

Using the *Becoming  
Who I Want to Be*  
Workbooks in Clinical  
Practice with Young  
Men and Young Women

David Prescott

# Welcome!

We're glad you're here

We know you're busy



# Gratitude



Our Mission  
**Harnessing the power  
of knowledge, compassion,  
and innovation to create  
a world free from sexual  
abuse and social violence**



*Knowledge grows  
when it is shared*



# 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.

# CONTACT

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*Healthy lives, Safe communities*



# Flow

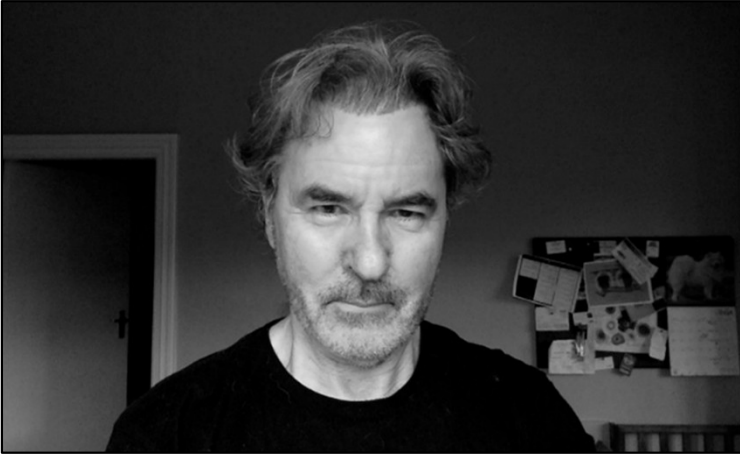
- Introduction
- Background Information
- Good Lives Model – core principles
- Obstacles to a Good Life Plan
- Identifying Strengths and Protective Factors
- Application
- Bonus topics?
  - Trauma
  - Implementation

# Please notice!

- I'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. 😊



# Gratitude



# Historical Context

(How Our History Shapes the  
Workbooks' Usage)

# Overview

- Historically punitive approaches



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

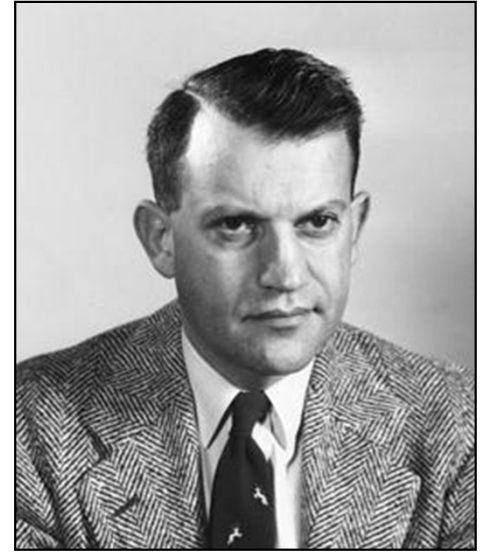
# Ultimately

- 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

# 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?

# 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)

# Aebi et al., 2022

- *There is ongoing debate about whether specialized treatment is effective to reduce sexual recidivism in juveniles who have sexually offended. Although most treatment programs are based on cognitive behavioral therapy principles for preventing sexual offending, accordant scientific evidence is poor...*
- *Despite some methodological limitations, the current findings favor offending-specific skills-based therapy over general skills-based ones [i.e. general social-emotional skills] for preventing sexual reoffenses.*

# 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
- Understanding Life History and Lifestyle Factors

#### • **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

# The Ongoing Cost of Our History

Among other things, poor clinical skills  
and unnecessary judgments

# 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”

Ideally



# “Gender”

- Distinct from natal sex
- Intersectionality
- I prefer gendered approaches:
- *How does gender play a role in this client's life?*
- Some professionals wish for a non-binary/all-humans workbook. We are working on this! At the same time, gender plays a strong role in the background of many clients.
- “Authentic life” as well as “good life”

# An 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

# GLM Foundations

(Ward, Willis, Prescott, Vandeveldelde,  
Barnao, & Wanzeele, 2025)

# Fundamentally

- The GLM has a naturalistic view of people and their functioning.
- It views people as continually evolving beings who act in the pursuit of a range of biological, psychological, and social goals within certain environments.
- These *natural desires* motivate people to act in ways that they believe will satisfy them.

# Fundamentally

- To ignore individuals' core motivations is to run the risk of
  - Not understanding the reasons why they committed crimes.
  - Constructing invalid case formulations and therapy plans, and (2) failing to persuade them to engage fully in intervention programs.
- Dynamic 'internal' risk factors such as impulsivity or aggressiveness are only meaningful in terms of the situational, social and cultural contexts in which they are expressed.

# Fundamentally

- Interventions should:
  - Take into account individuals' strengths, values, goals, relevant environments and contexts.
  - Specify precisely what competencies are required to secure valued outcomes in pro-social and personally meaningful ways.

# Agent-Action-Context Schema

## **AGENT**

The features or characteristics of individuals e.g., needs, motivations, personality traits, cognitive capacities

## **ACTION**

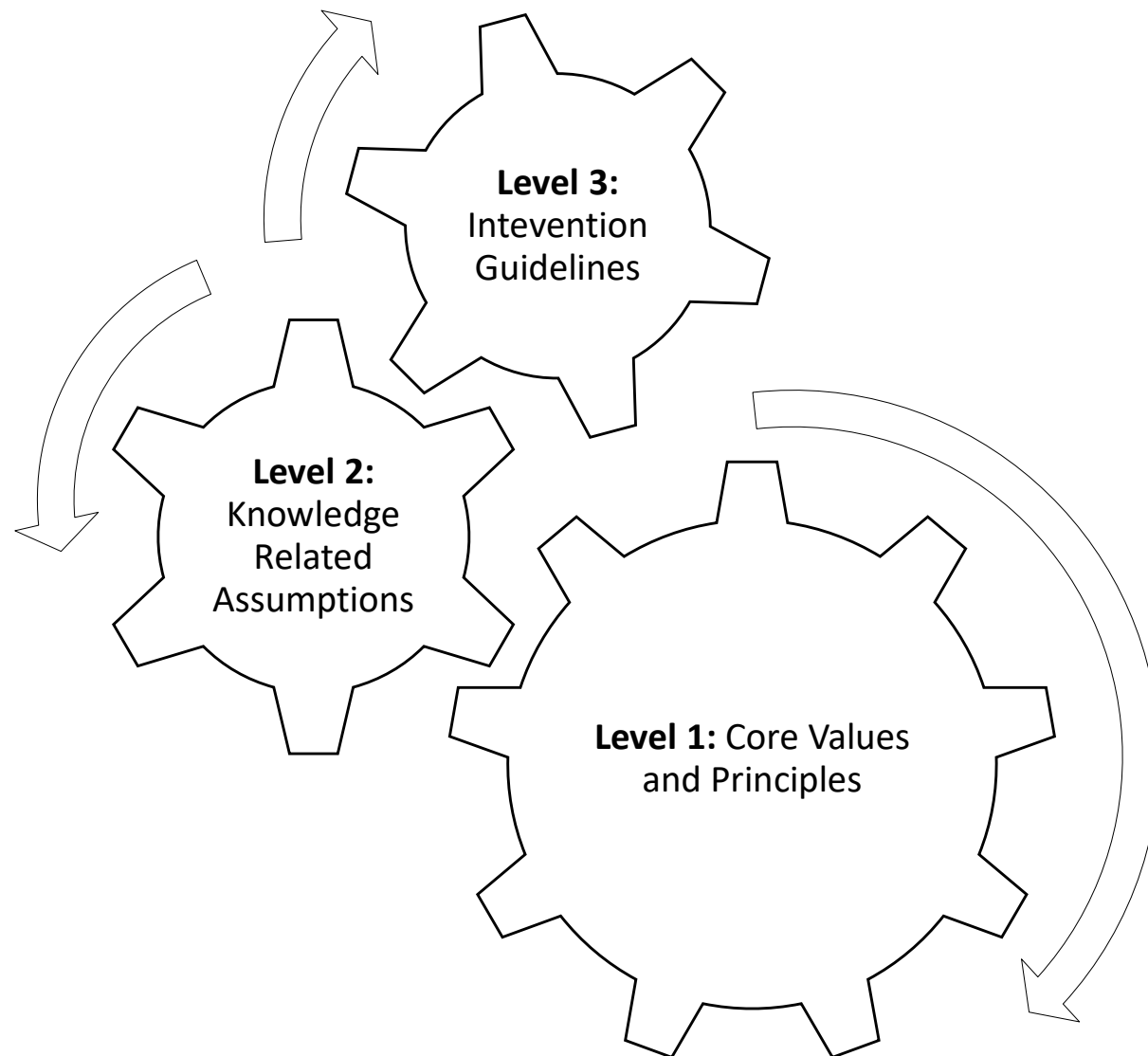
The actual behaviors engaged in, including their temporal patterning e.g., specific actions, offences pathways, developmental trajectories

## **CONTEXT**

The situational features in which agents and actions are embedded  
e.g., normative expectations of particular roles or situations, opportunities, crime scenes

# Practice Frameworks in Correctional Psychology

(Ward & Durrant, 2021; Ward et al., 2025)



# Levels

1. Ethical/core values
2. Knowledge
3. Practice

- We've observed that many programs inspired by the GLM tend to operate mainly at the third level, focusing on techniques such as emotion regulation or vocational training.
- Attending to the first levels is essential to ensure fidelity.

# Core values

- Human dignity
- Universal human rights
- Strong emphasis on human agency
- Enhancing individuals' ability to formulate and select goals, to construct plans and to act freely in the implementation of these plans
- Viewing individuals as *fellow human beings* (or “fellow travellers”) rather than as simply the bearers of risk, and because of this perspective, taking their core needs and concerns seriously.

# Knowledge

- Humans are goal-directed
- We seek to enact agency:
  - Goal-directed
  - Intentional
  - Rational (reflecting on the reasons for and against specific plans and anticipate possible barriers and come up ways of countering them )
  - Normative (a uniquely human capacity to engage with normative social institutions and act in morally accountable ways)
- Behavior is rarely random and can typically be understood in terms of benefits, environmental constraints and internal resources and states.

# Practice Commitments

1. Balance promoting PHGs and reducing risk.
2. View individuals who commit offenses as fellow travelers, not moral strangers.
3. GLM interventions uses language that is future-oriented, optimistic, and approach-goal focused.
4. Individuals should be viewed holistically and are more than the sum of their risk factors and criminal records.
5. The principles of risk, need, and responsivity should be nested or embedded within a GLM framework.
6. Take into account individuals' strengths, prioritized PHG, relevant environments, and specify exactly what competencies and resources are required to achieve these goods.

# GLM Approach and Core Principles

# 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.*

# グッドライフ・モデル

性犯罪からの立ち直りとより良い人生のためのワークブック

パメラ・M・イエイツ、  
デビッド・S・プレスコット 著  
藤岡淳子 監訳



# The Good Lives Model (GLM)

“...[our clients] want better lives, not simply the promise of less harmful ones”

(Ward, Mann, & Gannon, 2007)

“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)

# Going Upstream

- What is something (anything) that you would like right now?
  - Irish Coffee? World peace? A new cell phone?
  - 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?

# Important Skill

- Going Upstream:
  - What's the larger goal behind the immediate goal or clinical presentation?
  - “I’m not gonna” and “you can’t make me” reflect deeper goals around autonomy and relationships.
  - “I’m not the same person as I was then” reflects avenues for inquiry regarding identify.
  - Please note that one statement or action can reflect multiple goals!

# 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

# 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

# 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

# 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”?

# 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)

# Primary Human Goods as Common Life Goals

(Yates & Prescott, 2011)

<b>Primary Good</b>	→	<b>Common Life Goal</b>
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

# GLM vs. Bonta & Andrews 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

# Good Life Goals

(Prescott, 2018; Print, 2013)

- Having fun
  - (states of happiness and pleasure; creativity)
- Being an achiever
  - (excellence at work and play)
- Being my own person
  - (independence and autonomy)
- Being connected to other people
  - (relatedness/community)
- Having a purpose in life
  - (spirituality)
- Meeting my emotional needs
  - (inner peace)
- Meeting my sexual needs
  - (relatedness/happiness/inner peace/knowledge)
- Being physically healthy
  - (living and surviving)

# Good Life Goals

(Prescott, 2018; 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

# Good Life Plan

## Obstacles:

1. The ways the client is trying to attain this goal aren't working
2. Goals are too few in number
3. Conflict between goals
4. Lack of Skills
5. Lack of opportunity



The way the client is trying to meet this goal aren't working



Goals are too few in number  
(Putting all the eggs in one basket)

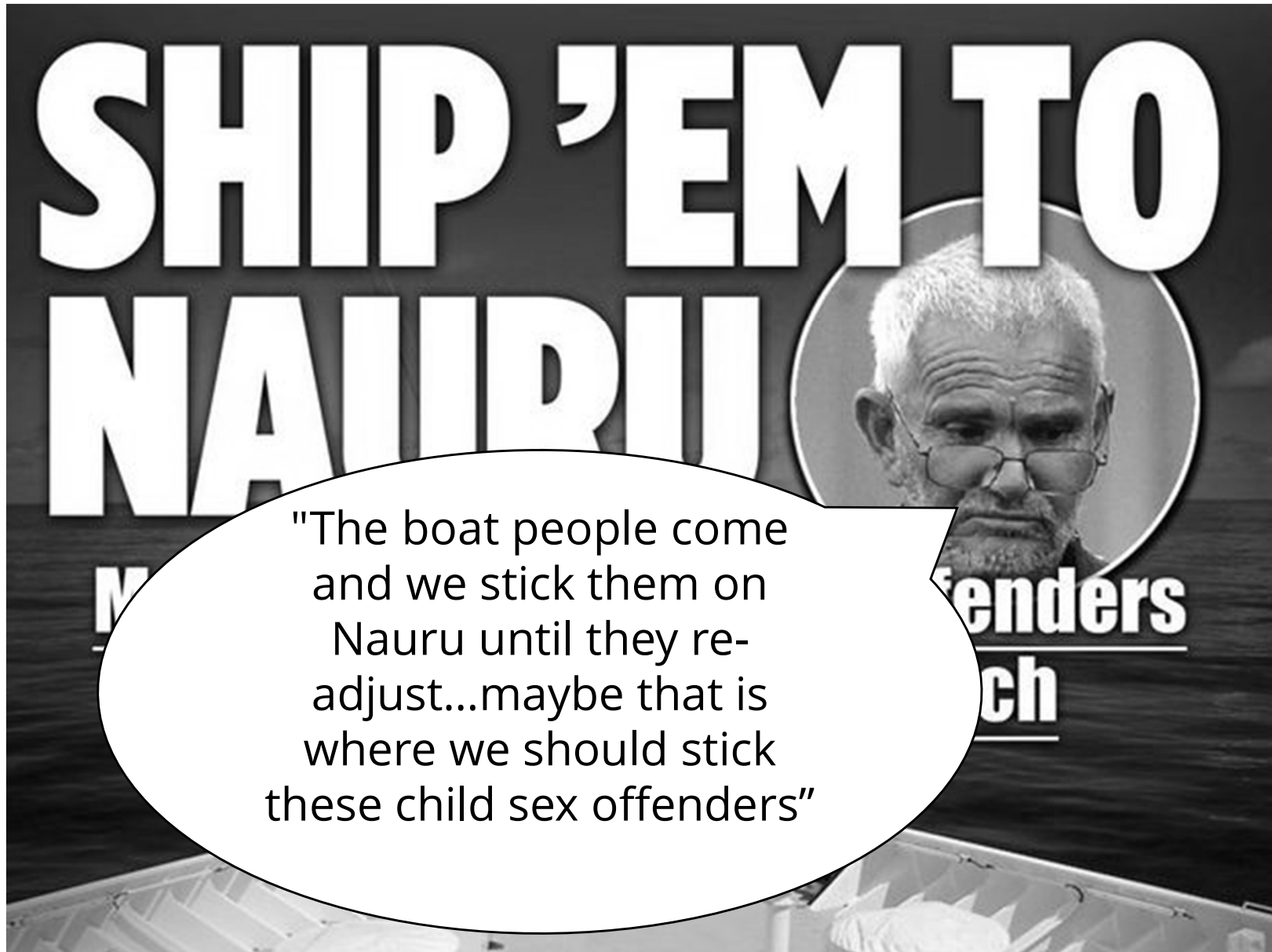


# Lack of Skills



<b>Maladaptive schema</b>	<b>Offense-supportive beliefs</b>	<b>Maladaptive coping</b>	<b>Maladaptive attachments</b>
<i>other people will abuse/reject/abandon me</i>	<i>dangerous world, children as sexual objects, uncontrollability</i>	<i>substance abuse, sex as coping, aggression</i>	<i>relationship instability, hostility towards women, social rejection</i>

# Lack of Capacity: External



# Conflict between goals



# The GLM

Application in practice

# Big Questions

- What GLM goals are important to this young 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?

# Protective Factors

# 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)



8. Strategies to Prevent Sexual Offending		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Appropriate use of reasonable strategies to prevent sexual offending</b></p> <p>Uses reasonable strategies, when necessary, to prevent sexual offending. Strategies may or may not have been developed through formal counseling.</p>		<p><b>Lack of use of reasonable strategies to prevent sexual offending</b></p> <p>Does not use reasonable strategies, when necessary, to prevent sexual offending. May be the result of not having reasonable strategies or of not using them when they are necessary. Strategies may or may not have been developed through formal counseling.</p>

9. Compassion for Others		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Compassionate and caring towards others</b></p> <p>Typically demonstrates compassionate and caring behavior towards others. The individual recognizes the misfortune of others and is motivated to alleviate their suffering.</p>		<p><b>Callous and/or uncaring towards others</b></p> <p>Often demonstrates callous and/or uncaring behavior towards others. The individual is cruel towards others and/or is indifferent to the misfortune of others.</p>

10. General Values and Attitudes		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Prosocial values and attitudes</b></p> <p>Typically demonstrates respect, honesty, and integrity in relationships and values and respects the role of social rules, laws, and authority figures.</p>		<p><b>Antisocial values and attitudes</b></p> <p>Often demonstrates a lack of respect, and/or honesty, and/or integrity in relationships and/or does not value or respect the role of social rules, laws, and authority figures.</p>



11. Self-Regulation		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Good self-regulation</b></p> <p>Typically demonstrates good emotional and behavioral self-regulation (i.e., able to delay gratification, consider consequences before acting, and express affect appropriately).</p>		<p><b>Poor self-regulation</b></p> <p>Often demonstrates poor emotional and/or behavioral self-regulation (i.e., unable to delay gratification and/or consider consequences before acting and/or express affect appropriately).</p>

12. Problem Solving		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Good problem-solving</b></p> <p>Typically demonstrates good problem-solving ability (i.e., can identify when there is problem; generate possible solutions; identify consequences of possible solutions; evaluate outcome of chosen solution).</p>		<p><b>Poor problem-solving</b></p> <p>Often demonstrates poor problem-solving ability (i.e., unable to identify when there is a problem; and/or has difficulty generating solutions; and/or has difficulty identifying consequences of possible solutions; and/or does not evaluate outcomes of chosen solutions).</p>

13. Adaptation		
<input type="checkbox"/> Protective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Risk
<p><b>Makes positive changes in behavior following consequences</b></p> <p>Typically makes positive changes in behavior following consequences.</p>		<p><b>Failure to make positive changes in behavior following consequences</b></p> <p>Often has difficulty making positive changes and/or refuses to make positive changes in behaviour following consequences.</p>



14. Responsivity to Guidance and Support		
<input type="checkbox"/> <b>Protective</b>	<input type="checkbox"/> <b>Neutral</b>	<input type="checkbox"/> <b>Risk</b>
<p><b>Responsive to reasonable guidance and support</b></p> <p>Responsive to reasonable guidance and support that is provided. This could involve reasonable guidance and support provided by professionals, family, peers, or others.</p>		<p><b>Rejecting of reasonable advice and support</b></p> <p>Rejecting of reasonable advice and/or support that is provided. This could involve reasonable guidance and support provided by professionals, family, peers, or others.</p>

15. Self-Esteem		
<input type="checkbox"/> <b>Protective</b>	<input type="checkbox"/> <b>Neutral</b>	<input type="checkbox"/> <b>Risk</b>
<p><b>Healthy self-esteem</b></p> <p>Healthy and positive sense of self and self-worth.</p> <p>And</p> <p>Individual sees that prior sexual offending behavior does not define who they are.</p>		<p><b>Unhealthy self-esteem</b></p> <p>Unhealthy and/or negative sense of self or self-worth</p> <p>Or an overly inflated level of self-esteem.</p> <p>And/Or</p> <p>Individual experiences significant shame related to past sexual offending behavior and sees that prior sexual offending behavior defines who they are.</p>



16. Intimacy and Friendship		
<input type="checkbox"/> <b>Protective</b>	<input type="checkbox"/> <b>Neutral</b>	<input type="checkbox"/> <b>Risk</b>
<p><b>Emotional intimacy and close friendship with prosocial peer(s)</b></p> <p>Has at least one close friendship with a peer that involves emotional intimacy (i.e., warmth, trust, and mutual support).</p> <p>For those aged 12-17, a peer is generally considered to be a nonfamilial individual who is not more than 3 years younger or older. For those aged 18-25, a peer is generally considered to be a nonfamilial individual who is not more than 4 years younger or older.</p>		<p><b>Lack of emotional intimacy and/or close friendship with prosocial peer</b></p> <p>Lacks close friendship and/or emotional intimacy (i.e., warmth, trust, and mutual support) with peers.</p> <p>For those aged 12-17, a peer is generally considered to be a nonfamilial individual who is not more than 3 years younger or older. For those aged 18-25, a peer is generally considered to be a nonfamilial individual who is not more than 4 years younger or older.</p>

17. Relationship with Parent/Caregiver		
<input type="checkbox"/> <b>Protective</b>	<input type="checkbox"/> <b>Neutral</b>	<input type="checkbox"/> <b>Risk</b>
<p><b>Feels close to and supported by a parent/caregiver</b></p> <p>Feels a close relationship to, and supported by, at least one parent/caregiver.</p>		<p><b>Feels distant from and/or rejected by parents/caregivers</b></p> <p>Feels a distant relationship from, and/or rejected by, parents/caregivers.</p> <p>Consider only those parent/caregiver figures that have been important to the individual and involved in their lives.</p> <p>If there is <i>at least one</i> parent/caregiver figure with whom the individual feels a close and supportive relationship, do not mark as "Risk".</p>

LET'S GO DEEPER



Meet your clients  
where they DREAM

# More Big Questions

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

LET'S GO  
WIDER

# Find the Strength



# Hint

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

# Find the Strength



# Hint

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

# Find the Strength



- Autonomy?
- Connection?
- Life?

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

Hint

# Find the Strength



# Hint

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

# Find the Strength



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

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

Hint

# Question

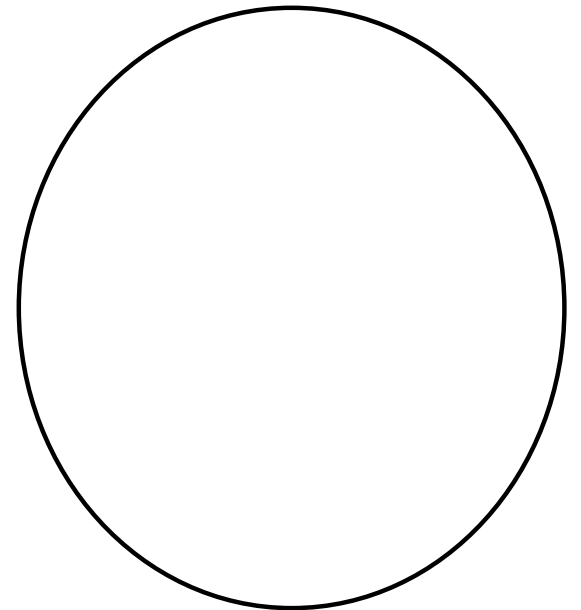
- Am I the only one picking up themes of trauma and other adverse experiences?

Let's talk some about  
trauma

# What is Trauma?

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

— Jan Hindman



The background of the slide is a grayscale aerial photograph of a city, showing a dense grid of streets and buildings. A semi-transparent rectangular box is overlaid on the image, containing the text. The word "TRAUMA" is centered at the top of the box in a large, black, sans-serif font. Below it, two bullet points are listed in a smaller, bold, black, sans-serif font. The overall aesthetic is professional and academic.

# TRAUMA

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

# What is Trauma?

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

— Bessel van der Kolk



# Ultimately

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

— Judith Herman, M.D.

Reframe: Interventions that empower survivors foster recovery

# Herman, 1992

## **Type 1 Trauma: Isolated, simple trauma**

**Usually a single incident or time-limited duration**

**Acute Stress Disorder/PTSD**

**Response and effects may vary with many factors**

## **Type 2 Trauma: Chronic & Complex**

**Prolonged, repeated trauma**

**Increased risk for long-term PTSD symptoms**

**Increased risk for related behavioral health syndromes**

How does trauma and adversity  
affect development?

**And Risk Factors?  
And Good Lives Goals?**

# Developmental effects of childhood adversity

## **Attachment**

- **Trauma impacts child & caregiver relationship**
- **Impairs trust and ability to form secure attachments**

## **Cognition**

- **Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities**
- **Expectations and Interpretations**

## **Self-regulation**

- **Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control**

## **Cascade Effects**

- **Early deficits in one domain of functioning impede subsequent development in other areas**

# Developmental effects of childhood adversity and Risk

## Attachment

- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

## Cognition

- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

## Self-regulation

- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General self-regulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

## Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and - ultimately - Good Lives Goals.

# Developmental effects of childhood adversity and Good Lives Goals

## Attachment

- Relatedness, being connected to others
- Community, being part of a group
- Meaning and purpose in life, spirituality

## Cognition

- Meaning & purpose, spirituality
- Knowledge
- Creativity/new experiences

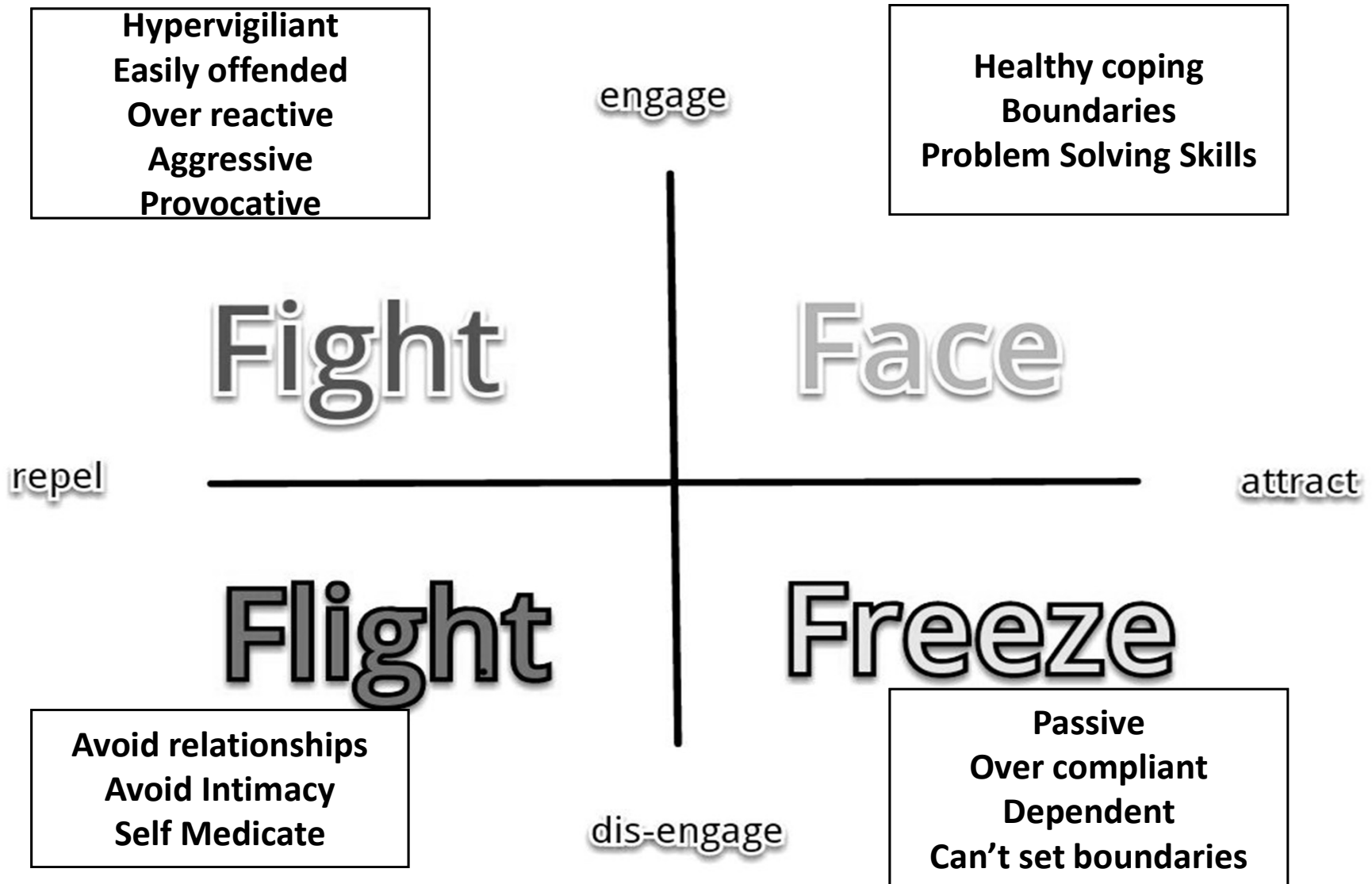
## Self-regulation

- Autonomy, independence, being my own person
- Creativity, happiness/pleasure, having fun
- Can appear as ADHD, Conduct Disorder, etc.

## Cascade Effects

- Adverse experiences =>
- Challenges in development =>
- Obstacles to balanced, self-determined life =>
- Risk factors =>
- Barriers to good life

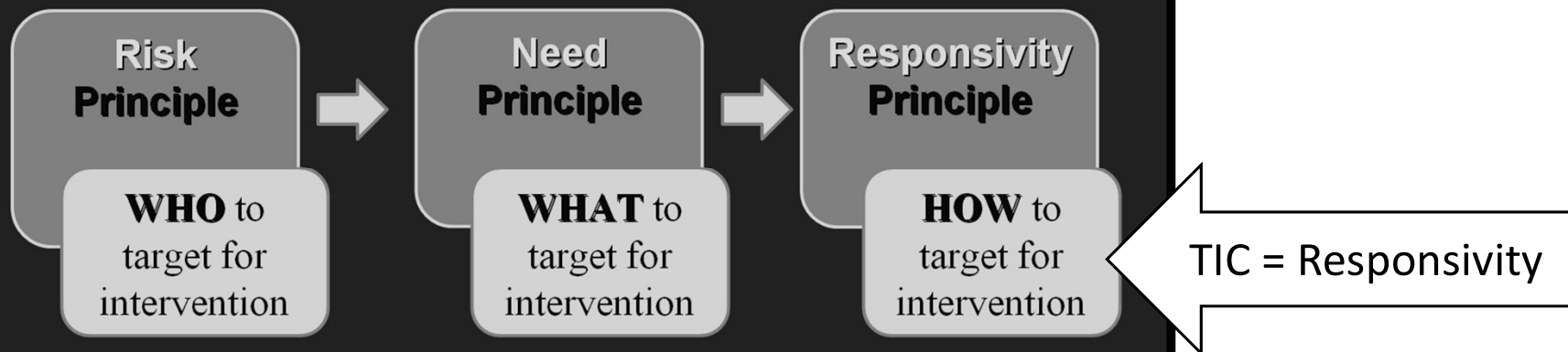
# Ways trauma may impact relational dynamics



# A Big Question

What does this client do with pain?

## Principles of RNR Model



(Andrews & Bonta, 2010)

Trauma-Informed Care in treatment

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# Becoming Who I Want to Be

*A Good Lives Workbook for Young Men*

David S. Prescott, LICSW



Brandon, Vermont

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First Edition

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# Getting Started

Always say welcome 😊

Starts with what's in it  
for the client

## WELCOME!

If you've opened this workbook to take a look, congratulations. You have already started down the road toward becoming the person you want to be.

### HOW THIS BOOK WILL HELP YOU

I have been a counselor for more than 30 years. I have counseled many young people who have caused harm to others. Every one of them begins counseling feeling two ways about it. They want to build a better life for themselves. But none of them want to be told what to do.

This workbook is not about anyone—including me—telling you how to think, how to feel, or what to do. It is a tool you can use to learn how to do all that for yourself.

### WORDS THAT WILL HELP YOU USE THIS BOOK

There are a few words that you do not use in your everyday life. But knowing these words will help you do your work in this book. So let's take a look at them and see what each one means.

The Word	What It Means	Using the Word in a Sentence
Achiever	Someone who is able to get things he wants through hard work	Donald liked being an achiever in middle school. He planned to be an achiever in high school.

Attain	To reach as a result of hard work	Donald studied hard to attain good grades in middle school.
Behavior	The way a person acts	Donald likes to mess around with his friends. But when he applies for jobs, he needs to be on his best behavior.
Obstacle	Something that gets in the way of attaining a goal	Donald's biggest obstacle to his success in high school was finding time to study. He worked every day after school and all day Saturday.

# The Twin Goals of GLM

## Chapter 1

### **THE JOURNEY TO WHO I WANT TO BE**

### **WHAT DOES BECOMING WHO I WANT TO BE LOOK LIKE?**

There are many ways to become the person 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 a way that is good for you AND good for others. To reach that goal you will learn to:

Build on your strengths

AND

overcome obstacles.

In this workbook you will:

1. Think about things that are important in your life
2. Understand how you got them in the past and plan how you will get them in the future
3. Understand the obstacles that have kept you from being the person you want to be
4. Develop a plan for overcoming obstacles and becoming the person you want to be
5. Put your plan to work in your daily life

The last point is very important: Simply doing the exercises in this workbook isn't enough. What matters are the changes you make every day. Completing exercises in a workbook is one thing—becoming who you want to be is a journey that takes more effort.

Talking to your counselor when you are in counseling is an important part of this journey. You and your counselor will talk about how you can learn new skills, get around obstacles, and move on with your life.

## HOW WILL I KNOW I'M GETTING THERE?

Later in this workbook, we will talk about how you will know that you are making progress on this journey. You will know when you are able to answer five questions:

1. How do you know things are getting better?
2. How do others know things are getting better?
3. How do you know things aren't going well?
4. How do others know things aren't going well?
5. If things are not going well, what can you do about it?

## Counseling = Reasons for Hope

- After counseling, most people who harmed others in the past do not do it again.
- Young people who complete counseling do much better than those who do not. They get into less trouble with the law and have more skills for living a good life.
- The longer you go without harming anyone, the less likely it is that you will do it again.
- In all, there are lots of reason for hope!

## HOW WILL COUNSELING HELP ME BECOME WHO I WANT TO BE?

Let's start with what counseling is and is not.

### What Counseling is Not

Sometimes during counseling, you may feel bad about things you did in the past. But counseling will NEVER leave you feeling bad about who you are.

### What Counseling Is

Counseling is about understanding and changing the ways you think, feel, and act. You will learn how the ways you think, feel, and act have either helped you or gotten you into trouble.

For example, you may believe that the world is a dangerous place. "No one is going to give me what I need, so it is okay to take what I want." If that is your attitude toward life, there is a good chance you will get into trouble sooner or later.

# 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

---

## Anthony's Story, Part 1

Anthony entered counseling after sexually abusing his little sister, Kayla. At first, Anthony couldn't understand why it was such a big deal—he and Kayla had both been abused by Uncle Don. All they knew was that Uncle Don never went to jail.



Anthony's mom went to the child welfare office in town. She told a social worker what Anthony did to his sister. The social worker offered to put Anthony in a counseling program.

Anthony's mom agreed with the social worker. She thought that counseling would help him stop abusing his sister. She wanted him to understand why it was wrong. And she wanted him to make it up to Kayla and never do it again—to anyone.

Anthony also wanted to go into counseling, but he had different reasons. He wanted to prove to other people that he was not a bad person. That was his most important reason. He didn't get why others were taking what he did to Kayla so seriously. But he did want to make things up to her. He hoped a counselor would help him find a way to do that.

- 
- ♦ Anthony and his mom have different views of what he did. Which of the following is Anthony's view and which is his mom's view?

	Anthony's view	Mom's view
What Anthony did to his sister is wrong.	<input type="checkbox"/>	<input type="checkbox"/>
What Anthony did to his sister is no big deal.	<input type="checkbox"/>	<input type="checkbox"/>

# Obstacles Overview

(More discussion of GLM obstacles is in Chapter 13)

## ARE THERE OBSTACLES THAT MAY GET IN MY WAY?

Let's start this section with the story of Sammy. He had obstacles in his path and there were no easy ways around them.

### Sammy's Story, Part 1

Sammy had two sisters, Sofia and Mariana, and a little brother. They grew up in a home where violence was an everyday thing. It seemed like their mom was crying and their dad was yelling all the time. Sometimes he hit their mom or threw things at her. Sometimes he hit Sammy. The kids knew that someday something really bad was going to happen.

When Sammy was 14 years old, his father was sent to jail for having illegal drugs. His mom still had her job, but the family was broke all the time. His dad had promised him an Android tablet for his birthday, but now his mother could not afford to buy it. Sammy got angrier every day. Now it was Sammy who was yelling all the time.



One day when his mom was at work, he took out his anger on his little sister Sofia. She was playing with his MP3 player. He didn't use it anymore. But he didn't want anyone else to use it either. He told her to give it back. She said no and ran up the stairs. He chased her and grabbed the MP3 player out of her hands. He shook her so hard she fell down the stairs. Her arm was broken and her head was bleeding. Sofia was crying and the other kids were screaming. The lady who lived next door came to see what was going on. She called 911. The next day, some people from Child and Family Services took Sammy out of his parent's home and placed him with his grandparents.

Six months later, Sammy was still living with his grandparents. He texted with his older sister Mariana almost every day. She told him their father was back home and found another job. Sammy's father and mother were helping his grandparents pay their bills.

## Other People May Be Obstacles

Let's face it, entering counseling is not always easy. Sometimes parents or guardians or other family members have doubts about the usefulness of counseling. Let's explore this kind of obstacle for a while. Then you will be ready to come up with an action plan for moving forward.

- ◆ Do you think any of your family members might not want you to be in counseling?

Yes  No

If you answered yes:

Could it be that they do not understand your situation? Or could it be that they worry you will share private things about them?

- ◆ Write a few notes about these obstacles.

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## You May Be Your Own Obstacle

Sometimes people in counseling have their own reasons for not giving it their best shot. Write some reasons why you might not want to be in counseling:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## HOW WILL I DEAL WITH THOSE OBSTACLES?

Before we answer this question, let's see how Sammy dealt with his obstacles.

# 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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3. \_\_\_\_\_  
\_\_\_\_\_

Now take a moment to pat yourself on the back for addressing a difficult topic!  
To wrap up these exercises, do your best to complete the following sentence:

My biggest hope is that counseling will help me \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO DO I WANT TO BE? WHAT DO I WANT OUT OF LIFE?**

These are very big questions. To start finding the answers that are right for you, try this exercise:

First, try to recall yourself when you were 10 years younger than you are now.

How old were you? \_\_\_\_\_

Where did you live? \_\_\_\_\_

Who did you live with?  
 Both parents  Just my mom  Just my dad  Others

What was your favorite thing to do? \_\_\_\_\_

What kind of job did you want to have when you grew up? \_\_\_\_\_

What kind of person did you want to be when you grew up? \_\_\_\_\_  
\_\_\_\_\_

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Now imagine yourself 10 years older than you are today. Imagine that you are healthy, happy, and very satisfied with your life.

How old are you? \_\_\_\_\_

Where do you live? \_\_\_\_\_

Is there someone about your age who you love and who loves you?  
 Wife?  Husband  Girlfriend?  Boyfriend?  Other?

Are you a parent?  
 Yes  No  Not yet, but I will be soon  Never, no way

What kind of job do you have? \_\_\_\_\_

What kind of person are you now? \_\_\_\_\_

Do other people like you?  Yes  No

Why yes or why no? \_\_\_\_\_

Do you like other people?  Yes  No

Why yes or why no? \_\_\_\_\_

Think about the person you will be ten years from now. What are five words you hope others will use to describe you (for example, strong, hard-working, etc.)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# 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 Kevin Powell's work in this area

## **HOW CAN MY STRENGTHS HELP ME TO SUCCEED?**

Andrew used his strength of persistence to succeed in counseling. How can you use your strengths to help you be successful in counseling? For example, if you are good at drawing, you can draw pictures to show your counselor how you feel.

List your top three strengths below. Under each strength, describe how it might help you succeed in counseling.

### **My Top Strength #1**

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How This Strength Can Help Me Succeed in Counseling:

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# Values

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- For values that are NOT IMPORTANT to you, circle the number 3
- If you're not sure, circle the question mark.

Here are the values:

Values	Importance			
	1	2	3	?
Learning skills and being able to do them well	1	2	3	?
Being loving towards others	1	2	3	?
Looking my best and having good hygiene	1	2	3	?
Being in control of my behavior	1	2	3	?
Having courage	1	2	3	?
Being kind to others	1	2	3	?
Being honest with myself and others	1	2	3	?
Being creative	1	2	3	?
Being able to do things on my own	1	2	3	?
Being smart	1	2	3	?
Being able to understand other peoples' view points	1	2	3	?
Obeying the law	1	2	3	?
Being helpful to others	1	2	3	?
Being responsible	1	2	3	?
Being able to forgive others	1	2	3	?
Having close friends	1	2	3	?
Being loved	1	2	3	?
Having self-respect	1	2	3	?
Being happy	1	2	3	?
Having peace of mind	1	2	3	?
Being free	1	2	3	?
Experiencing pleasure	1	2	3	?
Being well known for my skills	1	2	3	?
Having a safe and secure life	1	2	3	?
Having a comfortable life	1	2	3	?
Having an exciting life	1	2	3	?

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Go back to all the values that you marked 1 "very important to me." Pick the top five most important ones and list them in the left column. You do not have to list them in any particular order. In the right column, list five values that you marked 3 "not important."

Very Important	Not Important

Finally, here's a tricky exercise: Let's see what you can learn about yourself by finishing the following sentences:

This is what my "very important" values say about me:

---



---

This is what my "not important" values say about me:

---



---

Fill in the blank in this sentence:

That makes me think that I am \_\_\_\_\_ person.

# Values

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

# Hope

## IS THERE ANY HOPE FOR ME?

Antoine plays video games at night and often forgets to do his math homework. Caleb does his math homework every night. Both boys hope they will pass the math test tomorrow. Which of them do you think has any hope of passing the test? Before we talk more about your goals in life, let's take some time to consider the idea of hope.

Having hope means:

Believing that you can accomplish a goal  
**AND**  
having a plan to attain it.

## Nelson Mandela and Hope

You may have heard of Nelson Mandela. He was a Black man who grew up in the country of South Africa. When he was a young man, White people ruled that country. Black people could not vote in elections. They were poorly educated and only allowed to have certain jobs. Nelson worked all his life to lead the Black people of South Africa to freedom and equality. Before he and his people won that battle, he spent 27 years in prison.



When Nelson was 44 years old, he was arrested and sent to prison. South Africa's White leaders wanted him kept behind bars for the rest of his life. But Nelson never gave up hope. He organized the other prisoners and helped them learn reading, writing, and history. Together they developed a new system for their country's government. When Nelson finally got out of prison he was 62 years old. With the help of others, he became South Africa's leader. In the end, his success boiled down to staying hopeful and being willing to work toward a goal.

- ◆ If Nelson Mandela could give advice to people who are trying to change their lives, what do you think it would be?

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- ◆ Imagine yourself five years from now. You completed counseling and you have moved on with your life. Now imagine you can travel back from the future to the day you first started counseling. What advice do you think your future self will give you?

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- ◆ Where can you find hope in your life?

---

---

- ◆ What are some ways that other people in your life can give you hope and help you with counseling?

---

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And now, take a few moments to give yourself praise for a job well done.


# Hope

- Agentic Thinking + Pathways Thinking = Hope
- I am able to reach a goal (Agentic thinking)
- +
- I have ideas about how to do it

# Vision Boxes

- Intended to be highly creative. Whatever works for your client!
- Intention is to deepen responsibility
- “Keeper bucket”

**My Chapter 2 Vision Box**

A large, empty rectangular box with a thin black border, intended for a user to draw or write their vision. The box is positioned to the right of the text and below the caption.

# About goals

## Chapter 3

### THE GOOD LIVES MODEL

#### HOW CAN I HAVE A GOOD LIFE?

A "good life" is what all people hope to have. I am sure you noticed that the title of this workbook is *Becoming Who I Want to Be*. But did you notice the subtitle: *A Good Life Workbook for Young Men*?

The work you do in the coming chapters will help you reach your goal of having a good life. It is based on something called the Good Lives Model. Let's begin by looking more closely at different kinds of goals.

#### Big Goals and Small Goals

##### Kevin's Goals and Jeff's Goals

After their group session, the counselor asked Kevin and Jeff to fold up the ten chairs and stack them against the wall. Kevin and Jeff agreed that each of them would do five chairs.

Jeff decided to do them all in one trip. He folded up his chairs and tried to lift them all up at the same time. He kept dropping them as he tried to walk to the wall.

Kevin decided to do his chairs one at a time.

While Jeff was still wrestling with his chairs, Kevin finished his chairs and left the room.

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Picking up five chairs at a time, as Jeff tried to do, is a big goal. Having a good life is a much bigger goal. So big, that it is best to break it down into smaller goals, just like Kevin did with his chairs.

Here are some tasks that most young people do at home, at school, and in counseling. Look at each task and circle the way you would do it. Would you do it all at once, like Jeff? Or break it up into smaller steps, like Kevin?

	Do It All At Once Like Jeff	Do It In Small Steps Like Kevin
Eat a bag of M&Ms	<input type="radio"/>	<input type="radio"/>
Clean my room	<input type="radio"/>	<input type="radio"/>
Study for a final exam	<input type="radio"/>	<input type="radio"/>
Complete this workbook	<input type="radio"/>	<input type="radio"/>

#### 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.

Think about it this way. Do you want to spend your time doing things or spend your time trying not to do things?

**Do you think it is easy or hard to NOT do something?  
Try this task to find out:**

Sit down.  
Close your eyes.  
Sit still for a few minutes.  
Do not think about an elephant.

In the left column below, we have some examples of avoidance goals. In the right column we have the same goals reworded as approach goals. Can you draw a line from each avoidance goal to its reworded approach goal? I will do the first one for you.

Avoidance Goals	Versus	Approach Goals
I want to quit smoking		I want other people to feel that they can trust me
I don't want to yell at my teachers when they make me mad		I want to be close with my family and have them respect me
I hope I don't get caught		I want to be healthy and feel good
I don't want my family to hate me		I want to have friends
I don't want to feel lonely		I want to find ways to work with my teachers, even when I'm angry

◆ What avoidance goal have you tried to accomplish in your life?

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◆ Think of a way you could change that into an approach goal.

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Now do you see the difference between avoidance goals and approach goals? I'll bet you are thinking, "Yes, I see the difference. What does it have to do with counseling?" My answer is this: **The Good Lives Model of counseling will help you focus on positive approach goals, or what we call good life goals.**

### WHAT ARE MY GOOD LIFE GOALS?

So far in this workbook we have worked on:

Building up your strengths  
AND  
becoming the person you want to be.

Now we will focus on your good life goals. These are the eight good life goals you will work on in this book:

1. Having fun
2. Being an achiever
3. Being my own person
4. Being connected to other people
5. Having a purpose in life
6. Meeting my emotional needs
7. Meeting my sexual needs

# 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?

## Chapter 4

### **THE GOOD LIFE GOAL OF HAVING FUN**

The good life goal of having fun includes having happiness, pleasure, and excitement. It is easy to forget that we all need to have these things every now and then! No matter what our lives are like, it is always important to find a little time to have fun. People usually do positive things to have fun, but sometimes they do harmful things to attain this goal.

#### **Positive Ways of Having Fun**

Here are some positive ways that people attain this goal:

- Playing a sport
- Watching a movie
- Reading a science fiction story
- Going swimming
- Playing video games

#### **Harmful Ways of Having Fun**

Some harmful ways people might try to have fun are bullying, putting others down, or having sex with people who do not want to have sex with you. Having fun by harming other people also harms the person who does it. Take Alberto for example.

# 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.

# We tried to keep the basic format for each goal the same

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## Oscar's Idea of Having Fun

Oscar has fun putting people down. He says things like, "Bobby is so fat he has to use Google Earth to take a selfie." And "Ralph is so dumb he got hit by a parked car." Oscar thinks other people like him because they laugh at the things he says. But some day he may be in trouble and need help. Then Oscar may discover that he is not as well-liked as he thought he was and people may not come to help him.

- ◆ How could Oscar use his sense of humor to reach his goal of having fun in a positive way?

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## HOW DID I HAVE FUN WHEN I WAS YOUNGER?


When you were younger, what were some of the ways you tried to reach the goal of having fun? Write one way on each line.


---

---


---


  
  


Go back and circle the  after the ones that were good for yourself and other people.

Now circle the  after the ones you now think were harmful to other people.

37

If you circled the  for all three, great! Keep up the good work.

If you circled the  (harmful to other people) after any of them:

How was it harmful to other people?

---

---

Do you think that way of having fun was also harmful to yourself?

Yes  No

If you answered "Yes," how was it harmful to yourself?

---

---

## HOW DO I HAVE FUN NOW?

In what positive ways are you working to attain the good life goal of having fun?

**Positive Way #1:** \_\_\_\_\_

How is this way working for you?

---

---

How does this way of having fun fit with your values?

**Positive Way #2:** \_\_\_\_\_

How is this way working for you?

---

---

# GLM Goals Implicated in Harmful Behaviors (Chapter 12)

## Same Behavior—Different Goals

Diego and Willie were both found guilty of violent behavior. They are now living in a juvenile facility. One of the things they do there is meet once a week with a counselor.

### Benjamin's Goal

Benjamin's dad was very strict. He said, "I am the general in this house and you are a private. When I give you an order to jump the only question you may ask is, how high do you want me to jump, sir." If Benjamin didn't do what his dad said, his dad beat him with his belt. Benjamin knew his teachers couldn't hit him so he never listened to them.

One day in gym class, Benjamin chased another student around the gym with a baseball bat. The teacher yelled at him to stop and put the bat away. When the gym teacher turned around, Benjamin hit him in the head with the bat. The gym teacher was taken to the hospital and Benjamin was arrested.

Now Benjamin lives in the juvenile facility. He has been talking to the counselor about why he behaved violently. He has figured out that he hates being told what to do. What he wants most in life is to be his own boss. Acting violently was the only way he knew how to meet the goal of being his own person.

### Will's Goal

Every day on the way home from school, Will passed a vacant lot where a local gang hung out together. One day he asked if he could join the gang. The leader said, "If you want to join us, you have to do something for us. You have to mug a stranger at knife point three times and give the money you stole to me." Will decided to do it. The first time he tried, he got away with it. But the second time he got caught by the police.

Now Will lives in a juvenile facility. He has been talking to his counselor about why he mugged people. He has figured out that what he wanted most in life was to have the gang be his friends. Joining that gang was the only way he knew how to meet the goal of being connected to other people.

Benjamin and Will both got in trouble with the law for violent behavior. But as you can see, they were trying to attain different goals. As Diego and Willie — and you — are learning in counseling, the good life goals themselves are not harmful. But if you are trying to attain a good life goal in a harmful way, it is time to think about other ways to get what you want out of life.

## WHAT DID MY GOOD LIFE GOALS HAVE TO DO WITH THE HARMFUL THINGS I DID?

In the next exercise, you will take a close look at each harmful thing you have done. Then you will consider what good life goals you were trying to attain when you did those harmful things.

The eight good life goals are listed below. Not every harmful behavior is an attempt to attain every goal. Your answer to some goals may be that you did nothing harmful to attain that goal. However, other goals may have been an important reason for some of your harmful actions.

### The Good Life Goal of Having Fun

As you look back on your actions that caused harm to yourself or others, in what ways do you think you were using those harmful actions to attain the goal of having fun?

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# Note on Chapter 12

- 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.

# 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

# GLM Obstacles

## Chapter 13

### OBSTACLES TO ATTAINING MY GOOD LIFE GOALS

#### WHAT OBSTACLES ARE GETTING IN MY WAY?

Everyone faces obstacles in their life. Things don't always turn out as you planned. Most young people in counseling are trying to meet their good life goals, but sometimes things go wrong. This section looks at five ways that this might be happening to you.

**1. The way you have chosen to attain a goal may not be working.** Sometimes the way you are trying to attain a goal isn't working. Sometimes it is even making things even worse.

For example, taking drugs to feel good might be fun and it might make you feel emotionally healthy. But that is temporary. Taking drugs actually makes attaining these goals less likely in the long run.

**2. The goals you have chosen to work on may be too few in number.** It is difficult to attain any of your good life goals if you are only attempting to attain one or two of the eight goals. Taking a balanced approach to all eight goals is the best way to assure your success.

For example, you may decide you only want to try to attain the goals of being my own person and being an achiever. But do you really want to miss out on having fun, being connected to other people, and meeting your emotional, sexual, and physical needs?

Likewise, if you only ever try to have fun, your physical health will suffer.

90

You won't ever have much of a purpose in life or make a difference in the world. It is fine if some goals are more important to you than others. However, it is important to make a place in your life for all of the goals in this workbook.

**3. There may be a conflict between some of your goals.** Sometimes, the way that people try to attain one goal makes it harder for them to attain another goal.

For example, stealing money from other people may be fun, but it may interfere with your goal of being connected to other people.

In fact, engaging in illegal activities for fun can prevent you from attaining any of the other good life goals. Why? Because sooner or later, breaking the law will get you caught and you will end up in prison.

**4. You may lack needed skills.** Despite our best efforts, we are sometimes unable to attain our goals in the way we want.

For example, what if you want to become an achiever by going to college? If you don't have good enough grades in high school, you may need to think about a different way to become an achiever.

Another example is being able to calm yourself down when you get upset. Until you learn that skill, you won't be able to attain the goal of meeting your emotional needs.

**5. You may lack opportunities.** The world is not always a fair place. Sometimes people simply do not have access to the resources they need to get what they want. So it is important to be realistic about the ways you choose to attain your goals.

For example, you may want to be an achiever by becoming a brain surgeon. But is it realistic to think you will find the money to pay for eight years of medical training?

Likewise, completely being your own person may not be possible while you are living in a residential counseling facility.

### The Good Life Goal of Being an Achiever

As you work toward attaining this goal, you may be experiencing one or more obstacles. Circle the **most important obstacle** that is getting your way:

1. The way I am trying to attain this goal isn't working
2. The goals I have to work on are too few in number
3. There is a conflict between this goal and some other goals
4. I lack needed skills to meet this goal
5. I lack opportunities to meet this goal

What can you do **TODAY** to begin overcoming this obstacle?

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Which of your strengths will you build up to help prevent this obstacle from occurring in the future?

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### The Good Life Goal of Being My Own Person

As you work toward attaining this goal, you may be experiencing one or more obstacles. Circle the **most important obstacle** that is getting in your way:

1. The way I am trying to attain this goal isn't working
2. The goals I have to work on are too few in number
3. There is a conflict between this goal and some other goals
4. I lack needed skills to meet this goal
5. I lack opportunities to meet this goal

What can you do **TODAY** to begin overcoming this obstacle?

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Which of your strengths will you build up to help prevent this obstacle from occurring in the future?

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## The Good Life Goal of Being Connected to Other People

As you work toward attaining this goal, you may be experiencing one or more obstacles. Circle the most important obstacle that is getting in your way:

1. The way I am trying to attain this goal isn't working
2. The goals I have to work on are too few in number
3. There is a conflict between this goal and some other goals
4. I lack needed skills to meet this goal
5. I lack opportunities to meet this goal

What can you do **TODAY** to begin overcoming this obstacle?

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Which of your strengths will you build up to help prevent this obstacle from occurring in the future?

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## The Good Life Goal of Having a Purpose in Life

As you work toward attaining this goal, you may be experiencing one or more obstacles. Circle the most important obstacle that is getting in your way:

1. The way I am trying to attain this goal isn't working
2. The goals I have to work on are too few in number
3. There is a conflict between this goal and some other goals
4. I lack needed skills to meet this goal
5. I lack opportunities to meet this goal

What can you do **TODAY** to begin overcoming this obstacle?

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Which of your strengths will you build up to help prevent this obstacle from occurring in the future?

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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!

# Putting the pieces together

(Please note the process in the bullet points)

## Chapter 14

# **BUILDING MY GOOD LIFE PLAN**

### **You are almost done!**

All that is left for you to do now is to put the pieces together into a solid good life plan. You have already done most of the work. After you complete the exercises in this chapter, you will be able to show others that you are:

- Becoming who you want to be
- Noticing obstacles along the way
- Overcoming obstacles
- Being hopeful that you will attain this goal

Let's go through each of your goals and plan how you will make each of them happen in the future.

## The Good Life Goal of Having Fun

### Working on Attaining this Goal

Here is my plan for attaining this goal one to three years from now:

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This is how I will know that I am attaining this goal:

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### Noticing Obstacles Along the Way

This is how I will know that I am having trouble attaining this goal.

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Here are some warning signs I will look out for:

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## Overcoming Obstacles

Here are the things I will do if I notice that I am having trouble attaining this goal:

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Others who are close to me may notice that I am having trouble attaining this goal. Here are some things they can do about it:

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## Being Hopeful that I Will Attain this Goal

Finally, here are all the reasons why I am confident and hopeful that I will attain this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## The Good Life Goal of Being Connected to Other People

### Working on Attaining this Goal

Here is my plan for attaining this goal one to three years from now:

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This is how I will know that I am attaining this goal:

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### Noticing Obstacles Along the Way

This is how I will know that I am having trouble attaining this goal.

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Here are some warning signs I will look out for:

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### Overcoming Obstacles

Here are the things I will do if I notice that I am having trouble attaining this goal:

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Others who are close to me may notice that I am having trouble attaining this goal. Here are some things they can do about it:

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### Being Hopeful that I Will Attain this Goal

Finally, here are all the reasons why I am confident and hopeful that I will attain this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## SPECIAL ASSIGNMENT

Now it is time to talk with others who are close to you and find out how they think you are doing. Do they think you are progressing in your work to attain your good life goals?

Ask your counselor to give you some blank Interview sheets. Use each sheet for an interview with one person about one of your good life goals.

Here is how to complete an interview sheet.

**Step 1.** Ask someone close to you if you can interview him or her for 10 minutes. Write at the top of the sheet your name, the person's name, the person's relationship to you, and the date of the interview.

**Step 2.** Choose one of your goals and describe it to this person:

- Talk about some of the positive ways you are trying to attain this goal
- Explain how you will know things are working for you in attaining this goal
- Describe how you will know you are having trouble attaining this goal
- Explain the warning signs you will look for

**Step 3.** Say to this person, "Now I would like to know how you think I am doing." Give the person your pen or pencil and ask him or her to write answers to the four questions under Step 3 on the interview sheet.

**Step 4.** Read what the person wrote out loud and ask any questions you have about what he or she wrote.

**Step 5.** Look the person in the eyes, smile, and say, "Thank you for sharing your thoughts with me!"

Before you do any interviews, read the example of a completed interview on the following pages. Do you remember Sammy's Story in Chapter 1? Sammy had trouble controlling his temper and was arrested by police when he broke his little sister's arm. Here is Sammy's interview with his mom.

## INTERVIEW SHEET

**Step 1.** Your name: Sammy Date of interview: 9/12/19

Person's name: Susan Relationship to you: My mom

**Step 2.** Talk to the person about your goal. Say out loud:

- I would like to ask you about my Good Life Goal of:  
Meeting my emotional needs
- This is what this goal is about: Being able to control my anger and express myself calmly
- Here are some of the positive ways I am trying to attain this goal:  
Working hard in counseling. Talking with my Dad about his problems with anger. Working hard to find ways to keep myself calm and think before I act. Reminding myself that there are always better ways to handle things and I can do them.
- This is how I will know I am attaining this goal:  
This is how I will know I am attaining this goal: When my little sister annoys me and I don't hurt her. When my mom or dad and I disagree and I don't yell or get into trouble.
- This is how I will know I am having trouble attaining this goal.  
If I still get angry for no reason. When it is hard to keep myself calm. When the things I do to keep myself calm aren't working.
- These are the warning signs I will look for.  
Thinking angry thoughts.



# David's Cases

# Duane

- Duane, 16, is ready to become violent at the slightest provocation. Duane recently assaulted a female staff member in his residential program. The assault was highly impulsive in nature and took place in the nurse's office of his community-based residential treatment program. She was passing medication at the time. She asked him to return to his room and he became angry and told her that no one can tell him what to do. When she continued to ask him to leave, he beat and choked her. Other staff, becoming concerned by sounds coming from the office (two floors below) intervened after several minutes.
- Duane had been placed in this program due to past violence towards family members and professional caretakers. Found not competent to stand trial, he was provided a legal guardian and committed to the custody of the state.

# Duane

- Duane's IQ testing has been inconsistent, reflecting a presentation that can change rapidly.
- Duane presents with ADHD, high levels of anxiety, depression, and PTSD symptomatology. Duane's program staff have all been trained to view him through the lens of early trauma. This trauma interfered with his attachments, resulting in anxiety, depression, impulsivity, a tendency to focus on his physical safety and wellbeing, and a cognitive schema that the world is a dangerous place.

# Duane

- Duane has been in treatment for several years, attempting to come to terms with issues from his family of origin. These include witnessing domestic violence and being sexually abused by his mother's boyfriends.
- Duane's parents were both heavily drug-involved. His mother used cocaine while pregnant with him. Duane's father was violent towards her throughout much of their relationship, controlling her access to friends and outside information. He frequently convinced her that she had serious mental health issues.

# Duane

- Duane attended special education classes from Kindergarten onward. He was diagnosed with learning disabilities in the areas of math and language. Duane was happiest in classes that involved hands-on/manipulative activities such as woodworking, and eventually became involved in auto mechanics classes as he entered adolescence.
- Duane was placed in residential treatment at the age of fourteen, and much of his education has taken place within these settings.

# Duane

- Duane is known for his excellent sense of humor. He enjoys watching sports on television and talking about sporting events with others. He also loves action/adventure movies with outer-space themes, like Star Wars.
- Duane currently volunteers at an animal shelter in the community, where he is supervised by staff. Duane's interactive style is one of always wanting to please and form connections with the staff around him. He views the male staff as people he wants to form friendships with, the administrators as people who might have been his parents, and female staff as potential girlfriends. He is particularly angry and confused when they reject his friendly advances.

# Duane's Risk Factors

- Significant history of violence
- Offense-supportive attitudes
- General Self-regulation Problems (impulsivity across all domains)
- Poor cognitive problem-solving
- Resistance to/noncompliance with rules and supervision
- Lack of emotionally intimate relationships with adults
- Childhood behavior problems
- Grievance/Hostility
- ? Sexualized Violence

# Duane's protective factors

- A strong desire to do well!
- A strong desire to connect with others
- A strong desire to live autonomously
- Believes treatment is important
- Compliant with medications
- Periodic contact with mother
- Hates to let others down

# Duane's responsivity factors

- IQ and changes in IQ
- Learning disabilities
  - Non-verbal
  - Verbal
- High levels of anxiety and depression; PTSD
- Cognitive Schema: The world is a dangerous place; you have to fight to get even; women are unknowable/deceptive

# Duane's Risk/Good Lives Factors

- Offense-supportive attitudes
- General Self-regulation Problems (impulsivity across all domains)
- Poor cognitive problem-solving
- Resistance to/noncompliance with rules and supervision
- Lack of emotionally intimate relationships with adults
- Childhood behavior problems
- Grievance/Hostility
- ? Sexualized Violence
- Peace of Mind
- Happiness and Pleasure
- Learning and knowing
- Personal choice and independence
- Connection
- Spirituality?

# Duane's Obstacles

- Lack of internal capacity: trauma-related symptoms
- Conflict between goals (independence vs. peace of mind)

# Duane's Treatment

- Group Therapy
- Individual Therapy
- Vocational/Occupational assistance
- Program activities
- Meditation
- Journaling
- Affirmation

# Duane's Treatment

- Group Therapy
- 90 seconds meditation
- 3 good things
- Let's examine a good life goal
  - How did you achieve this goal in the past
  - How can you work on this goal in the present?
  - How can you achieve this goal in the future?
  - What obstacles have you encountered in the past
  - What obstacles can you expect in the future?
  - How have "trauma echoes" acted as obstacles?

# 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?

# Duane's Treatment

- Clinician listens with a goal of understanding
- Clinician offers summaries and reflections to make sure s/he is understanding
- Clinician offers advice only with permission
- Individual therapy address more personal issues, such as abuse history and discussing the details of incidents.

# “Staff-Led Groups”

- Twice-weekly groups led by paraprofessional staff
- Open discussion of a single Good Life Goal
  - Sometimes involves artwork or story-telling about that goal
- Staff will also teach skills related to that goal
  - For example muscle relaxation or DBT skills for the goal of “Peace of Mind”
  - Communication skills curriculum for the goal of relationships and friendships
  - Discussion of job skills for goal of excellence at work
  - Review of program activities for goal of excellence at play
  - Etc.

Assessment

# 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?

# 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?

# 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?

# Having Fun

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?**

# Being an Achiever

(being good at something)

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?**

# Being My Own Person

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?**

# Being Connected to others

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?**

# Having a 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?**

# Meeting My Emotional Needs

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?**

# Meeting My Sexual Needs

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?**

# Being Physically Healthy

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?**

# Treatment Process and Process Challenges

# 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?

# 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?

Extra Material

# Considerations for Special Populations

# Intellectual disabilities

- Not just talk slower and louder
- Use visual imagery
- Use multi-modal methods, including role plays
- Use social stories
- Repeat key points often

# Seek their perspective

- How seriously do we try to understand their understanding of treatment?
- When we do, in what ways are we patronizing?
  - “I’m the one with the letters after my name; you’re the messed up client”
- The “bobble-head effect”
- Don’t be afraid to modify practices
  - Curriculum
  - Empathic, attuned interventions

# Counterfeit Deviance

- Known topic in ID/DD world
- Deviance may develop from residing in a system where appropriate sexual knowledge, relationships, and opportunities for healthy sexual experiences aren't supported and/or provided
  - Is a behavior truly deviant?

# Selfishness

- For people with very high levels of selfishness:
- Focus on what's in it for them
- What is the cost of offending to them?
- What is the price they pay?
- If offending continues, what will happen to them?
- What's missing from their life that they wish were there?

# Key Points with Autism Spectrum

- Keep it individualized:
  - *“If you’ve met one person with an ASD, you’ve met one person with an ASD”*
- Keep it concrete: GLM concepts can be high-minded and difficult to grasp
- Keep it trauma-informed
- Keep your attitudes about sexuality in check
- Use functional behavior analysis

# Autism Spectrum

- Depending on where they are on the spectrum be patient and repeat X3.
- Have the individual truly explore what "their good life means" and make it concrete. For example XY loves to go into the community with his mom, "love my mom". Things that get in way – "obstacles" – include negative behavior... aggression and property damage.
- Another example, YX wanted a job the Team Lead worked with him on what they would be and how to accomplish that.

# ASD

- Don't be afraid to review the incidents from the week and how they got in the way of that individual's good life plan.
- Work within the program: Can include putting up signs on the mirror for clients: "good choices, good person, good life" he reads this on the morning after taking care of ADLs or at time when he is getting agitated.

# Considerations for Clinical Supervision

# When supervising

- Begin with a case and consider:
- What are this clients goals?
- Who are you in this client's life, from his/her perspective?
  - (clarifying relationship)
- What things do and don't work for him/her in treatment
  - (clarifying tasks and approach of therapist)
- What cultural considerations exist?
  - Is the therapist taking these into account in constructing services?

# Supervision

- Consider Good Life Goals
  - Including those implicated in offending
- Consider daily life functioning
- What Good Life Goals are implicated in his daily functioning?
  - How are they implicated?
- How can the therapist use their trained methods and approaches to enhance this client's understanding and implementation of the GLM?

# Example

- The seemingly impossible case: Unmotivated, uninterested, has had enough of therapists
- Explore client goals
  - His desire for freedom and living in the community maps onto strong priority on personal choice and independence.
  - Set therapist goal of exploring other goals with interest and no agenda as part of a regular conversation; not overtly clinical
- Explore client relationship
  - Who is this therapist in the client's life? Just an innately annoying person? Define what the therapist can and can't do

# Example

- Therapist approach
  - Open discussions about what is working for the client, what kind of approaches may be necessary, and why.
  - It may be as simple as “what’s in it for you”.
- Cultural considerations
  - What strongly held values assist or impede this case?
  - Client comes from a family in which receiving assistance of any kind is considered a sign of weakness.

# Consideration

Supervision can:

- Proceed case by case
- Good life goal by good life goal
- Therapeutic skill by therapeutic skill

IMPLEMENTATION

# Terms

## Implementation:

- *“to put into effect according to or by means of a definite plan or procedure.”*
- In treatment, refers to implementing a model or approach with fidelity
  - Usually top-down training and consult

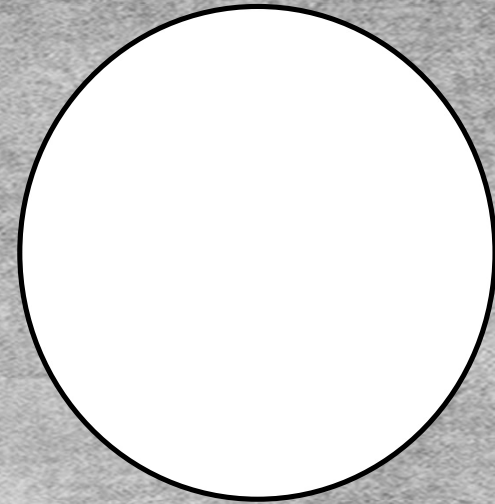
# Terms

## Integration:

- *“to bring together or incorporate (parts) into a whole”*
- *“Our program uses the GLM, is informed by the GLM, etc.”*

# Terms

- *Implegration (Carl Åke Farbring)*
- *The process of implementation and integration*
- *Using internal expertise to assist in implementation.*
  - Including unique approaches to learning



# Problems

## *Implementation:*

- *Top-down training and consult:*
  - *Can alienate staff*
  - *Benefits can disappear with staff turnover*
  - *Involves unlearning old habits as well as new*
  - *Does not always result in actual change of behavior at the front lines (Farbring, 2010)*

# Problems

## Integration:

- “Our program uses the GLM, is informed by the GLM, etc.” is not necessarily faithful to the model or its guiding principles.

# **Integrated implementation (implegration) ≠ one size fits all**

- **Bottom-up perspective**
- **Balance between guidelines and mindlines**
- **Exploring-and-listening attitude**
- **Local ownership**
- **Adjusting implementation to local conditions**
- **Positive support trumps monitoring and control**

# Examples

- **After motivational interviewing training:**
  - **Two agencies sought to have trainer come back to observe and re-train in order to “keep the spirit alive”**
  - **Two agencies set up the “MI Tip of the Week”**
  - **Two agencies grew their own internal trainers**
  - **Numerous practitioners selected specific skills to practice that week.**
  - **No agencies have taken an advantage of an offer of a free post-training consult**

# **Ultimately**

**Successful GLM implementation may rely as much on subtracting old practices (cycle work and avoidance based goals and tasks) as on adding new ones (e.g., approach goals)**

# Implementation: Lessons Learned



Treatment is something we do for  
and with clients, not to and on  
them

(Miller & Rollnick, 2013)

# Challenges to Implementation

- “We tried the GLM, but we thought it was confusing. So we went back to what we were already doing.”
  - Successful implementation of any approach takes two years or more (Fixsen et al., 2005)
  - Treatment effects can take well over two years to begin to improve (Brattland et al., 2018)
- “We got ourselves trained in the GLM and now we’re doing it.”
  - Consultation and continuous efforts at improvement matter.

# Challenges to Implementation

- Cultural considerations
  - Surprisingly, most has been along individualistic/collectivistic cultural lines
  - The role of relationships and friendships
  - The role of independence
  - Ultimately, the answer is in how clients weight the importance of these PHGs
  - Cultural differences between client and their community

# Challenges to Implementation

- The belief that “we already do this.”
- Is the practitioner using the actual PHGs as they are defined?
- Is the practitioner using the PHGs as they are defined?
- Can the practitioner identify the PHGs that are important to this client?
- Can the practitioner describe how the PHGs were implicated (or not implicated) in the client’s problematic behaviors?
- Does the practitioner have a solid understanding of how PHGs interact with causal processes implicated in the client’s offending?

# Challenges to Implementation

- The belief that “we already do this.”
- Has the practitioner conducted a solid assessment of the client’s strengths (as they related to prosocial acquisition of PHGs) and accounted for how the client can apply them to treatment and to his or her life beyond treatment more effectively?
- Can the practitioner identify the obstacles in the client’s good life plan?
- Can the practitioner identify how the client has sought to implement a good life plan in the past? In the present, and how they plan to implement in the future?
- Have the practitioner and client arrived at the answers to questions such as how the client and others around them will know that they are attaining a good effectively or ineffectively?

# Challenges to Implementation

- “This is easy”
  - Therapist qualities  
(WERD; Marshall, 2005)
  - Underlying “Spirit” of delivery  
(PACE; Miller & Rollnick, 2013)
  - Prioritizing skills that promote change
  - Actively and explicitly seeking client feedback  
(Prescott et al., 2017)
  - Focus on PHGs, conceptualization of risk factors, and how each is implicated in offending, as above
  - Understanding obstacles to achieving a good life  
(Prescott & Willis, 2021a)

# Challenges to Implementation

- “We’ve made a simplified GLM”
  - Combining PHGs can lead to one or more going unaddressed (e.g., spirituality)
  - Decisions about combining PHGs or abandoning them typically made by administrators without client feedback.
  - Clinical convenience can mean ignoring significant portions of clients’ lives.
  - When you’ve implemented the GLM, simplification becomes very simple indeed.

# 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)

# How Well Am I Implementing the GLM?

GLM Fidelity Monitoring

(Prescott & Willis, 2021b)

# GLM Fidelity Monitoring Tool

**Table 1**

*GLM Fidelity Monitoring Tool Overview*

GLM Fidelity Monitoring Tool Section	Fidelity Indicator
1. Fundamental Considerations and Processes <ul style="list-style-type: none"> <li>• Qualities of the therapist, as perceived by the client and others</li> <li>• Underlying “spirit” of treatment delivery</li> <li>• Prioritizing clinical skills that promote change</li> <li>• Actively and explicitly seeking client feedback</li> </ul>	0 – 2 rating <sup>a</sup>
2. GLM-Specific Considerations and Processes <ul style="list-style-type: none"> <li>• Focus on Good Life goals</li> <li>• Conceptualization of risk factors</li> <li>• Good Life goals implicated in offending</li> <li>• Obstacles to achieving one’s Good Life plan</li> </ul>	0 – 2 rating <sup>a</sup>
3. Client-Focused GLM Considerations <ul style="list-style-type: none"> <li>• Ten questions exploring therapist’s progress developing a GLM grounded case conceptualisation and therapy plan for individual clients</li> </ul>	Extent to which each question can be answered

<sup>a</sup>0 = poor (or absent) fidelity, 1 = partial fidelity, 2 = fidelity

# Appendix

Good Lives Model Goods in Detail

# 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



# 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



# 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



# 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

<b>Ovnbakt Torsk</b> Torsk med løst og potetmos, aspargesbiter, bær og rødkålssaus Baked cod with head of potatoes, asparagus and red wine sauce	115,-
<b>Iskaviwye</b> Iskaviwye med smør og asparges, grønnkål og bær Iskaviwye with butter and asparagus, green cabbage and berries	265,-
<b>Bacalao</b> Bacalao med løst og potetmos, asparges, løk og paprika Bacalao with head of potatoes, asparagus, onion and paprika	295,-
<b>Kveite</b> Kveite med bær, aspargesbiter og hollandaise med spinat Kveite with berries, asparagus and hollandaise with spinach	345,-
<b>Klippfisk</b> Klippfisk, erkebær og bacon Klippfisk, cranberry and bacon	295,-
<b>Moules frites</b> 2 kilo dampede blåskjell i rødt hvitvinsaus servert med potetmos frites Steamed mussels (2 kg) in white wine sauce served with fries	239,-
<b>Når sesongen er der /when available:</b>	
<b>Lutefisk/Stock fish Nordique</b> Lutefisk er god erstatning, bær, asparges, grønne erter og fetebrød Om du har lyst på grøn erstatning, hvit saus, søtmeis, gulrotter, brunost, potetmos, søtmeis eller Dips søtmeis, prøv vi å etterkomme dine ønsker Det er vårt ønske at du skal bli glad og mett, så vi serverer deg gjerne 10 ganger	460,-
<b>Fersk torsk med klassisk tilbehør / Traditional Norwegian cod</b>	

Her vi har anbefalt sauser til alle våre retter, ønsker du å bytte, spør gjerne oss.  
Note: All of our dishes are served with recommended sauces, however if you wish to try an alternative, please let us know.



# 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



# 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



# 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., neighbours)



# 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



# 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



# 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)



# Looking Beyond



# New Approach Advised to Treat Schizophrenia

By BENEDICT CAREY OCT. 20, 2015

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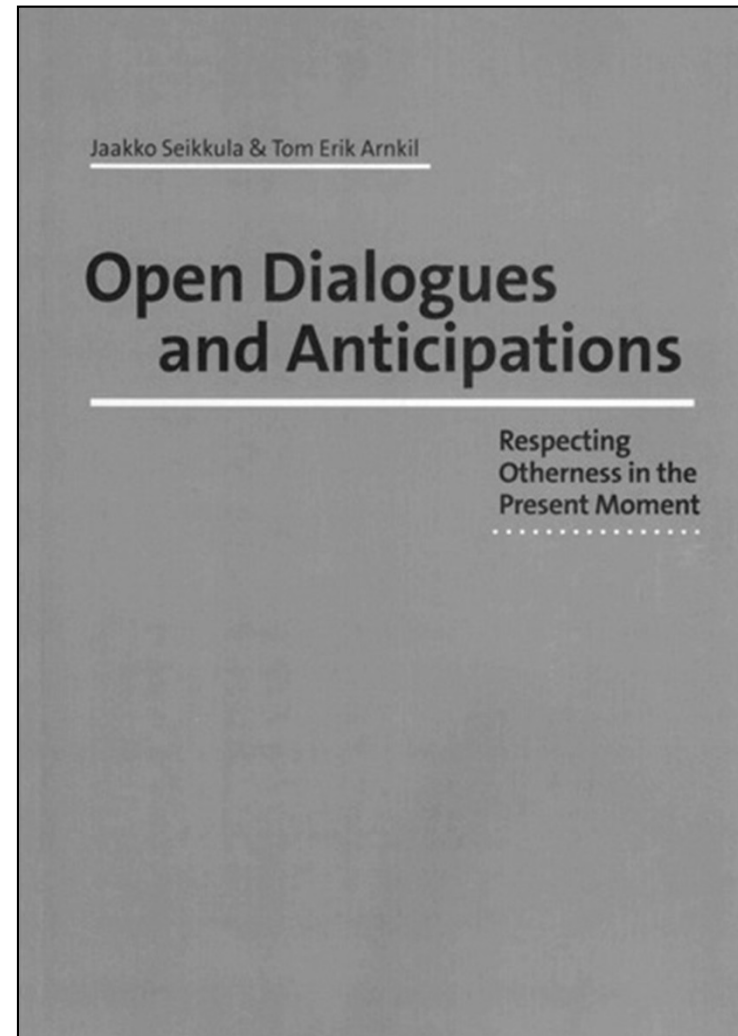
More than two million people in the United States have a diagnosis of [schizophrenia](#), and the treatment for most of them mainly involves strong doses of antipsychotic drugs that blunt hallucinations and delusions but can come with unbearable side effects, like severe weight gain or debilitating tremors.

Now, [results of a landmark government-funded study](#) call that approach into question. The findings, from by far the most rigorous trial to date conducted in the United States, concluded that schizophrenia patients who received a program intended to keep dosages of antipsychotic medication as low as possible and emphasize one-on-one talk therapy and family support made greater strides in recovery over the first two years of treatment than patients who got the usual drug-focused care.



John Kane, chairman of the psychiatry department at Hofstra North Shore-LIJ School of Medicine, who led a study on the treatment of schizophrenia. Uli Seit for The New York Times

# Jakko Seikkula



To Be Continued...

... *by you!*