

The Good Lives Model

The Self-Management Program

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Overview: Part 1

1. The Risk Needs Responsivity Model
2. The Good Lives Model
3. Treatment needs assessment
4. Treatment approaches

Overview: Part 2

1. Treatment programs

1. Overview
2. The Self-Management Program

2. Case analysis

Part 1

Risk Needs Responsivity Model

Risk-Needs-Responsivity Model

(Bonta & Andrews, 2016)

- * *Risk-Needs-Responsivity Model (RNR)*, a model for the effective treatment of criminal behaviour
- * 15 Principles which maximise the effectiveness of our work.

The 3 Principles of Offender Management and Treatment

1. The **Risk** Principle
2. The **Needs** Principle
3. The **Responsivity** Principle
 - * general
 - * specific

(Bonta & Andrews, 2016)

The Risk Principle

- * Match the risk level with the intensity of the intervention.
 - * The higher the risk the more intense the intervention.
- * There is some evidence that high intensity interventions with lower risk offenders may lead to an increase in reoffending.

(see Bonta & Andrews, 2016)

The Needs Principle

- * Focus primarily on criminogenic needs
- * Criminogenic needs are changeable risk factors. When reduced they lead to a lowering of reoffending.
- * Not all needs are criminogenic

The Responsivity Principle

- * Offenders respond best to behavioural, social learning, cognitive behavioural and skills building approaches.
- * Adapt the style and type of intervention to the setting and relevant characteristics of the offenders.

(Andrews, 1995)

The Responsivity Principle

general

- * Cognitive behavioural approaches
- * Role plays
- * Social learning
- * Structured treatment programs
- * Increase self-esteem

The Responsivity Principle

specific

The intervention should fit to the individual characteristics of the client.

- * Intelligence
- * Cultural aspects
- * Special abilities
- * Gender characteristics
- * Sexual vs. violent offenders
- * **Increase or maintain motivation**

The Responsivity Principle

specific

- * An effective treatment program which was developed for motivated clients is useless for minimally motivated and hostile clients.
- * For this reason the **Good Lives** Model plays an important role with regard to **the responsivity principle**.

Adhering to the 3 Core Principles

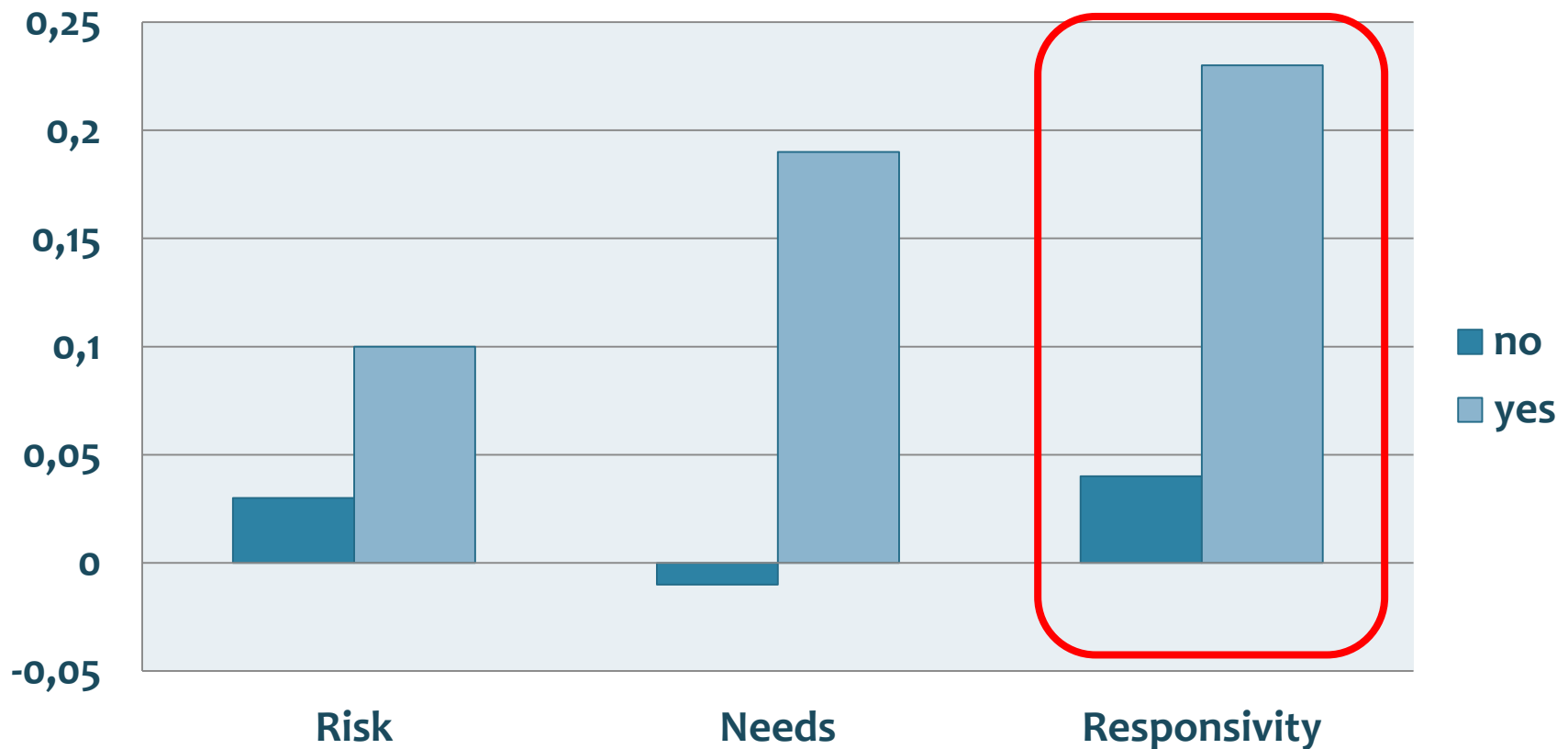
Risk-Needs-Responsivity

- * What happens when we don't adhere to the 3 core principles?

Adhering to the 3 Core Principles

Risk-Needs-Responsivity

Effect size (r) Principle adherence



The Good Lives Model

The Good Lives Model (GLM)

- * Developed by Ward (2002) for offender treatment
- * Positive psychology approach based on:
 - * the RNR Model
 - * CBT
 - * Self-Management

- * cooperative and motivational approach
- * Focuses on the advantages for the clients
- * **Two goals:**
 1. Reoffence reduction
 2. Achieving a fulfilled life and psychological well-being

The Good Lives Model (GLM)

- * Why could it be that the GLM works well with offenders?

Positive Psychology

The basis of GLM

- ➡ **The GLM** is a positive psychology approach
- ➡ **Positive Psychology** focuses on the development of human wellbeing and strengths
- ➡ **The GLM** considers the whole person and their needs

(Aspinwall & Staudinger, 2003)

Positive Psychology

The basis of GLM

- ➡ Positive psychology is not only satisfied with treating suffering. It also seeks to satisfy basic human needs
- ➡ The nature of human beings is to try to satisfy particular needs

(Kekes, 1989; Deci & Ryan, 2000)

Positive Psychology

The basis of GLM

The basic needs, also known as **Goods**, can be categorized into three groups:

Body sex, food, warmth

Self autonomy, competence,
relationships with others

Social social support, meaningful work

(Kekes, 1989; Deci & Ryan, 2000)

Positive Psychology

The basis of GLM

- The basic needs or *primary goods* can be broken down into *secondary (instrumental) goods*
 - z. B. **relationships to others** = leisure activities, empathy, trust, social skills
- These *secondary (instrumental) goods* allow the fulfilment of the *primary goods*

(Kekes, 1989; Deci & Ryan, 2000)

The Good Lives Model

Why should the GLM work with offenders?

- ✓ Focusing on personal life goals is clearly more motivating than an offence focused therapy
- ✓ Life goals fulfil basic human needs
- ✓ Fulfilling the responsivity principle is an important condition for an effective prison-based treatment

The Good Lives Model

Summary

- ✓ The Good Lives Model is a resource oriented approach
- ✓ Treatment in the justice system must focus on improving skills and not on the suppression of dysfunctional behaviours
- ✓ **The goal** is to provide the prisoners /clients with the necessary internal and external conditions so that they can achieve the life goals in a personally meaningful manner.

DaThe Good lives Model

The Life Goals

Life Goals – Primary Goods

- * We have renamed the **Primary Goods** into **Life Goals**.
- * Like Yates & Prescott (2011) we found that the term „Goods“ was less understandable for prisoners.

Life Goals

- Behaviour, external circumstances, characteristics, experiences and psychological states, which people appreciate and seek out because they lead to more **psychological health** and a **better life** in general.
- Currently at least **10** Life Goals have been identified.



10 Life Goals



Life Goals

Life



A healthy life and optimal physical functioning

The life goal „Life“ includes all physical needs and factors, that are important for a healthy life: Food, water, housing, a healthy body etc.

Instrumental Goals:

Sports like jogging, healthy eating, stress management, meditation, yoga etc.

Life Goals

Knowledge

How good we are informed over the things that are important to us

People want to understand themselves, other people and their environment. The life goal „Knowledge“ satisfies this need and consists of: Facts, ideas or information, that answer particular questions: What does that mean? What is worthwhile? How do things work?

Instrumental Goals:

Asking questions, joining a religious group, studying, visiting a course, reading the newspaper.



Life Goals

Excellence in Play

Success or pleasure in leisure activities

This life goal describes the need to be involved in leisure activities, which offer the chance to feel proud, successful and satisfied as well as developing skills.

These activities may be organized events and games, but not necessarily.

Instrumental Goals:

Participation at sports events, hobbies, going to the cinema, social contact with friends.



Life Goals

Excellence in Work

Fulfilling work including the experience of success

The need to have a meaningful occupation, in which people experience challenges and successful situations. Meaningful work has an intrinsic value as well as an instrumental value (achieving certain goals).

Instrumental Goals:

Meaningful job, volunteer work, training and workshops.



Life Goals

Excellence in Agency

Autonomy und Self-determination

The life goal „Agency“ concerns the persons need to set personal goals and to strive for them in their own way. It is the desire to make decisions, to live as an independent person, at least to a certain degree (with respect to cultural & social norms).

Instrumental Goals:

Asserting yourself, being in control, self-reflection, self-regulation.



Life Goals

Inner Peace



Free from emotional distress

The life goal „Inner Peace“ basically considers emotional self-regulation and the ability to achieve emotional balance.

Instrumental Goals:

Listening to music, talking with other people, stress management, meditation, psychological treatment, physical exercise (e.g. sport).

Life Goals

Relatedness

Close, caring relationships with intimate partners, family members and close friends

„Relatedness“ ist the need for warm emotional attachments to other people.

Instrumental Goals:

Romantic relationships, close family relationships or friendships.



Life Goals

Community



Connections to others in broad social groups or organisations

The life goal „Community“ concerns the need to feel connected to groups with common interests, values and topics. It is the feeling of being part of something in the community or culture that is greater than yourself.

Instrumental Goals :

Membership in clubs that serve the common good or groups with particular interests (eg. sports club, political party, environmental groups, hobby club)

Life Goals

Spirituality



The general need to find meaning in life

The life goal „Spirituality“ concerns finding meaning in life. This doesn't only mean religious beliefs, but also the sense of being part of something bigger that offers a sense of purpose and direction in life.

Instrumental Goals :

Membership in a religious community or other spiritual group, environmental group or community action movement.

Life Goals

Happiness

*The state of pleasure and happiness
in the present*

The life goal “Happiness” concerns the psychological state of being happy in the present and the general state of satisfaction with ones own life.

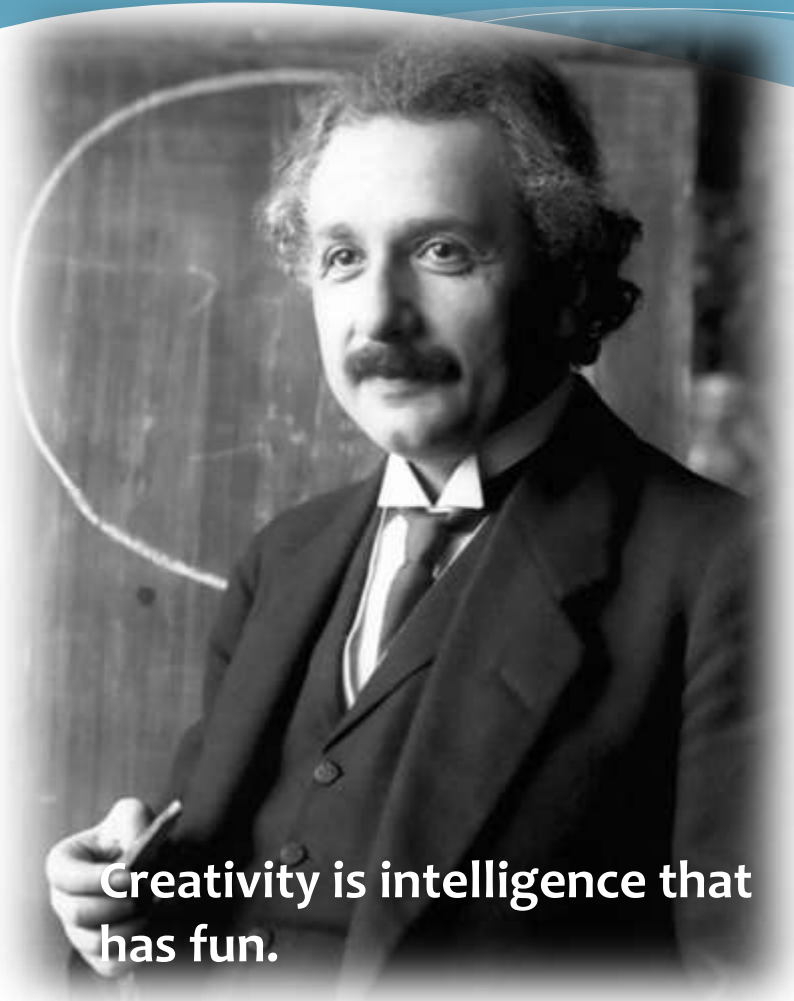
Instrumental Goals :

Sexual activity, massage, pleasure from food or sport, in which pleasure is due to the activity itself.



Life Goals

Creativity



Creativity is intelligence that has fun.

To express oneself in different areas

The need to experience innovation and new things in life. It is the experience of doing things in a different way, perhaps creating a new product or artistic expression.

Instrumental Goals :

Gardening, woodwork, art exhibitions, solving problems, painting, playing a musical instrument.

Life Goals

Only 6?

- * We have combined the 10 life goals so that the “Good Lives” Model treatment is manageable for the therapists and the clients.

6 Life Goals

1. Health

Healthy eating and physical health

2. Competence

(Being good at something)

work & play

3. Autonomy

Self-determination

4. Relatedness

Intimate relationships, family, friends,
relations & community

5. Inner Peace

Free from stress and turmoil, a sense of
purpose and meaning in life

6. Knowledge & Creativity

Satisfaction from knowing & creating things
– job or hobby related knowledge, playing
music, writing

The Good Lives Model

Life Goals, Konflikts & Offending

GLM

Cause of offending

- The GLM states that offences are committed because the achievement of goals is either prevented or inappropriate means are utilised.
- **Criminogenic Factors** are internal or external barriers, which frustrate and block the achievement of goals.
- **Situational Factors** can lead through the above mentioned mechanisms to offending behaviour.

GLM

Etiology – Paths to Offending (Purvis, 2005)

- Two paths to offending behaviour:

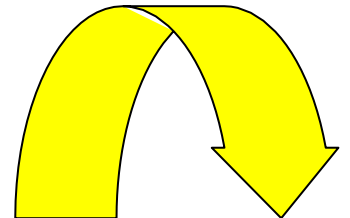
DIRECT

- The direct path is present when the offence represents a life goal (eg. Intimacy with a child)



INDIRECT

- The indirect path represents a *ripple effect* in the direction of an offence



GLM

Direct path to offending

Life Goal: Relatedness
Goal: Intimate relationship



Capacity

Internal Barriers:

- Distrust towards adults
- „Only children are non-judgemental “
- Sexual arousal to children

External Barriers :

- Conflictful relationships
- Procriminal support from other pedophilic men



Means: Sexual contact with boys

DIRECT PATH

OFFENCE
Child Sexual
Abuse

GLM

Indirect path to offending

Life Goal: Inner peace
Goal: Emotional wellbeing



Capacity

Internal barriers:

- Deficits in problem solving
- Holding grudges

External barriers:

- Stressful work
- Dissocial friends



Means:

- ignoring & avoidance
- Alcohol-, drug abuse

INDIRECT PATH

OFFENCE
Serious Assault

Ripple effect:

- increasing spitefulness / Frustration
- Relationship conflict
- Bad work performance
- Financial problems
- Heavy alcohol drinking in bars

The Good Lives Model

Treatment Needs Assessment

The Good Lives Model

Treatment Needs Assessment

RNR based Assessment

1. **Static and dynamic risk factors**
2. Specific **responsivity** factors(eg. Intellectual deficits, language abilities, acute drug abuse, psychiatric disorders, culture)

The Good Lives Model

Treatment Needs Assessment

General Principles

1. Develop a good life for and with the client
2. Ask the client what he wants from life and then work together with him to achieve this
3. Personal life goals become the focus of the assessment and treatment
4. Develop a **self-management plan not a relapse prevention plan**, it is the plan for a good life.

The Good Lives Model

Treatment Needs Assessment

Assessment of the Life Goals

- * Discover the life goals which played a role regarding offending or **other** problematic behaviours
- * Establish which goals were strived for in relation to particular offending
- * Develop an explanatory model with the client

The Good Lives Model

Treatment Needs Assessment

Assessment of the Life Goals

- * **Evaluation of each Life Goal**

- * Including the usefulness of previous and current means at achieving goals as well as difficulties in achieving goals

- * **Assessment of weaknesses in the GLM-Plan**

1. Capacity
2. Means and approaches
3. Comprehensiveness
4. Compatibility of goals

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Treatment

The Good Lives Model

Treatment Strategies

- * **The Good Lives Model** is not a treatment approach
- * **The Good Lives Model** is an overarching treatment model
- * **The Good Lives Model** indicates which attitude and what particular treatment methods come into question

The Good Lives Model

Treatment Strategies

- * **No aggressive Confrontation**
- * Move with the resistance and not against it
- * Provide praise & encouragement often
- * Create **hope & optimism**
- * Use terms like „**we**“ in therapeutic interactions
- * Deal with everyday problems energetically und establish connections with therapy topics and life goals

The Good Lives Model

Treatment Approaches

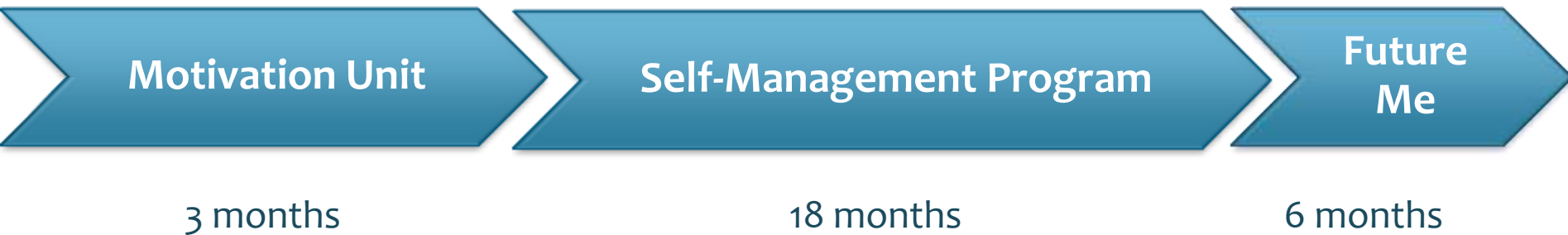
- * Acceptance and Commitment Therapy (ACT)
- * Mindfulness based techniques
- * Problem solving strategies
- * Meditation
- * Resource oriented psychotherapy
- * Zurich Resource Model

Treatment in the Social Therapy Unit

Part 2

Treatment Overview

Social Therapy Unit



The Self-Management Program

Self-Management Program – Sexual Offences

Phase 1:

Strengthening motivation and understanding the problem

- * S 01 Introduction / Self-Esteem
- * S 02 Personal Life Patterns & Life Goals
- * S 03 Background Factors

Self-Management Program – Sexual Offences

Phase 2:

Treatment of the criminogenic Factors

- * S04 Emotional Self-Regulation
- * S 05 Beliefs & Attitudes
- * S 06 Increasing Compassion
- * S 07 Relationship Skills
- * S 08 Sexual Factors

Self-Management Program – Sexual Offences

Phase 3:

Life Improvement & Self-Management

- * S 10 Review & Risk Factors
- * S 11 Life Goals & the Good Life
- * S 12 Self-Management Plan

Self-Management Program – Sexual Offences

- * S 01. **Modul: Introduction / Self-Esteem**
 - * Greeting ritual
 - * Address the clients as men and not as offenders
 - * Focus on their strengths
 - * Develop group **conditions** and **not rules**
 - * Address the topic of self-esteem directly

Self-Management Program – Sexual Offences

- * **S 02. Module: Personal Life Patterns & Life Goals**
 - * Emphasize that their Life Goals are the same or similar to those of other people.
 - * Develop clarity over past and current life goals
 - * Which barriers led to frustration?
 - * When was the client successful?
 - * **The life compass is introduced!**

Exercise: The Life Compass

- * Using the Life Compass identify your own Life Goals, working goals and rate their importance and how much you work on them.
- * Discussion

Self-Management Program – Sexual Offences

* S 03. **Module: Background Factors**

- * There is usually no need to have the client talk directly about the offence process
- * Show empathy towards the client and normalize his feelings, goals and needs, but not their offending behaviour
- * Focus on the process leading up to the offence
- * Which goals was he trying to achieve at this time?

Self-Management Program – Sexual Offences

- * **S 07. Module: Increasing Compassion**

- * Focus not only on victim empathy
- * Compassion vs. Empathy
- * Why is compassion important for my life??
- * How can I have more compassion and what stands in the way??
- * Why was I not compassionate during my offence?

Self-Management Program – Sexual Offences

- * S 12. **Module: Self-Management**

- * Utilise life goals for self-regulation (approach goals)
- * Utilise life goals to develop a new positive self-identity
- * Utilise life goals to prevent future offending by achieving my goals in a prosocial manner

Focus less on coping with risk factors and more on achieving goals!

Part 2:

Case Analysis

Mr. R

Mr R.

- * Mr. R.
 - * 55 years old
 - * Borderline Personality Disorder
 - * **Offence:** multiple child sexual offences, serious assault (wife)
 - * **Victims:** 10 year old son, several boys about 10 years old
 - * Sentence: 10 years + preventive custody
 - * **Previous offences:** multiple breaches of restraining orders

Mr. R.: Treatment Assessment

Risk - Needs - Responsivity

- * Structured Assessment
 - * Risk assessment:
 - * STATIC-99: 6 (**high risk**)
 - * Stable/ Acute 2007: **high risk**
 - * Responsivity factors:
 - * Sexual offender
 - * High distrust
 - * Borderline Personality Disorder
 - * Serious health problems

Mr. R.: Life Goals

- * **Life Goals**

1. Relatedness
2. Inner Peace
3. Autonomy

- * **Resources / Skills**

1. Good work ethic
2. high treatment motivation (early release)
3. Normal intelligence
4. Trained Landscape Gardener and Stable Hand

Mr. R.: Life Goals and Offences

- * Which Life Goals were did he try to satisfy through the offences?

- 1. Relatedness**

- * Stalking, threats, sexual offending against children

- 2. Inner peace**

- * sexual offending against children

- 3. Autonomy**

- * Stalking, physical violence

Mr. R.: Case Analysis

Personal Life Goals

- Healthy relationships
- Working with animals
- Relationship to his mother
- Living healthy

Problems with the Good Life Plan

- Lack of a range of Life Goals
- Destructive Strategies
- Lacking relationship skills

Personal Life Goals & Offending

- Aggressive & controlling behaviour lead to relationship conflicts
- Child sexual abuse fulfilled
Relatedness & Inner Peace

Dynamic Risk factors

- Inadequate self-regulation
- Relationship conflicts
- Offence supportive beliefs

Mr. R: The GLM-Plan

Deficiencies

- * **Over focussing on Relatedness**
- * **Relatedness & Inner Peace conflict with each other**
 - * His relationships with troubled women combined with his mistrust and controlling behaviours led to repeated relationship conflicts
- * **Mr. R lacked important skills for achieving the three Life Goals**
 - * Inadequate self-regulation
 - * Insufficient compassion & relationship skills
- * **Inappropriate Strategies**
 - * Aggression, sexual offending, threats, jealous controlling

Mr. R: Treatment Progress

- * **0 – 6 Months**

- * Many conflicts
 - * Rejection of the treatment and his prison sentence
 - * Denial of the sexual offending
 - * Isolation from the living group
 - * Very destructive behaviour in the living group
 - * Aggressive and demanding behaviour towards staff
 - * Individual therapy ended by the therapist (untreatable)
-
- * **The staff start to reject him as untreatable**

Mr. R: Treatment Progress

- * **6 -12 Months**

- * Despite the doubts of the staff Mr. R is integrated into an open run SMP Group (Good Lives Model) .

- * **SMP Group Sessions 1 - 3**

- * Makes clear that he is against his own will in the group.
- * He repeatedly demands that he receives individual therapy
- * He insults other group members and questions the competence of the therapists.
- * „I refuse to speak about myself in this group.“

Mr. R: Treatment Progress

- * **6 -12 Months**

- * **SMP Group Sessions 4 +**

- * He breaks group confidentiality
- * He makes an official complaint at a court hearing (§119a StVollzG) regarding inappropriate treatment methods
- * He accuses other group members of breaking confidentiality

- * **There is a great deal of tension in the treatment group!!**

Mr. R: Treatment Progress

* **6 -12 Months**

- * The group is an experienced GLM group
- * Some of the group members were also initially very treatment resistant
- * The group members react with patience and understanding, but make it clear that he must work on his own goals in the group
- * His persistent denial of his offending is acknowledged, but is not discussed

Mr. R: Treatment Progress

* 12 -24 Months

- * The group therapists ask him what he wants from life, as this is actually the focus of the group – achieving his goals and establishing why he has until now not achieved them
- * Each of his attempts to discuss the offences is re-directed towards his personal goals. This is what the group wants to know about.

Mr. R: Treatment Progress

* 12 -24 Months

- * Mr. R. receives the task of presenting his life story, including his life goals in the group.
- * Mr. R. slowly begins to participate and presents a comprehensive life story.
- * The life goals **Relatedness** und **Inner Peace** become apparent. He talks a great deal about these goals.

Mr. R: Treatment Progress

* 12 -24 Months

- ☺ Mr. R. admits to his offending while presenting his life story, even though this was not the focus of the task.
- ☺ He begins to accept criticism
- ☺ He admits to dishonest and violent behaviour towards his ex-partners (girlfriends)

Mr. R: Treatment Progress

* 12 -24 Months

- ☺ Mr. R. is now well able to discuss strong criticism and his aggressive and dishonest behaviour.
- ☺ He works hard in and outside of the group sessions.
- ☺ He speaks positively about the group with new group members.
- ☺ He is tolerated and partly accepted in the group.

Mr. R: Treatment Progress

- * **12 -24 Months**

- * Mr. R. completes the group with a good treatment report

- 😊 High responsibility for his offending behaviour

- 😊 High compassion with his victims

- 😊 Good progress with respect to self-regulation

- 😊 Clear life goals and a realistic self-management plan

- 😊 Positive external assessment – most likely he won't have to go into protective custody.

Mr. R: Treatment Progress

- * **Why did the treatment work so well?**
 - * Compassionate reactions to his fears and anger
 - * Clear rules regarding which behaviours were expected from him.

Mr. R: Treatment Progress

- * **Why did the treatment work so well?**
 - * His offences were explained according to his life goals and Strategies.
 - * His resistance was accepted and not directly dealt with. Instead the focus was on his life goals.
 - * The treatment focussed on life change and not only on offence specific topics.

Summary

1. The processing of the offence is not a necessary treatment goal.
2. Life goals are appropriate treatment goals in prison treatment.
3. Change motivation has to be developed internally.

Thank you for your attention and participation

**“I'd rather be an optimist and a fool than a
pessimist and right.”**

Albert Einstein