Practical Application of the Good Lives Model

Enhancing Rehabilitation with Strengths-Based Approaches

Presented by David Prescott

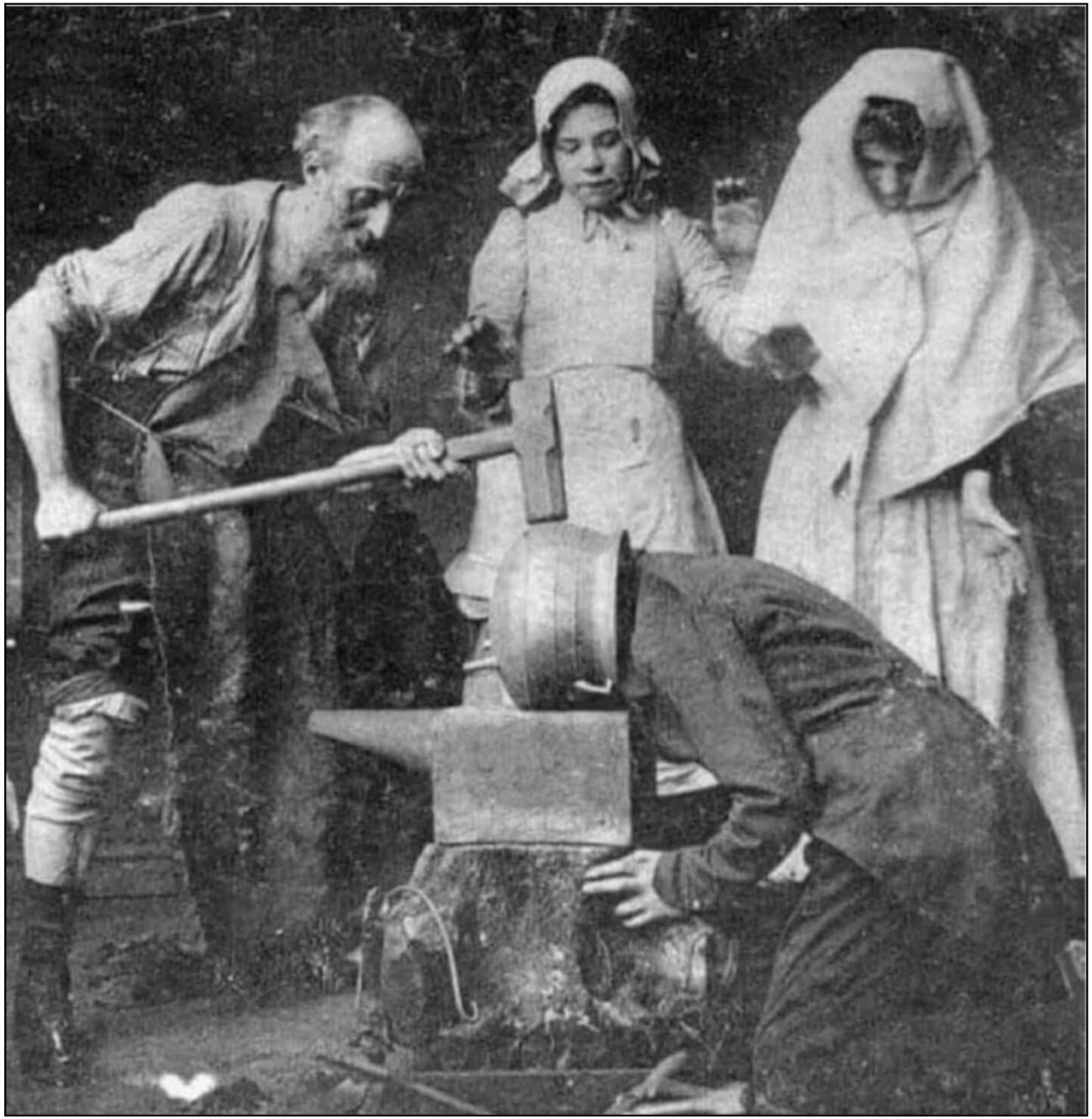


Training Flow

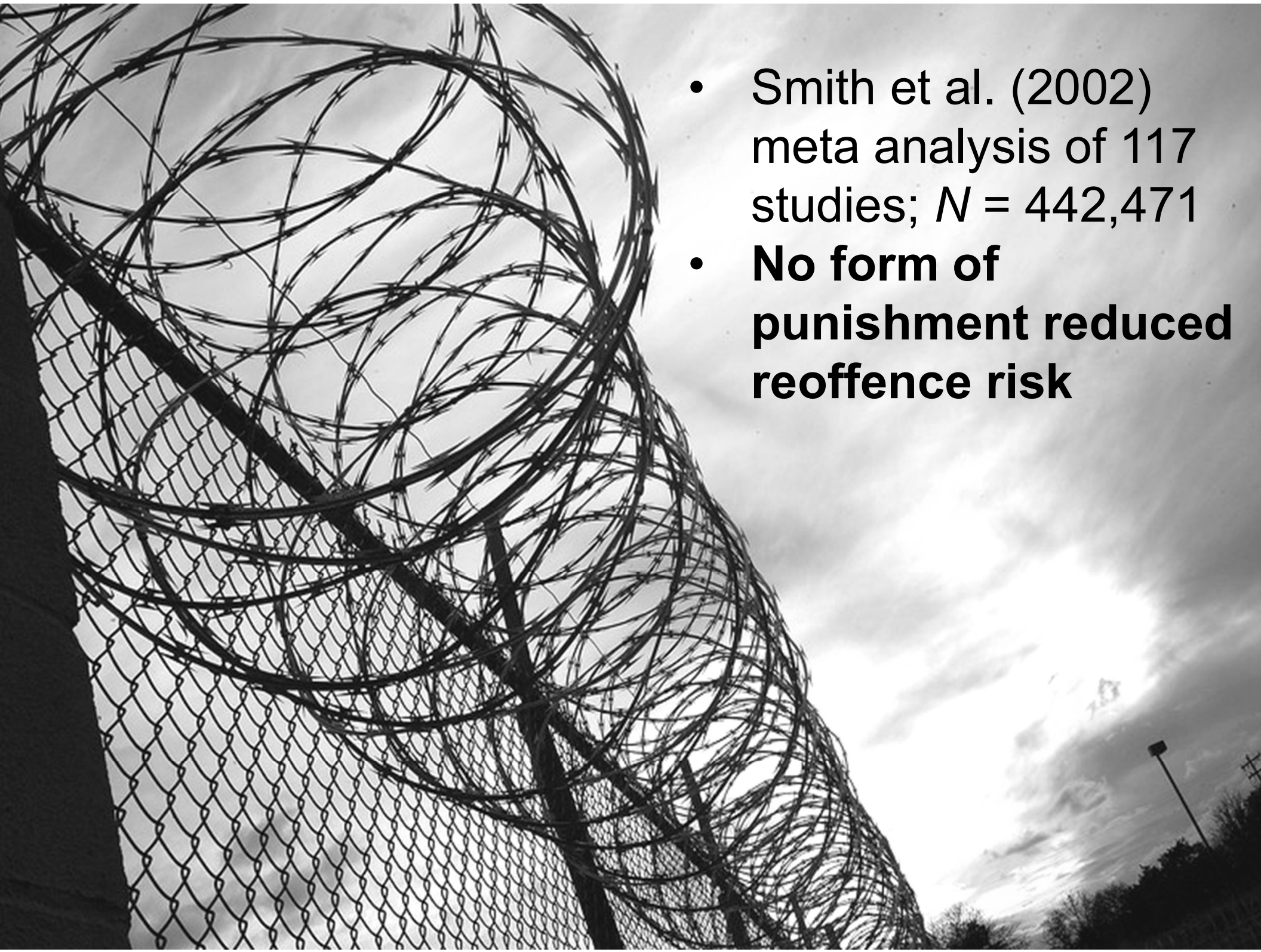


Historical Context

- 1895-1985




CURRENTLY ON
EXIT 58A-B
95
1
Zoloft
9
Prozac
Paxil
LAST EXIT
BEFORE TOLL
Buspar
Wellbutrin
Celexa
Xanax



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



- Petrich et al (2021) meta analysis of 116 studies; *N* = 4.5 million
- **Custodial sanctions had no effect on reoffending or slightly increased reoffending compared to noncustodial sanctions**

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

Ultimately

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Female inmates sterilized in California prisons without approval

By Corey G. Johnson
The Center for Investigative Reporting

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

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

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

PHOTOS



Noah Berger For the Center for Investigative Reporting

Crystal Nguyen, a former inmate at Valley State Prison seen with son Neiko Nguyen, said she worked in the prison infirmary. She said she often heard the medical staff ask repeat offenders to agree to be sterilized. "I was like, 'Oh my God, that's not right.'" Nguyen recalls

MOST VIEWED

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

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

Championship might indicate MLS readiness for Republic FC

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

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

Health benefits for those who stick to their knitting

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?

Newsweek

THE U.S. EMBASSY BOMBINGS

Gay for Life?

Going Straight: The Uproar Over Sexual 'Conversion'



Questions

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

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 (Prescott et al., 2017)

Vermont's Successful Sexual Offender Program Is Undergoing Big Changes

By CHARLOTTE ALBRIGHT • AUG 3, 2015

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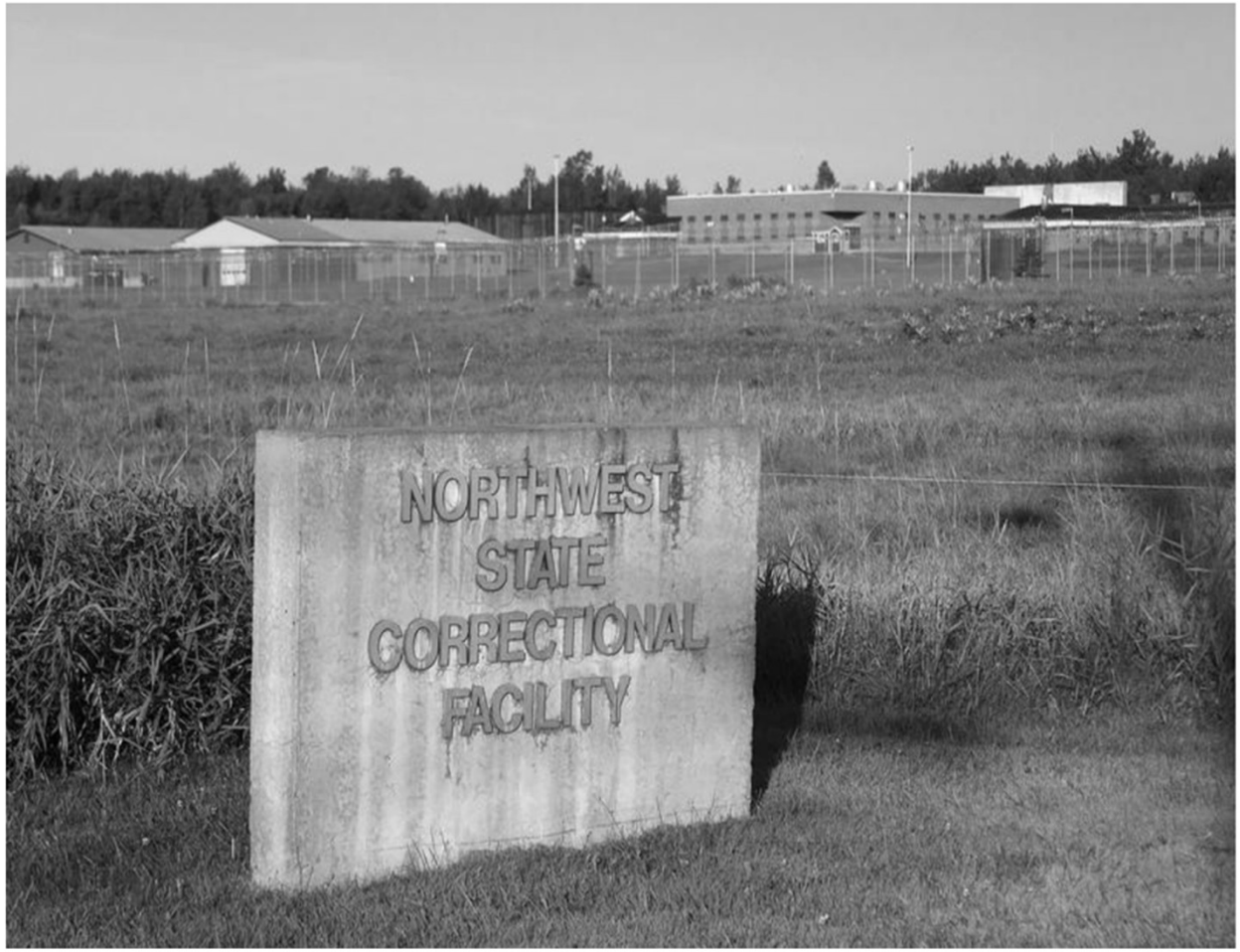
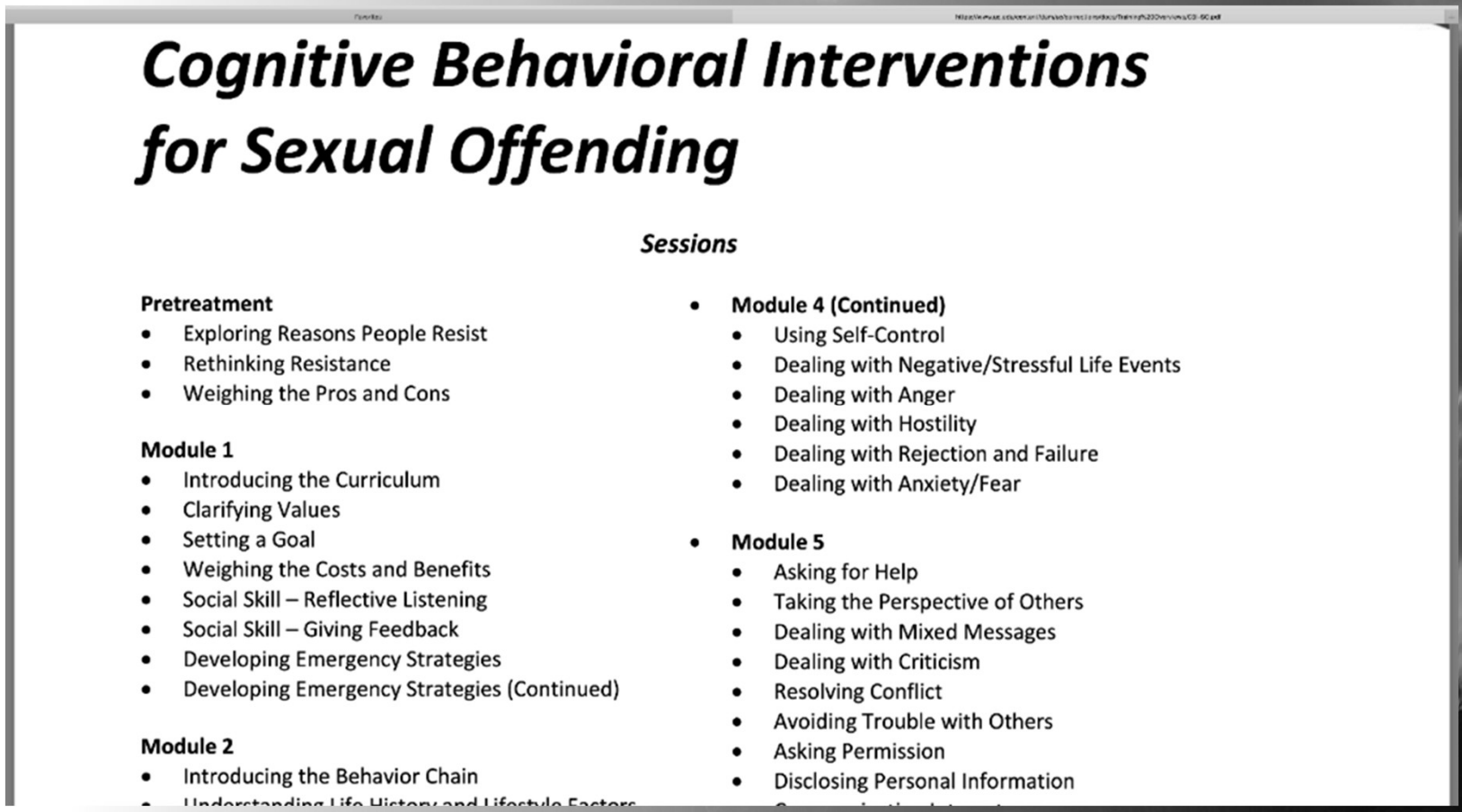


Vermont's Corrections Department is moving its program for sexual offenders to the Northwest Correctional Center in St. Albans and none of the program's previous therapists are coming with it.

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

One US State's Solution

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

Ideally



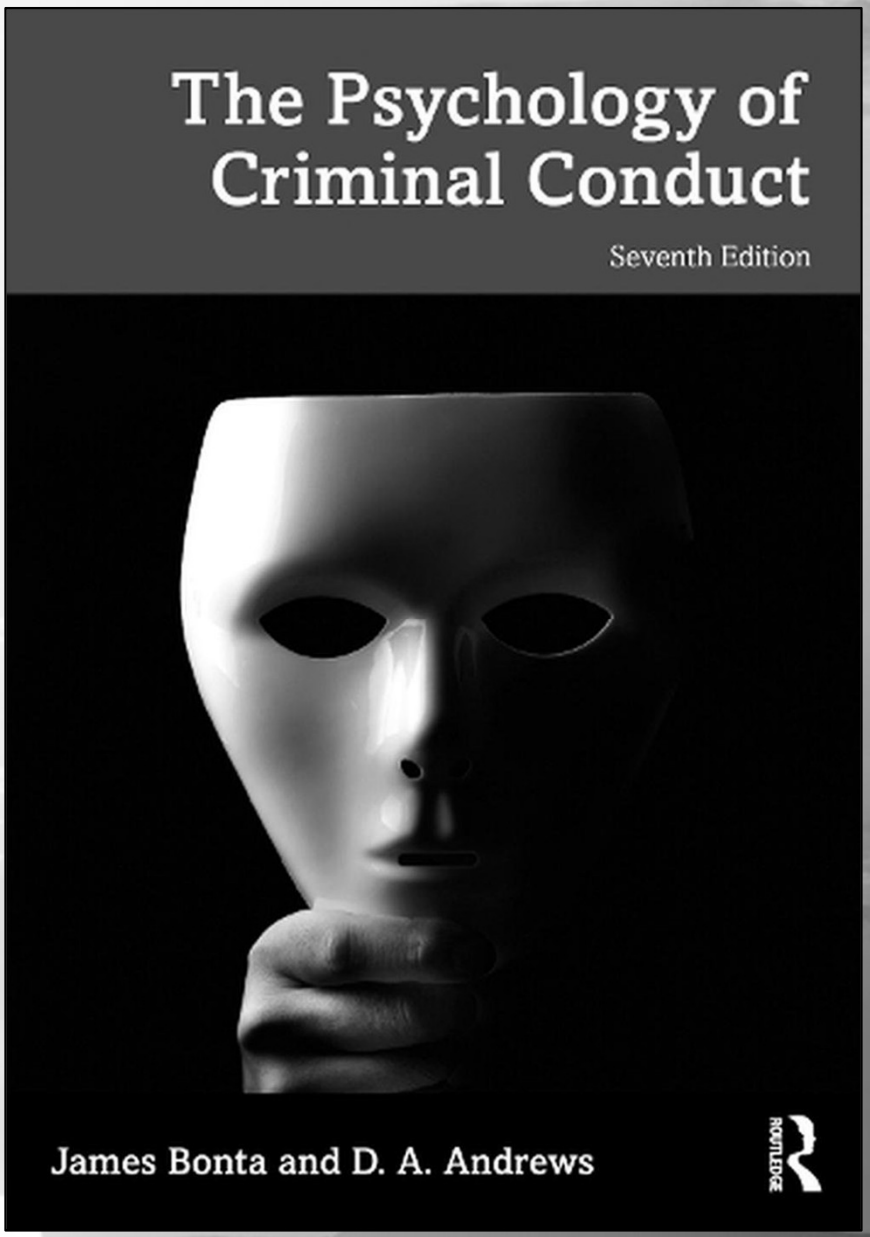

LOVE

What works?




Treatment Context

Treatment context: What works?



RNR: Core Aims and Assumptions

- Primary aim of correctional intervention is to reduce harm inflicted on community
- Most important treatment targets are those empirically associated with reduced recidivism rates
- Clients should be treated humanely, with research and treatment delivered in an ethically responsible manner
- Client rights trumped only by community needs

Bonta & Andrews (2023)

Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

Dynamic risk factors / Criminogenic needs

- Antisocial personality pattern
- Antisocial cognitions
- Antisocial (and/or lack of prosocial) social influences
- General self-regulation difficulties
- Emotional identification with children
- Poor sexual self-regulation
- Offense related sexual attraction/preference

(e.g., Bonta & Andrews, 2024; Hanson & Morton-Bourgon, 2005)

Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

We can’t ignore what *happened to them*

Article

Exploring Risk for Sexual Recidivism and Treatment Responsivity Through the Lens of Early Trauma

Sexual Abuse
2022, Vol. 34(5) 597–619
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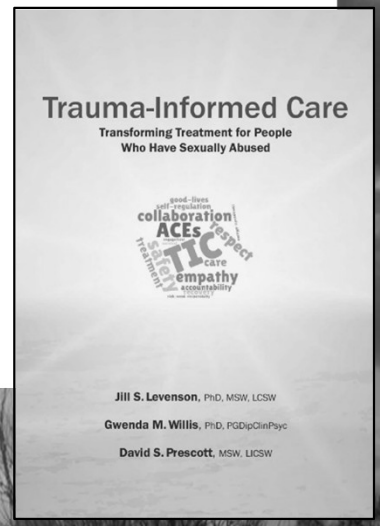
Gwenda M. Willis, PhD[1] and Jill S. Levenson, PhD[2]



Treatment effectiveness

Clinical Psychology Review 73 (2019) 101752

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

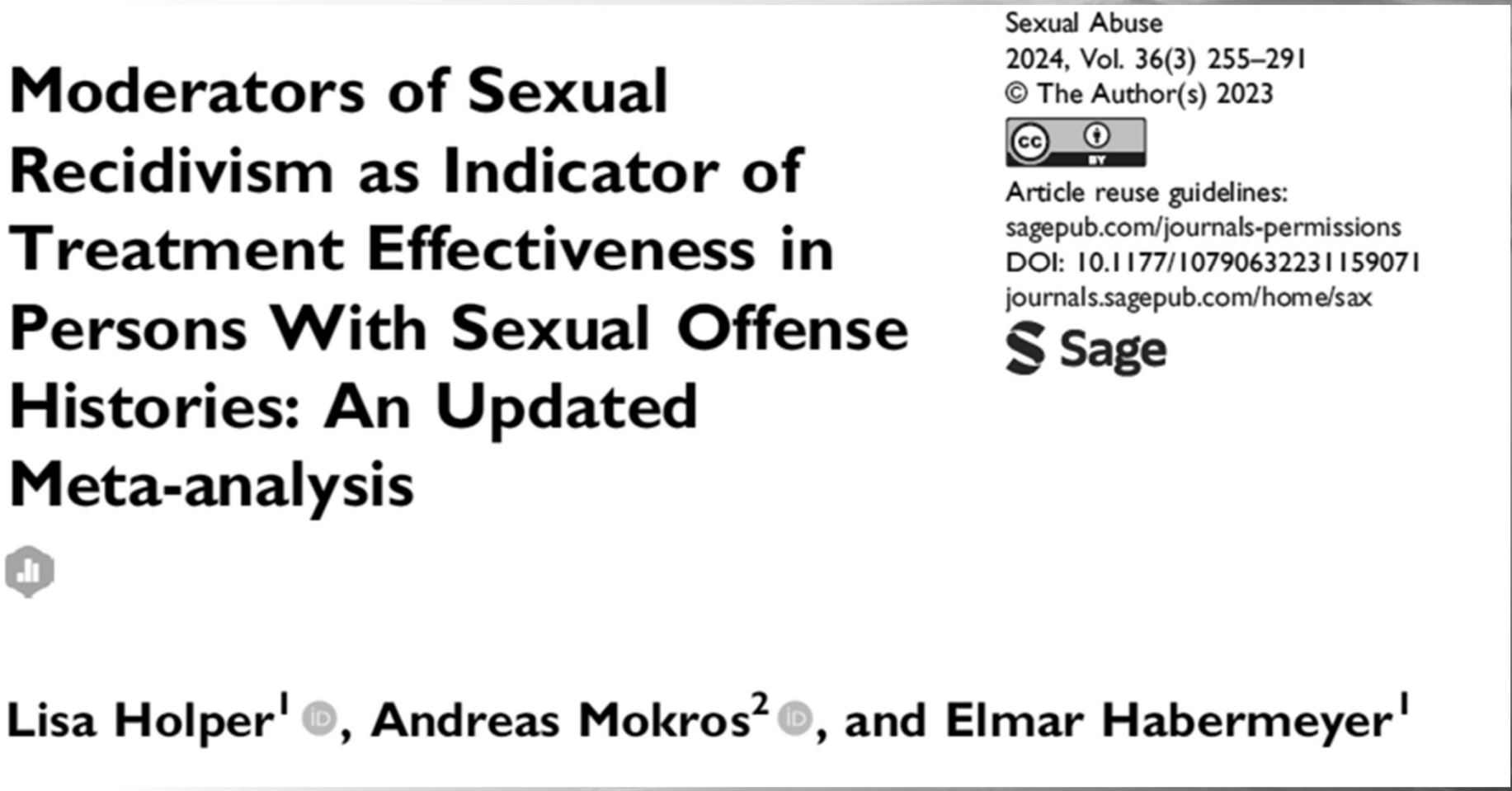
Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness

Theresa A. Gannon[a,*], Mark E. Olver[b], Jaimee S. Mallion[a], Mark James[a]

[a] Centre of Research and Education in Forensic Psychology, School of Psychology, University of Kent, UK
[b] Department of Psychology, University of Saskatchewan, Canada

Treatment associated with 32.6% reduction in sexual reoffending (9.5% treated, 14.1% untreated)

Treatment effectiveness



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2024, Vol. 36(3) 255–291
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Sage

Moderators of Sexual Recidivism as Indicator of Treatment Effectiveness in Persons With Sexual Offense Histories: An Updated Meta-analysis

Lisa Holper[1], Andreas Mokros[2], and Elmar Habermeyer[1]

Treatment associated with 31.8% reduction in sexual reoffending
(9.3% treated, 13.6% untreated)

Moderators of treatment effectiveness

(Gannon et al., 2019; Holper et al., 2024)

- Consistent input from psychologists
- Incorporating active behavioural components to restructure/manage offence-related sexual arousal
- Absence of polygraph testing
- Focusing on clients assessed higher risk versus lower risk
- Specialised versus nonspecialised programs

Client perspectives on treatment

Levenson et al. (2024) asked 291 individuals subject to registration in the US about their experiences of treatment. Positive experiences included:

- Positive therapeutic relationships
- Learning new tools / skills
- Learning the why of offending including acknowledgement of victim status
- Being a part of a group / experiencing group cohesion
- Opportunities to learn about self

The Power of People

> **The power of people in rehabilitative behaviour change is all too often neglected in favour of a bureaucratically streamlined, "doing more with less".**

Theresa A. Gannon, DPhil, Professor of Forensic Psychology at University of Kent, UK
& Director of the Centre of Research and Education in Forensic Psychology (CORE-FP)

Justice Trends Magazine August 2025
https://justice-trends.press/rehabilitation-and-reintegration-lessons-from-the-frontlines-of-research-and-practice/



Effectiveness of GLM derived treatment programs

- Challenges to evaluation: What constitutes a GLM derived program?
- We have observed substantial variation in programs claiming to use the GLM
- How, then, can we evaluate the effectiveness of GLM consistent programs/interventions?

Effectiveness of GLM derived treatment programs

- Two systematic reviews, similar criteria for what constitutes a GLM derived program (Mallion et al., 2020; Zeccola et al., 2021)
- GLM-derived interventions equally effective to standard Relapse Prevention interventions based on pre/post treatment psychometric change to variables aligning with dynamic risk factors, and associated with improved treatment motivation
- Insufficient evidence to ascertain whether GLM-derived interventions associated with reductions in actual recidivism
- Of note, Olver et al. (2020) found the **strengths-based Rockwood program** for sexual offending was associated with lower recidivism rates than Correctional Service of Canada's standard program (4.2% versus 10.7%)

Turf Wars



Myths and Misunderstandings

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

One Administrative Perspective

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

Turf Wars



What *else* works to reduce reoffending?



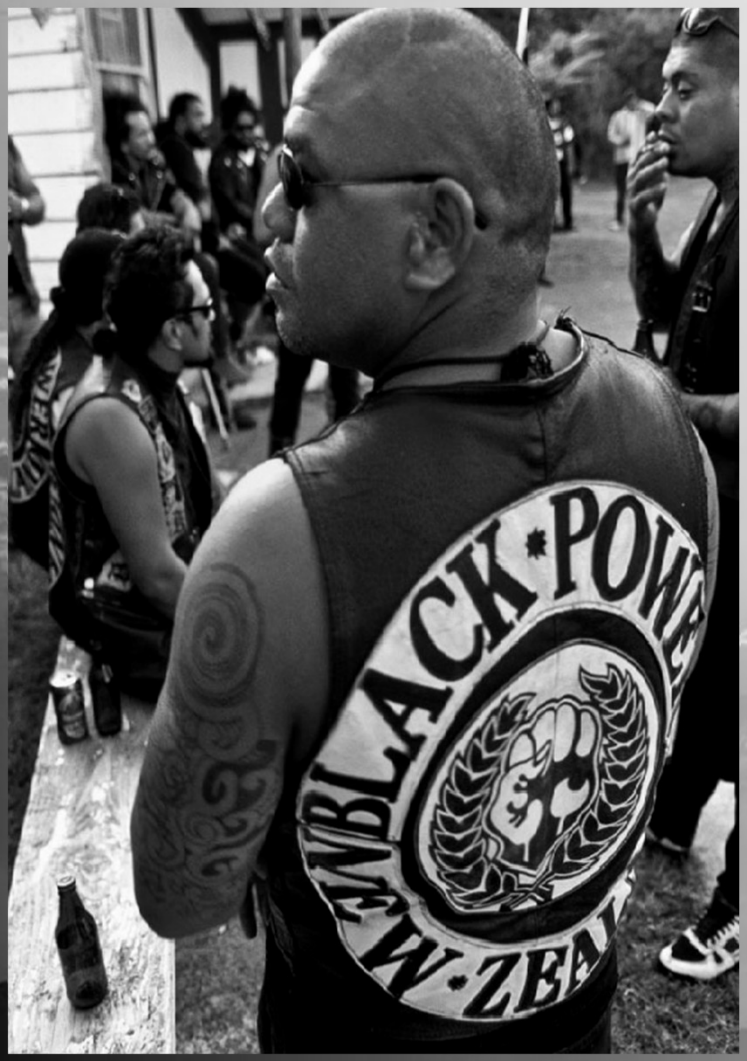
Better quality release planning:

↓ likelihood of recidivism

E.g., Dickson et al. (2013), Willis & Grace (2008, 2009)

What *else* works to reduce reoffending?

- Cognitive transformation (e.g., Maruna, 2001)



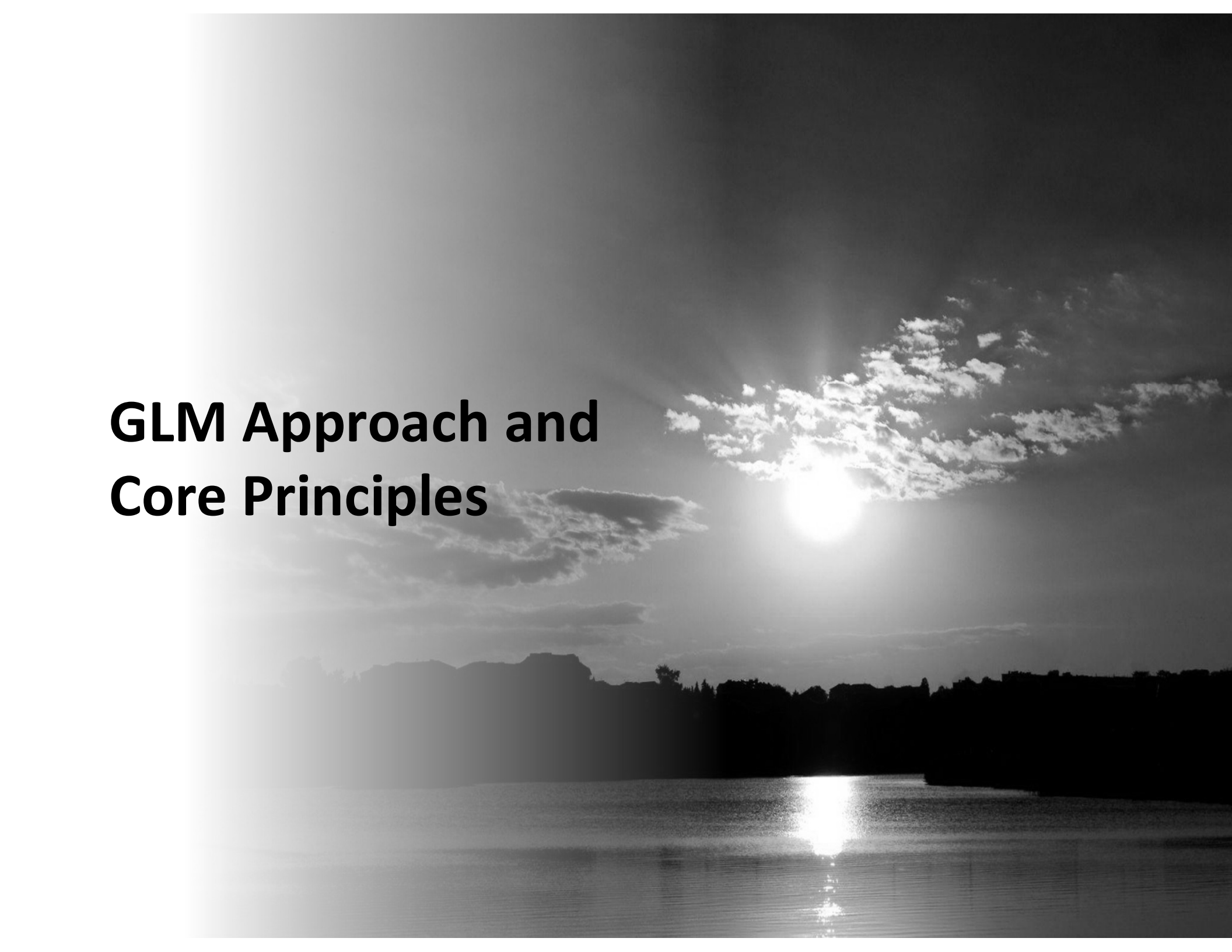




The Good Lives Model

- Offers an overarching rehabilitation theory/framework
- Accommodates RNR principles
- Brings out positive therapist characteristics
- Attends to important nontherapeutic factors
- Promotes *desistance* from offending

GLM Approach and Core Principles



What the GLM is *not*

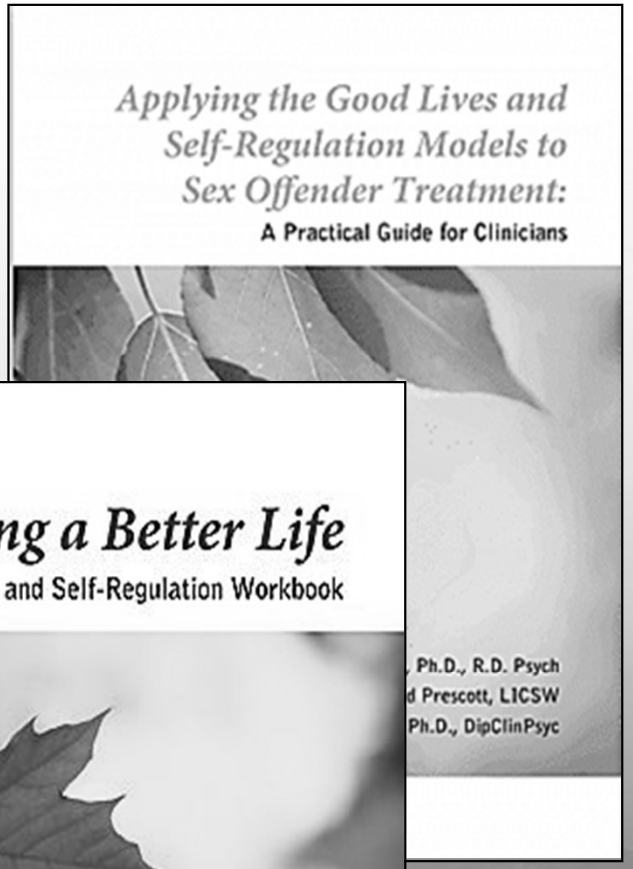
- Not a specific treatment protocol
- Not time limited
- Not designed to be implemented in any one specific or inflexible way
- No official certification of GLM practitioners or programs (but fidelity monitoring is expected)
- Not a way of telling clients what is wrong or missing from their lives
- Not patronizing or paternalistic
- The GLM is not “done to” a client. The GLM is inherently collaborative.

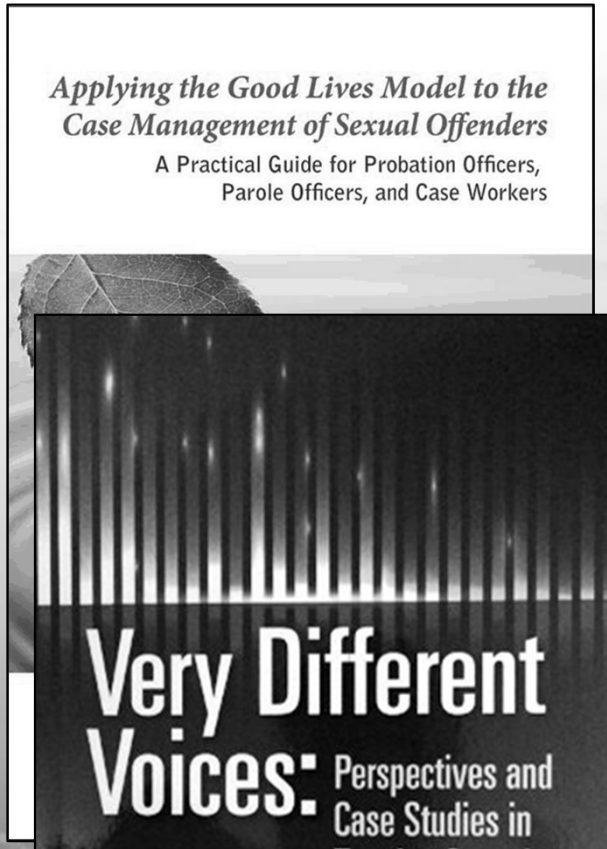
The GLM Practitioner

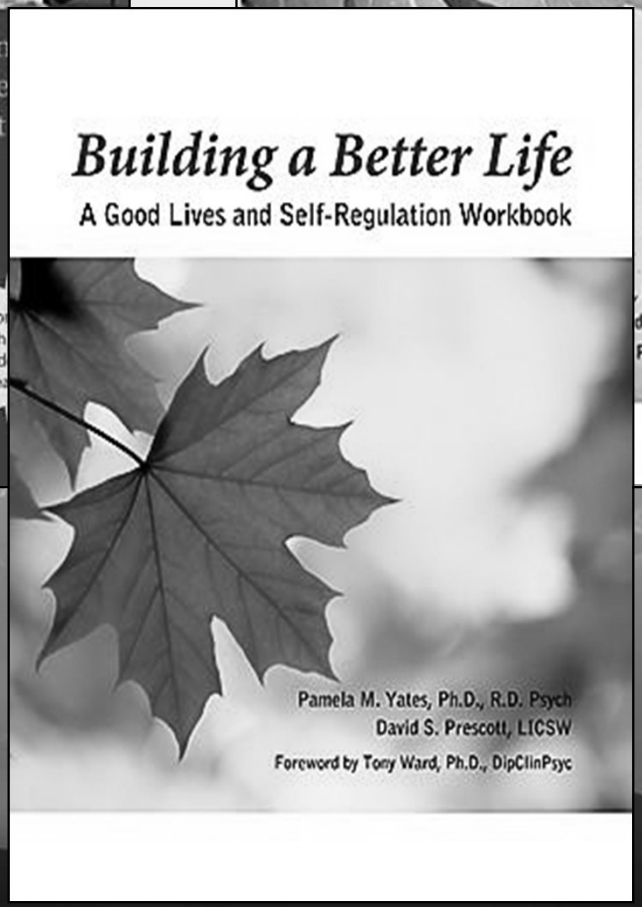
- Is grounded in the mission of building internal and external capacities for clients.
- Pays equal attention to risk variables.
- Approaches each client as a fellow human being in the world rather than little more than the sum of their risk factors. Each client has fundamental human rights and is worthy of dignity and respect.
- Strives to remain strengths-based in every area of intervention. Programs and practitioners that do not have a strengths-based perspective will not be successful with the GLM.
- Understand that human beings are goal-directed and autonomous, and their behavior is meaningful and with purpose.

GLM Adult

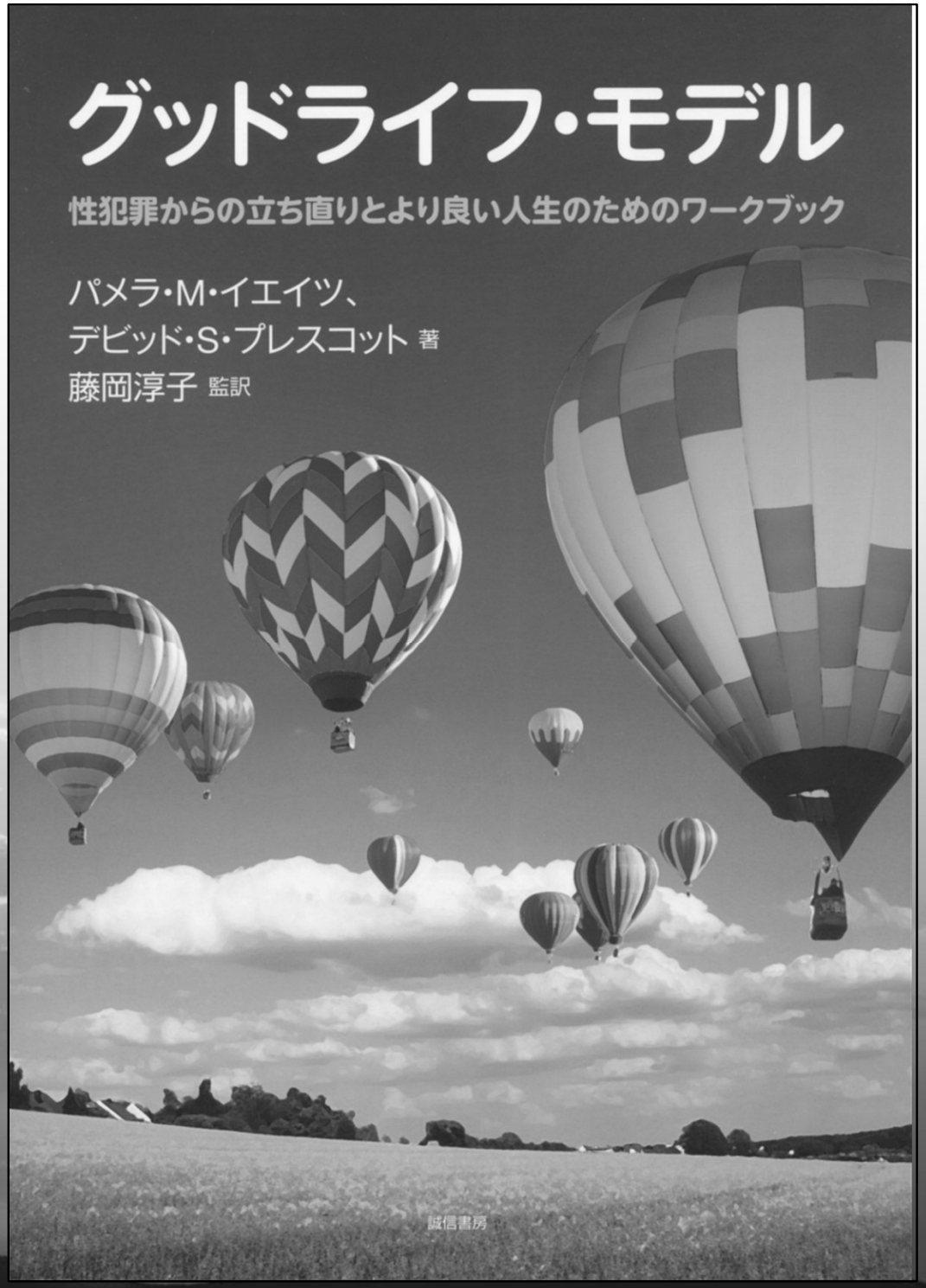

Safer Society Press
and
The Association for the Treatment of Sexual Abusers
present
The ATSA Conference Workshop Video Series
featuring:
Gwenda M. Willis, PhD
Pamela M. Yates, PhD
David S. Prescott, LICSW
Recorded November 1, 2013
at the ATSA 32nd Annual
Research and Treatment Conference


Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment:
A Practical Guide for Clinicians


Applying the Good Lives Model to the Case Management of Sexual Offenders
A Practical Guide for Probation Officers, Parole Officers, and Case Workers


Building a Better Life
A Good Lives and Self-Regulation Workbook
Pamela M. Yates, Ph.D., R.D. Psych
David S. Prescott, LICSW
Foreword by Tony Ward, Ph.D., DipClinPsyc

Very Different Voices:
Perspectives and Case Studies in Treating Sexual Aggression
David S. Prescott and
Robin J. Wilson


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
誠信書房

美好生命 (GLM)：人生共同需要 Primary Human Goods

(重要性及信心) Importance and Confidence

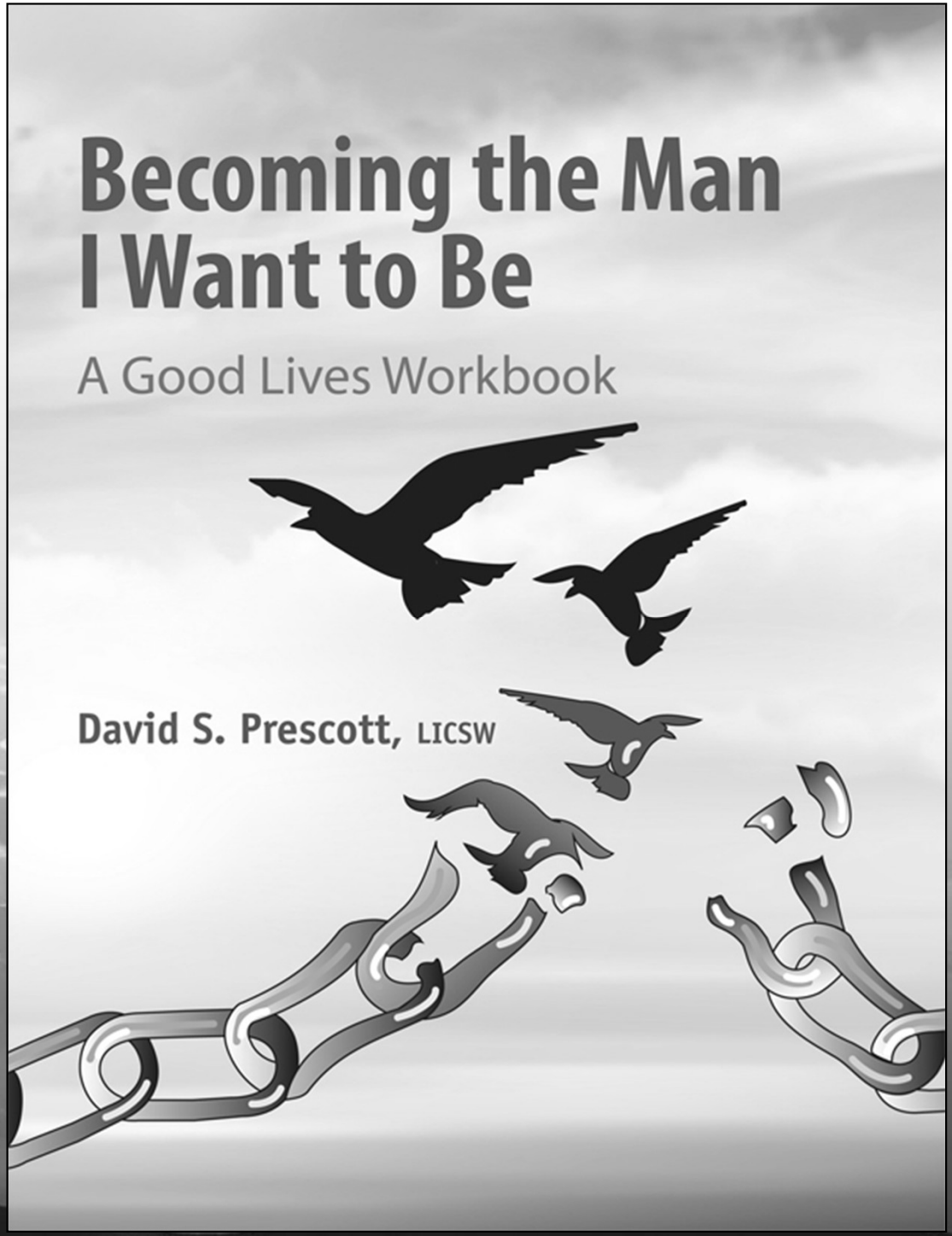
人類共同需要 **Primary Human Goods**	定義 **Definitions**	重要分 **Importance (0-10)**	信心分 **Confidence (0-10)**	備註： Remarks
人生：生活與求生 Life	能照顧個人健康與/或能維持個人生命及安全 Looking after physical health, and/or staying alive and safe.	9	4	
知識：學習與認知 Knowledge	追尋關於自己、他人、環境或特定範籌的知識 Seeking knowledge about oneself, other people,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







2019


Becoming the Man
I Want to Be
A Good Lives Workbook
David S. Prescott, LICSW

The Good Lives Model for Adolescents Who Sexually Harm



Edited by Bobbie Print, CQSW

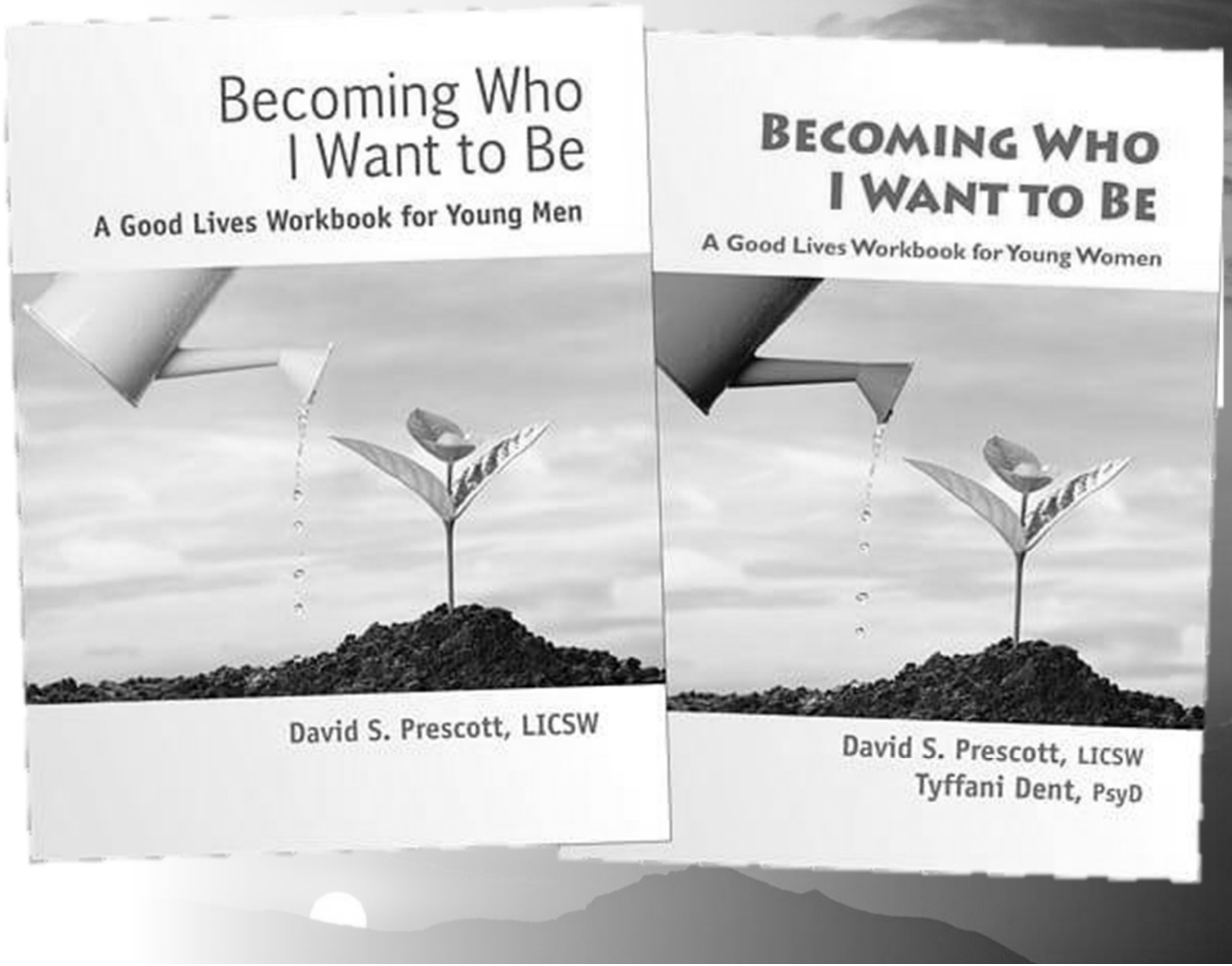
Foreword by Tony Ward, PhD

Becoming Who I Want to Be

A Good Lives Workbook for Young Men



David S. Prescott, LICSW

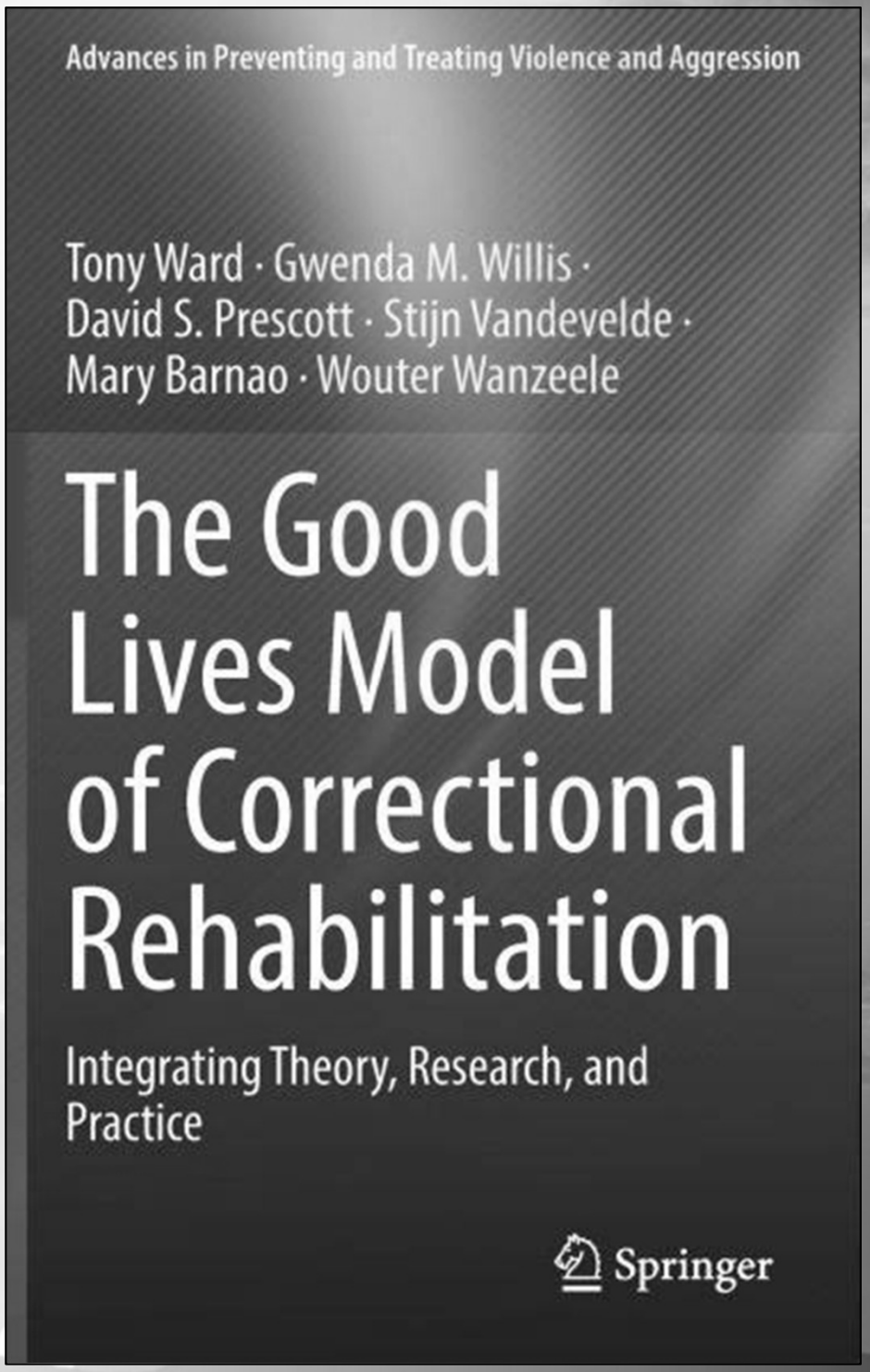

Becoming Who
I Want to Be
A Good Lives Workbook for Young Men
David S. Prescott, LICSW
BECOMING WHO
I WANT TO BE
A Good Lives Workbook for Young Women
David S. Prescott, LICSW
Tyffani Dent, PsyD

Workbooks

- Intended as tools for treatment
  - Help make therapy multi-modal
  - Offer structure
  - Provide avenues for clinical dialogue

- They are *not* stand-alone programs
- The are not required

2025


Advances in Preventing and Treating Violence and Aggression
Tony Ward · Gwenda M. Willis · David S. Prescott · Stijn Vandevelde · Mary Barnao · Wouter Wanzeele
The Good Lives Model of Correctional Rehabilitation
Integrating Theory, Research, and Practice
Springer

GLM Foundations

(Ward et al., 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

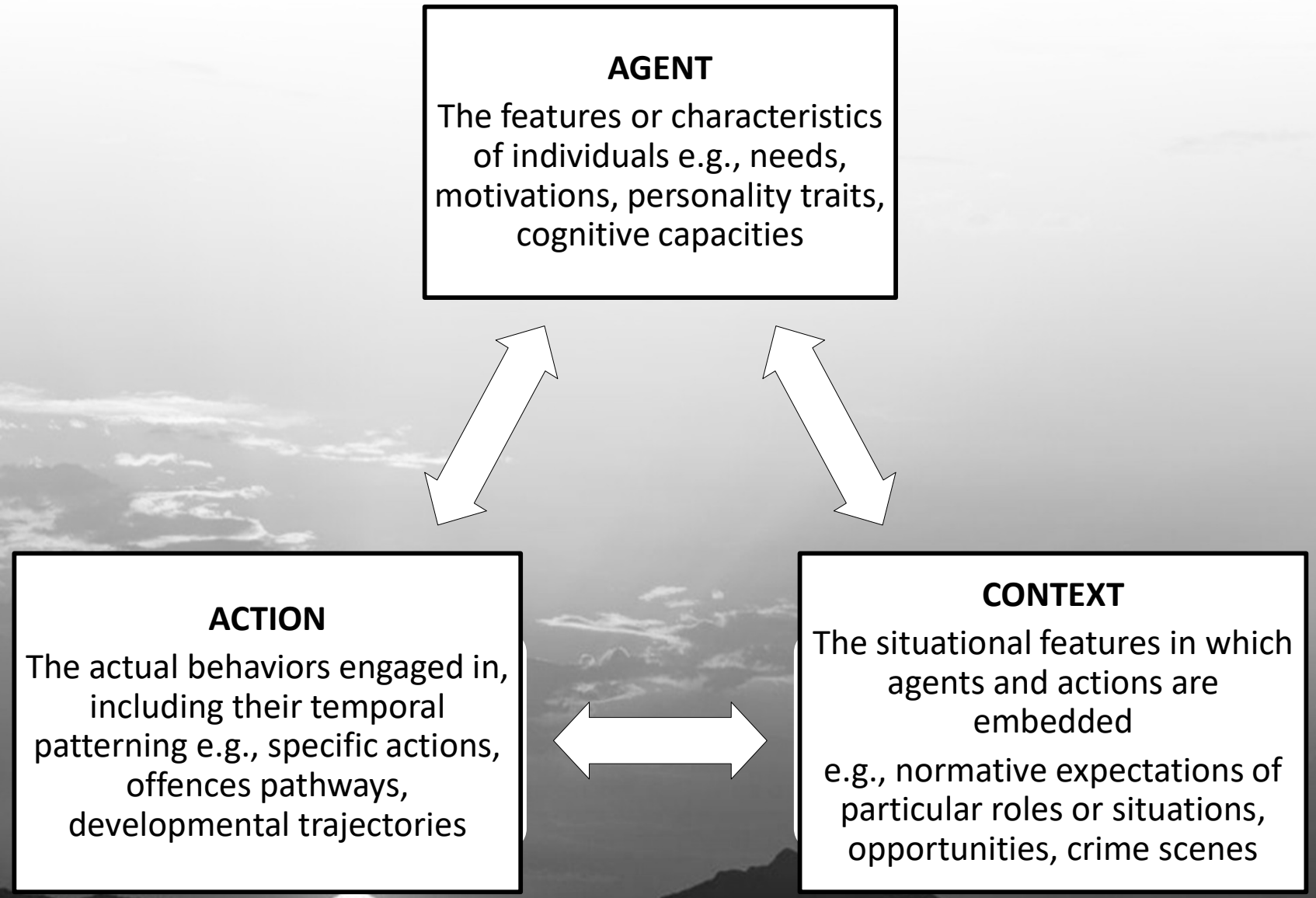
- To ignore individuals' core motivations is to run the risk of:
  - Not understanding the reasons why they committed crimes.
  - Constructing invalid case formulations and therapy plans and failing to persuade them to engage fully in intervention programs.
- Dynamic 'internal' risk factors such as impulsivity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

Fundamentally

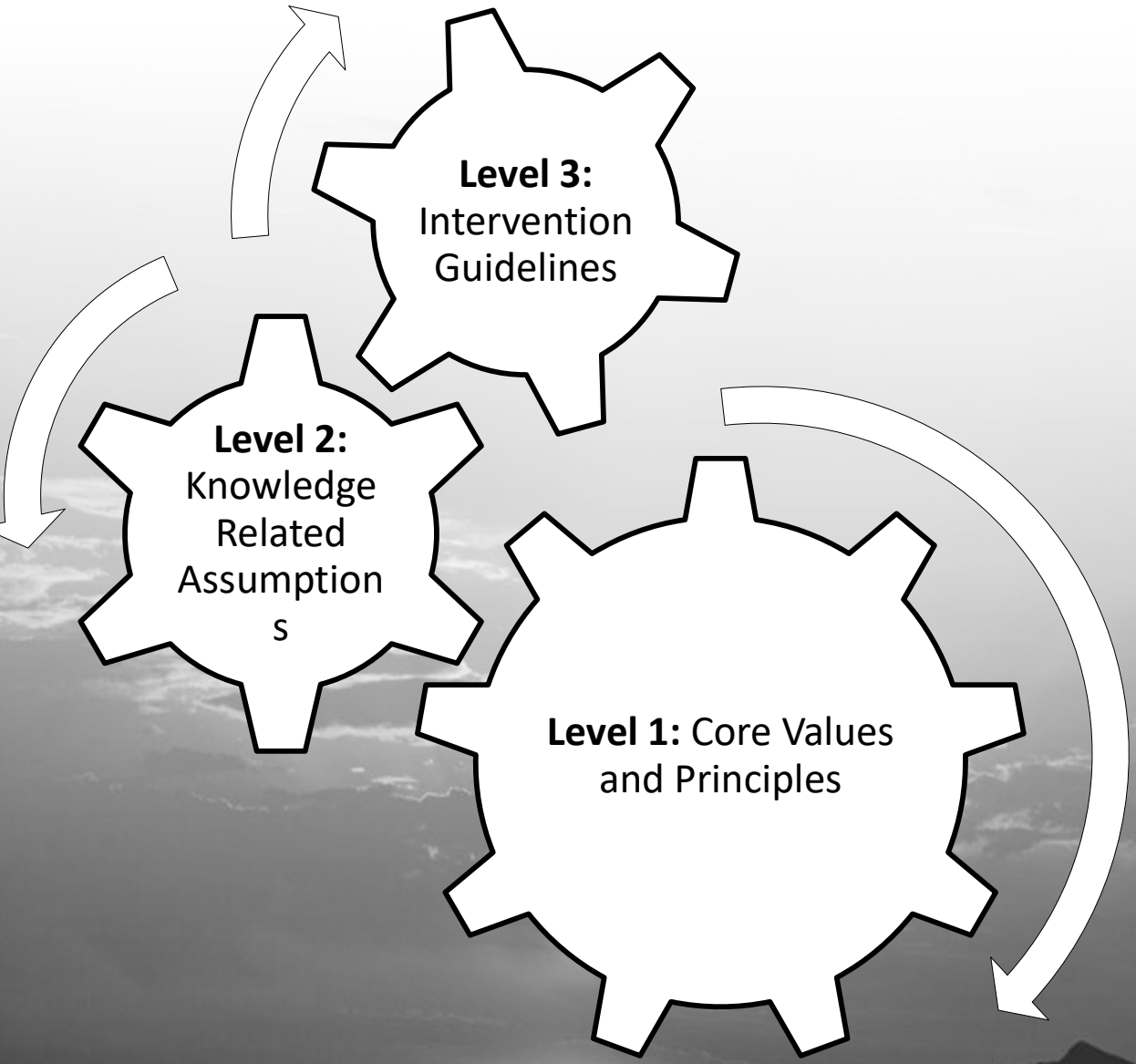
- Interventions should:
  - Take into account individuals' strengths, values, goals, relevant environments and contexts.
  - Specify precisely what competencies are required to secure valued outcomes in pro-social and personally meaningful ways.

Agent-Action-Context Schema

(Ward & Durrant, 2022)



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



- We've observed that many programs inspired by the GLM tend to operate at the third level focusing on techniques or additions (e.g., vocational training)
- Attending to the first levels is essential to ensure fidelity to the GLM

Level 1: Core values & principles

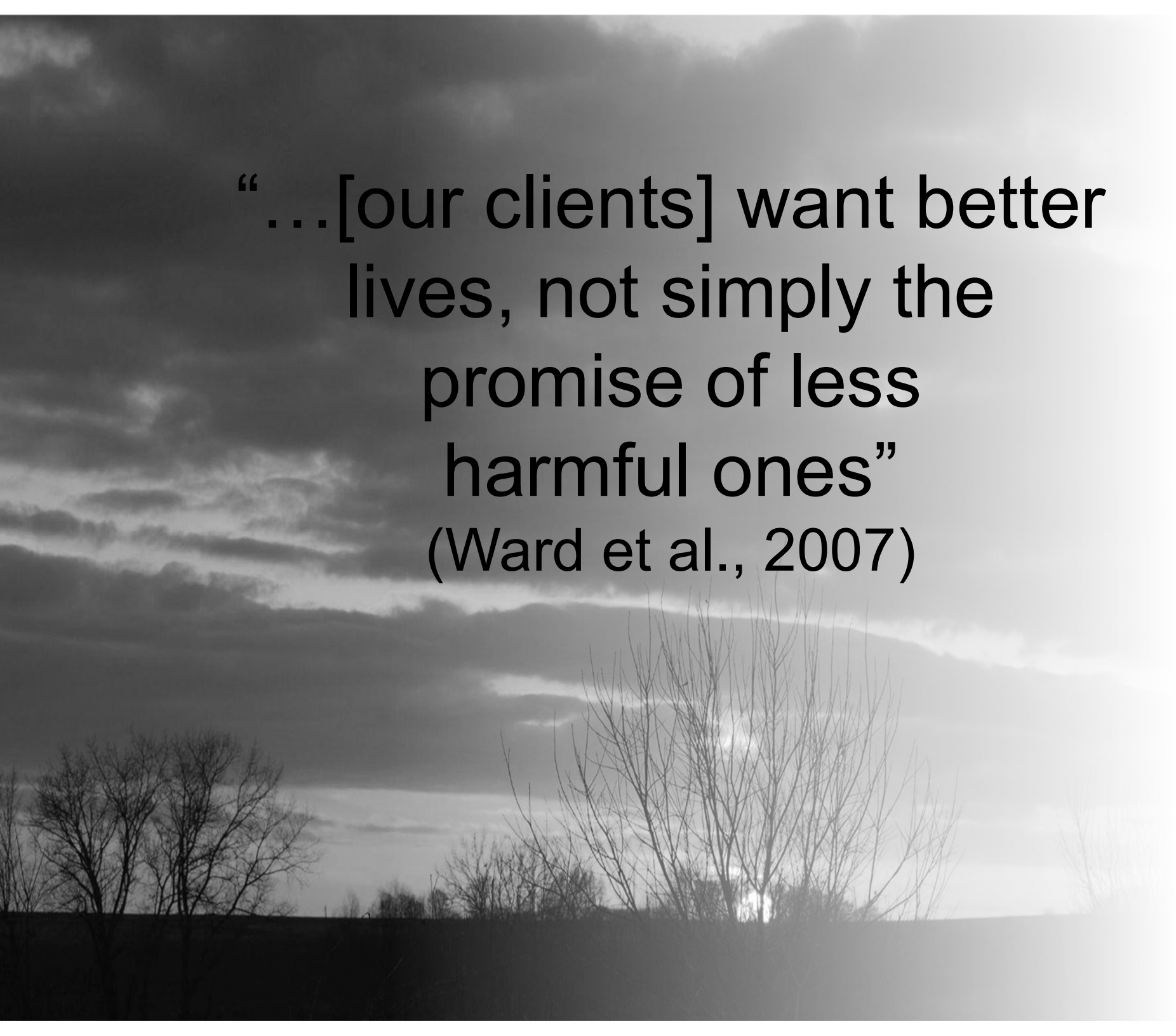
- Human dignity
- Universal human rights
- Strong emphasis on human agency
- Enhancing individuals' ability to formulate and select goals, to construct plans and to act freely in the implementation of these plans
- Viewing individuals as *fellow human beings* (or "fellow travellers") rather than as simply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

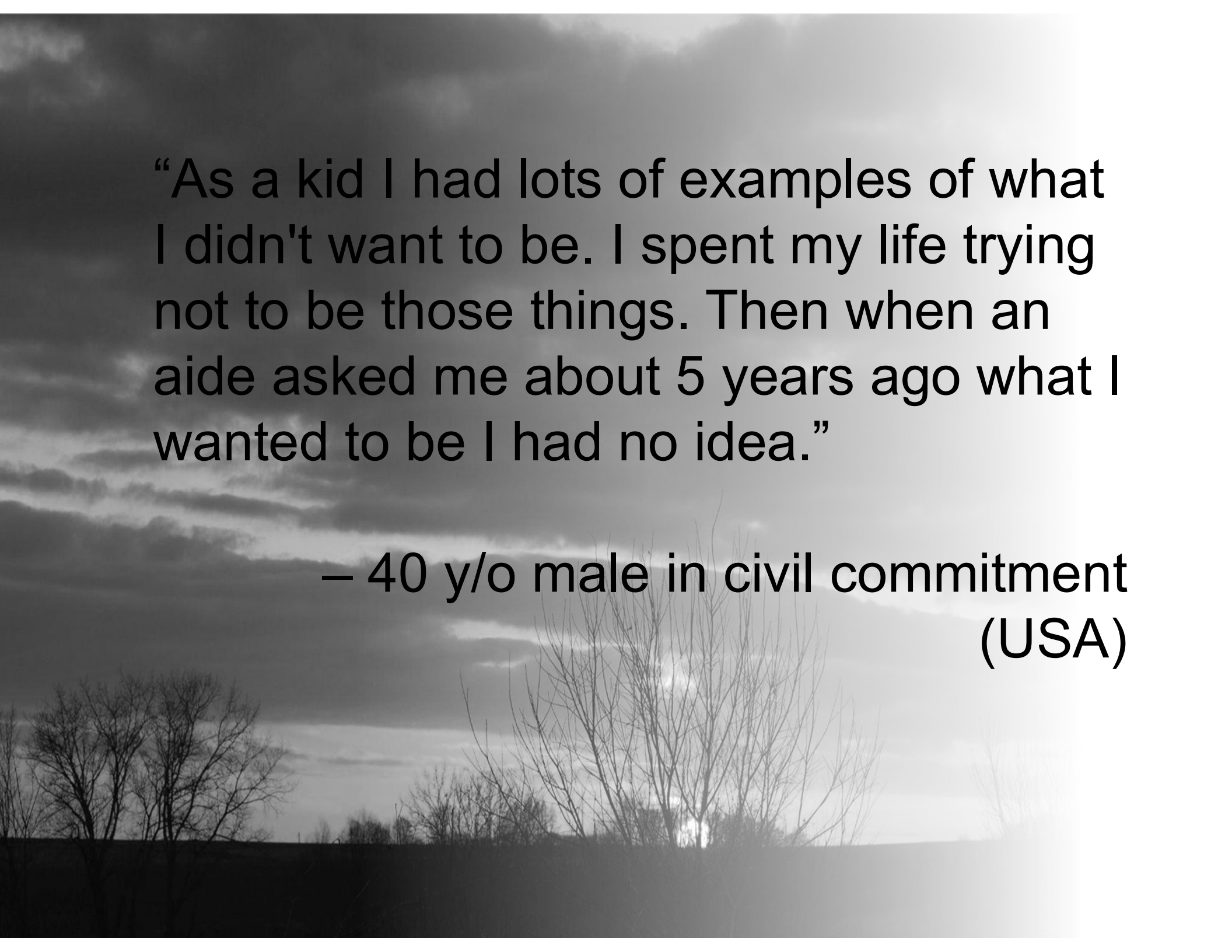
Level 2: Knowledge related assumptions

- 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.

Level 3: Intervention guidelines / practice commitments

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


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

Reflection Exercise

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

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

Going Upstream

- What is something (anything) that you would like right now?
  - World peace? A new car? More coffee?
- 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?

What are all the needs that these meet?





Krakow

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



GLM Approach

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

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 prosocial 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 11 primary human goods
- Value/importance placed on various goods determines individual's conceptualisation of a "good life"; reflected in good life plan (GLP)
- Assumption: Prosocial attainment of goods will help reduce or manage risk to reoffend (alongside targeting criminogenic needs)

Primary Human Goods

- Life
- Knowledge
- Excellence in work
- Excellence in play
- Agency
- Inner peace
- Relatedness
- States of happiness/pleasure
- Community
- Spirituality
- Creativity



Primary Human Goods operationalized
(Updated from Yates & Prescott, 2011)

Primary Good		Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in work	→	Being Good at Work
Excellence in play	→	Being Good at Play
Agency	→	Personal Choice and Independence
Inner peace	→	Peace of Mind
Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
States of happiness/pleasure	→	States of happiness/pleasure
Creativity	→	Creativity

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

- GLM

- States of happiness and pleasure
- Creativity
- Knowledge
- Excellence at work
- Excellence at 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

Primary Goods: Definitions

- Life: Living & Surviving
  - Healthy living and functioning
  - Basic survival needs

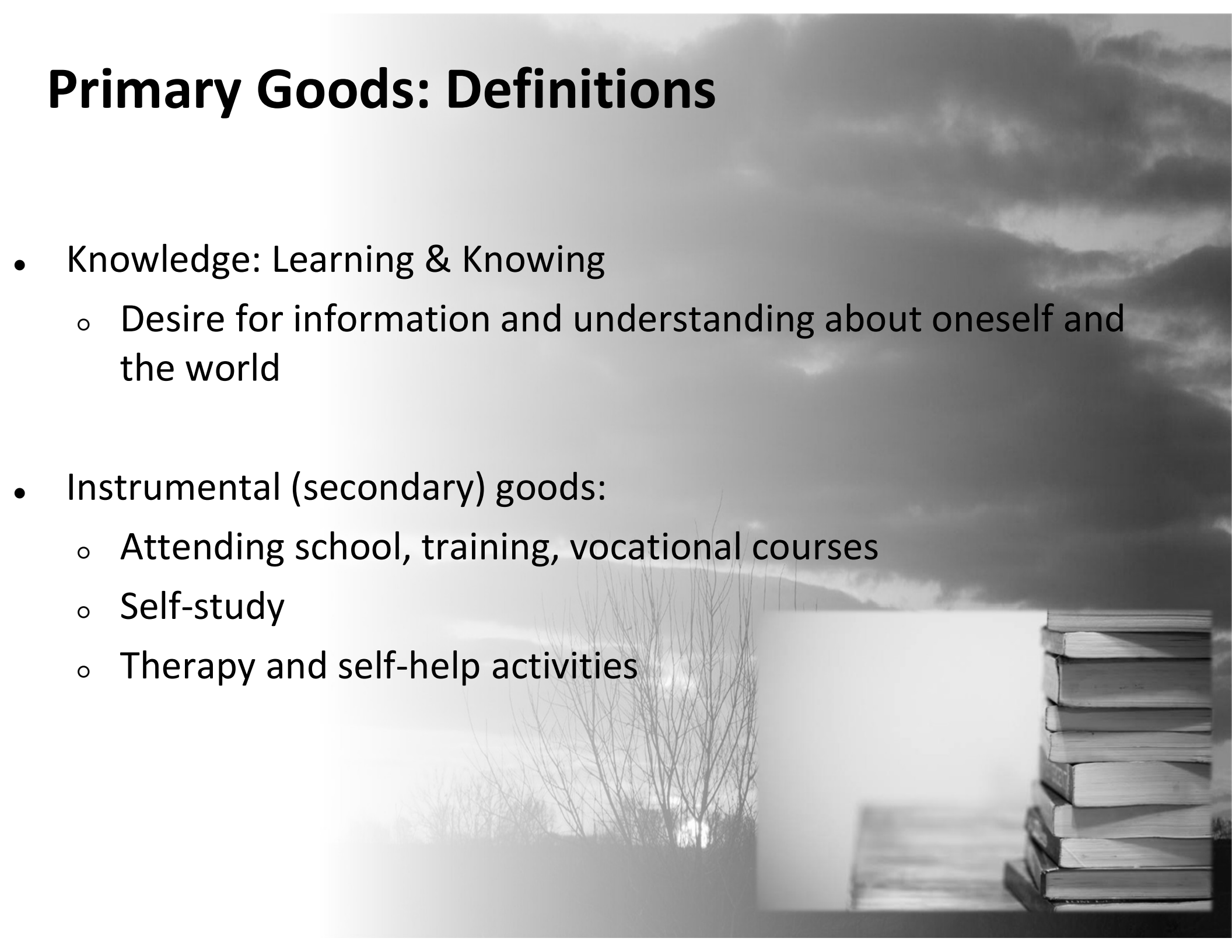
- Instrumental (secondary) goods:
  - Acquiring income for food/shelter
  - Physical activity
  - Healthy nutrition
  - Health care



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

- Excellence in Play
  - The experience of mastery from leisure/recreational pursuits
- Instrumental (secondary) goods:
  - Participation in sport or other leisure activities/hobbies
  - Training for an event/competition
  - Any other activity associated with a drive for mastery in leisure



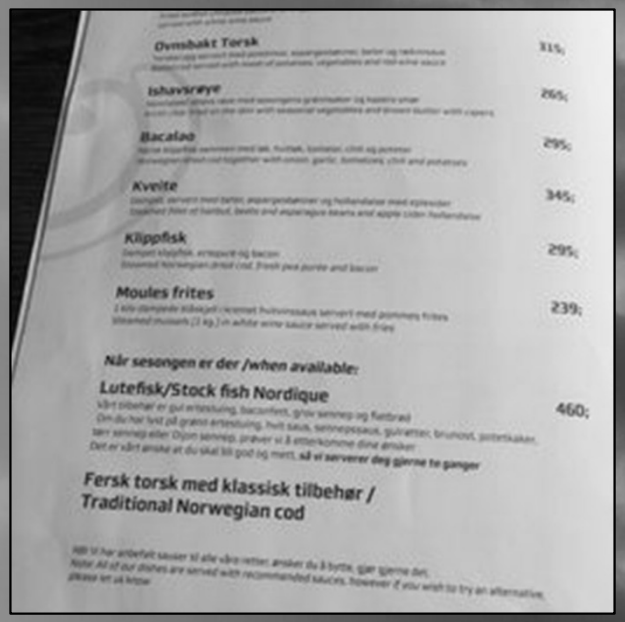
Primary Goods: Definitions

- Excellence in Work
  - The experience of mastery through work

- Instrumental (secondary) goods:
  - Participation in training, certification, apprenticeships
  - Meaningful paid or voluntary work



Primary Goods: Definitions



- Agency/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

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
  - Intimate relationships



Primary Goods: Definitions



- Community: Being Part of a Group
  - Desire to be connected to groups that share one's values, concerns, interests
  - Experiencing a sense of belonging

- Instrumental (secondary) goods:
  - Participate in community activities/groups (e.g., social service groups, special interest groups, voluntary activities)
  - Provide practical assistance to others in times of need (e.g., neighbours)

Primary Goods: Definitions

- Spirituality
  - 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



Primary Goods: Definitions

- Creativity
  - Desire for novelty or innovation

- Instrumental (secondary) goods:
  - Engaging in new/novel experiences not attempted previously
  - Engaging in artistic, creative activities
  - Novel sexual practices



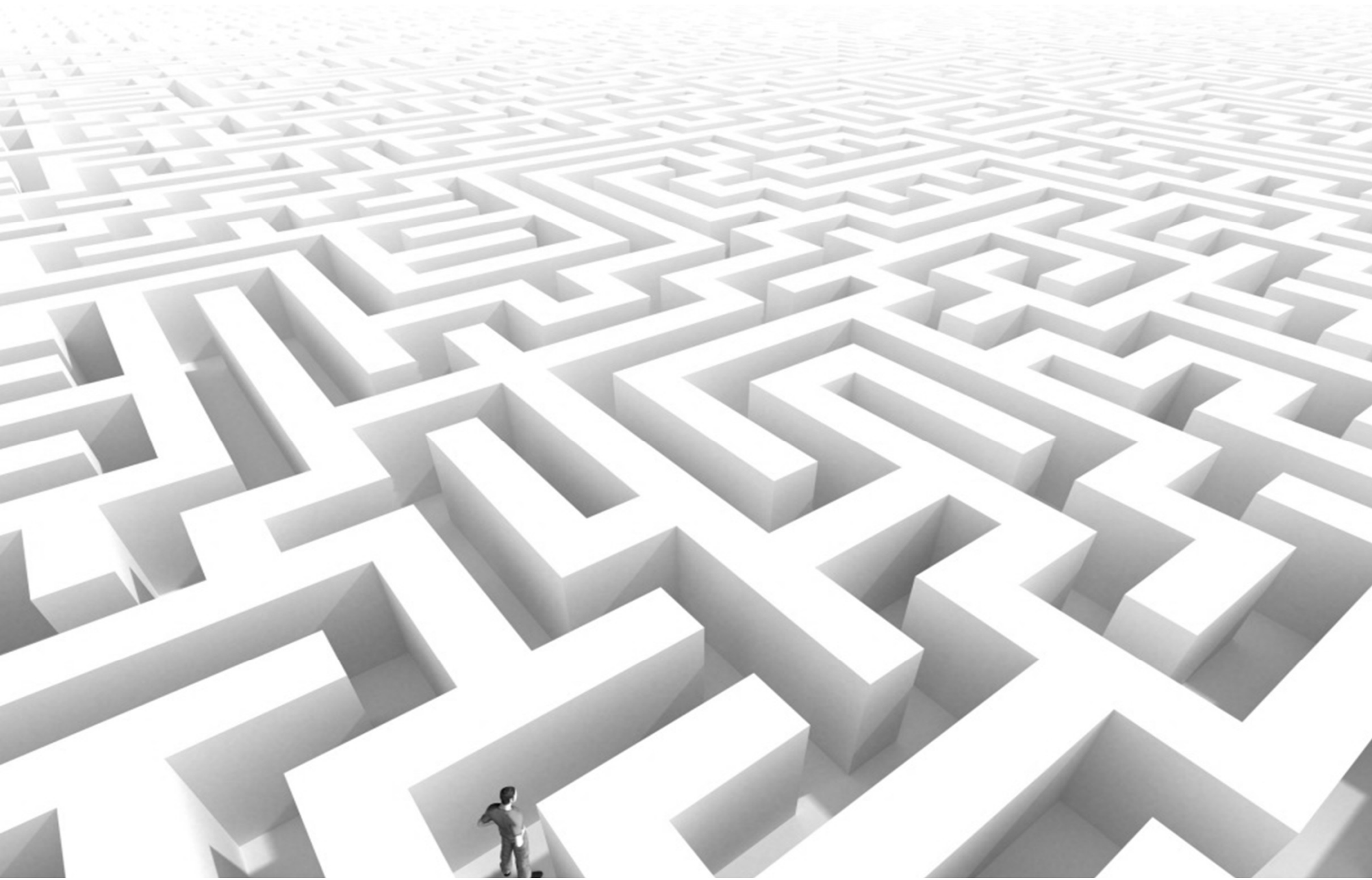
Primary Goods: Definitions

- States of happiness and pleasure
  - 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)



Good Life Plan



When Things Go Wrong: Good Life Plan Obstacles

The GLM proposes that offending and life problems result when…

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

Harmful/Problematic Means







Narrow Scope



Conflict: the pursuit of one good interferes with pursuit of another good

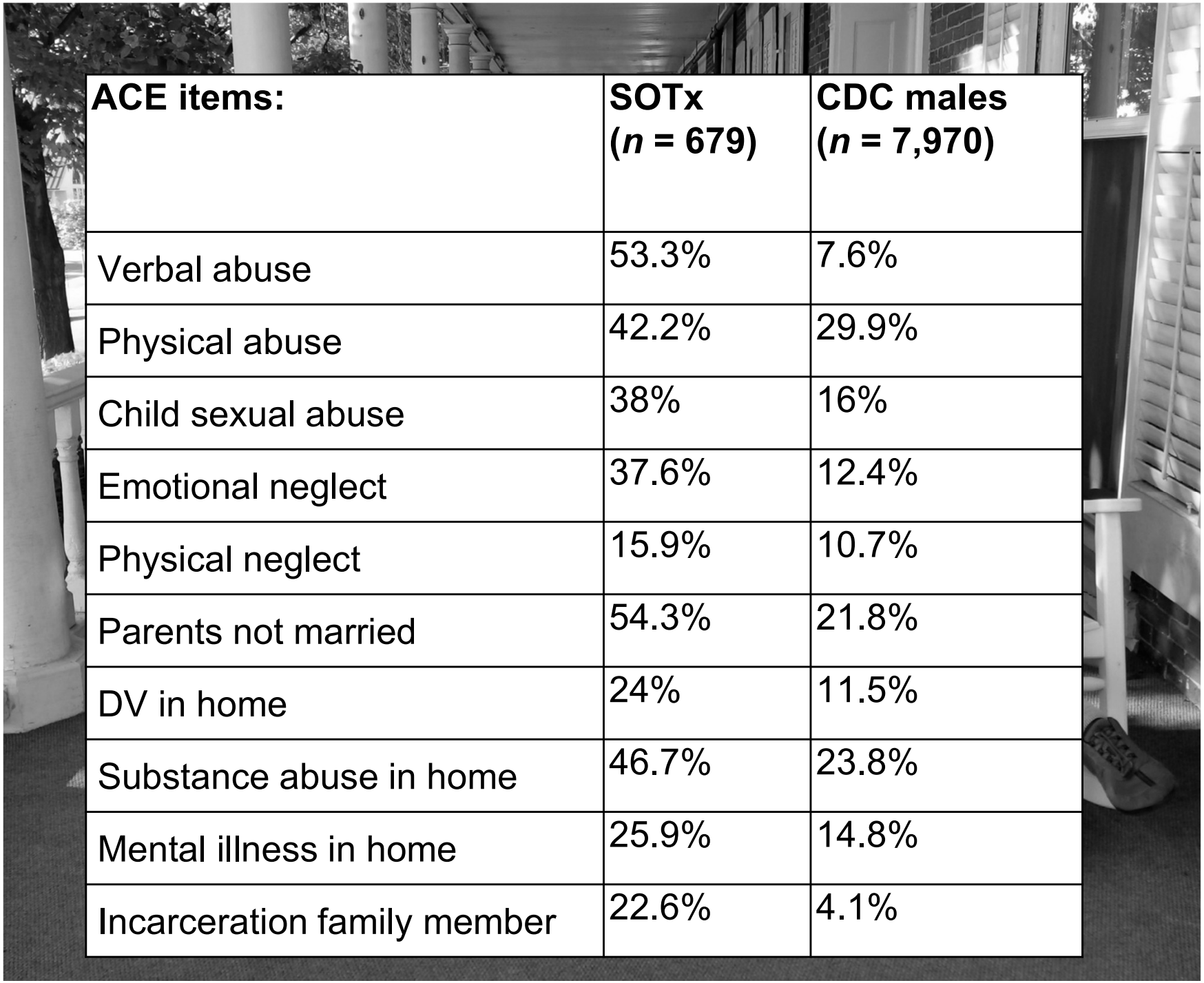




Lack of Capacity: Internal



Adverse Childhood Experiences (ACEs) in the lives of adult males who have sexually offended (Levenson et al., 2016)



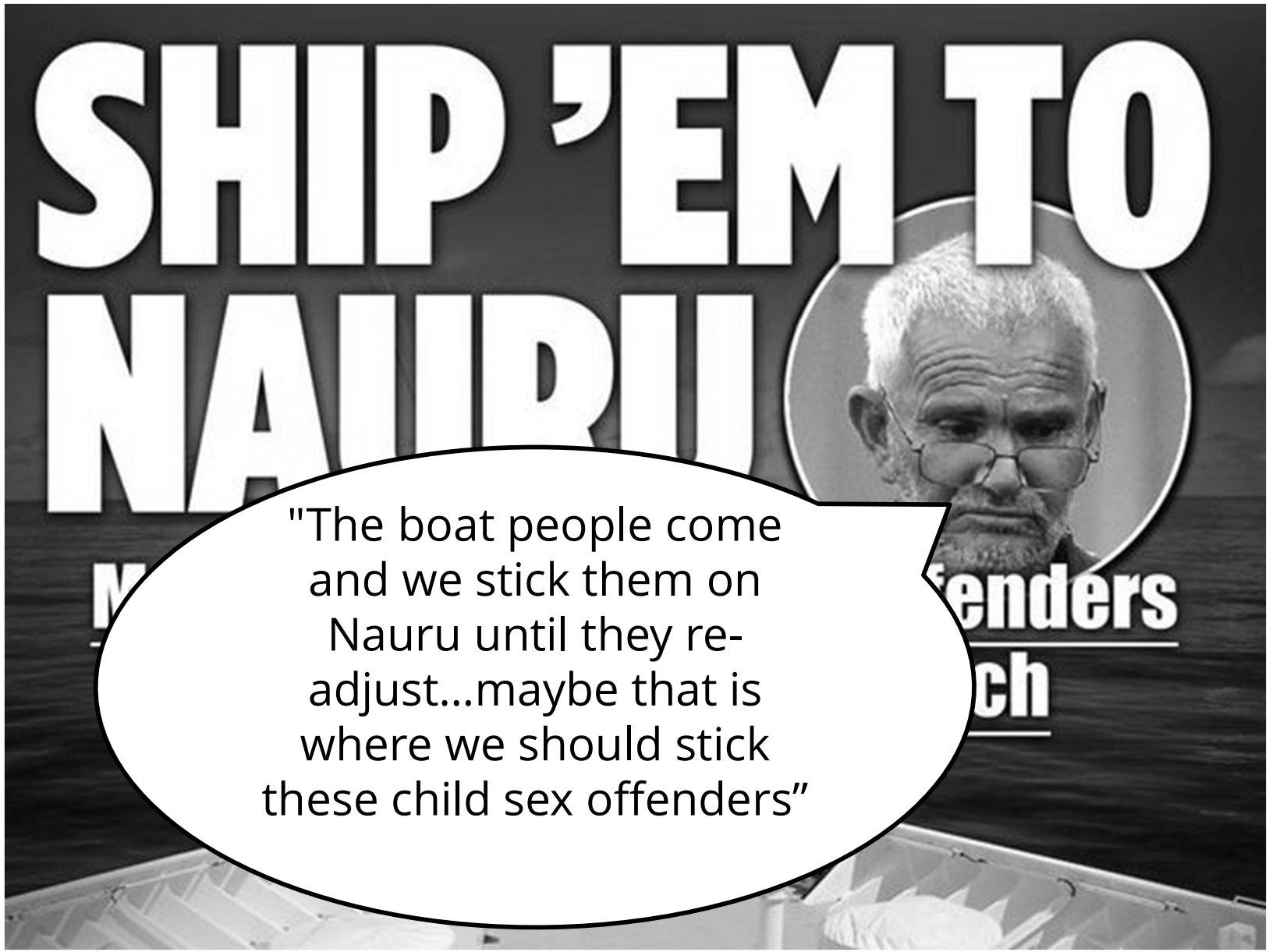
ACE items:	SOTx (*n* = 679)	CDC males (*n* = 7,970)
Verbal abuse	53.3%	7.6%
Physical abuse	42.2%	29.9%
Child sexual abuse	38%	16%
Emotional neglect	37.6%	12.4%
Physical neglect	15.9%	10.7%
Parents not married	54.3%	21.8%
DV in home	24%	11.5%
Substance abuse in home	46.7%	23.8%
Mental illness in home	25.9%	14.8%
Incarceration family member	22.6%	4.1%

Lack of Capacity: Internal



Maladaptive schemas	Maladaptive attachments	Maladaptive coping
other people will abuse/reject/ abandon me; dangerous world	*relationship instability, hostility towards women, social rejection*	*substance abuse, sex as coping, aggression*

Lack of Capacity: External



Lack of Capacity: External

METRO (WMATA)

Metro police can now ban repeat violent or sexual offenders for up to a year

MTPD previously could only ban passengers for up to 24 hours

By **Joseph Olmo, News4 reporter** and Jordan Young • Published
June 2, 2025 • Updated on June 2, 2025 at 6:52 am

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Lack of Capacity: External

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Alabama defends law limiting where sex offenders can go

The law's expanded definitions of "reside" and "overnight visit" have drawn scrutiny for turning everyday activities into potential criminal conduct.

GABRIEL TYNES / August 1, 2025



Lack of Capacity: External



PSYCHOLOGY, CRIME & LAW
2018, VOL. 24, NO. 7, 727–743
https://doi.org/10.1080/1068316X.2017.1421640

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Why call someone by what we don't want them to be? The ethics of labeling in forensic/correctional psychology

Gwenda M. Willis

School of Psychology, The University of Auckland, Auckland, New Zealand



GLM Practice Implications

Exercise on Identifying Strengths










Start with
Strengths

Strengths

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

Strengths

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

Find the strength



Find the strength



Find the strength



Find the strength



Find the strength



Find the strength



Find the strength



A little Harder

- Find the Strength

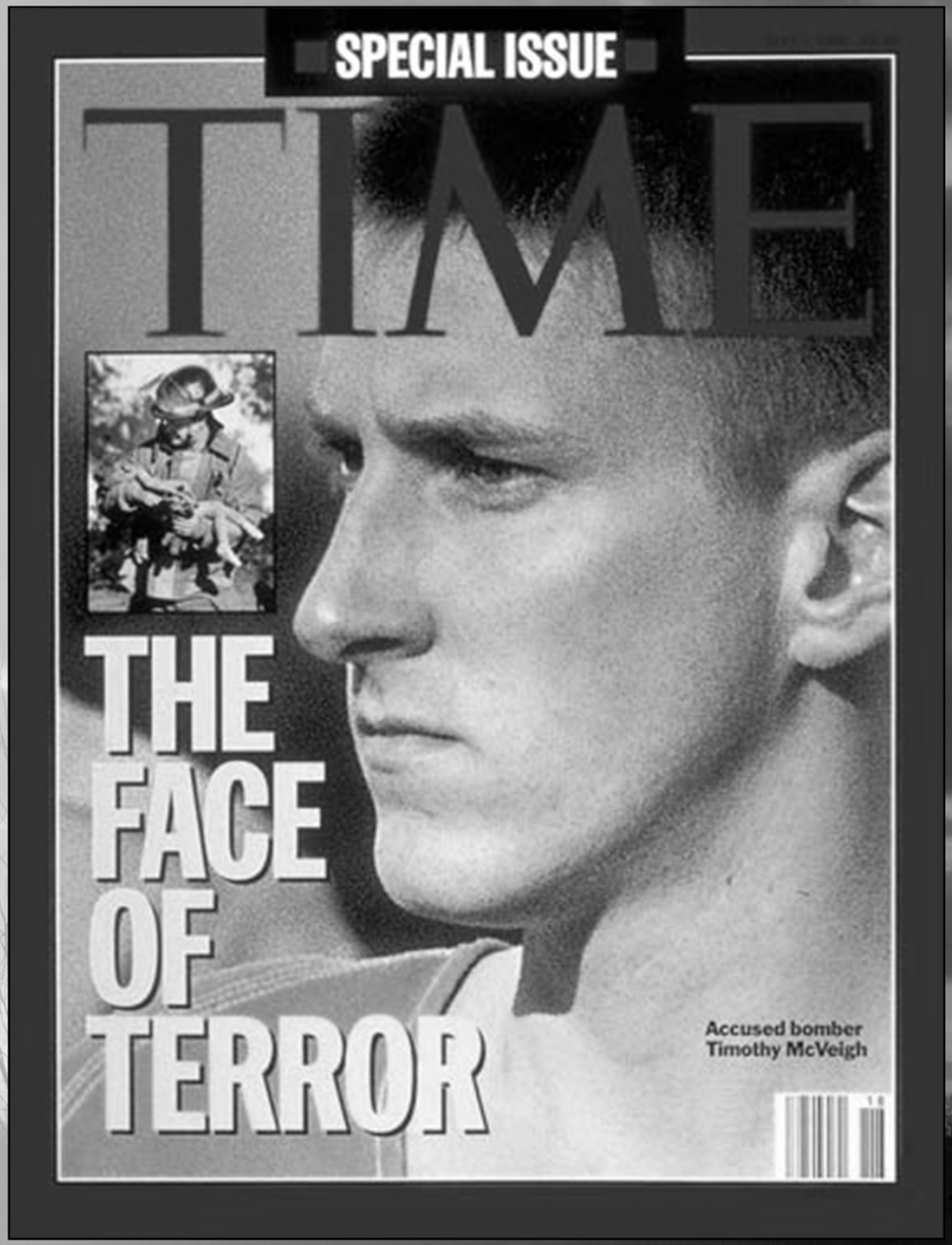


Harder Still

- Find the Strength



- Find the Strength




Application

Consider…

- Excellence
- Agency
- Connection
- Meaning and Purpose
- Happiness and Pleasure



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

Consider…

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

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




Meet your clients
where they DREAM


Always Meet your Clients Where they Dream

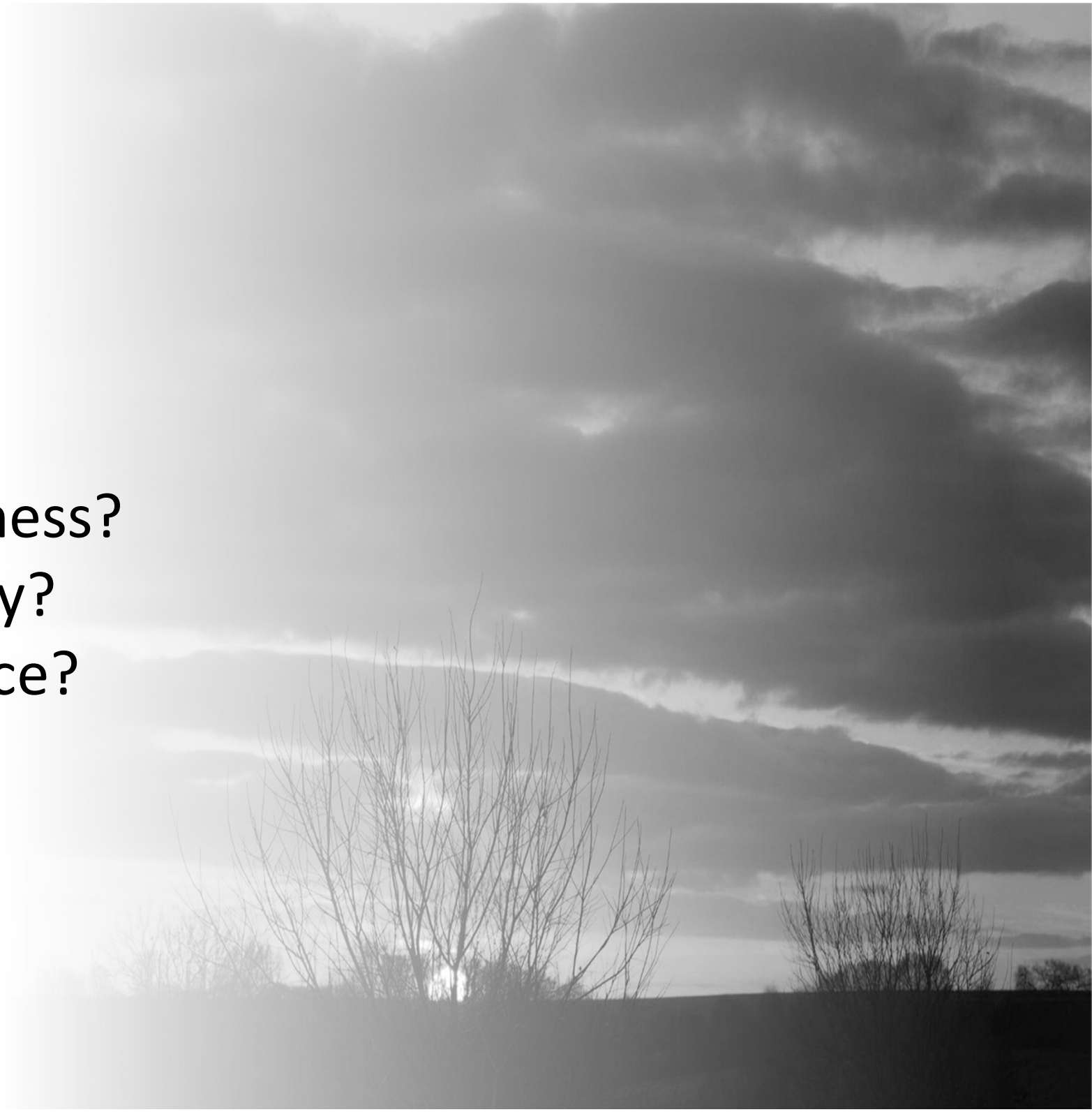

Examples

Find the Strength



Hint

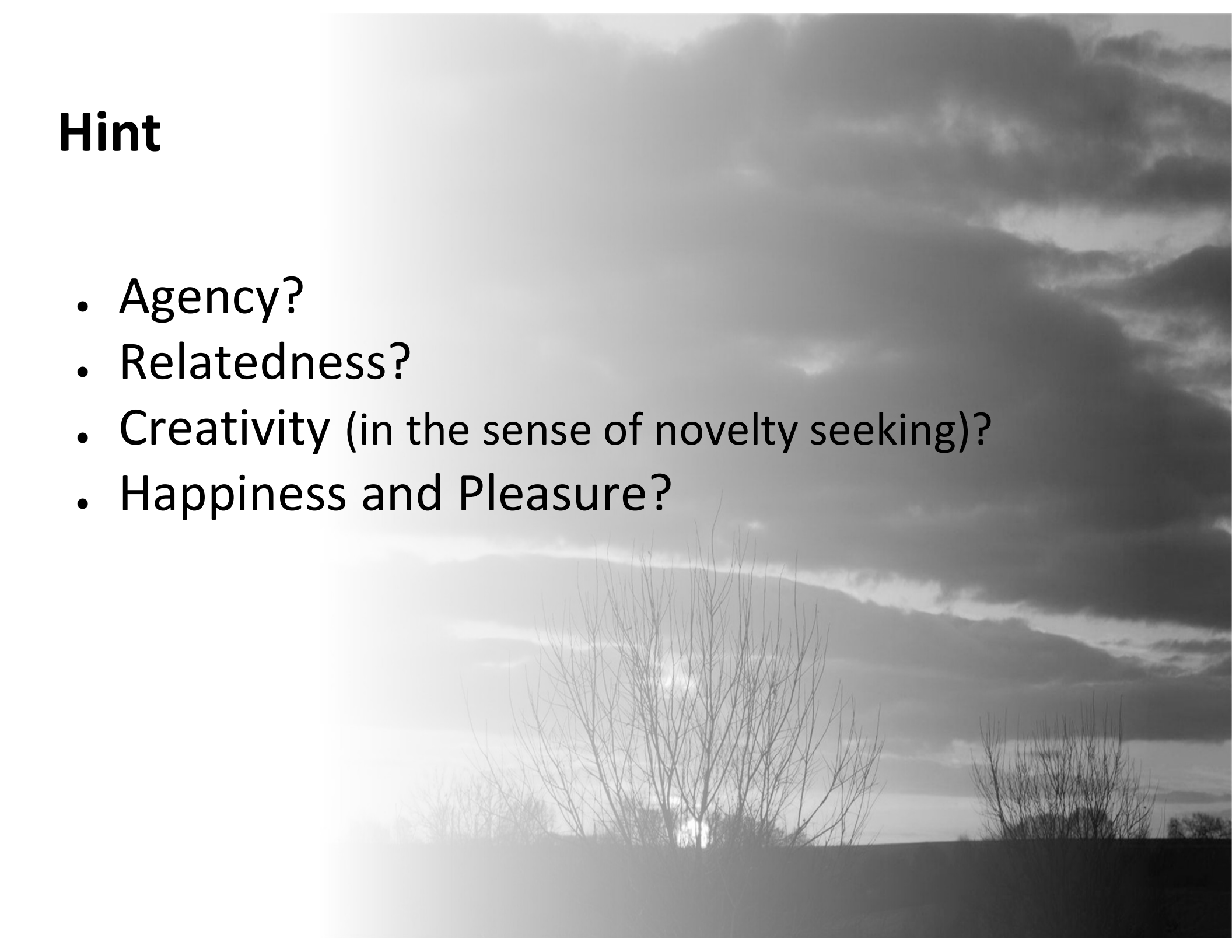
- Agency?
- Relatedness?
- Creativity?
- Excellence?



Find the Strength



Hint

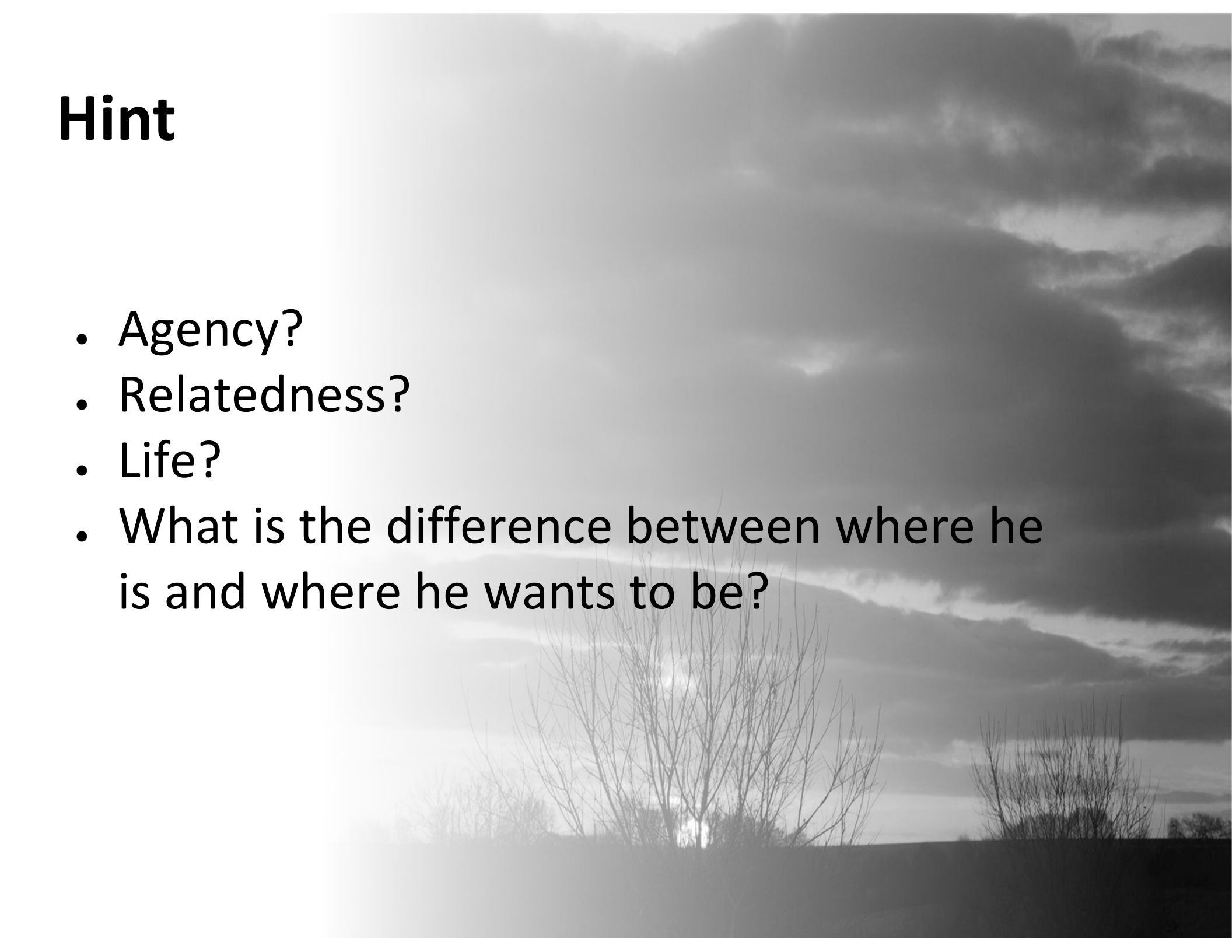


- Agency?
- Relatedness?
- Creativity (in the sense of novelty seeking)?
- Happiness and Pleasure?

Find the Strength



Hint



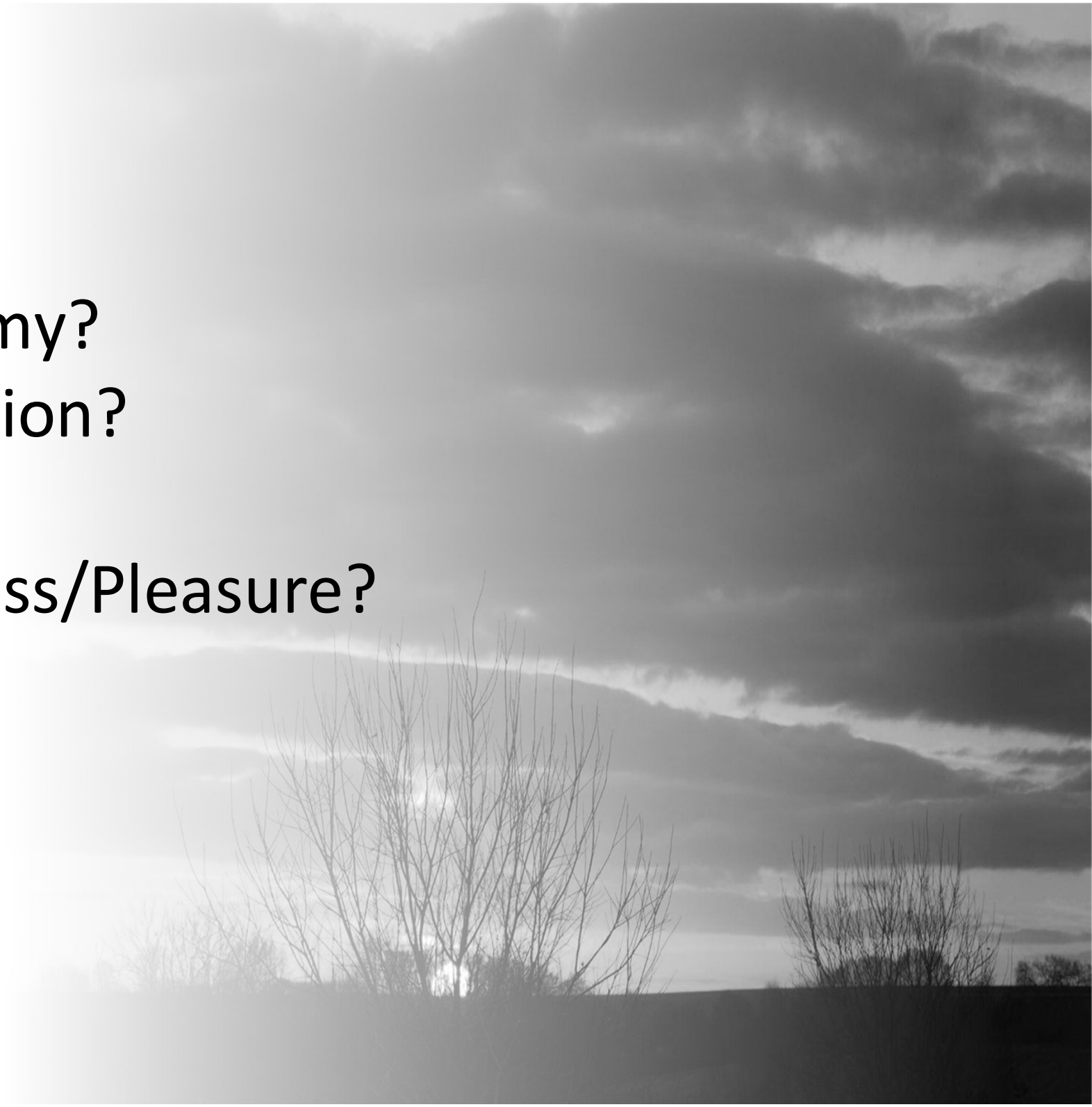
- Agency?
- Relatedness?
- Life?
- What is the difference between where he is and where he wants to be?

Find the Strength



Hint

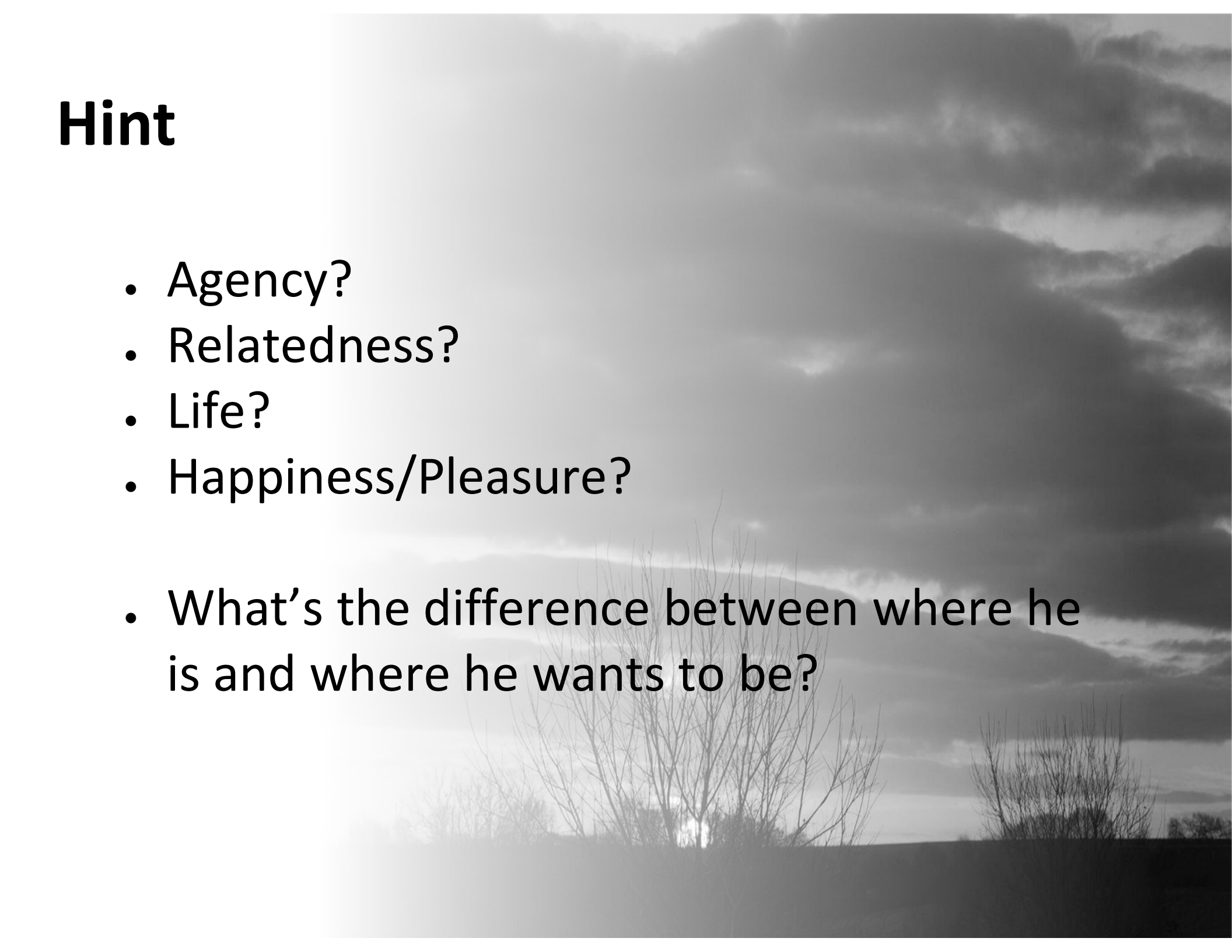
- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?



Find the Strength



Hint



- Agency?
- Relatedness?
- Life?
- Happiness/Pleasure?

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

Question

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

Assessment tasks

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

E.g., Ward et al. (2025), Willis et al. (2013), Yates et al. (2010)

Identifying Primary Goods

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

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 does … *mean* to you? And if you had that, then what would you have?
- 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?

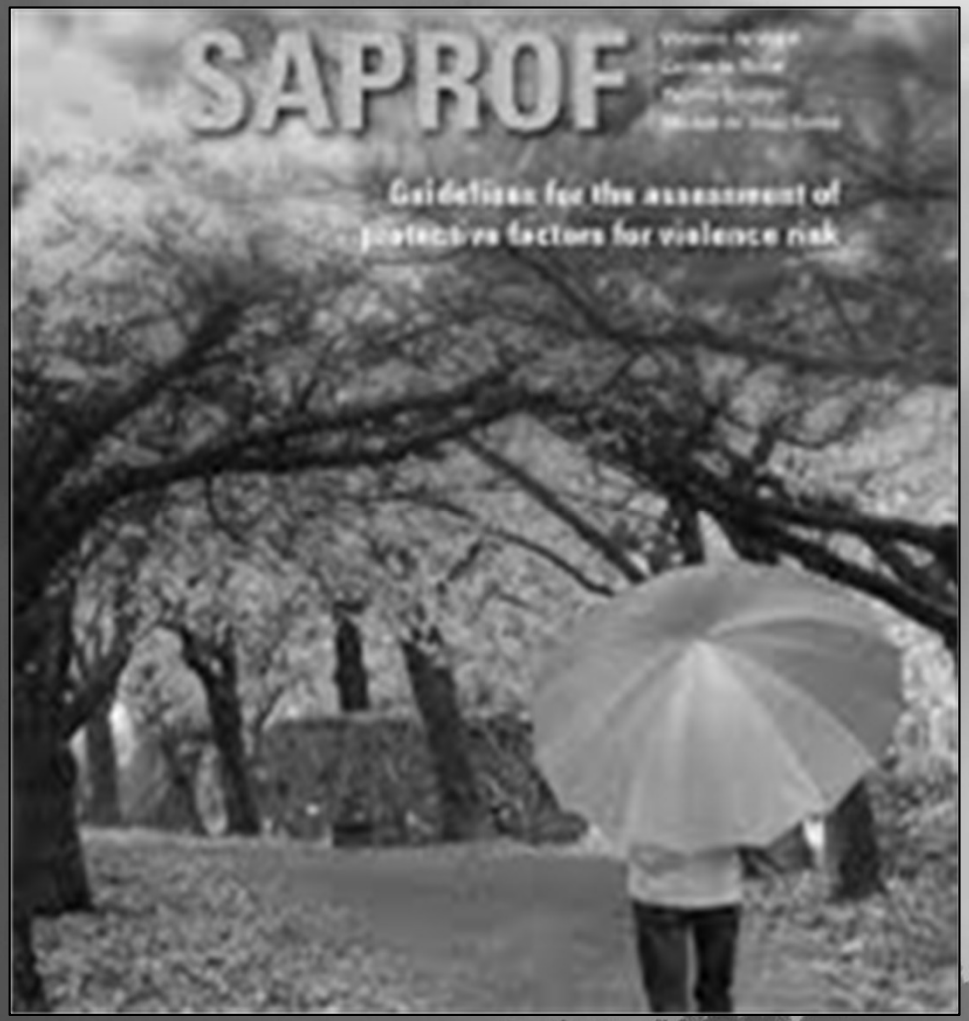
Deeper

- 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?

Assessing protective factors

- Correctional treatment programs increasingly adopting a strengths-based approach; we need strengths-based assessment to align with strengths-based therapy
- Existing risk assessment tools focus on risk factors without attending to people's strengths, creating a process that it is biased, adversarial, and demotivating
- By combining assessment of risk factors with assessment of *protective factors*
  - Clinicians scan for evidence of strengths, not just weaknesses
  - The person being assessed wants their behavior to be visible so that their strengths can be seen

Protective factors



- Protective factors = any characteristic of a person, their environment or situation, with reduces risk of future violence (De Vogel et al., 2009)
- Definable propensities, not simply the absence of a risk factor (de Vries Robbé et al., 2015)

de Vogel, V., de Ruiter, C., Bouman, Y., & de Vries Robbé, M. (2012). SAPROF. Guidelines for the assessment of protective factors for violence risk (2nd ed.). Van der Hoeven Stichting.

Structured Assessment of PROtective Factors against Sexual Offending (SAPROF-SO; Willis et al., 2022)

Resilience

1. Adaptive schemas
2. Empathy
3. Coping
4. Self-control
5. Attitudes towards rules & regulations

Adaptive Sexuality

6. Sexual self-regulation
7. Prosocial sexual interests
8. Prosocial sexual identity
9. Intimate relationship

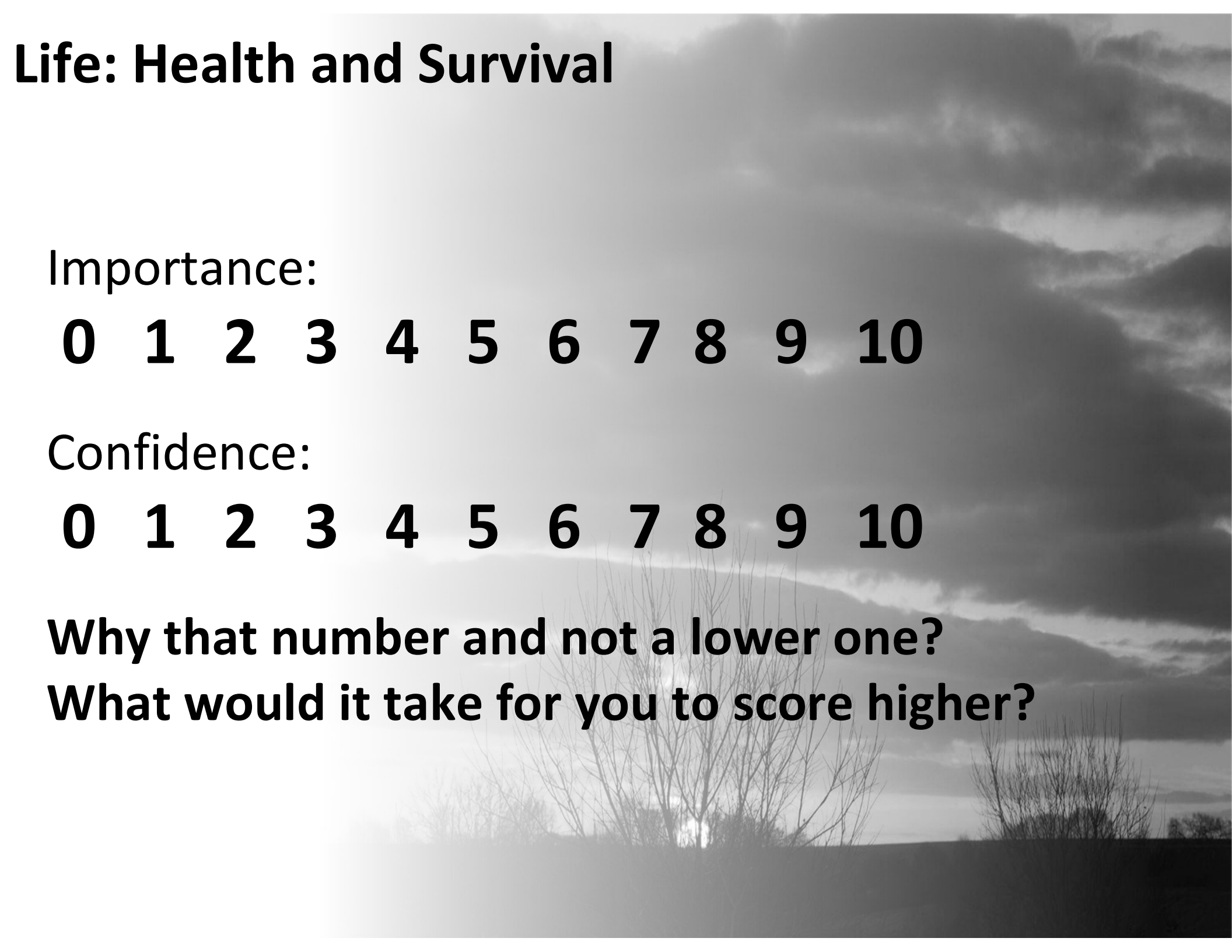
Prosocial Connection & Reward

10. Goal-directed living
11. Work
12. Leisure activities
13. Social network
14. Emotional connection to adults

Professional Risk Management

P1. Sexual offence-specific treatment
P2. Therapeutic alliance
P3. Motivation for managing risk
P4. Medication
P5. Supervised living
P6. External control

Life: Health and Survival



Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

Relationships and Friendships

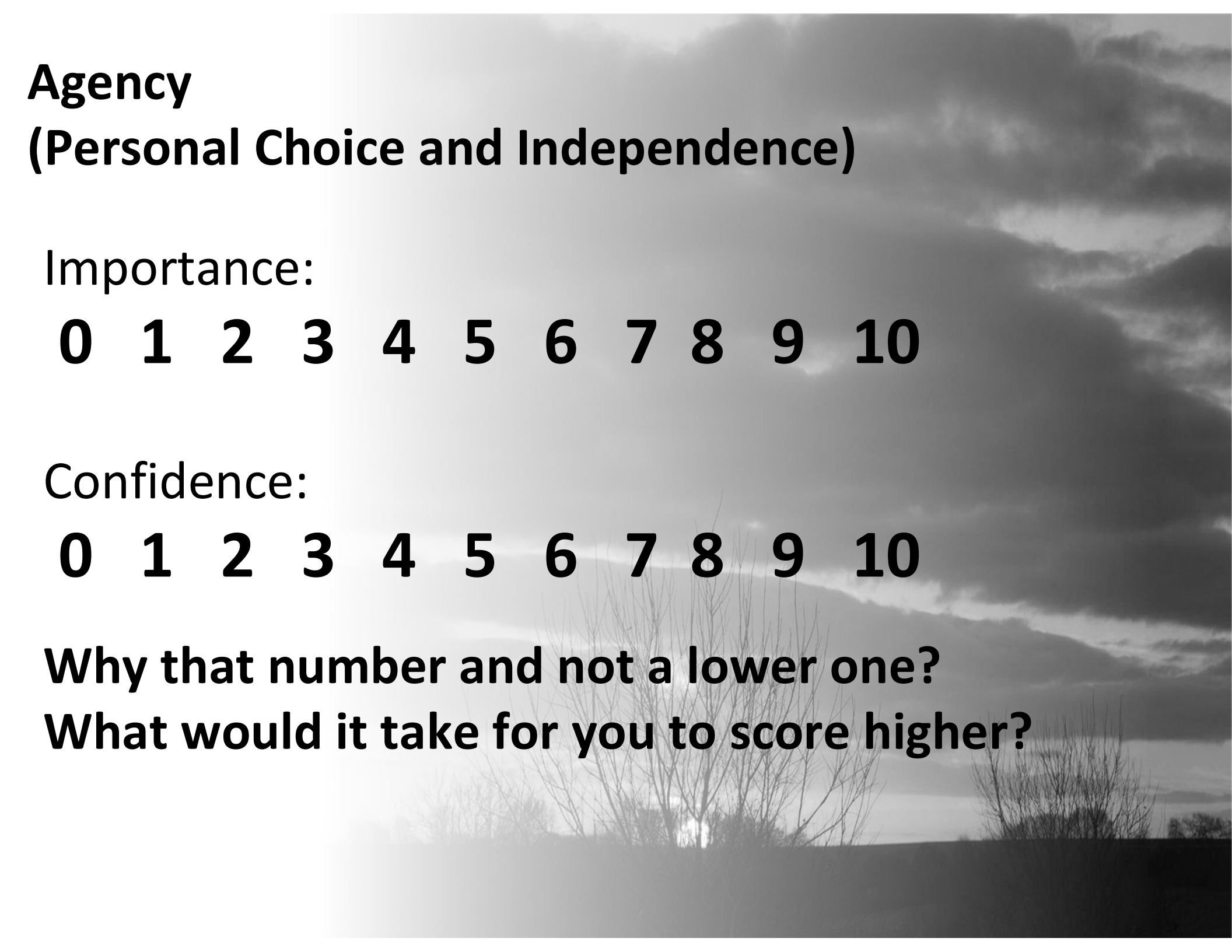
Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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



Agency
(Personal Choice and Independence)

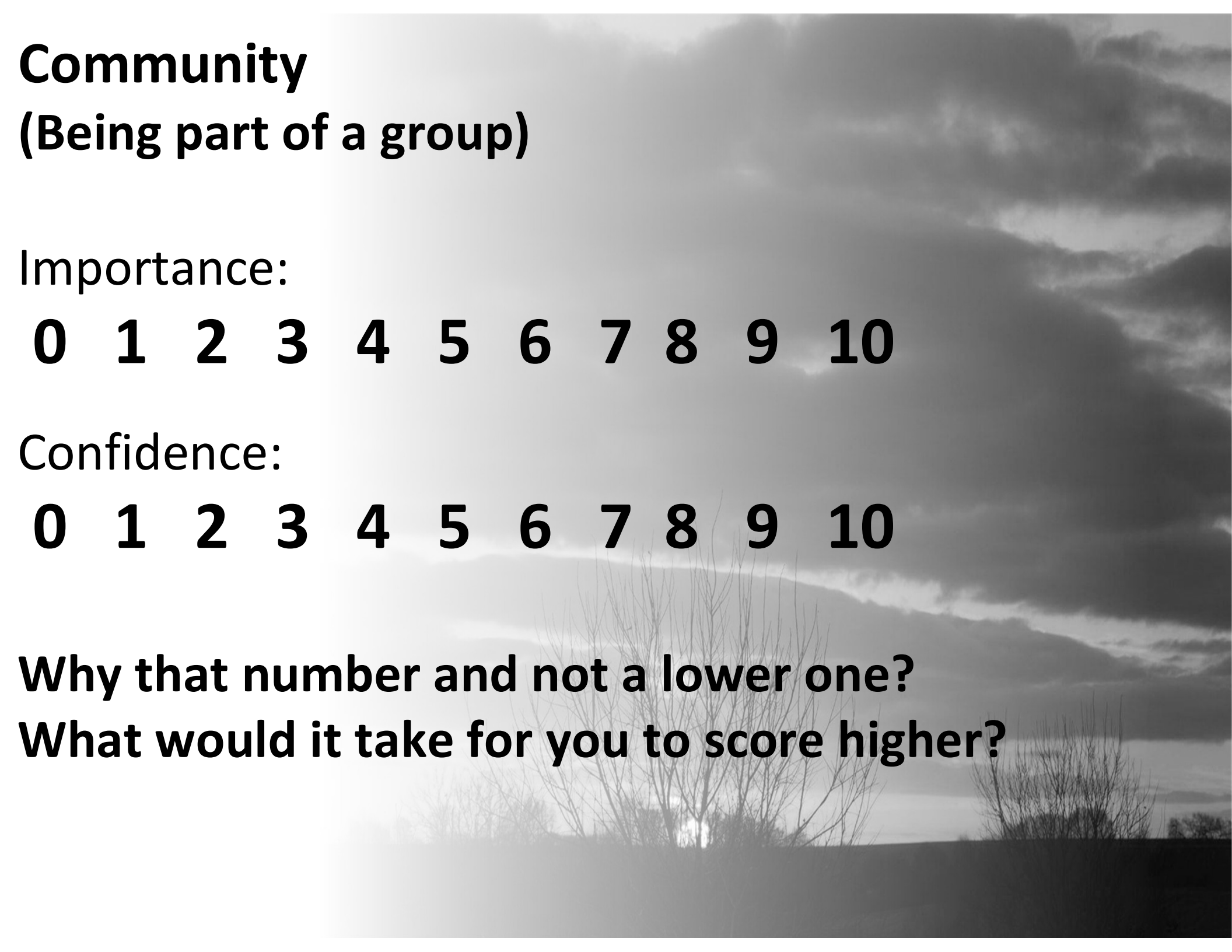
Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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



Community
(Being part of a group)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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

Excellence in Work

Importance:

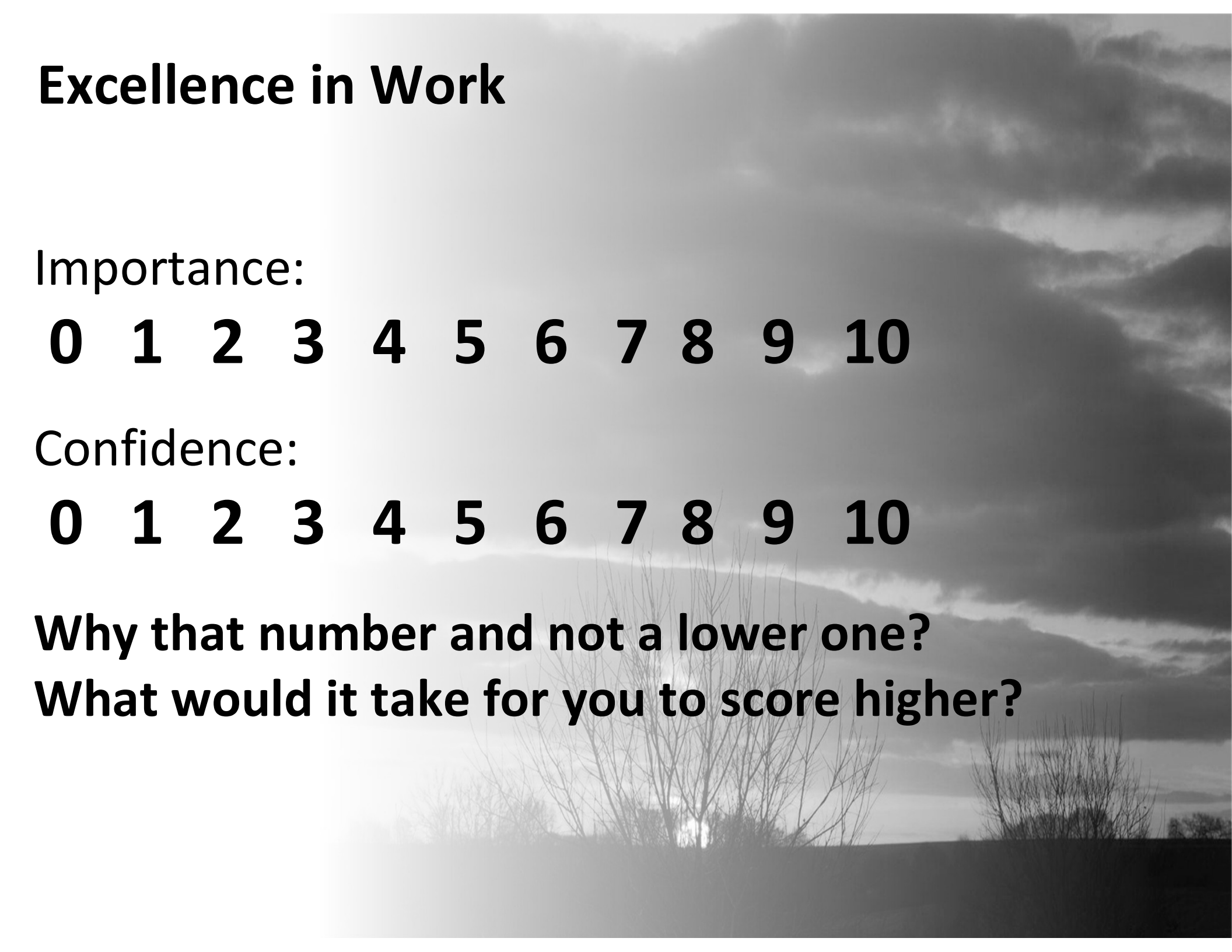
0 1 2 3 4 5 6 7 8 9 10

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?



Excellence in Play

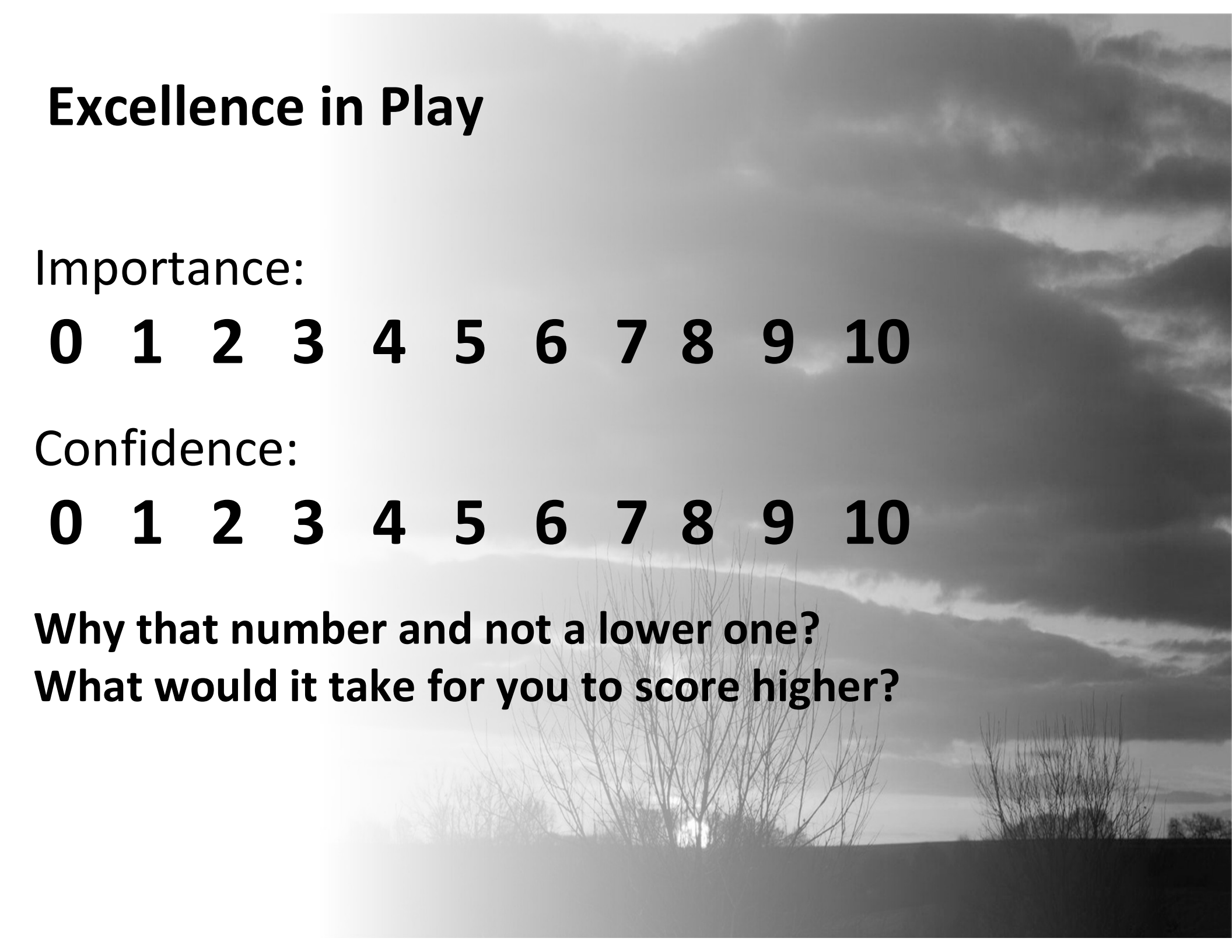
Importance:

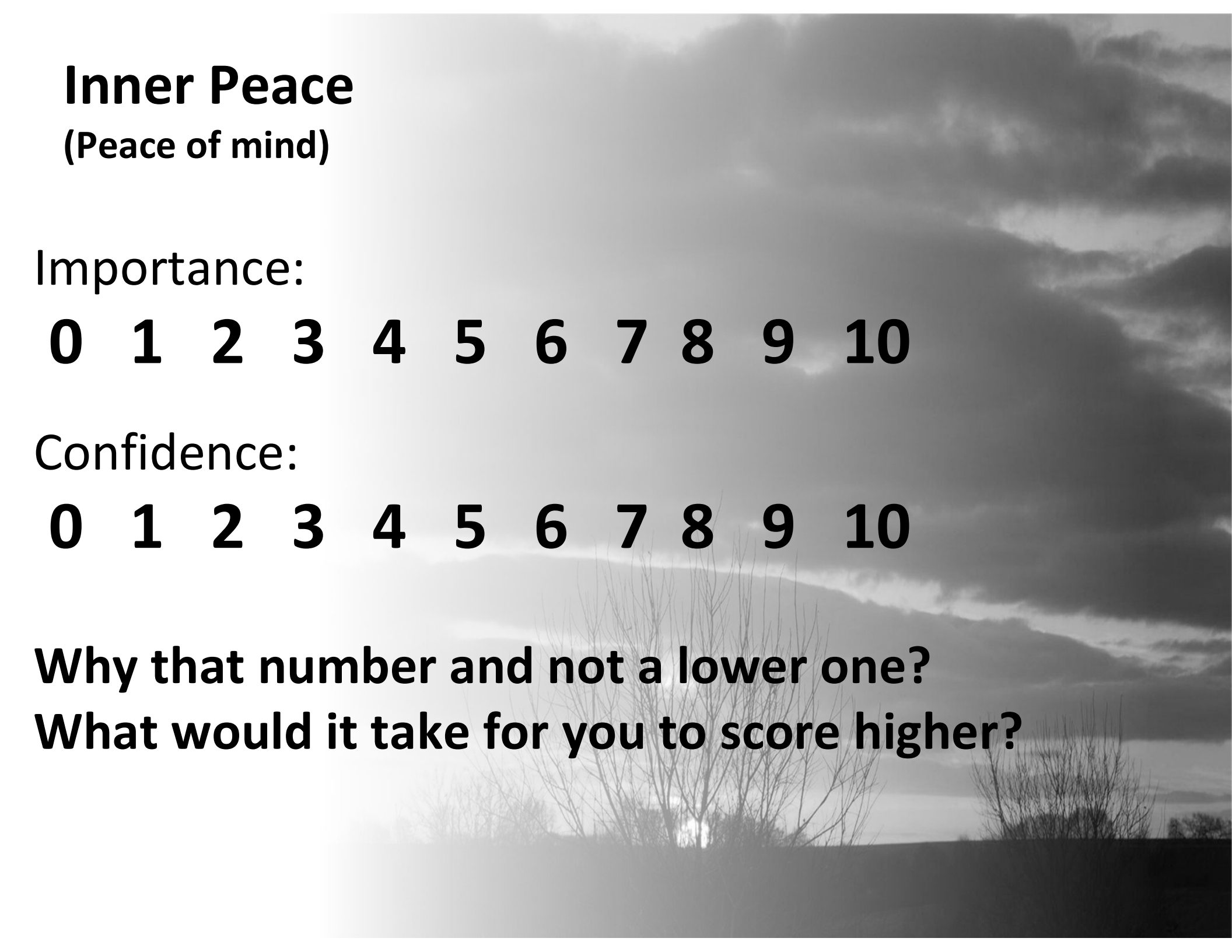
0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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





Inner Peace

(Peace of mind)

Importance:

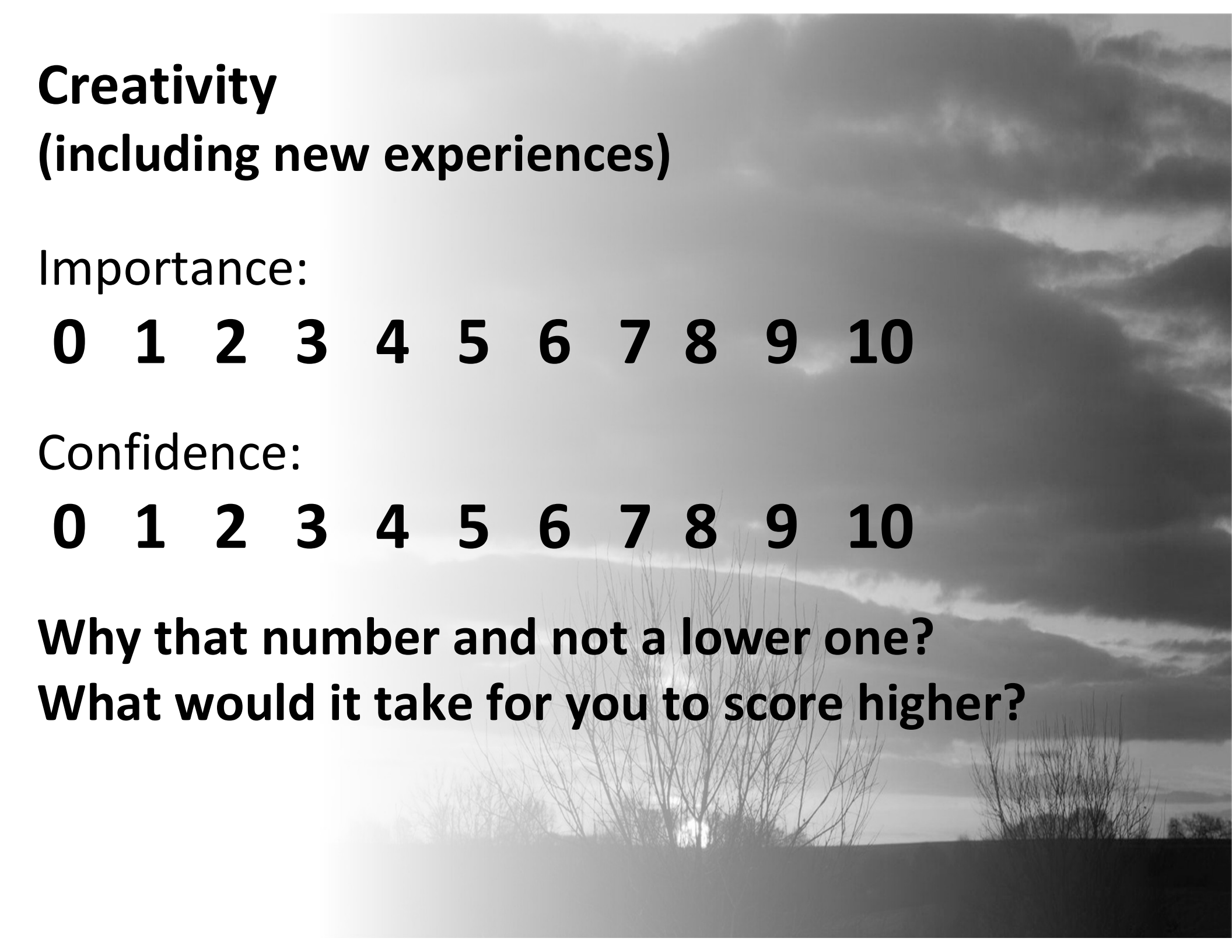
0 1 2 3 4 5 6 7 8 9 10

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?



Creativity
(including new experiences)

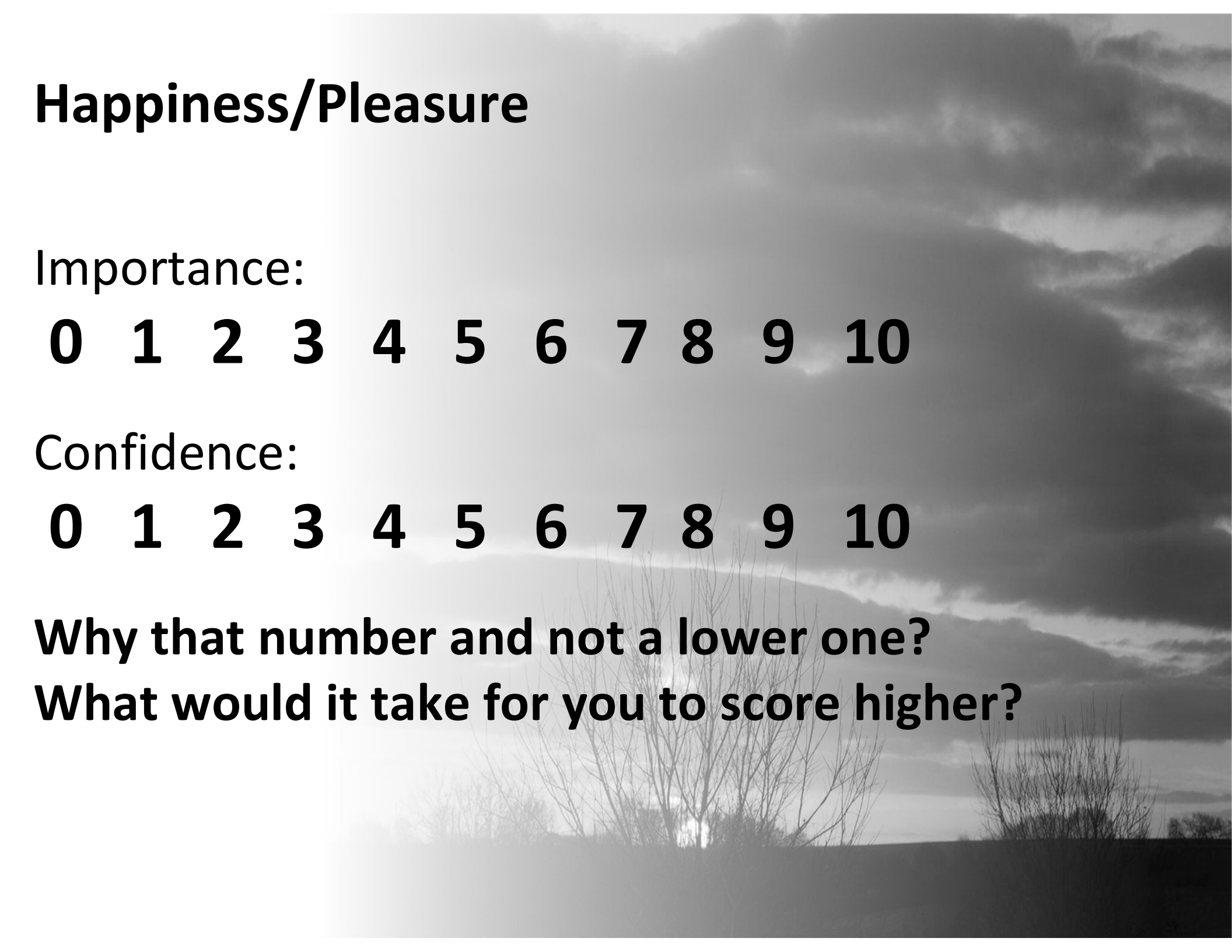
Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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



Happiness/Pleasure

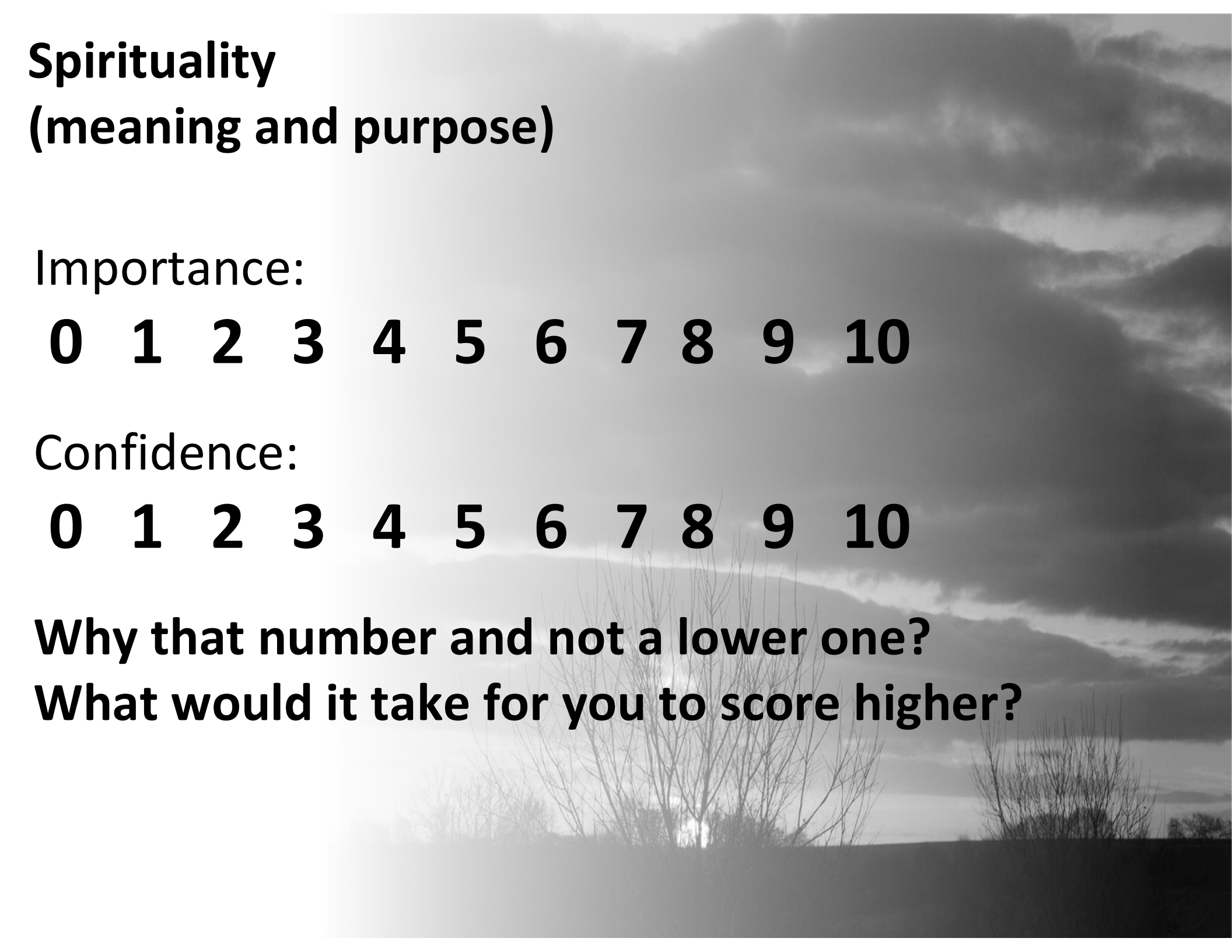
Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

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



Spirituality
(meaning and purpose)

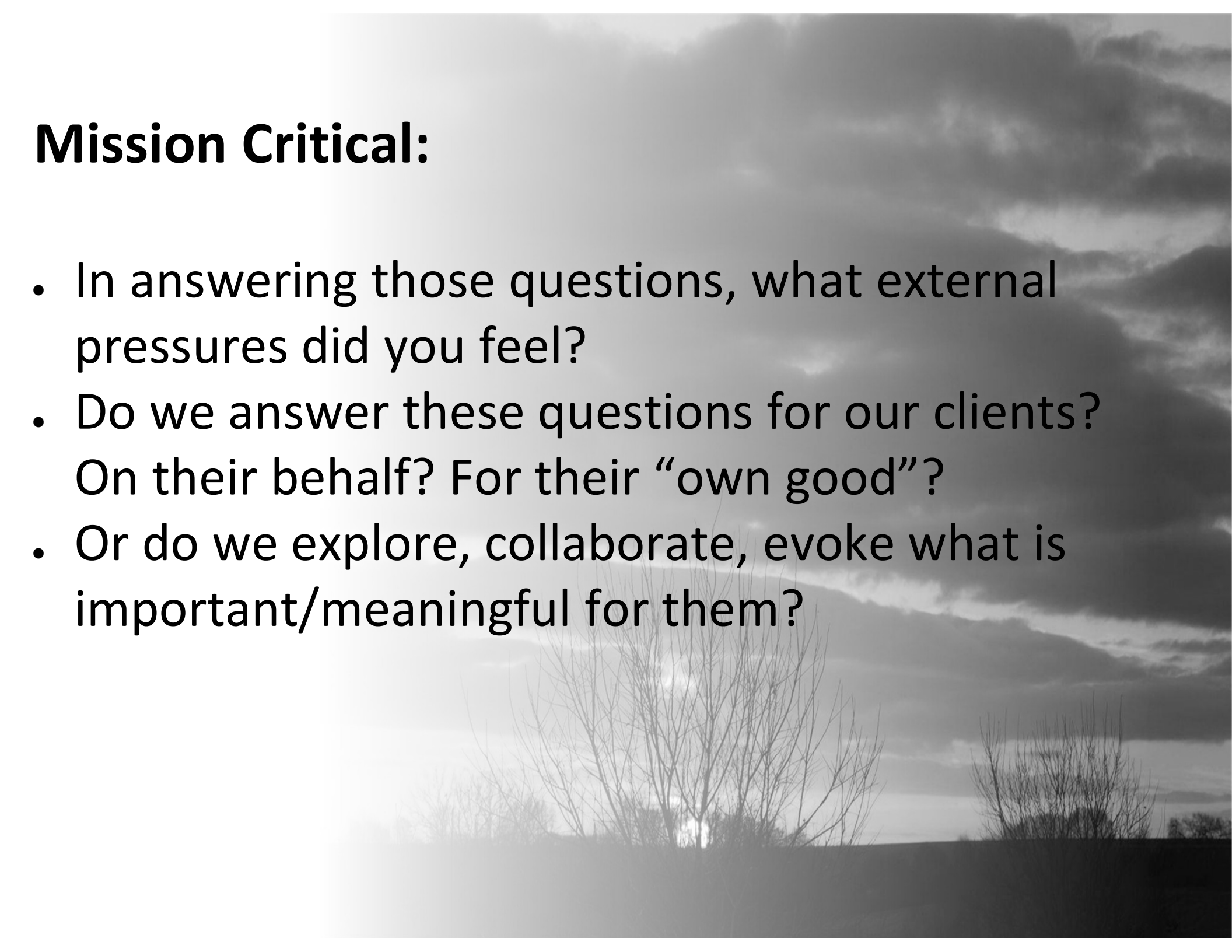
Importance:

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?

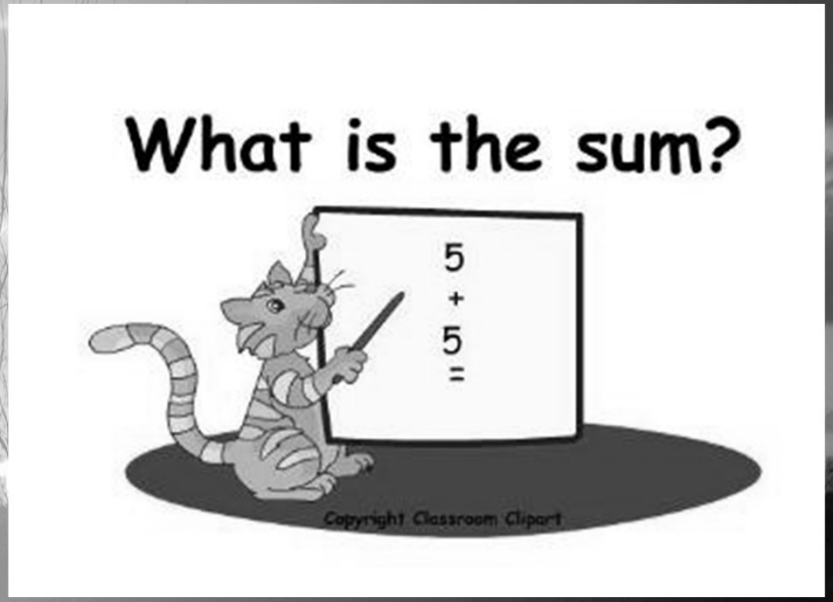


Mission Critical:

- 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?

Case Formulation

- Integrates information collected during assessment to provide a comprehensive explanation (or set of hypotheses) for the client's presenting problems/offending
- Attempts to account for the client's current problems, how they developed and how they are maintained. Why these problems and why now?
- Adjusted as new information /understanding comes to light



Case Formulation



Other relevant theories, may include:

- Pathways model (Ward & Siegert, 2002)
- Self-Regulation model (Ward & Hudson, 1998)

Biopsychosocial explanation of predisposing, precipitating, perpetuating and protective factors

Paul: Core GLM considerations

Primary goods implicated in offending:

- Relationships & Friendships
- Knowledge

Primary goods Important to Paul:

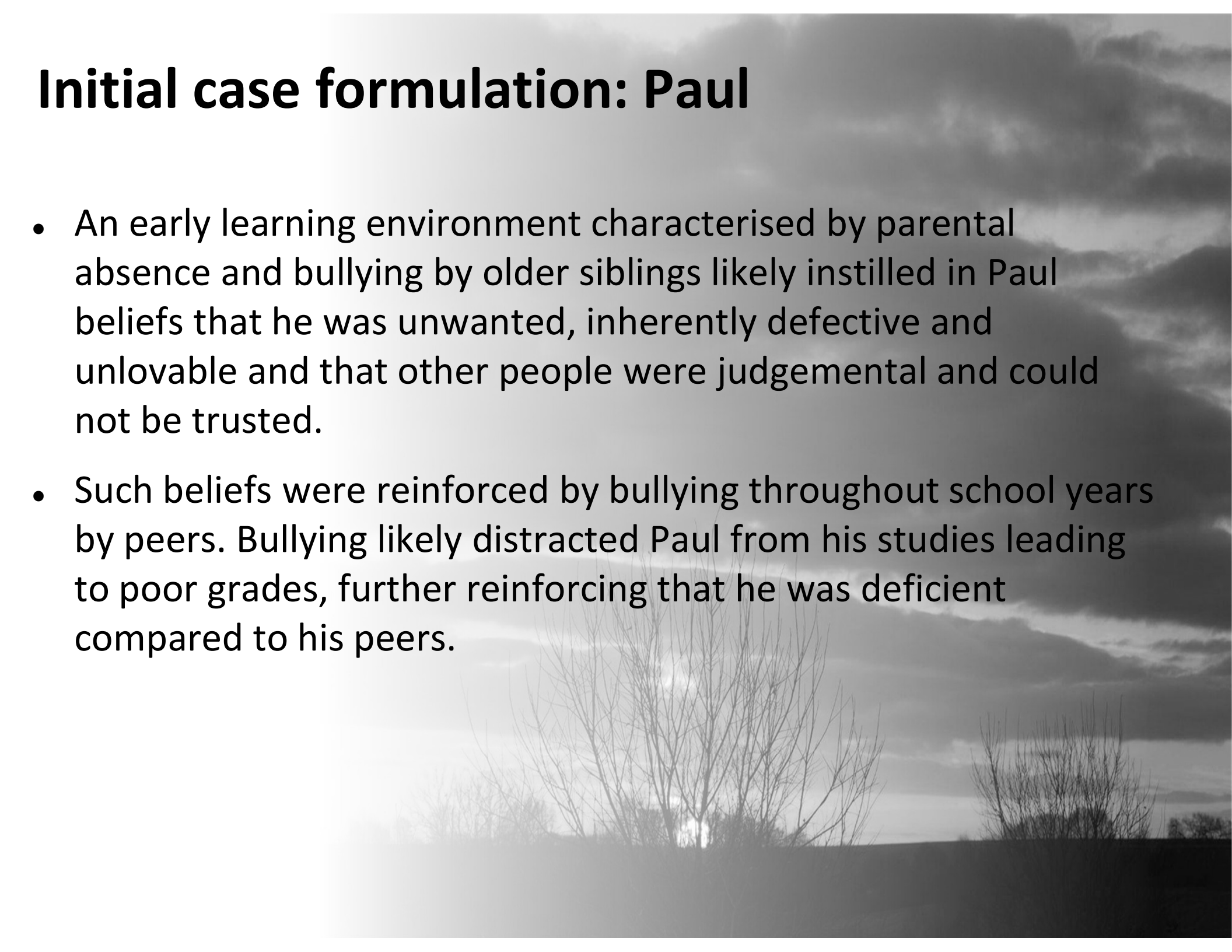
- Relationships & Friendships
- ? Knowledge
- ? Peace of mind
- ? Spirituality

Obstacles in Good Life Plan:

- Maladaptive means
- Lack of capacity (internal)
  - Maladaptive schemas (self and others)
  - Offense supportive cognitions (children as sexual objects)
  - Maladaptive attachments/relational styles (e.g., emotional congruence with children, lack of emotional connections with adults)
  - ?Offense related sexual interest

Initial case formulation: Paul

- An early learning environment characterised by parental absence and bullying by older siblings likely instilled in Paul beliefs that he was unwanted, inherently defective and unlovable and that other people were judgemental and could not be trusted.
- Such beliefs were reinforced by bullying throughout school years by peers. Bullying likely distracted Paul from his studies leading to poor grades, further reinforcing that he was deficient compared to his peers.



Initial case formulation: Paul

- Paul experienced pleasure and attention in an otherwise cold and rejecting world through his own experience of childhood sexual abuse. Such experiences therefore contributed to the development of maladaptive sexual scripts concerning the acceptability of sex between adults and children.

Initial case formulation: Paul

- Against a backdrop of feeling unworthy, defective and other people perceived as judgemental/harmful – Paul yearned for connections – especially as he transitioned into adolescence and young adulthood. He learnt that he did not feel judged or defective around children, and felt safe in their presence. He therefore started seeking emotional and sexual intimacy with children.
- Paul's offending against children became a source for several primary human goods including relationships, knowledge (through teaching), peace of mind (felt calm/safe in their presence) and pleasure (including sexual). Paul therefore sought out opportunities to meet and connect with children.

Initial case formulation: Paul

- Paul avoided adult relationships and structured his life (including hobbies and work) as much as possible to avoid adult interaction and activation of underlying maladaptive schemas.
- In unavoidable social situations (e.g., dining room, yard) Paul engaged in *safety behaviours* (e.g., avoid eye contact with others, keep conversations scripted or short) to cope. His safety behaviours perpetuated disinterest and negative responses from others, as Paul presented as unfriendly and guarded.

Initial case formulation: Paul

- Paul demonstrates empathy towards people he trusts (e.g., his aging father), positive attitudes towards institutional rules and persons in authority, and an excellent work ethic – all representing protective factors important to maintain and cultivate.

Engaging clients in case formulation



- Ask for permission to share your working formulation with the client
  - *Am I understanding you?*
  - *What am I missing?*

Intervention Planning

- Informed by initial case formulation
  - Relationship between offending, dynamic risk factors, protective factors, pursuit of primary human goods
- Intervention plans provide roadmap for working toward dual aims of treatment
  - Enhanced well-being, reduced risk
- Intervention plans form basis of future-oriented good life plans
  - Dynamic, refined as treatment progresses, clients build strengths, develop skills to achieve primary human goods in prosocial ways

Intervention Planning

- Intervention planning = collaborative
  - Therapist links client goals with treatment goals
- Individualised plans constructed for each client
  - Revolve around goal attainment, increasing protection, reducing risk
  - Set out valued primary human goods, how clients plan to attain them
  - Attend to internal and external conditions necessary to attain primary human goods
    - This also targets risk factors

E.g., Willis et al. (2013); Yates et al. (2010)

Intervention planning: Paul

Good Life Goals	**Strengths to develop (initial therapy goals)**
Have adult friends	Address longstanding social anxiety, improve self-confidence/self-worth
Support aging father and make him proud	Commit to treatment program, strengthen emotional connection with father

Treatment Content

- Treatment intensity and targets based on risk and needs
- Goals of each stage framed using approach (rather than avoidant) goals
- Programming linked to fulfilment of primary human goods

Risk-based treatment components and related GLM constructs

Autobiography	Good Life Plan (past and present)
Offense Progression	Knowledge, Good Life Plan (past and present)
Cognition/Problem-Solving	Knowledge, Personal Choice & Independence, Peace of Mind, Relationships & Friendships
Relationships/ Intimacy Deficits	Relationships & Friendships, Community
Sexual Self-Regulation	Happiness, Peace of Mind, Relationships & Friendships, ++
General Self-Regulation	Peace of Mind, Personal Choice & Independence, ++
Emotion Regulation	Peace of Mind, Personal Choice & Independence, ++
Relapse Prevention Plan	Integrated Good Lives and Risk Management Plan (present and future-oriented)

Integrated Good Lives and Risk Management Plan (Ward et al., 2025; Yates et al., 2010)

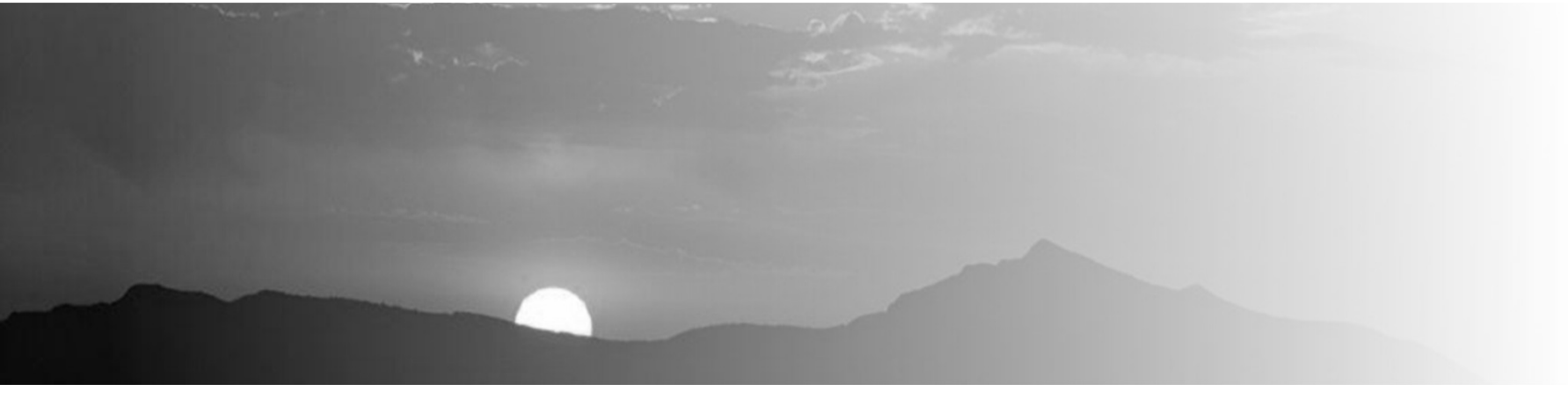
- Includes all goods important to individual and implicated in offending
  - Sufficient scope
- Includes nonoffending, practical ways to attain goods
  - Build on client strengths
  - Approach-oriented SMART goals
- Identifies threats/obstacles to goods attainment and strategies for managing
- Includes risk management plan

GLP Template Example

PAUL'S GOOD LIFE PLAN (POST-TREATMENT)

Primary Good	Good Life Goals (How I will meet this goal)	How I and others will know I am meeting this goal	Possible obstacles I will need to manage	Signs I need help (how I and others will know)	Overcoming obstacles
Relationships/Friendships	*Maintain the relationships I have with my family and friends*	*Weekly family dinners, participating in fortnightly hikes, having friends over for dinner/games nights*	*Re-activation of thoughts that I will be judged or rejected, especially if I were to meet a potential partner*	*Physical and emotional withdrawal from family and friends*	*Recognise in advance when I am at risk of withdrawing, e.g., at times of stress. Remind myself that I have supportive people around me who don't judge me, including my sister and online support group. Surround myself with those people who accept me for me.*

Complete table for all primary goods important to the client.



Contrast: A relapse prevention oriented risk management plan

- Avoid being in areas that children congregate (e.g., outside schools, parks)
- Avoid any media (e.g., magazines, television) depicting prepubescent girls
- Do not join church or other community groups in which children are present
- Avoid isolating especially when experiencing low mood
- Constantly monitor environment for new high risk situations/warning signs
- Phone a nominated support person in event of warning signs (loneliness, offense related arousal) or high risk situations which I cannot escape



Treatment Process

and Process Challenges

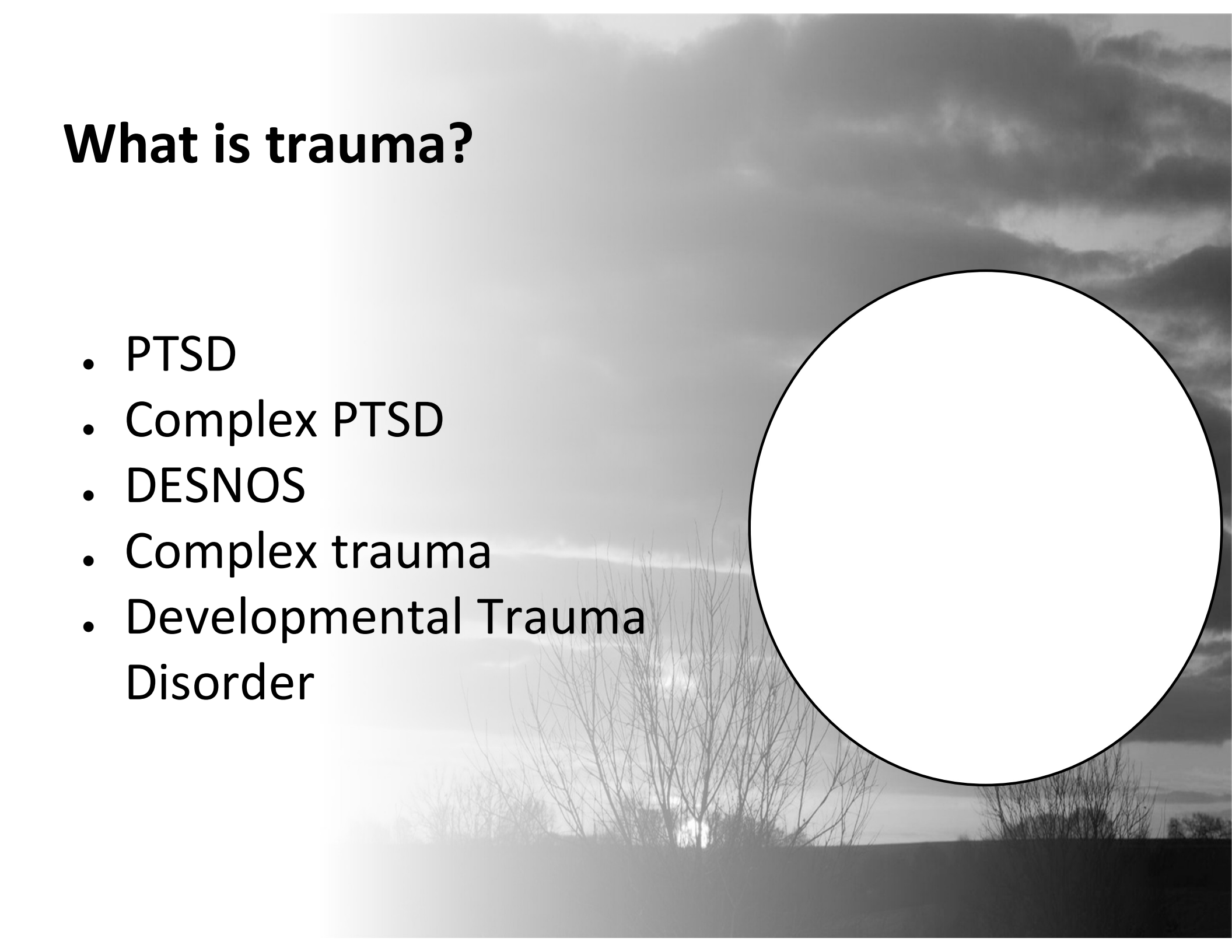

Treatment is something we do for and with clients, not to and on them
(Miller & Rollnick, 2013)

Let’s talk some about trauma



What is trauma?

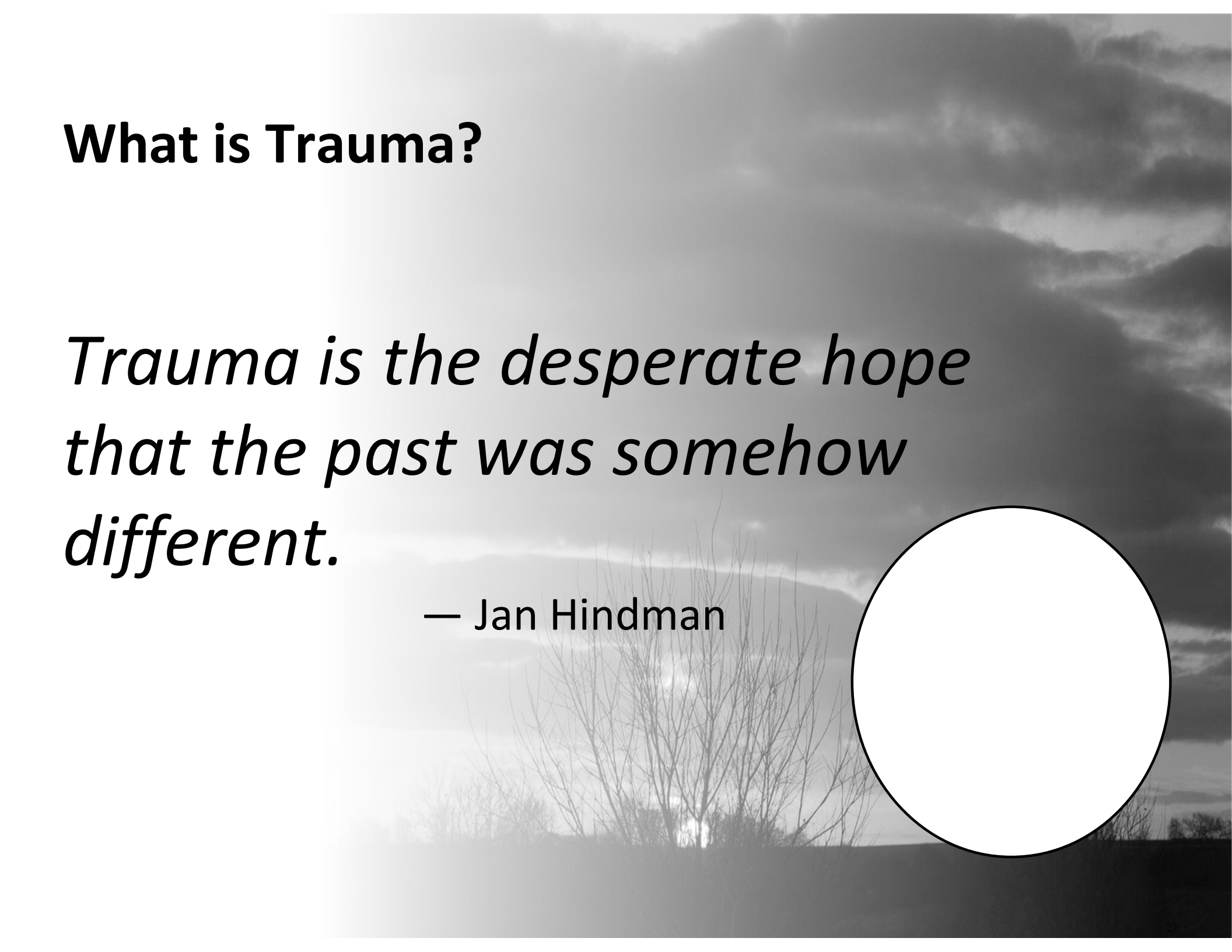
- PTSD
- Complex PTSD
- DESNOS
- Complex trauma
- Developmental Trauma Disorder



What is Trauma?

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

— Jan Hindman



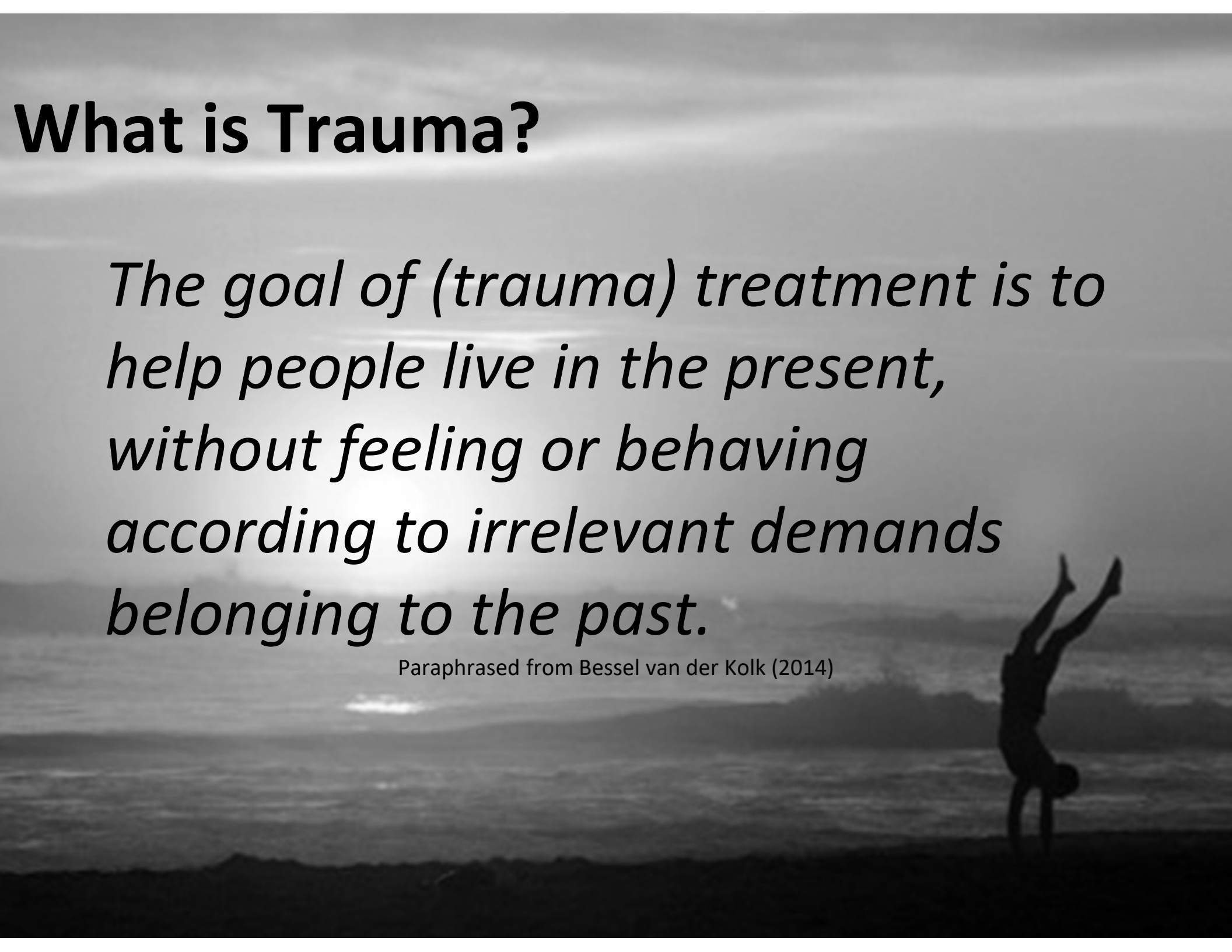
TRAUMA

- 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.

Paraphrased from Bessel van der Kolk (2014)



Ultimately



No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest (Herman, 1992)

Reframe: Interventions that empower survivors foster recovery

What is Trauma-Informed Care?

"A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread prevalence and impact of trauma;
2. *Recognizes* the signs and symptoms of trauma;
3. *Responds* by integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

Why is TIC So Important?



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Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care

Jill S. Levenson[1], Gwenda M. Willis[2], and David S. Prescott[3]

Abstract

This study explored the prevalence of childhood trauma in a sample of male sexual offenders (N = 679) using the Adverse Childhood Experience (ACE) scale. Compared with males in the general population, sex offenders had more than 3 times the odds of child sexual abuse (CSA), nearly twice the odds of physical abuse, 13 times the odds of verbal abuse, and more than 4 times the odds of emotional neglect and coming from a broken home. Less than 16% en
endorsed four or more. Multiple maltreatments c
of household dysfunction, suggesting that many
a disordered social environment. Higher ACE s
risk scores. By enhancing our understanding o
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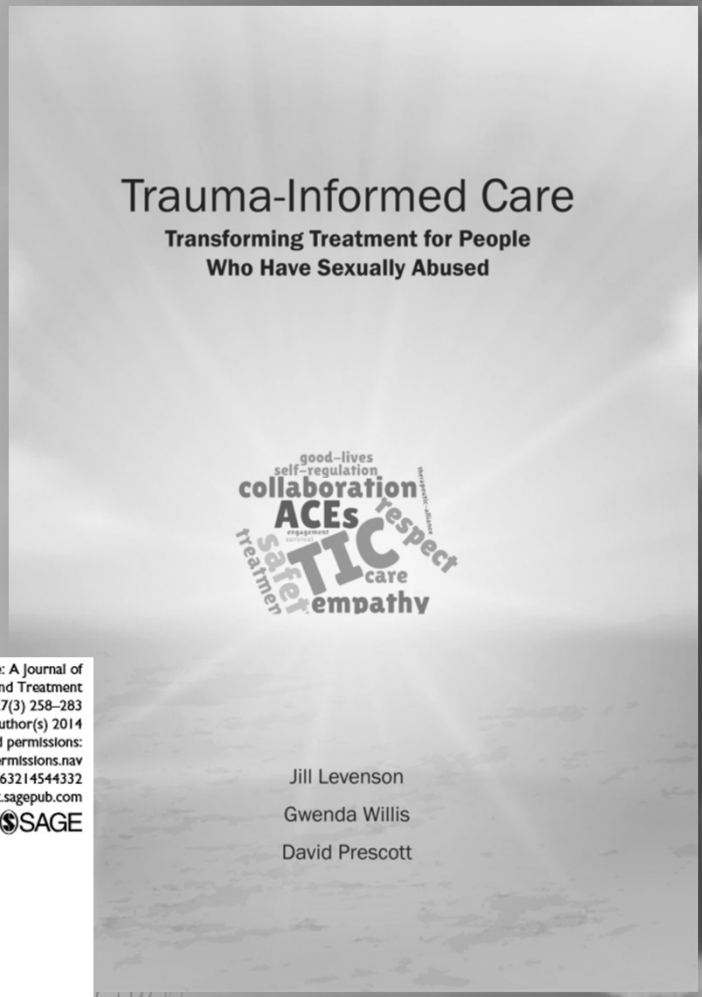
Adverse Childhood Experiences in the Lives of Female Sex Offenders

Jill S. Levenson[1], Gwenda M. Willis[2], and David S. Prescott[3]

Abstract

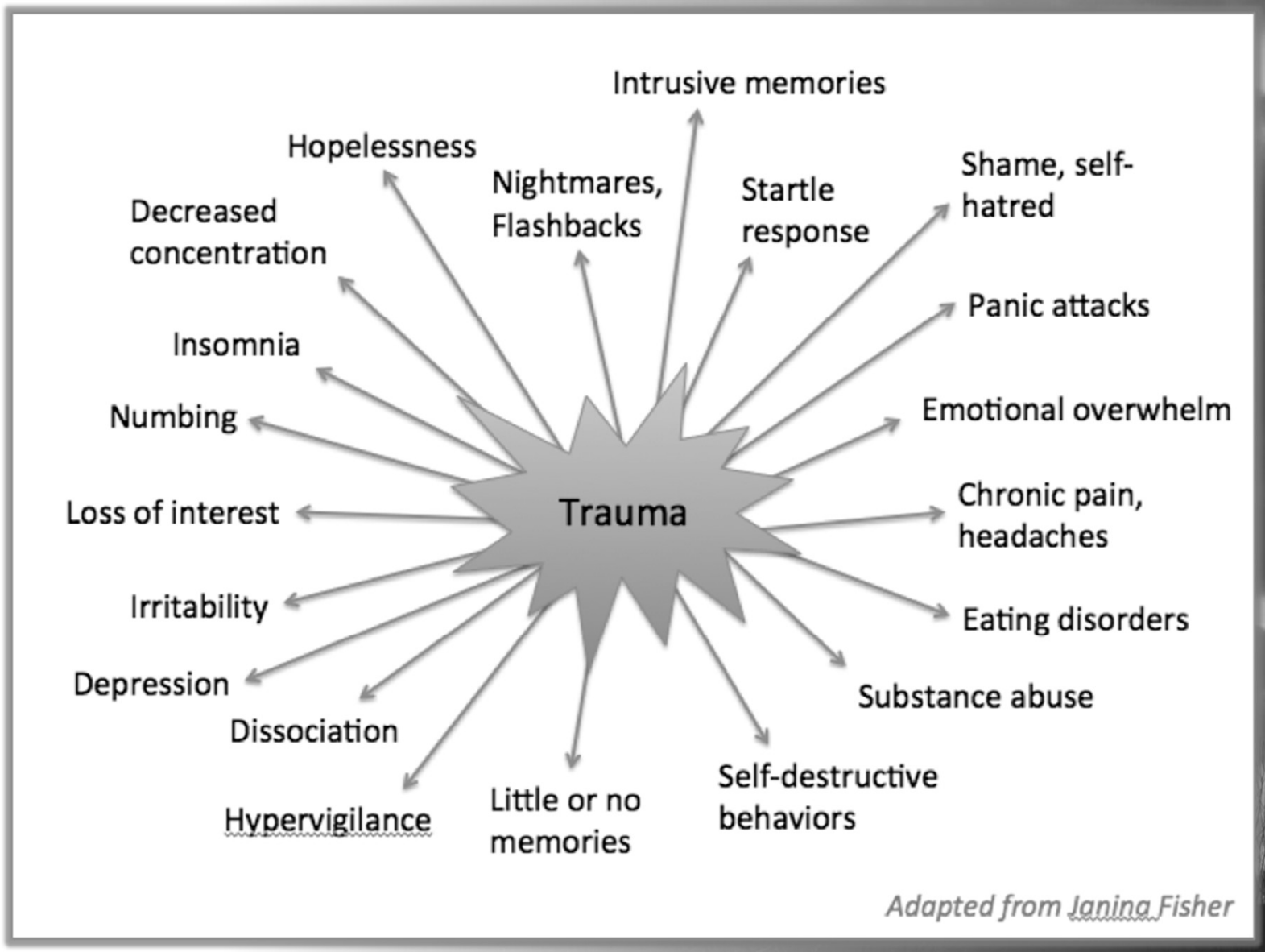
This study explored the prevalence of early trauma in a sample of U.S. female sexual offenders (N = 47) using the Adverse Childhood Experiences (ACE) scale. Compared with females in the general population, sex offenders had more than three times the odds of child sexual abuse, four times the odds of verbal abuse, and more than three times the odds of emotional neglect and having an incarcerated family member. Half of the female sex offenders had been sexually abused as a child. Only 20% endorsed zero adverse childhood experiences (compared with 35% of the general female population) and 41% endorsed four or more (compared with 15% of the general female population). Higher ACE scores were associated with having younger victims. Multiple maltreatments often co-occurred in households with other types of dysfunction, suggesting that many female sex offenders were raised within a disordered social environment by adults with problems of their own who were ill-equipped to protect their daughters from harm. By enhancing our understanding of the frequency and correlates of early adverse experiences, we can better devise trauma-informed interventions that respond to the clinical needs of female sex offender clients.



Estimating the prevalence of ACE

ACE item	Males CDC sample (n = 7970)	Males Levenson et al., 2016 (n = 679)	Odds Ratio
Verbal abuse	7.6%	53.3%	13.88
Physical abuse	29.9%	42.2%	1.71
Sexual abuse	16%	38%	3.22
Emotional neglect	12.4%	37.6%	4.26
Physical neglect	10.7%	15.9%	1.58
Parental separation/divorce	21.8%	54.3%	4.26
Mother treated violently	11.5%	24%	2.43
Household substance abuse	23.8%	46.7%	2.81
Household mental illness	14.8%	25.9%	2.01
Incarcerated household member	4.1%	22.6%	6.83

Common Trauma Responses



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

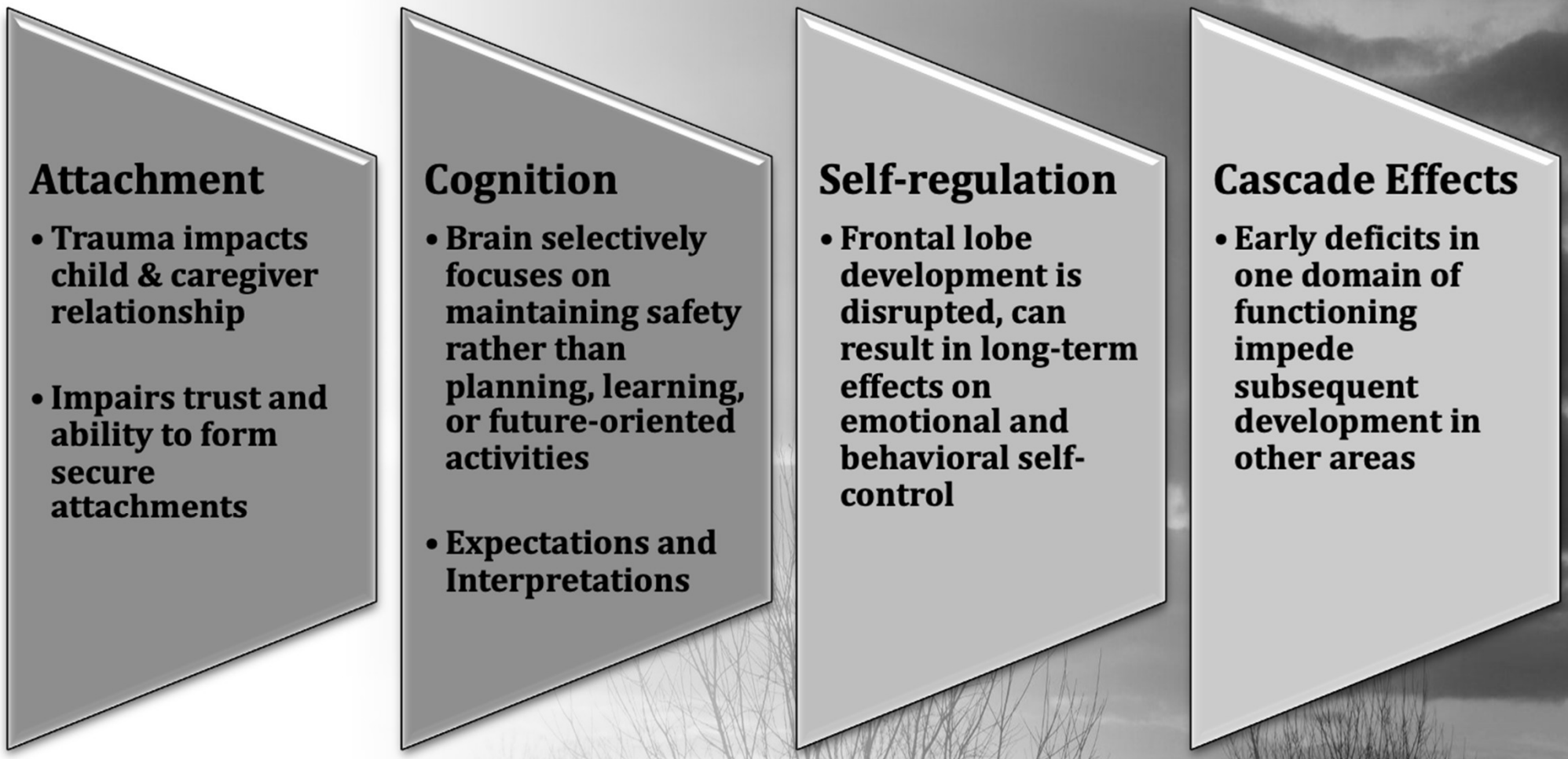
- **Prolonged, repeated trauma**
- **Increased risk for long-term PTSD symptoms**
- **Increased risk for related behavioral health syndromes**



How does trauma and adversity affect development?

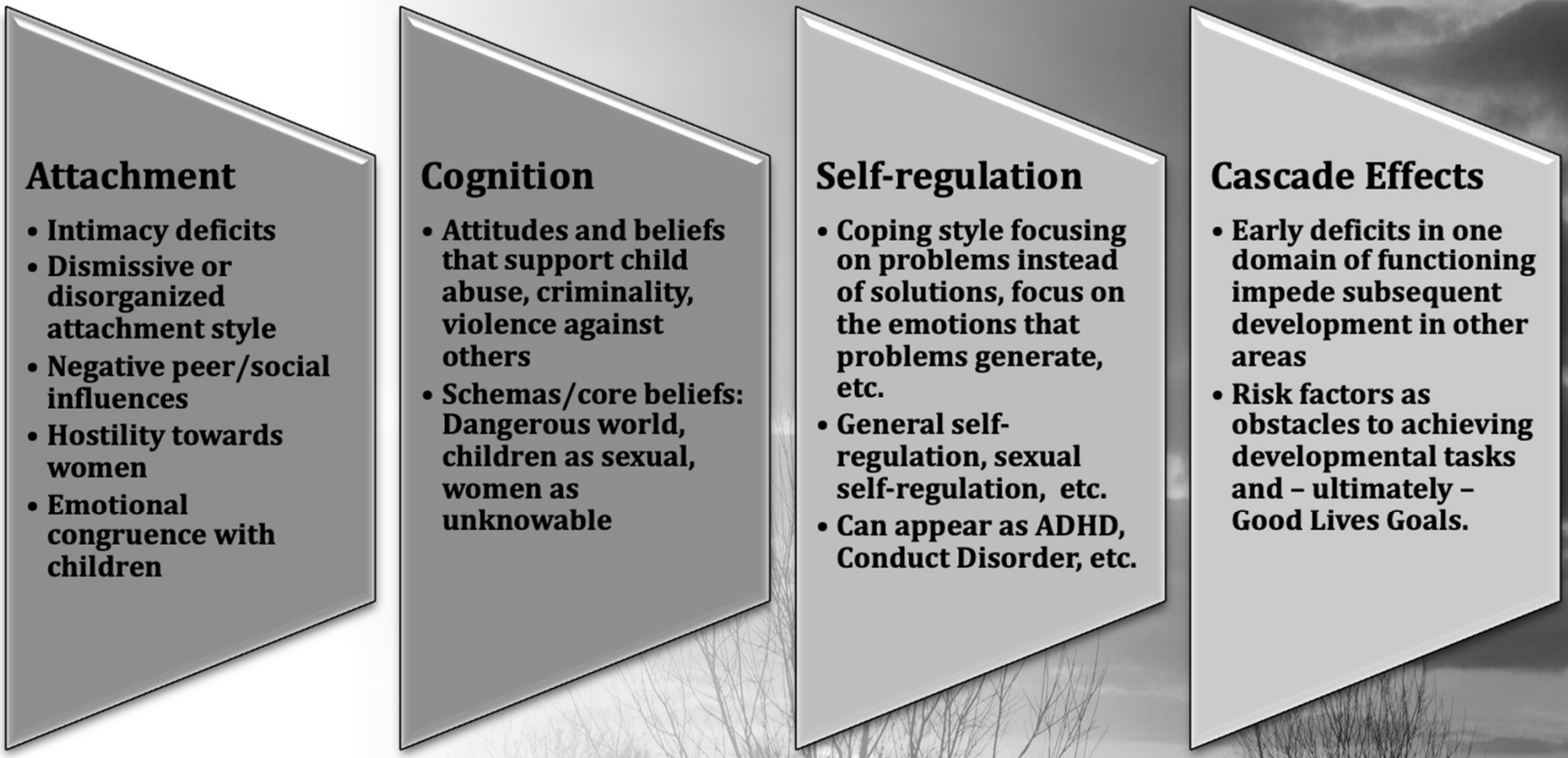
- **And Risk Factors?**
- **And Good Lives Goals?**

Developmental effects of childhood adversity



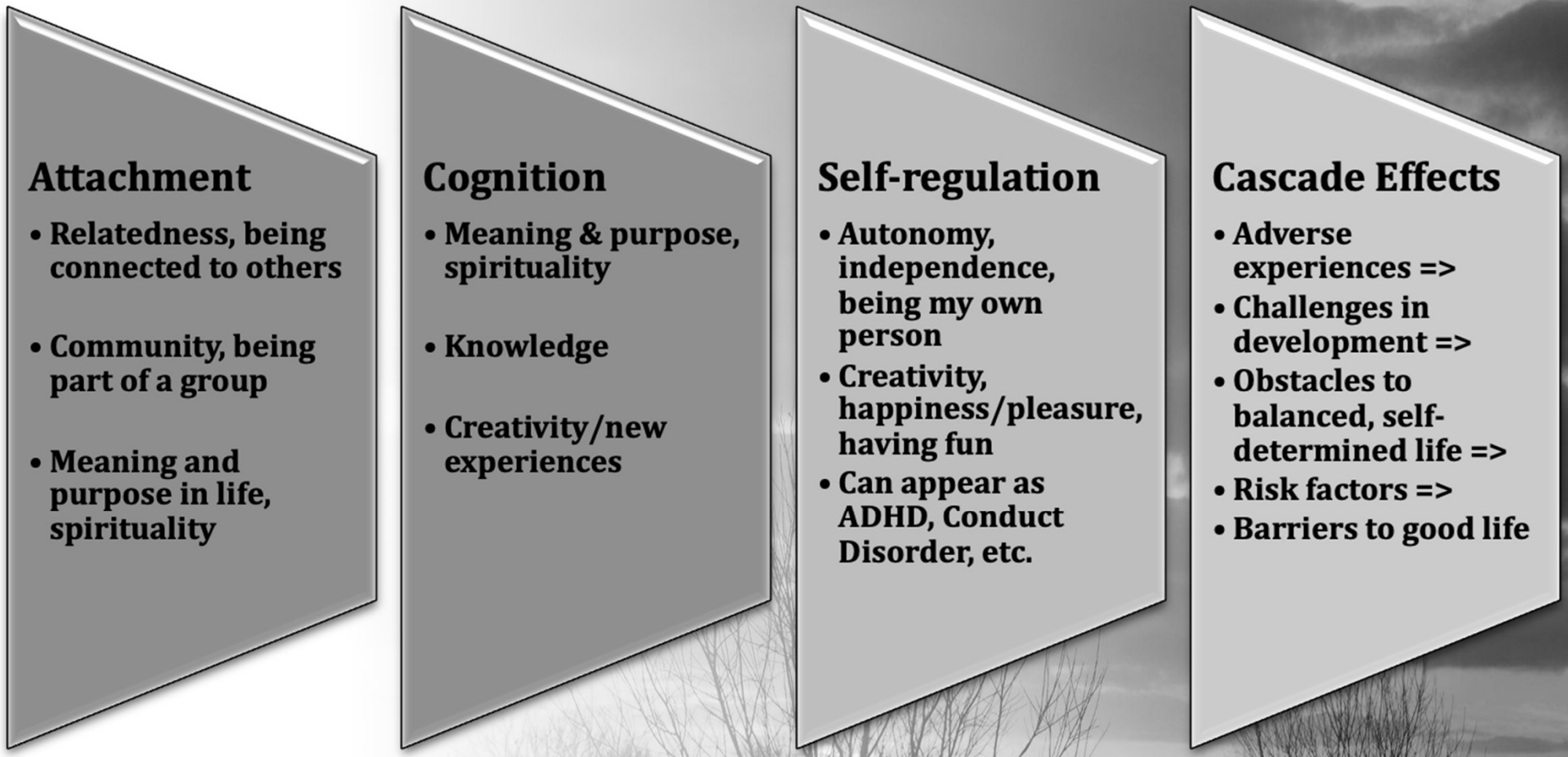
Levenson et al. (2017)

Developmental effects of childhood adversity and Risk



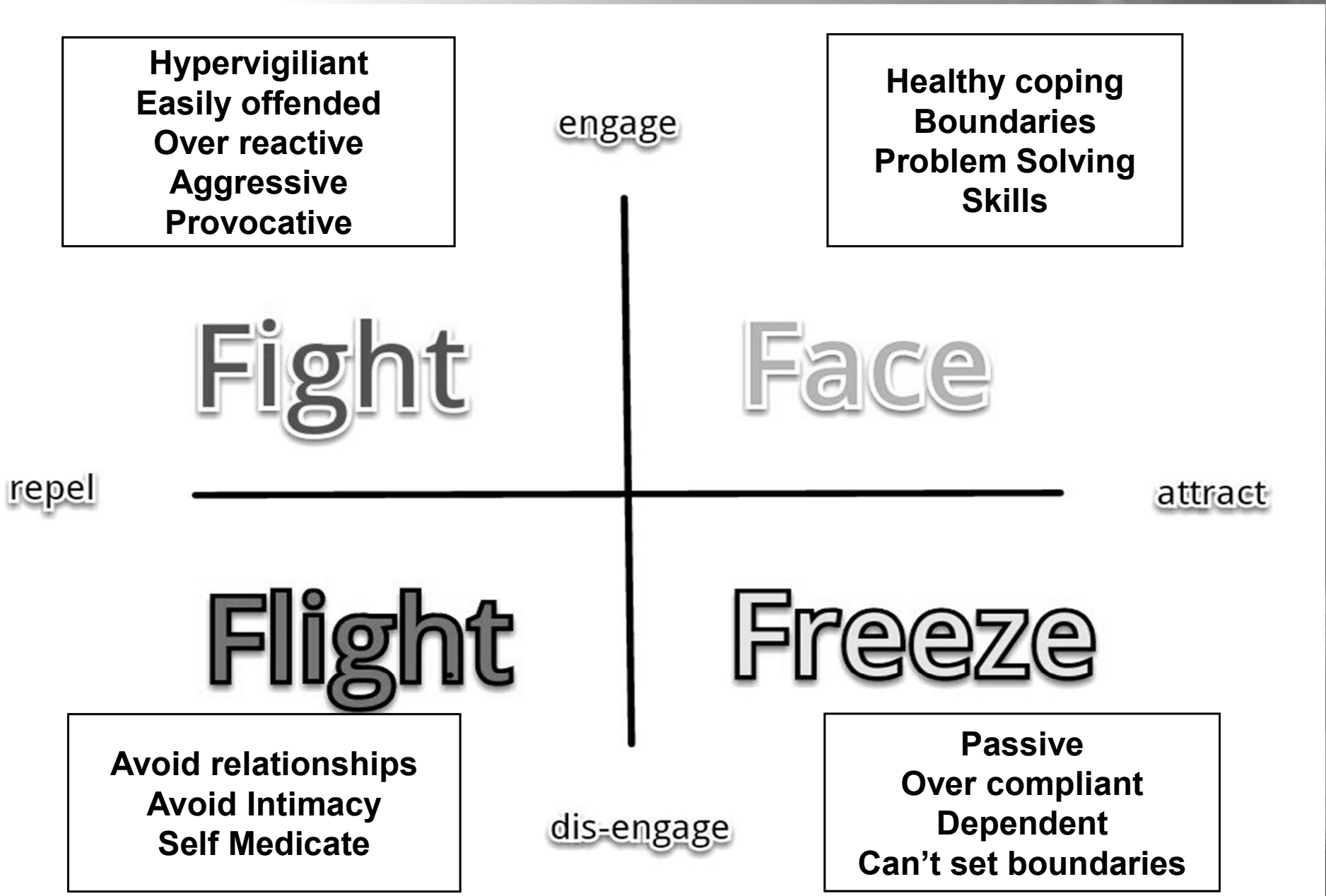
Levenson et al. (2017)

Developmental effects of childhood adversity and Good Lives Goals



Levenson et al. (2017)

Ways trauma may impact relational dynamics



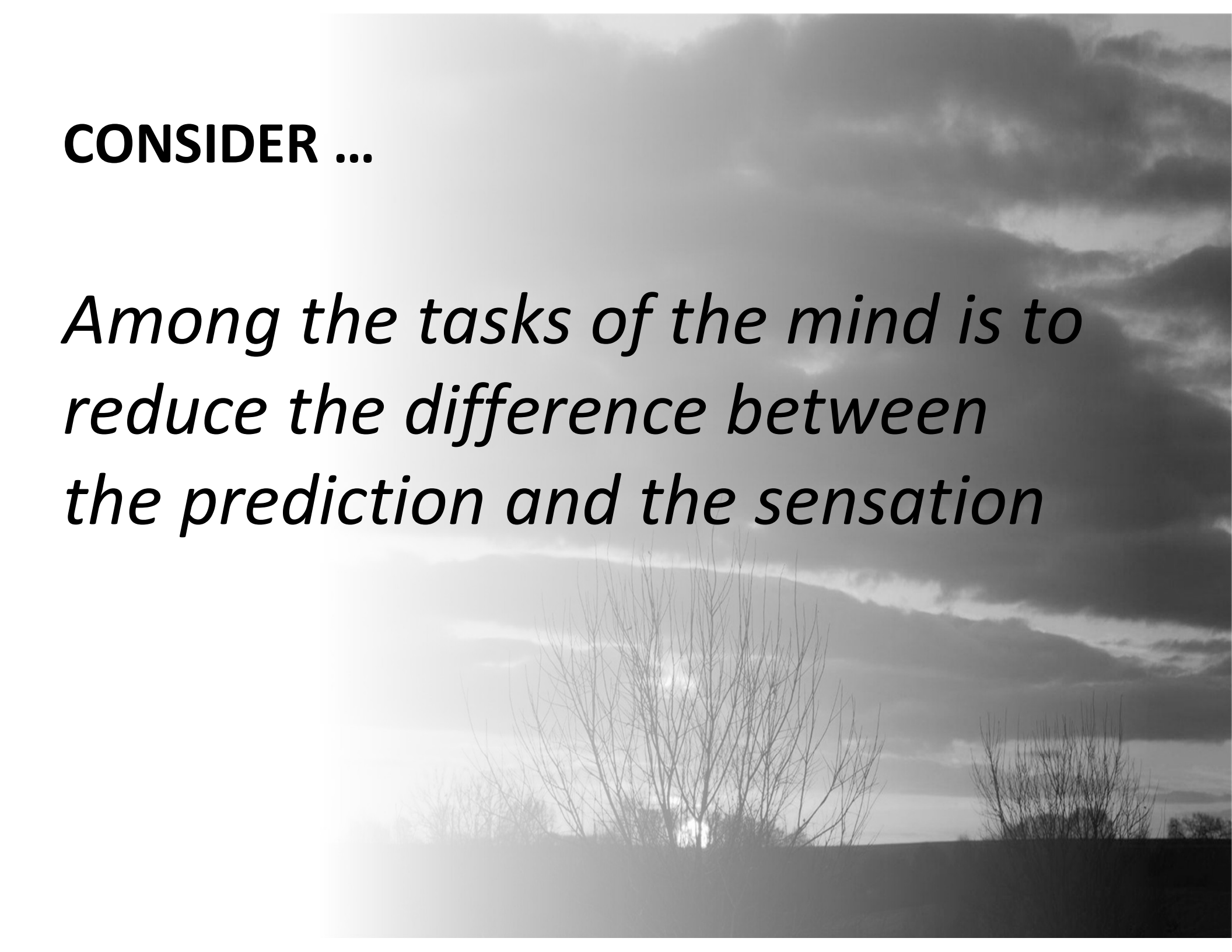
(Levenson, 2015)

The Importance of Narrative



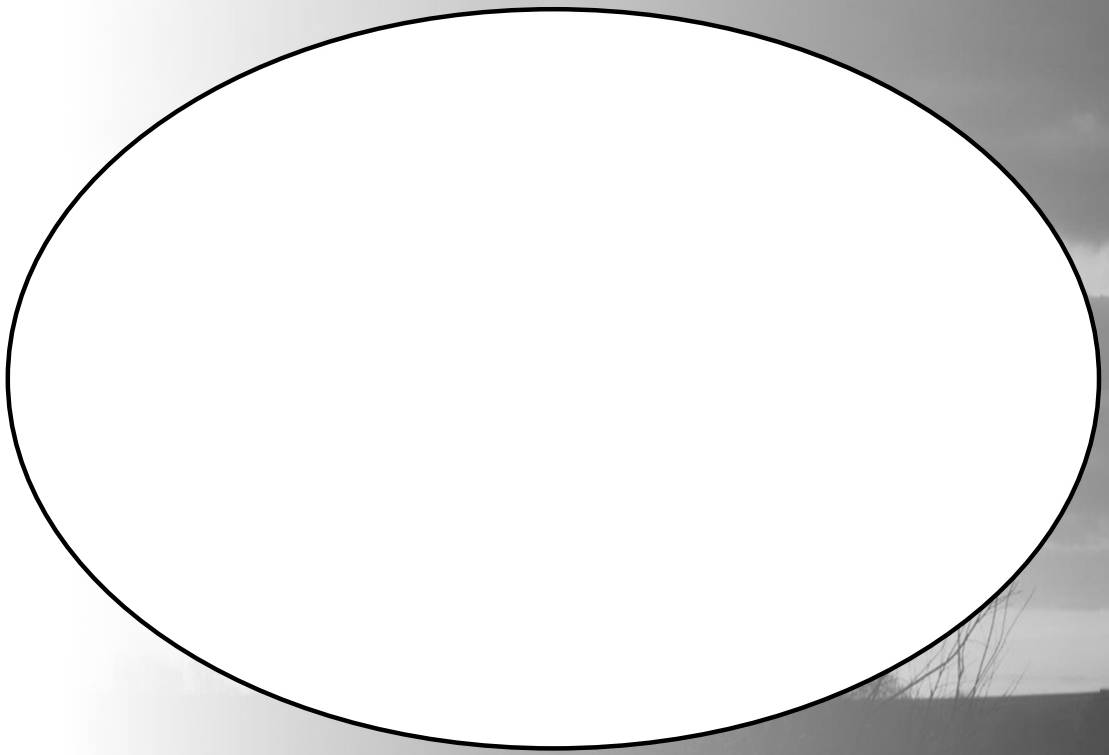
CONSIDER …

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

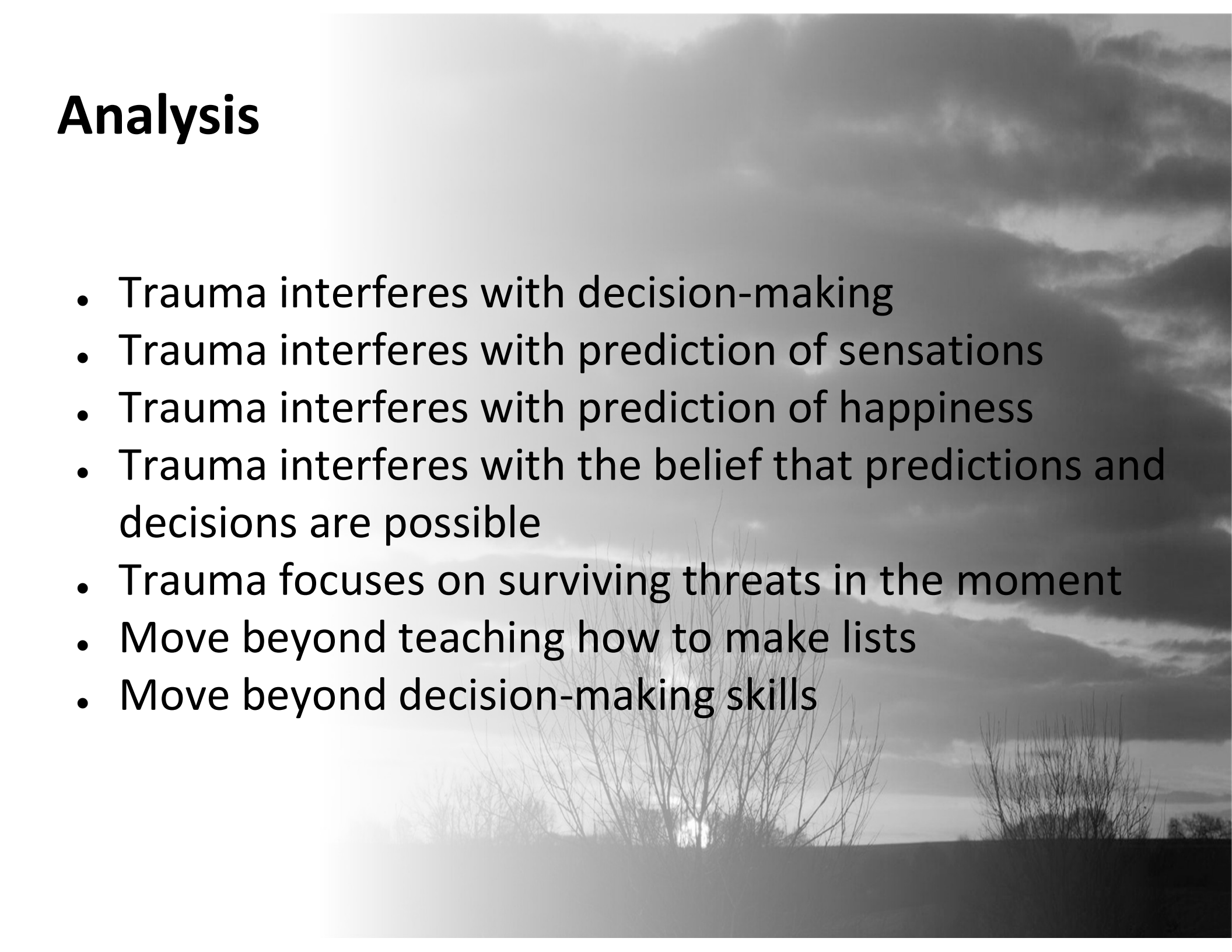


Application

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



Analysis



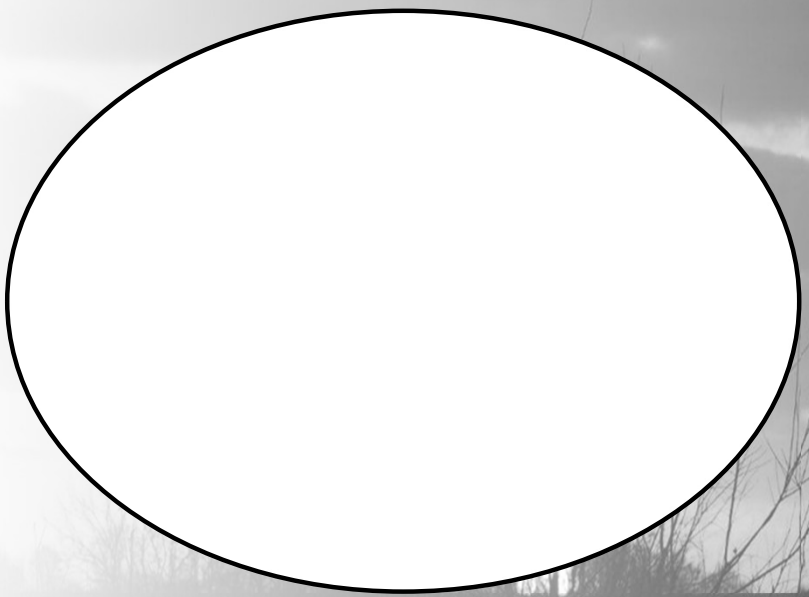
- Trauma interferes with decision-making
- Trauma interferes with prediction of sensations
- Trauma interferes with prediction of happiness
- Trauma interferes with the belief that predictions and decisions are possible
- Trauma focuses on surviving threats in the moment
- Move beyond teaching how to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

Reflection

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

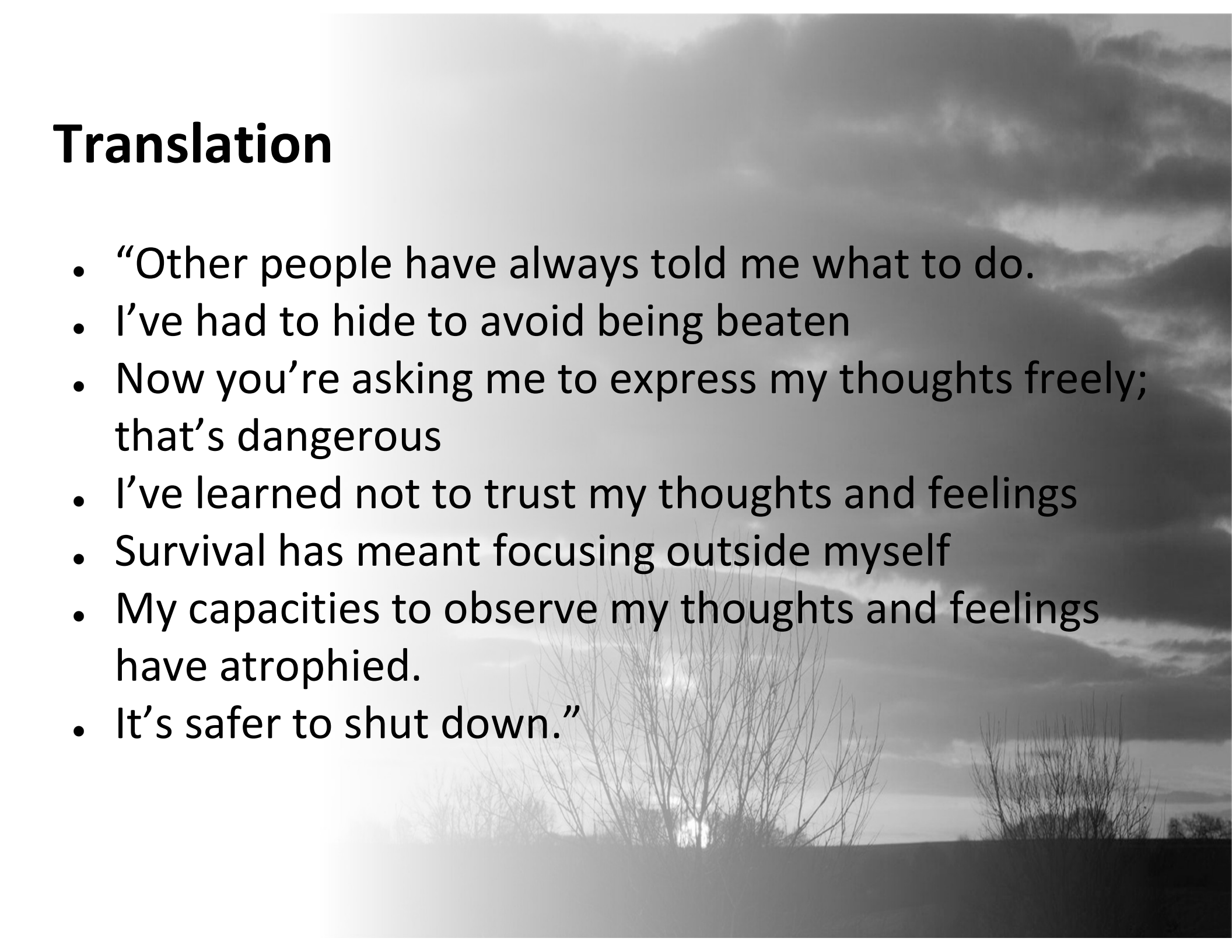
Application

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



Translation

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



Reflection

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

Cultural Trauma

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

- Activation of cultural trauma can happen at the epigenetic level
- We forget how much power we have over clients

Possible reflections

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



How Well Am I Implementing the GLM?

GLM Fidelity Monitoring

(Prescott et al., 2024)

GLM Fidelity Monitoring Tool

Table 1

GLM Fidelity Monitoring Tool Overview

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

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

Looking Beyond



Questions?
Comments?

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