1

Flow

Historical & Treatment Context

GLM Approach & Case Examples

Treatment Process: The Role of Trauma

Fidelity Monitoring; Q & A

2

Gratitude

Tony Ward

Pamela Yates

3

Gratitude

Mary Falcon

Tyffani Dent

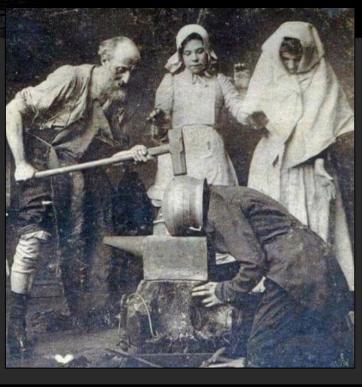
Mayumi Purvis

4

Historical Context

5

- 1895-1985



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Ultimately

- By the most rigorous/conservative standards:

1. Punishment doesn't reduce risk
   - Punishment = punishment
2. Treatment can work
3. Treatment can be better with the right community supervision

9

10

Questions

- What are the forces that turn medical care into coercive action?
  - What attitudes?
  - What beliefs?
  - Where was the Hippocratic Oath of "do no harm?
  - Under what conditions do people acquiesce to those who have more power?
- Can the right policies, models, and frameworks prevent this kind of horror?
  - Collaborative treatment?
  - Methods for including the service user's voice?

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Questions

- Under what conditions is it acceptable to "change" any part of someone's sexuality?
  - When do we know that treatment is with or against their will?
- We likely can't change what someone wants
- We can change how someone behaves around what they want
- Collaboration and the therapeutic alliance are key
  - Service user voice is critical throughout treatment

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1979: Edward S. Bordin

- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)
- Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

14

Vermont's Successful Sexual Offender Program Is Undergoing Big Changes

By CHARLOTTE ALBRIGHT • AUG 3, 2015

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Vermont's Corrections Department is moving its program for sexual offenders to the Northwest Correctional Center in St. Albans and none of the program's previous therapists are coming with it.

15

15

Scripted Manualization:
Never the complete treatment program

- The map is not the territory
- The menu is not the meal

Cognitive Behavioral Interventions for Sexual Offending

Sessions

Pretreatment
- Exploring Reasons People Resist
- Rethinking Resistance
- Weighing the Pros and Cons

Module 1
- Introducing the Curriculum
- Clarifying Values
- Setting a Goal
- Weighing the Costs and Benefits
- Social Skill – Reflective Listening
- Social Skill – Giving Feedback
- Developing Emergency Strategies
- Developing Emergency Strategies (Continued)

Module 2
- Introducing the Behavior Chain

- **Module 4 (Continued)**
  - Using Self-Control
  - Dealing with Negative/Stressful Life Events
  - Dealing with Anger
  - Dealing with Hostility
  - Dealing with Rejection and Failure
  - Dealing with Anxiety/Fear
- **Module 5**
  - Asking for Help
  - Taking the Perspective of Others
  - Dealing with Mixed Messages
  - Dealing with Criticism
  - Resolving Conflict
  - Avoiding Trouble with Others
  - Asking Permission
  - Disclosing Personal Information

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One US State's Solution

- (at least temporarily)
- Brief, highly scripted treatment in prison
- Good Lives treatment introduction near the end of incarceration
- Good Lives Model in community
  - In collaboration with probation officers

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Ideally

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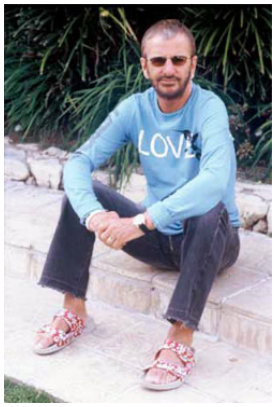

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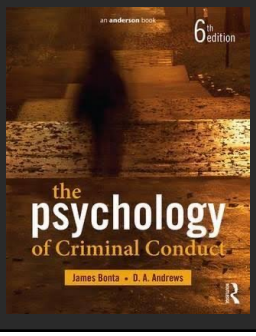
Treatment Context

20

Treatment context: What works?



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RNR: Core Aims and Assumptions

- Primary aim of correctional intervention is to reduce harm inflicted on community
- Most important treatment targets are those empirically associated with reduced recidivism rates
- Clients should be treated humanely, with research and treatment delivered in an ethically responsible manner
- Client rights trumped only by community needs

Bonta & Andrews (2017)

22

Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

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Dynamic risk factors (criminogenic needs)

- Antisocial personality pattern
- Antisocial cognitions
- Antisocial (and/or lack of prosocial) social influences
- General self-regulation difficulties
- Emotional identification with children
- Poor sexual self-regulation
- Offense related sexual interest/preference

(e.g., Andrews & Bonta, 2010, Hanson & Morton-Bourgon, 2005)

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Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

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We can't ignore what *happened* to them

Original Research Article

Exploring Risk for Sexual Recidivism and Treatment Responsivity Through the Lens of Early Trauma

Sexual Abuse
2021, Vol. 0(0) 1–23
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DOI: 10.1177/10790632211051681
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Gwenda M. Willis, PhD[1] and Jill S. Levenson, PhD[2]

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Effectiveness of sexual offending treatment

J Exp Criminol (2015) 11:597–630
DOI 10.1007/s11292-015-9241-z

"Perhaps therapy will be more effective if we keep in mind that…[our] clients are more similar to other therapy clients are different. Treatment something we do to cl rather a collaborative (Levenson & Prescott,

"Research on the effectiveness of individual level interventions for preventing sexual offending and reoffending against children remains inconclusive" (p. 5)

27

Treatment context: What works?

Clinical Psychology Review 73 (2019) 101752

Contents lists available at ScienceDirect

Clinical Psychology Review

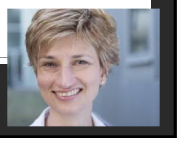
journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness

Theresa A. Gannon[a,*], Mark E. Olver[b], Jaimee S. Mallion[a], Mark James[a]

[a] Centre of Research and Education in Forensic Psychology, School of Psychology, University of Kent, UK
[b] Department of Psychology, University of Saskatchewan, Canada



Treatment associated with 32.6% reduction in sexual reoffending (9.5% treated, 14.1% untreated)

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Turf Wars

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Myths and Misunderstandings

- Academic arguments about RNR "versus" GLM
- RNR = principles; GLM = a rehabilitation model/practice framework (see Ward & Durrant, 2021)
- RNR has excellent research
  - Although in our experience, responsivity is often poorly defined
- GLM principles have an excellent underlying research base
- GLM applied properly adheres to the RNR principles
- GLM can be a way to "do" RNR; there are other ways
- In actual treatment, there is no "versus"

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One Administrative Perspective

1. Assess and classify clients according to risk
2. Assess treatment needs
3. Assess protective factors
4. Conduct comprehensive assessment to develop understanding of specific responsivity
5. Develop understanding of the narrative underlying risks, needs, and responsivity factors
6. Formulate initial hypotheses about how risk/need factors map onto the Good Lives Model goals that we will explore in depth

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Turf Wars

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What *else* works to prevent reoffending?

- Common factors of effective psychotherapy
  (e.g., Marshall, 2005; Marshall et al., 2002)
- Comprehensive re-entry planning
  (e.g., Willis & Grace, 2008, 2009)
- Cognitive transformation
  (e.g., Maruna, 2001)
- Achieving informal social control
  (e.g., Sampson & Laub, 1993)

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What works?

Who works?

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GLM Approach and Core Principles

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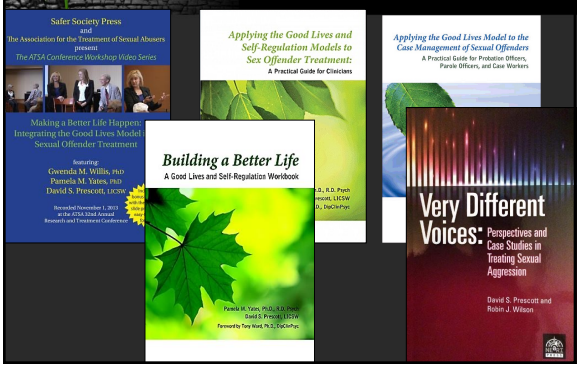
GLM Adult



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美好生命 (GLM)：人生共同需要 Primary Human Goods

(重要性及信心) Importance and Confidence

人類共同需要 Primary Human Goods	定義 Definitions	重要分 Importance (0-10)	信心分 Confidence (0-10)	備註： Remarks
人生：生活與求生 Life	能照顧個人健康與/或能維持個人生命及安全 Looking after physical health, and/or staying alive and safe.	9	4	
知識：學習與認知 Knowledge	追尋關於自己、他人、環境或特定範籌的知識 Seeking knowledge about oneself, other people, t environment, or specific subjects.	7	6	
於工作或休閒活動時有卓越表現 Mastery at work or play	在工作、進行休閒活動時追求卓越表現 Striving for excellence/mastery in work, hobbies or leisure activities.	5	5	

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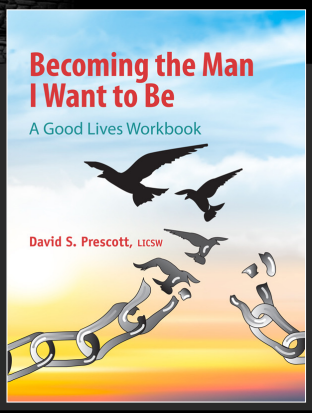
2019


Becoming the Man
I Want to Be
A Good Lives Workbook
David S. Prescott, LICSW

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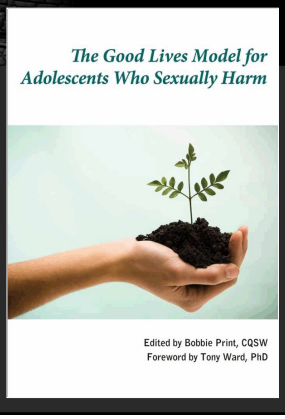
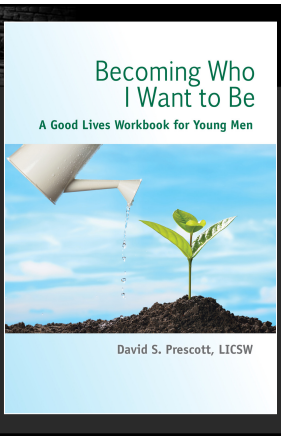

The Good Lives Model for
Adolescents Who Sexually Harm
Edited by Bobbie Print, CQSW
Foreword by Tony Ward, PhD

41


Becoming Who
I Want to Be
A Good Lives Workbook for Young Men
David S. Prescott, LICSW

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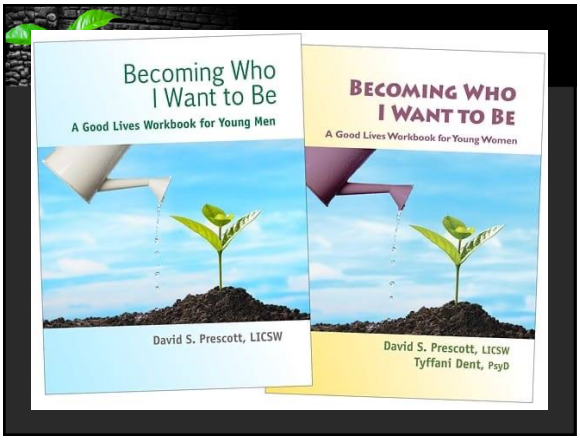

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The Good Lives Model (GLM)

"…[our clients] want better lives, not simply the promise of less harmful ones"
(Ward et al., 2006)

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"As a kid I had lots of examples of what I didn't want to be. I spent my life trying not to be those things. Then when an aide asked me about 5 years ago what I wanted to be I had no idea."

40 y/o male
in civil commitment (USA)

45

Reflection Exercise

- Take three deep breaths. Take a moment to think about what a Good Life means to you.
- If it helps, close your eyes and think about what was happening the last time you remember feeling truly satisfied and fulfilled in your life. Try to *see* fulfilment. Try to *hear* fulfilment. Try to *taste* fulfilment. Try to *smell* fulfilment. Try to *feel* fulfilment.
- Take some notes.

We will revisit this exercise later.
You will not be expected to share your responses.

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Going Upstream

- What is something (anything) that you would like right now?
  - Matpakke? Utepils? World peace? A Tesla?
  - If you had that, then what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - Keep going until your answer is one word and you can't go further
  - What have you learned?

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What are all the needs that these meet?

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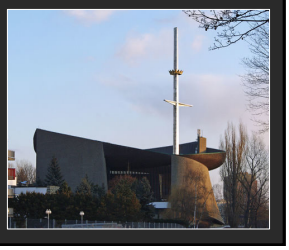
Krakow

- Lord's Ark Church
- Built by hand from ruins caused by Soviet invasion
- What needs was this meeting?



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GLM Approach

- Strengths-based, positive approach
- Collaborative, motivational approach
- Focuses on how treatment/supervision/case management will benefit client
- Two goals:
  - Reducing/managing risk
  - Attaining fulfilling life, psychological wellbeing
- GLM integrated with RNR

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GLM Approach

- Offending relates to the pursuit of legitimate goals via harmful, maladaptive means
- All human beings are goal-directed and predisposed to seek *primary human goods*
- Primary human goods = actions, experiences, circumstances, states of being, etc., that individuals seek to attain for their own sake

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GLM Approach

- Secondary goods = concrete ways (means) to secure primary goods (also called instrumental goods)
- Dynamic risk factors = markers for internal or external obstacles that block achieving primary goods in prosocial ways in addition to increasing risk

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A note on narrative

- We often think in terms of risk and protective "factors"
- Problem of reification
- Ward and his colleagues (including us) encourage thinking in terms of the narrative that underlies the factors
- What's the actual story?
- How did events result in this "factor"?

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Primary Human Goods

- GLM proposes at least 10 primary human goods
- Value/importance placed on various goods determines individual's conceptualisation of a "good life"; reflected in good life plan (GLP)
- Assumption: Prosocial attainment of goods will help reduce or manage risk to reoffend (alongside targeting criminogenic needs)

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Primary Human Goods as Common Life Goals
(Yates & Prescott, 2011)

Primary Good	→	Common Life Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in Work & Play	→	Being Good at Work & Play
Excellence in Agency	→	Personal Choice and Independence
Inner Peace	→	Peace of Mind
Friendship/Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

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GLM vs. Andrews & Bonta Big 8
(possible comparison)

GLM
- Happiness/Pleasure
- Creativity
- Knowledge
- Being good at work and play
- Personal choice/independence
- Relationships and friendships
- Meaning and purpose in life
- Peace of mind
- Community
- Living and surviving

Big 8
- Substance abuse and other pleasure seeking
- Poor performance in school or work
- Impulsivity/self-regulation deficits
- Antisocial peer group/social isolation/family problems
- Antisocial history
- Aggression/irritability
- Attitudes and beliefs supportive of sexual violence
- Alcohol/drugs, reckless, dangerous behavior

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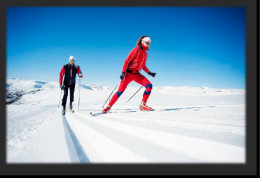
Primary Goods: Definitions

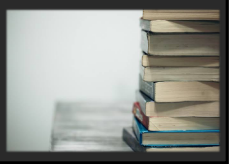
- Life: Living & Surviving
  - Healthy living and functioning
  - Basic survival needs
- Instrumental (secondary) goods:
  - Acquiring income for food/shelter
  - Physical activity
  - Healthy nutrition
  - Health care



57

Primary Goods: Definitions

- Knowledge: Learning & Knowing
  - Desire for information and understanding about oneself and the world
- Instrumental (secondary) goods:
  - Attending school, training, vocational courses
  - Self-study
  - Therapy and self-help activities



58

Primary Goods: Definitions

- Being Good at Play / Being Good and Work
  - Mastery in work / leisure
- Instrumental (secondary) goods:
  - Participation in sport or other leisure activities/hobbies
  - Participation in training, certification, apprenticeships
  - Meaningful paid or voluntary work

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Primary Goods: Definitions

- Personal Choice and Independence
  - Desire for independence, autonomy, choice, self-directedness
- Instrumental (secondary) goods:
  - Formulate plans to achieve a specific end or objective
  - Engage in activities to ensure self-sufficiency
  - Assert self; communicate needs and desires with others
  - Control, dominate, abuse or manipulate others to establish personal control

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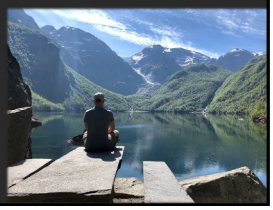
Primary Goods: Definitions

- Peace of Mind
  - Emotion regulation, equilibrium
  - Freedom from emotional turmoil and stress
- Instrumental (secondary) goods:
  - Activities to minimize emotional distress/achieve equilibrium (e.g., exercise, meditation)
  - Substance use or sexual activity to regulate mood/cope



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Primary Goods: Definitions

- Relationships and Friendships
  - Desire to establish bonds with others; includes intimate, romantic and family relationships
- Instrumental (secondary) goods:
  - Activities that facilitate meeting new people and maintaining relationships
  - Spending time with friends
  - Giving and receiving support (e.g., emotional, practical)
  - Intimate relationships

62

Primary Goods: Definitions

- Community: Being Part of a Group
  - Desire to be connected to similar social groups
- Instrumental (secondary) goods:
  - Participate in community activities (e.g., social service groups, special interest groups)
  - Participate in volunteer activities, groups
  - Membership in groups sharing common interests, values, concerns
  - Provide practical assistance to others in times of need (e.g., neighbors)

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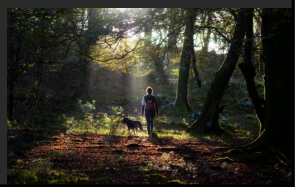
Primary Goods: Definitions

- Spirituality: Having Meaning in Life
  - Desire for meaning and purpose in life
  - Sense that one is part of larger whole
- Instrumental (secondary) goods:
  - Attends formal religious/spiritual events (e.g., church)
  - Meditation/prayer
  - Involved in spiritual community/group
  - Mindfulness
  - Forest bathing



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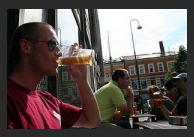
Primary Goods: Definitions

- Creativity
  - Desire for novelty or innovation
- Instrumental (secondary) goods:
  - Engages in new/novel experiences that has not attempted previously
  - Engages in artistic, creative activities
  - Desire/need for novel sexual practices

65

Primary Goods: Definitions

- Happiness
  - State of being happy/content
  - Pleasure in life



- Instrumental (secondary) goods:
  - Activities that result in sense of satisfaction, contentment, fulfillment
  - Activities that result in sense of pleasure (e.g., leisure activities, sports, sex)
  - Activities intended to achieve sense of purpose, direction in life (e.g., work, friendships, family)

66

What are your prioritised primary human goods?

67

Case example: Paul

Paul is a 42-year-old male imprisoned for sexual offenses against female children (8 – 11 years-old). In each instance, Paul was a trusted babysitter (for his employer then neighbor). He described his offending in a romanticised fashion, stating that he was in relationships with each victim. He said that he "never hurt them" and that the sex was "entirely consensual." Paul often took the victims away camping. He enjoyed teaching them about bush survival skills and different tree varieties. Paul enjoyed being surrounded by nature. He had few adult friends and stated that he preferred the company of children because they don't judge him like adults do.

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Paul's prioritized primary human goods

Primary goods Important to Paul:

- Relationships & Friendships
- ? Peace of mind
- ? Spirituality

Primary goods implicated in offending:

- Relationships & Friendships
- Knowledge

69

Case example: Neville

Neville is a 45-year-old male with a long history of abusing teenaged girls. He worked as a high school caretaker/groundsman. Although he took significant pride in his work, Neville admitted that his work provided him with the opportunity to meet "lots of hot girls" who, he said, were easy to befriend because they were in the midst of adolescent crises. According to Neville, the girls who had broken up with their boyfriends were easy to identify, particularly those who wanted to "get back" at their boyfriends by being seen with an attractive older man. Neville made friends with these girls, gave them drugs and alcohol, and offered them rides in his late-model car. He reported that, in each instance, they were more than happy to "thank him properly".

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Neville's prioritized primary human goods

Primary goods Important to Neville:

- Happiness (pleasure)
- ? Being Good at Work

Primary goods implicated in offending:

- Happiness (pleasure)
- Personal choice and independence

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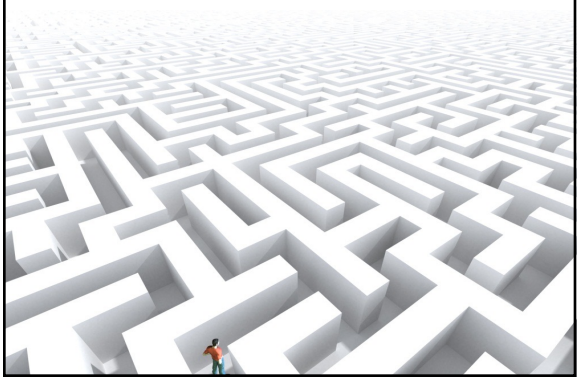
Good Life Plan



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When Things Go Wrong: Good Life Plan Obstacles

The GLM proposes that offending and life problems result when…

1. Maladaptive/harmful means used to seek out primary goods
2. A Good Life Plan lacks scope
3. Conflict between goods and/or means
4. Lack of capacity to attain goods in a prosocial/adaptive way (internal and external)

73

A quick note…

- ”Obstacles” are referred to in earlier texts as “flaws”
- ”Flaws” can sometimes have a negative connotation (“flawed human being”) even though the original intention was different (e.g., the flaws in leather or diamonds can give them their special character)
- English is a living language where connotations can change ☺
- “Obstacles” might just as easily be “challenges”, although that word is also subject to misuse (“challenged to a fight”)

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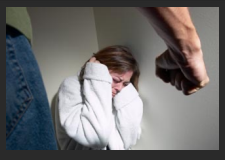
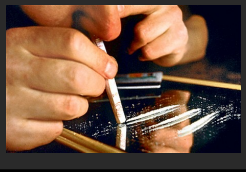
Harmful/Problematic Means





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Narrow Scope

76

Conflict: the pursuit of one good interferes with pursuit of another good

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Lack of Capacity: Internal

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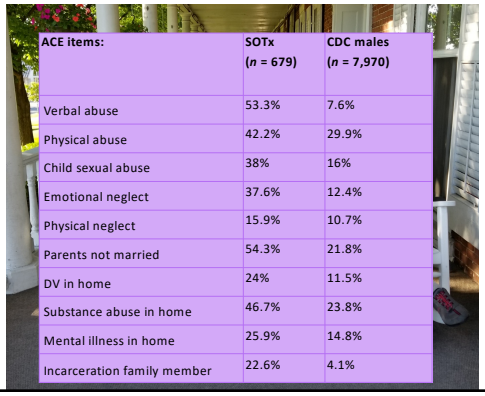
Adverse Childhood Experiences (ACEs) in the lives of adult males who have sexually offended (Levenson, Willis & Prescott, 2016)



ACE items:	SOTx (*n* = 679)	CDC males (*n* = 7,970)
Verbal abuse	53.3%	7.6%
Physical abuse	42.2%	29.9%
Child sexual abuse	38%	16%
Emotional neglect	37.6%	12.4%
Physical neglect	15.9%	10.7%
Parents not married	54.3%	21.8%
DV in home	24%	11.5%
Substance abuse in home	46.7%	23.8%
Mental illness in home	25.9%	14.8%
Incarceration family member	22.6%	4.1%

79

Lack of Capacity: Internal

Maladaptive schemas	Maladaptive attachments	Maladaptive coping
other people will abuse/reject/ abandon me; dangerous world	*relationship instability, hostility towards women, social rejection*	*substance abuse, sex as coping, aggression*

80

Lack of Capacity: External

81

Identifying Obstacles

- What might have obstructed Paul from seeking valued primary goods in prosocial, adaptive ways?

82

Spot some obstacles: Paul

Paul is a 42-year-old male imprisoned for sexual offenses against female children (8 – 11 years-old). In each instance, Paul was a trusted babysitter (for his employer then neighbour). He described his offending in a romanticised fashion, stating that he was in relationships with each victim. He said that he "never hurt them" and that the sex was "entirely consensual." Paul often took the victims away camping. He enjoyed teaching them about bush survival skills and different tree varieties. Paul enjoyed being surrounded by nature. He had few adult friends and stated that he preferred the company of children because they don't judge him like adults do.

83

Case Analysis: Paul

Primary goods implicated in offending:

- Relationships & Friendships
- Knowledge

Primary goods Important to Paul:

- Relationships & Friendships
- ? Peace of mind
- ? Spirituality

Obstacles in Good Life Plan:

- Maladaptive means
- Lack of capacity (internal)
  - Offense supportive cognitions (children as sexual objects)
  - Maladaptive attachments/relational styles (e.g., emotional congruence with children, general social rejection)
  - ?Offense related sexual interest

84

GLM Practice Implications

85

Exercise on Identifying Strengths

86

87

87

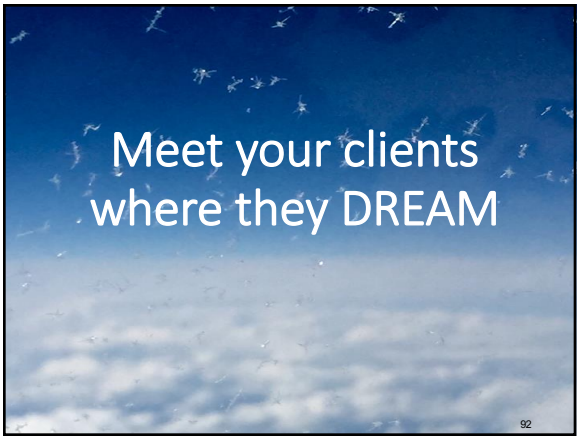
88

89

90

LET'S GO DEEPER
91

91


Meet your clients where they DREAM
92

92

Always Meet your Clients Where they Dream

93

LET'S GO WIDER

94

94

Find the Strength

95

95

Hint

- Autonomy?
- Connection?
- Creativity?
- Competence?

96

96

Find the Strength

97

97

Hint

- Autonomy?
- Connection?
- Creativity (in the sense of novelty seeking)?
- Happiness and Pleasure?

98

98

Find the Strength

99

99

- Autonomy?
- Connection?
- Life?

- What is the difference between where he is and where he wants to be?

Hint

100

100

Find the Strength

101

101

Hint

- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

102

102

Find the Strength

103

103

- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

- What's the difference between where he is and where he wants to be?

Hint

104

104

Question

- Am I the only one picking up themes of trauma and other adverse experiences?

105

105

Assessment tasks

- RNR-based assessment
  - Includes static/dynamic risk and specific responsivity factors (e.g., developmental disability, mental health, substance abuse, etc.)
- Exploration of good life plan (at time of offending and now)
  - Identify valued primary goods and goods implicated in offending
  - Identify past and current means used to attain valued primary goods
  - Identify any concerns re: scope, conflict and capacity
- Exploration of protective factors

E.g., Willis, Yates, Gannon, & Ward (2013); Yates, Prescott, & Ward (2010)

106

Identifying Primary Goods/ Common Life Goals

- Clinical exercise
- Determine those things (i.e., activities, situations, experiences) that are important to the individual in their life
  - Infer primary goods
- Detect goals evident in offense-related actions and general life functioning
  - Infer primary goods implicated in offending – what was client trying to gain?

107

Possible questions

- What are the most important things for you to achieve in your life?
- What drives you? Gets you out of bed in the morning?
- What do you do on a day to day or regular basis to achieve these goals?
- Are some goals more important to you than others? Which ones, and why?
- Where would you like to be with respect to these goals in one year's time? Five years' time? Ten years' time?

108

Deeper

- What's missing from your life that you wish were there?
- How many people deeply accept you for who you are?
  - Would you like more?
- What are you longing for in your life?
- Who are you longing for?

109

Life: Health and Survival

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

110

110

Relationships and Friendships

Importance:

0 1 2 3 4 5 6 7 8 9 10

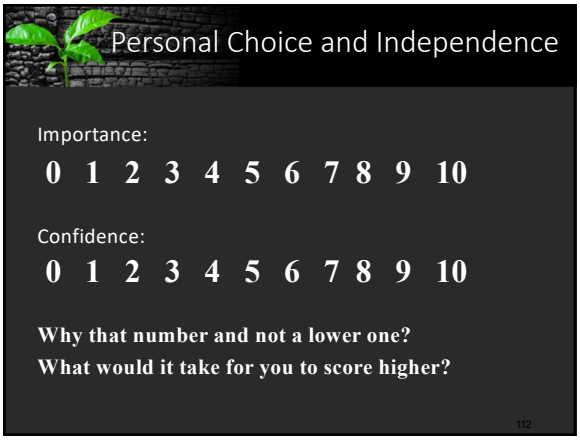
Confidence:

0 1 2 3 4 5 6 7 8 9 10

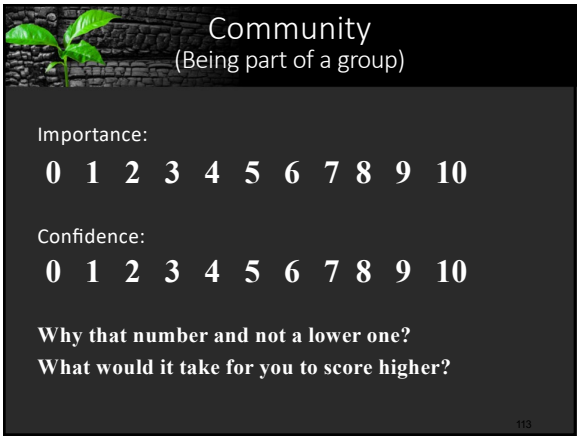
Why that number and not a lower one?
What would it take for you to score higher?

111

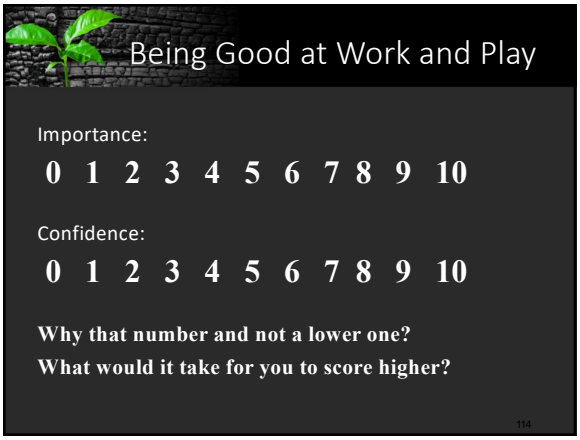
111


Personal Choice and Independence
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
112

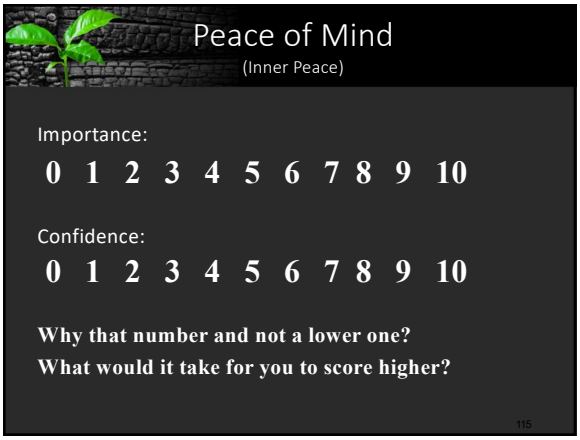
112


Community
(Being part of a group)
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
113

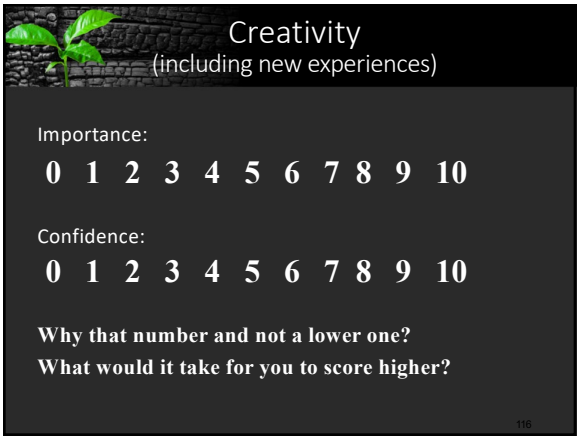
113


Being Good at Work and Play
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
114

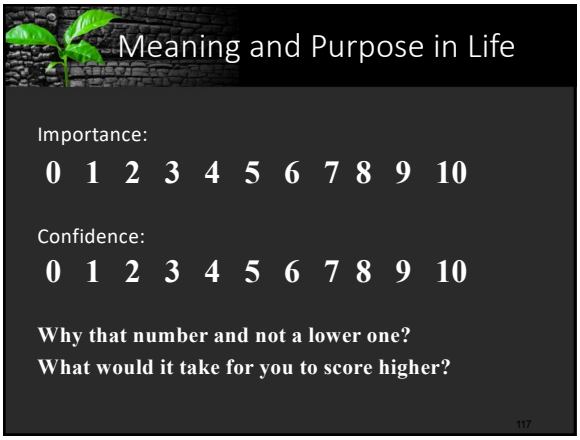
114


Peace of Mind
(Inner Peace)
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
115

115


Creativity
(including new experiences)
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
116

116


Meaning and Purpose in Life
Importance:
0 1 2 3 4 5 6 7 8 9 10
Confidence:
0 1 2 3 4 5 6 7 8 9 10
Why that number and not a lower one?
What would it take for you to score higher?
117

117

Happiness/Pleasure

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

118

118

Creativity/Novelty

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?
What would it take for you to score higher?

119

119

Mission Critical:

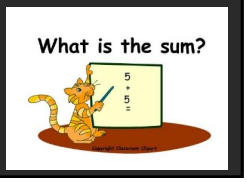
- In answering those questions, what external pressures did you feel?
- Do we answer these questions for our clients? On their behalf? For their "own good"?
- Or do we explore, collaborate, evoke what is important/meaningful for them?

120

120

Case Formulation

- Integrates information collected during assessment to provide a comprehensive explanation (or set of hypotheses) for the client's presenting problems/offending
- Attempts to account for the client's current problems, how they developed and how they are maintained. Why these problems and why now?
- Adjusted as new information /understanding comes to light



121

Case Formulation

GOOD LIVES MODEL

Other relevant theories, may include:
- Pathways model (Ward & Siegert, 2002)
- Self-Regulation model (Ward & Hudson, 1998)

Biopsychosocial explanation of predisposing, precipitating, perpetuating and protective factors

122

Case Analysis: Paul

Primary goods implicated in offending:
- Relationships & Friendships
- Knowledge

Primary goods Important to Paul:
- Relationships & Friendships
- ? Peace of mind
- ? Spirituality

Obstacles in Good Life Plan:
- Maladaptive means
- Lack of capacity (internal)
  - Offense supportive cognitions (children as sexual objects)
  - Maladaptive attachments/relational styles (e.g., emotional congruence with children, general social rejection)
  - ?Offense related sexual interest

123

Formulation: Paul

- An early learning environment characterised by parental absence and bullying by older siblings likely instilled in Paul beliefs that he was unwanted, inherently defective and unlovable and that other people were judgemental and could not be trusted (EMS include Abandonment/Rejection, Defectiveness/Shame, Failure).
- Such beliefs were reinforced by bullying throughout school years by peers. Bullying likely distracted Paul from his studies leading to poor grades, further reinforcing that he was deficient compared to his peers.

124

Formulation: Paul

- Paul experienced pleasure and attention in an otherwise cold and rejecting world through his own experience of childhood sexual abuse. Such experiences therefore contributed to the development of maladaptive sexual scripts concerning the acceptability of sex between adults and children.

125

Formulation: Paul

- Against a backdrop of feeling unworthy, defective and other people perceived as judgemental/harmful – Paul yearned for connections – especially as he transitioned into adolescence and young adulthood. He learnt that he did not feel judged or defective around children, and felt safe in their presence. He therefore started seeking emotional and sexual intimacy with children.
- Paul's offending against children became a source for several primary human goods including relationships, knowledge (through teaching), peace of mind (felt calm/safe in their presence) and pleasure (including sexual). Paul therefore sought out opportunities to meet and connect with children.

126

Formulation: Paul

- Paul's offending was maintained by avoiding schema triggers (i.e., connecting with adults). He avoided adult relationships and structured his life (including hobbies and work) as much as possible to avoid activation of underlying maladaptive schemas.
- In unavoidable social situations (e.g., dining room, yard) Paul engaged in *safety behaviours* (avoid eye contact with others, keep conversations scripted or short) in an attempt to avoid activation of his EMS. His safety behaviours perpetuated disinterest and negative responses from others, as Paul presented as unfriendly and guarded.

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Formulation feedback

- Ask for permission to share your working formulation with the client
  - *Am I understanding you?*
  - *What am I missing?*

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Intervention Planning

- Informed by case formulation
  - Relationship between offending, dynamic risk factors, protective factors, pursuit of common life goals
- Intervention plans provide roadmap for working toward dual aims of treatment
  - Enhanced well-being, reduced risk
- Intervention plans form basis of future-oriented good life plans
  - Dynamic, refined as treatment progresses, clients build strengths, develop skills to achieve common life goals in pro-social ways

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Intervention Planning

- Intervention planning = collaborative
  - Therapist links client goals with treatment goals
- Individualised plans constructed for each client
  - Revolve around goal attainment, increasing protection, reducing risk
  - Set out valued common life goals, how clients plan to attain them
  - Attend to internal and external conditions necessary to attain goals
    - This also targets risk factors

E.g., Willis et al. (2013); Yates et al. (2010)

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Paul's initial therapy goals

- Address longstanding social anxiety
- Improve self-confidence/self-worth
- Have adult friends

131

Treatment Content

- Treatment intensity and targets based on risk and needs
- Goals of each stage framed using approach (rather than avoidant) goals
- Programming linked to fulfilment of common life goals
  - Consider SMART-goal framework

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Risk-based treatment components and related GLM constructs

Autobiography	→Good Life Plan (past and present)
Offense Progression	→Knowledge, Good Life Plan (past and present)
Cognition/Problem-Solving	→Knowledge, Personal Choice & Independence, Peace of Mind, Relationships & Friendships
Relationships/ Intimacy Deficits	→Relationships & Friendships, Community
Sexual Self-Regulation	→Happiness, Peace of Mind, Relationships & Friendships, ++
General Self-Regulation	→Peace of Mind, Personal Choice & Independence, ++
Emotion Regulation	→Peace of Mind, Personal Choice & Independence, ++
Relapse Prevention Plan	→Integrated Good Lives and Risk Management Plan (present and future-oriented)

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Treatment Components (Yates et al., 2010)

- Relevant personal history
  - Good life plan(s)
    - Valued primary goods, associated secondary goods
    - Obstacles attaining primary goods
    - NOT "autobiography"
  - Purpose:
    - Examine strengths
    - Examine/confirm GL goals
    - Examine/confirm risk and protective factors
    - Facilitate comfort with disclosure in treatment

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Treatment Components (Yates et al., 2010)

- Understanding the offense process
  - Understand role of primary human goods, secondary goods (means), obstacles
  - Determine primary goods at all stages of offense process
  - Focus = what individual was trying to gain
    - Did pre-offense behavior and offending represent opportunities to meet, keep, or re-acquire primary gods?
    - After offending, were goals achieved?
    - How does offense fit into good life plan?

135

Integrated Good Lives and Risk Management Plan (Yates et al., 2010)

- Includes all goods important to individual
  - Sufficient scope
- Includes nonoffending, practical ways to attain goods
  - Build on client strengths
  - Approach-oriented SMART goals
- Identifies threats/obstacles to goods attainment and strategies for managing
- Includes risk management plan

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GLP Template Example

PAUL'S GOOD LIFE PLAN (POST-TREATMENT)

Primary Good	Good Life Goals (How I will meet this goal)	How I and others will know I am meeting this goal	Possible obstacles I will need to manage	Signs I need help (how I and others will know)	Overcoming obstacles
Relationships/Friendships	*Maintain the relationships I have with my family and friends*	*Weekly family dinners, participating in fortnightly hikes, having friends over for dinner/games nights*	*Re-activation of thoughts that I will be judged or rejected, especially if I were to meet a potential partner*	*Physical and emotional withdrawal from family and friends*	*Recognise in advance when I am at risk of withdrawing, e.g., at times of stress. Remind myself that I have supportive people around me who don't judge me, including my sister and online support group. Surround myself with those people who accept me for me.*

Complete table for all primary goods important to the client.

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Contrast: A relapse-prevention oriented risk management plan

- Avoid being in areas that children congregate (e.g., outside schools, parks)
- Avoid any media (e.g., magazines, television) depicting prepubescent girls
- Do not join church or other community groups in which children are present
- Avoid isolating especially when experiencing low mood
- Constantly monitor environment for new high risk situations/warning signs
- Phone a nominated support person in event of warning signs (loneliness, offense related arousal) or high risk situations which I cannot escape

138

Treatment Process

and Process Challenges

139

140

Let's talk some about trauma

141

What is trauma?

- PTSD
- Complex PTSD
- DESNOS
- Complex trauma
- Developmental Trauma Disorder

142

What is Trauma?

Trauma is the desperate hope that the past was somehow different.

— Jan Hindman

143

TRAUMA

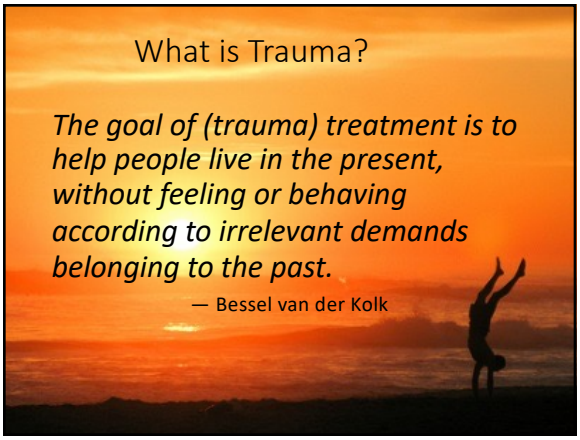
- **Relational issues**
- **Somatic challenges**

144

What is Trauma?

The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.

— Bessel van der Kolk



145

Ultimately

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in (his or) her immediate best interest.

— Judith Herman, M.D.

Reframe: Interventions that empower survivors foster recovery

146

What is Trauma-Informed Care?

"A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread prevalence and impact of trauma;
2. *Recognizes* the signs and symptoms of trauma;
3. *Responds* by integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

https://www.samhsa.gov/nctic/trauma-interventions

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Why is TIC So Important?

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Estimating the prevalence of ACE

ACE item	Males CDC sample (n = 7970)	Males Levenson et al., 2016 (n = 679)	Odds Ratio
Verbal abuse	7.6%	53.3%	13.88
Physical abuse	29.9%	42.2%	1.71
Sexual abuse	16%	38%	3.22
Emotional neglect	12.4%	37.6%	4.26
Physical neglect	10.7%	15.9%	1.58
Parental separation/divorce	21.8%	54.3%	4.26
Mother treated violently	11.5%	24%	2.43
Household substance abuse	23.8%	46.7%	2.81
Household mental illness	14.8%	25.9%	2.01
Incarcerated household member	4.1%	22.6%	6.83

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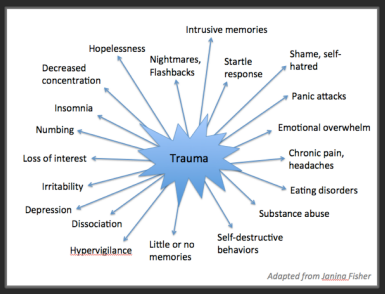
Common Trauma Responses



151

Herman, 1992

Type 1 Trauma: Isolated, simple trauma	Type 2 Trauma: Chronic & Complex
Usually a single incident or time-limited duration	Prolonged, repeated trauma
Acute Stress Disorder/PTSD	Increased risk for long-term PTSD symptoms
Response and effects may vary with many factors	Increased risk for related behavioral health syndromes

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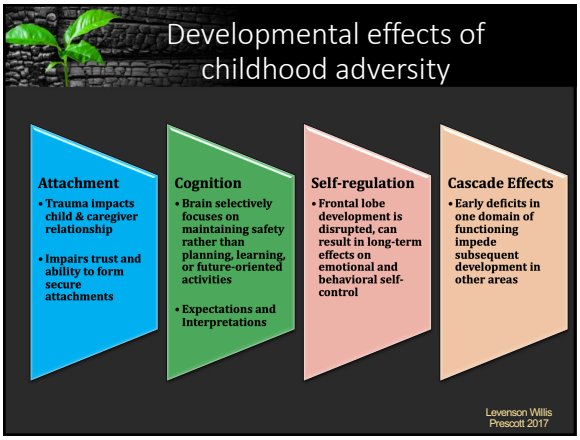
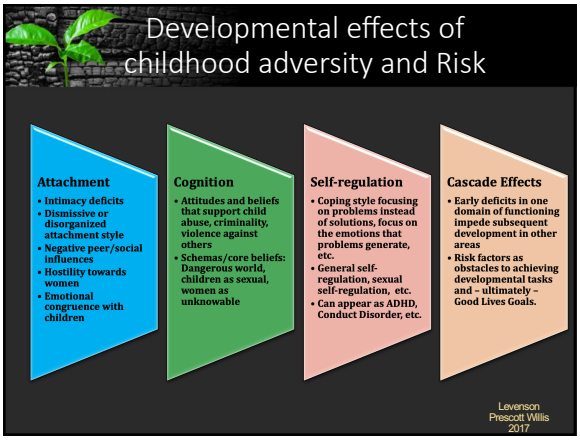
How does trauma and adversity affect development?

And Risk Factors?
And Good Lives Goals?

153


Developmental effects of childhood adversity
Attachment
• Trauma impacts child & caregiver relationship
• Impairs trust and ability to form secure attachments
Cognition
• Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
• Expectations and Interpretations
Self-regulation
• Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control
Cascade Effects
• Early deficits in one domain of functioning impede subsequent development in other areas
Levenson Willis Prescott 2017

154


Developmental effects of childhood adversity and Risk
Attachment
• Intimacy deficits
• Dismissive or disorganized attachment style
• Negative peer/social influences
• Hostility towards women
• Emotional congruence with children
Cognition
• Attitudes and beliefs that support child abuse, criminality, violence against others
• Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable
Self-regulation
• Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
• General self-regulation, sexual self-regulation, etc.
• Can appear as ADHD, Conduct Disorder, etc.
Cascade Effects
• Early deficits in one domain of functioning impede subsequent development in other areas
• Risk factors as obstacles to achieving developmental tasks and – ultimately – Good Lives Goals.
Levenson Prescott Willis 2017

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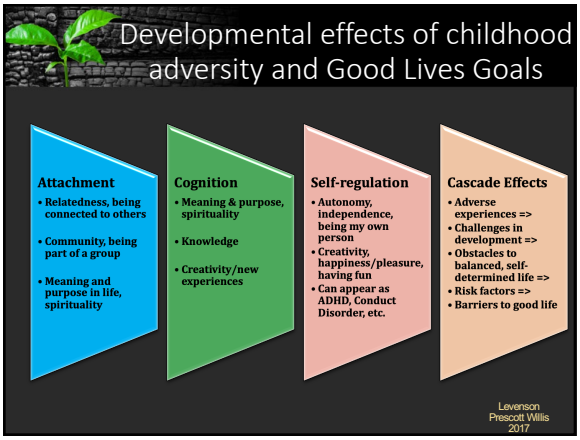
Developmental effects of childhood adversity and Good Lives Goals
Attachment
• Relatedness, being connected to others
• Community, being part of a group
• Meaning and purpose in life, spirituality
Cognition
• Meaning & purpose, spirituality
• Knowledge
• Creativity/new experiences
Self-regulation
• Autonomy, independence, being my own person
• Creativity, happiness/pleasure, having fun
• Can appear as ADHD, Conduct Disorder, etc.
Cascade Effects
• Adverse experiences =>
• Challenges in development =>
• Obstacles to balanced, self-determined life =>
• Risk factors =>
• Barriers to good life
Levenson Prescott Willis 2017

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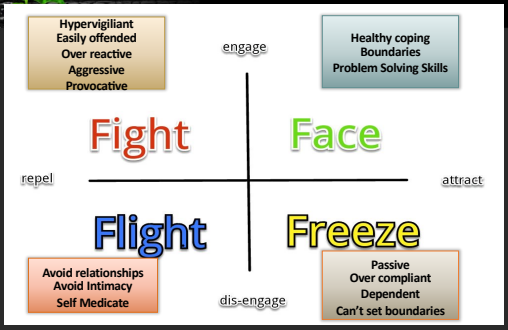
Ways trauma may impact relational dynamics



Levenson, 2015

157

The Importance of Narrative

158

CONSIDER …

Among the tasks of the mind is to reduce the difference between the prediction and the sensation

159

Application

"I went to the grocery store, and for the first time ever I knew what I wanted"

160

Analysis

- Trauma interferes with decision-making
- Trauma interferes with prediction of sensations
- Trauma interferes with prediction of happiness
- Trauma interferes with the belief that predictions and decisions are possible
- Trauma focuses on surviving threats in the moment
- Move beyond teaching how to make lists
- Move beyond decision-making skills

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Reflection

1. *That's fantastic. There you were, able to focus on what you wanted and not on what others wanted from you.*
2. *Hey, that's great! In that moment, you were aware of the things that mattered most to you*
3. *Good for you. Staying focused on what matters to you in a busy place like a grocery store can be a real challenge.*

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162

Application

"I can't tell you what I'm thinking. It's too confusing. I'm not sure you'd get it. Look, never mind."

163

Translation

- "Other people have always told me what to do.
- I've had to hide to avoid being beaten
- Now you're asking me to express my thoughts freely; that's dangerous
- I've learned not to trust my thoughts and feelings
- Survival has meant focusing outside myself
- My capacities to observe my thoughts and feelings have atrophied.
- It's safer to shut down."

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Reflection

1. *Describing your experience is really hard.*
2. *It's really hard to talk about these things when you don't know if I'll really get it.*
3. *There's a bigger piece of all of this that I may not be seeing.*
4. *If you were to really talk about these things, you'd need to know that others will understand and respect you.*

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165

Cultural Trauma

"What's it like to be working with a white guy like me?"

•Activation of cultural trauma can happen at the epigenetic level

•We forget how much power we have over clients

166

Possible reflections

- *You might be wondering if someone like me – who comes from outside your culture – can understand you and you have every right to be suspicious about all of this.*
- *With everything going on for you, including having to talk with a counselor who's not from your same culture(s), it's probably better if you don't completely trust me.*
- *At some point, if you'd be willing to talk with me about our cultural differences, I would be honored to listen and respond as best I can.*

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How Well Am I Implementing the GLM?

GLM Fidelity Monitoring

Prescott, D.S., Willis, G.M. (2021). Evaluation de la fidélité des professionnels au Good Lives Model (GLM). In E. Dieu, E. Zinsstag, T. Ward (ed.), *Special Issuee Criminologie de la confiance et Good Lives Model (GLM)*», Revue Internationale de Criminologie et de Police Technique et Scientifique, in press.

Prescott, D. S., Willis, G. M., & Ward, T. (in press). Monitoring therapist fidelity to the Good Lives Model (GLM). *International Journal of Offender Therapy and Comparative Criminology.*

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GLM Fidelity Monitoring Tool

Table 1

GLM Fidelity Monitoring Tool Overview

GLM Fidelity Monitoring Tool Section	Fidelity Indicator
1. Fundamental Considerations and Processes • Qualities of the therapist, as perceived by the client and others • Underlying "spirit" of treatment delivery • Prioritizing clinical skills that promote change • Actively and explicitly seeking client feedback	0 – 2 rating[a]
2. GLM-Specific Considerations and Processes • Focus on Good Life goals • Conceptualization of risk factors • Good Life goals implicated in offending • Obstacles to achieving one's Good Life plan	0 – 2 rating[a]
3. Client-Focused GLM Considerations • Ten questions exploring therapist's progress developing a GLM grounded case conceptualisation and therapy plan for individual clients	Extent to which each question can be answered

[a]0 = poor (or absent) fidelity, 1 = partial fidelity, 2 = fidelity

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Looking Beyond

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To Be Continued…

… by you!

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