
Sexual offender treatment has evolved considerably over the course of the last two decades. The introduction of the Relapse Prevention (RP) model to the field considerably advanced the provision of effective service (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto, 2002). However, over the course of the 1990s some (e.g., Hudson & Ward, 2000) began to criticize the RP model due to a number of shortcomings. These authors (e.g., Ward, 1999, Ward & Hudson, 1998; Ward & Hudson, 2000) then presented as an alternative to the RP model _ a Self-Regulation (SR) model of the offence process. While the empirical validation of the model is still underway, the research conducted into this model to date has been promising (see Ward et al., 2004 for a summary). However, the model is rather complex, and this complexity has, to some extent, made it difficult to understand and implement. Thus, the manualization of this approach is the next important step in terms of presenting the model.

The first chapter of the manual (Ward et al., 2004) provides a summary of the problems with RP model. They (Ward et al., 2004) suggest that a comprehensive model of the offence process needs to account for both approach and avoidance goals, varying affective states and different types of planning, all of which the RP model fails to do. The term self-regulation refers to the internal and external processes that allow an individual to engage in goal-directed actions over time and across contexts (Ward et al., 2004). Self-regulation includes selection of goals, planning, monitoring, evaluation and modification of behaviour to accomplish goals. There are two general types of goals: (1) approach (acquisition) goals related to the successful achievement of a certain state or situation; (2) avoidance (inhibitory) goals are related to a reduction of a particular state or situation. The authors also describe three general self-regulation styles related to offending. The first of these is under-regulation, which is a passive route to attempting to avoid offending. This approach involves a failure to control behaviour and can be associated with either positive or negative emotions. The second form of dysfunctional self-regulation is called misregulation. This refers to the person who engages in some effort to avoid offending, but the effort is misplaced (e.g., using alcohol to control deviant fantasies). This is usually associated with negative emotional states. The final form of self-regulation described by Ward et al. (2004) is effective self-regulation, to
describe the offender whose goal is to commit a sexual offence. The problem with these offenders is the choice of goals (i.e., to sexually offend), rather than dysfunctional self-regulation. These offenders would experience positive emotions.

Based on these goals and self-regulation styles Ward et al. (2004) describe four pathways to offending. These are:

1. Avoidant-Passive, which is characterized by under-regulation and a desire to avoid offending but lacking the coping skills to prevent it;
2. Avoidant-Active, which involves misregulation and attempts to control deviant thoughts and fantasies but using counter-productive strategies;
3. Approach-Automatic, this pathway involves an under-regulation self-regulatory style and results in over learned sexual scripts and impulsive and poorly planned behaviour; and finally
4. Approach-Explicit, which involves effective self-regulation and a desire to offend, with the use of careful planning to offending.

The manual contains a detailed description of a nine-phase model of the offence process, illustrated with brief examples. The nine phases are (1) triggering life event, (2) desire for offensive sex/activities, (3) goals regarding offending, (4) planning strategy selected, (5) high-risk situation/victim contact, (6) lapse/gain compliance, (7) sexual offence, (8) evaluation, (9) attitude to future offending. The authors include a flow chart to illustrate the process.

The authors include an Implications for Assessment chapter, in which they provide suggestions for determining the pathway of an offender, including an interview format. They provide detailed guidelines for an assessment, oriented first towards determining the offender’s general self-regulatory style (e.g., coping with life changes), and then moving to eliciting each phase of the offence process, described above. This assessment involves determining the offender’s goals, and how their self-regulation style influenced their behaviour at each phase. These suggestions are illustrated with examples of completed offence pathways.

A brief chapter on treatment implications is included, however the authors (Ward et al., 2004) note that a second volume is being prepared in which treatment is discussed in detail. For the first three of the four
pathways to offending treatment does not differ dramatically from that done under the traditional RP model, however the authors do offer some helpful suggestions for Approach-Automatic offenders using a SR approach to treatment.

A chapter providing a brief summary of research conducted on this model is included. Four studies were summarized, with two of the four being conducted by researchers other than the authors of this manual. It should be noted that the majority of the work done validating this model has been completed using offenders against child victims. That being said, those studies that did include rapists found that offence pathways could be assigned to these offenders as well as to child molesters. Overall, to date there has been good support for the model. Finally, the authors present four detailed case examples (one for each of the pathways) and annotated allocation to the pathways. As well, for each example they discuss treatment targets and strategies.

The Self-Regulation model of sexual offending is clearly an advancement from the RP model, as it accounts for a wider range of offence ‘‘pathways’’, as well as placing an increased emphasis on the offender’s goals. This emphasis on goals allows for the development of treatment strategies which go beyond simple avoidance and escape from problem situations, and allows for the implementation of approach goals in relapse prevention treatment. Overall, the manual is well structured and very helpful in terms of both the information presented and the presentation of the information. The chapters related to assessment and treatment and the case examples allow the user to fully conceptualize the model and it’s usefulness for treatment. I would strongly recommend this manual to those who are engaged in treatment with sexual offenders and are interested in trying innovative approaches to treatment.

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References


