The Good Lives Model for Adolescents Who Sexually Harm

Edited by Bobbie Print, CQSW
Foreword by Tony Ward, PhD
You are about to preview the table of contents and sample chapter of the new book, *The Good Lives Model for Adolescents Who Sexually Harm*, which will be published by Safer Society Press in October 2013. We have chosen this chapter because it is representative of the practical information you can expect to find in all the chapters.

The book will be available for purchase after October 2013 from our Web Store or by calling 802-247-3132.

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Foreword

I have been familiar with the work of Bobbie Print and the G-map team for many years now and have been lucky enough to visit their center on a number of occasions to share research and therapy ideas. On every occasion I was struck by the tremendous enthusiasm of the staff for their work with adolescents who harm sexually and their total commitment to clinical excellence. Bobbie and her team are pioneers as well as talented practitioners, always seeking to develop more effective ways of treating young people.

I was delighted when Bobbie and the G-map staff decided to adopt the Good Lives model (GLM) as a practice framework to structure their therapeutic work with adolescent sex offenders, however, I was curious about just how they would achieve this. Clearly, adolescents are very different from adult who sexually harm and changes would be necessary if the GLM was going to prove useful with this population. After reading the manuscript I have to say, I think it is superb! I am extremely impressed by their painstaking analysis of the GLM and the systematic way they made changes to the model to better fit their practice with adolescents. For example, the way the primary human goods are grouped and the new labels for GLM concepts make perfect sense for this population.

In my view, their grasp of the GLM is profound. They have worked with the model from the inside out, making sensible practice adjustments but preserving its core ideas and ethical heart. This is a terrific book that documents G-map’s journey with the GLM and demonstrates clearly their clinically creative and skillful translation of it into extremely useful therapeutic guidelines for work with adolescent sex offenders.

In the hands of Bobbie Print and the G-map staff, the GLM has been transformed into a flexible and clinically sophisticated practice framework capable of integrating cutting-edge and effective techniques within a strength-based framework. The writing is clear and the analysis sure-footed. There is considerable detail on how to go about
assessing and treating adolescent sex offenders from a GLM perspective, all of which is beautifully illustrated with ongoing case examples. In my opinion, this book is likely to prove a landmark publication in the field of sexual offending and is sure to attract clinicians and researchers alike. It is simply brilliant!

Tony Ward, PhD, DipClinPsyc  
Professor of Psychology  
Victoria University of Wellington, New Zealand
CHAPTER 3

The Journey:
G-map’s Adaptation of the
Good Lives Model

HELEN GRIFFIN AND LAURA WYLIE

As a model of rehabilitation the Good Lives model (GLM) appears to have applicability to a diverse range of populations (Laws and Ward 2011; Sorbello, Eccleston, Ward, and Jones 2002). In the context of working with those who sexually harm, the GLM has been more commonly applied to adults in the United Kingdom (UK). In its original form, the language and terminology of the GLM lends itself more easily to adult usage, yet the principles and ethos that underpin the model have wider relevance. It was this potential that inspired and captured the imagination of a group of practitioners at G-map who were led to embrace the model and adapt it for use with young people. As proponents of strengths-based practice initiatives, the G-map staff was naturally receptive to the ideology of the GLM. This chapter will detail the journey we have undertaken toward a model that has clinical utility specific to the needs of adolescents who display harmful sexual behaviors. It will include descriptions of the adaptations made and the rationale behind them, as well as considering wider implications of the GLM and their significance to the G-map program.

As with many other specialist programs (Hanson 2000), G-map historically placed emphasis on the use of the Risk-Need-Responsivity (RNR) model (Andrews and Bonta 2010; Andrews, Bonta, and Hoge 1990; Bonta and Andrews 2007), and the Relapse Prevention model (Marlatt and Gordon 1980; Pithers 1990). The models were tailored to the specific needs and strengths of each adolescent with an emphasis on individualism,
creativity, and flexibility. This resulted in an array of theoretical models and methods being used and consequently a lack of an overall coherent framework. Moreover, while having an awareness of the importance of adopting a systemic approach with young people (Borduin, Henggeler, Blaske, and Stein 1990) and already engaging families and professionals within its work, G-map lacked a consistent model to support the various processes.

The GLM proposed by Ward and colleagues, provides a framework that offers flexibility in guiding practice and has the potential to facilitate the involvement of a young person’s systems in a more consistent way. By looking at young people more holistically and considering how they might best meet their needs, the focus extends beyond their criminogenic needs, personal skills, and cognitions to encompass and harness the resources that exist externally within their networks and communities. This process means that not only are young persons responsible for change, but the systems around those individuals also hold some accountability for intervention progress.

Thus, the GLM provided a conceptual and practical framework that was compatible with G-map’s organizational aspirations. However, the program’s extensive experience of working with young people who display harmful sexual behavior suggested that aspects of the model would benefit from revision in order to be more applicable to that population. Being a small organization meant that G-map had the advantage of being able to adopt a collaborative approach to the exploration and eventual adaptation of the GLM. Consequently practitioners felt empowered and were able to embrace the adapted model as a core framework of their practice.

**ADAPTING WARD’S LIST OF PRIMARY GOODS**

The first component of the process was considering the utility of Ward’s list of primary goods for use with young people. It is valuable to reflect on the journey undertaken by Ward and colleagues in arriving at a list of needs. In its earliest stages of development there appeared to have been less emphasis on the definitive categorization of goods (Ward and Stewart 2003). Initially Ward (2002) envisaged three classes of primary goods that corresponded to the body, self, and social life. These three classes were influenced by Deci and Ryan’s (2000) Self-Determination Theory of Needs that depicted the pursuit of autonomy, relatedness, and competence as inherent to all individuals. After reviewing the literature across a number of disciplines, including psychology, social science, practical ethics, evolutionary theory, and philosophical anthropology, Ward and colleagues reached the consensus that nine distinct primary goods could be identified, each representing a cluster of related components (Ward and Brown 2004; Ward
and Marshall 2004). While these primary goods have been detailed in chapter 1, it is useful to revisit them here for the purpose of comparison with G-map’s adapted model. They were as follows:

- **Life** (including physical functioning, healthy living, and sexual satisfaction)
- **Knowledge** (including insight and information)
- **Excellence in play and work** (including hobbies, leisure, and mastery)
- **Excellence in agency** (including making autonomous decisions and being self-directed)
- **Inner peace** (including emotional self-regulation and emotional safety)
- **Relatedness and community** (including having close and intimate relationships with others, and feeling connected to social groups)
- **Spirituality** (including finding a sense of purpose and meaning)
- **Happiness** (including pleasure and satisfaction, such as that derived from sport, food, and sex)

The conceptualization of goods within the GLM has continued to evolve, with recent adaptations informed by empirical research. For example, Purvis (2010) sought to examine the etiological assumptions underpinning the classification of goods and proposed that relatedness and community, as well as excellence in play and excellence in work were separate, resulting in the current classification of 11 primary goods (e.g., Ward and Gannon 2006; Ward, Yates, and Willis 2011).

While adopting the primary goods proposed by Ward and colleagues in principle, G-map sought to explore an alternative interpretation and classification of these goods that would be more meaningful to and have greater resonance with its service users. This began with the provisional establishment of eight primary goods or “needs,” as they were to become known within G-map’s adaptation, which had a high correlation with Ward and Marshall’s (2004) nine primary goods. These were as follows:

- **Healthy living** (including physical health, mental health, and sexual satisfaction)
- **Safety** (including having rules and boundaries, stability, self-regulation, and safety for self and others)
- **Knowledge** (including creativity and curiosity)
• Status (including mastery, achievement, competency, reputation, recognition, and power)

• Independence and self-management (including control, autonomy, self-directedness, and self-care)

• Emotional satisfaction (including freedom from emotional turmoil and stress, self-respect, self-esteem, self-confidence, and self-actualization)

• Relationships (including intimate relationships, sexual relationships, romantic relationships, family relationships, social and community relationships, and sense of acceptance)

• Meaning and purpose (including spirituality, fulfillment, hope, generosity, honesty, and fairness)

PILOTING OUR GLM ADAPTATION

Following this preliminary step, a process of consultation was initiated, including the establishment of a focus group comprised of professionals within and external to G-map, and gathering feedback from young people accessing G-map services. Young people were approached both individually and within a group-work setting and feedback was also obtained from their support networks. On the basis of the feedback, the list of needs cited above was reviewed and a set of categorical descriptors were defined and described. These adaptations reflected the needs of the service user, accessibility in terms of the language employed, practical use in terms of the judgment of clinicians, and the views of service users as to how the composite parts clustered within each need.

At this stage of development, consideration was also given to how this adaptation of the GLM might acknowledge or reflect existing theories and frameworks. For example, these needs had transferability to Maslow’s Hierarchy of Needs (1969), as well as consistency with the broader literature on child and adolescent development such as attachment theory and the Search Institute’s developmental assets framework (Benson 1997; Scales and Leffert 2004). Furthermore, within the UK Children’s Services were being reformed in light of the Every Child Matters agenda (HM Government 2004).

Every Child Matters was a government initiative launched in 2003 that aimed to ensure that services for children and young people achieved five main outcomes. These were (1) be healthy (including physical, mental, emotional, and sexual health); (2) stay safe (including freedom from abuse, and safety from crime, injury, death, bullying, and discrimination); (3) enjoy and achieve (including being empowered to participate and achieve in school and recreation); (4) make a positive contribution (including following
rules, developing positive and respectful relationships, and supporting the community and environment); and (5) achieve economic well-being (including being empowered to participate in further education and/or employment, and enjoying an acceptable standard of accommodation and community resources).

In view of the importance of multi-disciplinary working with young people who present with harmful sexual behavior (Erooga and Masson 2006; Lobanov-Rostovsky 2010), particularly encompassing Child and Adolescent Mental Health Teams, Youth Offending Services, and Social Care, it was beneficial in the UK that the descriptors for the Good Lives needs complimented the ethos and language of the Every Child Matters agenda.

Six primary needs were established during the subsequent phase of development. These were as follows:

- **Being healthy** (including physical health, emotional health, mental well-being, self-esteem, sexual satisfaction, and sexual confidence)
- **Having fun and achieving** (including status, knowledge, reputation, competence, thrill and excitement, play, creativity, learning new skills, and fulfillment)
- **Being my own person** (including self-directedness, life skills, autonomy, self-control, self-actualization, and empowerment)
- **Having a purpose and making a difference** (including charitable acts, generosity, conforming to societal rules/norms, respect for others, and spirituality)
- **Having people in my life** (including intimacy, relationships with family, peers, community, and boy/girlfriends, and having an emotional confidante)
- **Staying safe** (including safety to self, safety to others, and encompassing risk management)

The model was implemented by G-map and piloted over a six-year period, before undergoing further revision in 2012.

The revision process involved consulting with external professionals, young people involved in the program, using clinical experience, and service-user feedback obtained from semi-structured interviews. A pilot study was undertaken with these groups using evaluation tools designed to capture information related to the GLM more broadly, and more specifically the adapted primary needs. The tools employed by G-map to evaluate its Good Lives approach are discussed in chapter 10. Key changes related to the needs of staying safe, being healthy, and having fun and achieving, resulting in a model comprising eight needs (see table 1).
## Chapter 3

<table>
<thead>
<tr>
<th>PRIMARY NEEDS</th>
<th>DEFINITIONS</th>
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<tbody>
<tr>
<td>Having Fun</td>
<td>This need relates to the human drive to engage in recreation and play. It encompasses any activity or pursuit that young people might engage in to have fun, or where they experience fun as an indirect result. It incorporates the following:</td>
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<td>• Play</td>
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<td>• Thrill</td>
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<td></td>
<td>• Amusement</td>
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<td>• Enjoyment</td>
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<td>• Entertainment</td>
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<td>• Excitement</td>
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<td>Examples of how this need could be attained include the following:</td>
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<td></td>
<td>• Going to a theme park</td>
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<td></td>
<td>• Playing a sport</td>
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<td></td>
<td>• Going to the theater</td>
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<td>• Reading a book (where a sense of fun is inherent to the young person’s pursuit or experience of these)</td>
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<td></td>
<td>• Places importance on basic needs such as housing</td>
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<td></td>
<td>• Places importance on diet, nutrition, or exercise</td>
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<tr>
<td>Achieving</td>
<td>This need relates to the human desire to attain a sense of mastery and accomplishment. It involves any activity or pursuit through which the young person gains a sense of achievement. It includes the following:</td>
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<tr>
<td></td>
<td>• Knowledge</td>
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<td></td>
<td>• Learning</td>
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<td></td>
<td>• Talents</td>
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<td>• Fulfillment</td>
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<td></td>
<td>• Competence</td>
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<tr>
<td></td>
<td>• Status</td>
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<td></td>
<td>Examples of how this need could be attained include the following:</td>
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<tr>
<td></td>
<td>• Passing an exam</td>
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<td>• Learning to ride a bike</td>
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<td>• Painting a picture</td>
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<td></td>
<td>• Being accepted as a member of a sports team</td>
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<tr>
<td></td>
<td>• Being popular amongst friends (where a sense of achievement is inherent to the young person’s pursuit or experience of these)</td>
</tr>
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| **Being My Own Person** | This need relates to the human desire to be autonomous and to be an effective agent of personal change. It refers to any circumstance in which the young person expresses his or her sense of self, functions independently, or influences outcomes. It comprises the following:

- Independence
- Self-motivation
- Making decisions
- Self-reliance
- Expressing self-identity
- Empowerment
- Life skills
- Internal locus of control
- Self-actualization

Examples of how this need could be attained might include the following:

- Choosing to dress in a particular style
- Self-care skills
- Setting future goals
- Financial independence |
| **Having People in My Life** | This need relates to the human desire to relate to others, to belong, and to forge close and affectionate attachments to others. It encompasses all relationships in which a young person attains a sense of affiliation, social acceptance, and closeness. These can include the following:

- Family
- Peers
- Community
- Romantic and intimate relationships

It can also refer to the young person availing of an emotional confidante. |
### Having a Purpose and Making a Difference

This need relates to the human desire to attain a sense of meaning and significance that extends beyond the individual self. It involves seeking to transcend the limitations of being a separate entity, and feeling part of a larger whole. Ways in which this need can be realized include the following:

- Ascribing to positive social values and codes of behavior
- Conforming to societal norms
- Spirituality
- Making a positive contribution

**Specific examples could include the following:**

- Donating money to charity
- Doing things for others without expecting reward
- Respecting others
- Lawful behavior
- Having a belief or faith in something outside of oneself

### Emotional Health

This need relates to the human drive to attain a sense of inner calm, and emotional equilibrium, safety, and competence. It involves the young person having the resources to self-soothe, being emotionally literate and being emotionally resilient. It can comprise the following:

- Emotional safety
- Emotional regulation
- Mental health
- Well-being

**Examples of how this can be achieved include the following:**

- Using calming self-talk
- Empathizing with another person
- Living in an environment that is free from conflict
- Seeking support to manage difficult feelings
- Restoring a sense of emotional well-being through exercise or other activities
| Sexual Health | This need relates to the biological drive to achieve sexual gratification and pleasure. It involves sexual competency and satisfaction and may include the following:  
|  |  
|  | • Sexual knowledge  
|  | • Sexuality  
|  | • Sexual development  
|  | • Sexual confidence  
|  | • Sexual pleasure and fulfillment  
|  | This need might be attained through the following more specific examples:  
|  | • Sexual education classes at school  
|  | • Having a positive sexual identity  
|  | • Having a positive experience of puberty  
|  | • Speaking to supportive others about sexual anxieties  
|  | • Use of masturbation  
|  | • Sexual experiences  

| Physical Health | This need relates to the human propensity to achieve physical well-being and is largely derived from taking care of the body. This may include the following:  
|  |  
|  | • Sleep  
|  | • Diet  
|  | • Exercise  
|  | • Hygiene  
|  | • Physical safety  
|  | • Physical functioning  
|  | Examples of how a young person might meet this need include the following examples:  
|  | • Getting sufficient rest  
|  | • Eating well  
|  | • Regular exercise  
|  | • Bathing regularly  
|  | • Being free from physical harm |
ANALYZING THE FEEDBACK

One of the things we learned from the piloting process was that professionals external to G-map were confused about the meaning of the *staying safe* need (i.e., does it mean safety to self or safety to others?). For example, some of our external professionals understood it to refer to the young person having pro-social attitudes or victim empathy as opposed to its intended meaning of having achieved a sense of emotional or physical safety, or not engaging in harmful behaviors. Moreover, there was a consensus among the professionals involved in the pilot that the essence of staying safe, with regard to the young person’s safety of self, could be usefully captured under the need of being healthy since this incorporates the notions of being free from neglect and abuse as well as emotional safety. The other aspect of staying safe, that is, the young person’s safety in respect to behavior toward others, was originally incorporated into the adapted GLM to ensure that risk management was explicitly captured within the primary needs. This was symptomatic of wider political and societal expectations that encouraged an overt emphasis on risk. However, over time it became apparent that this aspect was somewhat disparate to the other needs in that it did not embody the sense of human drive and aspiration associated with other needs. For example, while needs such as relatedness, competence, and autonomy are perceived as intrinsically motivating (Deci and Ryan 2000), the self-management of risk or safety to others is not necessarily so intuitive. Furthermore, the practical application of this adapted GLM indicated that risk management and safety to others functioned more usefully as a lens through which all needs and means (i.e., how individuals meet their needs) are considered, consistent with the over-arching rationale of the original GLM, as opposed to constituting a discrete entity. As a result, *staying safe* was removed from the list of primary needs and in the context of risk management was instead reflected more holistically throughout the model, while *safety to self* was subsumed within the need of *being healthy*.

The single category of being healthy became redundant over time, as G-map practitioners increasingly began to differentiate between emotional, physical, and sexual health when understanding the function of harmful sexual behaviors and approaches to rehabilitation. The validity of viewing these pathways as distinct was borne out of observations that the young people involved often had difficulties with both emotional and sexual health that separately contributed toward their harmful behaviors and required different interventions. Physical health appeared to be distinct from emotional and sexual health, although did not emerge as a common need, which was directly related to the young person’s harmful sexual behavior. Furthermore, the evaluation tools used to pilot the adapted GLM supported the rationale for splitting being
healthy into separate components (see Griffin, Bickley, Price, and Hutton 2012). For example, the umbrella need of being healthy precluded insight into whether emotional, sexual, or physical health, or a combination of these, were related to the origins or maintenance of the young person’s harmful sexual behavior and how related needs should be emphasized for the attainment of a fulfilling and safe life. Consequently being healthy was separated into the three primary needs: physical health, emotional health, and sexual health.

In relation to having fun and achieving, it became increasingly apparent that while there are commonalities between these two concepts, such as creativity that can be experienced through creative play as well as within formal educational settings, there are also significant differences. In practice, displaying harmful sexual behavior in order to obtain thrill and excitement (having fun) is different to harmful sexual behavior aimed at gaining status or knowledge (achieving) and they, therefore, have different implications for intervention. Furthermore, by focusing on these needs simultaneously, in circumstances where the young person was adequately achieving, for example, through being successful in college, his or her need to have fun might be overlooked or vice versa. As these issues were not adequately reflected within the adapted model, the category was split, allowing for separate focus on the components of fun and achieving. It is notable that Ward and colleagues reached a similar conclusion when they separated the goods of excellence in play and excellence in work (Purvis 2010).

While implementing the Good Lives approach in practice, some subtle changes were made to the way needs were conceptualized. For example, originally when a young person appeared to exert significant control over his or her environment, it was typically interpreted within the need of being my own person. However, it soon became apparent that control was often being exerted as a means of attaining a sense of emotional safety at times of threat and was instead defined as integral to the need of emotional health. To illustrate this point, the following is an example of a partial problem formulation that was written in the early stages of implementing G-map’s adapted GLM:

Peter’s experience of a positive sense of belonging has been adversely affected by his poor attachments and his sexual and physical victimization. As a result, we have hypothesized that Peter experiences his world as dangerous, leading to him to feel powerless and weak. Thus, he has developed a core belief that if he were stronger he would avoid being abused, creating his desire for control. By exerting control over others, we believe Peter gains a sense of emotional safety otherwise unavailable to him. Peter’s primary needs have therefore been identified as **having people in my life, emotional health, and independence.**
In this example Peter was exerting control as a means of making himself feel safe (emotional health), rather than as a means of exploring his autonomy and sense of self (independence).

A further conceptual issue related to the need of *having people in my life*, was that it could refer to a young person explicitly seeking a sense of intimacy through his or her peer relationships, as well as seeking proximity to a primary figure as part of his or her attachment behavior, in order to use the primary figure as a secure base. While the former relates to social relationship, the latter is inextricably linked to emotional health, as proximity seeking can be a means of emotionally regulating when feeling distressed and under threat. The interplay between emotional health and having people in my life is reflected in Peter’s problem formulation. Within its Good Lives adaptation, G-map decided to include both elements within the need of *having people in my life* (i.e., belonging through affiliation with others and through proximity-seeking to a primary figure).

The extensive discussions practitioners had in the course of reaching a consensus about how needs are construed and operationalized is testament to the fact that the GLM is not an exact science. Indeed, therein lies a key strength of the GLM, namely that it is not overly prescriptive. From this point of view the adapted needs presented in table 1 have been derived through a process of evolution and could continue to evolve in line with developments in knowledge and practice. The utility of the model is dependent on its ability to translate to everyday practice and its flexibility to accommodate change as new ideas and information become available. The GLM has proved invaluable as a framework to help understand the needs that drive a young person’s behavior, and thus inform what interventions should be implemented and prioritized to help the individual meet those needs more appropriately (Wylie and Griffin 2012). It can accommodate complimentary theories and models to further explain why a young person could not adequately meet his or her needs in pro-social ways and so help to identify treatment needs. For example, the GLM, while being part of case formulation, does not provide the finer details of how and why the problematic behavior emerged, why needs were not met through more appropriate means, nor does it inform the sequencing of work, or determine when intervention should end. Instead, it acts as an overarching framework to guide treatment with individual models pertaining to issues such as attachment and trauma acting as key components integral to driving and directing treatment.

Pivotal to ensuring that the GLM translated effectively into everyday practice was that the language and terminology employed was accessible to both professionals and service users. G-map’s consultation process, involving both team members and exter-
nal practitioners, indicated that the terms primary goods and secondary goods were not particularly meaningful to most and thus did not readily translate into everyday professional practice. Professionals also anticipated that young people would more readily associate the term goods with merchandise, leading to potential confusion. Resultantly, these terms were changed to primary needs (or simply needs), and secondary goods became means. Furthermore, with regard to internal and external conditions or capabilities, the terms internal and external resources were employed within the adaptation. Otherwise, the language used within the original model had resonance with the professional group. With regard to service users, the consensus was that there would be benefit in revising the terminology more comprehensively. These adaptations were undertaken collaboratively with service users through a series of focus groups. The adapted terminology for use with young people is presented in table 2. The list relates to the GLM generally, rather than being specific to harmful sexual behavior needs. However, given that much of professional intervention is required to focus on the needs young people were meeting through their harmful sexual behavior, significant consideration needed to be given to establishing a shared language that could facilitate discussions relating to this. While this was critical to the adaptation process overall, it will be explored in detail in chapter 6, where it can be best exemplified within the context of a Good Lives plan.

<table>
<thead>
<tr>
<th>TABLE 2: G-MAP’S ADAPTED TERMINOLOGY FOR USE WITH YOUNG PEOPLE</th>
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<tr>
<td><strong>Language Used in Original GLM</strong></td>
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<td>-------------------------------</td>
</tr>
<tr>
<td>Primary goods</td>
</tr>
<tr>
<td>Secondary goods</td>
</tr>
<tr>
<td>Overarching need</td>
</tr>
<tr>
<td>Internal conditions (capabilities)</td>
</tr>
<tr>
<td>External conditions (capabilities)</td>
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<tr>
<td>Internal obstacles</td>
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<tr>
<td>External obstacles</td>
</tr>
<tr>
<td>Conflict</td>
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<td>Scope</td>
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It is important to note that G-map made a conscious decision to maintain the term *Good Lives* within its adapted model, reflecting an ethos of inclusiveness and belief in the possibility of change, and the language and ideology inherent to Every Child Matters (HM Government 2004). However, this ideology is not always shared by wider society, since it can be controversial to suggest that those who harm sexually are deserving of “good lives.” It would appear that there has been some reticence about using this term in the context of both adolescent and adult rehabilitation. Traditionally, those who harm sexually have been viewed by society as “bearers of risk,” with “no acknowledgment of their status as fellow human beings or particular interest in promoting their well-being” (Ward 2007, 189). Ward (2007) and Ward and Connolly (2008), make the argument that violating other’s human rights, for example, through offending, and having human rights, are not mutually exclusive, in that all individuals automatically hold human rights as members of the human race. Moreover, they assert that a society that isolates the offender and denies him the opportunity to attain human needs, such as establishing relationships and emotional well-being, may impede the offender’s ability to effectively pursue pro-social goals, resulting in an increased risk of further offending. Acknowledging the human rights of offenders is not to detract from the overall priority of upholding the public’s rights to live in a safe society (Erooga 2008). The tenet of Ward’s argument is that advocating a “good life” for offenders, with the aim of promoting desistance, is most likely to achieve this objective. While UK legislation has given consideration to the human rights of those who perpetrate harmful sexual behavior, Erooga (2008) cautions that society remains vulnerable to the influence of media-driven responses to high profile crimes, likely to cause swings in public and political opinion toward more punitive approaches to offender processing and treatment. Part of the professional role in this field of work is to inform and educate the political and public arenas about the rehabilitation of those who sexually harm, in order to achieve a consensus about what is both ethical and most effective, with the objective of making society safer. The GLM offers a strengths-based approach to rehabilitation, and importantly its language, which embodies the notion that offenders have a right to a “good life,” may help in the pursuit of these goals, thereby protecting the public.

**CONSIDERING AGE AND CULTURE**

The primary needs used within both the GLM and G-map’s adapted model could, on first impression, appear quite abstract. However, it is important to understand that these models are not intended to act as a one-size-fits-all solution, but to guide
interventions based on the characteristics and circumstances of the particular individual. Young people will place a different emphasis on each of the needs according to their individual personalities, characteristics, and priorities. Furthermore, their diverse life experiences will mean that they differ in relation to their access to internal and external resources, as well as the obstacles they encounter. Moreover, they will have individual preferences for meeting needs through certain means, based on their strengths, interests, roles, and personal identities. As a result, it is not possible to have one generic plan that would be meaningful or motivational to all young people. For example, reading a book could for one young person meet the need of achievement through being a source of knowledge, for another young person it could meet the need of emotional health through providing a relaxing diversion from his or her problems, and for yet another, it could meet the need of belonging through representing a way of participating in a peer group discussion. Since the practicality of meeting specific needs can vary considerably among individuals, it is important that practitioners are careful not to imbue the young person’s intervention plan with their own interpretations, perceptions, and values.

A further consideration when working with young people is that they are less inclined to plan for the future and have a more limited capacity to delay gratification in comparison to adults (Reyna and Farley 2006). Additionally, they are often subject to more restricted choices by virtue of the rules and boundaries that govern their social world and reflect their age and developmental stage. These necessitate that the means they use to meet their Good Life needs are age-appropriate, realistic, and incorporate small and measurable steps through which they can quickly attain a sense of achievement and positive feedback, the latter being motivational in their pursuit of longer-term goals. Developing an approach to assessment and treatment that is sensitive to and reflective of the needs of its client group was a key motivation for G-map when embarking on its journey of adaptation. In respect of the ways in which young people can realistically meet their Good Life needs, an incremental, incentive-based, and short-term focused approach has appeared to be most effective. Chapters 6 and 7 provide illustrations of how these considerations can be effectively incorporated within clinical practice. By focusing on means that are individualized and realistic, the GLM moves from being a conceptual framework to providing the conditions for the development of a tangible and achievable plan for rehabilitation.

Additionally, when constructing intervention plans, consideration needs to be given to cultural issues. To impose one’s own culture and cultural interpretation of needs and means could be counterproductive to the effectiveness of rehabilitation, since it might not be meaningful or motivational to the recipient. For example, the
importance that an individual places on sexual health, and the means that he or she use to achieve it may be largely dependent on the beliefs, norms, and values that exist within his or her own religious and cultural affiliations. This could include attitudes toward sexual relationships prior to marriage, the acceptability of masturbation, and practices such as monogamy. Similarly group mastery and/or relatedness may have a greater priority over individual mastery and/or autonomy where an individual belongs to a culture that emphasizes collectivism rather than individualism. Also, in circumstances where an individual is raised within a local culture that differs from that of his or her parents and/or extended family, conflict may arise within the prioritization of needs, as well as the means by which needs are achieved. By way of illustration, a young person who is raised within a Westernized culture but whose parents subscribe to a communal lifestyle, such as that typified by Israeli kibbutzim, may be more likely than his or her parents to prioritize the need of being my own person. Consequently, the disparate emphasis placed on needs by the parents and the young person may result in family disharmony and a potential conflict for the young person in relation to meeting his or her need for relatedness and need of being my own person. In these examples, it would be important to be thoughtful about the importance the individual places on his or her differing needs and to be sensitive to what, given the cultural context, could be the most appropriate and practical way for the individual to pro-socially achieve those needs. Therefore, in respect of culture, as well as identity, development, personality, abilities, learning, strengths, opportunities, difficulties, and motivation, the importance and pursuit of needs are seen as unique to the individual (Langlands, Ward, and Gilchrist 2009) and as such the GLM is “agency centered.” That is the individual is central to the goal selection and the implementation of a Good Lives plan.

In adopting the GLM, with its emphasis on approach versus avoidance-focused goals, G-map sought to move beyond some of the limitations of traditional Relapse Prevention approaches, for example, that they do not effectively address a young person’s motivation in the context of therapy (Ward et al. 2007). Through its promotion of goods relevant to human life the GLM is inherently motivational (Ward and Brown 2004). Motivation is one component of McNeil’s (2009) preconditions for change, the others being capacities (skills) and opportunities. The GLM encompasses all of these elements within its model of rehabilitation (Robinson 2011) and therefore intuitively should optimize the conditions for desistance from further harmful sexual behaviors to occur and increase the likelihood of other positive outcomes (Griffin et al. 2012),
as well as incorporating attention to criminogenic needs (i.e., internal and external obstacles, Purvis, Ward, and Willis 2011). Research on adolescent recidivism, including samples of young people who sexually harm, provides support for the view that working with the systems around the young person reduces the risk of re-offending (Borduin, Schaeffer, and Heiblum 2009; Schaeffer and Borduin 2005) and may help with longer-term desistance. The Good Lives framework facilitates the adoption of a systematic approach to engaging the young person’s family and other key systems in the process of change, which in addition to more effectively addressing risk embodies the values of inclusively and empowerment.

While the GLM can contribute much to the field of offender rehabilitation, an important recognition is that it does not constitute a stand-alone model but is reliant on the use of other theories and approaches to realize its effectiveness and to operationalize the intervention process. In essence, the GLM primarily serves as an over-arching framework that coalesces these strands. For the model to fully reach its potential for use with young people, it was G-map’s view that it would benefit from revision. This included amendments to Ward’s list of primary goods and to the original terminology, in order to make it more accessible to a younger population. The process of revision resulted in an adapted model compromising eight needs, hereafter referred to as the adapted GLM or GLM-A. It is the GLM-A that will provide the focus for subsequent chapters on assessment, planning, treatment, transition, and evaluation.

REFERENCES


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