Publisher	: John Wiley & Sons, Inc.
Location	: Hoboken, NJ
ISBN (print-13)	: 9781119892007
Title (main)	: Forensic Psychology - Crime, Justice, Law, Interventions
Copyright (publisher)	: © 2024 John Wiley & Sons Ltd
Numbering (edition)	:4
(uniforming (cuttion)	• 1
Creators (author)	: Graham M. Davies
Subject Info	:
	http://psi.wiley.com/subject/
Title (main)	: Part
Title (name)	: Dealing with Offenders
Numbering (main)	: IV
ID (unit)	: c17
ID (file)	: c17
Count (pageTotal)	: 30
Event (xmlCreated)	: 2023-08-05 (SPi Global)
Numbering (main)	:17
Numbering (pageFirst)	: 509
Numbering (pageLast)	: 538
Object Name (feature)	: BOX
Object Name (feature)	: CASE STUDY
Object Name (figure)	: Photo
<b>Object Name (featureFixed)</b>	: LEARNING OUTCOMES

# 17

# 17 The Rehabilitation of Corrections Clients: Good Lives and Risk Reduction

TONY WARD, GWENDA M. WILLIS, DAVID S. PRESCOTT



### **CHAPTER OUTLINE**

17.1 INTRODUCTION 511

17.2 WHAT IS THE NATURE OF CORRECTIONS CLIENT REHABILITATION? 512

17.2.1 Values and Rehabilitation 513

17.3 WHAT ARE THE FEATURES OF EFFECTIVE REHABILITATION OF CORRECTIONS CLIENTS? 515

17.4 DESISTANCE FROM CRIME 519

17.5 THE RISK-NEED-RESPONSIVITY MODEL OF CORRECTIONAL REHABILITATION 520

17.5.1 Limitations of the Risk-Need-Responsivity Model 522

17.6 THE GOOD LIVES MODEL 525

17.6.1 Normative Assumptions of the GLM 526

17.6.2 Knowledge-Related Assumptions of the GLM 527

17.6.3 Practice Implications of the GLM 528

17.6.4 Empirical Research Supporting the Utility of the GLM 529

17.7 SUMMARY 531

#### LEARNING OUTCOMES

BY THE END OF THIS CHAPTER, YOU SHOULD BE ABLE TO:

1. Describe the nature of rehabilitation in the correctional system.

2. Critique the risk-need-responsivity (RNR) model.

3. Describe the Good Lives Model and its fit with desistance theory and research.

# **17.1 INTRODUCTION**

The rehabilitation of persons convicted of serious crimes is a multifaceted process involving reentry and, ultimately, reintegration into social networks and the broader society (see Ward et al., **2022**). While these individuals need to work hard at modifying their offence-related personal characteristics, the community also has an obligation to buttress this individual work with social support and resources. Once amends have been made through undergoing punishment, individuals 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 just as much to corrections clients as to the rest of us. Furthermore, the rehabilitation of corrections clients is a normative and capacity-building process and, therefore, from a practice perspective, both science and ethical judgement are equally important (Ward & Durrant, **2021**). In our view, the only legitimate place to start a journey that has involved the infliction of significant harm upon others is one where all human beings are regarded as equal in dignity and moral standing (Laws & Ward, **2011**; Ward & Birgden, **2007**).

Practitioners require rehabilitation theories, essentially conceptual maps, to help them traverse the various challenges and problems that emerge when working with corrections clients (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 best balance corrections clients' needs with the interests of the community. In recent years, strengths-based or "restorative" approaches to working with individuals who have harmed others have been formulated as an alternative to the very popular Risk-Need-Responsivity model (RNR; Bonta & Andrews, 2017) of corrections clients rehabilitation (see Ward et al., 2015; Ward & Maruna, 2007). In a nutshell, the primary practice focus of risk management approaches lies in the detection and modification of dynamic risk factors (DRFs) (i.e., criminogenic needs), while strengths-based perspectives seek to create competencies in corrections clients and reduce risk more indirectly.

Corrections clients are people like us, and if we start relating to them in ways that reflect this

attitude, correctional outcomes may well improve and re-offending rates drop. The desistance research is clear that clients in correctional settings respond well to practitioners who demonstrate an interest in them and believe in their capacity to turn their lives around (McNeill et al., 2005). What is more, treating corrections clients 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 (Fox, 2022; Kirkwood, 2021).

The purpose of this chapter is to (a) consider the nature of corrections client rehabilitation and the efficacy of interventions in reducing reoffending rates, (b) briefly review desistance research, (c) describe the RNR Model and highlight its limitations, including its weak fit with desistance theory and research, and (d) provide a detailed description of a recent strength-oriented theory of corrections client rehabilitation, the Good Lives Model (GLM). In the following discussion, we will often refer to the literature on sexual offending to buttress our argument. This is merely for ease of exposition, however, and our comments are intended to apply more generally to all types of corrections clients.

# **17.2 WHAT IS THE NATURE OF CORRECTIONS CLIENT REHABILITATION?**

A bewildering number of terms have been used and different theoretical justifications given for rehabilitation practices. Terms such as *rehabilitation*, *reintegration*, *re-entry*, and *desistance*, among others, have been employed to refer to the social and psychological processes involved in assisting individuals to cease criminal activity and pursue productive, socially responsible lives (Ward & Maruna, 2007). Psychologists tend to prefer the term *rehabilitation*, while criminologists are understandably suspicious of its connotation that individuals are being returned to a previously acceptable functional state, opting for the less question-begging terms of *integration* or *desistance* (Laws & Ward, 2011; Ward & Laws, 2010). While appreciating the points being made in the above debate, we have decided to stick with the label of *rehabilitation*, as it captures the mainstream discourse in correctional and forensic practice settings.



**PHOTO 17.1** Rehabilitation is a multifaceted process.*Source:* Adapted from natali\_mis/ Adobe Stock.

But exactly what is a rehabilitation theory? Aside from the terminological disputes mentioned above, there has also been a reluctance to analyse the concept of a rehabilitation theory and to outline its core features. This is problematic because unless some kind of analysis is provided, it is almost impossible to critically compare or evaluate different rehabilitation theories. In brief, we view a rehabilitation theory as depicting the overarching aims, values, principles, justifications, and etiological assumptions used to guide forensic and correctional interventions and help practitioners translate these principles into day-to-day practice (Ward & Maruna, 2007). Rehabilitation theories are essentially hybrid theories, containing a mixture of normative, knowledge, and practice elements (Ward & Durrant, 2021). They can be distinguished from types of etiological theory (e.g., cognitive-behavioural or psychodynamic) or treatment theories, which are more specific in nature and involve the application of principles and practical strategies to change an aspect of the behaviour of individuals. Based on this analysis, the questions posed in Box 17.1 should be asked when evaluating the adequacy of rehabilitation interventions in the forensic and correctional domains.

# BOX 17.1 EVALUATING THE ADEQUACY OF INTERVENTION IN CRIMINAL JUSTICE SETTINGS

- 1. Is there a rehabilitation theory underpinning practitioners' actions?
- 2. Can this theory explain in general terms the origins of the relevant offending behaviour in the context of mental illness?
- 3. What are the broad aims of rehabilitation? How do they relate to the causes of offending?
- 4. What are the proposed change mechanisms at work in the rehabilitation process?
- 5. Does the rehabilitation theory specify the attitudinal, motivational, and relational aspects of treatment? Is there guidance on the therapeutic alliance, including how to manage issues relating to the process of therapy? Is there an integration of content and process?
- 6. What are the ethical, epistemic, and ethical values embedded in the rehabilitation theory? For example, how are corrections clients represented? Is punishment or treatment emphasised? What is the relative balance between individual and societal rights? How is the risk conceptualised?

#### 17.2.1 Values and Rehabilitation

The task of engaging individuals in efforts to change their criminal attitudes and dispositions is a normative (i.e., value-laden) and capacity-building process that has as its primary focus the construction of personally meaningful and socially acceptable practical identities (Laws & Ward,

2011; Lösel, 2010; Prescott et al., 2022; Ward & Laws, 2010). The 'normative' dimension of rehabilitation is illustrated in Box 17.2.

#### BOX 17.2 CONCEPTS BEHIND REHABILITATION AS IT IS CURRENTLY PRACTISED

- a. The concept of an "offender" is a moral one, where individuals have been judged to have acted wrongly (and illegally) and have been punished accordingly.
- b. The successful pursuit of a meaningful life relies on individuals identifying what is truly valuable and constructing ways of living that can help them to achieve the outcomes, activities, and traits that reflect these values.
- c. The notion of risk reduction, which is typically a major aim of all correctional programmes and intervention efforts, is a value-laden one in the sense that the aim is to reduce, manage, and monitor the probability of harmful outcomes to the client and their community.
- d. Practical or narrative identities which have been demonstrated to be important components of successful desistance are constituted by a diverse range of values (e.g., *role standards* or *expectations*, *personal traits*, *activities*, and *practices*).



**PHOTO 17.2** Values can be seen as a road map of possibilities. *Source:* Adapted from PX Media/Adobe Stock.

The capacity-building dimension of rehabilitation is intimately connected to the normative one by virtue of its stress on the provision of resources and opportunities. The aim is to provide clients with the internal (i.e., skills, knowledge, attitudes, beliefs, etc.) and external (i.e., social supports, employment, education, intimate relationships, leisure activities, etc.) conditions to secure their personally endorsed goals, and in this process, resulting in better or good lives. Good lives can be described as ones that are characterised by individuals having a sense of purpose, higher levels of well-being, and adherence to socially proscribed norms (Ward & Maruna, 2007; Willis & Ward, in press).

# **17.3 WHAT ARE THE FEATURES OF EFFECTIVE REHABILITATION OF CORRECTIONS CLIENTS?**

In his review of what works in the rehabilitation of corrections clients, Lösel (2010) systematically evaluated the theoretical and empirical literature in the correctional domain. His review of the available research evidence indicates that a combination of effective rehabilitation programmes, a greater use of community measures, and adopting a developmental perspective on prevention are likely to culminate in lower levels of crime. Lösel (2010) and other correctional researchers, such as Bonta and Andrews (2017), have also identified the features that contribute to the effectiveness of certain types of correctional interventions and the inadequacy of others.

In brief, the outcome literature on people convicted for general and violent crimes reveals that programmes that are based on a social learning model of offending are structured, skills-oriented, delivered with manuals by qualified staff, and operate within supportive environments, can result in between 10–30% reductions in offending (Bonta & Andrews, 2017; Gannon et al., 2019; Lösel, 2010). For example, there have been a number of recent methodologically sound evaluations of the effectiveness of treatment programmes for sex offending, all reaching similar conclusions. In their meta-analytic review of sex-offending treatment, Lösel and Schmucker (2005) set out to improve on previous reviews by broadening the scope of studies included and increasing the size of the sample pool. They ultimately incorporated 69 studies (n = 22,181) up until 2003 into their meta-analysis, a third of which came from countries outside North America. The results supported the efficacy of treatment, with sex offending taking place at a significantly lower rate (11.1%) than the various comparison groups (17.5%).

Furthermore, similar results were evident for general offending and also suggested that cognitive behaviour therapy (a skills-oriented method) was more effective than other types of treatment. By way of contrast, there was no evidence for the efficacy of purely punitive or deterrent measures such as boot camps, or psychodynamic treatment for sex offending or other types of corrections clients (Bonta & Andrews, **2010**; Hanson et al., **2009**). More recently, in a meta-analysis of sexual offending and violence programs based on 55,604 participants, Gannon et al. (**2019**) found that specific recidivism of treated individuals was 13.4 versus 19.4% for untreated comparisons. Furthermore, they concluded that programmes using qualified psychologists had stronger treatment effects than those without.

Other research has broadened the scope of evaluation and looked more critically at the content of standard intervention programmes. Porporino (2010) argues that the field may have reached a point where further refinement of so-called evidence-based programmes will not produce significant improvements because there is too much uncertainty about *how* such programmes exert their effect. In relation to the RNR model, he states that "unattended to in that paradigm is how exactly corrections clients go about constructing new pro-social identities for themselves, what might spark them to do this, what are the motivational pressures that might support the change, where these pressures come from, and how is a new identity (and the future pro-social self it implies) reconciled with the criminal past it is choosing to abandon" (p. 63). Porporino highlights problems with our current knowledge base including that we do not know how evidence-based programmes influence life outcomes years after they were delivered (he cites Farral & Maruna, 2004, who

found that when former clients were asked, they only give passing credit to these programmes). He draws on the desistance literature to suggest different ways of working with corrections clients, including developing programmes that do not aim to change or fix these individuals but rather aim simply to help them "look at their lives through some new lenses, sort out their needs and wants, refine their vague wishes and commit to some SMART goals…" (p. 78). He emphasises the importance of contexts—and highlights that teaching skills in isolation serve little purpose. "We seem to believe that once they have the recipe, the meal they cook will be tasty automatically" (p. 80).

Martin et al. (2010) used a quasi-experimental design to investigate whether the inclusion of an intervention targeting social and employment integration was more efficacious than social cognitive training (a Spanish adaptation of the Reasoning and Rehabilitation programme) alone. The total sample consisted of 117 repeat offenders, including 87 males and 30 females, mostly convicted for property/drug offences but also offences against the person. Social and employment integration was facilitated by a social worker and included contact with employers and workplaces to secure jobs (this group was small—n = 12). There was a six-year follow-up. Survival analyses used to investigate time to reoffence showed that the Reasoning and Rehabilitation (R & R) programme (see Chapter 19 for more details) produced a statistically significant delay in time to reoffence compared to the control group. Although not significant (perhaps due to low statistical power), participants receiving R & R and the social and employment integration intervention displayed a lengthier time to reoffence (and lower percentage of reoffences) than participants receiving R & R alone. Thus, social and employment integration appeared to strengthen the effects of the social cognitive training programme. These findings provide a positive view of R &R but suggest the programme fails to take into account an individual's social and economic context.

Using a mixture of quantitative and qualitative methods, Bahr et al. (2010) explored factors associated with successful re-entry into the community (defined as successful completion of parole) in the 3 years following prison release using a sample of 51 corrections clients who had committed felonies and spent at least one year in prison (drug offences were the most common). The authors drew upon Laub and Sampson's life course theory (2001, 2003) and hypothesised that drug treatment, peer associations, employment, age, marriage/cohabitation, and parenthood would be associated with success. Parolees were interviewed shortly after release and again at 1, 3, and 6 months following the first interview. Attending a substance abuse programme in prison and spending more time in enjoyable activities with friends were both associated with success. Also, among the employed parolees, working at least forty hours per week was associated with success. Contrary to predictions, having a partner, being married, being a parent, being close to parents, and education level were not associated with greater re-entry success. That said, qualitative data showed that successful parolees had more support from family and friends and more self-efficacy, which both helped in participants' efforts to stay away from drugs.

In a Canadian study, Martin and Stermac (2010) sought to investigate whether hope was related to risk for recidivism and whether male (50) and female (50) inmates differed in their levels of hope. There was a significant negative correlation between total scores on a measure of hope (Hope Scale) and the LSI-OR (a measure of recidivism risk), indicating that higher levels of hope were related to a lower estimated risk of recidivism (r = -.26, p < .05). However, looking at the subscales of the Hope Scale in isolation (pursuing goals, agency, and pathways), only the agency scale was related to the risk of recidivism (higher agency = lower risk estimate). A regression analysis was conducted to determine the unique predictors of recidivism. The predictor variables were the Hope Scale (total score and subscales), Life Orientation Test-Revised (LOT-R) scores, Means–End Problem Solving (MEPS) scores, Social Problem Solving Inventory-Revised (SPSI-R) scores, demographics and criminal history variables, and the outcome variable was LSI-OR scores. Results indicated that the agency subscale of the Hope Scale, ethnicity (no further explanation given), and the total score on the MEPS were all unique contributors in predicting LSI-OR scores, collectively explaining 29% of the variance in risk for future criminality. In terms of sex differences, women tended to have slightly lower Hope Scale scores than men (p < .05). The authors concluded that hope might be a protective factor, lessening the risk of involvement in a future crime—but acknowledged that the correlational nature of this study means that causation cannot be inferred.

Most studies examining the relationship between employment and recidivism have simply considered whether employment decreases the likelihood of further offending, and few studies have investigated whether obtaining employment increases the time to re-offend. Tripodi et al. (2010) investigated this relationship utilising a random sample (n = 250) of men on parole from Texas prisons. They found that when controlling for offence history variables and other known predictors of recidivism, obtaining employment on release from prison was not associated with a significant decrease in the likelihood of re-incarceration but was associated with a significantly greater time to reincarceration (compared to recidivists who were not employed). The authors noted the consistency of their findings with conceptualisations of desistance (see below) from crime as a process rather than an outcome. Findings suggest that motivation to remain crime-free might lessen over time, and the authors encourage the use of motivational interviewing and other motivational enhancing techniques to assist corrections clients in remaining focused on long-term pro-social goals.

Bouman et al. (2009) examined the relationship between subjective well-being (SWB) and (a) self-reported offending over a 3-month period and (b) officially recorded recidivism at a 3-year follow-up amongst personality-disordered patients (n = 135). SWB was assessed using the Dutch version of the Lancashire Quality-of-Life Profile, which measures internal well-being and external well-being. Internal well-being is measured using the positive and negative self-esteem subscales of Rosenberg's Self-Esteem Scale, and two subscales of the Life Regard Index, more specifically, the Framework scale (assesses "the degree to which individuals can envision their lives within some meaningful perspective or have derived a set of life-goals or philosophy of life from these") and the Fulfilment scale ("measures the degree to which people see themselves as having fulfilled or as being in the process of fulfilling their framework life-goals"). External well-being is measured using subjective ratings in six domains: leisure and social participation, finances, family, living circumstances, health, and safety. A global measure of SWB was also included (life rating 0-100 with 0 =life at its worst and 100 =life at its best). Controlling for risk level, general SWB did not show an inverse relationship with self-reported offending in the short-term; however, two specific indicators-satisfaction with health and life fulfilment-did predict decreased selfreported violent and general offences. Controlling for risk level, no SWB indicators were associated with reduced recidivism in the longer term (at 3-year follow-up). "However, satisfaction with health and general life satisfaction did buffer a high risk level for violent reconvictions after a three year follow up" (p. 231). The authors concluded that "subjective well-being seems to have a stronger effect on short-term delinquent behaviour than on longer-term reconvictions, although for high-risk patients, there was also an effect on the longer term" (p. 232).

A closer analysis of what programmes are effective indicates that those that adhere to the principles of risk, need, and responsivity reliably result in greater reductions in reoffending rates (see Bonta & Andrews, 2017). In brief, the *risk* principle specifies that the intensity of treatment

should be informed by an individual's assessed risk of reoffending (high risk = high-intensity treatment, low risk = minimal or no treatment). The *need* principle states that treatment should target *dynamic risk factors* (i.e., criminogenic needs such as crime supportive attitudes, deviant sexual arousal, and impulsivity) that are causally related to criminal behaviour, and that minimal or no attention should be given to non-criminogenic needs (e.g., self-esteem). Finally, the *responsivity* principle informs *how* treatment is delivered, and can be divided into general responsivity (i.e., selecting empirically supported treatment models and methods) and specific responsivity (i.e., matching the delivery of correctional interventions to certain characteristics of participants such as motivation, learning style, and ethnic identity).

Furthermore, there are a number of resilience or desistance factors associated with successful crime reduction, including access to social models that promote a non-offending lifestyle, employment, a stable emotional relationship, good social support, cognitive competencies, development of an adequate self-concept, and the acquisition of a sense of meaning in life (Fox, **2015**; Laws & Ward, **2011**; Lösel, **2010**; Maruna, **2001**). There is a growing convergence between the findings of desistance, programme evaluations, and resilience research traditions that shows it is not enough to concentrate on the technical aspects of interventions. Indeed, the message is clear that practitioners and policy makers ought to take greater care to ensure programmes are responsive to corrections clients' personal goals and incorporate social and community groups in any intervention plans (Marshall et al., **2006**; Maruna & Roy, **2007**; Sampson & Laub, **1993**). In a nutshell, it is a mistake to continue looking exclusively inwards towards the person and to ignore, or downplay, the important role of the context in which the individual exists, including social relationships and community involvement in the rehabilitation process (Fox, **2015**, **2022**; Laws & Ward, **2011**; McNeill, **2006**; Ward & Beech, **2015**).

The above brief review of what works in correctional programmes and interventions stresses the crucial role of social support, self-transformation, acquiring a sense of meaning, and competency building. The default etiological assumption appears to be that offending is a product of faulty social learning and individuals commit offences because they have a number of skill deficits that make it difficult for them to seek reinforcement in socially acceptable ways (Bonta & Andrews, 2017; Laws & Ward, 2011; Ward & Laws, 2010; Ward et al., 2006). Thus, the primary mechanisms underpinning offending are thought to be social and psychological, although it is acknowledged that some individuals' antisocial actions are partly caused by dysfunctional biological mechanisms such as abnormal hormonal functioning (Bonta & Andrews, 2017; Ward et al., 2006).

The major goal is to teach corrections clients skills to change the way they think, feel, and act and to use this knowledge to avoid or escape from future high-risk situations. There are usually discrete treatment modules devoted to the following problem areas: cognitive distortions, deviant sexual interests, social skill deficits, impaired problem-solving and cognitive skills, empathy deficits, intimacy deficits, emotional regulation difficulties, impulsivity, lifestyle imbalance, substance abuse, and post-offence adjustment or relapse prevention (Bonta & Andrews, 2010; Ward & Durrant, 2022; Ward & Maruna, 2007). Increasingly, there is greater attention paid to the utility of orientating treatment and interventions towards approach or positive goals rather than being exclusively preoccupied with risk reduction (Heffernan & Ward, 2015; Laws & Ward, 2011; Ward, 2014). This has the advantage of capitalising on individuals' natural predispositions towards prudential outcomes and also makes it much easier to assist them in the construction of more adaptive self-schemas or narratives. These rehabilitation perspectives have been labelled strengthbased approaches because they provide the resources to enable corrections clients to implement ways of living that centre upon their preferences and, ultimately, core values.

# **17.4 DESISTANCE FROM CRIME**

The shift in focus evident in recent correctional and forensic rehabilitation interventions indicates a movement towards greater use of community resources and an appreciation of what has been called "desistance factors" (Fox, 2022; Laws & Ward, 2011). 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 (Kirkwood, 2021; Laws & Ward, 2011; Serin & Lloyd, 2009). To suggest that a reduction in DRFs 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 corrections clients effect change to DRFs, and, therefore, provides a richness not captured by the forensic psychology literature (Laws & Ward, 2011; McNeill, 2006). Available evidence indicates that there are a number of social and psychological factors that facilitate the desistance process (Fox, 2022; Laws & Ward, 2011). These events are variously referred to, for example, as "turning points" (Laub & Sampson, 2003; Sampson & Laub, 1993), "hooks for change" (Giordano et al., 2007), a "change in narrative identity" (McNeill et al., 2005), or "making good" (Maruna, 2001).

Perhaps the most influential contributions to the desistance literature 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 nondelinquent 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 et al., 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 the 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.

To recap our argument so far. The concept of corrections client rehabilitation is at its core a deeply normative one that manifests in individual lives in the construction of practical or narrative identities, and at the social level in terms of correctional policy directed at risk reduction and management (Ward & Durrant, 2021). However, it is increasingly apparent that theories of rehabilitation need to cast their net widely and seek to equip corrections clients with the values and competencies to live more satisfying lives while also reducing their reoffending risk. The two most prominent correctional theories of rehabilitation, the RNR and the GLM, prioritise different

aspects of this equation: the RNR is focused primarily on risk management, while the GLM has a primary interest in enhancing client well-being while not ignoring risk. We will now discuss each of these theories in turn.

# 17.5 THE RISK-NEED-RESPONSIVITY MODEL OF CORRECTIONAL REHABILITATION

The risk management approach to corrections client rehabilitation emerged from Andrews and Bonta's seminal book, *The Psychology of Criminal Conduct* (PCC; Bonta & Andrews, **2017**). The PCC has 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 corrections clients' risk of recidivism: *risk, need*, and *responsivity* (Andrews, Bonta, & Hoge, **1990**; Bonta & Andrews, **2017**), which are commonly referred to in the forensic psychology literature as the RNR model of rehabilitation, a term synonymous with the risk management approach. Hence, an underlying assumption of the risk management approach is that corrections clients are bearers of risk for recidivism, and the primary aim of corrections clients rehabilitation is to reduce this recidivism risk through adherence to the RNR principles.



**PHOTO 17.3** The benefits of leading a "Good Life." *Source:* Adapted from Parradee/ Adobe Stock.

As mentioned earlier, the *risk principle* states that the dosage or intensity of interventions should match a client's risk level, such that intensive interventions are directed at high-risk individuals and less intense (or no) interventions are aimed at those who present with lower risk.

The *need 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 (Heffernan et al., 2019; Ward & Beech, 2015). DRFs include antisocial attitudes and antisocial associates (Bonta & Andrews, 2017), 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 DRFs 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 (Hanson & Morton-Bourgon, 2005; Kingston & Olver, 2018

The *responsivity principle* informs the actual delivery of interventions in order to maximise their efficacy. General responsivity advocates structured cognitive behaviour therapy interventions, given its general acceptance as the best treatment currently available for groups such as people convicted of sex crimes (e.g., Bonta & Andrews, 2017; Hanson et al., 2002). Relapse Prevention (RP; e.g., Laws, 1989) constitutes a popular format for delivering CBT for sex offending (McGrath et al., 2010), and was originally adapted for use with people convicted of sex crimes from the addictions treatment literature. Enhancing specific responsivity requires considering cognitive ability, learning style, personality profile, culture, and other characteristics of the individual, and delivering treatment accordingly. The RNR has been hugely influential in correctional rehabilitation initiatives internationally, forming the basis of correctional treatment since its inception in the early 1990s (Bonta & Andrews, 2017).

#### 17.5.1 Limitations of the Risk-Need-Responsivity Model

As stated above, meta-analyses have found support for the efficacy of RNR-based treatment programmes in reducing recidivism among corrections clients (e.g., Andrews & Dowden, 2005; Andrews, Zinger, et al., 1990; Hanson et al., 2002, 2009; Lösel & Schmucker, 2005). However, some researchers argue that the available evidence is insufficient to conclude current treatment programmes are in fact efficacious (e.g., Marques et al., 2005; Rice & Harris, 2003). Putting the question of treatment effectiveness to one side, the fact that anywhere between twelve percent (e.g., Hanson et al., 2002) and greater than fifty percent (e.g., Prentky et al., 1997) of individuals treated for child sexual offending go on to reoffend (and as many as 46% of those treated for general criminal behaviour—Wilson et al., 2005) underscores that considerable scope remains for improving correctional rehabilitation and reintegration initiatives. Furthermore, a core assumption of the RNR model that reduced reoffending is mediated by changes in DRFs has been increasingly in question, and seems unlikely (see Heffernan et al., 2019; Heffernan & Ward, 2015).

The most heavily cited criticism of the RNR model revolves around its failure to motivate and engage corrections clients in the rehabilitation process (e.g., Mann, 2000; Prescott, 2009; Ward & Beech, 2015; Ward & Maruna, 2007). Jones et al. (2006) found that a judge's recommendation for treatment significantly predicted whether people convicted of sex crimes volunteered for treatment, suggesting that external motivators such as parole eligibility influence decisions to enter treatment. Moreover, attrition from sex-offending treatment programmes has been particularly high, with reported rates as high as 30–50% (e.g., Browne et al., 1998; Moore et al., 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 re-offend 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 those convicted of sex crimes 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 is 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 DRFs (Mann, 2000; Willis & Ward, in press). By contrast, *approach* goals provide individuals with guidance on how best to achieve their goals (i.e., the stress is on achieving specific outcomes rather than simply avoiding negative consequences).

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 the risk of reoffending) as an approach goal might be "to become someone who lives a satisfying life that is always respectful of others" (Mann, 2000, p. 194). 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 corrections clients live a better life, not just a less harmful one, in ways that are personally meaningful and socially acceptable—and risk-reducing (Mann, 2000; Ward & Durrant, 2022; Ward & Maruna, 2007). Indeed, Mann et al. (2004) showed that an approach-goal-focused intervention in sex-offending treatment was associated with increased treatment engagement compared to a traditional avoidant-goal-focused intervention.

Secondly, treatment goals in the risk management approach are enforced upon corrections clients 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 et al., 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 well-being 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).

A related point concerns the conceptual problems with DRFs (see Ward & Durrant, 2022; Ward & Fortune, 2017). The concept of DRFs is at the centre of contemporary correctional psychology research and practice (Bonta & Andrews, 2017; Mann et al., 2010). The recruitment of DRFs to aid case formulations and inform treatment interventions has become standard clinical practice (Ward & Beech, 2015), and it has been suggested that the DRFs that are most strongly associated with recidivism should be the primary focus of treatment (Mann et al., 2004). Importantly, affording DRFs this role in offender classification assumes that they are able to function as

explanations of offending and also elucidate useful explanatory targets.

However, in our view, there are two problems that make DRFs unsuitable as explanatory *targets* (Ward & Fortune, **2016**). First, they are also, in part, normative concepts. The types of DRFs, for example, intimacy deficits or offence-supportive attitudes and beliefs, specify particular types of harm and their sources. A second problem is that DRFs are hybrid or composite constructs which contain features that vary in terms of their type; some are causal constructs, others contextual or mental state concepts; they are a mixture of phenomena (that require explanation) and causal factors. To treat them as a homogenous group is to commit a category mistake. Thus, although DRFs are associated with reoffending and clearly track or reflect causal factors of some kind, they are not causal constructs in any straightforward sense (Ward & Fortune, **2017**).

Another general limitation of the risk management approach is its minimal consideration paid to re-entry and reintegration into the 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 corrections clients' rehabilitation and reintegration endeavours. Moreover, in the case of treated individuals, environmental factors have the potential to facilitate or impede the maintenance of treatment-related changes to DRFs. 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 thereof—for a detailed discussion, see Ward & Durrant, 2021, 2022; Ward & Maruna, 2007), which ignore the nature of human beings as value-laden, meaning-seeking, 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, clients 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 corrections clients, compromises client engagement and their capacity for change; Willis & Ward, in press).

The problem with basing the explanation of crime on DRFs is that such an account fails to adequately reflect human agency and the goal-directed nature of action. What one typically ends up with is a list of factors that predict recidivism but reveals little or no understanding of how they actually cause offending in part or collectively. This is in part because criminal justice researchers are often preoccupied with risk assessment and prediction and, therefore, heavily favour psychometric models of offending over causal ones (Ward, 2015). In our view, this is a mistake and likely to lead to theoretical and practice dead-ends very quickly; additionally, it conflates risk prediction with causal explanation (Heffernan & Ward, 2015; Ward, 2014, 2015; Ward & Beech, 2015; Ward & Durrant, 2022; Ward & Fortune, 2017).

In summary, critics argue that the RNR approach commonly current in correctional rehabilitation and reintegration endeavours constitutes a necessary, but not sufficient, foundation for effective interventions (Ellerby et al., 2000; Maruna, 2001; Ward & Maruna, 2007; Ward & Stewart, 2003). We are committed to the idea of providing corrections clients 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 these clients a plethora of good ideas and practices. It has been convincingly argued that correctional rehabilitation endeavours require a dual focus: reducing risk but also promoting human needs and values through approach goals, thereby engaging corrections clients 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 clients to engage in treatment and desist from further offending and consideration for clients' environmental contexts (Ward et al., 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 the theoretical assumptions of both perspectives and their common stress on the importance of both client agency and social resources.

# 17.6 THE GOOD LIVES MODEL

The GLM, first proposed by Ward and Stewart (2003) and further developed by Ward and colleagues (e.g., Purvis et al., 2013; Ward & Gannon, 2006; Ward & Marshall, 2004; Yates et al., 2010), is a strength-based approach to rehabilitation in the wake of causing harm to others and one's self. It is a strength-based rehabilitation theory and practice framework (Ward & Durrant, 2021) because it is responsive to clients' particular interests, abilities, and aspirations. It also directs practitioners to explicitly construct individualised intervention plans that help corrections clients acquire the means and 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 everyone acquire the tools required to make their 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 prudential values that are shared by all (Ward & Stewart, 2003; Willis & Ward, in press).

Rehabilitation endeavours should therefore equip clients with the knowledge, skills, opportunities, and resources necessary to satisfy their life values in ways that do not harm others. Inherent in its focus on an individual's life values, the GLM places a strong emphasis on corrections clients' personal agency. That is, clients, like the rest of us, actively seek to satisfy their life values through whatever means available to them. The GLM's dual attention to a client's internal values and life priorities and external factors such as resources and opportunities give it practical utility in desistance-oriented interventions, therefore lending itself to client engagement. 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 a natural resonance between desistance theory and the GLM because of their overlapping theoretical ideas and broad way of conceptualising the relationship between human beings and their social world.

The GLM is a theory/practice framework of correctional client rehabilitation that contains three hierarchical sets of assumptions: normative assumptions concerning the aims of rehabilitation, knowledge-related assumptions that account for the onset, nature, and maintenance of offending, and practice 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.

# 17.6.1 Normative 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 act freely in the implementation of these plans. A closely related assumption is the basic premise that corrections clients, like all humans, value certain states of mind, personal characteristics, and experiences, which are defined in the GLM as *primary human goods*. Following an extensive review of psychological, social, biological, and anthropological research, Ward and colleagues (e.g., Ward & Brown, 2004; Ward & Marshall, 2004) first proposed 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 (see Box 17.3):

#### BOX 17.3 PRIMARY GOODS FROM THE GLM MODEL

Life (including healthy living and functioning)

Knowledge acquisition

Excellence in play (being good at something)

Excellence in work (including mastery experiences)

Excellence in agency (being in control and the ability to be able to get things accomplished)

Inner peace (freedom from emotional turmoil and stress)

Friendship (having intimate, romantic, and family relationships)

Community (being part of wider social networks)

Spirituality (finding meaning and purpose in life)

States of happiness and pleasure

Creativity

While it is assumed that all humans seek out all of these primary goods to some degree, the weightings or priorities given to specific primary goods reflect an individual's values and life priorities (Ward & Durrant, 2021). 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 et al., 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 DRFs, meaning that avoidance goals are indirectly targeted through the GLM's focus on approach goals.

### 17.6.2 Knowledge-Related Assumptions of the GLM

According to the GLM, there are two primary routes that lead to the onset of offending: direct and indirect; Willis & Ward, in press). The direct pathway is implicated when an individual actively attempts (often implicitly) to satisfy primary goods through their 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 awry, 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 clients' attempts to secure primary goods have been proposed, see Box 17.4.

#### BOX 17.4 INAPPROPRIATE ROUTES TO SECURING PRIMARY GOODS

- 1. The most common in the direct route to offending, is the use of *inappropriate strategies* (secondary goods) to achieve primary goods.
- 2. 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.
- 3. There may be *conflict* in the pursuit of goods that might result in acute psychological stress and unhappiness.
- 4. An individualal 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, 2011).

Empirically identified criminogenic needs are conceptualised in the GLM as internal or external obstacles that interfere with the acquisition of primary goods. In their recent work, Ward and his colleagues have concentrated on the goal-directed nature of human functioning and the constituents of human agency, and deconstructed criminogenic needs into the components of agency (Heffernan & Ward, 2015; Ward, 2015; Ward & Beech, 2015; Ward & Durrant, 2021). The question then becomes: What type of goals (and their motivational and cognitive underpinnings), strategies, plans, and contexts are associated with the violation of significant social and moral norms? 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 the attainment of inner peace.

### 17.6.3 Practice 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 (Prescott et al., 2022; Ward & Brown, 2004; Willis & Ward, in press). In applying the GLM, assessment begins with mapping out a client's good lives conceptualisation by identifying the weightings given to the various primary goods. This is achieved through (a) asking increasingly detailed questions about a client's core commitments in life and his or her valued day-to-day activities and experiences, and (b) identifying the goals and underlying values that were evident in a client's offence-related actions. Once a client's conceptualisation of what constitutes a good life is understood, future-oriented secondary goods aimed at satisfying the person's primary goods in socially acceptable ways are formulated collaboratively with the client and translated into a good life treatment plan. Treatment is individually tailored to assist clients in implementing their 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.

#### CASE STUDY 17.1

Sam is a 42-year-old member of a Native American gang who has a long criminal history and several past periods of imprisonment for assault, rape, and robbery. Sam's Good Lives Plan explicitly linked the goods of knowledge, community, and relatedness to his practical identities (secondary goods and contexts) of being a university student and member of the university and other local Native American support and cultural groups. He learned how to manage his anger, alcohol and drug use, and to apply more adaptive norms and beliefs when dealing with people during therapy, he received from a correctional psychologist. This work built upon his past participation in RNR violence programmes, but because they were recruited in the service of goals he was committed to, they were more eagerly utilised by Sam. It was anticipated that he would cultivate social and even romantic relationships with the non-gang people he mixed with in the various support groups he attended, possibly taking up the numerous opportunities to join in recreational and sporting activities. The whole range of primary goods was built into Sam's GLP, with an emphasis being on the two primary practical identities of a Native American history and culture student and being a member of a Native American community and tribe.

#### CASE STUDY 17.2

Peter is a 33-year-old single male who was convicted of sexually molesting two teenage girls while giving them tennis lessons. Peter's Good Lives Plan is built around two primary goods and

their respective practical identities, mastery and service to the community. Concerning mastery, it was decided that taking into account Peter's love of teaching and his demonstrated ability, he would train as a teacher of literacy at a local education institution. This identity is one that Peter endorsed and it would also meet his need to be of service to his community given that he would be working with men who were struggling and down on their luck. In order to take full advantage of the training opportunity, Peter agreed to work on his mild anxiety and assertiveness problems and to develop the confidence and ability to communicate more effectively with adult men and women. He required relatively little specialised psychological therapy for his sexual offences and most of the rehabilitation focus was on developing and strengthening his social and vocational relationships and opportunities.

Ward et al. (2007) outlined a group-based application of the GLM based on seven modules typical of current best-practice sex offending 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 DRFs 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 clients 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. Corrections clients' individual good life plans should inform the nature of interventions provided in this module. Some clients, 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 clients, however, may highly value intimate relationships; thus, intensive therapeutic work on intimacy and relationships might be required. More recently, Willis et al. (2013) extended this work and outlined how to integrate the GLM into structured RNR-based treatment programmes. They detailed the application of the GLM alongside the RNR into a programme's overall orientation (e.g., name, aims, guidelines, and operating principles), assessment procedures, intervention planning, intervention content, and overall delivery.

#### 17.6.4 Empirical Research Supporting the Utility of the GLM

The most commonly cited criticism of the GLM is its lack of empirical support (Andrews et al., **2011**; James Bonta & Andrews, **2003**; Ogloff & Davis, **2004**; Wormith et al., **2012**). However, the GLM is not a *treatment* theory but rather a practice 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 correctional practice than currently exists.

However, programmes can be constructed that reflect GLM assumptions and these can (and should) be evaluated. These are best construed as GLM-consistent programmes, however, and are

not the GLM itself (Laws & Ward, 2011; Prescott et al., 2022; Prescott & Willis, 2021; Ward & Maruna, 2007; Willis & Ward, in press). Importantly, evaluations must first address the extent to which an intervention adheres to the GLM before evaluating its effectiveness as a GLM-consistent intervention (Prescott et al., 2022; Prescott & Willis, 2021). One study found that GLM operationalisation in many sexual offending treatment programmes was limited to the addition of an extra phase or module onto the end of an RNR/RP treatment protocol, which is entirely inconsistent with the GLM (Willis et al., 2014). To reiterate, the GLM is a broad and overarching rehabilitation theory and practice framework designed to inform interventions from their very inception. The GLM was developed to address the problem of poor engagement in treatment programmes, and therefore the application of the GLM as an 'add-on' misses opportunities to engage clients who might have otherwise engaged if the GLM was used from the beginning of a programme.

Keeping this general point in mind, a growing number of studies have incorporated principles of the GLM into interventions for sexual offending with promising results (Barnett et al., 2014; Gannon et al., 2019; Harkins et al., 2012; Lindsay et al., 2007; Simons et al., 2006; Ware & Bright, 2008; Whitehead et al., 2007). Given the newness of GLM clinician guidelines, manuals, and workbooks relative to the RNR (e.g., Prescott 2019; Purvis et al., 2013; Willis et al., 2013; Yates et al., 2010; Yates & Prescott, 2011) and inconsistent approaches to implementation (e.g., cites the impact of GLM-derived interventions on recidivism remains unknown). However, we have previously argued that integrated appropriately, outcomes of GLM-derived interventions should be *at least* equal to those of RNR-based interventions, given that the GLM is designed to be integrated with the RNR (e.g., Willis & Ward, 2013; Yates et al., 2010).

Preliminary research indicates that the GLM is received favourably by clinicians and clients (Harkins et al., 2012; Willis et al., 2014), likely benefiting the therapeutic relationship and client engagement. It has been implemented in diverse locations (Prescott & Willis, 2021). Finally, studies conducted in the United States, the United Kingdom, New Zealand, and Singapore have offered support for the GLM's underlying assumptions, including the construct validity of primary human goods (both as fundamental human needs and as drivers of sexual offending) (Barnett & Wood, 2008; Bouman et al., 2009; Chu et al., 2015; Willis & Grace, 2008; Willis & Ward, 2011; Yates et al., 2009). Taken together, these studies suggest that adoption of the GLM enhances treatment engagement and positive therapeutic relationships, as well as the promotion of longer-term desistance from offending.

To sum-up, the GLM has demonstrated preliminary effectiveness in addressing key limitations of the risk management approach to the rehabilitation of corrections clients, 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.

# 17.7 SUMMARY

- 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, of the GLM. Through acknowledging that these individuals are *people like us*, the GLM engages clients 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 clients and lack sufficient theoretical and ethical resources to enlarge their vision to the broader social and cultural vista.
- Helping corrections clients to turn their lives around requires attending to their needs and value commitments, as well as their potential for behaving harmfully towards others.
- In fact, according to the GLM, assisting individuals to acquire the capabilities to pursue and achieve their personal goals is also likely to make them safer.

# **ESSAY QUESTIONS**

- 1. What is a rehabilitation theory?
- 2. What role do values play in the process of correctional rehabilitation?
- 3. Outline the concept of desistance and describe its role in the reintegration of corrections clients.
- 4. Outline and critically evaluate the RNR model of rehabilitation.
- 5. Outline and critically evaluate the GLM model of rehabilitation.
- 6. Contrast and compare the RNR and GLM models of rehabilitation.

#### ANNOTATED FURTHER READING

In this book Laws and Ward review the criminological theoretical and empirical literature on desistance and draw out its implications for offender rehabilitation. More specifically they demonstrate how an enriched version of the Good Lives Model of offender rehabilitation can be fruitfully integrated with desistance ideas.

In this chapter a father of correctional interventions and developer of an influential model cognitive skills training, reviews current theoretical and practice models in the correctional area. He concludes that while progress has been made there is still much to be learned. Furthermore, he suggests that the incorporation of desistance and strength-based ideas may add value to intervention initiatives.

Ward, T., & Laws, D. R. (2010). Desistance from sexual offending: Motivating change, enriching practice. *International Journal of Forensic Mental Health*, **9**(1), 11–23. https://doi.org/10.1080/1499901100379159 8

- Bonta, J., & Andrews, D. (2010). Viewing offender assessment and rehabilitation through the lens of the risk-needs-responsivity model. In F. McNeill, P. Raynor, & C. Trotter (Eds.), *Offender supervision: New directions in theory, research, and practice* (pp. 19–40). Willan Publishing. *In this chapter the two creators of the RNR, Bonta and Andrews, provide a comprehensive overview of its major principles. They draw from the extensive empirical literature in the correctional field and evaluate the utility of the RNR and its components.*
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. American Psychological Association. *In this seminal book, Maruna investigates the divergent lives and aspirations of offenders who desist from, or continue, offending. He argues that a crucial aspect of successful rehabilitation is the degree to which offenders self-conceptions are redemptive in nature.*

- Laub, J. H., & Sampson, R. J. (2003). Shared beginnings, divergent lives: Delinquent boys to age 70. Harvard University Press. In this pioneering book, Laub and Sampson report on a study spanning well over fifty years, of a group of delinquent boys. They discuss the factors that are associated with successful desistance from offending and conclude that social bonds, self-transformation, and community support are among the most important desistance variable.
- Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk assessment paradigm*. Routledge. *In this book Ward and Maruna carefully analyse the concept of a rehabilitation theory and argue for its importance in guiding practitioners and researchers working with offenders. They then go on to describe the two most comprehensive rehabilitation theories currently in use, RNR and GLM, critically evaluate both models*
- Porporino, F. J. (2010). Bringing sense and sensitivity to corrections: From programmes to 'fix' offenders to services to support desistance. In J. Brayford, F. Cowe, & J. Deering (Eds.), *What else works? Creative work with offenders* (pp. 61–85). Willan Publishing.

#### REFERENCES

- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, **17**(1), 19–52. https://doi.org/10.1177/0093854890017001004
- Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The Risk-Need-Responsivity (RNR) Model: Does adding the Good Lives Model contribute to effective crime prevention? *Criminal Justice and Behavior*, 38(7), 735–755. https://doi.org/10.1177/0093854811406356
- Andrews, D. A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A metaanalytic review of programme integrity. *Legal and Criminological Psychology*, **10**(2), 173–187. https://do i.org/10.1348/135532505X36723
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369–404. https://doi.org/10.1111/j.1745-9125.1990.tb01330.x
- Bahr, S. J., Harris, L., Fisher, J. K., & Armstrong, A. H. (2010). Successful reentry: What differentiates successful and unsuccessful parolees? *International Journal of Offender Therapy and Comparative Criminology*, 54(5), 667–692. https://doi.org/10.1177/0306624X09342435
- Barnett, G. D., Manderville-Norden, R., & Rakestrow, J. (2014). The Good Lives Model or Relapse Prevention: What works better in facilitating change? *Sexual Abuse: A Journal of Research and Treatment*, **26**(1), 3–33. https://doi.org/10.1177/1079063212474473
- Barnett, G. D., & Wood, J. L. (2008). Agency, relatedness, inner peace, and problem solving in sexual offending: How sexual offenders prioritize and operationalize their good lives conceptions. *Sexual Abuse: Journal of Research and Treatment*, **20**(4), 444–465. https://doi.org/10.1177/1079063208325202
- Beyko, M. J., & Wong, S. C. P. (2005). Predictors of treatment attrition as indicators for program improvement not offender shortcomings: A study of sex offender treatment attrition. *Sexual Abuse: A Journal of Research and Treatment*, 17(4), 375–389. https://doi.org/10.1177/107906320501700403
- Bonta, J., & Andrews, D. A. (2003). A commentary on Ward and Stewart's model of human needs. *Psychology, Crime & Law*, **9**(3), 215–218. https://doi.org/10.1080/10683/16031000112115
- Bonta, J., & Andrews, D. A. (2010). Viewing offender assessment and rehabilitation through the lens of the risks-needs-responsivity model. In F. McNeill, P. Raynor, & C. Trotter (Eds.), *Offender supervision: New directions in theory, research and practice* (Vol. **19**, pp. –40). Willan Publishing.

Bonta, J., & Andrews, D. A. (2017). The psychology of criminal conduct (6th ed.). Anderson Publishing.

Bouman, Y. H. A., Schene, A. H., & de Ruiter, C. (2009). Subjective well-being and recidivism in forensic psychiatric outpatients. *International Journal of Forensic Mental Health*, 8(4), 225–234. https://doi.org/1 0.1080/14999011003635647

Browne, K. D., Foreman, L., & Middleton, D. (1998). Predicting treatment drop-out in sex offenders. Child

*Abuse Review*, **7**(6), 402–419. https://doi.org/10.1002/(SICI)1099-0852(199811/12)7:6%3C402::AID-CA R530%3E3.0.CO;2-9

- Chu, C. M., Koh, L. L., Zeng, G., & Teoh, J. (2015). Youth who sexual offended: Primary human goods and offense pathways. *Sexual Abuse: A Journal of Research and Treatment*, **27**(2), 151–172. https://doi.org/1 0.1177/1079063213499188
- Ellerby, L., Bedard, J., & Chartrand, S. (2000). Holism, wellness, and spirituality: Moving from relapse prevention to healing. In D. R. Laws, S. M. Hudson, & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 427–452). SAGE.
- Farrall, S., & Maruna, S. (2004). Desistance-focused criminal justice policy research: Introduction to a special issue on desistance from crime and public policy. *The Howard Journal of Criminal Justice*, 43, 358–367. https://doi.org/10.1111/j.1468-2311.2004.00335.x
- Fox, K. J. (2015). Theorizing community integration and desistance promoting. *Criminal Justice and Behavior*, 42(1), 82–94. https://doi.org/10.1177/0093854814550028
- Fox, K. J. (2022). Desistance frameworks. *Aggression and Violent Behavior*, **63**. https://doi.org/10.1016/j.av b.2021.101684
- Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review*, 73. https://doi.org/10.1016/j.cpr.2019.101752
- Giordano, P. C., Schroeder, R. D., & Cernkovich, S. A. (2007). Emotions and crime over the life course: A neo-Meadian perspective on criminal continuity and change. *American Journal of Sociology*, **112**(6), 1603–1661. https://doi.org/10.1086/512710
- Glueck, S., & Glueck, E. (1950). Unraveling juvenile delinquency. The Commonwealth Fund.
- Glueck, S., & Glueck, E. (1968). Delinquents and nondelinquents in perspective. Harvard University Press.
- Gottfredson, M. R., & Hirschi, T. (1990). A general theory of crime. Stanford University Press.
- Graffam, J., Shinkfield, A., Lavelle, B., & McPherson, W. (2004). Variables affecting successful reintegration as perceived by offenders and professionals. *Journal of Offender Rehabilitation*, **40**(1-2), 147–171. https://doi.org/10.1300/J076v40n01\_08
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, **36**(9), 865–891. https://doi.org/10.1177/0093854809338545
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphey, W., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169–194. https://d oi.org/10.1177/107906320201400207
- Hanson, R. K., & Harris, A. J. R. (2000). Where should we intervene? Dynamic predictors of sexual assault recidivism. *Criminal Justice and Behavior*, **27**(1), 6–35. https://doi.org/10.1177/0093854800027001002
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A metaanalysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154–1163. https://d oi.org/10.1037/0022-006X.73.6.1154
- Harkins, L., Flak, V. E., Beech, A., & Woodhams, J. (2012). Evaluation of a community-based sex offender treatment program using a Good Lives Model approach. *Sexual Abuse: A Journal of Research and Treatment*, 24(6), 519–543. https://doi.org/10.1177/1079063211429469
- Heffernan, R., & Ward, T. (2015). The conceptualization of dynamic risk factors in child sex offenders: An agency model. *Aggression and Violent Behavior*, 24, 250–260. https://doi.org/10.1016/j.avb.2015.07.001
- Heffernan, R., Wegerhoff, D., & Ward, T. (2019). Dynamic risk factors: Conceptualization, measurement, and evidence. *Aggression and Violent Behavior*, **48**(6), -16. https://doi.org/10.1016/j.avb.2019.06.004

Higgins, E. T. (1996). Ideals, oughts and regulatory focus: Affect and motivation from distinct pains and pleasures. In P. M. Gollwitzer & J. A. Bargh (Eds.), *The psychology of action: Linking cognition and* 

motivation to behaviour (pp. 91-114). Guilford.

- Jones, N., Pelissier, B., & Klein-Saffran, J. (2006). Predicting sex offender treatment entry among individuals convicted of sexual offense crimes. *Sexual Abuse: A Journal of Research and Treatment*, 18(1), 83–98. https://doi.org/10.1177/107906320601800106
- Kirkwood, S. (2021). "A wee kick up the arse": Mentoring, motivation, and desistance from crime. *Criminology and Criminal and Criminal Justice*. https://doi.org/10.1177/17488958211043691
- Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice*, 28, 1–69. htt ps://doi.org/10.1086/652208
- Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70.* Harvard University Press.
- Laws, D. R. (1989). Relapse prevention with sex offenders. Guilford Press.
- Laws, D. R., & Ward, T. (2011). Desistance from sex offending: Alternatives to throwing away the keys. Guilford Press.
- Lindsay, W. R., Ward, T., Morgan, T., & Wilson, I. (2007). Self-regulation of sex offending, future pathways and the Good Lives Model: Applications and problems. *Journal of Sexual Aggression*, **13**(1), 37–50. http s://doi.org/10.1080/13552600701365613
- Lösel, F. (2010, October). *What works in offender rehabilitation: A global perspective* [Paper presentation]. 12th Annual Conference of the International Corrections and Prisons Association, Ghent, Belgium.
- Lösel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1(1), 117–146. https://doi.org/10.1007/s11292-004-6 466-7
- Mann, R. E. (2000). Managing resistance and rebellion in relapse prevention intervention. In D. R. Laws, S. M. Hudson, & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 187–200). SAGE. https://doi.org/10.4135/9781452224954
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sex Abuse*, **22**(2), 191–217. https://doi.org/10.11 77/1079063210366039
- Mann, R. E., Webster, S. D., Schofield, C., & Marshall, W. L. (2004). Approach versus avoidance goals in relapse prevention with sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, **16**(1), 65–75. https://doi.org/10.1177/107906320401600105
- Marques, J. K., Wiederanders, M., Day, D. M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). Sexual Abuse: A Journal of Research and Treatment, 17(1), 79–107. https://d oi.org/10.1177/107906320501700108
- Marshall, W. L., Marshall, L. E., Serran, G. A., & Fernandez, Y. M. (2006). *Treating sexual offenders: An integrated approach*. Routledge. https://doi.org/10.4324/9780203955628
- Marshall, W. L., Serran, G. A., Fernandez, Y. M., Mulloy, R., Mann, R. E., & Thornton, D. (2003). Therapist characteristics in the treatment of sexual offenders: Tentative data on their relationship with indices of behaviour change. *Journal of Sexual Aggression*, **9**(1), 25–30. https://doi.org/10.1080/35526003 1000137940
- Martin, A. M., Hernandez, B., Hernandez-Fernaud, E., Arregui, J. L., & Hernandez, J. A. (2010). The enhancement effect of social and employment integration on the delay of recidivism of released offenders trained with the R & R programme. *Psychology, Crime & Law*, **16**(5), 401–413. https://doi.org/10.1080/10 683160902776835
- Martin, K., & Stermac, L. (2010). Measuring hope: Is hope related to criminal behaviour in offenders? International Journal of Offender Therapy and Comparative Criminology, 54(5), 693–705. https://doi.org/ 10.1177/0306624X09336131
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. American Psychological Association. https://doi.org/10.1037/10430-000

- Maruna, S., & Roy, K. (2007). Amputation or reconstruction? Notes on the concept of "knifing off" and desistance from crime. *Journal of Contemporary Criminal Justice*, **23**(1), 104–124. https://doi.org/10.117 7/1043986206298951
- McGrath, R. J., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010). Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American survey. Safer Society Press. https://www.robertmcgrath.us/files/6414/3204/5288/2009\_Safer\_Society\_North\_American\_Surve y.pdf
- McNeill, F. (2006). A desistance paradigm for offender management. *Criminology and Criminal Justice*, **6**(1), 39–62. https://doi.org/10.1177/1748895806060666
- McNeill, F., Batchelor, S., Burnett, R., & Knox, J. (2005). 21st century social work. Reducing Reoffending: Key practice skills. Scottish Executive.
- Moore, D. L., Bergman, B. A., & Knox, P. L. (1999). Predictors of sex offender treatment completion. *Journal of Child Sexual Abuse*, 7(3), 73–88. https://doi.org/10.1300/J070v07n03\_05
- Ogloff, J. R. P., & Davis, M. R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime & Law*, **10**(3), 229–242. https://doi.org/10.108 0/10683160410001662735
- Petersilia, J. (2003). When prisoners come home: Parole and prisoner reentry. Oxford University Press.
- Porporino, F. (2010). Bringing sense and sensitivity to corrections: From programs to "fix" offenders to services for supporting desistance.
- Prentky, R. A., Lee, A. F. S., Knight, R. A., & Cerce, D. (1997). Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior*, **21**(6), 635–659. https://doi.org/10.102 3/a:1024860714738
- Prescott, D. S. (2009). Building motivation to change in sexual offenders. Safer Society Press.
- Prescott, D. S. (2019). Becoming the man I want to be. Safer Society Press.
- Prescott, D. S., & Willis, G. M. (2021). Using the good lives model (GLM) in clinical practice: Lessons learned from international implementation projects. *Aggression and Violent Behavior*, 63. https://doi.org/1 0.1016/j.avb.2021.101717
- Prescott, D. S., Willis, G., & Ward, T. (2022). Monitoring therapist fidelity to the Good Lives Model (GLM). *International Journal of Offender Therapy and Comparative Criminology*. https://doi.org/10.117 7/0306624X221086572
- Purvis, M., Ward, T., & Shaw, S. (2013). *Applying the Good Lives Model to the case management of sexual offenders*. Safer Society Press. https://safersocietypress.org/safer-society-press/aplying-the-good-lives-mo del-to-the-case-management-of-sexual-offenders/
- Rice, M. E., & Harris, G. T. (2003). The size and sign of treatment effects in sex offender therapy. *Annals of the New York Academy of Sciences*, **989**(1), 428–440. https://doi.org/10.1111/j.1749-6632.2003.tb07323.x
- Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Harvard University Press.
- Serin, R. C., & Lloyd, C. D. (2009). Examining the process of offender change: The transition to crime desistance. *Psychology, Crime & Law*, 15(4), 347–364. https://doi.org/10.1080/10683160802261078
- Serran, G., Fernandez, Y., Marshall, W. L., & Mann, R. E. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology: Research and Practice*, **34**(4), 368–374. https://do i.org/10.1037/0735-7028.34.4.368
- Simons, D. A., McCullar, B., & Tyler, C. (2006, September). *Evaluation of the Good Lives Model approach to treatment planning* [Paper presentation]. 25th Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference, Chicago, Illinois.
- Tripodi, S. J., Kim, J. S., & Bender, K. (2010). Is employment associated with reduced recidivism? International Journal of Offender Therapy and Comparative Criminology, 54(5), 706–720. https://doi.org/ 10.1177/0306624x09342980

- Uggen, C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review*, **65**(4), 529–546. https://doi.org/10.2307/265 7381
- Ward, T. (2014). The explanation of sexual offending: From single factor theories to integrative pluralism. *Journal of Sexual Aggression*, **20**(2), 130–141. https://doi.org/10.1080/13552600.2013.870242
- Ward, T. (2015). The detection of dynamic risk factors and correctional factors. *Criminology & Public Policy*, **14**(1), 105–111. https://doi.org/10.1111/1745-9133.12115
- Ward, T., Arrigo, B., Barnao, M., Beech, A. R., Brown, D. A., Cording, J., ... Taxman, F. (2022). Urgent issues and prospects in correctional rehabilitation practice and research. *Legal and Criminological Psychology*, 27(2), 103–128. https://doi.org/10.1111/lcrp.12211
- Ward, T., & Beech, A. (2015). Dynamic risk factors: A theoretical dead-end? *Psychology, Crime & Law*, **21**(2), 100–113. https://doi.org/10.1080/1068316X.2014.917854
- Ward, T., & Birgden, A. (2007). Human rights and correctional clinical practice. Aggression and Violent Behavior, 12(6), 628–643. https://doi.org/10.1016/j.avb.2007.05.001
- Ward, T., & Brown, M. (2004). The Good Lives Model and conceptual issues in offender rehabilitation. *Psychology, Crime & Law*, **10**(3), 243–257. https://doi.org/10.1080/10683160410001662744
- Ward, T., & Durrant, R. (2021). Practice frameworks in correctional psychology: Translating causal theories and normative assumptions into practice. *Aggression and Violent Behavior*, 58, 101612. https://doi.org/1 0.1016/j.avb.2021.101612
- Ward, T., & Durrant, R. (2022). Targets of explanation in forensic and correctional psychology: A black box model. Agression and Violent. Behaviour, 67(1). https://doi.org/10.1016/j.avb.2022.101782
- Ward, T., & Fortune, C.-A. (2016). From dynamic risk factors to causalprocesses: A methodological framework. *Psychology, Crime & Law*, 22, 190–202. https://doi.org/10.1080/1068316X.2015.1117080
- Ward, T., & Fortune, C.-A. (2017). Dynamic risk factors what role should they play in the explanation, assessment and rehabilitation of offenders? (1st ed.). Routledge.
- Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, **11**(1), 77–94. https://doi.o rg/10.1016/j.avb.2005.06.001
- Ward, T., Gannon, T., & Fortune, C. (2015). Restorative Justice informed moral acquaintance: Resolving the dual relationship problem in forensic and correctional psychology. *Criminal Justice and Behavior*, 42(1), 45–57. https://doi.org/10.1177/0093854814550026
- Ward, T., & Laws, D. R. (2010). Desistance from Sexual Offending: Motivating change, enriching practice. *International Journal of Forensic Mental Health*, **9**(1), 11–23. https://doi.org/10.1080/1499901100379159 8
- Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. Aggression and Violent Behavior, 12(1), 87–107. https://doi.org/10.1016/j.avb.2006.03.004
- Ward, T., & Marshall, W. L. (2004). Good lives, aetiology and the rehabilitation of sex offenders: A bridging theory. *Journal of Sexual Aggression*, **10**(2), 153–169. https://doi.org/10.1080/135526004123312 90102
- Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk assessment paradigm*. Routledge. https://do i.org/10.4324/9780203962176
- Ward, T., & Nee, C. (2009). Surfaces and depths: Evaluating the theoretical assumptions of cognitive skills programmes. *Psychology, Crime & Law*, **15**(2–3), 165–182. https://doi.org/10.1080/10683160802190889
- Ward, T., & Salmon, K. (2009). The ethics of punishment: Correctional practice implications. Aggression and Violent Behavior, 14(4), 239–247. https://doi.org/10.1016/j.avb.2009.03.009
- Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice*, **34**(4), 353–360. https://doi.org/10.1037/0735-7028.3 4.4.353

- Ward, T., & Syversen, K. (2009). Human dignity and vulnerable agency: An ethical framework for forensic practice. Aggression and Violent Behavior, 14(2), 94–105. https://doi.org/10.1016/j.avb.2008.12.002
- Ward, T., Vess, J., Collie, R. M., & Gannon, T. A. (2006). Risk management or goods promotion: The relationship between approach and avoidance goals in treatment for sex offenders. *Aggression and Violent Behavior*, **11**(4), 378–393. https://doi.org/10.1016/j.avb.2006.01.001
- Ware, J., & Bright, D. A. (2008). Evolution of a treatment programme for sex offenders: Changes to the NSW Custody-Based Intensive Treatment (CUBIT). *Psychiatry, Psychology and Law*, **15**(2), 340–349. htt ps://doi.org/10.1080/13218710802014543
- Whitehead, P. R., Ward, T., & Collie, R. M. (2007). Time for a change: Applying the Good Lives Model of rehabilitation to a high-risk violent offender. *International Journal of Offender Therapy and Comparative Criminology*, **51**(5), 578–598. https://doi.org/10.1177/0306624X06296236
- Willis, G. M., & Grace, R. C. (2008). The quality of community reintegration planning for child molesters: Effects on sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment*, **20**(2), 218–240. http s://doi.org/10.1177/1079063208318005
- Willis, G. M., & Ward, T. (2011). Striving for a good life: The Good Lives Model applied to released child molesters. *Journal of Sexual Aggression*, **17**(3), 290–303. https://doi.org/10.1080/13552600.2010.505349
- Willis, G. M., & Ward, T. (2013). The Good Lives Model: Does it work? Preliminary evidence. In L. Craig, L. Dixon, & T. A. Gannon (Eds.), *What works in offender rehabilitation* (pp. 305–317). Wiley. https://do i.org/10.1002/9781118320655.ch17
- Willis, G. M., & Ward, T. (in press). Evidence for the Good Lives Model in supporting rehabilitation and desistance from offending. In L. A. Craig, L. Dixon, & T. A. Gannon (Eds.), *The Wiley handbook of what* works in offender rehabilitation: An evidence-based approach to theory, assessment and treatment (2nd ed.). Wiley-Blackwell Publishers.
- Willis, G. M., Ward, T., & Levenson, J. S. (2014). The Good Lives Model (GLM): An evaluation of GLM operationalization in North American treatment programs. *Sexual Abuse: A Journal of Research & Treatment*, 26(1), 58–81. https://doi.org/10.1177/1079063213478202
- Willis, G. M., Yates, P. M., Gannon, T. A., & Ward, T. (2013). How to integrate the Good Lives Model into treatment programs for sexual offending: An introduction and overview. *Sexual Abuse: A Journal of Research & Treatment*, 25(2), 123–142. https://doi.org/10.1177/1079063212452618
- Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005). A quantitative review of structured, grouporiented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, **32**(2), 172–204. htt ps://doi.org/10.1177/0093854804272889
- Wormith, J. S., Gendreau, P., & Bonta, J. (2012). Deferring to clarity, parsimony, and evidence in reply to Ward, Yates, and Willis. *Criminal Justice and Behavior*, **39**(1), 111–120. https://doi.org/10.1177/00938548 11426087
- Yates, P. M., & Prescott, D. S. (2011). *Building a better life: A good lives and self-regulation workbook*. Safer Society Press.
- Yates, P. M., Prescott, D. S., & Ward, T. (2010). Applying the Good Lives and Self Regulation Models to sex offender treatment: A practical guide for clinicians. Safer Society Press. https://safersocietypress.org/wp-c ontent/uploads/2020/11/WP145-TOC-Introduction.pdf
- Yates, P. M., Simons, D. A., Kingston, D. A., & Tyler, C. (2009, October). The Good Lives Model of rehabilitation applied to treatment: Assessment and relationship to treatment progress and compliance [Paper presentation]. 28th Annual Convention of the Association for the Treatment of Sexual Abusers (ATSA), Dallas, TX.