

Self-regulation of sex offending, future pathways and the Good Lives Model: Applications and problems

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Abstract *Two theoretical developments, the Self-Regulation Model of the Offence and Relapse Process and the Good Lives Model, have recently offered promise in the advancement of sex offender treatment. The present paper represents a preliminary attempt to operationalize these theoretical principles by developing a number of practical treatment procedures. We have employed the method of a life map, which traces personal development from birth and which incorporates long-term future projections. This includes all actions, events, incidents and skills (whether positive or negative), which have led to a sense of self-esteem and the development of personal values. These will include risk factors and criminogenic needs which lead to offending as well as positive experiences and self-resources which can be incorporated into a future Good Lives Pathway. Two case illustrations are presented, which demonstrate the way in which all experiences from the past can be incorporated into alternative future pathways. These pathways will include positive self-resources and protective variables which develop into a non-offending future and negative self-resources with risk variables which develop into an offending future. The cases illustrate the way in which GLM and self-regulation pathways can be combined in a robust practical treatment procedure. Practical difficulties inherent in the procedure are also discussed.*

Keywords *Self-regulation; sex offending pathways; good lives*

Introduction

In the past seven years two theoretical developments have promised considerable potential in the advancement of sex offender treatment. The Self-Regulation Model (SRM) of the offence and relapse process was developed to offset the limitations in the original relapse prevention model and provides a more comprehensive approach to the treatment of sexual offenders (Ward & Hudson, 1998). It proposes that individuals might follow a number of different offence and relapse pathways when committing sexual crimes. The Good Lives Model (GLM; Ward & Stewart, 2003) is an overarching theory of offender rehabilitation that addresses

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issues relating to the motivation, aetiology, treatment and rehabilitation of sexual offenders, and which takes account of not only risk factors but also offenders' human needs. In our view, the two fit together extremely well, with the GLM constituting a broad rehabilitation framework and the SRM detailing the specific aspects of therapy with this potentially difficult group of offenders.

Ward and Hudson (1998) and Hudson, Ward and McCormack (1999) proposed the Self-Regulation Model (SRM) in which there were four basic pathways for offending into which sex offenders can be categorized. These four pathways are split into two with approach goals and two with avoidant goals. The first is the "approach/explicit" pathway in which the individual has a clear wish to sexually offend and uses explicit plans and procedures to carry out the act. The "approach/automatic" pathway involves an individual engaging in over-learned behavioural scripts which are consistent with sexual offending. Their behaviour may be poorly planned and somewhat impulsive within the context of these behavioural scripts. The third pathway is "avoidant/active", where the individual attempts to control their thoughts and behaviour which might lead towards sexual offending. However, their strategies are ineffective and counterproductive, leading to an increased risk of sexual offending. The fourth pathway is "avoidant/passive", where the individual may wish to avoid sexual offending or abusive incidents but lacks coping skills to prevent it from happening.

Bickley and Beech (2001) conducted a validation of this model with 87 men who had committed sexual offences against children. They found that all but a handful of these individuals could be categorized reliably according to the four pathways. Of the sample, 41.4% were allocated to the approach/explicit pathway, 34.5% to the approach/automatic pathway, 16.1% to the avoidant/active and 8.1% to the avoidant/passive pathway. Webster (2005) investigated the model with reference to 25 men who had re-offended following sex offender treatment. He found that all but four could be allocated reliably to a pathway and that a majority were approach/explicit offenders. These results supported the view of Ward and Hudson (2000), that approach/explicit men were likely to be the most difficult to change in treatment. Lindsay and Goodall (2006), in a study of 62 sex offenders with intellectual disability, found that all but two could be allocated reliably to one of the four pathways, although most individuals were categorized in one of the two approach pathways. However, they found that the approach/automatic offenders were significantly more likely to re-offend, suggesting some differences in the aetiology and motivation of this group of offenders leading to variations in re-offending rates for individuals categorized according to different pathways. Given that these three studies are independent and have been conducted on different sex offender groups, taken together they give some support for the reliable classification of offenders according to the pathways model. The differences found in re-offending rates for allocated groups suggests simply that our understanding of different sex offender groups may require development and further research.

The SRM was developed in response to critiques of the Relapse Prevention (RP) model which, in turn, was developed from addiction research, stressing cognitive distortions and the decision-making process in the cycle of offending. The RP model highlights seemingly unimportant decisions or acts, in relation to personal stress, boredom, leisure, work and so on, which might seem individually trivial and defensible, but taken together construct a clear cycle and pathway of offending. Intervention on this cycle provides the offender with the knowledge and capacity to alter and avoid these decisions, cognitions and situations which might lead to lapse and relapse in the offence cycle. While RP has been invaluable in providing a coherent model for sex offender treatment and treatments employing RP methods, including cognitive behaviour therapy, have produced more successful outcomes in terms of reducing re-offending (Hanson et al., 2002), it has been criticized from both theoretical and practical

bases. Ward and Hudson (1998) based their theoretical criticisms on the fact that in addictions one lapse does not constitute a full relapse, which is very different from these concepts in relation to sexual offending, where one lapse constitutes a relapse and treatment failure. This leads to several conceptual difficulties moving gratification effects close to violation effects.

The Good Lives Model (GLM) was first proposed by Ward and Stewart (2003) but has been developed considerably recently by Ward and colleagues (Ward & Gannon, 2006; Ward & Marshall, 2004). GLM stresses the importance of constructing a balanced, prosocial personal identity in offenders. This is achieved through the utilization and development of internal capabilities such as skills, attitudes and beliefs and the promotion of external conditions such as supports for the offender and opportunities for development. In the GLM, criminogenic needs and dynamic risk factors constitute the motivation for distorted outcomes and which make up a negative life model leading to sexual offending. Therefore, the individual uses inappropriate means to achieve antisocial goals in an attempt to construct a fulfilling life. They may also lack the abilities and capacities to achieve a GLM. By promoting the internal and external conditions for achieving human needs in adaptive, prosocial ways, the assumption is that they will be less likely to harm others or themselves. Ward and Gannon (2006) have developed this model considerably, elucidating both the assumptions underpinning GLM and the primary goods which individuals might seek. They state that the primary goods are life (healthy living and adaptive functioning), knowledge, excellence in work and play, excellence in agency (self-directedness), inner peace (an ability to control stress and emotional turmoil), friendship (intimate and family relationships), community, spirituality (some feeling of purpose in life), happiness and creativity. Assumptions underpinning GLM are that sexual offending represents a maladaptive attempt to pursue human goods and that these maladaptive strategies should be replaced by adaptive and coping skills, linked to the living situations of offenders and which lead to psychological wellbeing. A GLM plan should be constructed explicitly taking account of each offender's personal strengths, interests and living environments. These authors also criticize the RP model and Risk/Need model of offender rehabilitation, which recommends reducing recidivism by reducing or eliminating each dynamic risk factor assessed in an individual. Ward and Gannon (2006) described this as a "pincushion model" (p. 5), where each risk factor is represented by a pin and treatment focuses on the removal of each risk factor rather than promoting personal adaptive skills and prosocial opportunities. The GLM attempts to redress these shortcomings through the promotion of a holistic rehabilitation model for sex offending.

Ward and colleagues (Ward & Gannon, 2006; Ward & Marshall, 2004) propose that GLM has the theoretical resources to link a set of aetiological assumptions, explicit avenues for motivating offenders, a set of treatment principles and strategies, identification of internal and external conditions for achieving human goods and an underpinning set of rehabilitation values which will function as a general framework to orientate therapists in case formulation and treatment planning.

The crucial missing component is systematic empirical support. Empirical support for a theoretical model of rehabilitation requires two questions to be addressed: first, is there evidence to support the hypothesized links between the theoretical constructs in the model; and secondly, for a rehabilitation model, does it work? It must be noted that the preliminary empirical work of Purvis (2005) indicates that offenders seek a variety of approach goals (goods) when they sexually abuse a child or assault an adult. She also found that there were two routes to the onset of offending, direct and indirect (Purvis, 2005; Ward & Gannon, 2006). The *direct* pathway is implicated when sexual offending is a primary focus of the (typically implicit) cluster of goals and strategies associated with an offender's life plan. That

is, the individual concerned seeks certain types of goods directly through the sexual abuse of a child or sexual assault of an adult woman or man. The GLM can explain the origins of this use of sexual offending. For example, a sexual offender may have compromised internal skills to obtain primary goods in more prosocial ways because of varied distal ecological factors, such as a history of childhood neglect or abuse. Thus, the actions constituting sexual offending are a means to the achievement of a fundamental good. It must be stressed that the person concerned may be unaware of the primary good that is being sought, and may be concerned simply with engaging in sexual or aggressive behaviour in a manner that meets this need none the less. In other words, sometimes the goals that actually motivate human actions are invisible to the individual in question. For example, for some offenders, sex with children may simply be a consequence of a decision to seek an intimate relationship with a child, sex being a component of such a relationship. For another, the primary end or good might be establishing a sense of autonomy or power, which is obtained via sexual aggression. Thus, sexual goals may become prominent to the sexual offenders who are pursuing a number of primary goods. Pairing deviant sexual behaviour with the fulfilment of primary goods helps to explain deviant sexual interest. Thus, deviant sexual interest is seen to be a consequence of learning and conditioning, although this may be rooted in biological systems for some offenders. This route corresponds to the two approach pathways of the SRM (Ward & Gannon, 2006).

The *indirect* route to offending occurs when the pursuit of a good or set of goods creates a “ripple” effect in the person’s personal circumstances and these unanticipated effects increase the chances of sexual offending occurring. For example, conflict between the goods of relatedness and autonomy might cause the break-up of a valued relationship and subsequent feelings of loneliness and distress. The use of alcohol to alleviate the emotional turmoil could lead to loss of control in specific circumstances and possibly a sexual offence. In this type of situation, there is a chain of events initiated by the goods conflict that ultimately results in sexual offending. This route corresponds to the two avoidance goal pathways of the SRM.

It must be noted that this evidence can be considered only preliminary, although it is certainly encouraging. It is too much to ask that any theoretical model should have substantial immediate empirical support. However, it is important that researchers should begin to develop methodologies which both investigate and challenge the model. The present paper represents a preliminary attempt to begin clinical evaluation of the combined GLM and SRM. In order to evaluate whether a rehabilitation model works one must first develop a number of procedures. These procedures must then be described, communicated, shown to be practically feasible, evaluated in clinical case studies and finally evaluated through controlled trials. The present paper attempts to operationalize a combination of SRM and GLM theoretical principles and provides case illustrations in their use.

Method

Procedure

We have employed the basic (and familiar) method of a life map or timeline to operationalize the integration of GLM and SRM. Figure 1 illustrates the basic plan of the life map from birth to the time of offending. As we will demonstrate, it is much more complex in practice but, basically, events and experiences which have been enjoyed are placed at the top of the life map and events and experiences which have been bad and have not been enjoyed are placed at the bottom. This is carried out sequentially throughout the individual’s life, which sets up the habit of reflecting on experiences linking together as a temporal pathway. In this relatively

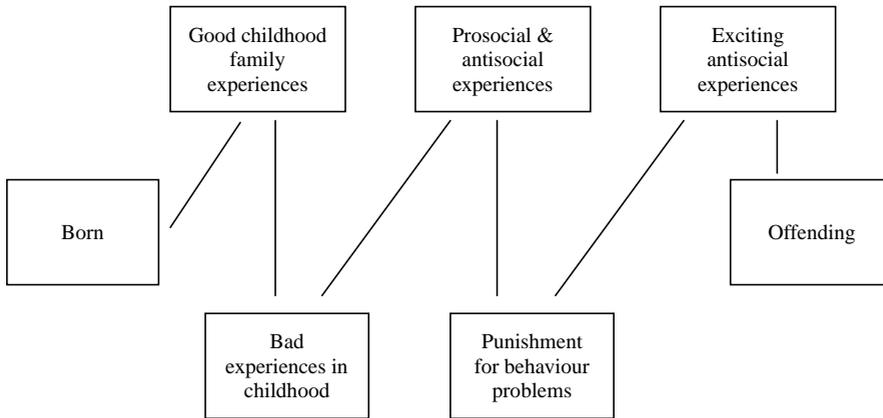


FIGURE 1. Basic life map plan indicating sources of human goods leading to offending.

simple manner, the fundamental tenets of both GLM and SRM are incorporated from the beginning. SRM is based on differential pathways to offending and, in very simple form, this is illustrated in Figure 1. GLM focuses on the pursuit of human goods whether they are prosocial, developed from positive experiences and positive self-resources (PSR), or antisocial, developed from antisocial experiences or negative experiences and negative self-resources (NSR), and these emerge from the life map along the top of the pathway. There is no assumption that the good things which have happened in the offender's life will be prosocial. Indeed, we will extract those actions, events, incidents and skills which the individual has enjoyed but which have led to a sense of self-esteem and personal values which constitute risk factors and criminogenic needs which lead ultimately to offending and contribute towards NSR.

Both these issues are extremely important in treatment. SRM incorporates the cycle of offending, which is a familiar method for sex offender therapists. Within the life map there is clearly scope for illustrating in detail those factors which have led to offending. Proximal and distal factors can be incorporated into the life map with developmental experiences and influences emerging from the process (distal factors) and immediate, linked events leading to specific sexual offences also emerging (proximal factors). In this way different kinds of variables leading to a distorted acquisition of human goods can be built into the offender's life map. For GLM, it is important to extract from the individual the antisocial experiences and influences which have acted in a developmental process to establish the offender's moral framework, values and personal identity which have led to offending. On the other hand, the emergence of prosocial developmental experiences, influences and events will allow us to begin to build up an idiomatic picture which can be employed in the development of a personalized GLM. This has the added advantage in that it addresses some of the difficulties inherent in the "old me–new me" concept outlined by Ward and Gannon (2006), and which is common in sex offender programmes. There is a tendency to split off and divorce "old me" from "new me/future me" during sex offender treatment. Although therapists will strive to link the two, the very nature of the exercise primes the offender to leave his old self behind in the development of new ways of functioning. The construction of the life map identifies explicitly prosocial events, influences and experiences from previous points in the pathway with a view to projecting them into future points in the pathway. As will be seen, antisocial experiences and influences which have contributed towards personal identity will also be employed to construct future alternative pathways.

Figure 2 projects the pathway from the time of current treatment into the future. Two basic pathways can be projected, one reflecting a PSR and the other reflecting NSR. Both life models are linked to previous developmental experiences, adult experiences and offender pathways. GLM extracts previous prosocial influences and experiences and current skill development, including the knowledge and skills developed during sex offender treatment to project the way in which the individual will interact with their environment in an adaptive manner. In considering a future GLM we would also incorporate the offender’s aspirations. These may vary in realism, and unrealistic aspirations will be challenged robustly during group sessions. For example, it is not uncommon for a sex offender in his 50s to have a future aspiration of marrying a female 30 years younger than himself, settling down and having children. While this is not impossible, there are a number of much more realistic projections for possible future life partners. The skills which the offender currently possesses will be considered in relation to achieving future realistic aspirations. Included in these skills will be methods for avoiding risk situations, emotional instability, access to victims and so on. NSR will include all of the antisocial influences to which the individual has responded previously and will also incorporate the way in which they have embraced these experiences, failed to resist them or been unable to cope with them in a non-offending manner.

One criticism that might be levelled against this method is that it is overly simple for the purposes of addressing the complexities of SRM and GLM. Through case studies we intend to argue and demonstrate that robust straightforward treatment procedures are essential for treatment fidelity by different agencies and therapists, for clear comprehension by both therapists and clients, for the establishment of clear, uncluttered targets for achieving adaptive pathways and GLM, and to present clear risk pathways incorporating NSR.

Case example: B

When referred for treatment, B was a 21-year-old man convicted of several instances of sexual assault in pubs, nightclubs and parties. He had breached conditions of bail on several occasions by touching women repeatedly both inside and outside their clothes and making unwanted invitations to have sex. His father had left home before he went to primary school and he had had a troubled childhood with persistent truancy, stealing and being bullied. Figures 3 and 4 illustrate the life map constructed by B over four treatment sessions (four

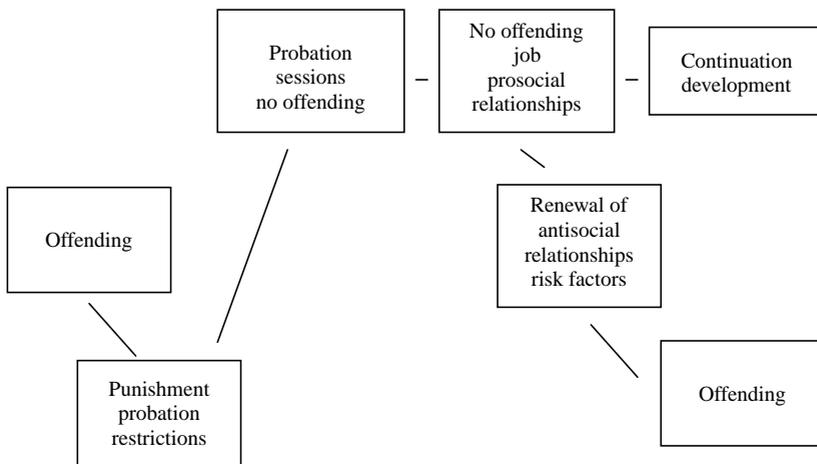


FIGURE 2. Basic life map plan indicating re-engagement with NSR leading to re-offending.

B

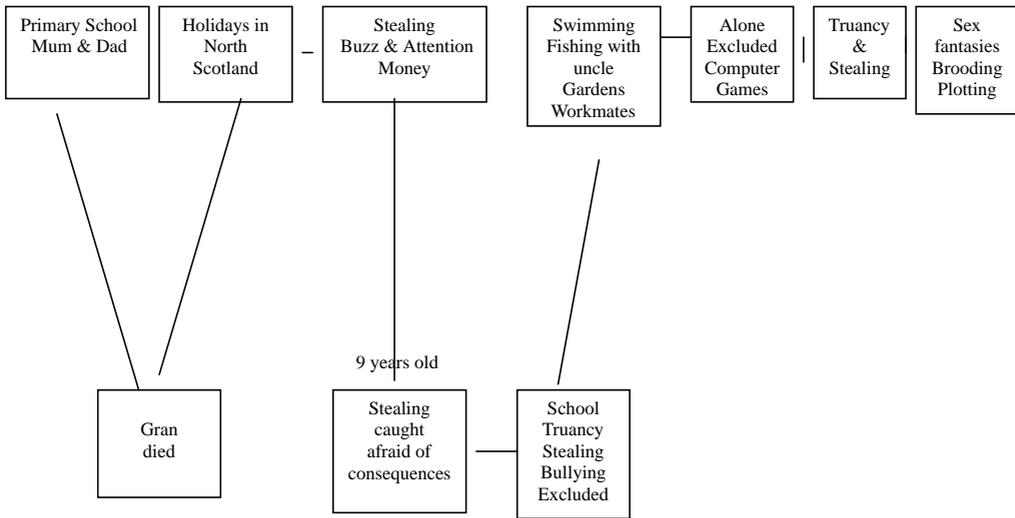


FIGURE 3. B's life map illustrating sources of human goods leading to offending.

hours). The issues of interest to the GLM are the points in the life map where we can identify human goods which have constructed B's sense of personal identity and self-esteem. Because the "good things" in his life are all placed along the top of the map, it can be seen that the human goods which contribute to B's development are extremely conflicted. He has gained human goods from both prosocial experiences (family holidays, time with his uncle) and antisocial experiences (excitement from stealing, isolation). GLM variables can be identified from three sources. The first is the individual's past, what the person has had access to, what he has enjoyed, who has been a reasonable influence and which experiences have been sociable in his life. The second is from the present, representing skills that have been

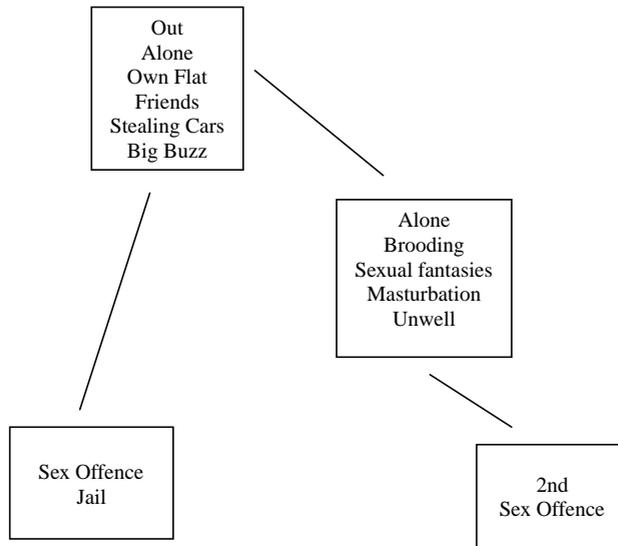


FIGURE 4. B's life map illustrating re-engagement with NSR leading to re-offending.

developed during sex offender treatment, discussions with probation officers and experiences with others who have entered his life during this time. The third comes from aspirations, bearing in mind the extent to which they are realistic and the extent to which they are achievable. It should be noted that in the “old me–new me” model most of the human goods tended to come from aspirations which were often fantasies that were difficult to achieve. Within the present procedural context, such aspirations may be challenged robustly in the knowledge that human goods have been identified from the developmental pathways outlined by the offender and from the development of current skills.

From the past, B has identified positive sources of human goods in that he enjoyed working in the gardens, enjoyed banter with his workmates, enjoyed a sporting activity (swimming), prosocial family influences (fishing with his uncle), and mentioned holidays specifically. In this regard, it is often noticeable that offenders prize even short periods of normal family activity. The negative sources of human goods have been identified as the thrill of stealing cars, speed when driving a stolen car, enjoying being alone and brooding on sexual fantasies, enjoying annoying teachers and being excluded from school, enjoying a laugh with friends when excited, stealing cars or drinking alcohol. These latter sources of human goods would traditionally be viewed as risk factors of sensation-seeking, antisocial influences, access to alcohol, isolation and inappropriate sexual fantasies. From periods during treatment, it became clear that anger control was also an extremely important aspect of treatment which would allow him to gain access to the personally important human goods of occupation, contact with family and contact with other prosocial influences. It was also clear that away from antisocial influences, alcohol abuse was not a serious problem and could be dealt with through simple alcohol education.

B’s response to sex offender treatment was initially problematic. He was extremely angry and antagonistic towards the court system, the restrictions placed upon him and his requirement to attend. However, he continued to attend and was also incorporated into anger management sessions. Sex offender treatment focused at first on the standard issues of detailed offence disclosure, review of pathways to offending, the contribution of cognitive distortions, victim empathy and reduction of risk factors. However, he remained surly and recalcitrant throughout the treatment period, with frequent references to the fact that he engaged only because he had to.

As a subsection to the construction of B’s life map, we constructed his self-regulation pathway in detail. It is summarized at the end of Figure 4, but was constructed to include actions, feelings, cognitions and motivation to reveal an active/approach pathway. He decided he was going to offend and engineered situations where he would have opportunities to touch females of his own age.

Following sex offender treatment, B was offered a period of small-group treatment exploring his life map with a view to establishing a GLM. Somewhat to our surprise, he accepted and drew up the map seen in Figures 3–5.

During this second period of treatment, it became clear that he had internalized a number of important messages from sex offender treatment, especially those related to risk management and anger control. As can be seen in Figure 5, he developed a future life plan which incorporated prosocial influences, contact with family, engaging in occupational activity and continuing to manage his risk. These began during treatment and had significant effects on B’s reports of wellbeing. He then added to his projections for the future by suggesting that he re-engage in hobbies of fishing and swimming while maintaining all the sources of human goods which he had established. At the same time, he constructed a differential pathway clarifying the effects of falling back on the antisocial sources of human goods such as brooding, stealing and the “buzz” he achieved from sensational activities such

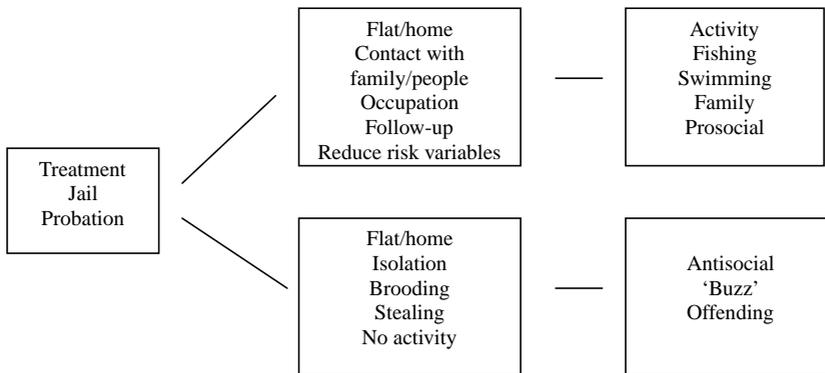


FIGURE 5. *B's projected future pathways depending on either PSR or NSR.*

as stealing cars and drinking alcohol. This would lead undoubtedly to a resumption of his self-regulation pathway of “active/approach”. Thus, therapy focused on providing the internal and external conditions required to assist B in achieving personally valued and socially acceptable approach goals (i.e. goods). It is now five years since B was first referred and he has remained offence-free.

Case example: T

When he was referred, T was a 42-year-old man who received a three-year probation sentence for non-contact offences against an eight-year-old girl and several counts of downloading child pornography from the internet. He had had a disrupted childhood and remembers frequent incidents of his father drinking heavily and being violent towards his mother, his two sisters and himself. His parents went to work abroad when he was eight years of age and he attended boarding school, where he was extremely unhappy, and was sexually abused by one of the teachers. He did not remember many positive aspects of his childhood beyond two holidays in Wales with his family, some positive contact with his friends, enjoying time with his sisters and playing chess and draughts at boarding school. On leaving school he achieved a good job in a pharmacy laboratory which he held for 12 years. He particularly remembered enjoying the company of women who worked in the laboratory. He dated women but not frequently. During this time he embarked on a downward spiral, gaining human goods from negative experiences of heavy drinking and acquiring household goods to accumulate large amounts of debt. He began to have serious problems at work and eventually lost his job. Two or three years later he joined a church and developed a circle of friends through his associations there. He began working again as a part-time decorator but continued with alcohol abuse and began to become interested in child pornography. He continued to accumulate debt and reported that he felt trapped in the relationships he had established through the church, in his drinking and in his debts. He offended against an eight-year-old girl and on investigation the police discovered large amounts of child pornography.

The pathway which T constructed reflecting these events can be seen in Figure 6. This shows that T's offence pathway was avoidant/active.

T was offered sex offender treatment and, like B, he was somewhat antagonistic at the beginning. He was directed to attend the local alcohol service and, after some initial faltering attempts, did stop drinking alcohol to excess. He had great difficulty in clearing his debts but after a year or so began systematic attempts which continue until the present day. One

Tony

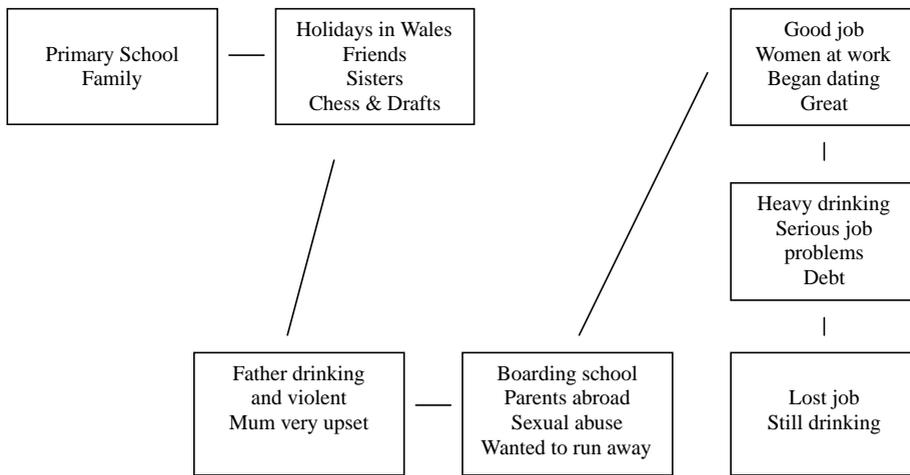


FIGURE 6. T's life map illustrating sources of human goods.

significant feature was the extent to which T was isolated and appeared content in his isolation. He began ordering magazines and had subscriptions to up to eight or 10 at any one time, including those dealing with classical music, craft and various aspects of wildlife and marine life. The construction of his life map allowed us to clarify the sources of human goods, both negative and positive, which contributed to his personal identity. His isolation was salient and although he had not enjoyed it during times at boarding school, it had become a habit which avoided bullying and which he had incorporated as a positive aspect of his life. His alcohol abuse and use of child pornography were also a source of human goods. The positive aspects in the construction of a GLM were his sisters, the enjoyment he remembered from family holidays, the contribution made by his job and this period of activity, the prosocial influence of female company and, currently, the enjoyment he received from reading magazines.

Figures 7 and 8 indicate that he responded to sex offender treatment which dealt with the issues described in B's case. He began to organize his life, structure his debt repayments and control his alcohol abuse. Following treatment, he was offered a series of appointments every month, in order to construct a life map and alternative future pathways with a view to establishing a GLM. T did much of this work in his own time at home. The one aspect which emerged from his life map was his interest and enjoyment of reading. He was extremely reluctant when we suggested that he might join a reading group at the local library and so we gathered information about local reading groups; we identified two which occurred during school hours and gave him the task of attending at least one before the next session. T complied with this direction and the effect was immediate and significant. At the following session he said that he had enjoyed the reading groups and was feeling "great". This was in marked contrast to previous reports over four years, where he had reported life as routine and dull. Although the reading groups occurred for only two hours a month they provided, for the first time in years, social contact, contact with predominantly adult women, a purpose for his reading, respect for his opinion and some relationship (albeit sporadic). We would doubt if such a minimal change would always have such significant effects but it does emphasize that apparently small changes can have a significant impact on an individual's personal identity. It should be remembered that this small change came on top of repeated appointments for sex

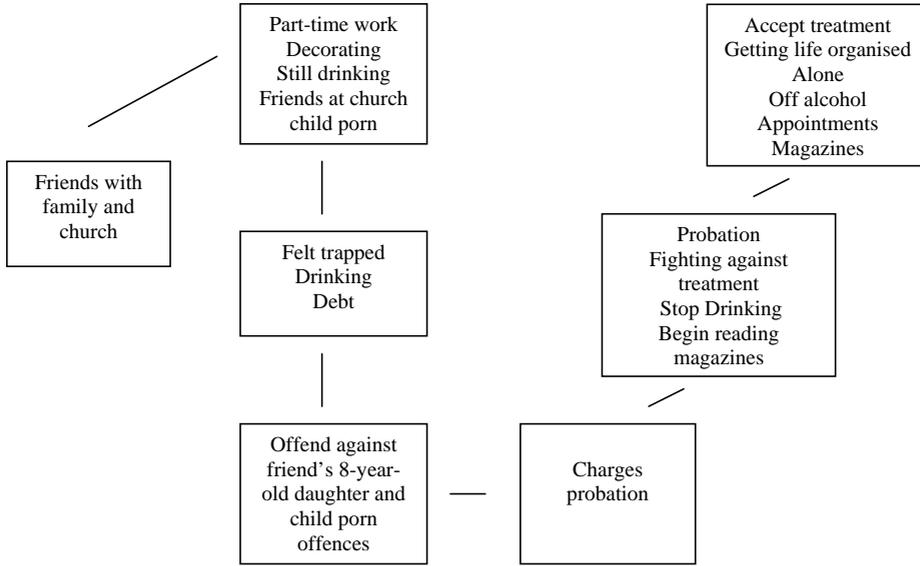


FIGURE 7. T's life map illustrating sources of human goods, pathways to offending and development of PSR.

offender treatment, control of his alcohol abuse and control of his debt, all of which produced significant changes in his life, although appeared not to have significant changes in his feelings of wellbeing. The future projections reflected positive sources of human goods and the likely effects of maintaining these for the rest of his life and, alternatively, any resumption of a reliance on the negative sources of human goods with the likely projections into the future of allowing them to bear significant influence on his self-esteem and personal identity. Therapy has provided the resources to allow T to pursue a number of approach goals (i.e. goods) in personally satisfying and socially acceptable ways. It is now five years since he was referred and he has remained offence-free.

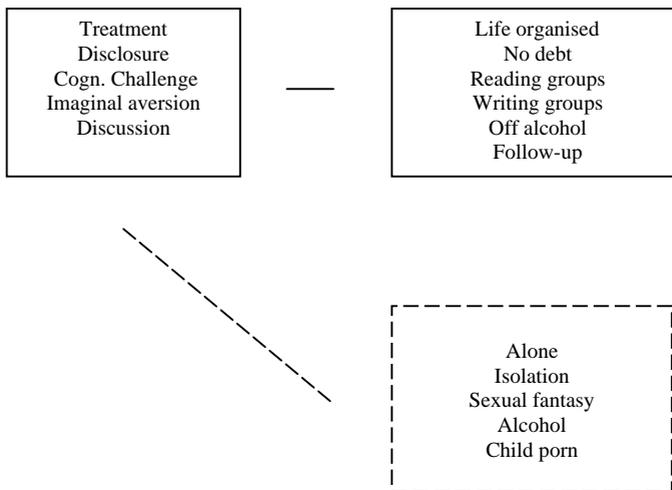


FIGURE 8. T's projected future pathways depending on either PSR or NSR.

Discussion

According to the GLM, individuals commit criminal offences because they lack the opportunities and/or the capabilities to realize valued outcomes in socially acceptable ways. Instead, individuals employ NSR in pursuit of goals leading to a self-image which has antisocial features and which, in turn, may lead to criminal behaviour. In other words, a careful examination of the offence and relapse process reveals that there are typically approach or avoidance goals associated with what men do and how they do it (Ward & Hudson, 1998). These goals include the pursuit of intimate relationships, emotional regulation, retribution, novelty, the control and dominance of another person and sexual pleasure (Purvis, 2005; Ward et al., 2004).

There are three components to the GLM: (a) a set of general principles and assumptions that specify the values underlying rehabilitation practice and the kind of overall aims for which clinicians should be striving; (b) the implications of these general assumptions for explaining and understanding sexual offending and its functions; and (c) the treatment implications for a focus on goals (goods), self-regulation strategies and ecological variables. We will now discuss briefly the two case examples in light of these three components.

First, there are two primary aims of therapy according to the GLM: (a) to reduce an offender's level of risk by targeting specifically his array of dynamic risk factors (i.e. criminogenic needs); and (b) facilitating access to a number of primary human goods, especially the ones valued strongly by the offender and related to his personal identity. According to the GLM, risk factors represent omissions or distortions in the internal and external conditions required to implement a good lives plan in a specific set of environments. Installing the internal conditions (i.e. skills, values, beliefs) and the external conditions (resources, social supports, opportunities) is likely to reduce or eliminate each individual's set of criminogenic needs. In other words, a more holistic and positive treatment perspective is taken than has traditionally been the case in sex offender treatment. This perspective is based on the core idea that the best way to reduce risk is by helping offenders live more fulfilling lives in non-offending ways. In addition, therapy is tailored to each offender's good lives plan while still being administered in a systematic and structured way and adhering to principles of sound treatment practice and targeting criminogenic needs and dynamic risk factors.

Secondly, the aetiological assumptions of the GLM specify that sexual offending serves an important positive function in men's lives and that therapists should ensure that they understand exactly what higher level goals are associated with offenders' antisocial behaviour. In addition, different types of goods are linked to offending. For some men the goal is to establish intimacy from others; they offend because of a failure to control their sexual desires. Treatment is based on helping offenders to achieve things that are personally meaningful and important to them. This fact makes it easier to motivate them to change their destructive behaviours and engage in the difficult process of turning their lives around. They see themselves as individuals who, in the past, have been looking directly or indirectly for the kinds of experiences that all people strive for; the problem has been in the way they have gone about it. The identification of the various goods implicated in both B's and T's past offending enabled therapists to think about ways of providing access to these valued experiences in the future.

The aim was to ensure that both men had the internal (i.e. skills, attitudes, beliefs) and external (i.e. opportunities, supports, access to resources) conditions to put into practice their GLM lifestyle plans. For B, the critical goods were those associated with relatedness and physical activities such as swimming and fishing. They gave him a sense of accomplishment and pleasure. In T's situation, the key goods were those of knowledge, creativity (provided via

reading) and relatedness (especially to women). He began to feel better about himself and to develop more satisfying ways of meeting his needs for female company and discussion.

The third component of the GLM concerns how therapy is actually implemented in light of the other two components. It is less adversarial than traditional and more constructive than traditional approaches. This is due to its focus upon building capabilities alongside managing risk. For example, both men felt that the therapists were genuinely interested in them and their lives and were not intent simply on ensuring that they did not offend again (i.e. the focus was both on reducing risk and enhancing the offender's level of wellbeing). We have found that the concrete focus on developing a more adaptive lifestyle plan makes a great deal of intuitive sense to both the men and the therapists. This is because individuals commit sexual crimes in the context of the numerous issues and problems evident in their lives at the time, and therefore any treatment plan needs to make contact with this level of analysis. Both B and T were initially quite hostile and hard to engage in therapy. The constructive nature of the GLM helped to allay their suspicions and to appreciate that one of their therapist's aims was to ensure they lived better lives as well as less harmful ones.

There are two related practical difficulties which therapists should consider when developing these methods. The first is the amount of time which this method takes. In our experience, it can take six to eight sessions to complete an individual's life map with prosocial and antisocial projections into the future. If this is conducted in a group setting other group members can become restive, and it is clear that with six members in the group the exercise would take up to nine months. Therefore, it may be more productive to use this method within individual sessions or to conduct procedures in small groups of two or three. In this way, discussion can be generated without too much extension of time limits.

The second practical difficulty is that the robust challenge of cognitions and aspirations can produce dejection in participants. To use the example cited previously, a participant may become dejected when he realizes that it is unlikely that a female 30 years younger than himself will be attracted to a man in his 50s who has a history of sex offences. He may not be enthusiastic about more realistic life partners, such as women he may meet in the job centre, unattached older women who he may meet at work or, if personal difficulties are involved, women he may meet in disability day centres. Therefore, exploring realistic future prosocial experiences may prove initially unappealing to individual participants. We have also found that some offenders may have aspirations to make a new life in another country. Discussions concerning the difficulty of obtaining a visa when one has previously been on the sex offenders register, e.g. for the United States or Australia, can also be disheartening for offenders. In addition, by incorporating these kinds of discussions into the future projections for GLM, the amount of time which the exercise involves is extended.

Notwithstanding these difficulties, we have found the incorporation of the principles of GLM and self-regulation pathways constitutes a significant positive addition to sex offender treatment. The methods outlined in this paper illustrate a robust practical procedure for employing GLM and self-regulation pathways into a relapse prevention programme.

References

- Bickley, J. & Beech, A. R. (2001). An empirical investigation of the Ward and Hudson Self-Regulation Model of the sexual offence process with child abusers. *Journal of Interpersonal Violence*, 17, 371–393.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., *et al.* (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research & Treatment*, 14, 169–194.

- Hudson, S. M., Ward, T. & McCormack, J. C. (1999). Offence pathways in sexual offenders. *Journal of Interpersonal Violence*, 14, 779–798.
- Lindsay, W. R. & Goodall, J. (2006). Applying the Good Lives Model and Self-Regulation Model for sex offender treatment for sex offenders with ID. *Journal of Applied Research in Intellectual Disabilities*, 19, 257.
- Purvis, M. (2005). *Good Lives Plans and Sexual Offending: A Preliminary Study* (unpublished manuscript).
- Ward, T. & Gannon, T. A. (2006). Rehabilitation, etiology and self-regulation: The comprehensive Good Lives Model of treatment for sexual offenders. *Aggression & Violent Behaviour*, 11, 77–94.
- Ward, T. & Hudson, S. M. (1998). A model of the relapse process in sexual offenders. *Journal of Interpersonal Violence*, 13, 700–725.
- Ward, T. & Hudson, S. M. (2000). A self-regulation model of the relapse prevention process. In D. R. Laws, S. M. Hudson & T. Ward (Eds.), *Remaking Relapse Prevention With Sex Offenders: A Source Book* (pp. 79–101). Thousand Oaks, CA: Sage.
- Ward, T. & Marshall, W. L. (2004). Good lives, etiology and the rehabilitation of sex offenders: A bridging theory. *Journal of Sexual Aggression*, 10, 153–169.
- Ward, T. & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology, Research & Practice*, 34, 353–360.
- Ward, T., Bickley, J., Webster, S. D., Fisher, D., Beech, A. & Eldridge, H. (2004). *The Self-Regulation Model of the Offence and Relapse Process. A Manual*: vol. I: *Assessment*. Victoria, BC: Pacific Psychological Assessment Corporation.
- Webster, S. D. (2005). Pathways to sexual offence recidivism following treatment. *Journal of Interpersonal Violence*, 20, 1175–1196.

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