

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

David Prescott

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Welcome!

We're glad you're here

We know you're busy



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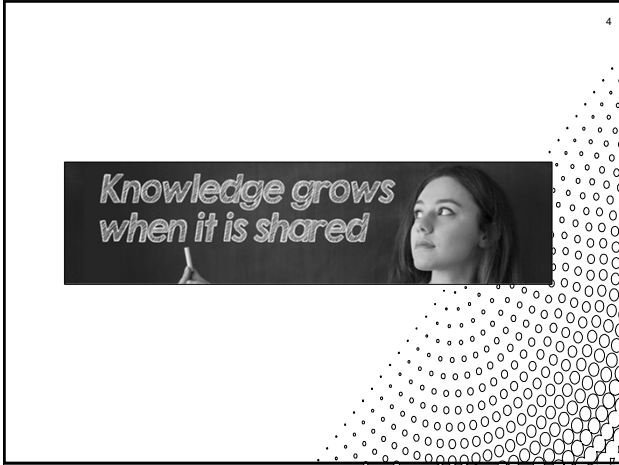
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Gratitude

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



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The basics

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

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Healthy lives, Safe communities



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Flow

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

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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. ☺

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Gratitude



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

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Overview

- Historically punitive approaches



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

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Ultimately

• By the most rigorous/conservative standards:

1. Punishment doesn't reduce risk
 - Punishment = punishment
2. Treatment can work
3. Treatment can be better with the right community supervision

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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?

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1979: Edward S. Bordin



- Therapeutic alliance:
 - Agreement on relationship
 - Agreement on goals
 - Agreement on tasks
 - (Norcross, 2002, would add client preferences)
- Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

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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.*

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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 <ul style="list-style-type: none">• Exploring Reasons People Resist• Rethinking Resistance• Weighing the Pros and Cons | Module 4 (Continued) <ul style="list-style-type: none">• 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 1 <ul style="list-style-type: none">• 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 5 <ul style="list-style-type: none">• 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 |
| Module 2 <ul style="list-style-type: none">• Introducing the Behavior Chain | |

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The Ongoing Cost of Our History

Among other things, poor clinical skills
and unnecessary judgments

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Clinical Skills

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

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Ideally



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“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”

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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

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GLM Foundations
(Ward, Willis, Prescott, Vandeveld, Barnao, & Wanzelee, 2025)

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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.

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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.

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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.

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Agent-Action-Context Schema

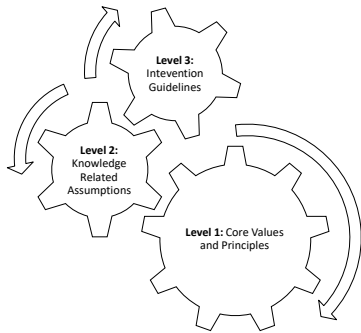
AGENT
The features or characteristics of individuals e.g., needs, motivations, personality traits, cognitive capacities

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

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Practice Frameworks in Correctional Psychology (Ward & Durrant, 2021; Ward et al., 2025)



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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.

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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.

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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.

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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 responsibility 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.

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GLM Approach and Core Principles

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

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

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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

ハメラ・M・イエイツ、
デビッド・S・プレスコット 著
藤岡淳子 監訳



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The Good Lives Model (GLM)

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

(Ward, Mann, & Gannon, 2007)

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

40 y/o male
in civil commitment (USA)

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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?

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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!

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GLM Approach

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

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GLM Approach

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

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GLM Approach

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

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A note on narrative

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

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Primary Human Goods

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

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

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

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

- | GLM | Big 8 |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |

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

- | | |
|--|---|
| <ul style="list-style-type: none"> • Having fun <ul style="list-style-type: none"> • (states of happiness and pleasure; creativity) • Being an achiever <ul style="list-style-type: none"> • (excellence at work and play) • Being my own person <ul style="list-style-type: none"> • (independence and autonomy) • Being connected to other people <ul style="list-style-type: none"> • (relatedness/community) | <ul style="list-style-type: none"> • Having a purpose in life <ul style="list-style-type: none"> • (spirituality) • Meeting my emotional needs <ul style="list-style-type: none"> • (inner peace) • Meeting my sexual needs <ul style="list-style-type: none"> • (relatedness/happiness/inner peace/knowledge) • Being physically healthy <ul style="list-style-type: none"> • (living and surviving) |
|--|---|

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Good Life Goals

(Prescott, 2018; Print, 2013)

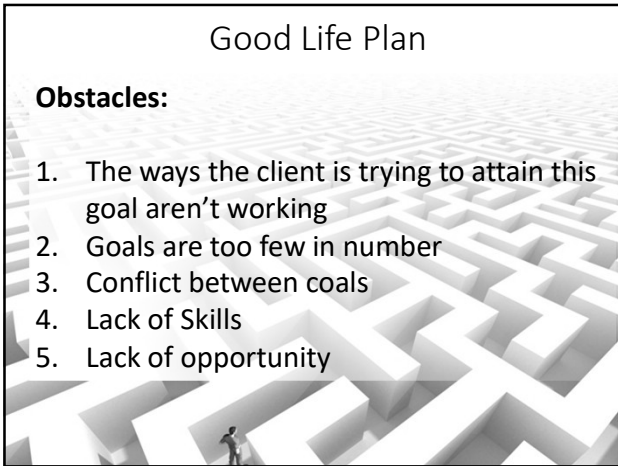
- Having fun
- Being an achiever
- Being my own person
- Being connected to other people
- Having a purpose in life
- Meeting my emotional needs
- Meeting my sexual needs
- Being physically healthy

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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



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



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



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Lack of Skills



Maladaptive schema	Offense-supportive beliefs	Maladaptive coping	Maladaptive attachments
<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>

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Lack of Capacity: External



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Conflict between goals

The image is a composite of two black and white photographs. On the left, a dark liquid is being poured from a bottle into a large, rounded glass. On the right, a person is captured in mid-stride, running across a field under a cloudy sky.

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The GLM
Application in practice

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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?

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Protective Factors

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Defined

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

(Langton & Worling, 2015)

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The image shows six cards from the 'PROFESSOR' program, arranged in a 3x2 grid. Each card has a title and a table with three columns: Protective, Neutral, and Risk. The cards are:

- 8. Strategies to Prevent Sexual Offending**

Protective	Neutral	Risk
Appropriate use of reasonable strategies to prevent sexual offending		Lack of use of reasonable strategies to prevent sexual offending
- 9. Compassion for Others**

Protective	Neutral	Risk
Compassionate and caring towards others		Enthusiasm and/or sympathy towards others
- 10. General Values and Attitudes**

Protective	Neutral	Risk
Prosocial values and attitudes		Antisocial values and attitudes
- 11. Self-Regulation**

Protective	Neutral	Risk
Good self-regulation		Poor self-regulation
- 12. Problem Solving**

Protective	Neutral	Risk
Good problem solving		Poor problem solving
- 13. Adaptation**

Protective	Neutral	Risk
Makes positive changes in behavior following consequences		Failure to make positive changes in behavior following consequences

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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?

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LET'S GO
WIDER

65

65

Find the Strength



66


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Hint

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

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Find the Strength



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Hint

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

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Find the Strength



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- Autonomy?
- Connection?
- Life?

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

Hint

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Find the Strength



72

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Hint

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

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Find the Strength



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

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

Hint

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Question

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

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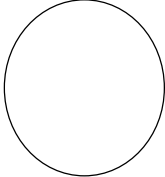
Let's talk some about trauma

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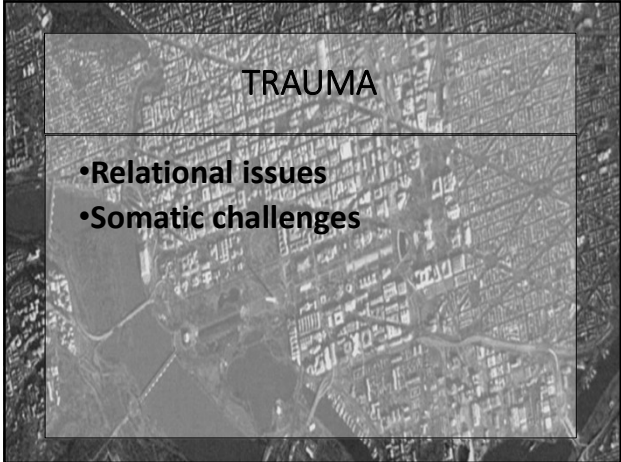
What is Trauma?

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

— Jan Hindman



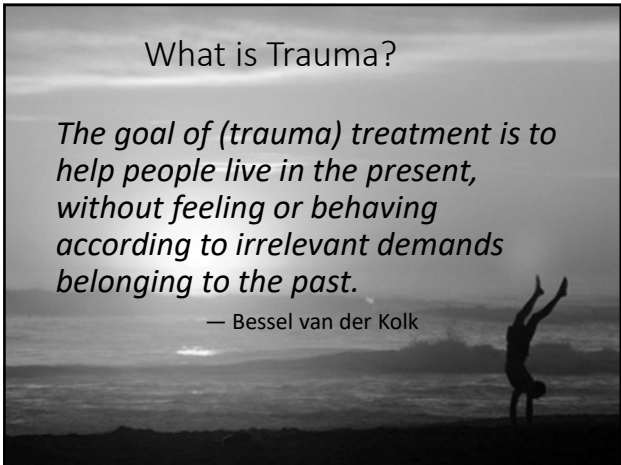
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TRAUMA

- Relational issues
- Somatic challenges

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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

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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

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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

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How does trauma and adversity affect development?

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

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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

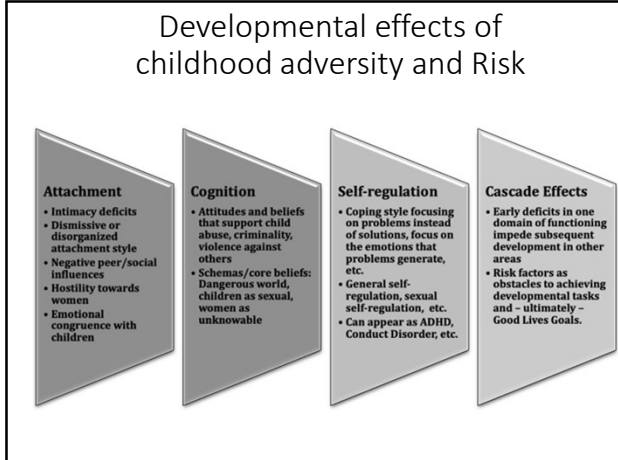
- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects

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

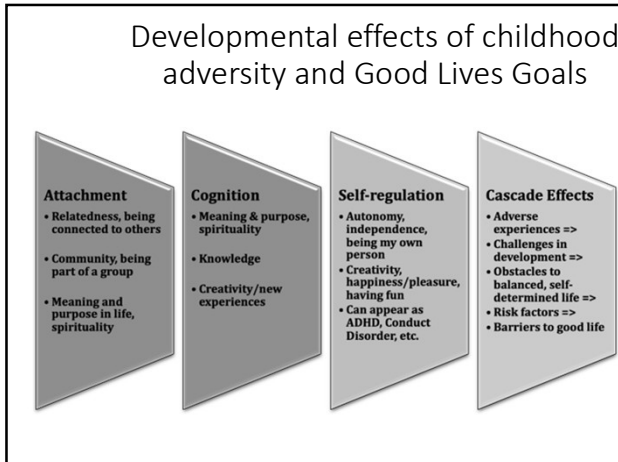
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Developmental effects of childhood adversity and Risk



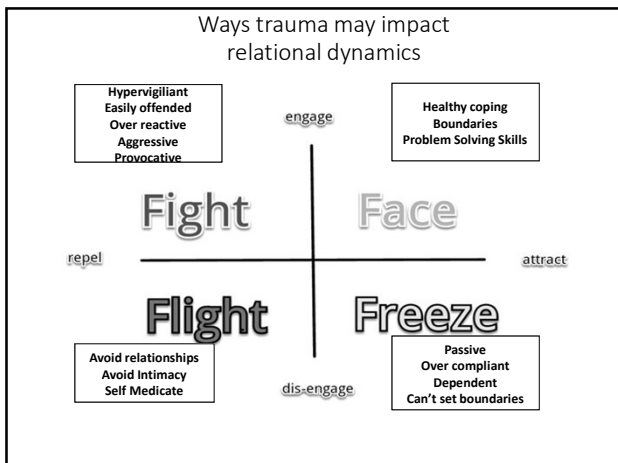
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Developmental effects of childhood adversity and Good Lives Goals



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Ways trauma may impact relational dynamics

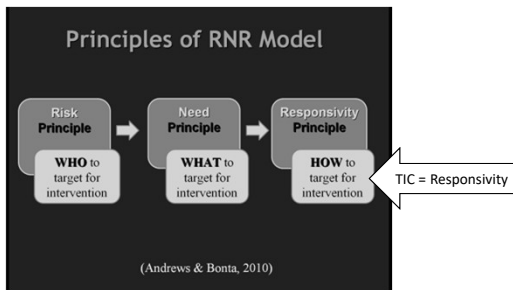


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A Big Question

What does this client do with pain?

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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



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Central Questions

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



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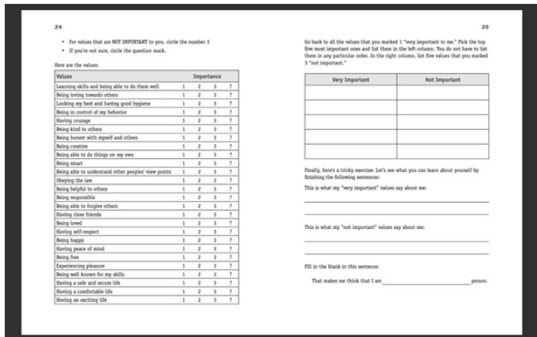
Strengths

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



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Values



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Values

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

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Hope

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IS THERE ANY HOPE FOR ME?

Activities page video games at night and often forgets to do his math homework. Can he have his math homework every night. Each night before then will give 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. Nelson is and his people are that battle, he spent 27 years in prison.

When Nelson was 60 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 encouraged 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 84 years old. With the help of others, he became South Africa's leader. In the end, his success hinged 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?

- Imagine yourself five years from now. You completed counseling and you have shared on with your life. How hopeful you can reach back from the future to the day you first started counseling. What advice do you think your future self will give you?

- When 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?

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

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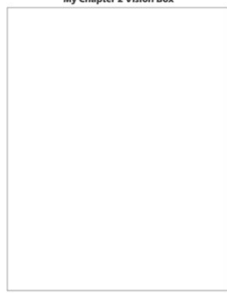
Hope

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

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Vision Boxes

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



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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 hold up the two chairs and check 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 filled up his chairs and tried to fit 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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Building up five chairs at a time, as Jeff tried to fit, 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 that the brain can work on.

Here are some goals that most young people do at home, at school, and in community. Look at each task and write the way you would do it. Think you do it all at once. Use Jeff’s to break it up into smaller steps. Use Kevin’s.

Let’s try to think:	Do It All At Once Like Jeff	Do It In Small Steps Like Kevin
Clear my room	●	●
Study for a final exam	●	●
Complete this workbook	●	●

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.

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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 objection.

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

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- What avoidance goal have you tried to accomplish in your life?
- Think of a way you could change that into an approach goal.

How do you see the difference between avoidance goals and approach goals? I'll let you be the teacher. "Yes, I see the difference. What does it have to do with rewording?" My answer is this: The Good Lives Model of rewording 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

330

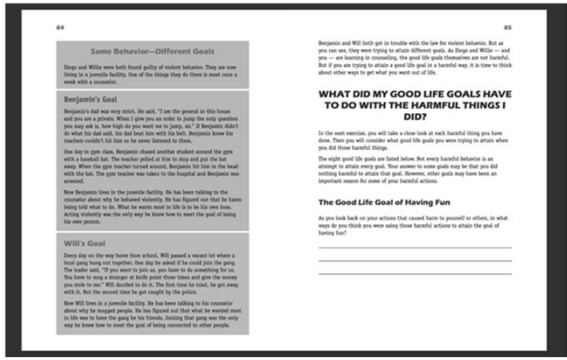
Rewording the person you want to be.

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

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

105

GLM Goals Implicated in Harmful Behaviors (Chapter 12)



109

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.

110

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

111

Obstacles can interact

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

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

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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.

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<p>100</p> <p>The Good Life Goal of Having Fun</p> <p>Working on Attaining this Goal</p> <p>Here is my plan for attaining this goal over to three years from now:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>This is how I will know that I am attaining this goal:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Noticing Obstacles Along the Way</p> <p>This is how I will know that I am having trouble attaining this goal:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Here are some warning signs I will look out for:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>101</p> <p>Overcoming Obstacles</p> <p>Here are the things I will do if I notice that I am having trouble attaining this goal:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>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:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Being Hopeful that I Will Attain this Goal</p> <p>Finally, here are all the reasons why I am confident and hopeful that I will attain this goal:</p> <ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____
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117

David's Cases

121

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.

122

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.

123

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.

124

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.

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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.

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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

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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

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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

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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?

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Duane's Obstacles

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

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Duane's Treatment

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

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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?

133

Thinking on these goals

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

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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.

135

“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.

136

Assessment

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Possible questions

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

138

Deeper

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

139

Mission Critical:

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

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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?

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141

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?

142

142

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?

143

143

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?

144

144

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?

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145

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?

146

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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?

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147

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?**

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148

Treatment Process and Process Challenges

149

Thinking on these goals

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

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Thinking Further On These Goals

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

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Extra Material

152

Considerations for Special Populations

153

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

154

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

155

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?

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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?

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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

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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.

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159

ASD

- Don't be afraid to review the incidents from the week and how they got in the way of that individuals 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.

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Considerations for Clinical Supervision

161

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?

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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?

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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

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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.

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Consideration

Supervision can:

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

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IMPLEMENTATION

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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

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Terms

Integration:

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

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Terms

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

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Problems

Implementation:

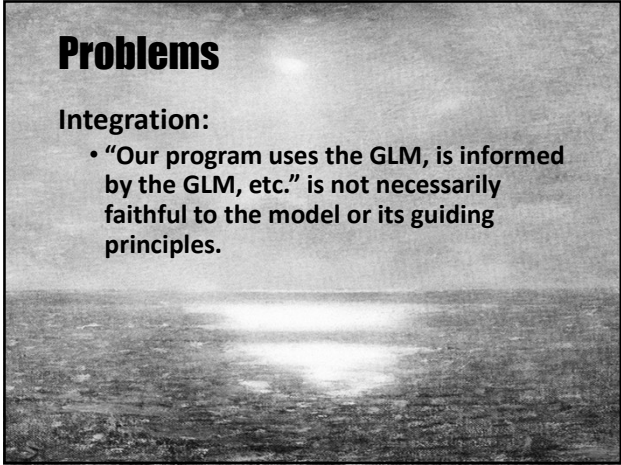
- *Top-down training and consult:*
 - *Can alienate staff*
 - *Benefits can disappear with staff turnover*
 - *Involves unlearning old habits as well as new*
 - *Does not always result in actual change of behavior at the front lines (Farbring, 2010)*

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Problems

Integration:

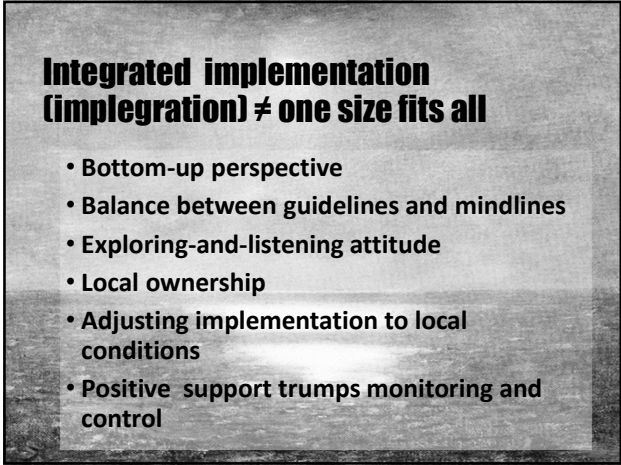
- “Our program uses the GLM, is informed by the GLM, etc.” is not necessarily faithful to the model or its guiding principles.



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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



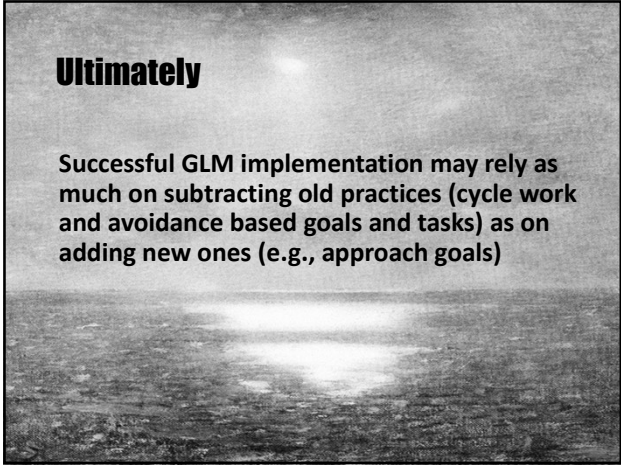
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Examples

- 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



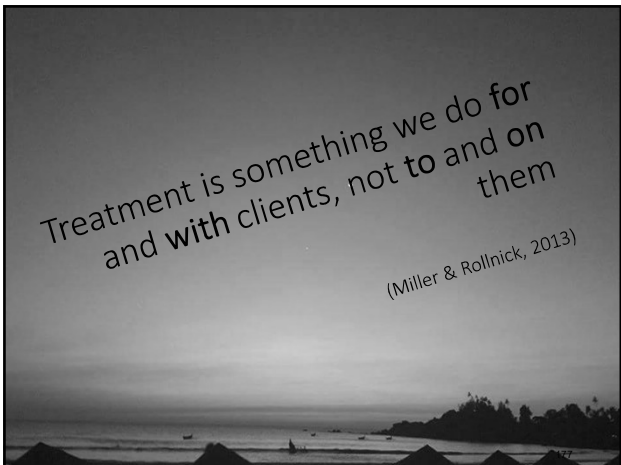
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Challenges to Implementation

- “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.

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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

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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?

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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?

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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)

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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.

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Ultimately

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

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How Well Am I Implementing the GLM?

GLM Fidelity Monitoring

(Prescott & Willis, 2021b)

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GLM Fidelity Monitoring Tool

Table 1

GLM Fidelity Monitoring Tool Overview

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

*0 = poor (or absent) fidelity, 1 = partial fidelity, 2 = fidelity

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Appendix
Good Lives Model Goods in Detail

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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



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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



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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



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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



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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



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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



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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)



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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



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Primary Goods: Definitions

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



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Primary Goods: Definitions

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



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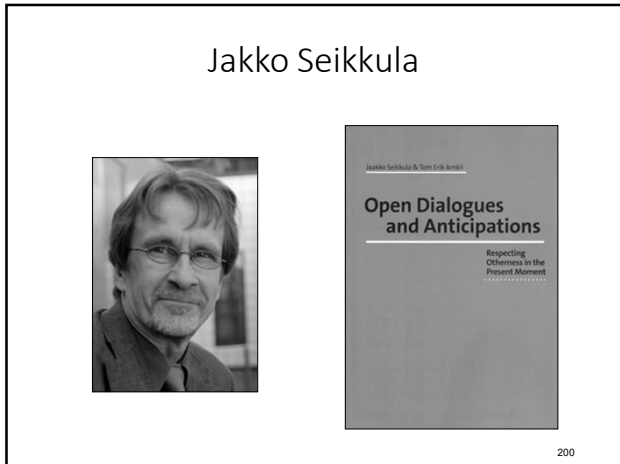
Looking Beyond



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