

Offender Rehabilitation

The Rehabilitation of Offenders : Risk Management and Seeking Good Lives

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Abstract

The rehabilitation of offenders is a complex process and involves re-entry, and ultimately reintegration, into local social networks and the broader community. The Good Lives Model (GLM) is a strength-based theory of offender rehabilitation that addresses individuals' risk of reoffending while at the same time aiming to help them achieve more fulfilling, and personally meaningful, lives. In this paper I briefly overview the desistance literature, describe the traditional risk management approach, and provide a detailed description of the GLM and its practice implications.

Keywords : Offender rehabilitation; risk management, good lives model

Introduction

The rehabilitation of offenders is a complex and difficult process and involves re-entry, and ultimately reintegration, into individuals' local social networks and the broader community. It is certainly true that offenders need to work hard in therapy to change their thoughts, feelings, and behavior in prosocial ways and to accept responsibility for the harm they have committed against their fellow citizens. However, it is also true that the community has a responsibility to support this personal work by providing the social resources and opportunities to assist in the process of reintegration. Once individuals completed their sentences and paid their debts to the community they are entitled to have a chance at redemption and reconciliation (Ward & Salmon, 2009). The possibility of redemption is owed offenders in part because of the presumption of human beings' equal value; when we act wrongfully we are legitimately called to account but once punishment has been administered our moral status ought to be restored. Furthermore,

the rehabilitation of offenders is intrinsically a value laden as well as a capacity building enterprise. What constitutes good rehabilitation outcomes, the shape and content of individual reintegration and better lives plans, and the degree of restriction that can be legitimately imposed on offenders on parole, all involve judgments concerning what is just, right, good, safe, harmful, and wrong. Therefore, from a practice perspective, both science and ethics are equally important when working therapeutically with prisoners (Laws & Ward, 2011).

Practitioners need rehabilitation theories to help them deal with the various challenges and problems that inevitably occur when working with offenders in prisons or in the community (Ward & Maruna, 2007). It is helpful to think of such theories as conceptual maps that outline the “big picture” of what it is practitioners are trying to achieve in their work. That is, frameworks that offer guidance on important issues such as the overall aims of intervention, what constitutes risk, what the general causes of crime are, how best to manage and work with individuals, and how to balance offender needs with the interests of the community.

The most popular rehabilitation theory over the last thirty years or so is the Risk-Need-Responsivity Model, an approach that essentially concentrates practitioners’ efforts on targeting and managing dynamic risk factors (Andrews & Bonta, 2010). However, in recent years, strengths-based or “restorative” approaches to working with offenders have been formulated as an alternative to the RNR (Ward & Maruna, 2007). While risk management frameworks such as the RNR practice focus is on the detection and modification of dynamic risk factors (i.e., criminogenic needs), strengths-based perspectives aim to create competencies and capitalize on individuals’ interests and strengths in conjunction with reducing reoffending risk.

The Good Lives Model (GLM) is a strength-based theory of offender rehabilitation that addresses individuals’ risk of reoffending while at the same time aiming to help them achieve more fulfilling, and personally meaningful, lives. In this paper I briefly overview the criminological desistance literature (psychosocial factors that are associated with desistance from further offending), describe the traditional risk management approach, and provide a detailed description of the GLM and discuss its practice implications. The GLM incorporates the advantages of the risk management approach at the same time as addressing its limitations. It can be argued that it provides criminal justice practitioners with a more comprehensive framework to guide their work with clients.

However, before beginning my analysis I would like to take this opportunity to

congratulate the Japanese Association of Offender Rehabilitation for launching their official journal, *The Japanese Journal of Offender Rehabilitation*. I am extremely delighted, and honored, to be invited to write a paper for the inaugural issue of this new and exciting initiative. I am confident that in the years to come the journal will prove to be an important outlet for empirical, theoretical, and practice oriented papers and will become well known internationally as a forum for innovative and sound research.

Desistance from Crime

There is an important body of criminological research dedicated to exploring the psychological, social, and environmental variables that enhance people's abilities to successfully desist from committing further offences (see Laws & Ward, 2011). A particularly significant finding of this literature is that offenders respond well to practitioners who show an interest in them and believe in their capacity to turn their lives around (McNeill, Batchelor, Burnett, & Knox, 2005). Treating offenders with respect and decency rather than as sources of contamination to be quarantined is likely to result in greater engagement in programs and in the demanding task of turning their lives around.

In contrast to the forensic and correctional psychology literature's focus on individual factors implicated in offending and reoffending, the desistance literature seeks to identify the lifestyle change processes associated with cessation of crime (e.g., Laws & Ward, 2011; Serin & Lloyd, 2009). To suggest that a reduction in dynamic risk factors solely explains desistance does not appear to square with facts about human nature. Rather than being passively controlled by external circumstances, humans actively seek outcomes that are personally meaningful and valued (Ward & Maruna, 2007). The desistance literature partials out the unique contributions of individual agency and social scaffolding in its investigation of the reintegration journey. Furthermore, it is able to explain how psychological factors interact with social opportunities such as the offer of employment or the establishment of a personal relationship. It is simply not enough for offenders to acquire new skills – and to learn how to manage their dynamic risk factors – unless there are also opportunities to use them in the quest for living meaningful and socially acceptable lives. Therefore, desistance ideas offer a viewpoint not evident in forensic and correctional psychology and research (Laws & Ward, 2011; McNeill, 2006).

The available research evidence indicates that there are a number of social and psychological factors that facilitate the desistance process (Laws & Ward, 2011). These factors have been collectively labeled “turning points” (Laub & Sampson, 2003; Sampson

& Laub, 1993), “hooks for change” (Giordano, Schroeder, & Cernkovich, 2007), a “change in narrative identity” (McNeill, et al., 2005), or “making good” (Maruna, 2001). Laub and Sampson (2001; Sampson & Laub, 1993) conducted an extended and comprehensive follow-up of men from Sheldon and Eleanor Glueck’s landmark research on variables associated with desistance from offending (Glueck & Glueck, 1950, 1968). They sought to identify variables that differentiated serious and persistent delinquent boys from a matched group of non-delinquent boys. Laub and Sampson discovered that conventional adult social bonds such as marriage and employment explained variations in crime among their sample, while variables like childhood adversity were not predictive of subsequent reoffending. Specifically, they found that strong social bonds, for example strong marital attachment and job stability, could facilitate lifestyles change necessary for criminal desistance. Laub and Sampson’s findings have been replicated throughout the desistance literature (e.g., Maruna, 2001; see below) and similar findings have been recorded in the forensic and correctional psychology literature (e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Laub and Sampson also confirmed the longstanding finding in criminology that frequency of offending decreases with age (e.g., see Gottfredson & Hirschi, 1990). Furthermore, they acknowledged the role of human agency (i.e., self-directed action following from self-reflection and evaluation) in crime desistance, noting that men who desisted played an active role by making explicit choices to disengage from crime. Maruna (2001) corroborated Laub and Sampson’s findings concerning the importance of social bonds, but also found that human agency or cognitive transformation (i.e., creation of a new, more adaptive self- narrative) was a crucial element in desistance.

To summarize the rich literature on desistance, it seems that both external factors (e.g., social support, access to employment opportunities) and internal factors (e.g., making a conscious decision to want a different life) are necessary to create the lifestyle changes associated with desistance. In my view, desistance ought to be *the central* aim of offender rehabilitation initiatives. In the rest of this paper the risk management approach and its difficulty in accounting for desistance research will be contrasted with a recent strength-based rehabilitation model, the Good Lives Model of Offender Rehabilitation.

The Risk Management Approach to Offender Rehabilitation

The current influence and dominance of the risk management approach to offender rehabilitation arguably began with the ground breaking research and ideas of Andrews and Bonta, and the publication of their book (through numerous editions), *The Psychology*

of *Criminal Conduct* (PCC; Andrews & Bonta, 2010). The PCC set out to explain the occurrence and maintenance of criminal behavior through empirically derived predictors of recidivism, using what Andrews and Bonta termed a *general personality and social psychology perspective*. The PCC provides three empirically based principles aimed at reducing offenders' risk of recidivism: *risk*, *need*, and *responsivity* (Andrews & Bonta, 2010). Arguably, because of its emphasis on the psychology of criminal conduct, it is assumed that offenders are primarily the locus or containers of risk for recidivism, and thus the sole goal of offender rehabilitation programs ought to be to reduce this recidivism risk through adherence to the RNR principles. The risk principle states that the dosage or intensity of interventions should match an offender's risk level. Therefore, low risk offenders should receive less intense or no intervention, whereas high risk offenders should be subjected to very intensive treatment. The needs principle stipulates that interventions should target criminogenic needs, also known as *dynamic risk factors*. Those factors are causally related to offending and are changeable. Dynamic risk factors include antisocial attitudes and antisocial associates (Andrews & Bonta, 2010), and in the case of sexual offending, deviant sexual interests and self-regulation difficulties (e.g., Hanson & Morton-Bourgon, 2005). The aim of treatment is to reduce dynamic risk factors and, according to the need principle, directing intervention efforts at non-criminogenic needs will prove ineffective. For example, non-criminogenic needs such as low self-esteem and a history of victimization should not be targeted in treatment, given they have not been linked with recidivism (Andrews & Bonta, 2010; Hanson & Morton-Bourgon, 2005). Finally, the responsivity principle informs the actual delivery of interventions in order to maximize their efficacy. The responsivity principle involves matching the style and mode of intervention to the offender's learning style and abilities (Andrews et al., 1990). General responsivity advocates the use of structured cognitive behavior therapy (CBT) interventions in offender programs because evidence indicates they are the best empirically supported treatment currently available for sex offenders (e.g., Hanson et al., 2002). Enhancing specific responsivity requires considering such variables as individuals' cognitive ability, learning style, personality profile, culture, when delivering interventions. The RNR has been, deservedly, hugely influential in offender rehabilitation initiatives internationally, forming the basis of correctional treatment since its inception in the 1980's and early 1990s.

Although meta-analyses have found support for the efficacy of RNR-based treatment programs in reducing recidivism amongst general and sexual offenders (e.g., Andrews &

Dowden, 2005; Andrews et al., 1990; Hanson, Bourgon, Helmus, & Hodgson, 2009; Hanson, et al., 2002; Lösel & Schmucker, 2005), some researchers argue that the available evidence is insufficient to conclude current treatment programs are in fact efficacious (e.g., Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005; Rice & Harris, 2003). The difficulty is that while there have good grounds for concluding that RNR consistent interventions are effective, we do not know *why* they reduce reoffending rates. Furthermore, outcome research reveals that a significant number of treated offenders commit further offences despite having participated in well designed and delivered RNR consistent programs (e.g., Hanson, et al., 2002). I will look more closely at the limitations of the RNR below but to foreshadow my conclusions, I argue that substantial scope remains for improving offender rehabilitation and reintegration initiatives. In my view, the Good Lives Model (GLM) offers additional value for further enhancing the effectiveness of offender rehabilitation by addressing limitations of the risk management approach, while incorporating its strengths.

Limitations of the Risk Management Model

I would like to make it clear that I consider the RNR and the research supporting the utility of the principles extremely important and certainly do not want to argue against (a) treatment that ignores risk, and (b) interventions that do not take responsivity and need issues into account. Quite the reverse. My major concern is that as a rehabilitation theory, the RNR principles are insufficient to guide interventions efforts, and in addition, its underlying theoretical base is inconsistent and too narrow in scope (see Laws & Ward, 2011; Ward & Maruna, 2007).

Perhaps the most obvious problem with the application of the RNR model revolves around its difficulty in motivating and engaging offenders in the rehabilitation process (e.g., Mann, 2000; Ward & Maruna, 2007). For example, attrition from sex offender treatment programs is particularly high with reported rates as high as 30-50% (e.g., Ware & Bright, 2008), which have been attributed to poor treatment engagement (e.g., Beyko & Wong, 2005). Relatedly, evidence shows that men who drop out of sex offender treatment are more likely to reoffend compared to treatment completers (e.g., Hanson, et al., 2002; Marques, et al., 2005) as well as untreated comparison groups (Hanson, et al., 2002). Without addressing the problem of treatment attrition, current treatment programs fail to deliver to groups of sex offenders most requiring treatment (Beyko & Wong, 2005), and therefore fail to adhere to the RNR risk principle. Thus, although empirically derived, in reality the risk principle is difficult to adhere to.

An obvious question is why does a risk oriented approach have problems in engaging clients in treatment programs? It is clear that the risk management oriented programs differ substantially from therapeutic models used with other client populations (e.g., in the treatment of mental health problems) in the nature of treatment goals (i.e., community protection rather than client welfare), the typically low level of collaboration between client and therapist (i.e., working on mutually arrived at goals), and limited attention to problems that are not causally related to the problem behavior (i.e., in the case of offending – non-criminogenic needs such as self-esteem or personal distress).

I do not have the space to go into these problems in depth or to consider additional weaknesses in the RNR model (for this see Laws & Ward, 2011; Ward & Maruna, 2007) and will restrict myself to making a few brief critical comments. Addressing the first issue, the design and implementation of risk management interventions rely predominately on the formulation of avoidant goals. These treatments typically encourage offenders, and staff, to adopt high levels of vigilance to threats of relapse and to concentrate therapeutic efforts on the reduction of dynamic risk factors (Mann, 2000). By way of contrast approach goals refer to outcomes that individuals desire to achieve, such as obtaining a particular job, or establishing an intimate relationship; in essence they provide an individual with a sense of direction toward his or her goal(s). In fact, research indicates that individuals seeking to achieve specific positive outcomes (i.e., approach goals) tend to persevere longer than those guided by avoidance goals. Such individuals appear to be primarily preoccupied with threats to their goals, and well-being (e.g., Higgins, 1996). Reframing the overarching goal of treatment (i.e., reducing risk of reoffending) as an approach goal might be “to become someone who lives a satisfying life that is always respectful of others” (Mann, 2000, p. 194). This approach goal remains consistent with avoiding relapse, but is arguably a more effective way of achieving this outcome. The ultimate, abstract, goal of avoidance of reoffending can be broken down into personally meaningful sub-goals that provide offenders with concrete guidance in putting into action a constructive plan for living, for example, acquiring relevant employment skills. Thus, by using approach goals treatment can help offenders live a better, more satisfying life, not just a less harmful one, in ways that are personally meaningful and socially acceptable – and risk reducing (Mann, 2000; Ward & Maruna, 2007). In fact, it is likely that the combination of approach and avoidance goals is required for successful desistance. A balance between something that is hoped for – a better life – and what is feared for – i.e. recidivism – ought to be (on theoretical and empirical grounds) more effective in reaching the ultimate goal of staying out of prison.

The resulting motivation can be viewed as additive as it incorporates avoidance and approach goals (Paternoster & Bushway, 2009). Indeed, the research of Mann, Webster, Schofield, and Marshall (2004) revealed that an approach-goal focused intervention with sex offenders increased treatment engagement compared to a traditional avoidant-goal focused intervention.

A second point is that there is a danger that treatment goals in the risk management approach will be perceived as being imposed upon offenders rather than arrived at through mutual, and equal, discussion (Mann, 2000). The problem with this kind of perceived imposition is that it will compromise the quality of the treatment alliance, a crucial ingredient of effective interventions. Marshall and his colleagues (e.g., Marshall et al., 2003; Serran, Fernandez, Marshall, & Mann, 2003) discovered that confrontational therapeutic styles had a negative impact on offender attitude and behavior changes. By way of contrast, therapist displays of empathy, warmth, encouragement, and some degree of directiveness had a positive effect on treatment outcome. This suggests that careful attention to the therapeutic relationship might increase treatment engagement. The somewhat didactic, strictly formalized nature of the risk management approach, however, allows limited scope for enhancing the therapeutic relationship.

Theorists and researchers have pointed out that argued that a sole focus on criminogenic needs when working with offenders may, counterproductively, obstruct or weaken treatment engagement. It seems self-evident that on some occasions attention to non-criminogenic needs may be necessary to establish a working relationship with an offender, and by doing so, encourage him or her to actively participate in treatment programs. In other words, attending to noncrimingenic needs such as personal distress or low self-esteem may be necessary steps in creating an environment where an offender is able to commit himself to the difficult process of change. This is likely to result in a strong bond and make a offender feel heard and understood (Ward & Maruna, 2007). For example, attempting to tackle criminogenic needs in the context of personal distress or financial crisis (both non-criminogenic needs) will likely prove fruitless if the more acute issues are not sufficiently addressed (Ward & Maruna, 2007).

Another general limitation of the risk management approach is its minimal consideration of re-entry and reintegration issues (beside identifying and then actively avoiding high risk situations). The desistance literature emphasizes the decisive role of environmental systems such as close, supportive relationships and employment in the cessation of offending (e.g., Laub & Sampson, 2003). In light of this research, building and

strengthening environmental opportunities, resources, and supports should be seen as central to offender rehabilitation and reintegration endeavors, as it is to psychological treatment. Moreover, in the case of treated offenders, environmental factors can facilitate or impede the continuation of treatment-related change to dynamic risk factors. If an offender, for instance, is embedded in a criminal subculture, which endorses offense-supportive beliefs, it is unlikely that the effects of cognitive restructuring will last long.

The challenges that the risk management approach face in to engaging offender clients in the rehabilitation process is arguably derived from its theoretical underpinnings, or mainly a lack thereof (for a detailed discussion see Ward & Maruna 2007), which seems to play down the nature of human beings as valuing, goal directed beings. It is hard to know exactly why this is the case but my view is that it is partly a result of the way it has been operationalized in correctional settings and partly due to its underlying theory. It just seems that a framework founded primarily on community protection aims is too limited to appeal to offenders. A related, ethical point is that while the RNR rightly points to offenders' obligations to the community it overlooks their entitlements to have their core interests attended to, and their right to a fresh start acknowledged, once they have been punished. In other words, a risk management approach seems to be too mechanistic and reductionist – there is an implicit assumption that through fixing malfunctions offenders can (hopefully) restored to their optimal functioning state. Humans, on the other hand, are arguably not simply clusters of mechanisms, but also persons with an array of values. Therefore, it is not simply enough to correct personal deficits, or reduce criminogenic needs, and expect individuals who have committed crimes to be rehabilitated. It is important to acknowledge that these crimes were often committed in a misguided pursuit of subjectively valued outcomes. In other words, the theoretical grounding in managing risk, rather than improving the lives of offenders, compromises client engagement and their capacity for change (Ward & Maruna, 2007).

In summary, critics argue that the RNR approach commonly current in offender rehabilitation and reintegration endeavors constitutes a necessary, but not sufficient foundation for effective interventions (Ward & Maruna, 2007; Ward & Stewart, 2003). It is essential to subject offenders to interventions that are empirically supported. However, there is still much to be done in the arena of correctional practice and in my opinion desistance theory and research can offer those working with offenders numerous good ideas and practices. It has been convincingly argued that offender rehabilitation endeavors require a dual focus: reducing risk, but also promoting human needs and values through

approach goals, thereby engaging offenders in the treatment process (Ward & Brown, 2004). The GLM was developed as an alternative, more comprehensive approach to rehabilitation, which is able to accomplish a dual focus.

The Good Lives Model of Offender Rehabilitation

The Good Lives Model (GLM), first proposed by Ward and Stewart (2003) and further developed by Ward and his colleagues (e.g., Ward & Gannon, 2006; Ward & Marshall, 2004), is a strengths-based approach to offender rehabilitation that is responsive to offenders' particular interests, abilities, and aspirations. It also asks that practitioners explicitly construct intervention plans (good lives plans) that are likely to assist offenders to acquire the capabilities to achieve outcomes and qualities that are personally meaningful to them, and also socially acceptable.

In essence, practitioners using the GLM wrap RNR consistent, CBT interventions around individuals core personal goals. For example, an offender who wants access to a prison workshop to learn carpentry might first have to learn how to manage his aggression, moods, and be more responsive to other prisoners interests. Failure to achieve these goals could mean he poses a risk to other people if allowed access to tools. The fact that the achievement of his vocational goals are naturally aligned with reducing a number of dynamic risk factors should create high levels of motivation and a sense of purpose and meaning.

According to the GLM, criminal behavior results when individuals lack the internal and external resources necessary to realize their values using pro-social means. In other words, criminal behavior represents a maladaptive attempt to instantiate life values within an individuals environment (Ward & Stewart, 2003). Rehabilitation endeavors should, therefore, aim to equip offenders with the knowledge, skills, opportunities, and resources necessary to satisfy their life values in ways that do not harm others. Inherent in its focus on an offender's life values, the GLM places a strong weight on offender agency. That is, offenders, like all human beings, actively seek to satisfy their life values through whatever means are available to them. The GLM's dual attention to an offender's internal values and life priorities and external factors such as resources and opportunities, give it practical utility in desistance-oriented interventions. In addition, the GLM as a theory has the conceptual resources to incorporate desistance ideas because it also stresses agency, interdependency, and development. In other words, there is natural resonance between desistance theory and the GLM because of their overlapping theoretical ideas and broad

way of conceptualizing the relationship between human beings and their social world.

The GLM, like all rehabilitation theories, contains three hierarchical or nested sets of assumptions: general assumptions concerning the aims of rehabilitation, etiological assumptions that account for the onset and maintenance of offending, and practical implications arising from the first and second sets of assumptions. Each set of assumptions will be detailed, followed by a summary of empirical research investigating the utility of the GLM.

General Assumptions of the GLM

The ethical core of the GLM is grounded in the concept of human dignity (see Ward & Syversen, 2009) and universal human rights. In essence, the concept of dignity designates the moral *worth* or value of all human beings (Sulmasy, 2007). Because of their inherent dignity human beings are assumed to possess equal moral status and therefore are expected to receive equal consideration in matters that directly affect their core interests. Theorists argue that human rights protect what are considered to be essential attributes of human beings: needs, capacities, and interests that if guaranteed respect their dignity as persons and if violated result in diminished lives (Ward & Birgden, 2007).

According to the GLM offenders, like all humans, actively seek to secure specific states of mind, personal characteristics, and experiences. The set of these outcomes are termed *primary human goods*. Following an extensive review of psychological, social, biological, and anthropological research, Ward and colleagues (e.g., Ward & Brown, 2004; Ward & Marshall, 2004) first proposed ten classes of primary goods. In more recent work (e.g., Ward & Gannon, 2006; Ward, et al., 2007) they separated the goods of friendship and community to produce eleven classes of primary goods: (1) life (including healthy living and functioning), (2) knowledge, (3) excellence in play, (4) excellence in work (including mastery experiences), (5) excellence in agency (i.e., autonomy and self-directedness), (6) inner peace (i.e., freedom from emotional turmoil and stress), (7) friendship (including intimate, romantic, and family relationships), (8) community, (9) spirituality (in the broad sense of finding meaning and purpose in life), (10) happiness, and (11) creativity (Ward & Gannon, 2006, p. 79). Whilst it is assumed that all human beings seek out all the primary goods to some degree, the weightings or priorities given to specific primary goods reflect an offender's unique values and life priorities, or practical identities. According to Korsgaard (1996), conceptions of practical identity provide "a description under which you value yourself and find your life worth living and your actions to be worth undertaking" (p.101). Thus individuals' sense

of identity emerges from their basic value commitments, the goods they pursue in search of better lives. People have a number of practical identities, which all exert normative pressure on their decision making and subsequent actions. Moreover, the existence of a number of practical identities, based on, for example, family roles (e.g., parent), work (e.g., nurse), and leisure (e.g., rugby player) mean that an individual might draw on different value sources in different contexts, depending on the normative values behind each practical identity.

Instrumental goods, or secondary goods, provide concrete or specific means of seeking primary goods and take the form of approach goals (Ward, Vess, Collie, & Gannon, 2006). For example, completing an apprenticeship or university degree might satisfy the primary goods of knowledge and excellence in work, whereas joining an adult sports team or cultural club might satisfy the primary good of friendship. If offenders engage in certain personally valued activities, it is likely that dynamic risk factors are reduced in an indirect manner. Thus, the GLM targets approach goals directly and avoidance goals indirectly. It is further hypothesized that every individual either *explicitly* or *implicitly* formulates a good lives plan that contains (a) all the various primary goods being sought and the secondary goods that have been chosen to provide a means of access to them, (b) outlines a series of steps or goals that spell out how the goods are to be obtained within the environment(s) a person is living in, and (c) practical identities that represent roles or themes that effectively link a person's most heavily weighted goods to their daily lives, for example, a mother, gang member, criminal, or expert planner.

Etiological Assumptions of the GLM

According to the GLM there are two primary routes that lead to the onset of offending: direct and indirect (Ward & Gannon, 2006; Ward & Maruna, 2007). The *direct* pathway is involved when an offender actively attempts (often implicitly) to attain primary goods through his or her offending behavior. For example, an individual lacking skill to relate to potential partners may try to acquire the good of relatedness (intimacy) by committing date rape or sexually abusing a child. The *indirect* pathway is implicated when individuals' attempts to attain primary human goods are consistently frustrated. This can result in a "ripple" or cascading effect that ultimately culminates in a criminal offense of some kind. For example, conflict between the goods of relatedness and excellence in work might lead to the break-up of a relationship, and subsequent feelings of loneliness and distress. Maladaptive coping strategies such as the use of alcohol to alleviate distress

might, in specific circumstances, cause a loss of control and sexual offending (Ward, et al., 2007).

The theoretical and empirical literature suggests that four types of strategic difficulties are evident in offenders' attempts to secure primary goods (Laws & Ward, 2011). First, and most common in the direct route to offending, is the use of *inappropriate strategies* (secondary goods) to achieve primary goods. For example, a preferential child sexual offender might not be able to achieve one of the cluster of goods associated with relatedness (e.g., intimacy) with an adult partner and instead look to have his sexual and intimacy needs met by having sex with a child. Second, an individual's good lives plan might suffer from a *lack of scope*, meaning that a number of goods are neglected in his life plan. For example, an offender might fail to achieve the good of excellence in work and may feel incompetent because he has failed to live up to the performance standards expected of him. These feelings of dissatisfaction could gradually accumulate to the point a person experiences deep self-loathing or anger towards someone he believes is responsible for this failure; and in turn, these feelings may result in a criminal action (e.g., rape, assault, fraud etc.). Third, *conflict* in the pursuit of goods might result in acute psychological stress and unhappiness. Human beings find goal conflict extremely unpleasant and are motivated to resolve it as best they can, sometimes in dysfunctional ways. Fourth, an individual might lack the *internal and external capabilities* to satisfy primary human goods in the environment he is in. Internal capabilities include emotional competences, cognitive skills and knowledge, and behavioral skills, while external capabilities include the availability of facilitative physical environments, opportunities, resources, and social supports (some of which are desistance factors; Ward & Maruna, 2007).

Empirically identified criminogenic needs are conceptualized in the GLM as internal or external obstacles that interfere with the acquisition of primary goods, and may take the form of skill deficits, offence supportive attitudes and beliefs, or social environments that directly or indirectly facilitate offending. Indeed, as outlined by Ward and Maruna (2007), each of the primary goods can be linked with one or more criminogenic needs. Taking the primary good of agency as an example, impulsivity might obstruct this good's fulfillment. Similarly poor emotional regulation might block attainment of inner peace, and cognitive distortions represents flaws in the primary human good of knowledge.

Practical Implications of the GLM

The aim of correctional intervention according to the GLM is to equip offenders

with the capabilities to attain primary goods via appropriate means (i.e., secondary goods), and by doing so, experience enhanced psychological well-being and functioning (Ward & Brown, 2004). In applying the GLM to practice domains, assessment begins with mapping out an offender's possible good lives plan by identifying the priorities given to the various primary goods. This is achieved through (a) asking increasingly detailed questions about his core commitments in life and valued day - to - day activities and experiences, and (b) identifying the goals and underlying values that are evident in an offender's offense related actions. Once an offender's good life conceptualization is understood, future oriented secondary goods aimed at satisfying an offender's primary goods in socially acceptable ways are formulated collaboratively with him, and fashioned into a good lives treatment plan. Treatment does not have a one-size-fits-all approach, but is individually tailored to assist an offender implement his good lives intervention plan, and simultaneously, address criminogenic needs that might be blocking goods fulfillment. Accordingly, intervention might include building internal capacities, and maximizing external resources (e.g., social supports) to satisfy primary human goods in personally meaningful, and socially acceptable, ways.

To illustrate how this might work in a group therapy context, Ward et al. (2007) outlined a group-based application of the GLM based on seven modules typical of current best-practice sex offender treatment programs: establishing therapy norms, understanding offending and cognitive restructuring, dealing with deviant arousal, victim impact and empathy training, affect regulation, social skills training, and relapse prevention. Ward and his colleagues argued that most modules are associated with a particular primary good and that dynamic risk factors can be considered maladaptive means of securing primary goods. For example, a prominent primary good in the understanding offending and cognitive restructuring module is that of knowledge, attained through providing offenders with an understanding of how their thoughts, feelings, and actions led them to offend. The social skills training module is associated with the primary goods of friendship, community, and agency. Ward et al. suggested that offenders' individual good lives plans should inform the nature of interventions provided in this module. Some offenders, for example, may value other primary goods such as excellence in play and work over the good of friendship, thus basic social skills training will likely suffice for them. Other offenders however, may value intimate relationships more highly, thus intensive therapeutic work on intimacy and relationships would be required. These examples illustrate how the use of the GLM in a group practice context naturally leads to some degree of treatment tailoring for individual

offenders rather than supporting a one size fits all philosophy.

In a recent paper Willis, Yates, Gannon, and Ward (in press) give specific recommendations concerning how best to integrate the GLM successfully into cognitive-behavioral and risk-management treatments. The basic assumptions of moral equality (dignity) and that human beings are active agents implies that intervention planning should always be a mutual process. We owe it to our clients to always take the time to find out what matters most to them and to work collaboratively to devise a treatment plan that is responsive to their core interests and needs while also seeking to reduce their risk of further offending. In addition, clients should be informed about their risk assessment results and the implications of this information should be carefully explained to them. In treatment, appropriate secondary goods should be acknowledged, reinforced and incorporated together with future-oriented approach goals. For instance, an offender may be particularly ambitious and hard-working and thereby be very successful in his or her profession, while being unable to meet the good of relatedness with appropriate secondary goods. Thus a prominent feature of an intervention plan could be to help them acquire the psychological capabilities and opportunities necessary to reconnect with his family, make more friends, and to find an intimate partner.

As stated above, the GLM has a dual focus: increasing offender well-being through constructing a well designed good lives treatment plan, and by doing so in the correct way, also reducing recidivism risk. Therefore, in therapeutic contexts it is not appropriate for offenders to introduce themselves by way of describing their offenses, sentencing information, and criminal history. The offender is acknowledged as a person by the therapist and other group members, rather than being viewed solely through the lens of his criminal offense. In other words, offenders are treated as “people like us” (Laws & Ward, 2011). Hostility, negative labeling of the client and the aggressive use of confrontation are inconsistent with the GLM approach. In addition, the therapist should not be seen as a teacher or as inherently superior to the clients. Another crucial aspect is the GLM’s emphasis on the client’s physical and social environments. Human beings are interdependent and rely on each other in order to lead successful and fulfilling lives. Effectively, this means that both well-being enhancing and risk reducing strategies should consider the role that social networks and the broader community play in reintegration and never assume that its simply a question of individual offenders learning a set of skills to manage their risk. These tasks will inevitably involve the coordinated work of a multidisciplinary team comprised of workers such as psychologists, nurses, teachers,

vocational tutors, social workers, healthcare workers, and therapists.

Empirical Research Supporting the Utility of the GLM

The most commonly cited criticism of the GLM is its lack of empirical support (Andrews & Bonta, 2010; Ogloff & Davis, 2004). However, it is important to remember that the GLM is not a *treatment* theory but is rather a *rehabilitation* framework that is intended to supply practitioners with an overview of the aims and values underpinning practice. It is intended to function as a conceptual *map* to guide all aspects of correctional intervention at a fairly general level. When applied in practice contexts it needs to be supplemented by specific theories and principles concerning concrete interventions, for example, the treatment of behavioral impulsivity by cognitive skills training (Ward & Maruna, 2007). Thus, the criticism that the GLM has not been empirically supported essentially misses the point. Rather, the GLM is intended to provide a more comprehensive framework for offender practice than currently exists, and should be evaluated in terms of how good a rehabilitation framework it is. As stated in my earlier work, I consider it to have a number of advantages over the RNR as a *rehabilitation theory* (Ward & Maruna, 2007).

However, programs can be – and are – constructed that reflect GLM assumptions and these can (and should) be evaluated. In this case they are best construed as GLM consistent programs and should not be regarded as the GLM itself (Laws & Ward, 2011; Ward & Maruna, 2007). To reiterate, the GLM provides an overarching rehabilitation framework, but does not prescribe specific intervention content (Willis, et al., in press). Importantly, treatments that are developed within the framework of the GLM should adhere to its basic and etiological assumptions. If there is a lack of consistency with the GLM, the treatment or intervention may not work or might, in the worst case, not be beneficial. Due to its individual, flexible, and holistic focus, the GLM does not provide clinicians with rigidly structured treatment manuals. However, structure is needed to assure that central treatment targets are addressed and risk of reoffending will be reduced.

Keeping these general points in mind, recent programs have incorporated principles of the GLM with relapse prevention (risk management) based treatment, with encouraging results. For example, Ware and Bright (2008) recently reported preliminary results following the incorporation of GLM principles into their sex offender treatment program. Since the implementation of these changes, the treatment attrition rate has reduced, and

staff have reported feeling more effective and positive in their work, likely benefiting their therapeutic relationship with clients. In another study, Lindsay, Ward, Morgan, and Wilson (2007) demonstrated the incorporation of GLM and relapse prevention principles with sex offenders, using two case examples. They reported the dual focus on improving quality of life and managing risk enhanced treatment engagement and provided offenders with a pro-social and personally meaningful life focus. Both offenders remained offense-free 5 years following their referrals for treatment. Consistent with reports of the GLM's effectiveness with sex offenders, the GLM has also been successfully applied with a high-risk violent offender (Whitehead, Ward, & Collie, 2007). Whitehead et al. reported that the implementation of GLM principles facilitated treatment readiness, and promoted long-term reintegration goals.

Other studies have empirically examined the underlying assumptions of the GLM. Willis and Grace (2008) retrospectively coded child molesters' release planning and found that the presence of secondary goods (i.e., socially acceptable approach goals relating to one or more primary goods) was a protective factor against any type of recidivism (i.e., sexual, violent, or general recidivism), again implicating the importance of goods fulfillment in the desistance process. Barnett and Wood (2008) investigated how imprisoned sex offenders had operationalized the primary goods of agency, relatedness, and inner peace at the time of their offending. A lack of scope in good lives conceptualizations (e.g., through neglecting inner peace), and problems and/or conflict in the means used to pursue each good were evident. This supports the notion that difficulties fulfilling primary goods are implicated in offending. More recently, the GLM was applied to a sample of released child molesters, and showed that the majority of primary goods were endorsed with high importance, supporting the premise that the GLM primary goods represent a set of universally sought after human values (Willis & Ward, 2010). In addition, it was found that positive re-entry experiences at one and three months post-release (in terms of accommodation, social support, and employment) were associated with increased primary goods attainment six months post release, suggesting that positive re-entry experiences provided external capabilities for the implementation of good lives plans, and eventual realization of life values.

In sum, the GLM has demonstrated preliminary effectiveness in addressing key limitations of the risk management approach to offender. Moreover, a growing body of research supports the GLM's underlying assumptions. Together, these studies support the notion that the incorporation of the GLM principles in interventions for offenders

enhances engagement and contributes towards the establishment of positive therapeutic relationships, as well as promoting long term desistance from offending. However, clearly the development and evaluation of GLM-derived and consistent intervention programmes needs to occur over the next few years (Bonta & Andrews, 2010; Ward & Maruna, 2007).

Conclusion

The GLM is a new, strength based theory of offender rehabilitation that seeks to preserve the strengths of the RNR model while providing a more comprehensive guide for practitioners and researchers. It is firmly rooted in human rights principles and is clear that once offenders have paid their debt to society they are entitled to the opportunity to live more personally satisfying and socially productive lives. The chance to live better lives depends on the availability of programs that equip individuals with the internal and external capabilities to grasp desistance moments or turning points when they occur. With its twin focus on offender well-being and community protection, the GLM is well positioned to guide desistance oriented interventions. The possibility of having better lives rather than simply the possibility of less harmful ones is both more appealing to offenders and more likely to result in a safer and fairer society.

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