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Abstract

Monitoring and managing risk factors associated with reoffending represents the dominant approach to current offender reentry and reintegration initiatives. In this chapter we draw on the desistance literature to argue that the risk management approach constitutes a necessary but not sufficient framework for assisting offenders refrain from offending and adopt prosocial lives in the community. The Good Lives Model, we argue, has the conceptual resources necessary to address limitations of the risk management approach. In putting forward our argument, first we provide an overview of the risk management approach, second we highlight its limitations, and third we describe the Good Lives Model as an alternative theoretical framework to guide criminal justice practitioners in promoting desistance and the acquisition of good lives.

Résumé

Surveiller et gérer les facteurs de risque associés à la récidive constitue actuellement l’approche dominante en matière de retour à la vie libre des délinquants et des initiatives resocialisatrices. Dans ce chapitre, nous nous appuierons sur la littérature relative à la désistance afin de démontrer que l’approche de type “management du risque” n’offre pas un cadre suffisant pour aider les délinquants à s’abstenir de commettre des infractions et à embrasser, une fois libres, des vies conformes aux modèles sociaux. Nous défendons l’idée que le « Modèle Bonne Vie » comporte les ressources conceptuelles propres à compenser les limites de l’approche “management du risque”. A l’appui de notre démonstration, nous présenterons en premier lieu une vue générale de l’approche “management du risque”, puis, en second lieu, nous soulignerons ses limites. Enfin, en troisième lieu, nous décrirons le “Modèle Bonne Vie” en
tant que cadre théorique alternatif permettant d’aider les praticiens oeuvrant dans le cadre de la justice pénale à promouvoir la désistance et l’adoption de schémas de “bonne vie”.

The rehabilitation of offenders is a multifaceted process and involves re-entry, and ultimately reintegration, into social networks and the broader society. While offenders need to work hard at modifying their offence related personal characteristics, the community also has an obligation to buttress this personal work with social supports and resources. Once individuals have made amends through undergoing punishment they are entitled to have a chance at redemption and reconciliation (Ward & Salmon, 2009). The presumption of human beings equal value is a cornerstone of a decent and just society, and applies to offenders as much as to the rest of us. Furthermore, the rehabilitation of offenders is a normative and capacity building process and therefore, from a practice perspective, both science and ethical judgment are equally important. In our view, the only legitimate place to start a journey that involves the infliction of significant harm upon others is one where all human beings are regarded as equal in dignity and moral standing (Laws & Ward, 2010).

Practitioners need rehabilitation theories, essentially conceptual maps, to help them traverse the various challenges and problems that emerge when working with sex offenders (Ward & Maruna, 2007). Ideally, these maps will provide guidance on pressing matters 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. In recent years, strengths-based or “restorative” approaches to working with offenders have been formulated as an alternative to the very popular Risk-Need-Responsivity model (RNR; Andrews & Bonta, 2006) of offender rehabilitation (see Ward & Maruna, 2007). In a nutshell, risk management approaches primary practice focus is on the detection and modification of dynamic risk factors (i.e., criminogenic needs) while strengths-based perspectives seek to create competencies in offenders and reduce risk more indirectly.

Offenders are people like us and if we start relating to them in ways that reflect this attitude, correctional outcomes may well improve and reoffending rates drop. The desistance research is clear 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). And what is more, treating offenders with respect and decency rather than as sources of contamination to be quarantined (not cured), is likely to make us better people and lessen the risk that we might acquire some of the vices we despise in those who commit crimes.

The purpose of this chapter is to (i) briefly overview the desistance literature (ii) describe the risk management approach, (iii) highlight its limitations, including its weak fit with desistance theory and research, and (iv) provide a detailed description of a recent strength oriented theory of offender rehabilitation, the Good Lives Model (GLM). We argue that the GLM preserves
the merits of the risk management approach whilst addressing its limitations. In our view, it provides social workers and other professionals with a richer framework to guide their work with clients in the criminal justice system. Throughout this chapter we will draw on the sexual offending literature, as although equally applicable to general offending, the GLM was initially developed in the sexual offending literature.

Desistance from Crime

In contrast to the forensic psychology literature’s focus on factors implicated in offending and reoffending, the desistance literature seeks to understand the lifestyle change process associated with disengagement from crime (e.g., Laws & Ward, 2010; Serin & Lloyd, 2009). To suggest that a reduction in dynamic risk factors solely explains desistance, in our view, is unconvincing. Such an explanation is arguably somewhat simplistic and ignores the normative dimension of human action, the fact that human beings actively seek outcomes that are personally meaningful and valued (Ward & Maruna, 2007). The desistance literature unravels how offenders effect change to dynamic risk factors, therefore provides a richness not captured by the forensic psychology literature (Laws & Ward, 2010; McNeill, 2006). Available evidence indicates that there are a number of social and psychological factors that facilitate the desistance process (Laws & Ward, 2010). These events are variously referred to, for example, as “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).

Perhaps the most influential contributions to the desistance literature in recent years are those of Laub and Sampson (Laub & Sampson, 2001; Sampson & Laub, 1993) and Maruna (2001). Laub and Sampson conducted an extended and comprehensive follow up of men from Sheldon and Eleanor Glueck’s landmark research (Glueck & Glueck, 1950, 1968) on factors that differentiated serious and persistent delinquent boys from a matched group of non-delinquent boys. Laub and Sampson found that conventional adult social bonds such as marriage and employment explained variations in crime that could not be predicted by other variables such as childhood adversity. Specifically, they found that strong social bonds, for example strong marital attachment and job stability, could facilitate the lifestyle change required for criminal desistance. Their findings have been echoed throughout the desistance literature (e.g., Graffam, Shinkfield, Lavelle, & McPherson, 2004; Maruna, 2001; Petersilia, 2003; Uggen, 2000), and parallel findings have been reported in the forensic psychology literature (e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Laub and Sampson also replicated the longstanding finding in criminology that frequency of offending decreases with age (e.g., see Gottfredson & Hirschi, 1990), and acknowledged the role of human agency, noting that men who desisted played an active role in the desistance process through making choices to disengage from crime. Maruna
(2001) replicated Laub and Sampson’s findings regarding the importance of social bonds but also found that human agency or cognitive transformation (i.e., creation of a new, more adaptive narrative identity) was the key to desistance. In sum, 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 required to facilitate the lifestyle change process associated with desistance.

The Risk Management Approach to Offender Rehabilitation

The risk management approach to offender rehabilitation emerged from Andrews and Bonta’s seminal book, The Psychology of Criminal Conduct (PCC; 2006). The PCC sought to explain criminal behaviour 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, 2006; Andrews, Bonta, & Hoge, 1990), which are commonly referred to in the forensic psychology literature as the RNR model of offender rehabilitation, a term synonymous with the risk management approach. Hence, an underlying assumption of the risk management approach is that offenders are bearers of risk for recidivism, and the primary aim of offender rehabilitation is 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, such that intensive interventions are directed at high risk offenders and less intense (or no) interventions are aimed at lower risk offenders. The needs principle informs intervention targets, specifically that interventions should target criminogenic needs, also known as dynamic risk factors, which are those factors causally related to offending that, for a given individual, are changeable. Dynamic risk factors include antisocial attitudes and antisocial associates (Andrews & Bonta, 2006), 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 needs principle, directing intervention efforts at non-criminogenic needs such as low self-esteem and a history of victimisation will prove ineffective, given they have not been linked with recidivism (Andrews & Bonta, 2006; Hanson & Morton-Bourgon, 2005). Finally, the responsivity principle informs the actual delivery of interventions in order to maximise their efficacy. General responsivity advocates structured cognitive behaviour therapy (CBT) interventions, given their general acceptance as the best treatment currently available for sex offenders (e.g., Hanson, et al., 2002). Relapse Prevention (RP; e.g., Laws, 1989) constitutes the predominant format for delivering CBT with sex offenders (McGrath, Cumming, & Burchard, 2003), and was adapted for use with sex offenders from the addictions treatment literature. Enhancing specific responsivity requires considering cognitive ability, learning style, personality profile, culture, and other characteristics of individual offenders, and delivering
treatment accordingly. The RNR has been hugely influential in offender rehabilitation initiatives internationally, forming the basis of correctional treatment since its inception in the early 1990s.

Although meta-analyses have found support for the efficacy of RNR-based treatment programmes in reducing recidivism amongst general and sexual offenders (e.g., Andrews & Dowden, 2005; Andrews, Zinger, 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 programmes are in fact efficacious (e.g., Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005; Rice & Harris, 2003). Putting the question of treatment effectiveness to one side, that anywhere between 12 percent (e.g., Hanson, et al., 2002) and greater than 50 percent (e.g., Prentky, Lee, Knight, & Cerce, 1997) of treated child molesters go on to reoffend, (and as many as 46 percent of treated general offenders - Wilson, Bouffard, & Mackenzie, 2005), underscores that considerable scope remains for improving sex offender rehabilitation and reintegration initiatives. We argue that the Good Lives Model (GLM) offers exciting promise for enhancing the effectiveness of current efforts through addressing limitations of the risk management approach, which are expanded on in the following section.

Limitations of the Risk Management Approach

The most heavily cited criticism of the RNR model revolves around its failure to motivate and engage offenders in the rehabilitation process (e.g., R. E. Mann, 2000; Ward & Maruna, 2007). Jones, Pelissier, and Klein-Saffran (2006) found that a judge’s recommendation for treatment significantly predicted whether sex offenders volunteered for treatment, suggesting that external motivators such as parole eligibility influence decisions to enter treatment. Moreover, attrition from sex offender treatment programmes is particularly high with reported rates as high as 30-50% (e.g., Browne, Foreman, & Middleton, 1998; Moore, Bergman, & Knox, 1999; Ware & Bright, 2008), which have been attributed to poor treatment engagement (e.g., Beyko & Wong, 2005). Consistent evidence shows that men who drop out of 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 programmes 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.

What’s behind the failure of the risk management approach to engage clients in rehabilitation? At the outset, the risk management approach differs substantially from therapeutic models used with other client populations (e.g., in the treatment of mental health problems) in the orientation of treatment goals, limited collaboration between client and therapist, and limited attention
to problems not causally related to the problem behaviour (i.e., in the case of offending – non-criminogenic needs such as self-esteem or personal distress). Addressing the first issue, risk management interventions rely heavily on avoidant goals through encouraging hypervigilance to threats of relapse and the reduction of dynamic risk factors (R. E. Mann, 2000). By contrast, approach goals provide an individual with direction toward their goal. It has been suggested that individuals driven by approach goals focus on positive outcomes and thus persevere longer than people driven by avoidance goals, who tend to focus on threats (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” (R. E. Mann, 2000, p. 194). Such a goal remains consistent with avoiding relapse given it is incongruent with offending, and can be separated into personally meaningful sub-goals that provide corrections clients with direction in life, for example, increasing confidence in socialising with adult women. Thus, by using approach goals treatment can help offenders live a better life, not just a less harmful one, in ways that are personally meaningful and socially acceptable—and risk reducing (R. E. Mann, 2000; Ward & Maruna, 2007). Indeed, Mann, Webster, Schofield, and Marshall (2004) showed that an approach-goal focused intervention with sex offenders was associated with increased treatment engagement compared to a traditional avoidant-goal focussed intervention.

Secondly, treatment goals in the risk management approach are enforced upon offenders rather than mutually agreed upon in therapy (Mann, 2000), thereby compromising the therapeutic relationship. Marshall and his colleagues (e.g., Marshall, et al., 2003; Serran, Fernandez, Marshall, & Mann, 2003) demonstrated that confrontational therapeutic styles had a negative impact on attitude and behaviour changes, whereas displays of empathy, warmth, encouragement, and some degree of directiveness facilitated treatment change - suggesting that careful attention to the therapeutic relationship might increase treatment engagement. The didactic nature of the risk management approach, however, allows limited scope for enhancing the therapeutic relationship. Third, some researchers have convincingly argued that a sole focus on criminogenic needs obstructs treatment engagement, and that attention to non-criminogenic needs such as those relating to enhanced wellbeing and quality of life might enhance treatment engagement (Ward & Maruna, 2007). More specifically, targeting non-criminogenic needs might be a necessary predecessor for targeting criminogenic needs through enhancing the therapeutic alliance (Ward & Stewart, 2003). For example, attempting to address 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 paid to the re-entry and reintegration social environment (outside of identifying and then actively avoiding high risk situations). The desistance literature emphasises the crucial role of environmental systems
such as close, supportive relationships and employment in ceasing offending. Thus building and strengthening environmental opportunities, resources, and supports should be central to offender rehabilitation and reintegration endeavours. Moreover, in the case of treated offenders, environmental factors have the potential to facilitate or impede the maintenance of treatment-related change to dynamic risk factors. In a recent paper Ward and Nee (2009) argued that effective treatment generalisation requires an environment that supports and reinforces newly-learned concepts, such as the restructuring of offence-supportive beliefs. Associating with people endorsing such beliefs, for example, will likely not be conducive to maintaining treatment-induced restructured beliefs.

We argue that the failure of the risk management approach to engage criminal justice clients in the rehabilitation process is derived from its theoretical underpinnings (or lack there of – for a detailed discussion see Ward & Maruna 2007), which ignore the nature of human beings as value laden, goal directed beings. The risk management approach, we argue, is overly mechanistic and reductionist – that is, there is an implicit assumption that through fixing a malfunction offenders are (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. We argue that it is not simply enough to rectify personal deficits, or reduce criminogenic needs, and expect individuals who have committed crimes in the pursuit of perceived valued outcomes to be rehabilitated. 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 endeavours constitutes a necessary but not sufficient foundation for effective interventions (Ellerby, Bedard, & Chartrand, 2000; Maruna, 2001; Ward & Maruna, 2007; Ward & Stewart, 2003). We are committed to the idea of subjecting offenders to interventions that are empirically supported, however it is our contention that there is still much to be done in the arena of correctional practice and that desistance theory and research can offer those working with offenders a plethora of good ideas and practices. It has been convincingly argued that offender rehabilitation endeavours 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 approach to rehabilitation which accommodates this dual focus. In other words the very nature of the GLM addresses limitations of the risk management approach, including motivating offenders to engage in treatment and desist from further offending and consideration for offenders’ environmental contexts (Ward, Mann, & Gannon, 2007; Ward & Maruna, 2007; Ward & Stewart, 2003). Although developed independently, as will be shown the GLM is a natural ally of desistance theory because of the overlapping nature of both perspectives’ theoretical assumptions and their common stress on the importance of both offender agency and social resources.
The Good Lives Model

The Good Lives Model (GLM), first proposed by Ward and Stewart (2003) and further developed by Ward and colleagues (e.g., Ward & Gannon, 2006; Ward & Marshall, 2004), is a strengths-based approach to offender rehabilitation. It is a strength-based rehabilitation theory because it is responsive to offenders’ particular interests, abilities, and aspirations. It also directs practitioners to explicitly construct intervention plans that help offenders to acquire the capabilities to achieve the things that are personally meaningful to them. It assumes that all individuals have similar aspirations and needs and that one of the primary responsibilities of parents, teachers, and the broader community is to help each of us acquire the tools required to make our own way in the world. Criminal behaviour results when individuals lack the internal and external resources necessary to satisfy their values using pro-social means. In other words, criminal behaviour represents a maladaptive attempt to meet life values (Ward & Stewart, 2003). Rehabilitation endeavours should therefore equip offenders with the knowledge, skills, opportunities, and resources necessary to satisfy their life values in ways that don’t harm others. Inherent in its focus on an offender’s life values, the GLM places a strong emphasis on offender agency. That is, offenders, like the rest of us, actively seek to satisfy their life values through whatever means 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. We argue that the GLM has the conceptual resources to incorporate desistance ideas by virtue of its stress on 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 is a theory of offender rehabilitation that contains three hierarchical 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 GLM is grounded in the ethical concept of human dignity (see Ward & Syversen, 2009) and universal human rights, and as such it has a strong emphasis on human agency. That is, the GLM is concerned with individuals’ ability to formulate and select goals, construct plans, and to act freely in the implementation of these plans. A closely related assumption is the basic premise that offenders, like all humans, value certain states of mind, personal characteristics, and experiences, which are defined in the GLM as primary 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 nine 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 humans seek out all the primary goods to some degree, the weightings or priorities given to specific primary goods reflect an offender’s values and life priorities. Moreover, the existence of a number of practical identities, based on, for example, family roles (e.g., parent), work (e.g., psychologist), and leisure (e.g., rugby player) mean that an individual might draw on different value sources in different contexts, depending on the normative values underpinning each practical identity.

Instrumental goods, or secondary goods, provide concrete means of securing primary goods and take the form of approach goals (Ward, Vess, Collie, & Gannon, 2006). For example, completing an apprenticeship 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. Such activities are incompatible with dynamic risk factors, meaning that avoidance goals are indirectly targeted through the GLM’s focus on approach goals.

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 implicated when an offender actively attempts (often implicitly) to satisfy primary goods through his or her offending behaviour. For example, an individual lacking the competencies to satisfy the good of intimacy with an adult might instead attempt to meet this good through sexual offending against a child. The indirect pathway is implicated when through the pursuit of one or more goods, something goes array which creates a ripple or cascading effect leading to the commission of a criminal offence. For example, conflict between the goods of intimacy and autonomy 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, lead to a loss of control and culminate in sexual offending (Ward, et al., 2007).

Four types of difficulties in offenders’ attempts to secure primary goods have been proposed. First, and most common in the direct route to offending, is the use of inappropriate strategies (secondary goods) to achieve primary goods. Second, an individual’s implicit good lives plan might suffer from a lack of scope, in that a number of goods are omitted from his or her life plan. Third,
conflict in the pursuit of goods might result in acute psychological stress and unhappiness. Fourth, an individual might lack internal and external capabilities to satisfy primary goods in the environment he or she lives. Internal capabilities include relevant knowledge and skill sets, while external capabilities include environmental opportunities, resources, and supports (some of which are desistance factors - Laws & Ward, 2010).

Empirically identified criminogenic needs are conceptualised in the GLM as internal or external obstacles that interfere with the acquisition of primary goods. 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 good fulfilment. Similarly poor emotional regulation might block attainment of inner peace.

Practical Implications of the GLM

To reiterate, the aim of correctional intervention according to the GLM is the promotion of primary goods, or human needs that, once met, enhance psychological well being (Ward & Brown, 2004). In applying the GLM, assessment begins with mapping out an offender’s good lives conceptualisation by identifying the weightings given to the various primary goods. This is achieved through (i) asking increasingly detailed questions about an offender’s core commitments in life and his or her valued day to day activities and experiences, and (ii) identifying the goals and underlying values that were evident in an offender’s offence related actions. Once an offender’s conceptualisation of what constitutes a good life is understood, future oriented secondary goods aimed at satisfying an offender’s primary goods in socially acceptable ways are formulated collaboratively with the offender and translated into a good lives treatment plan. Treatment is individually tailored to assist an offender implement his or her good lives intervention plan and simultaneously address criminogenic needs that might be blocking goods fulfilment. Accordingly intervention might include building internal capacity and skills and maximising external resources and social supports to satisfy primary human goods in socially acceptable ways.

Ward et al. (2007) outlined a group-based application of the GLM based on seven modules typical of current best-practice sex offender treatment programmes: 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. They highlighted that most modules were associated with an overarching primary good, consistent with the notion that dynamic risk factors can be considered maladaptive means of securing primary goods. For example, an overarching 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 overarching goods of friendship, community, and agency. 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. Other offenders however, may highly value intimate relationships, thus intensive therapeutic work on intimacy and relationships might be required.

**Empirical Research Supporting the Utility of the GLM**

The most commonly cited criticism of the GLM is its lack of empirical support (Bonta & Andrews, 2003; Ogloff & Davis, 2004). However, 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 functions as a broad *map* which needs to be supplemented by specific mini theories concerning concrete interventions such as cognitive behavioural treatment techniques (Ward & Maruna, 2007). Thus the criticism that the GLM (itself!) has not been empirically supported entirely misses the point. Rather, it is intended to provide a more comprehensive framework for offender practice than currently exists. However, programmes can be- and are- constructed that reflect GLM assumptions and these can (and should) be evaluated. But in this case they are best construed as GLM consistent programmes and are not the GLM itself (Laws & Ward, 2010; Ward & Maruna, 2007).

Keeping this general point in mind, recent programmes have incorporated principles of the GLM with RP-based treatment, with positive results. For example, Ware and Bright (2008) recently reported preliminary results following the incorporation of GLM principles into their sex offender treatment programme, concurrently with the introduction of open treatment groups, meaning offenders work through treatment modules at their own pace (in contrast to closed treatment groups whereby group members start and finish together). 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 RP principles with sex offenders using two case examples. They reported the dual focus on improving quality of life as well as managing risk enhanced treatment engagement and provided offenders with a pro-social and personally meaningful life focus. Both offenders remained offence-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. Bouman, Schene, and de Ruiter (2009) investigated the short and long-
term effects of subjective well-being in 135 forensic psychiatric outpatients through self-reported offending over a three month period and official recidivism data over three years, respectively. Controlling for risk level, in the short term, satisfaction with health and life fulfilment (in terms of fulfilling life-goals) were associated with decreased self-reported offending. In the long term, although none of the well-being indicators were significant after controlling for risk level, satisfaction with health and general life satisfaction were associated with reduced recovictions for violence in patients assessed as high risk. Bouman et al's findings support the notion that fulfilment of primary goods – in this case those related to life, agency, and spirituality – are associated with reduced recidivism, or more importantly in our view, desistance. In another study 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 fulfilment in the desistance process.

Barnett and Wood (2008) investigated how imprisoned sex offenders had operationalised the primary goods of agency, relatedness, and inner peace at the time of their offending. A lack of scope in good lives conceptualisations (e.g., through neglecting inner peace), and problems and/or conflict in the means used to pursue each good were evident, supporting the notion that difficulties fulfilling primary goods are implicated in offending. More recently, we applied the GLM 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, we 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 realisation of life values.

In sum, the GLM has demonstrated preliminary effectiveness in addressing key limitations of the risk management approach to offender rehabilitation, more specifically through enhancing treatment engagement, fostering desistance, and paying increased attention to environmental contexts. Moreover, a growing body of research supports the GLM's underlying assumptions.

Conclusion

Individuals with a history of criminal offending are more than bearers of risk, and as such, rehabilitation and reintegration endeavours require more than managing risk. The risk management approach has been hugely influential and we do not wish to reject the primary RNR principles. Rather, we would like to integrate the principles of risk, need and responsivity within a broader,
strengths-based rehabilitation theory, the GLM. Through acknowledging that offenders are people like us, the GLM engages offenders in the process of desistance, thereby bettering their lives and the lives of people they come into contact with. A problem with risk management practice models is that they tend to be overly focused on individual offenders and lack sufficient theoretical and ethical resources to enlarge their vision to the broader social and cultural vista. In other words, if we want to help individuals to cease offending and stay on the straight road it is necessary to have a just, caring, and mutually accountable society.
References


