity of resources
  - Identifying treatment needs

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## Protective Factors vs. Risk Factors

- Protective factors are theoretically or empirically associated with the reduction of sexual re-offense risk when present
- Some can be static or highly stable
  - advanced age; life expectancy; SES
- Others are dynamic
  - adaptive schemas; motivation to manage risk

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## Protective Factors vs. Risk Factors

- Some present a strengths-based view of risk factors
  - self-control versus impulsivity; prosocial sexual interests versus sexual deviance
- Others appear independent from risk factors
  - Medication; goal directed living; therapeutic alliance

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## Protective Factors vs. Risk Factors

- Including a measure of protective factors can lead to a more balanced assessment
  - Professionals attend to both strengths and risks
- Deficit focused assessments can lead to defensiveness and despair

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## Protective Factors vs. Risk Factors

- Risk-Needs-Responsivity (RNR) represent broad rehabilitation theory that informs the treatment assessment and delivery (Bonta & Andrews, 2017)
  - Treatment programs following RNR are associated with decreased sexual recidivism (Gannon et al., 2019; Hanson et al., 2009)
- Good Lives Model (GLM) *also* represents a broad rehabilitation theory that informs the treatment assessment and delivery (Ward & Steward, 2003)
- When RNR and GLM / strengths-based approaches are used in complementary ways, they appears to have a better outcome overall including less sexual re-offense (Gannon et al., 2011; Olver et al., 2020; Simons et al., 2006)

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## What is GLM?

- Strong emphasis on human dignity and rights
- Those we treat, like all humans, value primary human goods (PHGs)
- PHGs lead to positive feeling states, positive self-identities, autonomy, etc.
- PHGs drive our behavior

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## Primary Human Goods

- |  |   |
|--|---|
| 1. Life (e.g., healthy living)                         | 6. Relatedness (e.g., intimacy, family)   |
| 2. Knowledge   | 7. Community                              |
| 3. Excellence in work & play                           | 8. Spirituality (e.g., meaning & purpose) |
| 4. Excellence in agency (autonomy & self-directedness) | 9. Happiness                              |
| 5. Inner peace (freedom from turmoil & stress)         | 10. Creativity                            |

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# GLM

- Offending behavior represent maladaptive ways of trying to get PHGs met
- Criminogenic needs can be seen as a barrier towards satisfying PHGs in ways that do not harm oneself and others (Willis et al., 2012)
- Assessment and treatment approaches can identify PHGs, historical ways to meet PHGs that were ultimately self-defeating, and help guide clients towards alternate, prosocial ways to meet PHGs that will be intrinsically rewards and self-maintained (Willis et al., 2012)

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## Structured Assessment of PROtective Factors against Sexual Offending (SAPROF-SO) team



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Resilience		Score (0,1,2,3,4)	
		Current	Future <sup>1</sup>
1. Adaptive schemas			
2. Empathy			
3. Coping			
4. Self-control			
5. Attitudes towards rules and regulations			
<b>Resilience Total</b>			
<b>Resilience Average (Total/5)</b>			
<b>Adaptive Sexuality</b>			
6. Sexual self-regulation			
#1= #2= #3= #4=			
7. Prosocial sexual interests			
8. Prosocial sexual identity			
9. Intimate relationship			
<b>Adaptive Sexuality Total</b>			
<b>Adaptive Sexuality Average (Total/4)</b>			
<b>Prosocial Connection &amp; Reward</b>			
10. Goal-directed living			
11. Work			
12. Leisure activities			
13. Social network			
14. Emotional connection to adults			
<b>Prosocial Connection &amp; Reward Total</b>			
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>			
<b>TOTAL SAPROF-SO SCORE</b>			
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>			


  

Professional Risk Management (optional items)	Current	Future <sup>1</sup>	Long-term <sup>2</sup>
1. Sexual offence-specific treatment <input type="checkbox"/> N/R			
2. Therapeutic alliance <input type="checkbox"/> N/A			
3. Motivation for managing risk <input type="checkbox"/> N/A			
4. Medication <input type="checkbox"/> N/A			
5. Supervised living			
6. External control			
<b>Professional Risk Management Total</b>			
<b>Professional Risk Management Average (Total/applicable items)</b>			

SAPROF-SO Version 1

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# Resilience



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# Resilience

- Adaptive schemas
  - Extent to which dominating schemas about self, others, and the world are adaptive
  - Feels worthy of love; the world is generally safe and predictable
- Empathy
  - Ability to recognize other's emotional reactions, take other's perspective, behave in a way that is responsive to another. Includes other's feelings of distress and pleasure.

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# Resilience

- Coping
  - An array of skills applied across situations to effectively cope with everyday stressors
  - Problem-solving, asking for help, use of self-soothing strategies
- Self-control
  - Ability to control impulses and resist urges to engage in destructive or maladaptive behavior
  - Resisting short-term rewards to obtain long-term rewards
- Attitudes towards rules and regulations
  - Acceptance of rules; understanding that rules and authority are helpful in safety and long-term goals

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## Adaptive Sexuality

- Sexual self-regulation
  1. Avoiding triggers for that lead to offense-related impulses or opportunities
  2. Strategies for negotiating triggers and opportunities
  3. Good management of offense-related sexual thoughts/impulses
  4. Healthy expression of a sexual drive

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## Adaptive Sexuality

- Prosocial sexual interests
  - Interests and arousal to consenting sex with adult partners.
- Prosocial sexual identity
  - Acceptance of a prosocial adult sexual orientation/identity to self and others. This includes gender identity.
- Intimate relationship
  - Stable intimate relationship that ideally includes reciprocating support and an emotional connect

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## Prosocial Connection & Reward



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## Prosocial Connection & Reward

- Goal-directed living
  - Presence of prosocial, meaningful approach-oriented goals that motivate behavior and counteract risky behaviors
- Work
  - Stable, structured, and brings satisfaction and social contacts
- Leisure activities
  - Regularly scheduled, structured leisure activities that involve prosocial others

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## Prosocial Connection & Reward

- Social network
  - The presence of a prosocial and supportive network
  - Prosocial partner/spouse, family members, friends, volunteers
- Emotional connection to adults
  - Sharing of inner experiences (thoughts & feelings) with prosocial adults
  - Who do they trust with their secrets?
  - Evidence of reciprocity

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## Professional Risk Management

- Sexual Offense-specific treatment
  - It's available and conforms to RNR
- Therapeutic alliance
  - Focus mostly on client's subjective experience but include therapist's or supervisor's experience
  - Positive, supportive, collaborative, stable, trusting
- Motivation for managing risk
  - Stage of change with regard to using skills to manage overall risk

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# Professional Risk Management

- Medication
  - Medication targeted to help manage sexual urges and drive as well as general violence
- Supervised living
  - The degree to which the facility where the individual lives has staff supervision
- External control
  - The extent to which the individual has a court order to remain in a facility or to be monitored/supervised

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# Mechanisms underlying SAPROF-SO

## Control (restraining antisocial urges)

- Internal resources facilitating self-restraint
- Informal social control (policing & modeling of prosocial behaviors)
- Formal social control

## Prosocial Reward (accessing PHGs through prosocial means)

- Internal resources – helping overcome obstacles to PHGs in adaptive ways
- Direct sources of PHGs
- Organizing life to seek out valued PHGs

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## Examples of mechanisms underlying Resilience items: *empathy, coping, & self-control*

### Control

- Awareness of the impact of one's behavior on others and how others will respond in the future
- Consequential thinking
- Skills to slow down and calm self
- Internal control of one's behavior

### Prosocial Reward

- Ability to create and hold onto relationships that are rewarding
- Inner peace and increased esteem
- Increased ability to work towards or obtaining PHGs

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## Examples of mechanisms underlying Adaptive Sexuality: *sexual self-regulation & intimate relationship*

### Control

- Internal control of urges to engage in antisocial behavior
- Informal social control

### Reward

- Provides a source of PHGs (e.g., relatedness, happiness/pleasure)

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## Examples of mechanisms underlying Prosocial Connection & Reward: *goal-directed living, work, & leisure*

### Control

- Internal control – managing current behavior to obtain long-term goals
- Informal social control – boss, coworkers, team expectations

### Reward

- Organizing life to seek out PHGs (i.e., implementing a “Good Life Plan”; see Willis et al., 2013)
- Goal-directed living = source of PHGs most valued by the individual
- Work & leisure = source of PHGs including mastery, life, relatedness

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## Interrater reliability

- SAPROF-SO Pilot Version
  - 3 raters had good interrater reliability in an inpatient sample (ICC = .90) and in a community sample (ICC = .94) (Willis et al., 2020)
  - 2 raters had excellent interrater reliability in an incarcerated sample (ICC = .98) (Nolan et al., 2023)
- SAPROF-SO version 1
  - Reliability ratings from Willis et al., 2020 continue to be good in an inpatient sample (ICC = .87) and in a community sample (ICC = .95)
  - 2 raters had good interrater reliability in an inpatient sample (ICC = .91) (Carr & Kelley, Oct. 2022)

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## Construct Validity: Does it measure what it's supposed to measure?

**TABLE 2: Divergent Validity of the SAPROF-SO in the High-Risk Sample**

SAPROF-SO	Static-99R	VRS-SO pre-tx dynamic
Internal Capacity	-.20	-.03
Prosocial Identity	.13	.01
Prosocial Connection	-.01	.13
Stability	-.39*	.01
Professionally Provided Support	-.08	.18
Total score	-.10	.07

Willis et al., 2020

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## Convergent Validity

**TABLE 3: Correlations Between SAPROF-SO Scores and VRS-SO Change Scores in the High-Risk Sample**

SAPROF-SO	Sexual Deviance	Criminality	Treatment Responsivity	Total change
Internal Capacity	.49**	.39*	.52**	.54***
Prosocial Identity	.65***	.53***	.64***	.67***
Prosocial Connection	.12	.32*	.31	.32*
Stability	.16	.24	.27	.26
Professionally Provided Support	.52**	.43**	.62***	.58***
Total score	.61***	.57***	.71***	.72***

Willis et al., 2020

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## Community Sample

**TABLE 4: Construct Validity of the SAPROF-SO in the Routine Sample**

SAPROF-SO	Static-99R	DRAOR Stable	DRAOR Acute	DRAOR Overall risk	DRAOR Protective
Internal Capacity	-.15	-.68***	-.51**	-.66***	.67***
Prosocial Identity	.23	-.57**	-.32*	-.50**	.29
Prosocial Connection	.17	-.54***	-.54***	-.58***	.48**
Stability	-.12	-.56***	-.66***	-.65***	.28
Professionally Provided Support	.13	.30	.07	.22	-.37*
Total score	.09	-.59***	-.51**	-.60***	.43**

Willis et al., 2020

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# Predictive Validity

Nolan et al. (2023)

- $N = 210$  men with child sexual offenses who participated in the Kia Marama treatment program, aged between 18 – 74 ( $M = 41$ ,  $SD = 12$ )
- Follow-up time:  $M = 12.24$  years ( $SD = 1.86$ )
- Static-99R:  $M = 1.70$  ( $SD = 2.46$ )
- Used the SAPROF-SO Pilot version

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**Table 2.** Predictive Validity of SAPROF-SO Scale Scores (Current and Future) and Static-99R Scores for Sexual, Violent, and General Recidivism.

Scale	Sexual Recidivism		Violent Recidivism		General Recidivism	
	AUC	AUC 95% CI	AUC	AUC 95% CI	AUC	AUC 95% CI
Personal – current	.81***	[.72,.91]	.66**	[.54,.78]	.63**	[.55,.71]
Personal - future	.80***	[.70,.90]	.65*	[.53,.78]	.63**	[.55,.71]
Professionally provided support – current	.45	[.32,.57]	.51	[.40,.63]	.51	[.43,.59]
Professionally provided support – future	.48	[.36,.60]	.45	[.35,.56]	.49	[.41,.57]
Total – current	.81***	[.72,.90]	.66**	[.54,.79]	.63**	[.56,.71]
Total - future	.78***	[.68,.87]	.65*	[.52,.77]	.63**	[.55,.70]
Static-99R	.74***	[.64,.85]	.66**	[.56,.77]	.68***	[.61,.76]

Nolan et al., 2023

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## Predictive Validity

	Sexual recidivism		Violent recidivism		General recidivism	
	AUC	95% CI	AUC	95% CI	AUC	95% CI
SAPROF-SO						
Pre-txt	.69***	[.60, .78]	.69***	[.63, .76]	.66***	[.60, .73]
Post-txt	.69***	[.60, .78]	.69***	[.62, .76]	.66***	[.60, .72]
Change	.58	[.47, .69]	.55	[.47, .63]	.55	[.18, .62]

de Vries Robbé, M., & Olver, M. (Sept. 2021 ATSA Conference)  
N = 261

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## Predictive Validity

- Carr, A., & Kelley, S. M. (Oct. 2022 ATSA Conference)
  - N = 146 men in civil commitment for sexual offending who were placed on Supervised Release (SR) for at least 18 months
  - Does the SAPROF-SO predict sexual offense violations on SR?
  - SAPROF-SO Total: AUC = 0.602, 95% CI [0.494, 0.710],  $p = 0.065$
  - SAPROF-SO Adaptive Sexuality: AUC = 0.638, 95% CI [0.533, 0.733],  $p = 0.010$
  - Static-99R: ACU = 0.431 (95% CI: 0.304, 0.559),  $p = 0.292$
  - Results likely due to very low base rate (only 20 sexual offense violations in the sample), but Adaptive Sexuality is able to predict as expected
  - Currently increasing the sample size

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## Incremental Validity: Does it help in predicting risk to add the SAPROF-SO to the Static-99R?

- SAPROF-SO improved prediction when combined with Static-99R (Nolan et al., 2023)

Model	Regression Coefficient				Hazard Ratio 95% CI	Model Fit and Improvement	
	B	SE	Wald	Exp(B)		$\chi^2$	$\Delta \chi^2 (I)$
Model 1 Step 1 Static-99R	0.34	.07	24.26***	1.41	[1.23,1.61]	25.42***	22.22***
Model 2 Step 2						37.96***	15.91***
Static-99R	0.19	.07	6.19*	1.20	[1.04,1.40]		
SAPROF-SO total current	−0.12	.03	14.01***	0.89	[0.83,0.94]		

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## Incremental Validity

- The SAPROF-SO did not improve prediction when combined with the VRS-SO (de Vries Robbé, M., & Olver, M. (Sept. 2021))

Regression model	Sexual recidivism				Violent recidivism			
	B	SE	p	e <sup>B</sup>	B	SE	p	e <sup>B</sup>
Block 1								
SAPROF-SO pre	-.074	.020	<.001	0.929	-.065	.013	<.001	0.937
SAPROF-SO change	-.046	.022	.034	0.955	.024	.015	.102	0.976
Block 2								
SAPROF-SO pre	-.024	.026	.352	0.977	-.015	.017	.402	0.986
SAPROF-SO change	-.014	.026	.595	0.986	.005	.018	.789	1.005
Static-99R	.095	.076	.211	1.100	.152	.052	.004	1.165
VRS-SO dynamic pre	.057	.028	.038	1.059	.052	.019	.006	1.054
VRS-SO change	-.108	.070	.124	0.897	-.093	.048	.054	0.912

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# Strength-based Treatment Planning

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## Mr. New

- Male in his 40s with a history of antisocial and paraphilic behaviors
- Sexual offenses include contact offenses involving young girls, teenage girls, and adult females as well as voyeuristic and exhibitionistic behaviors
- Non-sexual offenses include theft/burglary, grand theft auto, & battery
- Static-99R: 7

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## Mr. New

- Mr. New participated in sexual offense specific treatment while in secure custody
- He was in Phase II out of three phases when placed on Supervised Release (SR)
- The evaluator opined he made treatment progress, although he still had treatment needs
- Shortly after the evaluator's report, he was placed on SR

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## Mr. New

- While on SR, he participated in weekly individual therapy and met with a parole agent once a week
- Treatment plan:
  - Sexual preoccupation/interests: report sexual fantasies in sessions; how it's offense relevant
  - Attitudes supportive of sexual offending: identify and challenge thoughts/attitudes related to sexual coercion
  - Improve frustration tolerance: learn to cope with everyday frustrations
  - Social functioning: practice making sexual offense disclosures to women
  - Lifestyle instability: become better at budgeting and impulse control

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## Mr. New

- In addition to his treatment plan, his parole agent had him complete written assessments: what are thinking errors, what are risk factors, etc.
- This was similar assignments he had completed when in treatment in secure custody
- Additional SR staff:
  - SR Specialist, Case Manager, Monitors
  - Assisted with transportation, budgeting, shopping, home visits

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## Mr. New

- After a year of treatment in the community, his therapist's annual report noted:
  - He continues to masturbate to themes that are "offense paralleling" – sometimes has lapses but other times changes tv channel or uses self-talk or masturbates to healthy fantasies
  - Displayed a regression to previous attitudes of callousness – was seen as minimizing force used in his historical offenses
  - Showed a negative attitude towards treatment – had made a statement that indicating that he viewed treatment sessions as a waste of time & did not want to review previous assignments he completed in treatment in custody; resistant to journaling 3x/day
  - Showed awareness of low self-esteem and that criticism was a trigger for anger. Provided with emotion regulation skills but continued to demonstrate inappropriate anger.

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## Mr. New

- Additional notable statements by Mr. New:
  - My biggest mistake is taking SR
  - Watching sports and going to church are relaxing and help me with stress (unable to go to church)
  - It's really hard to find a job on SR.
  - I'm frustrated with the monitors (showing up late; changes to schedule)
  - I'm bored
  - I like cooking for my mom when she visits (worried about mom's health)

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## Mr. New

- His SR was revoked, and he was returned to secure custody
  - Found with contraband (pornography)
- Looking back, how can we improve?



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## Strength-based Treatment Plans

- Begin with a good assessment
  - Collaborative
  - Identification of priorities, values, and goals – Prioritization of PHGs
  - Historical ways PHGs were obtained
  - Current assets / strengths to obtain PHGs in prosocial ways
- Assessment is sometimes first therapeutic experience – can set the stage / expectations
- Feedback on assessment results
  - Strengths
  - Ways treatment can help bridge the gap between how the client is functioning and the PHGs they want to have / ultimate life they'd like to live
  - What do they want to work on first?

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## Strength-based Treatment Plans

Olver et al. (2020) notes four features in strength-based approaches (Marshall & Marshall)

1. Treatment should be offered as a way to build strengths leading to a more fulfilling prosocial life
2. Clients should be assisted in identifying current strengths
3. Treatment is about reducing harmful behaviors and obstacles to a more fulfilling prosocial life
4. Re-assessment in these areas are necessary

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# Treatment Targets

VRS-SO	SAPROF-SO
Criminal Personality	Empathy
Emotional Control	Coping
Impulsivity	Self-control
Compliance w/ Community Supervision	Attitudes Towards Rules & Regulations
Sexual Deviance, Sexually Deviant Lifestyle, Offense Planning, Sexual Compulsivity	Sexual Self-regulation
Intimacy Deficits	Intimate Relationship
Community Support	Work, Leisure Activities, Social Network
Treatment Compliance	Motivation for Managing Risk

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# Treatment Targets

STABLE-2007	SAPROF-SO
Significant Social Influences, General Social Rejection	Social Network, Emotional Connection to Adults, Work, Leisure Activities
Capacity for Relationship Stability	Intimate Relationship
Lack of Concern for Others	Empathy
Impulsive Acts	Self-Control
Poor Problem-Solving Skills, Negative Emotionality	Coping
Sex Drive, Sex as Coping, Deviant Sexual Preference	Sexual Self-Regulation, Prosocial Sexual Interests
Cooperation with Supervision	Attitudes Towards Rules & Regulations

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# Mr. New

## Strengths

- Reporting sexual interests & fantasies
- Some sexual self-management skills
- Has healthy sexual fantasies
- Supportive mom; Cooks & expresses concern for her
- Interest in church & work
- Awareness of poor self-esteem
- Some emotion regulation skills

## Obstacles

- Sexual self-management skills are not consistently effective
- Continued sexual interest in children
- Not able to be fully open about sexual behaviors
- Therapeutic alliance needs improvement
- Emotion regulation skills not consistently effective
- Hopeless expressions about SR
- No scheduled structured, social activities

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### Coding sheet SAPROF-SO – Version 1

For use in conjunction with sexual recidivism risk assessment instruments

Name: Mr. New		Date:	
DOB:	Ethnicity:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse
Current context:			
Future context/s (optional):			
Name assessor(s):			

Resilience	Score (0,1,2,3,4)	
	Current	Future <sup>1</sup>
1. Adaptive schemas	1	
2. Empathy	1	
3. Coping	1	
4. Self-control	1	
5. Attitudes towards rules and regulations	1	
<b>Resilience Total</b>	<b>5</b>	
<b>Resilience Average (Total/5)</b>	<b>1</b>	

Adaptive Sexuality	Score (0,1,2,3,4)	
	Current	Future <sup>1</sup>
6. Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7. Prosocial sexual interests	1	
8. Prosocial sexual identity	0	
9. Intimate relationship	0	
<b>Adaptive Sexuality Total</b>	<b>2</b>	
<b>Adaptive Sexuality Average (Total/4)</b>	<b>0.5</b>	

Prosocial Connection & Reward	Score (0,1,2,3,4)	
	Current	Future <sup>1</sup>
10. Goal-directed living	2	
11. Work	0	
12. Leisure activities	0	
13. Social network	2	
14. Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>	<b>8</b>	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>	<b>1.6</b>	
<b>TOTAL SAPROF-SO SCORE</b>	<b>15</b>	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>	<b>1.1</b>	

Professional Risk Management (optional items)	Score (0,1,2,3,4)		
	Current	Future <sup>1</sup>	Long-term <sup>2</sup>
P1. Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2. Therapeutic alliance <input type="checkbox"/> N/A	0		
P3. Motivation for managing risk <input type="checkbox"/> N/A	2		
P4. Medication <input type="checkbox"/> N/A	N/A		
P5. Supervised living	3		
P6. External control	4		
<b>Professional Risk Management Total</b>	<b>13</b>		
<b>Professional Risk Management Average (Total/applicable items)</b>	<b>2.6</b>		

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Coding sheet SAPROF-SO – Version 1			
For use in conjunction with sexual recidivism risk assessment instruments			
Name: Mr. New		Date:	
DOB:	Ethnicity:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse	
Current context:			
Future context/s (optional):			
Name assessor(s):			
		Score (0,1,2,3,4)	
Resilience		Current	Future <sup>1</sup>
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
Resilience Total		5	
Resilience Average (Total/5)		1	
Adaptive Sexuality			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
Adaptive Sexuality Total		2	
Adaptive Sexuality Average (Total/4)		0.5	
Prosocial Connection & Reward			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
Prosocial Connection & Reward Total		8	
Prosocial Connection & Reward Average (Total/5)		1.6	
TOTAL SAPROF-SO SCORE		15	
AVERAGE SAPROF-SO SCORE (Total/14)		1.1	
Professional Risk Management (optional items)		Current	Future <sup>1</sup> Long-term <sup>2</sup>
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4	
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0	
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2	
P4.	Medication <input type="checkbox"/> N/A	N/A	
P5.	Supervised living	3	
P6.	External control	4	
Professional Risk Management Total		13	
Professional Risk Management Average (Total/applicable items)		2.6	

0 = Low protection

1 = Low-moderate protection

2 = Moderate protection

3 = Moderate-high protection

4 = High protection

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Coding sheet SAPROF-SO – Version 1			
For use in conjunction with sexual recidivism risk assessment instruments			
Name: Mr. New		Date:	
DOB:	Ethnicity:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse	
Current context:			
Future context/s (optional):			
Name assessor(s):			
		Score (0,1,2,3,4)	
Resilience		Current	Future <sup>1</sup>
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
Resilience Total		5	
Resilience Average (Total/5)		1	
Adaptive Sexuality			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
Adaptive Sexuality Total		2	
Adaptive Sexuality Average (Total/4)		0.5	
Prosocial Connection & Reward			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
Prosocial Connection & Reward Total		8	
Prosocial Connection & Reward Average (Total/5)		1.6	
TOTAL SAPROF-SO SCORE		15	
AVERAGE SAPROF-SO SCORE (Total/14)		1.1	
Professional Risk Management (optional items)		Current	Future <sup>1</sup> Long-term <sup>2</sup>
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4	
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0	
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2	
P4.	Medication <input type="checkbox"/> N/A	N/A	
P5.	Supervised living	3	
P6.	External control	4	
Professional Risk Management Total		13	
Professional Risk Management Average (Total/applicable items)		2.6	

Overall, low-moderate protection

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**Coding sheet SAPROF-SO – Version 1**  
For use in conjunction with sexual recidivism risk assessment instruments

Name: Mr. New Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
Current context: \_\_\_\_\_  
Future context/s (optional): \_\_\_\_\_  
Name assessor(s): \_\_\_\_\_

		Score (0,1,2,3,4)	
		Current	Future <sup>1</sup>
<b>Resilience</b>			
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
<b>Resilience Total</b>		5	
<b>Resilience Average (Total/5)</b>		1	
<b>Adaptive Sexuality</b>			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
<b>Adaptive Sexuality Total</b>		2	
<b>Adaptive Sexuality Average (Total/4)</b>		0.5	
<b>Prosocial Connection &amp; Reward</b>			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>		8	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>		1.6	
<b>TOTAL SAPROF-SO SCORE</b>		15	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>		1.1	
<b>Professional Risk Management (optional items)</b>			
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4	
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0	
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2	
P4.	Medication <input type="checkbox"/> N/A	N/A	
P5.	Supervised living	3	
P6.	External control	4	
<b>Professional Risk Management Total</b>		13	
<b>Professional Risk Management Average (Total/applicable items)</b>		2.6	

Highest level of protection on the core domains

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**Coding sheet SAPROF-SO – Version 1**  
For use in conjunction with sexual recidivism risk assessment instruments

Name: Mr. New Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
Current context: \_\_\_\_\_  
Future context/s (optional): \_\_\_\_\_  
Name assessor(s): \_\_\_\_\_

		Score (0,1,2,3,4)	
		Current	Future <sup>1</sup>
<b>Resilience</b>			
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
<b>Resilience Total</b>		5	
<b>Resilience Average (Total/5)</b>		1	
<b>Adaptive Sexuality</b>			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
<b>Adaptive Sexuality Total</b>		2	
<b>Adaptive Sexuality Average (Total/4)</b>		0.5	
<b>Prosocial Connection &amp; Reward</b>			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>		8	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>		1.6	
<b>TOTAL SAPROF-SO SCORE</b>		15	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>		1.1	
<b>Professional Risk Management (optional items)</b>			
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4	
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0	
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2	
P4.	Medication <input type="checkbox"/> N/A	N/A	
P5.	Supervised living	3	
P6.	External control	4	
<b>Professional Risk Management Total</b>		13	
<b>Professional Risk Management Average (Total/applicable items)</b>		2.6	

Most of his protection comes from the professional risk management items

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**Coding sheet SAPROF-SO – Version 1**  
For use in conjunction with sexual recidivism risk assessment instruments

Name: Mr. New Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
Current context: \_\_\_\_\_  
Future context/s (optional): \_\_\_\_\_  
Name assessor(s): \_\_\_\_\_

	Score (0,1,2,3,4)		
	Current	Future <sup>1</sup>	
<b>Resilience</b>			
1. Adaptive schemas	1		
2. Empathy	1		
3. Coping	1		
4. Self-control	1		
5. Attitudes towards rules and regulations	1		
<b>Resilience Total</b>	5		
<b>Resilience Average (Total/5)</b>	1		
<b>Adaptive Sexuality</b>			
6. Sexual self-regulation #1= Y #2= Y #3= N #4= N	1		
7. Prosocial sexual interests	1		
8. Prosocial sexual identity	0		
9. Intimate relationship	0		
<b>Adaptive Sexuality Total</b>	2		
<b>Adaptive Sexuality Average (Total/4)</b>	0.5		
<b>Prosocial Connection &amp; Reward</b>			
10. Goal-directed living	2		
11. Work	0		
12. Leisure activities	0		
13. Social network	2		
14. Emotional connection to adults	4		
<b>Prosocial Connection &amp; Reward Total</b>	8		
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>	1.6		
<b>TOTAL SAPROF-SO SCORE</b>	15		
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>	1.1		
<b>Professional Risk Management (optional items)</b>	Current	Future <sup>1</sup>	Long-term <sup>2</sup>
P1. Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2. Therapeutic alliance <input type="checkbox"/> N/A	0		
P3. Motivation for managing risk <input type="checkbox"/> N/A	2		
P4. Medication <input type="checkbox"/> N/A	N/A		
P5. Supervised living	3		
P6. External control	4		
<b>Professional Risk Management Total</b>	13		
<b>Professional Risk Management Average (Total/applicable items)</b>	2.6		

**Statements:**

- There are a lot of areas that will ultimately benefit from treatment
- What does Mr. New want to work on first?
- I'm bored
- Frustrated about not having a job or going to church
- Watching sports and going to church are relaxing activities
- Enjoys cooking for mom

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**Coding sheet SAPROF-SO – Version 1**  
For use in conjunction with sexual recidivism risk assessment instruments

Name: Mr. New Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
Current context: \_\_\_\_\_  
Future context/s (optional): \_\_\_\_\_  
Name assessor(s): \_\_\_\_\_

	Score (0,1,2,3,4)		
	Current	Future <sup>1</sup>	
<b>Resilience</b>			
1. Adaptive schemas	1		
2. Empathy	1		
3. Coping	1		
4. Self-control	1		
5. Attitudes towards rules and regulations	1		
<b>Resilience Total</b>	5		
<b>Resilience Average (Total/5)</b>	1		
<b>Adaptive Sexuality</b>			
6. Sexual self-regulation #1= Y #2= Y #3= N #4= N	1		
7. Prosocial sexual interests	1		
8. Prosocial sexual identity	0		
9. Intimate relationship	0		
<b>Adaptive Sexuality Total</b>	2		
<b>Adaptive Sexuality Average (Total/4)</b>	0.5		
<b>Prosocial Connection &amp; Reward</b>			
10. Goal-directed living	2		
11. Work	0		
12. Leisure activities	0		
13. Social network	2		
14. Emotional connection to adults	4		
<b>Prosocial Connection &amp; Reward Total</b>	8		
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>	1.6		
<b>TOTAL SAPROF-SO SCORE</b>	15		
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>	1.1		
<b>Professional Risk Management (optional items)</b>	Current	Future <sup>1</sup>	Long-term <sup>2</sup>
P1. Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2. Therapeutic alliance <input type="checkbox"/> N/A	0		
P3. Motivation for managing risk <input type="checkbox"/> N/A	2		
P4. Medication <input type="checkbox"/> N/A	N/A		
P5. Supervised living	3		
P6. External control	4		
<b>Professional Risk Management Total</b>	13		
<b>Professional Risk Management Average (Total/applicable items)</b>	2.6		

**Statements:**

- I'm bored
- Frustrated
- My biggest mistake was taking SR

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## Mr. New

- Therapist: I see you have mentioned being bored. Can you tell me more about that?
- Mr. New: Being on SR is really hard. I can't do anything without getting approved first, and a monitor has to escort me. But the process takes a while, and the monitors aren't always available. I am tired of sitting around at home.
- Therapist: What would you like to be doing?
- Mr. New: Well, like I mentioned before, I want to get a job. But it's hard because they see my offense history and don't want to hire me.
- Therapist: If you could get a job, what would you be doing?
- Mr. New: I mean, I'd take anything. But I really want to cook in a restaurant.

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## Mr. New

- Therapist: I saw in the evaluation, that you cook for your mom when she visits. That's great!
- Mr. New: Yeah, I really like to be able to do that for her.
- Therapist: It sounds like you have a good skill. What is something that can help you cook professionally?
- Mr. New: Uh, I don't know. Maybe I need to take a class or something?
- Therapist: Would taking a cooking class interest you?
- Mr. New: Yes, definitely. I would love to do that.

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**Coding sheet SAPROF-SO – Version 1**  
*For use in conjunction with sexual recidivism risk assessment instruments*

Name: Mr. New Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse

Current context: \_\_\_\_\_

Future context/s (optional): \_\_\_\_\_

Name assessor(s): \_\_\_\_\_

Resilience	Score (0,1,2,3,4)	
	Current	Future <sup>1</sup>
1. Adaptive schemas	1	
2. Empathy	1	
3. Coping	1	
4. Self-control	1	
5. Attitudes towards rules and regulations	1	
<b>Resilience Total</b>	<b>5</b>	
<b>Resilience Average (Total/5)</b>	<b>1</b>	
<b>Adaptive Sexuality</b>		
6. Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7. Prosocial sexual interests	1	
8. Prosocial sexual identity	0	
9. Intimate relationship	0	
<b>Adaptive Sexuality Total</b>	<b>2</b>	
<b>Adaptive Sexuality Average (Total/4)</b>	<b>0.5</b>	
<b>Prosocial Connection &amp; Reward</b>		
10. Goal-directed living	2	
11. Work	0	
12. Leisure activities	0	
13. Social network	2	
14. Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>	<b>8</b>	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>	<b>1.6</b>	
<b>TOTAL SAPROF-SO SCORE</b>	<b>15</b>	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>	<b>1.1</b>	

Professional Risk Management (optional items)	Current	Future <sup>1</sup>	Long-term <sup>2</sup>
P1. Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2. Therapeutic alliance <input type="checkbox"/> N/A	0		
P3. Motivation for managing risk <input type="checkbox"/> N/A	2		
P4. Medication <input type="checkbox"/> N/A	N/A		
P5. Supervised living	3		
P6. External control	4		
<b>Professional Risk Management Total</b>	<b>13</b>		
<b>Professional Risk Management Average (Total/applicable items)</b>	<b>2.6</b>		

### Treatment planning

- Obstacles:** bored; can't find a job; boredom could be leading to old behaviors – pornography use?
- Plan:** Mr. New is motivated to find work. He is interested in cooking in a restaurant and has been cooking for his mother. He would like to take cooking classes as a first step.
  - Mr. New agreed to identify cooking classes for adults with help from his SR team.
  - Mr. New will take a cooking class.
  - This will primarily address Work and Goal-directed living. It may also potentially address social network.
- Mechanisms:** prosocial modeling & accountability to others (informal social control); pathways to PHGs incl knowledge, work, agency, & happiness

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## Mr. New

- Therapist: How often do you get to see your mom?
- Mr. New: When she has time to drive up to see me. Maybe once a month?
- Therapist: Who else visits you?
- Mr. New: That's it. Just her.
- Therapist: What about telephone contact or letter writing?
- Mr. New: No, it's only me and my mom.
- Therapist: And is that enough for you? I mean, enough social contacts?

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## Mr. New

- Mr. New: No. I liked being in the hospital because I had a lot of people I could talk to. Now it's just me in the house. That's why I'm so bored.
- Therapist: So, you would like to have more people to talk to?
- Mr. New: Yeah.
- Therapist: Have you thought of how you can meet people?
- Mr. New: Well, maybe if I get into a cooking class, I could meet someone. But that's hard because everyone will be busy, and I don't know. I have to tell people about my offense history. That's why I want to go to the bible study group at church. I think they will be more accepting.

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## Mr. New

- Therapist: The bible study at church?
- Mr. New: Yeah, there's a bible study group there. I got information about it. The pastor leads it, and he lets in people from prison and stuff. So, there's no kids. Just adults. They have it every Monday at seven o'clock.

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**Coding sheet SAPROF-SO – Version 1**  
*For use in conjunction with sexual recidivism risk assessment instruments*

Name: Mr. New Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
 Current context: \_\_\_\_\_  
 Future context/s (optional): \_\_\_\_\_  
 Name assessor(s): \_\_\_\_\_

		Score (0,1,2,3,4)	
		Current	Future <sup>1</sup>
<b>Resilience</b>			
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
<b>Resilience Total</b>		5	
<b>Resilience Average (Total/5)</b>		1	
<b>Adaptive Sexuality</b>			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
<b>Adaptive Sexuality Total</b>		2	
<b>Adaptive Sexuality Average (Total/4)</b>		0.5	
<b>Prosocial Connection &amp; Reward</b>			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>		8	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>		1.6	
<b>TOTAL SAPROF-SO SCORE</b>		15	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>		1.1	

Professional Risk Management (optional items)		Current	Future <sup>1</sup>	Long-term <sup>2</sup>
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0		
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2		
P4.	Medication <input type="checkbox"/> N/A	N/A		
P5.	Supervised living	3		
P6.	External control	4		
<b>Professional Risk Management Total</b>		13		
<b>Professional Risk Management Average (Total/applicable items)</b>		2.6		

### Treatment planning

- **Obstacles:** Limited social network; lack of structured leisure activities; bored; boredom could be leading to old behaviors – pornography use?
- **Plan:** Mr. New is eager to attend the bible study group at his local church. He has already identified where, when, and who.
  - Mr. New will attend the weekly bible study group.
  - Prior to attending, Mr. New will meet with the pastor and introduce himself.
  - This will primarily address Leisure activities and Social network. It may also potentially address Coping.
- **Mechanisms:** prosocial modeling & accountability to others (informal social control); pathways to PHGs incl knowledge, community, & spirituality

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## Mr. New

- Therapist: So far, you've identified some really good interests and goals. What do you think about adding cooking classes and bible study group to your treatment plan?
- Mr. New: Yeah, that's good.
- Therapist: Ok, so these steps sound reasonable?
- Mr. New: Yeah, I can do that.
- Therapist: Ok, and as you make progress, we can add new steps. What else do you want to work on?

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## Mr. New

- Mr. New: Um, well, that evaluator said I'm pretty good managing my frustration with SR rules, but suggested I might learn some more ways to calm myself down. I don't know.
- Therapist: The SR rules are frustrating.
- Mr. New: Yeah. The rules sometimes don't make sense. And the monitors sometimes are late taking me to appointments. I get mad. Sometimes I snap at them. But even when I don't, it'll ruin the rest of my day.
- Therapist: So, you can sometimes keep yourself from snapping at the monitors, but it ruins the rest of the day. Can you say more about that?

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## Mr. New

- Mr. New: Um, like, I just keep thinking about it. Like how it's not fair. I have to follow even the smallest of rules, or I get into trouble. But then they can show up whenever they want, and no one does anything. I just feel frustrated the rest of the day.
- Therapist: And you would rather not feel that way?
- Mr. New: No, it ruins my day and gives me a headache.
- Therapist: Would learning ways to cope with this be helpful? Are you interested in this?
- Mr. New: Yeah, I think it'd help.

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**Coding sheet SAPROF-SO – Version 1**  
*For use in conjunction with sexual recidivism risk assessment instruments*

Name: Mr. New Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
 Current context: \_\_\_\_\_  
 Future context/s (optional): \_\_\_\_\_  
 Name assessor(s): \_\_\_\_\_

		Score (0,1,2,3,4)	
		Current	Future <sup>1</sup>
<b>Resilience</b>			
1.	Adaptive schemas	1	
2.	Empathy	1	
3.	Coping	1	
4.	Self-control	1	
5.	Attitudes towards rules and regulations	1	
<b>Resilience Total</b>		5	
<b>Resilience Average (Total/5)</b>		1	
<b>Adaptive Sexuality</b>			
6.	Sexual self-regulation #1= Y #2= Y #3= N #4= N	1	
7.	Prosocial sexual interests	1	
8.	Prosocial sexual identity	0	
9.	Intimate relationship	0	
<b>Adaptive Sexuality Total</b>		2	
<b>Adaptive Sexuality Average (Total/4)</b>		0.5	
<b>Prosocial Connection &amp; Reward</b>			
10.	Goal-directed living	2	
11.	Work	0	
12.	Leisure activities	0	
13.	Social network	2	
14.	Emotional connection to adults	4	
<b>Prosocial Connection &amp; Reward Total</b>		8	
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>		1.6	
<b>TOTAL SAPROF-SO SCORE</b>		15	
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>		1.1	
<b>Professional Risk Management (optional items)</b>			
P1.	Sexual offence-specific treatment <input type="checkbox"/> N/R	4	
P2.	Therapeutic alliance <input type="checkbox"/> N/A	0	
P3.	Motivation for managing risk <input type="checkbox"/> N/A	2	
P4.	Medication <input type="checkbox"/> N/A	N/A	
P5.	Supervised living	3	
P6.	External control	4	
<b>Professional Risk Management Total</b>		13	
<b>Professional Risk Management Average (Total/applicable items)</b>		2.6	

### Treatment planning

- **Obstacles:** Feeling frustrated & tense; SR rules & staff behavior don't always meet expectations; my biggest mistake was taking SR
- **Plan:** Mr. New has some good coping skills. He is willing to learn about additional coping skills.
  - Each month, Mr. New will select something he would like to learn and try (e.g., mindfulness, yoga, a DBT skill)
  - Over the course of the month, Mr. New will learn how to use the skill and practice the skill in applied settings
  - This will primarily address Coping and Self-control. It may also potentially address Attitudes towards rules and regulations.
- **Mechanisms:** internal self-control; pathways to PHGs incl healthy life, knowledge, & inner peace

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## Strength-based treatment plans

- Focus on strength or building up strengths (protective factors)
- Working collaboratively with the client & allowing them to prioritize areas to work on will result in more motivation and engagement
- Additional benefits of strength-based approaches include lower attrition rates and more satisfaction (Olver et al., 2020; Vincent et al., 2022)
- Therapist characteristics are also important: use of motivational interviewing, validation, etc.

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## Release Planning

- Re-assessment is necessary since some of the protective factors on the SAPROF-SO will change in different settings
  - Example: The custody setting has a regularly scheduled basketball league, but it's not clear whether this would be available to him when in the community.
- We also may need to consider strengthening current skills if there are new stressors in the community
  - Example: Mr. Red has successfully been managing his offense-related sexual interests in the residential treatment program where the only exposure he has to children are on TV, mags, etc. He is worried about seeing children when doing his grocery shopping.

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## Release Planning

- For individuals being released on supervision, part of release planning is determining what level of services they need
- Once individuals are in the community, decisions are centered around when to increase privileges

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## Competing Demands



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# Collaborative demands



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## SAPROF-SO scores for Mr. New prior to SR placement

**Coding sheet SAPROF-SO – Version 1**  
For use in conjunction with sexual recidivism risk assessment instruments

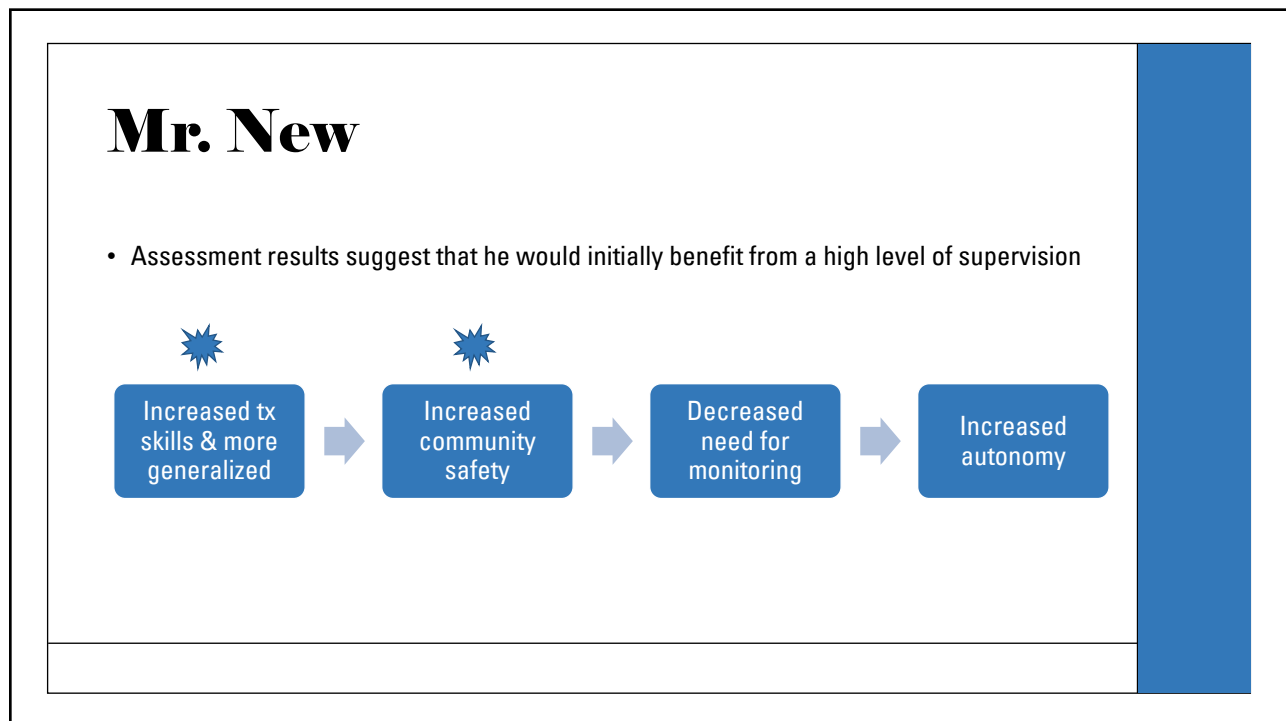
Name: Mr. New Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Gender diverse  
 Current context: **PRIOR TO SR**  
 Future context/s (optional): \_\_\_\_\_  
 Name assessor(s): \_\_\_\_\_

	Score (0,1,2,3,4)		
	Current	Future <sup>1</sup>	
<b>Resilience</b>			
1. Adaptive schemas	1		
2. Empathy	1		
3. Coping	1		
4. Self-control	1		
5. Attitudes towards rules and regulations	1		
<b>Resilience Total</b>	<b>5</b>		
<b>Resilience Average (Total/5)</b>	<b>1</b>		
<b>Adaptive Sexuality</b>			
6. Sexual self-regulation #1= Y #2= Y #3= N #4= N	1		
7. Prosocial sexual interests	1		
8. Prosocial sexual identity	0		
9. Intimate relationship	0		
<b>Adaptive Sexuality Total</b>	<b>2</b>		
<b>Adaptive Sexuality Average (Total/4)</b>	<b>0.5</b>		
<b>Prosocial Connection &amp; Reward</b>			
10. Goal-directed living	2		
11. Work	2		
12. Leisure activities	3		
13. Social network	4		
14. Emotional connection to adults	4		
<b>Prosocial Connection &amp; Reward Total</b>	<b>15</b>		
<b>Prosocial Connection &amp; Reward Average (Total/5)</b>	<b>3</b>		
<b>TOTAL SAPROF-SO SCORE</b>	<b>22</b>		
<b>AVERAGE SAPROF-SO SCORE (Total/14)</b>	<b>1.6</b>		
<b>Professional Risk Management (optional items)</b>	<b>Current</b>	<b>Future<sup>2</sup></b>	<b>Long-term<sup>3</sup></b>
P1. Sexual offence-specific treatment <input type="checkbox"/> N/R	4		
P2. Therapeutic alliance <input type="checkbox"/> N/A	2		
P3. Motivation for managing risk <input type="checkbox"/> N/A	3		
P4. Medication <input type="checkbox"/> N/A	N/A		
P5. Supervised living	4		
P6. External control	4		
<b>Professional Risk Management Total</b>	<b>17</b>		
<b>Professional Risk Management Average (Total/applicable items)</b>	<b>3.4</b>		

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<b>Risk →</b>	<b>Very Low Risk (4)</b>	<b>Below Average Risk (3)</b>	<b>Average Risk (2)</b>	<b>Above Average Risk (1)</b>	<b>Well Above Average Risk (0)</b>		
<b>Average SAPROF-SO Score ↓</b>							
<b>Low (0)</b>	Moderate supervision (2)	Moderate-high supervision (1.5)	High supervision (1)	Very high supervision (0.5)	Highest level of supervision (0)		
<b>Low-Moderate (1)</b>	Low-moderate supervision (2.5)	Moderate supervision (2)	Moderate-high supervision (1.5)	High supervision (1)	Very high supervision (0.5)		
<b>Moderate (2)</b>	Low supervision (3)	Low-moderate supervision (2.5)	Moderate (average) supervision (2)	Moderate-high supervision (1.5)	High supervision (1)		
<b>Moderate-High (3)</b>	Very low / limited supervision (3.5)	Low supervision (3)	Low-moderate supervision (2.5)	Moderate supervision (2)	Moderate-high supervision (1.5)		
<b>High (4)</b>	None needed (4)	Very low / limited supervision (3.5)	Low supervision (3)	Low-moderate supervision (2.5)	Moderate supervision (2)		
<ul style="list-style-type: none"> <li>• Static-99R = IVb (well above average risk)</li> <li>• SAPROF-SO = Moderate amount of protection</li> </ul>						Kelley et al., 2022	

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## Mr. New

- We should be concerned that he has fewer social connections, no work, and no scheduled leisure activities on SR
- Had these been identified prior to his placement on SR, release planning could involve
  - Job search
  - Outreach to prospective employers
  - Identification of organized, prosocial activities in the community (church, cooking class)
  - Outreach to pastors of local churches, vocational schools, etc.
  - Pairing him with a roommate

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## Release planning with special populations: Mr. Future

- Adult male with TBI and a history of sexual offense convictions
- Within an inpatient placement, has demonstrated increased stability, emotional control, and sexual self-regulation
- High level of risk due to high frequency, sexually problematic behaviors: unwanted touch & exposing of genitals
- Has a BMP, but largely limited in ability to learn and remember

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SAPROF-SO Item		
	Current Placement	Future Placement
Adaptive schemas 1	Mr. Future generally has a positive view of himself and others around him. He describes staff as helpful and kind. On the other hand, he has a good deal of awareness of his cognitive limitations as well as his pre-morbid level of functioning. He can be sensitive to feeling a loss of his former independence and adulthood. He occasionally becomes bored and depressed, and he complains that staff treats him like a child. During the past year, he has verbalised increased negative schema when experiencing cognitive confusion.	Mr. Future's mood may be more resilient when his internal self-view is fostered through activities that promote talent, self-efficacy, and feeling that he has input. He does well with a structured schedule that provides opportunities for work, leisure, and socialisation. He enjoys painting and sharing his artwork with others. He will require support and assistance when experiencing periods of increased disorientation.

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SAPROF-SO Item		
	Current Placement	Future Placement
Attitude towards rules and regulations 1	Mr. Future has a positive relationship and attitude towards therapy and unit staff. He has an adequate understanding of the hospital rules. However, he frequently forgets that rules have changed or why a rule has been put into effect. He can become quickly agitated when stopped from doing something he has become fixated on. It is not clear that a punitive approach actually deters future behaviour given his problems with learning and memory.	Mr. Future will be slow to learn new rules and routines. He will struggle with temptations and self-control in a less restrictive environment. As such he will benefit from frequent reminders about rules and schedules. This may involve re-explaining rules even after a 30-minute delay. The more staff are prepared for this possibility, the more potential for patient and compassionate staff responses. Again, punitive approaches may not always be effective.

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Sexual self-regulation 0	Mr. Future has not engaged in deviant behaviours since his psychiatric hospital admission. He has consistently reported his sexual interest involves consenting adult females. His sexual drive is diminished due to anti-androgen medication. However, he is apt to attempt to engage in masturbation when bored. He also struggles with boundaries when working with female staff. It is difficult for him to understand that staff are not his friends or potential dating partners. He responds well to firm redirection.	Mr. Future can be expected to continue to confuse boundaries between staff and potential dating partners. Professional staff should be clear, firm, and quick to redirect any verbal or behavioural transgressions. Such immediate and consistent feedback is warranted when this occurs with non-professional people in the community and with other peers. He exhibits an awareness of his need to avoid stimuli that could trigger hypersexuality (e.g. pornography), but he may need reminders.

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Goal directed living 2	Mr. Future's expressed life goals include having a committed intimate relationship, having an exhibit of his artwork, and working in an art store. He has re-established contact with his former art teacher who sends him art books.	Allowing Mr. Future to identify ways he can work towards his life goals can provide him with purpose and meaning in his life. This may include learning to communicate with females who also have histories of TBI, inquiring about custodial jobs in art stores, and having art show events for staff and peers.

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Work 3	<p>Mr. Future has maintained a part-time patient work position doing custodial work on his hospital unit. As his work tasks have become routine, he needs little assistance. He occasionally asks for more varied job duties. This job helps to provide structure to his schedule, financial rewards, and purpose and meaning (e.g. something that he is proud of and which is associated with being an adult).</p>	<p>Mr. Future has demonstrated the ability to maintain regular work and it would be beneficial to him to obtain work in the community. This may need to be on a very part-time basis.</p>

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Therapeutic alliance 4	<p>Mr. Future works regularly with two recreation therapists and one social worker. Mr. Future values these three staff members, regularly utilises them in times of need, and has described them in positive terms. Further, these staff appear to be knowledgeable about his triggers, and signs to look for to indicate he is not doing well, and effective interventions in times of need.</p>	<p>Mr. Future has worked best in treatment environments when there are a few staff who remain consistent in his schedule and with whom he can develop a trusting therapeutic relationship.</p>

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## Mr. Future



- Since his risk will always be high and level of protection low, he will always require some professionally provided risk management
- The SAPROF-SO score alone may be insufficient in determining release needs
- May be helpful to examine items in a qualitative way (e.g., what is working at his current setting and how can this be replicated in a future setting)

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## Mr. Future

- Despite requiring a high degree of professionally provided supports, the release plan can still offer him avenues to PHGs
- Custodial job in an art store, group activities involving painting, client art shows
  - Excellence in work & leisure, relatedness, creativity

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<p><b>SAPROF-SO</b></p> <p><b>Future Directions</b></p>		

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<p><b>Current Projects</b></p> <ul style="list-style-type: none"> <li>• Just starting: the effect of treatment/release planning using risk factors vs. protective factors on engagement, motivation, and overall satisfaction</li> <li>• Just ending: the predictive validity of the SAPROF-SO on release success for those placed on SR</li> <li>• Factor analysis – Earlier factor analysis resulted in current subscales. We want to replicate this finding to ensure they hold up in both institution and community samples.</li> <li>• Mark Olver will be finishing his study on the predictive and incremental validity of the SAPROF-SO with the Clearwater data</li> <li>• Ongoing: prospective predictive validity study on a community sample</li> </ul>	

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## Current Projects

- Additional comparisons of the SAPROF-SO with dynamic risk tools
- Data from the predictive validity studies will be integrated
  - SAPROF-SO norms: absolute recidivism rates & percentiles

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