

## APPLICATIONS OF THE SELF-REGULATION MODEL

### The Self-Regulation Model of Sexual Offender Intervention: Assessment of Offence Pathway

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The Self-Regulation Model (SRM; Ward, Hudson, & Keenan, 1988) is model of the offence process among sexual offenders that was developed as an alternative to the relapse prevention approach to treatment, as a result of shortcomings identified in the latter model (Ward & Hudson, 1998). The SRM posits four unique pathways of the offence progression (avoidant-passive, avoidant-active, approach-automatic, approach-explicit) which have been empirically validated and found to be differentially associated with dynamic risk for sexual offending (Bickley & Beech, 2002, 2003; Proulx, Perreault, & Ouimet, 1999; Webster, 2005; Yates & Kingston, 2006; Yates, Kingston, & Hall, 2003; ). The SRM has been implemented in treatment programs with sexual offenders, and has recently been revised and integrated with the Good Lives Model (GLM; Ward & Stewart, 2003) into a comprehensive framework for the assessment, treatment, and management of sexual offenders (Yates & Ward, in press). Despite this increasing application of the model, a comprehensive protocol for the evaluation of offence pathway has not been available. This workshop provides an overview of a recently-developed protocol for the assessment of SRM pathway that is designed to facilitate treatment and management planning using this model (Yates, Kingston, & Ward, in press). The workshop will focus on the use of this structured assessment protocol and its implementation in practice and is designed for evaluators, treatment providers, and other personnel delivering intervention utilizing the SRM framework.

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## **The Utility of the Self-Regulation Model to Re-integration Planning**

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The ultimate goal of sex offender treatment and management is to prevent further victimization by maximizing offenders' successful re-entry into the community. As recent studies have shown that early failures often consist of technical violations and non-violent offenses, successful re-entry should not merely be defined as the lack of sexual recidivism, but it should also be characterized by the offender's overall rehabilitation. Offender rehabilitation is demonstrated by attitudinal and behavioral changes that result in his/her being a productive member of society.

The current risk-management model of treatment has been shown to be insufficient with respect to overall offender rehabilitation, as it provides self-management strategies that assist offenders in avoiding high-risk situations, but it fails to assist them in learning to live healthy lifestyles (Ward & Brown, 2003). Within this model, individuals are regarded as a bundle of risk factors; they are not perceived as self-directed, goal-oriented human beings (Ward & Stewart, 2003). In addition, this model assumes that individuals attempt to avoid sexual offending, but they do not have the adequate coping skills to abstain from their problem behaviors; it does not account for the individuals who want to offend and explicitly plan their sexual offenses.

To account for these deficiencies, the self-regulation model was developed to address the unique treatment needs of sexual offenders. The self-regulation model states that individuals engage in goal-directed behavior, develop cognitive scripts that direct behavior, and select strategies to achieve their goals based on these scripts (Ward & Hudson, 2000). This model further proposes that there are four pathways that lead to sexual offending. Two pathways characterize offenders who attempt to avoid offending (i.e., avoidant-oriented) but do not have adequate strategies (i.e., either under-regulation or misregulation) to avoid the undesired behavior; the two remaining pathways characterize the individuals who seek to achieve goals associated with sexual offending (approach-oriented) and experience positive affect as a result. These approach-oriented individuals vary with respect to self-regulation; some individuals exhibit deficit self-regulation (i.e., impulsivity), whereas others display intact self-regulation. Within this model, individualized treatment interventions are formulated based on the offenders' goals and self-regulation ability.

This workshop will present research findings that validate the use of the SRM approach to re-integration planning and the clinical application of this model. Specifically, validation of the SRM approach will be demonstrated

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through the examination of the prevalence of each pathway within an incarcerated sample of adult sexual offenders and the relationship among the pathways and sexual offense patterns (i.e., number and type of victims and offenses). Sexual offense characteristics are obtained from admissions during treatment combined with polygraph testing. Pathway classification is determined through therapist ratings obtained from the examination of offense cycles and through offender responses to a questionnaire, which consists of theoretical indicators of each pathway. Strengths and weaknesses of each assessment method are also be presented. Participants will learn how to assess offender pathways and to assist clients in creating individualized, realistic treatment and management plans that may result in a meaningful life without sexual offending.