



*Applying the Good Lives and
Self-Regulation Models to
Sex Offender Treatment:*

A Practical Guide for Clinicians

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Introduction



The aim of this book is to provide clinicians, parole and probation supervisors, and others involved in the treatment and supervision of sexual offenders with a working understanding of how to utilize the Good Lives and Self-Regulation-Revised models in practice. Since their initial development, the Good Lives Model (GLM) of offender rehabilitation (Ward and Gannon, 2006; Ward and Stewart, 2003) and the Self-Regulation Model (SRM) of the offense process (Ward and Hudson, 1998) have been combined into a comprehensive, integrated approach to the treatment and supervision of sexual offenders (Yates and Ward, 2008). The GLM approach is intended to augment and enhance intervention delivered within the framework of the Risk/Need/Responsivity Model (Andrews and Bonta, 2007; Ward, Melsner, and Yates, 2007) and using a cognitive-behavioral orientation, both of which have been found to be effective in reducing re-offending (Andrews and Bonta, 2007; Dowden and Andrews, 2000; Hanson, Bourgon, Helmus, and Hodgson, 2009; Hanson et al., 2002; Hanson and Yates, 2004; Lösel and Schmucker, 2005; Yates, 2002, 2003).

Treatment of sexual offenders has traditionally followed adaptations of the Relapse Prevention Model (RPM) (Marques, Day, and Nelson, 1992; Pithers, 1990; 1991); however, the RP approach is problematic when applied to sexual offenders, for numerous reasons (Hanson, 2006; Laws, 2003; Laws and Ward, 2006; Ward and Hudson, 1998; Yates, 2003, 2005, 2007; Yates and Kingston, 2005; Yates and Ward, 2007). As a result of problems with the RP approach, the Self-Regulation Model (SRM), specifically developed with sexual offenders, was proposed as an alternative approach (Ward and Hudson, 1998; Ward, Hudson, and Marshall, 1995). Self-regulation is a complex set of goal-setting and decision-making processes that direct action through the control and integration of cognition, affect, and behavior (Baumeister and Heatherton, 1996; Baumeister and Vohs, 2004; Karoly, 1993). As compared to the RPM, the SRM is better suited to address

the heterogeneity of, and motivation for, sexual offending. For example, the SRM proposes four distinct pathways in the offense process, whereas the RPM elucidates only a single pathway to offending.

Subsequent to the development of the SRM, the Good Lives Model (GLM) was proposed as an overarching approach to the rehabilitation of offenders (Ward and Gannon, 2006; Ward and Stewart, 2003). The GLM is based on the assumption that risk-based and avoidance-oriented approaches, such as the RNR and RP models, are necessary but insufficient to address the treatment of sexual offenders. Instead, the GLM proposes that sexual offenders, like all human beings, seek to attain important goals in life (termed *primary human goods* or *primary goods*), as part of an overall good lives plan or roadmap to achieving a fulfilling and well-balanced life. What differs with this clientele from non-offenders, however, is that sexual offenders often attempt to meet these personal needs via harmful behavior toward others. That is, while their goals are important and valued, the problem lies in the means they use to obtain primary goods and to achieve their goals in life. In following the GLM, treatment is explicitly framed and presented to clients as a positive, approach-oriented activity designed to assist them to achieve a better life. Treatment activities are conducted directly in service of this goal in addition to managing risk to re-offend.

The Good Lives and Self-Regulation models have recently been integrated into a comprehensive approach to guide the treatment of sexual offenders (Ward, Yates, and Long, 2006; Yates and Ward, 2008). This combined model explicitly addresses both the promotion of a good life and the management of risk. It is based on an understanding of the relationships between risk, sexual offending, and clients' attempts to implement a good lives plan. The GLM/SRM-R approach also includes assessment of primary and secondary goods, offense-related goals, strategies, and pathways, and their interrelationships (Yates, Kingston, and Ward, 2009). The GLM/SRM-R utilizes the full range of cognitive-behavioral treatment methods in practice in order to maximize the effectiveness of intervention in assisting clients to manage risk and attain good lives.

This book was designed for clinicians and community supervisors responsible for intervention with sexual offenders who are well versed, experienced, and trained in effective practices with sexual offenders (i.e., the RNR Model and cognitive-behavioral treatment approaches, among others). It is assumed that users have experience and specialized training in assessment and treatment. While elements of these models are reviewed, it is important to note that this book does not provide a comprehensive guide to using these approaches. The focus is instead on assisting users to integrate the Good Lives and Self-Regulation-Revised models into existing practice using the risk/need/responsivity approach and cognitive-behavioral methods. It is also noted that this book

is not designed to provide explicit “how-to” instructions for delivering treatment to sexual offenders, as effective treatment and supervision are therapeutic exercises rather than scripted instructional activities (although a framework for treatment targets and interventions is required).

In addition to the above, the reader will note a change in language used within this book. Typically, texts and treatment itself use such terms as *deficit*, *deviance*, *distortion*, *risk*, and *prevention*. All such words are associated with negative evaluations or negative expectancies (Mann and Shingler, 2006). By contrast, the approach described herein is a positive model, based on the assumption that people are more likely to embrace positive change and personal development—and to be motivated to participate in treatment—when the language used is non-judgmental and when the approach to intervention is future-oriented, optimistic, and focused on what clients can personally gain from treatment.

This book is structured in four sections: (I) an introduction to basic constructs; (II) assessment and treatment planning; (III) treatment, and (IV) post-treatment maintenance and supervision.

In part I, chapters 1 and 2 describe the essential foundations of effective intervention with sexual offenders, including the Risk/Need/Responsivity Model, cognitive-behavioral approaches, empirically-based targets of treatment, and motivational approaches that increase engagement with treatment and the change process. Chapter 3, the concluding chapter in the first section, describes in detail the foundations and assumptions of the Good Lives Model, the Self-Regulation-Revised Model, and their integration into a comprehensive approach to intervention.

Part II (assessment and treatment planning) details assessment of the GLM constructs, such as primary goods, secondary goods, and their relationship to offending. These constructs are illustrated in chapter 4. Chapter 5 includes guidelines for evaluating offense-related goals, strategies, and the pathway followed in the progression to offending. Chapter 6 provides information pertaining to integrating GLM and SRM-R assessment into an overall evaluation of clients, including risk and other relevant assessment. Chapter 7 concludes part II with an analysis of case formulation and treatment planning.

In part III, chapter 8 describes using the Good Lives Model to guide treatment within a risk-management and cognitive-behavioral orientation and the integrated GLM/SRM-R approach. Chapters 9 and 10, respectively, provide specific treatment activities pertaining to the development of a relevant personal history and an analysis of the offense progression and patterns. The two chapters also address vulnerability factors for offending (i.e., an “autobiography”), and the offense progression, which provides an alternative to the concept of the offense “cycle” typically used in treatment.

Part III's chapter 11 addresses the variation in approaches to treatment for clients who have followed different pathways in offending, based on the different motivations and self-regulation styles associated with offending behavior within each pathway. Each of these chapters also concentrates on the elements of the GLM in all of these treatment activities. Lastly, in this section, chapter 12 describes the process of constructing an integrated good lives/self-regulation plan as an alternative to the relapse prevention plan that therapists and clients traditionally develop in treatment.

Finally, in part IV, chapter 13 addresses the use of the integrated GLM/SRM-R in post-treatment maintenance and community supervision. In addition to the standard elements of these activities, such as monitoring risk and entrenching skills learned in treatment, this chapter focuses on the additional need to assist clients with the implementation of their plans for achieving well-balanced and fulfilling lives, and looks at the contribution of these plans to reducing the risk to re-offend.