

Presentation title:

Introduction of the Structured Assessment of Protective Factors for serious problem behavior - Child Version (SAPROF-CV)

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Risk assessments for children (aged 6-15) are increasingly being used to assess the risk of future problem behavior including crime and to plan treatment for children with serious problem behavior. During the development of the EARL-V3, a clear demand for an additional strength-based, protective factors assessment was put forward by clinicians. In accordance with the SAPROF adult and youth versions, the Structured Assessment of Protective Factors for serious problem behavior - Child Version (SAPROF-CV) was developed to complement the existing risk-focused approach in child risk assessment. The SAPROF-CV includes 16 strength-based items organized into four scales: (1) Resilience, (2) Motivational, (3) Relational, and (4) External. In this presentation, the SAPROF-CV will be introduced, and preliminary reliability and concurrent validity findings presented. To assess inter-rater reliability, two experienced raters trained on the use of the SAPROF-CV independently rated 40 cases (20 boys and 20 girls) based on caregiver- and child interviews and clinical measures. Using intraclass correlation coefficients (ICC), we found excellent agreement on the SAPROF-CV total score and the Resilience and Motivational subscales, and a good level of agreement for the Relational and External subscales. Inter-rater reliability of the 16 individual SAPROF-CV items was done using Gwet's AC1 analysis, which revealed fair to almost perfect agreement between raters across items (AC1 = .40-.81, with an average of AC1 = .62). To establish the concurrent validity of the SAPROF-CV protective factors a Pearson's correlation was conducted. The SAPROF-CV protective factor total score was significantly and negatively correlated with the EARL-V3 risk factor total score ($r = -.32$). The SAPROF-CV provides a potentially useful strengths-based measure that could complement risk assessment and guide positive treatment goals in child and youth care interventions.