Using the New Edition of *Becoming the Man I Want to Be,* A Good Lives Model Workbook for Adult Males with Problematic Behaviors

David Prescott & Dawn Pflugradt

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Welcome!

We're glad you're here

We know you're busy

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Gratitude

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Our Mission
Harnessing the power of knowledge, compassion, and innovation to create a world **free from sexual abuse and social violence**
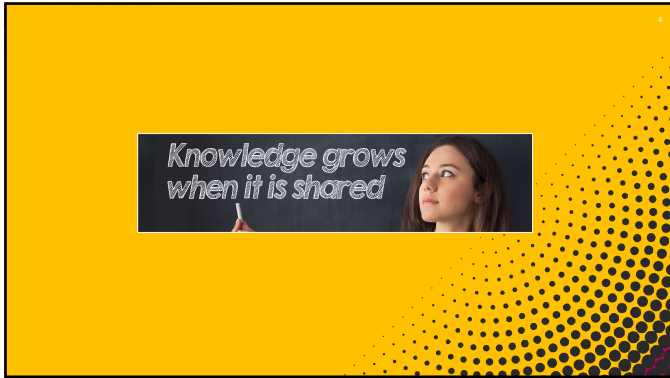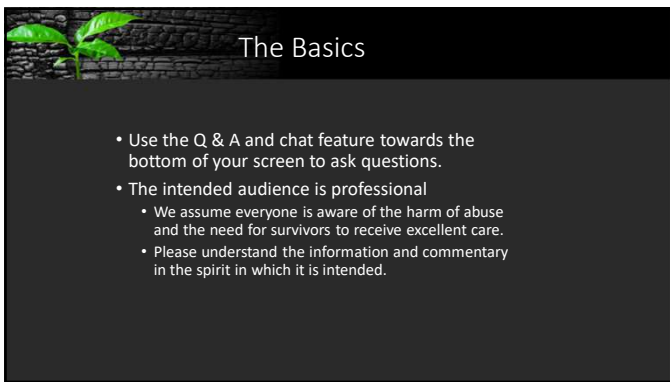
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Knowledge grows when it is shared

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The Basics

- Use the Q & A and chat feature towards the bottom of your screen to ask questions.
- The intended audience is professional
  - We assume everyone is aware of the harm of abuse and the need for survivors to receive excellent care.
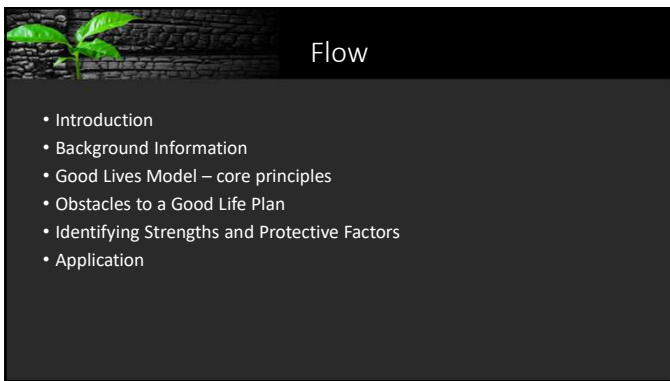 - Please understand the information and commentary in the spirit in which it is intended.

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Flow

- Introduction
- Background Information
- Good Lives Model – core principles
- Obstacles to a Good Life Plan
- Identifying Strengths and Protective Factors
- Application

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Please Notice!

- We've included LOTS of extra slides
- If we can get to them we will
- They are intended as an added bonus; not the result of bad time management. ☺

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Gratitude

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Historical Context
(How Our History Shapes the Workbooks' Usage)

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Overview

- Historically punitive approaches

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- Smith et al. (2002) meta analysis of 117 studies; N = 442,471
- **No form of punishment reduced re-offense risk**

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Ultimately

- By the most rigorous/conservative standards:
1. Punishment doesn't reduce risk
   - Punishment = punishment
2. Treatment <u>can</u> work
3. Treatment can be better with the right community supervision

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Questions

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

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1979: Edward S. Bordin

- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)

  - Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

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The Ongoing Cost of Our History

Among other things, poor clinical skills
and unnecessary judgments

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Clinical Skills

- Moving beyond the medical model (?)
- Understanding narratives in addition to measurements
- Imagination
- Creativity
- Hope and optimism
- Listening
- Listening long
- Listening without "skimming"
  - And if you must skim, listen for the most important "key words"

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An Administrative Perspective

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

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Operationalizing the Good Lives Model

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GLM Defined
(Ward, Willis, & Prescott, 2023)

- *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 strengths-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.*

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The Good Lives Model (GLM)

"…[our clients] want better
lives, not simply the
promise of less
harmful ones"
(Ward, Mann, & Gannon, 2007)

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

40 y/o male
in civil commitment (USA)

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GLM Approach

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

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GLM Approach

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

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GLM Approach

- Secondary goods = concrete ways (means) to secure primary goods (also called instrumental goods)

- Dynamic risk factors = markers for internal or external obstacles that block achieving primary goods in pro-social ways in addition to increasing risk

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A Note on Narrative

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

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Primary Human Goods

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

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

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

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GLM vs. Bonta & Andrews Big 8
(Possible Comparison)

GLM	Big 8
• Happiness/Pleasure	• Substance abuse and other pleasure seeking
• Creativity	• Poor performance in school or work
• Knowledge	• Impulsivity/self-regulation deficits
• Being good at work and play	• Antisocial peer group/social isolation/family problems
• Personal choice/independence	• Antisocial history
• Relationships and friendships	• Aggression/irritability
• Meaning and purpose in life	• Attitudes and beliefs supportive of sexual violence
• Peace of mind	• Alcohol/drugs, reckless, dangerous behavior
• Community	
• Living and surviving	

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Good Life Plan

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Good Life Plan Obstacles

In the GLM, harmful behavior and other problems result when...

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

(Yates, Prescott, & Ward 2010)

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Big Questions

- What GLM goals are important to this person?
- What GLM goals were implicated in harmful behaviors and are risk-relevant?
- How is the pursuit of these goals a protective factor?
- How has the problematic pursuit of these goals resulted in risk?
- What other protective factors exist?
- What values does this client feel are most important to them?
- Which obstacles have played a role in this person's behavior and good life plan?
  - And how have they played a role?

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Protective Factors

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Defined

- Factors associated with Desistance/low probability of offending
- Factors that:
  - Enhance personal competencies
  - Ameliorate the effects of specific risks directly or by interacting with them
  - Serve a stabilizing or enhancing function

(Langton & Worling, 2015)

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Vries Robbe et al. (2015)

- Medication
- Empathy
- Secure attachment in childhood
- Intimate relationship
- Motivation for treatment
- Attitude toward authority
- Self-control
- Coping skills
- Work and leisure interests

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Vries Robbe et al. (2015)

- Desistance factors:
  - Treatment as a turning point
  - Social network
  - Personal agency
  - Internal locus of control
  - Finds positive outcomes in negative events

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Vries Robbe et al. (2015)

- Best outcomes:
  - Goal-directed living
  - Good problem-solving
  - Constructive employment/leisure activities
  - Sobriety
  - Hopeful, optimistic, motivated attitude towards desistance

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LET'S GO DEEPER

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Meet your clients where they DREAM

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More Big Questions

- Living
- Happiness
- Inner peace
- Independence
- Excellence
- Connection
- Community
- Purpose

- Can you see the ambivalence?
- The difference between where he is and where he wants to be?

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Getting Started

Always say welcome ☺

Starts with what's in it
for the client
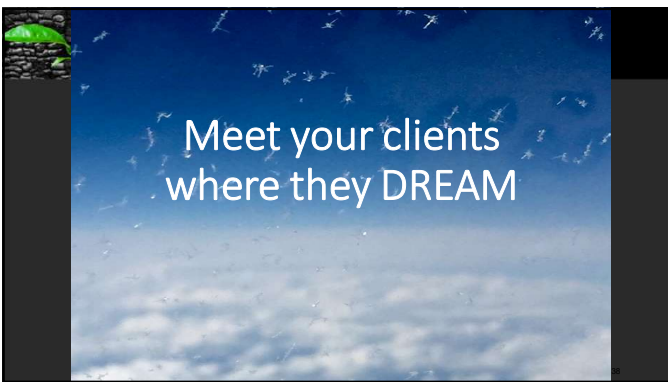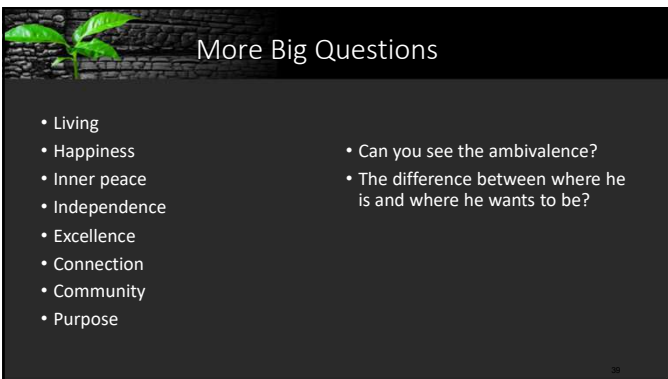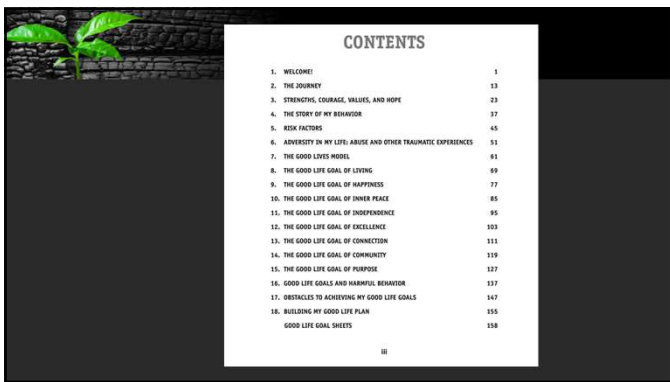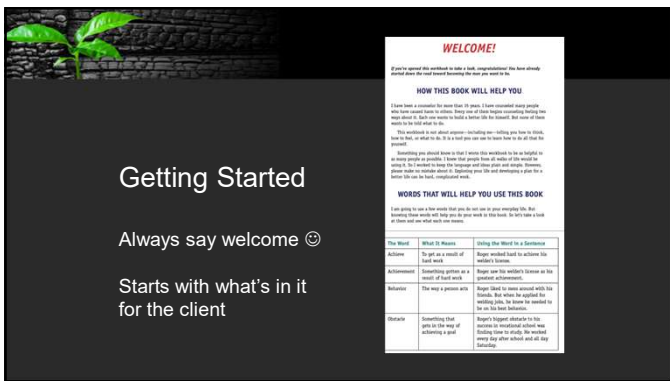
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Caution

- The GLM is not a way to "tell the client what their problem is"
- Everyone always has goals they are striving for. We all have a good life plan, whether implicitly or explicitly.

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The Cases

- Intended for discussion
- Vetted for cultural stereotypes
- Deliberately made easy
- Feel free to use them as you see fit.
- Note that later exercises refer back to earlier cases

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Self-Care

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Self-Care

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Self-Harm
(Too Often Overlooked in Assessment and Treatment)

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16 of 30

Twin Goals

- Reducing risk
+
- Meeting your goals/needs
=
- Good Lives Model

- (These are interactive)

Chapter 2
THE JOURNEY

WHAT DOES BECOMING THE MAN I WANT TO BE LOOK LIKE?

There are many ways to become the man you want to be. You will know you are on the right path when:

Your everyday life is the way you want it to be

AND

harmful actions are no longer a part of who you are.

The purpose of this workbook is to help you live your life in ways that are good for you and good for others. To achieve those goals, you will learn to:

Build on your strengths

AND

overcome obstacles.

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Obstacles Overview
(More Discussion of GLM Obstacles is in Chapter 13)

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Central Questions

- Exploring what's meaningful and relevant
- Finding client (and agreed-upon family) goals that are personally meaningful and relevant.
- You can tie these to the overarching good life goals later.
- These can also be excellent places to use Motivational Interviewing skills (e.g., exploring ambivalence, reflective statements, summaries, affirmations, etc.)

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Strengths

- All strengths are welcome!
- Identifying them is an important first step
- Identifying how they can help in the future is critically important.
- Remember that kids with trauma/adversity histories rarely consider these.
- Can examine Bill and Liam Marshall's work in this area

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Bravery and Courage

- Courage more of a trait while bravery more of a state?
- Bravery = in the moment
- Courage = bravery over time (?)
- The guiding value is to unpack "grit," the capacity to put in sustained efforts towards goals.
- Most clients have deeper histories of bravery and courage than they realize.

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Values

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Values

- It's easier to live by values than by rules, even though both are important.
- Younger adults often more highly attuned to values than rules.
- Values assist in developing approach goals.

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Disclosure/Narrative

- Intended to stand alone or dovetail with other disclosures of past problematic behavior.
- Easily supplemented with other approaches (e.g., can be a running start to sexual history questionnaires)

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Disclosure/Narrative

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"Feedback is the Breakfast of Champions"

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Get Feedback!

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Risk Factors

- Not a formal risk assessment
- Explores many risk outcomes (self as well as others)
- Aimed at understanding one's self more fully
- Narrative understanding of risk
- Risks viewed as obstacles to a good life

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Risks

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Risks

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Adversity

- Included so as to develop a deeper understanding of one's life
- Can be a way to identify strengths
- Adversity is not exculpatory
- Trauma symptoms frequently become risk-relevant
- "Adversity" used in part because "trauma" can be controversial

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Key Theme

Was the traumatic, adverse, (or whatever we call it) event beyond the client's capacity to cope with and manage?

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Relationships, Thought Processes, Self-Regulation...

66

And Then Strengths!

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My Story

- Treatment exercise
- Intended to guide further discussions
- It's not the final word in exploring someone's life.

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The GLM

Understanding counseling >

Observing/disclosing one's past and present >

Understanding one's risks >

Understanding one's history of adversity >

Understanding one's strengths >

Good Lives Model

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About Goals

Avoidance Goals and Approach Goals

Another way to think about goals is whether they are avoidance goals or approach goals. **Avoidance goals are things that we try to avoid, or stay away from. Approach goals are things that we want to have in our lives.**

Avoidance goals are things we try to avoid or stay away from.

Approach goals are things we want to have in our lives.

The difference between avoidance goals and approach goals is shown in Donald's Story.

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Into the Goals

- Introduction of goals
- 10 Primary goods compressed into eight goals
- This was only done with considerable consultation; attempts to simplify the primary goods easily becomes reductionist.

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Into the Goals

- Central to all goals:
- How have you met this goal in the past
- How are you meeting this goal now?
- How can you meet this goal in the future?

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Into the Goals

- Additional questions include how they and others will know things are/aren't working, how they can acknowledge and celebrate progress, etc.
- Don't forget how trauma and adversity have played a role in achieving this goal in the past!
  - Clients are sometimes very wary about these kinds of goals!
- An excellent place to use Motivational Interviewing, especially to explore and resolve ambivalence towards achieving this goal in the past, present, and future.
- Also is an excellent opportunity to explore strengths that clients can use.

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Keeping the Basic Format For Each Goal but with Variations

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Explicit Use of Motivational Interviewing/Scaling Questions

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"If you are currently under supervision or in a supervised setting"

Note inclusion of risk factors. Other sections also focus on adversity, strengths, courage, bravery, etc.

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Note on Chapter 16

- The discussion of what goals were implicated in harmful behavior can segue into a discussion about those behaviors.
- For those who emphasize disclosure in treatment, this can be a good place to include that work, even though the workbook does not make a specific place for it.
- It can also be a useful place to discuss how seeking out GLM goals in harmful ways contributes to risk
- Finally, it can be a good place in treatment to explore the client's risk factors and their linkage to GLM goals.

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Up to this Point

Up to this point, the workbook has covered:

- The underpinnings of the GLM (strengths, hope, courage, bravery, case examples for discussion, etc.)
- The GLM goals and their roles in the client's life
- The GLM goals implicated in harmful behaviors
- Next comes the GLM obstacles. It builds on the earlier overview of obstacles in general at the start of the workbook

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Chapter 17

- Obstacles to Achieving My Good Life Goals

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Obstacles Can Interact

- Lack of opportunities and skills can combine >
- Client pursues some goals at the expense of others (goals too few in number) >
- Conflict between goals >
- Using inappropriate/harmful means
  (Ways to achieve goals aren't working)

Remember that obstacles often reflect prior processes of trauma and adversity!

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Slide 85

Putting the Pieces Together
(Please note the Process in the Bullet Points)

- Chapter 18
- Expanded from the 1st Edition

Chapter 18
BUILDING MY GOOD LIFE PLAN

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Slide 86

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Slide 87

Living at a Glance

THE GOOD LIFE GOAL OF LIVING

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Ultimately

- Effectively using the GLM involves effective therapeutic practice
- The therapist who delivers it is the most important variable
  - It's not just "what works," it's "who works"
- Instead of "nothing works" we can ask, "Has nothing been implemented?" (hat tip to Faye Taxman)

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To Be Continued…

… *by you!*

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