The Self-Regulation Model: Relationship between the Four Pathways and Static Risk
Elizabeth Stotler-Turner, M.S., Michelle Guyton, Ph.D, Katherine Gotch, M.A., & Megan Carter, Psy.D

Abstract
Relapse prevention has been considered an important component in sex offender treatment, yet there has been criticism for its narrow approach to treating this population. Relapse prevention places high importance on understanding the negative affect that accompanies violating a sexual offender’s goal, yet recently has received criticism for its narrow approach to treating this population. Relapse prevention research has indicated that there is more than one affective pathway to offending (Ward, Hudson, & Keenan, 1998; Ward & Hudson, 2000). In the Self-Regulation Model, four pathways have been determined (Ward, Buckley, Webster, Fisher, Beech, & Eldridge, 2004). Two pathways involve an avoidance goal, while the remaining two pathways involve an approach goal.

Approach pathway wish to refrain from offending, and actively use methods that they believe will keep them from offending. Offenders in this pathway often employ pervasive plans and situations that will aid in the offense. Offenders in this pathway sometimes employ pervasive plans and situations that will aid in the offense. Offenders in this pathway prefer to refrain from offending, and actively use methods that they believe will keep them from offending. Offenders in this pathway prefer to refrain from offending, and actively use methods that they believe will keep them from offending.

Avoidant pathway is characterized by the desire to avoid deviant sexual contact, yet they have a solid plan of action to do so and thus involves underregulation. These offenders passively allow the offense to occur, yet do not wish to offend until immediately before the offense, when they switch to an approach goal. The avoidant-passive pathway is the path that most closely resembles the relapse prevention process towards offending.

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Avoidant-passive pathway: This pathway is characterized by the desire to avoid deviant sexual contact, yet they have a solid plan of action to do so and thus involves underregulation. These offenders passively allow the offense to occur, yet do not wish to offend until immediately before the offense, when they switch to an approach goal. The avoidant-passive pathway is the path that most closely resembles the relapse prevention process towards offending.

Avoidant-active pathway: Offenders in this pathway have harmful goals to offend, yet only do so when a situation arises. Thus, they have the intent to offend but the behavior is impulsive in nature.

Approach-passive pathway: These offenders have goals to offend, and spend time and effort developing plans and situations that will aid in the offense. Offenders in this pathway often employ pervasive and intense grooming of potential victims. The latter two pathways as identified by Ward and colleagues demonstrate the complex processes in individuals who do not experience typical relapse prevention indicated goals and regulation patterns.

This preliminary study has multiple aims. First, the prevalence of each of the pathways in a community sample of sexual offenders is assessed. Second, actuarial risk level will be evaluated among the different pathways, with self-regulation model theory suggesting which pathways involve higher risk.

Hypotheses
1. Approach-goal offenders will show higher levels of actuarial risk than avoidant-goal offenders, as measured by Static-99 scores.
2. Approach-active offenders will score higher on the Static-99 than will approach-passive offenders. This is hypothesized due to the automatic, impulsive quality associated with approach-active offenders, and thus the likelihood of poorly planned sexual and other criminal offenses.

Sample and Procedure
Participants (N=99) were adult male sexual offenders on community supervision in a Northwestern county. Each participant had been convicted of at least one sexual offense as an adult (age 18 or older). Age of participants ranged from 22 to 63 years (M = 42), and participants were primarily Caucasian (53%) and African American (36%). Victim type was determined by victim at last conviction, and child-victim offenders appeared to be overrepresented in the sample (63%). Although the sample originally included 92 participants, 2 participants were excluded due to lack of conviction for a sexual crime, and one participant was excluded for lack of Static-99 score. Other exclusionary criteria included diagnosis of Mental Retardation or other developmental disability, being under age 18 when the index offense was committed, or having a major mental illness. No other exclusionary criteria were employed.

Self-regulation model pathways determination: Three investigators independently reviewed each evaluation and assigned a pathway to the 89 offenders based upon evaluation information. The investigators then met to compare categories and, if there was disagreement on the assigned pathway for any individual subject, a majority of 2 out of 3 decided the assigned pathway.

Static-99: The Static-99 is a risk assessment measure used to identify risk of sexual recidivism in sexual offenders (Harries et al., 2003). This measure consists of 10 items that are scored 0, 1, 2, or 3, thereby allowing a 0 point minimum and a 12 point maximum score. Each item on the Static-99 is meant to be holistic and is derived from established risk factors for sexual recidivism. Scores are given after a required thorough file review and after an optional but recommended clinical interview.

Table 1
<table>
<thead>
<tr>
<th>Pathway</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Approach-passive</td>
<td>2.00</td>
<td>1.69</td>
</tr>
<tr>
<td>Approach-active</td>
<td>2.27</td>
<td>2.08</td>
</tr>
<tr>
<td>Avoidant-passive</td>
<td>3.71</td>
<td>2.24</td>
</tr>
<tr>
<td>Avoidant-active</td>
<td>5.03</td>
<td>2.65</td>
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</table>

An independent-samples t test was conducted to evaluate the hypothesis that participants from the approach pathways have higher Static-99 scores (and thus level of risk) than participants in the avoidant pathway.

The test was significant, t(21.91) = 3.52, p = .002

Offenders in the approach pathways on average (M = 4.25, SD = 2.49) had higher Static-99 scores than offenders in the avoidant pathway (M = 2.31, SD = 1.70).

Unfortunately, no significant differences were found between the pathway groups.

Limitations
The sample was a convenience sample of offenders who were referred for an evaluation due to one or more of the following reasons: suspected psychopathy, questionable treatment amenability, identified as high risk for recidivism and/or appropriateness for sex specific supervision. As such, these offenders may not be representative of all adult male sex offenders on community supervision.

The current sample included an overrepresentation of child-victim offenders.

Although the investigators of the current research study attended training regarding the Self-Regulation Model, further training on the model would likely have improved investigator accuracy in categorizing individual pathways.

Implications for Research and Practice
The findings emphasize the differences between pathways and suggests that each pathway requires unique therapeutic interventions to target differing goals of offending and corresponding risk levels.

Psychosexual assessment can use pathway and risk level information to more holistically understand offenders’ needs and strengths, and recommend useful treatment and management strategies.

These findings can aid supervision of offenders. Understanding the offenders’ goal, risk level, and differences between pathway and risk level will help the supervising officer to better understand where resources need to be allocated.

Officers assigned to supervise sexual offenders can know more about targets and situations that will aid in the offense. Offenders in this pathway often employ pervasive and intense grooming of potential victims. The latter two pathways as identified by Ward and colleagues demonstrate the complex processes in individuals who do not experience typical relapse prevention indicated goals and regulation patterns.

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<thead>
<tr>
<th>Pathway Interaction</th>
<th>Absolute Mean Difference</th>
<th>Significance</th>
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</thead>
<tbody>
<tr>
<td>Approach-passive</td>
<td>1.22</td>
<td>.01</td>
</tr>
<tr>
<td>Approach-active</td>
<td>1.66</td>
<td>.00*</td>
</tr>
<tr>
<td>Avoidant-passive</td>
<td>3.05</td>
<td>.00*</td>
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<tr>
<td>Avoidant-active</td>
<td>0.64</td>
<td>.78</td>
</tr>
<tr>
<td>Approach-passive</td>
<td>1.83</td>
<td>.18</td>
</tr>
<tr>
<td>Approach-active</td>
<td>1.39</td>
<td>.01*</td>
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</tbody>
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*Note: An asterisk indicates that the difference in means is significant at the .05 level.

Author Contact Information
Elizabeth Stotler-Turner
mst9221@pacificu.edu
Michelle Guyton
guyton@pacificu.edu
Katherine Gotch
kate.g.gotch@co.multnomah.or.us
Megan Carter
carter8922@gmail.com

*Please contact the authors for a list of references