Part 3: Treatment

David S. Prescott, MSW, LCSW, LICSW, ATSA-F

1

At the Core…

- Assessment-driven
- Strong case formulation, including role of trauma
- Strengths-based
- Cognitive-behavioral
- Skills enactment
- Collaborative
- Eliciting internal motivation

2

TREATMENT

Stable, **O**ccupied, **A**ccountable, **P**lan (SOAP)

- Cognitive-Behavioral Treatment
- Risk Management
- Plan for Building a Better Life

3

A Typical Structure

- Engagement, goal setting, and addressing treatment-impeding factors
  - Always clarify what the end of treatment looks like
- Disclosing and exploring past problematic behaviors
- Working to achieve goals and manage risks
- Implementing changes in a community setting

4

Typical Sequence

- Addressing treatment-interfering factors
- Facing up to and discussing abuse
- Understanding circumstances and processes in need of self-management and self-regulation
- Rehearsing/implementing new skills
- Making amends

5

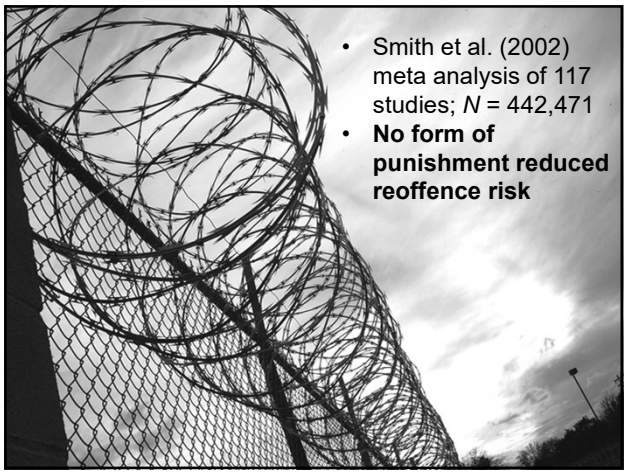
Historical Context

6

- 1895-1985

7

8



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Ultimately

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

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Sunday, September 28, 2014 SEARCH

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Female inmates sterilized in California prisons without approval

By Corey G. Johnson
The Center for Investigative Reporting

Published: Sunday, Jul. 7, 2013 - 12:00 am | Page 1A
Last Modified: Sunday, Jul. 7, 2013 - 8:24 am

Doctors under contract with the California Department of Corrections and Rehabilitation sterilized nearly 150 female inmates from 2006 to 2010 without required state approvals, the Center for Investigative Reporting has found.

At least 148 women received tubal ligations in violation of prison rules during those five years –

PHOTOS

Noah Berger For the Center for Investigative Reporting

Crystal Nguyen, a former inmate at Valley State Prison seen with son Neiko Nguyen, said she worked in the prison infirmary. She said she often heard the medical staff ask repeat offenders to agree to be sterilized. "I was

MOST VIEWED

Third nude photo leak contains pics of Jennifer Lawrence, Anna Kendrick

Megachurch pastor plans to live on the streets of Sacramento to raise money for homeless

Championship might indicate MLS readiness for Republic FC

49ers game plan vs. Philadelphia: Pass, pass, pass

49ers' challenge: Slowing the Eagles' fast-and-furious offensive attack

Health benefits for those who stick to their knitting

11

11

Questions

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

12

13

Questions

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

14

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 et al., 1994)

15

Vermont's Successful Sexual Offender Program Is Undergoing Big Changes

By CHARLOTTE ALBRIGHT • AUG 3, 2015

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

16

16

Scripted Manualization:

Never the complete treatment program

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

Cognitive Behavioral Interventions for Sexual Offending

Sessions

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

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

Module 2
- Introducing the Behavior Chain

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

17

One US State's Solution

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

18

Ideally

19

20

Treatment Context

21

Take-Away Message

- People change
  - We have proof
- Punishment does not reduce recidivism
  - We have proof
- When all else fails, get back to the basics
  - Effective treatment gets people to change the way they think and gets others to support those changes

22

Ambivalence

23

Ambivalence Defined

- The simultaneous presence of competing motivations for and against change.
  - (Miller & Rollnick, 2023, p. 323)

24

Ambivalence

- I want to talk with you and I don't want any more trouble
- I want to work with you, and I don't want to look like a fool
- I want to tell the truth and I want my family to still love me
- I want to change, and I want to be respected
- I want to be in treatment, and I don't want to be in a one-down position
- I want to look at myself, and I don't want to feel less manly
- etc. etc. etc. etc. etc.

25

"I'm all good. I can take care of myself. There's nothing I need help to change."

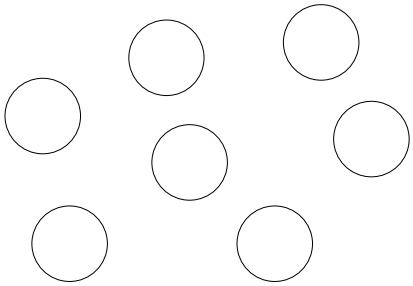
- Go upstream (can use goals presented later in this workshop)
- Still, small voice exercise
- What does this young person think about when s/he can't sleep?
- Given that s/he is in trouble for sexual behavior, there is almost always a difference between where the client is and where they want to be in their life.

26

Where do your clients experience ambivalence?

27

Options Menu



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A Good Options Menu

- Focuses the direction
- Respects client autonomy

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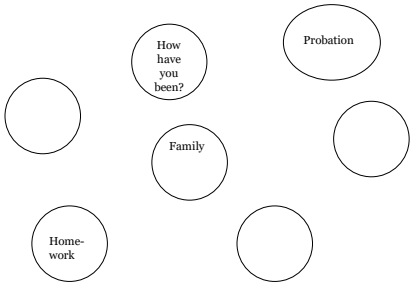
Options Menu



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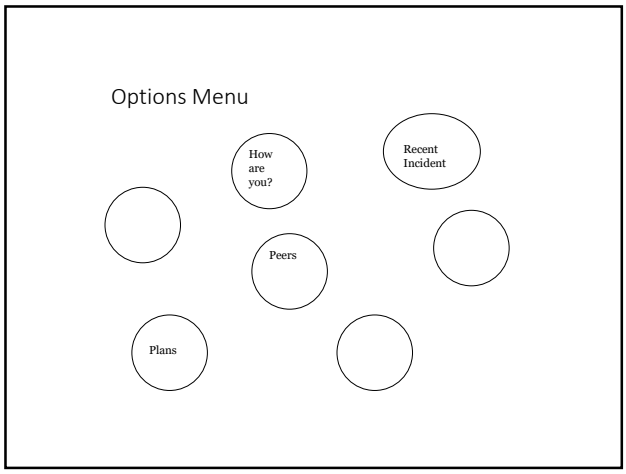

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Conversation Flow

- Connect
- Offer
- Explore

- Connect
- Offer
- Explore

32

Are We Ready?

0 1 2 3 4 5 6 7 8 9 10

Motivation = Importance + Confidence

33

Good Teachers

What are they like?

34

Self-study exercises

- Recall a time when someone was <u>really</u> listening to you
  - What did they look like?
- Recall a time when someone really understood you.
  - What did they do?

35

Motivational Interviewing

36

Miller & Rollnick, 2023,
4th Edition Subtitle:

"Helping People Change and Grow"

- *Whereas early editions focused on **preparing** people for change, we now understand MI as a way of accompanying people throughout the journey of change and growth.* (p. ix)

37

MI is simple but not easy

at least not when you are beginning to learn it (p. ix)

- *I don't (care) about the simplicity on this side of complexity, but I would give my life for the simplicity on the other side of complexity."* (Oliver Wendell Holmes, Jr. quoted on p. viii of Miller & Rollnick, 2023,)
- How do we hold the complexity of MI while keeping its practice simple?

38

My view

- If Bill and Steve can increase their simplicity, we can too. ☺
  - Let's make sure we're using MI in the service of helpful conversations.
- To paraphrase Steve Rollnick:
- "We need to stop trying to be clever."
  - (personal communication in Montreal, 2015)

39

2023: One Definition

- MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.
- (Miller & Rollnick, 2023, pp. 3; 328)

40

Miller & Rollnick, 2023

- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors the person's autonomy.

41

No Fixing!

- The "fixing reflex" has replaced the "righting reflex."

42

Important

- MI requires the practitioner:
  - Engage as an equal partner
  - Refrain from unsolicited advice, confronting, directing, or fixing
- Not a way to "get people to change" or a set of techniques to impose on the conversation

43

- *MI, then, is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.* (Miller & Rollnick, 2023, p. 20)

44

MI is particularly useful when…

- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear.

45

The Spirit of Motivational Interviewing

- Partnership
- Acceptance
- Compassion
- Empowerment

46

Four "Tasks"

- "Tasks" recognizes that the process is not necessarily linear. It also focuses on action instead of "phases," "processes," or "principles."
- Engaging
- Focusing
- Evoking
- Planning

47

Getting Moving: OARS

- Open questions
  - (hint: notice your closed questions and practice opening them up)
- Affirmations
  - (hint: Keep them real, especially with teens)
- Reflections
- Summaries
  - (Hint: think of the vase full of flowers)

48

2023: Affirmations

- Simple: An appreciative statement that recognizes a specific positive action, statement, effort, or intention.
- Example: *Sarah works diligently to provide excellent trainings.*

49

2023: Affirmations

- Complex: *An appreciative statement that highlights or infers an enduring positive attribute*
- Example: *Sarah has consistently shown strength, courage, and even bravery through her commitment to produce the highest quality of trainings.*

50

My view

- Separating affirmations into simple and complex helps guide us in working with trauma and shame.
- The "dosage" of affirmation can be important.
- Affirmation is a superpower! (A. Birgersson, personal communication)

51

Reflective Listening

- Simple Reflection
  - Exact words
  - Closely related words
- Complex Reflection
  - Continuing the paragraph
  - Reflecting emotions

52

- When using complex reflections, try to reflect back more than the client said but not more than they meant.

53

Directionality

… Chosen intentionally to invite and strengthen change talk

- Directional question: *A strategic question the natural answer to which is change talk.*
- Directional reflection: *A strategic reflection focused on change talk*

54

Terminology

- *If your practice of MI is more seasoned, we aim to deepen your understanding of how all this applies in your own work… Terminology varies across fields, but the essentials of MI remain the same. (*Miller & Rollnick, 2023, **p. viii)**
- "Running head start" is now "the pendulum technique"
- *A strategy for eliciting change talk in which the interviewer first reflects perceived good things about the status quo in order to then query the less good things.* (*Miller & Rollnick, 2023, **p. 328***)

55

Offering Feedback, Information, and Advice

- Ask => Offer => Ask
  - Ask permission to give information, give the information, then ask for the client's thoughts about that information

56

"Provide"

- *Professional helpers are sometimes called "providers." So much of what happens in the name of helping is based on a deficit model indicating that the person is lacking something that needs to be provided.* (Miller & Rollnick, 2023, p.9)

57

An emerging phrase

"Someone good to talk to"
– Helen Mentha (And now in use by others)

58

Talk

←----------→

Sustain Change Commit

There is no such thing as "resistance"
There is discord and sustain talk

59

"I'm not gonna; you can't make me."

- Sustain talk AND discord

60

Change Talk

- Desire *"I want to…"*
- Ability *"I can…"*
- Reason *"There are good reasons to…"*
- Need *"I need to"*

61

Responding to change talk

- ***When you hear change talk, don't just stand there!***
  - Elaborate (tell me more)
  - Affirm
  - Reflect
  - Summarize

62

Good Lives Model and Beyond

63

Myths and Misunderstandings

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

64

One Administrative Perspective

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

65

Turf Wars

66

What *else* works to prevent reoffending?

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

67

What works?

Who works?

68

GLM Approach and Core Principles

69

70

美好生命 (GLM)：人生共同需要 Primary Human Goods

(重要性及信心) Importance and Confidence

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

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72

The Good Lives Model (GLM)

"…[our clients] want better lives, not simply the promise of less harmful ones"
(Ward et al., 2007)

73

"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)

74

Reflection Exercise

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

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

75

Going Upstream

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

76

What are all the needs that these meet?

77

Krakow

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

78

GLM Approach

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

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GLM Approach

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

80

GLM Approach

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

81

A note on narrative

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

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Primary Human Goods

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

83

Primary Human Goods as Common Life Goals

(Yates & Prescott, 2011)

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

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

GLM

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

Big 8

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

85

Good Life Goals
(Prescott, 2018; Also Print, 2013)

- Having fun
- Being an achiever
- Being my own person
- Being connected to other people
- Having a purpose in life
- Meeting my emotional needs
- Meeting my sexual needs
- Being physically healthy

86

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

- Having fun
- Being an achiever
- Being my own person
- Being connected to other people
- Having a purpose in life
- Meeting my emotional needs
- Meeting my sexual needs
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- Antisocial history
- Aggression/irritability
- Attitudes and beliefs supportive of sexual violence
- Alcohol/drugs, reckless, dangerous behavior

87

Thinking on these goals

- What will progress in this look like to me and others?
- What can I do to make positive changes in this?
- What problems might happen as I try to improve?
- How would I know when things aren't working?
- How would others know when things aren't working?
- What can I and others do when things start to go wrong?
- How can I and others acknowledge progress when it happens?

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Thinking Further On These Goals

- How have traumatic and otherwise adverse experiences affected this person's ability to get this goal?
- How have the same experiences affected how he looks at the world?
- Where are all the places that this person may experience ambivalence about this goal?
- How can we elicit the client's internal motivation(s) regarding attaining this goal without harming others?

89

Primary Goods: Definitions

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

90

Primary Goods: Definitions

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

91

Primary Goods: Definitions

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

92

Primary Goods: Definitions

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

93

Primary Goods: Definitions

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

94

Primary Goods: Definitions

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

95

Primary Goods: Definitions

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

96

Primary Goods: Definitions

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

97

Primary Goods: Definitions

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

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Primary Goods: Definitions

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

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

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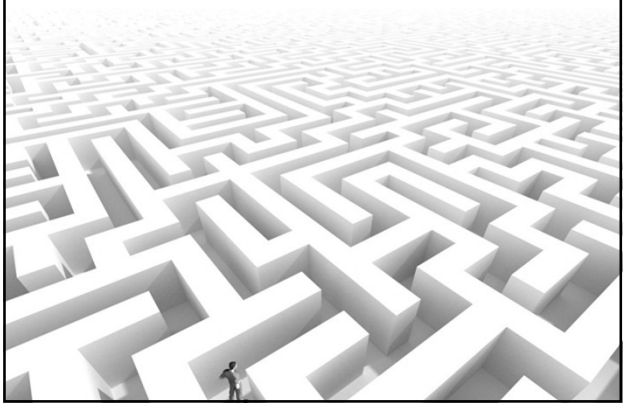
What are your prioritised primary human goods?

100

Good Life Plan



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When Things Go Wrong: Good Life Plan Obstacles

The GLM proposes that offending and life problems result when…

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

102

A quick note…

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

103

GLM Practice Implications

104

Exercise on Identifying Strengths

105

106

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108

109

Strengths

- CASE SUMMARY C
- Dan, 16.5, entered residential treatment after he molested his two younger siblings, one male and one female. He also physically assaulted his mother, which has led to long-term concerns as to whether he can return home. Dan hates treatment and complains that he should have access to a grand piano, because his treatment is interfering with his future career as a musician. Dan has intense difficulty getting along with others and often views them as stupid.

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Strengths

- CASE SUMMARY D
- Dan is almost 17. He is very serious about his future as a classical music composer. However, he has great difficulty getting along with others. He wants desperately to have friends. His growing up in a house where he was beaten by his father (before his father became incarcerated) has left him with a belief that he has to fight to get even. Curious about sex and wanting to feel like a man, he molested his younger brother and sister, and physically assaulted his mother when he realized she was going to have him placed outside of her home. Dan wants nothing more than to find his way out of his circumstances, and that means getting a solid musical education and practicing piano.

111

Find the strength

112

Find the strength

113

Find the strength

114

Find the strength

115

Find the strength

116

Find the strength

117

Find the strength

118

LET'S GO DEEPER

119

119

Consider…

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure

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

120

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Consider…

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure

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

121

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123

LET'S GO WIDER

124

124

Find the Strength

125

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Hint

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

126

Find the Strength

127

127

Hint

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

128

Find the Strength

129

129

Hint

- Autonomy?
- Connection?
- Life?

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

130

Find the Strength

131

131

Hint

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

132

Find the Strength

133

133

Hint

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

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

134

Question

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

135

Assessment tasks

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

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

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Identifying Primary Goods/ Common Life Goals

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

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Possible questions

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

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Deeper

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

139

Life: Health and Survival

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

140

140

Relationships and Friendships

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

141

141

Personal Choice and Independence

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

142

142

Community
(Being part of a group)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

143

143

Being Good at Work and Play

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

144

144

Peace of Mind
(Inner Peace)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

145

145

Creativity
(including new experiences)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

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Meaning and Purpose in Life

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

147

147

Happiness/Pleasure

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

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Creativity/Novelty

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

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Mission Critical:

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

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Treatment Process

and Process Challenges

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A quick review:
How does trauma and adversity affect development?

And Risk Factors?

And Good Lives Goals?

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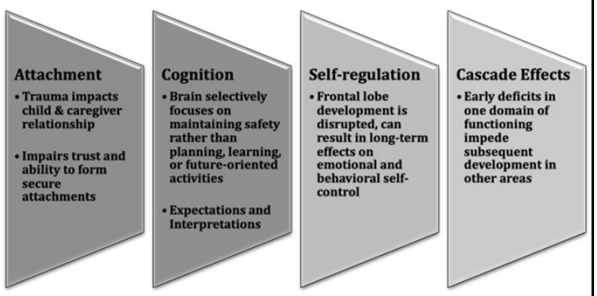
Developmental effects of childhood adversity



(Levenson et al., 2017)

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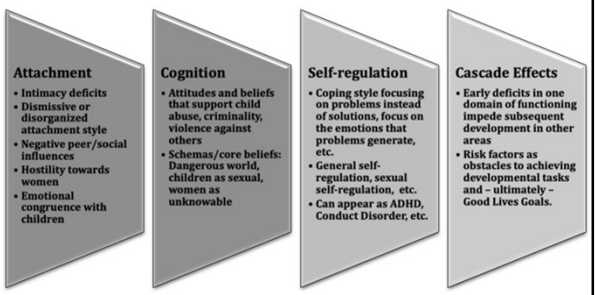
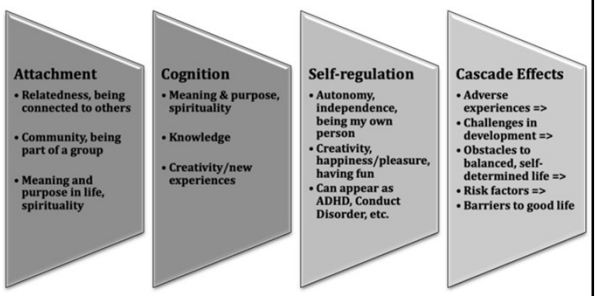
Developmental effects of childhood adversity and Risk



(Levenson et al., 2017)

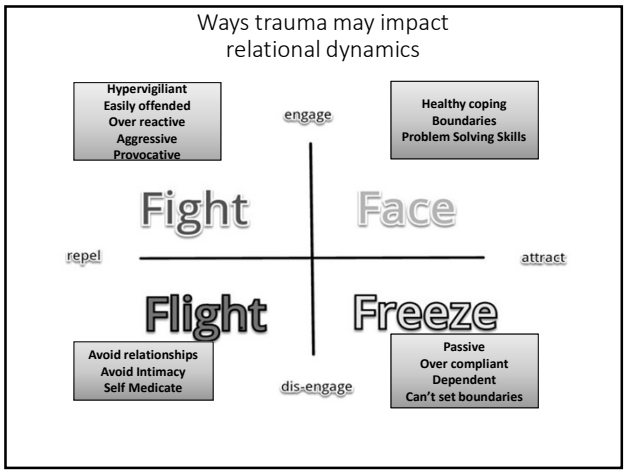
155

Developmental effects of childhood adversity and Good Lives Goals



(Levenson et al., 2017)

156



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The Importance of Narrative

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CONSIDER …

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

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Application

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

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Analysis

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

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Reflection

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

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Application

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

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Translation

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

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Reflection

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

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Cultural Trauma

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

•Activation of cultural trauma can happen at the epigenetic level

•We forget how much power we have over clients

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Possible reflections

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

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How Well Am I Implementing the GLM (or other methods)?

GLM Fidelity Monitoring

Prescott & Willis (2021)

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GLM Fidelity Monitoring Tool

Table 1

GLM Fidelity Monitoring Tool Overview

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

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

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Motivational Interviewing Integrity Tool

MITI draft 10.3.14

Recording #:_____ Coder:_____ Date: ____/____/____

Global Ratings

Technical Components						
Cultivating Change Talk	1	2	3	4	5	Target Change:_____
Softening Sustain Talk	1	2	3	4	5	
Relational Components						
Partnership	1	2	3	4	5	
Empathy	1	2	3	4	5	

Behavior Counts

		Total
Giving Information (GI)		
Persuade (Persuade)		
Persuade with Permission (Persuade with)		
Question (Q)		
Simple Reflection (SR)		
Complex Reflection (CR)		
Affirm (AF)		
Seeking Collaboration (Seek)		
Emphasizing Autonomy (Emphasize)		
Confront (Confront)		

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Cultivating Change Talk

1	2	3	4	5
Clinician shows no explicit attention to, or preference for, the client's language in favor of changing	Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk	Clinician often attends to the client's language in favor of change, but misses some opportunities to encourage change talk	Clinician consistently attends to the client's language about change and makes efforts to encourage it	Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client's language in favor of change

Softening Sustain Talk

1	2	3	4	5
Clinician consistently responds to the client's language in a manner that facilitates the frequency or depth of arguments in favor of the status quo.	Clinician usually chooses to explore, focus on, or respond to the client's language in favor of the status quo.	Clinician gives preference to the client's language in favor of the status quo, but may show some instances of shifting the focus away from sustain talk.	Clinician typically avoids an emphasis on client language favoring the status quo.	Clinician shows a marked and consistent effort to decrease the depth, strength, or momentum of the clients language in favor of the status quo.

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Partnership				
1	2	3	4	5
Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration or partnership is absent.	Clinician superficially responds to opportunities to collaborate.	Clinician incorporates client's contributions but does so in a lukewarm or erratic fashion.	Clinician fosters collaboration and power sharing so that client's contributions impact the session in ways that they otherwise would not.	Clinician actively fosters and encourages power sharing in the interaction in such a way that client's contributions substantially influence the nature of the session.
Empathy				
1	2	3	4	5
Clinician gives little or no attention to the client's perspective.	Clinician makes sporadic efforts to explore the client's perspective. Clinician's understanding may be inaccurate or may detract from the client's true meaning.	Clinician is actively trying to understand the client's perspective, with modest success.	Clinician makes active and repeated efforts to understand the client's point of view. Shows evidence of accurate understanding of the client's worldview, although mostly limited to explicit content.	Clinician shows evidence of deep understanding of client's point of view, not just for what has been explicitly stated but what the client means but has not yet said.

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Outcome Rating Scale

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)
|----------|

Interpersonally
(Family, close relationships)
|----------|

Socially
(Work, school, friendships)
|----------|

Overall
(General sense of well-being)
|----------|

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Session Rating Scale

Please rate today' s session by placing a mark on the line nearest to the description that best fits your experience:

I did not feel heard, understood, and respected	Relationship |----------|	I felt heard, understood, and respected
We did not work on or talk about what I wanted to work on or talk about	Goals and Topics |----------|	We worked on and talked about what I wanted to work on and talk about
The therapist's approach is not a good fit for me	Approach or Method |----------|	The therapist's approach is a good fit for me
There was something missing in the session today	Overall |----------|	Overall, today's session was right for me

(Miller, Duncan, & Johnson, 2002)

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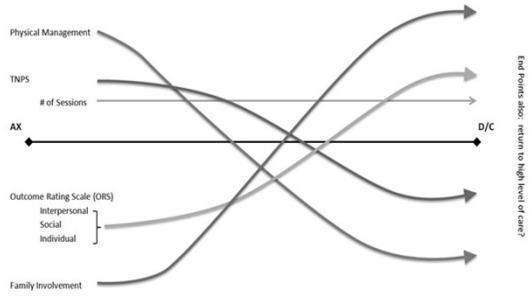
Welcome to My World



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Looking Beyond

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