

DEVELOPMENTS IN THE MULTI-MODAL SELF REGULATION AND WARD'S GOOD LIFE MODEL

**Multi-Modal Self-Regulation Theory:
Self-regulation and the Development of Sex Offending Behaviors**

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Sex offending behaviors are the result of a complex, multi-faceted process. A new etiological theory (Stinson, Sales, & Becker, 2008) focuses on the individual's ability to self-regulate thoughts, emotions, and behaviors, and incorporates cognitive-behavioral, developmental, and personality research to explain the development of sex offending behaviors. The Multi-Modal Self-Regulation Theory expands our current etiological conceptualizations to emphasize the importance of self-regulation and reinforcement contingencies in this process.

Self-regulatory deficits are implicated in a variety of behavioral, emotional, and interpersonal disorders, including those characterized by sexually inappropriate interests and behaviors. Deficits in adaptive functioning can arise in any or all of the four major categories of self-regulation: 1) emotion/mood regulation, 2) behavioral regulation, 3) cognitive regulation, and 4) interpersonal regulation. Sex offenders may use a variety of externalized strategies to cope with internal distress, including behaviors which promise immediate gratification and involve little effort, such as substance use, antisocial behaviors, and sexual activity. A combination of effective reduction of distress or discomfort, consistent reinforcement, and lack of corrective action will ensure that the selected strategy will persist in future situations where self-regulation is necessary.

Though we know that sex offenders demonstrate a broad range of psychopathology and deficits in adaptive behavioral functioning, what we ultimately lack is extensive research demonstrating self-regulatory functioning in sex offender groups. While some treatment approaches address the role of regulatory goals in the maintenance of deviant sexual behaviors (e.g., Ward & Hudson, 2000), we offer a unique perspective on the role of dysregulation and maladaptive regulatory strategies in the formation and initiation of these behaviors. Here, the core components of the Multi-Modal Self-Regulation Theory are explained, with relevant examples given to illustrate the development of sex offending behaviors, as well as other maladaptive regulatory strategies, within this proposed framework.

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Results from two preliminary empirical studies are also discussed. In each of these, the prevalence of maladaptive strategies – including problematic sexual behavior, self-harm, substance use, and aggression – and the relationship of these outcomes to self-regulatory deficits, are examined in samples of 95 Sexually Violent Persons and 250 inpatient psychiatric sex offenders. Significant relationships between these outcomes and their potential role in understanding the development of problematic sexual behavior in the context of the Multi-Modal Self-Regulation Theory are presented.

References

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- Stinson, J.D., Sales, B.D., & Becker, J.V. (2008). *Sexual offending: Causal theory and implications for research, prevention, and treatment*. Washington, DC: American Psychological Association.
- Ward, T., & Hudson, S.M. (2000). A self-regulation model of relapse prevention. In D.R. Laws, S.M. Hudson, & T. Ward (Eds.). *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 79-101). Thousand Oaks, CA: Sage.

Applying the Good Lives Model in Practice

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In recent years there has been an increased interest in using strengths-based approaches with offenders. The 'Good Lives Model' developed by Tony Ward, in particular, has received much attention and practitioners have been interested in how to incorporate this into their work with offenders. The current session will describe the development of a new treatment module, which has recently been accredited to be run in community sex offender treatment programs, throughout England and Wales, based on the Good Lives Model. There will be review of strengths-based approaches and then a description of the new module, which replaces the more traditional relapse prevention (RP) section of the program. The new module is based on the Good Lives Model but also retains some of the standard RP content and aims to blend the two together, using the best from each. The new program designs are now being implemented and evaluated. This is the first application of the Good Lives Model to be run on a large scale. The session will describe the revision of practice and emerging findings from the evaluation.