Sexual Offender Treatment: Motivational enhancement, and the Good Lives/Self-Regulation Models

David Prescott
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With gratitude to Pamela Yates, David Thornton, and others

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Focus

- Brief overview of the current state of assessment and treatment
- Good lives and self-regulation models
- What works

Don't worry!

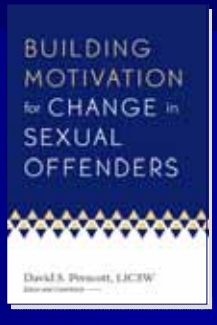
- I won't call on you for answers
- I won't ask you to role play
- I won't put too much unnecessary research into each slide

For more information

- www.davidprescott.net
- Click on publications and scroll down through articles
- Or simply email me

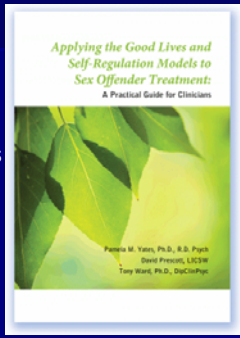
Should it interest…

- Prescott, 2009
- Very few resources on topic
- Chapters by Ward, Marshall, Marshall, Mann, Serran, Wilson, etc.
- Safersociety.org



Also…

- Yates, Prescott, & Ward, 2010
- Practical guide for clinicians on good lives and self-regulation models
- Contains case examples with motivational enhancement



Preconditions

- Show up
- Beginner's mind

Hanson and Bussiere

- Meta-analysis, 1996/1998
  - Asked: *"Compared to other sex offenders, which individual characteristics increase or decrease their chances of recidivism over the long term?"*
  - 61 data sets
  - examined 28,972 sex offenders
  - 1/3 of 165 predictor variables were significantly related to recidivism ($p<.05$)

Hanson and Bussiere

- Measured outcomes:
  - sexual
  - non-sexual
  - general

  used re-arrests, reconviction, self-report, etc.
- No single factor found that could be used in isolation

Hanson and Bussiere

- Results:
  - 13.4% Sexual recidivism in 4-5 years (n = 23,393)
    - 18.9% for 1,839 rapists
    - 12.7% for 9,603 child molesters
  - 12.2% Violent recidivism in 4-5 years (n = 7,155)
    - 22.1% for 782 rapists
    - 9.9% for 1,774 child molesters
  - 36.3% any recidivism in 4-5 years (n = 19,374)
    - 46.2% for 4,017 rapists
    - 36.9% for 3,363 child molesters

  Caution! There were diverse methods, follow-ups, and concerns around undetected offenses in this study

Hanson and Bussiere

- Predictors of sexual recidivism:
  - PPG sexual interest in children r = .32
  - Any deviant sexual preference r = .22
  - Prior sexual offenses r = .19
  - Stranger victims r = .15
  - Early onset r = .12
  - Unrelated victims r = .11
  - Boy victims r = .11

Hanson and Bussiere

- Predictors of sexual recidivism *continued*
  - Diverse sexual crimes r = .10
  - Antisocial Personality Disorder r = .14
  - Any prior offenses (general) r = .13
  - Age (young) r = .13
  - Single (never married) r = .11
  - Treatment drop-out r = .17

Hanson and Bussiere: What DIDN'T correlate to recidivism?

- History of sexual abuse r=-.01
- Substance abuse r=.03
- General psychological problems
  - Didn't correlate to general or violent recidivism, either
- Education r=-.03
- Empathy r=.03
- Denial (without outlier) r=.02

Thornton, Beech, & Marshall, 2004

- Pre treatment self- esteem and recidivism
- 53 beginning community treatment
- 172 beginning prison treatment

  – *Lower levels of self-esteem were associated with higher sexual recidivism rates with similar trends being apparent in both samples. The linear main effect of self-esteem was significant at beyond the .OI level in a logistic regression analysis. Receiver operating characteristics analysis was used to assess the strength of this association and an area-under-the-curve coefficient of .69 was obtained.*

What's missing?

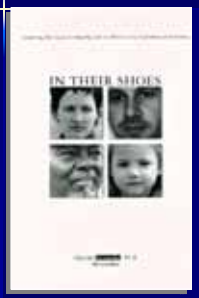
Little, if any, research basis for:

- Remorse/Shame/Guilt
- Empathy
- Psychological Maladjustment
- Denial
- Clinical presentation
- Uncertain sexual arousal in adolescents
  Hunter & Becker, 1994

Levenson & Prescott, 2009

- Empathy may not be predictive in broader analyses, but:
- Clients at Sand Ridge (the civil commitment center in Wisconsin) rated it as a very important treatment target (along with accepting responsibility for offending)

Yolanda Fernandez, 2002



- Examining the issue of empathy and its place in the treatment of offenders
- Responsivity factor

The problem:

- Hojat et al 2009 on empathy among doctors *(Academic Medicine, 84* (9):
- *Statistical analyses showed that empathy scores did not change significantly during the first two years of medical school. However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation. Findings were similar for the matched cohort (n 121) and for the rest of the sample (unmatched cohort, n 335). Patterns of decline in empathy scores were similar for men and women and across specialties.*

Hojat et al 2009

Conclusions

It is concluded that a significant decline in empathy occurs during the third year of medical school. It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential. Implications for retaining and enhancing empathy are discussed.

Marshall, 2005

- Warm
- Empathic
- Rewarding
- Directive (guiding)

Andrews & Bonta (2010)

Three Principles:

- Risk
- Need
- Responsivity

From The Psychology of Criminal Conduct, 5th ed.

Hanson, Bourgon, Helmus, & Hodgins, 2009

- Examined sexual offender treatment and RNR principles
  - *Based on a meta-analysis of 23 recidivism outcome studies meeting basic criteria for study quality, the unweighted sexual and general recidivism rates for the treated sexual offenders were lower than the rates observed for the comparison groups (10.9%, n = 3,121 vs. 19.2%, n = 3,625 for sexual recidivism; 31.8%, n = 1,979 vs. 48.3%, n = 2,822 for any recidivism). Programs that adhered to the RNR principles showed the largest reductions in sexual and general recidivism.*

Assessment

- Actuarial
- "New norms"
- Aging
- PPG
- Polygraph
- LSI-R

Domains

- Sexual deviance
- Distorted attitudes
- Socio-affective functioning
- Self-management

Assessment-Driven Treatment

Smith, Goggin, & Gendreau, 2002

- Meta-analyzed 117 studies since 1958 (n = 442,471 criminal offenders)
- No sanction studied reduced recidivism (including juveniles)
- "Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behaviour."
  - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
  - Some indication of increased risk for low-risk criminals

http://ww2.ps-sp.gc.ca/publications/corrections/200201_Gendreau_e.pdf

Myth: Treatment Doesn't Work Facts: Treatment can help

- Furby, Weinrott, & Bradshaw (1989).
  - Combined analysis of numerous studies that was unable to detect a significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
  - 17% untreated
  - 10% treated

  -Equivalent to a 40% reduction
- Losel, F., & Schmucker, M. (2005).
  - Recidivism reduced by nearly 40%
- SOTEP:
  - No overall differences between treated and untreated groups, but:
- Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they "got it" (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

Can they be cured?

- Treatment won't work equally well for everyone, and 100% success should not be expected.
- Sex offender treatments, like many other types of medical and mental health interventions, don't focus on a cure but on a reduction of symptoms.
- Treatment for diabetes doesn't cure the disease, it manages the disease. Likewise, entering weight watchers with the expectation that simply being in the program will create weight reduction won't work. It takes collaboration and commitment.
- Appendix removal versus weight loss
- Auto Mechanic versus Home Depot manager

(from Kevin Creeden)

Can they be cured?

- Treatment for schizophrenia doesn't cure psychosis, it reduces symptoms and allows people to function more adequately.
- Chemotherapies may not ultimately prevent all cancer fatalities but may increase life expectancy and quality of life for many patients.
- Sex offender treatment teaches clients how to change their thinking and their behavior, and many are able and willing to do so and avoid reoffense.
- Treatment is just the road map; meaningful personal change is the goal (-- Sand Ridge patient)

You would think . . .

- that having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication
- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

You would think . . .

- that the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- that time spent in the dehumanizing privations of prison would dissuade people from re-offending

Yet so often it is not enough!

How Dolphins Learn

Robben Island

Hope Theory

- Agency Thinking
  - Awareness that a goal is attainable
- Pathways Thinking
  - Awareness of how to do it
    - See works by C.R. Snyder
- *"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."* (in Hubble, Duncan, & Miller, 1999)

Motivational goal setting

Approach!!!

Goals

- Goals are desired states that people seek to obtain, maintain, or avoid
- People's lives are organized around pursuing goals
- Goal orientation is a key element in treatment and management

Goal direction

- Approach goals are positive, desirable, appetitive goals that people work to achieve.
- Avoidance goals are negative, aversive goals that people work to avoid.

Examples

- "Keeping calm at all times" is an approach goal
- "Trying not to let anything upset me" is an avoidance goal

Goal direction: A key finding

- Individuals with primarily avoidance orientations have higher levels of psychological distress than individuals with primarily approach orientations (Emmons & Kaiser, 1994)

How come?

- People with approach orientations focus on success
- People with avoidance orientations focus on failure

Goal direction: another key finding

- People whose goals are personally interesting, important and valued, show greater well being than those whose goals are extrinsically imposed or determined

Turning dynamic risk factors into treatment goals

- The goal must make the DRF less likely
- The goal must be something that seems very inviting – so that the offender can immediately see how it will benefit him.
- The goal should be something he can aim for, rather than something he should avoid.
- This is harder than it seems!

Sexual Goals – examples

- To develop healthy and respectful sexual goals
- To develop new, satisfying, fantasy material which involves consenting sex with other adults.
- To increase the excitement you feel when having these fantasies
- Others?

Attitude Goals

- To think about sex as a shared activity between equals
- To feel ok even when you can't have sex
- To understand what rights both men and women have when it comes to sex.
- Others?

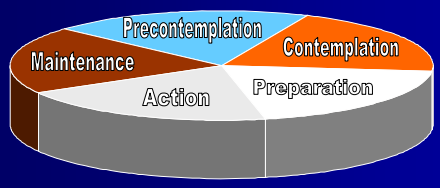
Interpersonal Goals

- To figure out what you like about yourself and what you have to offer to others.
- To learn ways to make and keep friends and lovers
- To feel more in control of your life
- To enjoy the company of adults more
- Others?

Self-management Goals

- To think about long term life goals and how you can achieve them
- To work towards a greater stability in life.
- To learn ways of solving problems that work for you.
- Others?

Stages of Change
Prochaska & DiClemente



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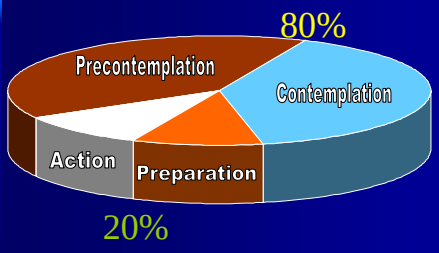


Case example

Meet Ethel

Giving feedback

- Fail-safe method:
- ASK (ask permission)
- PROVIDE the feedback
- ASK for their thoughts, responses

Guidelines for Offering Feedback

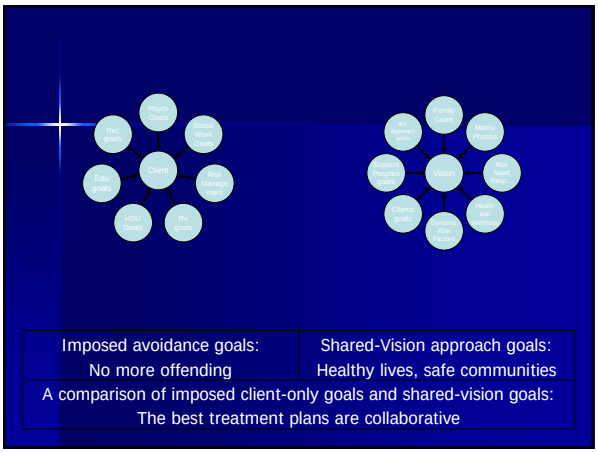
- Ask Permission
- Encourage Self-assessment
- Limit the Amount of Feedback
- Be Specific
- Include the Mentee's Agenda
- Respect Readiness
- Avoid Personal Affronts
- Balance the Feedback

Treatment Plan

- Problem: Coercive measures rarely work
  - Smith, Goggin, & Gendreau, 2002
  - Andrews & Bonta, 2003
- Goal: Efforts at change work best from within
  - Bem, 1972
  - Ryan & Deci, 2000; Deci, 1980
  - Miller & Rollnick, 2002
  - Jenkins, 1990; 1994; 2006

Perspectives

- "It is the truth we ourselves speak rather than the treatment we receive that heals us."
  - - Mowrer
- "People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others"
- - Pascal's Pensees, 17th Century



Imposed avoidance goals: No more offending	Shared-Vision approach goals: Healthy lives, safe communities

A comparison of imposed client-only goals and shared-vision goals: The best treatment plans are collaborative

Parallel Process

- Professionals and clients alike are often more willing to learn new skills than to throw out the old ones that don't work. Worse, sometimes our negative skills actually do work sometimes...

Phase Model

- Phase One: Self-management issues, including managing treatment-interfering factors.
- Some areas of ambivalence:
  - Do I really want to change?
  - Do I really want to give up Old Me?
  - Do I really want to work with others?
  - Do I really want to depend on others?

Phase Two

- Developing an understanding of one's life and an agreed-upon history of sexual offending
- Some areas of ambivalence:
  - Do I want to understand my life differently?
  - Do I want to look at the harm I've caused?
  - Do I want to discuss shameful aspects with others?
  - Do I want to develop new attitudes?

Phase Three

- Refine understanding of factors that contributed to offending and manage them in daily life, in the here and now.
- Some areas of ambivalence:
  - Do I really want to develop new skills?
  - Do I really want to give up old ways?
  - Do I really want to give up my fantasy repertoire?

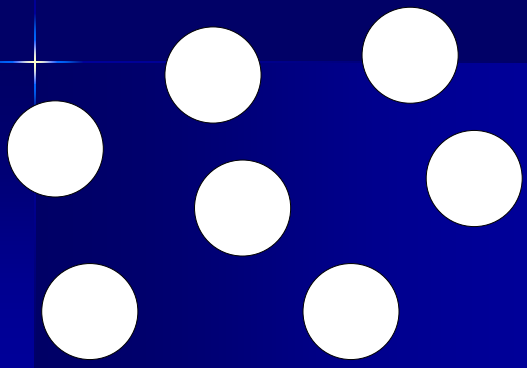
Applications group

- Establish an “options menu” of areas where the client is having difficulty moving forward
- Offer the client a choice of which area he would like to explore
- Explore good and not-so-good things about the status quo and change

Individualized treatment group (ITG)

- Alternative group for those who demonstrate:
  - Persistent disruption and disrespect
  - No application of treatment material to daily life
  - Low motivation for change
- Target behaviors must have persisted despite attempts to re-engage, and psychological testing rules out other potential confounds

Options Menu



Good/not-so-good things about change

Responsivity

- Matching our services to the characteristics of the client

Learning Difficulties

Hyperactivity

Communication Difficulties

Treatment of Sexual Offenders: Context

- Cognitive-behavioral treatment has greatest effect in reducing recidivism (Hanson et al., 2002; Lösel & Schmucker, 2005)
- Programs adhering to Risk/Need/Responsivity principles are most effective (Andrews & Bonta, 2006; Andrews et al., 1990; Hanson et al., 2009)
- Programs attending to therapeutic process issues are most effective (Hanson, 2006; Marshall et al., 2002)
- Structured programs have highest program integrity and are most effective (general criminal behavior; Gendreau & Goggin, 1996)

Treatment of Sexual Offenders: Context

- Components addressing raising awareness and building skills re: dynamic risk factors (deviant sexual interest, antisocial orientation, significant social influences, intimacy deficits, sexual self-regulation, offence-supportive attitudes, cooperation with supervision, emotion regulation, general self-regulation)
- Motivational enhancement approach/techniques
- Skills-oriented (cognitive, behavioral, emotional)
- Alter problematic patterns of affect, cognition, behaviour
- Development of pro-social/non-offending attitudes and beliefs
- Structured but individualized
- Within GLM/SRM framework = good lives and risk management

Treatment of Sexual Offenders: Context

- SRM developed in response to problems with relapse prevention model:
  - Theoretical problems with the model
  - Follows medical model, not cognitive-behavioral model
  - Designed for use with alcoholic patients who are motivated to change
  - Developed as post-treatment maintenance program, not as model of treatment or supervision
  - Constructs have limited applicability to sex offenders
  - Over-emphasis on deviance, risk
  - Offenders whose offence patterns do not match RP assumptions receive little benefit
  - Model does not seem applicable to low risk offenders
  - Does not yield better treatment outcomes than other treatment methods
- Hanson (1996, 2000), Laws (2000, 2003), Laws, Hudson, & Ward (2000), Laws & Ward (2006), Ward & Hudson (1998), Thornton (1997), Yates (2005, 2007), Yates et al. (2000), Yates & Kingston (2005), Yates & Ward (2007)

Treatment of Sexual Offenders: Context

- GLM developed in response to limitations to RNR model as applied to treatment:
  - Importance of rehabilitative orientation
  - Importance of motivating offenders
  - Focus on approach goals/establishing competencies
  - Focus on what offenders gain from offending and alternative means to achieve goals
- Ward, Melser, & Yates (2007); Ward & Stewart (2003); Ward & Gannon (2006)

Treatment of Sexual Offenders: Context

- Good Lives and Self-Regulation Models Integrated:
  - To fully address dual focus of goods promotion and risk management
  - To ensure treatment is focused on goods in addition to risk
  - To ensure goods are included in offence progression
  - To ensure assessment, treatment, and supervision address integrated good lives/self-regulation plan
- Ward, Yates, & Long (2006); Yates & Ward (2008)

Good Lives Model

- A rehabilitation framework
- A strengths-based approach that:
  - Allows for the (re)construction of a new personal/narrative identity
  - Responds to individuals' values and interests
  - Seeks to build capabilities to attain a fulfilling life, psychological well-being
  - Focuses on approach goals

Good Lives Model

- A collaborative approach working with the offender is essential, respecting capacity to make certain decisions and status as an autonomous individual
- Consistent with MI approach/principles (Yates, in press)
- Aims of treatment:
  - Develop a plan for life that is fulfilling and meaningful to individual based on what is important to him in his life
  - Develop a plan to manage risk
  - Focus on what individual will gain from treatment and from change (goods promotion)
  - Establishing positive approach goals and working toward building skills and external opportunities to attain these

Good Lives Model

- Rehabilitation involves both promoting primary goods and managing risk
- Heart of this process: construction of a more adaptive narrative identity and acquisition of capabilities to enable offenders to secure important values (goals) in their post-release environments
- Treatment plan needs to incorporate the various primary goods and aims to provide the *internal* and *external* conditions necessary to secure these goods
- Rehabilitation plan should always take into account match between offender and environments into which he is likely to be released

Good Lives Model

- Criminogenic needs/dynamic risk factors are internal or external obstacles that frustrate or block the acquisition of primary human goods
- Offending = pursuit of legitimate goals via inappropriate means
- Four types of problems evident:
  - *Means* used to secure goods
  - Lack of *scope* within a good lives plan
  - Presence of *conflict* among goals (goods sought)
  - Lack of *capacity* (competencies) to secure goods

Good Lives Model: Primary Human Goods

- Life (including healthy living and functioning)
- Knowledge
- Excellence in play and work (mastery experiences)
- **Excellence in agency** (autonomy and self-directedness)
- **Inner peace** (freedom from emotional turmoil and stress)
- **Friendship/relatedness** (intimate, romantic, family relationships)
- Community
- Spirituality (meaning and purpose in life)
- **Happiness/pleasure**
- Creativity

Good Lives Plan Flaws

- GLM proposes that sexual offending, other problems result from flaws implementing good lives plan/conception
- Goal of treatment is, therefore, to identify and resolve flaws, develop capacity to attain goods
- Four types of problems evident:
  - Means
  - Lack of scope
  - Conflict among goals/goods sought
  - Lack of capacity (competencies)

Good Lives Plan Flaws

- *Means* used to secure goods:
  - Inappropriate strategies to obtain goods
  - E.g., seeking to obtain goods of relatedness or pleasure via social/sexual contact with children (intimacy deficits, significant social influences, sexual-self-regulation)
  - E.g., obtaining agency/autonomy through dominating others (general self-regulation/hostility/attitudes, emotional self-regulation)

Good Lives Plan Flaws

- Lack of *scope*:
  - Important goods are not included in the individual's Good Lives Plan/conception
  - E.g., too great a focus on sexual pleasure (happiness), with insufficient focus on intimacy, relatedness, community (intimacy deficits, significant social influences, general, sexual self-regulation)

Good Lives Plan Flaws

- *Conflict* among goals/goods sought:
  - Lack of coherence
  - Results in psychological stress
  - E.g., desires both intimacy and autonomy with respect to sexual pleasure (intimacy deficits, emotional self-regulation)
  - E.g., attempts to meet agency/autonomy need through domination/control (intimacy deficits, emotional self-regulation, general self-regulation/problem-solving)

Good Lives Plan Flaws

- Lack of *capacity* to secure goods:
  - Internal and external
  - Lack of capabilities to implement GL plan
  - E.g., knowledge, skills to achieve goals (general, sexual self-regulation)
  - E.g., lack of ability to adapt (impulsivity, emotional self-regulation, problem-solving)
  - E.g., self-regulation deficits
  - E.g., lack of opportunity (external environment)

Good Lives Model: Identifying Primary Goods

- Two primary procedures to identify major human goods that form the basis of offenders' core commitments:
  - Detect goals evident in offence-related actions and general life functioning/problems
  - Determine those things (i.e., activities, situations, experiences) the individual values in his life
- Aim is to assess the individual's own goals, life priorities, and aims for treatment (treatment targets)

Good Lives Model: Identifying Primary Goods

- Can use criminogenic needs as markers of problems in goods pursuit
- For example:
  - Antisocial peers indicate lack of appropriate social group and issues with relatedness and community connectedness
  - Intense anger reflects possible lack of capacity to regulate emotion and conflicts re goals
- Function of offending established through identification of primary goods *directly* or *indirectly* linked to sexually abusive actions

Good Lives Model: Identifying Primary Goods

- Assessment should address a number of different issues with respect to each human good:
  - What does the good mean to the individual?
  - How important is it to him?
  - Has his view of its importance changed over time (e.g., is it more important currently than previously)?
  - How has the individual gone about achieving this in his life? Which strategies have worked the best? Which have worked least well?
  - Would he like to have more of this in his life?
  - What has prevented him from achieving this in his life?

Good Lives Model: Identifying Primary Goods

- Goods are coded guided by following questions:
  - Is there restricted scope?
  - Is individual focusing on some goods to the detriment of other goods, so that his life seems to lack adequate balance and a range of priorities?
  - Are some human goods pursued through inappropriate means?
  - Has individual chosen strategies for achieving goods which have turned out to be counter-productive?
  - Is there conflict among goals articulated? Does individual state priorities that cannot co-exist easily (e.g., wanting emotional intimacy with a romantic partner but also wanting sexual freedom and variety of partners)?

Good Lives Model: Identifying Primary Goods

- Issues of *scope, conflict*, *capacity*, and *means* indicate problems in strategies, resources, and context (flaws in GL plan)
- Look for goods implicated in offending rather than goods sought - sometimes goods indirectly associated with offending
- It is important to assess the individual's capacity to enact their plan (implicit or explicit), and whether the plan is realistic, taking into account their abilities, likely opportunities, preferences, and values
- Means individuals use to seek good-related goals represent *instrumental* goods, some of which are *criminogenic needs*

Good Lives Model: Identifying Primary Goods

- *Content* or *themes* of goods (values) can be detected noting patterns in offending and life concerns:
  - Grievance, safety, intimacy seeking, domination, thrill seeking, soothing, escape, need for mastery, sense of emptiness, submissiveness, status loss and restoration, belonging, service
- Typically, key conflicts evident or overarching themes reflect identity concerns: agency vs. rejection, loss of status and grievance (outlaw, seeker of justice, etc.)

Good Lives Model: Identifying Primary Goods

- For each good, code:
  - Value and indicators
  - Instrumental activities to seek good
  - Implications of good in offending
- Rate:
  - Overall importance of good
  - Link to offending/risk factors
  - Treatment priority

Good Lives Model: Primary Human Goods

- Life (including healthy living and functioning)
- Knowledge
- Excellence in play and work (mastery experiences)
- Excellence in agency (autonomy and self-directedness)
- Inner peace (freedom from emotional turmoil and stress)
- Friendship (intimate, romantic, family relationships)
- Community
- Spirituality (meaning and purpose in life)
- Happiness/pleasure
- Creativity

Case Example: Jim

Jim is a 38-year-old offender convicted for three counts of sexual touching. The victim was a 10-year-old boy who was Jim's neighbor whose family Jim knew very well. At the time of the offence, Jim was participating in sex offender maintenance treatment and, up to that time, had been doing very well. Jim had learned to accept his sexual attraction to males and to manage his risk and avoid boys. However, prior to the offence, Jim was rejected by a potential lover, was feeling lonely and depressed, and had not yet found a job following his conviction (he is trained and had worked as a personal homecare aide for 15 years). At the time of the offence, Jim was feeling worthless, and disconnected from his family and friends. He had been very involved in his community and church, but because of residency restrictions, Jim could no longer participate in many of these activities. When he realised he was in a high risk situation with his neighbor, he ignored his sexual and other feelings and shut himself off in his house. Jim is shocked and depressed that he committed another sexual offence.

Case Analysis: Jim

- Primary Goods Valued Overall:
  - Community
  - Friendship (including intimacy)
  - Spirituality
  - Happiness
- Primary Goods Implicated in Offending:
  - Friendship (intimacy)
  - Inner Peace
  - Spirituality
  - Excellence in Work
  - Community
- Flaws in Good Lives Plan:
  - Means
  - Capacity
- Probable Dynamic Risk Factors:
  - Sexual self-regulation (deviant sexual arousal/preference)
  - Emotion regulation
  - General self-regulation (problem-solving)
  - Intimacy deficits
  - Lack of social supports

Case Example: Charles

Charles is a 43-year-old successful businessman who has been convicted for one count of rape. He admits to a similar previous offence for which he was not charged. Prior to the offence, Charles was negotiating a large contract for his company, which fell through and went to another company. Although his company director was understanding, Charles felt that he had under-performed and that, if he had worked harder, he could have gained the contract. He also was not going to receive his commission, which he was going to use to buy his son a used car for his 16th birthday. Charles was disappointed and also felt that it was unfair that he had lost the bid, and that the other company that received the contract would not do as good a job because they were not reputable. It was particularly unfair that his son would not get the car and Charles did not know how he would break the news to his son. As he often did when he was feeling angry or stressed, Charles went home and had a few glasses of wine, after which he masturbated in order to suppress his angry thoughts. However, he was still unable to relax and decided to go for a walk. It was then that he met a woman he knew from his company, made sexual advances toward her, and raped her when she resisted. Charles has vowed to "get a handle" on his "sexual problem" and not rape a woman again.

Case Analysis: Charles

- Primary Goods Valued Overall:
  - Excellence in Work
  - Friendship (family)
  - Life ($)?
- Primary Goods Implicated in Offending:
  - Inner Peace
  - Happiness (sex)
  - Friendship (family)
  - Life ($)?
- Flaws in Good Lives Plan:
  - Scope
  - Capacity
- Probable Dynamic Risk Factors:
  - Emotion regulation
  - General self-regulation (problem-solving, impulsivity)
  - Sexual self-regulation (sex as coping)
  - Attitudes/cognitive distortions?

Case Example: Ryan

Ryan is a 29-year-old offender who has been convicted for rape on two occasions. Both of these offences occurred after he had been drinking heavily at one of the local bars and were identical in terms of progression: Ryan drank heavily, approached a woman at first to dance and then to have sex, at which point both of the women rejected his advances. When they left the bar, he followed them into the parking lot in order to "convince" them to go home with them and, when they reiterated that they did not want to, he began to yell at them and then raped them. When asked about the offences, Ryan suggested that he had only gone to the bar to drink and only got interested in sex when the women approached him. Furthermore, he stated that each of the women had "brought it on themselves" by being in the bar alone, and that they were "just like his ex-wife", who was only interested in getting his money and used him to get pregnant and then left him once she got what she wanted. Ryan reports that he has had a problem with alcohol, but not other drugs, since he was 12 years old, when he finally left home once he had "had enough" of his mother's abuse of him. He described his mother as a "tyrant" and his home life as generally chaotic.

Case Analysis: Ryan

- Primary Goods Valued Overall:
  - Happiness (pleasure)
  - Agency
  - Inner Peace
- Primary Goods Implicated in Offending:
  - Inner Peace
  - Agency
  - Knowledge
- Flaws in Good Lives Plan:
  - Scope
  - Means
  - Conflict
  - Capacity
- Probable Dynamic Risk Factors:
  - General self-regulation (impulsivity/emotion regulation, substance abuse, problem-solving, hostility toward women, negative emotionality)
  - Sexual self-regulation
  - Attitudes/cognitive distortions
  - Intimacy deficits
  - Lack of social supports?

Case Example: George

George is a 51-year-old offender with a long history of sexual abuse of teenaged girls. George has worked as a health board inspector after obtaining his diploma in quality control and being assigned to inspect school cafeterias due to his high level of knowledge in this area. Although he takes significant pride in his work, George admits that his work provided him with the opportunity to meet "lots of hot young girls" who, he said, were easy to befriend because they were in the throes of adolescent crises. The ones who had broken up with their boyfriends were easy to identify, according to George, particularly those who wanted to "get back" at their boyfriends by being seen with an attractive older man. George made friends with these girls, gave them money to go shopping, and bought them presents. He reports that, in each instance, they were more than happy to "thank him properly". George has never been married and states that he is completely fulfilled by his current "activity" – he gets a lot of sex from attractive young girls, he is able to "teach them about the harsh realities of life", and they are not assertive and "demanding" as older women can be.

Case Analysis: George

- Primary Goods Valued Overall:
  - Happiness (Pleasure)
  - Excellence in Work?
- Primary Goods Implicated in Offending:
  - Happiness (Pleasure, Relationships)
  - Agency
- Flaws in Good Lives Plan:
  - Scope
  - Means
- Probable Dynamic Risk Factors:
  - Intimacy Deficits (Lack of Concern for Others, Hostility toward Women?)
  - Sexual Self-Regulation (Sexual Drive/Sexual Pre-occupation)?
  - Attitudes/cognitive distortions
  - Lack of Significant Social Influences?

Questions?

Self-Regulation Model of Offence Process

- Originally nine phase model of development, occurrence, and recurrence of sexual offending behavior:
  - Life event → Desire to offend → Offence-related goals → Planning/strategy selection → High risk situation → Lapse → Sexual offence → Post-offence evaluation → Future intentions
- Proposes four pathways to offending based on offence related goals and strategies
- Developed in response to shortcomings associated with RP model

Self-Regulation Model of Offence Process

- Incorporates:
  - Internal and external processes that allow individuals to engage in goal-directed actions
  - Variability in self-regulatory capacity and styles
  - Goals with respect to offending (*offence-related goals*)
  - Strategies utilized in offence progression
  - Planning, evaluation, modification of behavior to achieve goals
  - Avoidance and approach goals
  - Positive and negative affect

Self-Regulation Model of Offence Process

- Incorporates:
  - Cognitive dissonance and goal congruence
  - Influence of internal and external circumstances and states
  - Inhibition and suppression of behavior
  - Elicitation and maintenance of behavior
- Revised model (SRM-R) includes GLM constructs (e.g., primary goods, secondary goods) in 10-phase offence progression
  - Yates & Ward, 2008

Self-Regulation Model of Offence Process

- Now a 10-phase model of development, occurrence, and recurrence of sexual offending behavior
  - Additional phase allows for analysis of background, developmental factors
- Revised to be fully integrated with GLM
  - To allow treatment to have dual focus of goods promotion and risk management
- Four pathways to offending based on offence related goals and strategies
- Goals are specifically *offence-related* (contrast to GLM goods/goals)

Self-Regulation Model – Revised: Pathways

- SRM-R incorporates GLM into 10-phase offence process model
- Four Pathways based on combination of:
  - Offence-related goals (avoidant, approach)
  - Strategies to achieve offence-related goals (active, passive)
  - Self-regulation capacity:
    - Under-regulation
    - Mis-regulation
    - Intact self-regulation
- Four Pathways:
  - Avoidant-Passive
  - Avoidant-Active
  - Approach-Automatic
  - Approach-Explicit

Offence Goals: Avoidance versus Approach

Avoidance Goals:

- Focus is to *not achieve* a particular state, or to avoid an undesired outcome
- Individual is anxious or fearful about possible occurrence of undesired outcome
- Associated with negative affect, psychological distress, impairment in psychological functioning, impairment of self-regulatory capacity in situations of stress
- Require considerable cognitive resources to attain and maintain

Offence Goals: Avoidance versus Approach

Approach Goals:

- Focus is to *achieve* a particular state or desired outcome (appetitive or acquisitional process)
- Individual anticipates possible occurrence of desired outcome
- Affect may be positive or negative, depending upon what the individual seeks to achieve
- Motivate individual to achieve desired states or outcomes
- More easily attained than avoidance goals
- Associated with positive affect, reduced cognitive load, less deterioration in self-regulatory ability, lower levels of psychological distress

Self-Regulation Model of Offence Process

- Self-Regulation Styles:
  - Under-regulation
    - No attempt to control behavior
    - Loss of control
  - Mis-regulation
    - Active attempt(s) using ineffective skills/strategies
  - Intact self-regulation
    - No self-regulation deficit
    - Explicit planning

Ten Phases of Self-Regulation Model

Phase 1: Preconditions to Sexual Offending

- Background/predisposing factors (integrated theory of sexual offending)
- Differences in developmental and learning histories, psychological, social, biological, and other factors
- Allow understanding of predispositions that can be addressed in treatment
- Acknowledgement that life events that trigger offending vary between offenders
- Background factors influence manner in which individuals respond throughout offence progression
- Background factors provide valuable information for understanding goals, goods, pathways to offending
- In treatment – "autobiography"

Ten Phases of Self-Regulation Model

Phase 2: Life Event and Appraisal

- Trigger of offence progression
- Appraisal relatively automatic, based on life/developmental experience, implicit theories, cognitive scripts, goals, context
- Event and appraisal trigger specific thoughts, affect, intentions, goals, possible threat to good lives plan

Ten Phases of Self-Regulation Model

Phase 3: Desire in Response to Live Event

- Emergence of desire to offend or for offence-related activity and/or goal attainment
- Triggered by life event and appraisal of event
- Emergence of affective states associated with offending behavior (positive or negative)
- Activation of memories, cognitive and behavioral scripts, attitudes, beliefs, offence scripts
- May be beyond individual's awareness

Ten Phases of Self-Regulation Model

Phase 4: Goal Establishment

- Individual considers acceptability of desire
- Individual considers what to do about desire
- May evaluate ability to tolerate accompanying affective state(s)
- Approach versus avoidance goals (offence related)
- Good Lives goals

Ten Phases of Self-Regulation Model

Phase 5: Strategy Selection

- To achieve goals
  - Offence-related
  - Good Lives goals
- Not necessarily an explicit decision
- May occur automatically as a function of habitual action, entrenched cognitive scripts, activation of offense related scripts
- May involve explicit selection of strategies

Ten Phases of Self-Regulation Model

Phase 6: Opportunity to Achieve Goals

- "High risk situation"
- Contact with potential victim
- May result from implicit or explicit planning or ineffective strategies earlier in offence progression
- May be associated with either positive or negative affective states
- Response to situation dependent upon self-regulation style and offense pathway

Ten Phases of Self-Regulation Model

Phase 7: Pre-Offence Behaviors

- "Lapse"
- Behaviors immediately prior to commission of offense
- Disinhibition may occur
- May be associated with positive or negative affective states, cognitive dissonance
- For some individuals, change in offence related goals occurs

Ten Phases of Self-Regulation Model

Phase 8: Sexual Offence

- Commission of offence
- Tends to be associated predominantly with positive affective states or both positive and negative emotional states; revenge, anger, may also be present

Ten Phases of Self-Regulation Model

Phase 9: Post-Offence Evaluation

- Evaluation of themselves and behavior
  - Negative or positive
- Reinforcement for behavior
- Attribution of causes of offending
- Experience of success or failure in achieving offence-related goals
- Possible readjustment of offence-related goals
- Possible readjustment of Good Lives Plan

Ten Phases of Self-Regulation Model

Phase 10: Future Intentions

- Attitude toward future offending
- Future intentions and expectations with respect to offending
- Re-evaluation of offense-related goals
- Renewed commitment to refrain from offending in future, or decision to offend in future
- Possible change in offense pathway (typically from avoidant to approach)
- Possible readjustment of Good Lives Plan

Four Pathways of Self-Regulation Model

Avoidant-Passive

- Under-regulation or disinhibition pathway
- Individual desires to avoid offending
- Individual lacks ability/skills to avoid offending
- Individual experiences loss of control when desire to offend emerges
- Individual may attempt distraction, or simply ignores problems/urges
- Involves covert, rather than overt, planning of offense behavior
- Associated with negative affect, anxiety

Four Pathways of Self-Regulation Model

Avoidant-Active

- Mis-regulation pathway
- Individual desires to avoid offending
- Individual actively attempts to avoid offending, but strategies are ineffective
- Strategies may actually increase risk/probability of offending (e.g., substance use, pornography)
- Individual possesses ability to monitor and evaluate behavior, but lacks knowledge that strategies are unlikely to be effective
- Associated predominantly with negative affect

Four Pathways of Self-Regulation Model

Approach-Automatic

- Under-regulation or disinhibition pathway
- Individual does not desire or attempt to avoid offending
- Offending is activated by situational cues
- Individual acts based on entrenched cognitive and behavioral scripts, in response to situational cues
- Individual may be unaware of offense-related goals, strategies
- Offending tends to be impulsive
- Offending associated with negative or positive affect

Four Pathways of Self-Regulation Model

Approach- Explicit

- Intact self- regulation
- Individual desires to offend
- Goal is inappropriate, harmful, supportive of offending
- Individual implements conscious, explicitly planned strategies
- Offending associated with positive affect and positive evaluation of behavior

Assessment of Pathway to Offending

- Aim is to assess the individual's self-regulation style with respect to offending
- Style across non-offending life areas may also be informative
- Includes assessment of offence-related goals and offence-related strategies
- Four pathways to offending reflect differences between individuals with respect to goals related to offending and strategies to achieve goals
- Speaks to dynamics of offending and behavioral, affective, cognitive patterns
- Directs treatment targets and intervention methods

Assessment of Pathway to Offending - Goals

Avoidant

- Desire to avoid offending
- Desire associated with negative states
- Desire leads to goal conflict
- Considers escape, avoidance, distraction
- Attitudes not supportive of offending
- Negative post-offence evaluation

Approach

- Desire to offend or automatic response
- Desire associated with positive states or aggression
- Absence of goal conflict
- Desire does not lead to goal conflict
- Attitudes supportive of offending
- Positive post-offence evaluation

Assessment of Pathway to Offending - Strategies

Passive/Automatic

- Lack of skills
- Impulsivity
- No attempt to manage desire (failure)
- Minimal or no planning

Active/Explicit

- Skills present
- Lack of impulsivity
- Attempts to manage desire (even if ineffective)*
- Awareness of planning
- Overt planning

Assessment of Pathway to Offending

- Evaluation of Offence-Related Goals
  - Avoidant versus approach
- Evaluation of Offence Strategies
  - Passive/automatic versus active/explicit
- Combination of goal and strategy yields pathway

Mr. Guilt

Mr. Guilt committed the current offence against his marital partner, whom he believed was cheating on him. Although he did not want to assault her, he became very angry as he ruminated on thoughts of her cheating. Mr. Guilt's typical response is to control these thoughts and his anger by using alcohol and other substances. He admits that alcohol is a precursor to his offending behaviour. When he committed the current offence, he tried to control his thoughts and jealously by drinking in order to "relax". However, this was not effective and, in fact, increased his feelings of jealousy, leading to the sexual assault of his partner. He felt considerable guilt after the offence.

- ***Avoidant-Active***

Mr. Nasty

Mr. Nasty was 35 years old when he committed the current offence. During this offence, he entered his mother's apartment building with the intention of killing her. He had snorted cocaine and ingested alcohol throughout the day, and pornographic (bondage) magazines were later found in his apartment. Mr. Nasty indicates that he hates women in general, that his mother is the cause of his problems because of the abuse she inflicted on him when he was younger, and that he intended to kill her. However, while taking the stairs to his mother's apartment, Mr. Nasty encountered the victim of the current offence, an unknown female. When she asked him why he was in the stairwell, he grabbed her and forced her into the basement of the building with a knife. He sexually assaulted her and, when she resisted, he became enraged and stabbed her 12 times and killed her.

- ***Approach-Automatic***

Mr. Remorse

Mr. Remorse was convicted for offences against his 6-year-old daughter, which involved fondling and forcing her to perform oral sex. He states that he did not create opportunities to offend, that his actions were impulsive, and that he did not want to offend against his daughter. Mr. Remorse was not under the influence of alcohol or drugs when he committed the offence. He attributes his offending behaviour to not having his sexual needs met by his wife, who is very ill. When he became aware of his sexual arousal toward his daughter, he made attempts to be busy and tried to ignore his sexual urges. However, he would eventually fail and offend again. He experienced extreme remorse and guilt following the offence.

- ***Avoidant-Passive***

Mr. Mean

Mr. Mean worked as a driver of a transportation service for individuals with physical disabilities. He committed the current offence against one of the clients of this service. He noticed that the victim was having particular difficulty, and offered to help her into her apartment after dropping her off. He carried her into her apartment, threw her on the bed, and sexually assaulted her. She was unable to move due to physical disability (quadriplegia). Mr. Mean was also suspected of having committed a similar offence on a previous occasion, during which he tried to force fellatio with the victim, but these charges were dropped. There were other similar cases involving complaints by the clients of the transportation services for which he works.

- ***Insufficient Information***

Case Example: Jim

Jim is a 38-year-old offender convicted for three counts of sexual touching. The victim was a 10-year-old boy who was Jim's neighbor whose family Jim knew very well. At the time of the offence, Jim was participating in sex offender maintenance treatment and, up to that time, had been doing very well. Jim had learned to accept his sexual attraction to males and to manage his risk and avoid boys. However, prior to the offence, Jim was rejected by a potential lover, was feeling lonely and depressed, and had not yet found a job following his conviction (he is trained and had worked as a personal homecare aide for 15 years). At the time of the offence, Jim was feeling worthless, and disconnected from his family and friends. He had been very involved in his community and church, but because of residency restrictions, Jim could no longer participate in many of these activities. When he realised he was in a high risk situation with his neighbor, he ignored his sexual and other feelings and shut himself off in his house. Jim is shocked and depressed that he committed another sexual offence.

Case Analysis: Jim

- Primary Goods Implicated in Offending:
  - Friendship
  - Inner Peace
  - Spirituality
  - Excellence in Work
  - Community
  - Friendship (intimacy)
- Risk Factors:
  - Sexual self-regulation (deviant sexual arousal/preference)
  - Emotion regulation
  - General self-regulation (problem-solving)
  - Intimacy deficits
  - Lack of social supports
- Offence Pathway:
  - Avoidant-passive

Case Example: Charles

Charles is a 43-year-old successful businessman who has been convicted for one count of rape. He admits to a similar previous offence for which he was not charged. Prior to the offence, Charles was negotiating a large contract for his company, which fell through and went to another company. Although his company director was understanding, Charles felt that he had under-performed and that, if he had worked harder, he could have gained the contract. He also was not going to receive his commission, which he was going to use to buy his son a used car for his 16th birthday. Charles was disappointed and also felt that it was unfair that he had lost the bid, and that the other company that received the contract would not do as good a job because they were not reputable. It was particularly unfair that his son would not get the car and Charles did not know how he would break the news to his son. As he often did when he was feeling angry or stressed, Charles went home and had a few glasses of wine, after which he masturbated in order to suppress his angry thoughts. However, he was still unable to relax and decided to go for a walk. It was then that he met a woman he knew from his company, made sexual advances toward her, and raped her when she resisted. Charles has vowed to "get a handle" on his "sexual problem" and not rape a woman again.

Case Analysis: Charles

- Primary Goods Implicated in Offending:
  - Inner Peace
  - Happiness (sex)
  - Friendship (family)
  - Life ($)?
- Risk Factors:
  - Emotion regulation
  - General self-regulation (problem-solving, impulsivity)
  - Sexual self-regulation (sex as coping)
  - Attitudes/cognitive distortions?
- Offence Pathway:
  - Avoidant-active

Case Example: Ryan

Ryan is a 29-year-old offender who has been convicted for rape on two occasions. Both of these offences occurred after he had been drinking heavily at one of the local bars and were identical in terms of progression: Ryan drank heavily, approached a woman at first to dance and then to have sex, at which point both of the women rejected his advances. When they left the bar, he followed them into the parking lot in order to "convince" them to go home with them and, when they reiterated that they did not want to, he began to yell at them and then raped them. When asked about the offences, Ryan suggested that he had only gone to the bar to drink and only got interested in sex when the women approached him. Furthermore, he stated thateach of the women had "brought it on themselves" by being in the bar alone, and that they were "just like his ex-wife", who was only interested in getting his money and used him to get pregnant and then left him once she got what she wanted. Ryan reports that he has had a problem with alcohol, but not other drugs, since he was 12 years old, when he finally left home once he had "had enough" of his mother's abuse of him. He described his mother as a "tyrant" and his home life as generally chaotic.

Case Analysis: Ryan

- Primary Goods Implicated in Offending:
  - Inner Peace
  - Agency
  - Knowledge
- Risk Factors:
  - General self-regulation (impulsivity/emotion regulation, substance abuse, problem-solving, hostility toward women, negative emotionality)
  - Sexual self-regulation
  - Attitudes/cognitive distortions
  - Intimacy deficits
  - Lack of social supports?
- Offence Pathway:
  - Approach-automatic

Case Example: George

George is a 51-year-old offender with a long history of sexual abuse of teenaged girls. George has worked as a health board inspector after obtaining his diploma in quality control and being assigned to inspect school cafeterias due to his high level of knowledge in this area. Although he takes significant pride in his work, George admits that his work provided him with the opportunity to meet "lots of hot young girls" who, he said, were easy to befriend because they were in the throes of adolescent crises. The ones who had broken up with their boyfriends were easy to identify, according to George, particularly those who wanted to "get back" at their boyfriends by being seen with an attractive older man. George made friends with these girls, gave them money to go shopping, and bought them presents. He reports that, in each instance, they were more than happy to "thank him properly". George has never been married and states that he is completely fulfilled by his current "activity" – he gets a lot of sex from attractive young girls, he is able to "teach them about the harsh realities of life", and they are not assertive and "demanding" as older women can be.

Case Analysis: George

- Primary Goods Implicated in Offending:
  - Happiness (Pleasure, Relationships)
  - Agency
- Risk Factors:
  - Intimacy Deficits (Lack of Concern for Others, Hostility toward Women?, Social Isolation?)
  - Sexual Self-Regulation (Sexual Drive/Sexual Pre-occupation)?
  - Attitudes
  - Lack of Significant Social Influences?
- Offence Pathway:
  - Approach-Explicit

Questions?

Integrated GLM/SRM Treatment Model

Comprehensive Case Formulation:

- Foundation of treatment and supervision/maintenance activities
- Detection of clinical phenomena implicated in sexual offending
- Function served by offending for the individual
- Identification of contexts/environments in which individual will be living
- Construction of comprehensive *Good Lives/Self-Regulation Plan*
  - Alternative to relapse prevention plan
  - Includes good lives and risk management elements
  - Guides treatment targets, activities
  - Includes supervision plan

Integrated GLM/SRM Treatment Model

Comprehensive Case Formulation:

- Assessment of static risk
- Assessment of dynamic risk factors/criminogenic needs
- Assessment of good lives goals (overall, implicated in offending)
- Selection of secondary goods to translate primary goods into ways of living
- Understanding of social, personal, interpersonal, cultural, environmental contexts
- Assessment of responsivity characteristics/needs
- Assessment of self-regulation pathway
- Assessment of specific needs (e.g., intellectual functioning, mental health needs)
- Assessment of strengths/capabilities

Integrated GLM/SRM Treatment Model

Treatment Implementation:

- Explicitly target good lives goals and goods promotion (positive approach goals)
- Build on existing strengths, values, motivations, goals
- Explicitly target of dynamic risk factors/criminogenic needs
- Vary targets and methods based on self-regulation style/pathway
- Vary targets and methods based on specific needs
- Vary methods based on responsivity characteristics/needs
- Skill development accounting for social, personal, interpersonal, cultural, environmental context
- Develop comprehensive Good Lives/Self-Regulation Plan
- Attention to therapist/process factors

Integrated GLM/SRM Treatment Model

Treatment Application:

- Treatment plan built around comprehensive case assessment/formulation
- Treatment assists to meet goods/goals
- Treatment builds on existing strengths/capabilities
- Understanding of selection of secondary goods to translate primary goods into ways of living
- Understanding of relationships between primary goods, secondary goods, and risk factors

Integrated GLM/SRM Treatment Model

Treatment Application:

- Understanding of social, personal, interpersonal, cultural, environmental contexts
- Treatment methods vary by responsivity needs
- Treatment targets dynamic risk factors
- Treatment addresses self-regulation abilities/varies by pathway
- Treatment results in comprehensive Good Lives/Self-Regulation Plan

Key Treatment Activities

Treatment Implementation:

- Explicitly target good lives goals and goods promotion
  - Consider how to reframe avoidance goal into approach goal or dual goal
- Explicitly target dynamic risk factors/criminogenic needs
  - Activities to raise awareness
  - Skill-building activities to attain goals without offending
- Vary methods based on specific needs
  - E.g., self-regulation style/capacity – if impulsive, address this in treatment
- Assist to overcome flaws in good lives conception
- Consider social, personal, interpersonal, cultural, environmental context
  - E.g., are their plans realistic given these environments
- Develop comprehensive Good Lives/Self-Regulation Plan
  - "Plan for Living"
  - How to attain goals *and* management risk

Key Treatment Activities: Avoidant-Passive Pathway

- Focus = raise awareness of offence progression
- Focus = skill development in key vulnerability areas
- Focus = modify general passivity, sense of powerlessness when stressors
- Support, reinforce, strengthen avoidance goal
  - Want to avoid offending = positive
- Separately reinforce positive approach goals and develop capacity to attain
  - If offended against child because seeking intimacy or feelings of self-worth, reinforce goal as acceptable
  - Problem is *secondary* good (methods to attain)
  - How else can they attain intimacy? May need relationship/intimacy skills development to meet this goal, for example

Key Treatment Activities: Avoidant-Passive Pathway

- Raise awareness that abandons offence avoidance goal when faced with offending (loss of control/under-regulation)
  - Manner in which not acting leads to offending
  - Manner in which not acting leads to not meeting positive goals for living
  - Is this typical way of dealing with life problems?
  - Does under-regulation result from sense of inadequacy or helplessness?
  - What could he do in his life to gain sense of agency?
  - How can treatment help enhance self-confidence, self-efficacy?

Key Treatment Activities: Avoidant-Passive Pathway

- Develop ability to cope with desire to offend, manage loss of control, retain avoidance goal, cope with negative affect
  - In GLM framework, need for such coping skills should decrease if offender is able to meet need appropriately (e.g., if adults become target of intimacy needs rather than children)
  - May require skills at self-monitoring, meta-cognition, emotion regulation, self-regulation, stress tolerance so can know when at risk to lose control and abandon goal – rehearsal and practice
  - Risk management strategies to avoid or escape high risk situations may be required, at least until skills entrenched

Key Treatment Activities: Avoidant-Passive Pathway

- Develop ability to cope with desire to offend, manage loss of control, retain avoidance goal, cope with negative affect
  - Cognitive restructuring and impulse control
  - Retaining focus on positive/appropriate goal and how offending will interfere with attainment/is not consistent with goal (creating cognitive dissonance)
- Ability to cope more broadly in life when cannot attain goals
  - Emotion regulation skills (identification, managing, etc.)
  - Problem-solving interventions/skills
  - Coping with sense of powerlessness, low agency when stressors
- Concurrently develop capacity to attain goods associated with offending
  - Creating opportunities
  - Rehearsal and reinforcement

Key Treatment Activities: Avoidant-Active Pathway

- Focus = raise awareness that skills ineffective in preventing offending
- Focus = build effective skills
- Focus = build on existing effective skills

- As with Avoidant-Passive Pathway:
  - Support, reinforce, strengthen avoidance goal
  - Separately reinforce positive approach goals and develop capacity to attain
  - Raise awareness that abandons offence-avoidance goal when faced with offending (loss of control/under-regulation) and develop skills
- Less focus on raising awareness of steps in offence progression required

Key Treatment Activities: Avoidant-Active Pathway

- Interventions based on source of mis-regulation:
  - Understanding that, despite effort, strategies may increase risk:
    - E.g., comparison of short-term gains versus long-term contingencies
    - Level of perceived control – viewing self as low risk/false belief contributing to self-regulatory behavior
  - Development of alternative strategies to control situation
  - Increase motivation via internal attributions of controllability and accompanying self-confidence
    - "I need to do things differently"
    - "I can do things differently"
    - Rehearsal and practice of strategies
    - Applied to achieving both positive approach goals and offence-related goal (avoidance)

Key Treatment Activities: Approach-Automatic Pathway

- Focus = Raise awareness of offence progression, offence-related goal (approach)
- Focus = Manage under-regulation, impulsivity
- Focus = Reduce use of overlearned scripts
- Focus = Increase meta-cognitive control

- Raise awareness that offence progression does not "just happen"
  - Note: this may be individual's experience/reality
  - Offence progression exercise will assist to explicitly demonstrate steps, decisions, planning, mental simulation
  - Is this type of responding demonstrated in other life areas (e.g., friendships, relationships, work)?
- Raise awareness of offence-supportive goals
  - Individual likely to have sense of entitlement or retribution: Examine background/vulnerability factors , attitude change
  - E.g., is offensive behavior associated with higher-order goal of retribution for harm caused (associated with anger and agency or inner peace)?

Key Treatment Activities: Approach-Automatic Pathway

- Raise awareness that strategies relatively automatic responses to goals and circumstances
  - Reliance on over-learned cognitive scripts
  - Activation of responses, cognitive scripts by situational cues
- Reinforce positive approach goals and develop capacity to attain
  - May require some effort to determine – focus on central themes
  - "Old Me, New Me" – what would he have hoped to have been (without background vulnerability factors)
- Develop strategies in each of the above areas
  - Focus on changing core beliefs/attitudes; resolve issues associated with development of these attitudes
  - Alter cognitive schema, implicit theories
  - Develop skills to manage self-regulation (Reduce impulsivity, enhance self-monitoring, develop meta-cognition capacity)
- Develop avoidance goal
- Develop strategies meet positive approach goals (agency, inner peace, relatedness needs) as reflected in entitlement/retribution needs
- External monitoring and supervision

Key Treatment Activities: Approach-Explicit Pathway

- Focus = Changing core/maladaptive schema
- Focus = Resolve issues associated with development of these attitudes/schema
- Focus = Possibly reconditioning sexual arousal

- Little need to raise awareness of offence progression, goals, or strategies
- Focus on likely themes:
  - Self & intimacy with others (associated with positive affect) – e.g., prior sexual abuse = positive
  - Sense of having been wronged, unfairly blamed (associated with negative affect)
- Major treatment activity = raising motivation to live offence-free life
  - How does being incarcerated/under supervision interfere with your goals?
  - What can you do about this?
  - Use of motivational enhancement – benefits of change (likely pre-contemplative) – GLM of use here particularly
- Major treatment activity = creation of therapeutic environment conducive to disclosure of such factors as prior sexual abuse or perceived/experienced "wrongs"
- Develop avoidance goal
- External monitoring and supervision

Integrated Treatment – Good Lives/Self-Regulation Plan

- Expanded/Alternative to Relapse Prevention Plan
  - Attaining primary goods
  - Managing risk
- Individual's "plan for living"
- Also risk management plan
- What is my "new"/"revised" me?
- What are my important goals?
  - Goals for living
- How will I get these (step-by-step)?
  - Approach activities
- What will I do if I don't get these?
  - Self-regulation focus
- How will I manage my risk?
  - Per existing SOT materials

Integrated Treatment – Good Lives/Self-Regulation Plan

- How do I know if I am on a risky path to meet my goals for living?
- How will I know this (warning signs and meta-cognition)?
- What do I do then (specific)?
- What are strategies for managing four GLM flaws?
- What are risk management strategies?

Integrated Treatment – "Autobiography" Phase 1: Preconditions to Offending

Purpose: Assist participants to examine pertinent historical, developmental, and personal characteristics that may have:

1. Predisposed them to specific life problems
2. Led to development of problematic styles of interacting with others
3. Resulted in problematic modes of thinking
4. Contributed to development of attitudes supportive of offending

Integrated Treatment – "Autobiography" Phase 1: Preconditions to Offending

Purpose: Assist participants to examine pertinent historical, developmental, and personal characteristics that may have:

5. Negatively affected development of good lives conception
6. Resulted in problems in implementing good lives conception (scope, coherence/conflict, means, capacity)
7. Resulted in development of dynamic risk factors
8. Resulted in development of associations between good lives goals and risk factors
9. Led to offending

Integrated Treatment – "Autobiography" Phase 1: Preconditions to Offending

- Purpose:
  - Examine strengths
  - Examine/confirm GL goals
  - Facilitate comfort with disclosure in treatment
  - Obtain feedback from other participants on the above
- Structured "autobiography"

Integrated Treatment – "Offence Disclosure" Phases 2 through 10:

Goals are to develop an understanding of:

1. Progression of offending from inception (life event that triggers progression) through to conclusion and post-offence events, responses
2. Influence of predisposing background factors on offence progression
3. Events that trigger offending behavior and pre-offence elements that pose a risk, such as offence-supportive attitudes and implicit theories
4. Individuals' cognitive, affective, and behavioral responses to various events that occur throughout offence progression

Integrated Treatment – "Offence Disclosure" Phases 2 through 10:

Goals are to develop an understanding of:

5. Dynamic risk factors evident in offence progression
6. Self-regulation pathway(s) followed in offending
7. Post-offence dynamics and responses that result in reinforcement for behavior and formulation of future intentions with respect to offending
8. Relationship between offending and good lives conception and goals, problems, and influence on offending behavior
9. Particular strengths, skills, and strategies evident in offence progression that may be further refined and developed in treatment