BOOK REVIEW II

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Beginning with their original article in 1998 and culminating in this manual for assessment, Ward and colleagues have made a significant contribution to the field of sexual offender treatment through the advancement of the self-regulation model of offending as an alternative approach to the problematic relapse prevention (RP) model (Laws, 2003, Yates & Kingston, in press). While the self-regulation model overcomes many of the problems associated with the application of RP to the treatment of sexual offenders, it is evident, however, that the latter remains influential on theory and practice. As noted by the authors, despite advancements in the conceptualization of the self-regulation model and some initial research providing support for the model, it has had little influence on actual practice, although some jurisdictions have adopted self-regulation as the basis for their treatment programs (e.g., Canada, South Australia, Sweden). This lack of influence on practice is likely the result of the relative recency of the model, its complexity, and a lack of operationalization of its constructs to the assessment and treatment of sexual offenders. Ward et al.’s manual represents an initial and welcome attempt to put the theory into practice, providing a comprehensive overview and practical examples of the application of self-regulation theory. This manual and the self-regulation model which will significantly improve the assessment and treatment of sexual offenders.

Of some concern is the very brief overview provided in Part 1 of the manual of the difficulties inherent in the RP model and its application to assessment and treatment. Practitioners considering adopting the self-regulation model in lieu of RP may remain unconvinced, particularly given how strongly entrenched the latter is in treatment and the limited research to date on the self-regulation model. However, given that the intent of the manual is not to provide a comprehensive critique of RP, it is strongly recommended that the
reader concurrently review the increasing number of articles which problematize this model (e.g., Laws, 2003; Ward & Hudson, 1996; Yates & Kingston, in press) in assessing whether to revisit their existing assessment and treatment practices.

The manual importantly draws attention to one of the fundamental flaws with RP and with treatment based on this model. That is, RP assumes that all offenders suffer from deficits in self-regulation and coping skills, and focuses upon a single pathway to offending. In contrast to this model, Ward and colleagues describe the manner in which the self-regulation style of the offender can be intact, emphasizing that offending does not always result from a breakdown in self-regulation or from ineffective or nonexistent coping skills. Rather, in some individuals, offending behavior can occur as a function of intact self-regulation, entrenched cognitive scripts, and inappropriate goals regarding offensive behavior (i.e., approach goals). Further, goals may be covert or overt, may change over time, and may be refined with experience and learning. For example, in describing the selection of strategies to achieve goals, the authors make the important point that the decision to offend may not necessarily be explicit, depending upon the individual’s goals and upon the pathway followed. This difference is particularly pertinent, as the degree and type of decision-making associated with offending behavior has significant implications for treatment and intervention. (Ironically, whilst the RP model assumes that all individuals are underregulated or misregulated in their behavior, treatment of sexual offenders using this model paradoxically has assumed near-complete purposefulness of behavior with respect to planning offending). As such, Ward and colleagues’ analysis of offending behavior can significantly enhance the breadth and scope of assessment and treatment practices. The concept of variations in self-regulation and in goals with respect to offending, provides an important advancement in the treatment of sexual offenders.

Part 2 of the manual provides a comprehensive and informative review of the self-regulation model of offending. It can be, at times, somewhat unwieldy, even to those familiar with the model. This can be attributed to both the complexity of the model and to the wider array of additional theoretical models associated with self-regulation theory than has been the case in the application of RP to sexual offending. The self-regulation model of offending is, importantly, influenced by various models of cognition and behavior, such as cognitive and behavioral theory, cognitive deconstruction, stages of change, and goal-setting. One hopes that the complexity of the self-regulation model will not deter practitioners from considering adopting the model in their practice, particularly given the apparent (over)simplicity of the RP model and its intuitive appeal to clinicians (Marshall, Anderson, & Fernandez, 1999; Ward & Hudson, 1998; Ward, Hudson, & Siegert, 1995; Yates, Goguen, Nicholaichuk, Williams, & Long, 2000). What makes the self-regulation
model more complex, however, is also what makes it a more comprehensive model of offending behavior. In future volumes of this series, the authors should endeavor to more strongly link self-regulation to other theories and their methods, to increase the practical application of self-regulation theory, to operationalize the model into concrete assessment and intervention practices, and to apply self-regulation to a greater variety of offender types.

Despite the strong influence of cognitive theory on offending behavior and the integration of a variety of theoretical models that are influential in the occurrence of offending behavior, the self-regulation model as described in Part 2 of the manual neglects to provide a comprehensive or systematic analysis of the influence of behavioral principles on the development, occurrence, and maintenance of behavior. Similarly, in Parts 3 and 5, the attendant implications of behavioral methods of treatment are minimal. Specifically, behavioral and cognitive-behavioral models explain the role of such processes as modeling, reinforcement, and extinction of responses in the development and maintenance of behavior and associated cognitive and affective factors. As appears to be the case with most current models of assessment and treatment of sexual offending, including those which explicitly purport to incorporate these models, self-regulation theory as described in the manual does not adequately incorporate behavioral theory and basic behavioral conditioning in the phases and pathways to offending, in assessment and in implications for treatment. For example, in reference to the approach-automatic pathway, while the influence of cognitive scripts and their activation by situational cues is well described, the reinforcement of offensive behavior via the achievement of goals (e.g., the alleviation of negative states or acquisition of positive states) is not well described. In addition, since the self-regulation model includes two post-offence evaluation phases during which the individual evaluates behavior and achievement of goals and sets goals for future behavior, analysis of the influence of behavioral principles on the reinforcement and maintenance of offensive behavior is essential.

Also problematic throughout the manual is the conceptualization of sexual deviance and its influence on offending behavior. Specifically, the model appears to assume deviant sexual arousal and/or preference is always present among sexual offenders, and does not allow for nondeviant sexual arousal in the offence process or for the achievement of nonssexual goals through “offence-related” desires and behavior. For example, in the theoretical model (e.g., Figure 1), it is stated that during Phase 1 of the offence process, the individual may hold a “desire for offensive sex/activities”. This is further reinforced throughout the volume and in the case examples presented. However, the self-regulation model and its attendant pathways to offending allow for the occurrence of sexual offending as a result of a desire to meet needs other than deviant or offensive sexual activity, but with which sexual arousal may have become paired in the individual’s learning history. For
example, an offender may be attempting not to abstain from deviant sexual activity, but to alleviate an emotional state, such as loneliness or anger, that is triggered by the life event (Phase 1). Similarly, in offending (Phases 6 and 7), the offender may be attempting to meet needs other than a desire for deviant sexual activity. As such, differences between goals pertaining to deviant sexual arousal and to nondeviant sexual arousal, and its associated terminology, should be clarified in the model, allowing for offence-related goals other than deviant sexual arousal in addition to goals associated specifically regarding deviant arousal or preference.

Also somewhat problematic throughout the manual is the adherence to RP terminology (e.g., lapse, relapse). While the processes associated with the avoidant pathways appear to be, at least in part, similar to those in the traditional relapse prevention model, the approach pathways appear to be different. For example, the conceptualization of the achievement of an approach goal as representing a lapse (i.e., a failure to abstain), is problematic. In addition, the avoidant pathways, through additional future research, may be found not to adhere to RP processes as much as may presently be thought. Given that there is no strong evidence to support that sexual behavior follows the same principles of addictive behavior (e.g., a desire for abstinence), on which the RP model was developed, consideration should be given in future conceptualizations of the model and of treatment based on the model, to abandoning or refining this terminology to more accurately reflect the principles of self-regulation theory and to distinguish the model from RP.

In describing the occurrence of sexual offending behavior, the authors also make the valuable distinction between precipitating and predisposing factors associated with offending behavior. Specifically, the model draws attention to the influence of predisposing factors and their influence on the development of sexual offending, while indicating that it is precipitating factors that trigger the phases of offending that are associated with the occurrence of offending. It is arguable that it is the latter that require attention during assessment and treatment, while the former represent life experiences that cannot be altered through intervention. For example, the experience of sexual abuse in the offender’s personal history cannot be changed (a potential predisposing factor). However, the beliefs and attendant cognitive distortions (potential precipitating factors) resulting from these experiences, when activated, may trigger the offence process. This is an important distinction which has not previously been systematically made in assessment and treatment, and for which the authors provide a comprehensive analysis. What can be expanded in this area includes those conditions found in research to influence offending behavior, such as the learned use of sex as a strategy to cope with negative life events or emotional states, deviant sexual arousal or preference, or other, nonsexual conditions that have become sexualized for an individual offender. For example, how does the desire to retaliate against the world or the loss of a
job become sexualized for an individual, and how should this be addressed in treatment?

In Part 4 of the manual, the authors provide a comprehensive review of the four pathways of the self-regulation model. The examples of the application of these pathways to offending behavior provide excellent illustrations of these pathways. What can be further developed in the model is an explanation of “life events” and the distinction between life events and the manner in which life events are perceived or interpreted by the individual. For example, a life event may be a major or minor event that triggers the offence process. Major life events, such as the loss of a job, are described in the pathways and in the case examples. However, minor life events (any event that triggers an offensive cognitive schema), can also provoke the offence process. Further, an analysis of the offender’s interpretation of an apparently minor life event, based on existing schema and attribution tendencies, would be useful, as it is at this level on which treatment is, at least in part, based.

Part 5 of the manual describes implications for intervention, drawing attention to the importance of differential intervention on the basis of pathways to offending. This differential application of treatment strategies is further reinforced by Parts 6 and 7 of the manual, in which case examples and a summary of existing research are provided. Taken together, these sections provide a strong rationale and evidence for individualizing treatment with sexual offenders with differing dynamics and factors associated with their offending behavior and for varying treatment according to pathway.

It is noted that, in Part 5, the implications for intervention are somewhat rudimentary and require a more thorough formulation. Results of risk assessment, specificity in treatment methods, and recommendations for intervention based on the application of the model to special populations of offenders (e.g., personality disordered, mentally ill, developmentally delayed offenders), are required. Furthermore, while the authors make reference to the relationship between stages of change and offence pathways, the interaction between pathways and stages, and the application of differential treatment methods based on this interaction, requires enhancement. It is acknowledged, however, that the intent of the volume is to provide a guide for the assessment of sexual offenders based on self-regulation theory, rather than to provide a specific guide to treatment of offenders based on this model.

Finally, the manual provides an interview protocol for use in evaluating the nature of goals and self-regulation in assessing sexual offenders (Appendix 1). The development of such a theory-driven guide to assessment is an important contribution that can assist practitioners in understanding the dynamics of offending behavior and in setting treatment goals. This protocol would be enhanced by the addition of decision-making criteria that would aid in the
allocation of offence pathways followed by individual offenders, which would further assist in the refinement of treatment targets and goals.

In summary, this volume provides a strong rationale for a revised conceptualization of the sexual offending process and a sound alternative to the traditional relapse prevention model that can significantly enhance the assessment and treatment of sexual offenders. The manual provides a comprehensive overview of the self-regulation model and provides suggestions for assessment based on this model. In future volumes of this series, the authors should endeavor to increase the practical application of the model, to apply the model to a variety of offender subpopulations, to link self-regulation and pathway assessment to risk assessment, and to operationalize the model into concrete assessment and intervention methods.

References


