The Good Lives Model and the Rehabilitation of Individuals Convicted of Sexual Offending

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1. Introduction

The treatment of sexual offending has seen a number of developments across the last four decades, from a reliance on clinical intuition and behavioral therapies aimed at reconditioning, to the adoption of Relapse Prevention (RP) in the 1980s, and the discovery of recidivism correlates and development of risk measures in the 1990s (Marshall & Marshall, 2017). This shift saw the emergence of rehabilitation theories and principles based upon evidence concerning "what works" to reduce recidivism generally (Andrews & Bonta, 2010). Alongside this substantial work, theorists have developed and refined specific theories aimed at explaining sexual offending and empirically related phenomena (e.g., cognitive distortions, Ward & Keenan, 1999; self-regulation, Ward & Hudson, 2000). More recently, researchers have argued for the inclusion of personal strengths and values in correctional treatment, and a conceptualization of (sexual) offending as maladaptive goal-directed behavior. The *Good Lives Model* (GLM) was developed by Tony Ward (2002a; 2002b) as an augmentation to risk-management approaches, but has also been viewed as an alternative rehabilitation framework (Ward & Maruna, 2007; Ziv, 2018). This chapter will focus on the GLM, its core assumptions and implications, the empirical evidence supporting its use, and its relationship to practice – including its conceptual relationship with the Risk-Need-Responsivity model (RNR; Andrews & Bonta, 2010; Bonta & Andrews, 2017). We will conclude by highlighting areas for future development which will provide, in our opinion, a promising way forward for the treatment of individuals who have committed sexual offenses.

Rehabilitation theories contain (1) general principles, aims, and values, (2) causal assumptions about offending and related concepts, and (3) more concrete principles or tools to guide practice (Ward, Melser & Yates, 2007). For example, the core RNR principles are practice guidelines derived from the *General Personality and Cognitive Social Learning* perspective of human beings, which values empirical evidence concerning variation in

offending outcomes, and aims to decrease or manage risk of recidivism (Andrews & Bonta, 2010; Bonta & Andrews, 2017). This view is committed to respect for the complexity of human behavior and acknowledges that interactions between variables (rather than any variable on its own) are the causes of variation, and more recently has emphasized the critical role of personal autonomy in behavioral control (Bonta & Andrews, 2017). The probable causes of offending according to proponents of this model are a subset of dynamic risk factors known as the *central eight* (criminogenic needs), all of which influence the perceived costs and benefits associated with any particular behavior and thus the decision to engage in crime. In addition, the opposite of these risk factors have been labelled as "strengths," and when interventions cause shifts in these factors (i.e., from risk to strength) to reduce the likelihood of further offending (Andrews & Bonta, 2010; Bonta & Andrews, 2017). The central eight are: antisocial associates, antisocial attitudes, antisocial personality pattern, history of antisocial behavior (static factor), education and employment, leisure activities, relationships and family, and substance abuse (Bonta & Andrews, 2017). In short, treatment is most effective if it is proportionate to risk, prioritizes targeting criminogenic needs over non-criminogenic needs (i.e., those with a weaker statistical association with reoffending), and is responsive both to the evidence concerning which methods of intervention are most effective, and the needs of individuals. This is a simplified account of what is a large and enduring body of work, nevertheless, the RNR model is oriented towards objective and evidence-based prediction and intervention in order to reduce reoffending. Importantly, the authors of the model welcome sources of criticism and challenge which may advance the theory, as long as they demonstrate a respect for evidence.

The GLM was originally developed as a strength-based augmentation to enhance rather than replace the RNR. The underlying view of persons is as goal-directed agents with a range of priorities and capacities, who interact with their environments to pursue personally meaningful outcomes. According to the GLM, the aim of correctional treatment should be to

reduce the likelihood of further offending via the promotion of a personally meaningful *Good Life*. These two priorities are not mutually exclusive, as offending is conceptualized as the result of problems in an individual's implicit *Good Life Plan*. A good life contains valued outcomes, termed *Primary Human Goods*, which are of varying importance to individuals, but should all be present to some degree. The GLM goods are: excellence in work, excellence in play, creativity, knowledge, relatedness, community, pleasure, life, inner peace, spirituality, and excellence in agency (Purvis, 2010). The means by which these are attained are termed *Secondary Human Goods*, and these can be more or less healthy, adaptive, and prosocial. For example, one person may achieve inner peace by practicing meditation, while another may use illegal substances. Use of secondary goods depends on internal capacities as well as environmental resources and opportunities. Problems with internal and external resources are considered to be causes or contributors to sexual offending (i.e., criminogenic needs), and as such should be the focus of intervention. The GLM acknowledges the importance of targeting criminogenic needs, but does so through the building of internal and external resources, rather than simply risk reduction.

According to Ward and colleagues (Ward, 2002a; 2002b; Ward & Fisher, 2005) there are four types of problems evident in the good life plans (priorities and means) of individuals who commit offenses. These are problems with: capacity, means, conflict, and scope, and they often interact or co-exist. Briefly, when the *capacities* or resources (both internal and external) required for goods attainment are lacking, an individual may turn to antisocial behaviors such as offending (i.e., problematic or harmful *means*). *Conflict* occurs when these problematic behaviors and their consequences interfere with the attainment of other goods. For example, poor coping abilities (capacity) may lead to drug abuse (means) aimed at attaining inner peace, which may then impact negatively upon relationships (conflict). Lack of *scope* occurs when individuals prioritize certain goods at the expense of others, and not all are present within a

person's life. For example, sexual offending could be aimed at seeking pleasure, but its consequences (e.g., prison, damage to reputation, remorse) create obstacles to attaining other goods such as excellence in work and inner peace. In addition, researchers have described two empirically established routes to offending, *direct* and *indirect* (Purvis, Ward & Willis, 2011). The direct route is evident where capacities and resources are lacking, and an offense is a means to meet a need (e.g., intimacy or pleasure seeking). The indirect route involves conflict or problems with scope, whereby offending occurs as a ripple effect from other problematic means (e.g., substance use reducing control and inhibition).

GLM interventions center upon a personally meaningful good life plan, containing all primary goods to varying degrees (chosen by the individual), and the secondary goods (goals and strategies) required to attain these without harming others. This can be linked with risk reduction by identification of the goods sought via offending (either directly or indirectly) in the past, and the barriers or problems (i.e., criminogenic needs) evident within the strategies used to attain these goods. For example, where sexual offending is used as a means to achieve relatedness or pleasure because of problems differentiating between appropriate partners (i.e., children are preferred as sexual partners because individuals feel emotionally safer with them). A new good life plan could incorporate relatedness and pleasure via the goal of seeking an intimate relationship with an age-appropriate consenting partner. Strategies may include attending social activities, creating an online dating profile, engaging in conversation, physical intimacy, vulnerable disclosure, conflict resolution, and so on. Individuals vary in their ability to engage in these normative practices; the capacities required for healthy intimacy are learned and shaped via social interaction. Treatment can target risk factors such as *emotional congruence with children* through the development or strengthening of internal and external capacities and resources. For example, developing healthy beliefs about the self, others, and relationships (e.g., "others are trustworthy", "I am safe"), communication and negotiation

skills, emotion-management, perspective-taking, and so on. In addition, the availability of external resources (e.g., opportunity, finances, freedom) can support or obstruct goods attainment, and should also be included in a good life plan. To summarize, treatment should identify the most heavily weighted goods and those sought via offending, use these to construct a comprehensive good life plan, and then develop or strengthen the internal and external resources required to live a good life without reoffending. The GLM proposes a dual focus on promoting goods and overcoming barriers (i.e., criminogenic needs), it does this in collaboration with the individual to build upon strengths and focus on meaningful personal goals, rather than only avoiding reoffending.

The developers of the GLM have provided a number of guidelines and tools to help practitioners integrate these principles into practice (e.g., Purvis, Ward & Willis, 2011; Willis, Yates, Gannon & Ward, 2013). Its use extends to assessment and case conceptualization, case management, development of program content, and the therapeutic relationship. The GLM is currently used to guide practice internationally including in New Zealand, Australia, the United Kingdom, Belgium, France, Germany, Ireland, Norway, Hong Kong, the United States, Canada, and Singapore. In terms of its conceptualization, it is often seen as an "add on" to risk focused interventions, rather than being used in its intended role to guide the entirety of treatment. For example, when evaluating the operationalization of the GLM in North American programs Willis, Ward, and Levenson (2014) found that the it was typically evident within program delivery (i.e., positive therapist characteristics) and as an additional component to treatment focused on risk reduction (e.g., self-management plans at program completion). They conclude that "enhancing program consistency with the GLM requires using it as a comprehensive theoretical framework to guide interventions throughout the entirety of a program" (Willis et al., 2014, p. 77). Therefore, while the GLM is currently incorporated within treatment internationally, there are concerns about the appropriateness of its implementation,

and inconsistencies are evident. The success of programs adopting this approach is still to be determined; this research is made more difficult by a number of features of treatment programs and their evaluation, which will now be discussed.

2. GLM Evidence Base

To engage with individuals who have committed sexual offenses in an ethically defensible way it is important that treatment programs are based on evidence concerning the sorts of interventions that are most effective in reducing reoffending. The Criminal Justice System exists to promote community safety via the effective management, rehabilitation, and reintegration of individuals who have harmed others. According to the RNR model, the best way to do this is to match intensity of treatment to risk level, target criminogenic needs, and to be responsive to individual needs and barriers to treatment (Bonta & Andrews, 2017). Indeed, adherence to these three principles has demonstrated relative success in reducing recidivism rates (Dowden & Andrews, 2000; Hanson, Bourgon, Helmus & Hodgson, 2009), and so long as this continues they should be used to guide practice. However, we argue that this is a rather narrow view of the available knowledge, and we take a broader view of what constitutes evidence and success. The reasons for our focus are two fold; 1) recidivism is a difficult to measure and decontextualized outcome variable (Jung & Gulayets, 2011), and 2) the evidence concerning criminal behavior ought to be drawn from multiple disciplines, and should inform explanations of individual functioning rather than relying upon lists of correlates. Knowledge is cumulative, rather than one definitive study proving that treatment is effective or ineffective, our understanding of its effects will grow through the accumulation of many smaller studies using various methods (Collaborative Outcome Data Committee [CODC], 2007).

2.1. Recidivism Outcome Studies: Limitations

The effect of sexual offending treatment is currently moderately positive, although there is significant variation across studies - both in their findings and the quality of their

methodology (Lösel, 2017; Grady, Edwards & Pettus-Davis, 2017). Lösel and Schmucker (2017) highlight a number of weaknesses including combining different offense types, the range of treatment modalities used, small sample sizes, attrition, length of follow up, and poorly controlled studies. While there are rigorous scientific methods that can overcome some of these issues and limit biases, there are often problems with implementing these in the real world. For example, it has been suggested that Randomized Controlled Trials (RCTs), considered the "gold standard" in experimental psychology, are inappropriate for use in sexual offending treatment outcome studies (Marshall & Marshall, 2007). This claim rests upon their low ecological validity (i.e., they do not approximate the real world), difficulties implementing these in clinical settings, and ethical concerns with random allocation (i.e., withholding treatment is dangerous). Thus research is usually quasi-experimental in nature, comparing those who have already been allocated to treatment and those who have not.

In addition, "general statements about the effect or failure of sex offender treatment are inappropriate" (Lösel, 2017, p. 9). Interventions are complex and one should not assume that the relationship between treatment and (reductions in) recidivism is one of causality. It is important to acknowledge the composite and eclectic nature of treatment (Kim, Benekos & Merlo, 2015), and consider the suggestion that evidence is most useful if it is able to differentiate aspects of treatment which moderate change (Lösel, 2017). Moderators suggested by Lösel (2017) include the programs' theoretical foundation, program integrity, and social context. Other influences include therapist characteristics and therapeutic alliance, participant characteristics (e.g., motivation, intelligence), setting (i.e., prison or community), involvement of support networks (personal and professional), and so on. Given that it is challenging (if not impossible) to control for the range of influences upon participants throughout a program and beyond (Grady, Edwards & Pettus-Davis, 2017), it is difficult to say from the available research what (if anything) about treatment *causes* individuals to refrain from reoffending.

Recidivism is an undesirable outcome, an indication of failure – intervention has not "worked" when it precedes a re-offense. Its "success" is determined by the proportion of participants who *do not* reoffend, or in reality, those who are not detected (Lösel, 2017). Recidivism is difficult to accurately measure, with official records giving a conservative estimate (i.e., about a third of self-reported crime; Bonta & Andrews, 2017). There is variability in how recidivism is measured, defined, and reported (Grady, Edwards & Pettus-Davis, 2017), for example official records and/or self-report, rearrests and incarceration, and general, violent, and/or sexual recidivism. In addition, the dichotomous measure tells us nothing about the context, severity, frequency, or cause of the re-offense/s. The prevalence of reoffending is clearly relevant to the success or failure of interventions, however, important information about the range of behaviors (and causes) of interest to researchers and program developers is missing from most studies. In other words, recidivism outcome studies provide an effect size indicating the direction and magnitude of the relationship between two complex variables (i.e., treatment and recidivism), but this does not tell us about the causes or conditions of change.

We will now outline the relevant empirical research. Because the GLM is not a *treatment theory*, but rather a *rehabilitation model*, evidence supporting its use must come from evaluations of programs consistent with GLM values and assumptions, and their impact upon a range of practice-related outcomes. In addition, we propose that "success" involves more than reduced recidivism and include knowledge which falls outside treatment programs' efficacy in reducing recidivism.

2.2. The Empirical Research

The empirical research concerning GLM-consistent correctional treatment programs is limited, particularly in comparison to the abundance of papers advocating for and outlining its potential use in treating various populations. For example, it has been suggested as appropriate for youth (Fortune, 2017; Wylie & Griffin, 2013; Wainright & Nee, 2014), elderly (Di Lorito,

Vollm & Dening, 2018), females (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016), mentally disordered (Gannon, King, Miles, Lockerbie & Willis, 2011; Barnao, Ward & Casey, 2015; 2016), intellectually disabled (Aust, 2010), and non-Western (Chu, Koh, Zeng & Teoh, 2015; Leaming & Willis, 2016) offending populations. Furthermore, it has been extended beyond use in treatment for sexual offenses and proposed as useful for violent offending (Whitehead, Ward & Collie, 2007), domestic violence (Langlands, Ward & Gilchrist, 2009), general offending (Loney & Harkins, 2018), substance abuse (Thakker & Ward, 2010), and residential burglary (Taylor, 2017).

Much of the empirical research thus far has focused on case studies or relatively small sample sizes, although there have been several larger comparisons between GLM adaptations and traditional relapse prevention (i.e., risk avoidant) programs. Studies investigating the use of the GLM tend to focus on qualitative evidence such as perceptions of treatment, engagement and motivation, and other psychological and behavioral outcomes, rather than reduced recidivism. This makes sense given its dual focus on reducing reoffending *and* building good lives; targeting offense-related needs is already established as best practice, and so what the GLM adds is a more engaging focus on individual goals and strengths. Information concerning this added value is best accessed via first person accounts of the experience of treatment and personally meaningful outcomes or changes following treatment, rather than records of recidivism.

Approach Goals

Approach goals are central to the GLM, and are characterized by their orientation *towards* a desired outcome. For example, an approach goal would be to develop the skills and capacities necessary for a healthy and age appropriate relationship, whereas an avoidant goal would be to abstain from viewing child exploitation material online. The desired outcome in both cases is a future free from sexual offending, however the approach goal emphasizes what

is to be gained rather than just removing a means or source of goods without replacing it (what has been referred to as a "pin cushion" approach – Ward, Mann & Gannon, 2007). While more motivating and engaging, approach goals also have a higher likelihood of being achieved and of their positive effects lasting longer than avoidance goals (Marshall & Serran, 2004). Simons, McCullar, and Tyler (2008) compared a sexual offending program focused on approach goals (n=96) with an avoidant relapse prevention program (n=100). Participants allocated to the GLM (approach) condition were much more likely to complete the program and were perceived as more motivated by their therapists. While both conditions produced improvement on psychometric measures relating to areas of need, participants in the GLM condition demonstrated significantly better improvement on coping skills and problem-solving scores, and were also more likely to have a social support system in place after treatment.

Similarly, Mann, Webster, Schofield, and Marshall (2004) compared an avoidant-goal intervention to an adapted approach-goal intervention, with individuals convicted of sexual offenses (n=47) randomly allocated to each condition. They found that the approach-goal condition produced better engagement (i.e., task completion and disclosure), and therapists perceived more genuine motivation to live an offense-free lifestyle for participants in this condition, compared with the traditional approach. One disadvantage perceived by the therapists was the relative complexity of delivering the approach-goal intervention, and the potential that participants would lack an adequate understanding of their individual risk factors. However, use of the Relapse Prevention Questionnaire (a tool designed to measure awareness and understanding of risk factors and strategies to manage them – Beckett, Fisher, Mann, & Thornton, 1997) indicated that *both* groups had significantly improved, with no significant difference between groups. Nevertheless, it is important that interventions include a focus upon needs linked with offending, and include strategies to address risk alongside other positive

outcomes. The delicate weaving of these dual aims requires adequate training of practitioners, so they are able to be flexible and responsive to individuals.

Prudential Values and Primary Human Goods

Values are an important consideration for forensic practice for a number of reasons, most of which will not be discussed here (see Ward & Heffernan, 2017). In terms of rehabilitation, it is important to consider the way that values (of different sorts) inform the goals of treatment. For example, the primary aim of the Criminal Justice System is to reduce harm through managing, reducing, or eliminating the causes of offending. However, the outcomes sought by participants (i.e., prudential values) are likely to be broader, and include aspects of life which make desistance a worthwhile process and reoffending undesirable. For example, while programs concentrate on needs such as impulsivity, deviance, and antisocial cognition, participants may be better motivated by the possibility of satisfying relationships, pleasure, and happiness. Practitioners should be concerned with both social and ethical values (i.e., harm reduction), and prudential values (i.e., wellbeing or flourishing) – these are not mutually exclusive. As the following studies suggest, the GLM concept of primary human goods is able to capture the role of prudential values in offending, and thus provide a way to link these two concerns.

A number of studies support the relevance of goods attainment, both in explaining past behavior (i.e., offending) and in guiding future behavior. For example, Barnett and Wood (2008) investigated the priority that untreated individuals imprisoned for sexual offending (n=42) had placed upon the three goods thought to be most strongly associated with sexual offending (agency, relatedness, and inner peace; Ward & Mann, 2004) at the time of their offense. These individuals experienced problems with *prioritizing* inner peace (61.9% rated as high priority), relative to agency (71.4%) and relatedness (78.6%). They also found evidence to support the problems with scope, capacity, means, and conflict theorized to exist within the

good life plans of individuals who engage in offending. For example, 47.6 percent had an "unbalanced" good lives conception, and 42.8 percent scored below average for problem solving abilities. Participants' accounts of their attempts to achieve these goods contained problems with operationalizing their good life, difficulty for all participants in achieving one or more of these goods prior to or during offending, and for some participants offending was seen as a means (secondary good).

Further studies have supported the importance of primary human goods for individuals convicted of sexual offenses (e.g., Yates, Kingston, Simons, and Tyler, 2009), and others have investigated their importance and influence for other offending groups. For example, Chu, Koh, Zeng, and Teoh (2015) retrospectively identified the goods endorsed by youth who had engaged in sexual offending (n=168) in Singapore. They found that pleasure (91.1%), relatedness (35.7%), and inner peace (17.3%) were most highly prioritized. Although retrospective (i.e., based on case notes), these findings suggest that pleasure may be more relevant for youth sexual offending, which makes sense considering the prevalence of pleasure seeking in adolescence. In addition, use of sexually harmful behavior to meet needs of belonging (i.e., relatedness) and emotional health (i.e., inner peace) were reportedly common offense-related needs for youth engaged in sexual offending treatment in England (Wylie & Griffin, 2013). Investigating female youth (n=95) in Belgium, Van Damme et al. (2016) examined the link between *quality of life* (QoL; physical, social, psychological, and environmental), future mental health, and offending. Although they did not find support for a direct negative pathway from QoL to offending, they found support for an indirect negative pathway via mental health problems to offending. This suggests that poor QoL increases risk of poor mental health, which in turn increases risk of offending for this population.

Loney and Harkins (2018) recently examined the utility of the GLM in explaining offending in the general population (students; n=340), via a self-report questionnaire

measuring life priorities and offending. Their study supported the importance of the GLM goods, and self-reported offending was linked with the absence of effective strategies or use of maladaptive strategies to meet needs. Interestingly, *life*, *knowledge*, and *happiness* were prioritized in this population, and *agency*, *inner peace*, and *happiness* were most highly sought via maladaptive means. In terms of offense types, they found links between *agency*, *inner peace*, and violence, and *inner peace*, *happiness*, and drug offenses. Similarly, Taylor (2017) found that various goods were relevant for a sample convicted of residential burglaries (n=30) in the United Kingdom. For example, some individuals talked about the "buzz" (i.e., pleasure) from offending, whereas others spoke about being good at it (i.e., excellence in work). Overall, this study supported the importance of GLM goods, and suggested that the model is appropriate for use with this population. These findings highlight the possibility that particular goods are highly prioritized universally, while others may be more relevant for certain groups. Goods prioritization varies by individual, but it may also vary across culture, age, gender, and in its relevance for different behaviors (i.e., offending) and contexts (i.e., treatment, reintegration).

In applying the GLM to the process of reintegration, Harris, Pednault, and Willis (2017) interviewed males who had been convicted of sexual offending but who were deemed to be desisting (n=42) in the United States. Their participants valued many of the GLM goods, but their means to achieve them were restricted considerably by their correctional status. Specifically, *interpersonal relationships* and *life*/*survival* were identified as important for this sample, closely followed by *knowledge*. Barriers to achieving these highly valued goods included loss of relationships due to offending and the consequences of disclosing past behavior to new associates or potential partners, and difficulty obtaining employment and accommodation following a conviction for a sexual offense. Similarly, Willis and Ward (2011) found that released individuals previously convicted of sexual offenses (n=16) endorsed the majority of the GLM goods as highly important. In addition, they found that attainment of these

goods was associated with earlier positive experiences of re-entry. This suggests that successful re-entry experiences (e.g., accommodation, employment, social support) can facilitate or restrict goods attainment. These findings are important for the design and implementation of policies and initiatives that support rather than obstruct prosocial goods attainment after release, but are also worth considering in treatment.

Investigating the use of primary goods in treatment, Marshall, Marshall, Serran, and O'Brien (2011) evaluated a sexual offending program (n=535) in Canada. This strength-based program contains a number of GLM concepts, including six areas of primary human good, alongside other targets relating to risk, self-esteem and motivation. Independent researchers found recidivism rates below expected (based on previous meta-analyses) and predicted prior to treatment. For instance, at 8.4 years follow up, they found 5.6 percent sexual recidivism, and 8.4 percent violent recidivism, compared with expected (predicted via the STATIC-99 and Rapid Risk Assessment for Sexual Offence Recidivism) rates of 23.8 percent and 34.8 percent respectively. It is worth noting that the program used a modified version of the GLM goods, introduced in the final phase, not guiding the whole intervention as intended. Nevertheless, Marshall, Marshall, Serran, & O'Brien (2011) observed that "when programs target problems that are obstacles to treatment, and then focus on changing known criminogenic features by taking a positive, respectful, and process-oriented approach, the re-offense rates of the sexual offenders treated in this way are likely to be significantly reduced" (p. 92).

Overall, these findings provide support for the importance of primary human goods generally, and also the ways in which certain goods may be more relevant for different populations and offenses. They also suggest that the prioritization of goods and problems in their attainment may be linked (directly or indirectly) with offending, and offer preliminary support for the idea that their attainment may support desistence from offending.

Collaboration and Therapist Qualities

The GLM is able to facilitate a holistic and individualized approach to treatment because it is based upon a view of human beings as motivated towards *personally meaningful* outcomes, and universally desired goods. Primary human goods, while being empirically and theoretically grounded (Laws & Ward, 2011), are viewed as being both multiply realizable by a range of goals and strategies, and of varied importance for individuals. This avoids assumptions concerning what a good life looks like; the list of goods is provided as a guide to expand the scope of individuals' good lives plans, rather than to restrict or direct individuals towards meaningless outcomes. For example, attaining *knowledge* does not require individuals to gain a formal education, but rather that they identify the sorts of knowledge they value or which would support their other valued outcomes (e.g., vocational, self-knowledge, etc.). This flexible approach is responsive to individual differences and sensitive to persons' conceptions of a good life. The GLM is able to overcome the limitations of a "one size fits all" approach, based on lists of problems observed in "offenders" at the aggregate level. It is a collaborative approach (Yates & Ward, 2008), which means that it is able to prioritize participant agency and autonomy in the processes of treatment and treatment planning.

This collaborative relationship is often referred to as the *therapeutic alliance*, and it accounts for as much as 30 percent of treatment-induced changes, compared with only 15 percent for specific techniques (Norcross, 2002). Therapist characteristics which influence this alliance include professional and interpersonal skills, but also their goals and expectations of treatment (Ross, Polaschek & Ward, 2008), and it has been suggested that therapist variability is the most important factor in determining the alliance quality (Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012). Marshall and colleagues (2002) reported that therapist attributes such as empathy and warmth, and a style that is both rewarding and directive enhanced therapeutic outcomes in sex offending programs. These are reflected within Bonta and Andrews' (2017) *Relationship Principle* and *Structuring Principle*, which state that

"interpersonal influence is greatest in situations characterized by open, warm, enthusiastic, and non-blaming communication, and by collaboration, mutual respect, liking, and interest" and that practitioners use "effective authority practices, prosocial modeling, differential approval and disapproval, problem-solving, skill building, advocacy, the structuring aspects of motivational interviewing, and cognitive restructuring" (p. 238). In addition, *specific responsivity* requires sensitivity to individual priorities, strengths, and motivations, addressing low motivation (i.e., building on strengths, reducing barriers, addressing "matters of personal interest"), and attention to evidence concerning special populations (Bonta & Andrews, 2017).

While contained within the Risk-Need-Responsivity (RNR) model, on application specific responsivity is often secondary to a focus on risk factors (Polaschek, 2012). This is a limitation of the RNR model's translation into treatment contexts, and likely has a significant impact upon the therapeutic relationship. For example, Watson, Thomas, and Daffern (2017) found that 55.6 percent of their sample (sexual offending treatment participants, n=75) experienced a rupture to the therapeutic alliance, caused largely by disagreement on treatment goals and tasks. This indicates that perceived discrepancies between the goals and priorities of treatment participants and providers can have a negative impact upon the therapeutic alliance, and consequently reduce effectiveness. Thus, it is important to carefully select and offer on-going support to clinicians, respond to low treatment-readiness, and repair ruptures (Kozar & Day, 2012). The importance of interpersonal factors in therapy is currently acknowledged, and we argue that the GLM provides a practice framework which can guide therapeutic interactions that are experienced as respectful, warm, non-judgmental, and engaging. Indeed, in treatment for youth who have engaged in sexual offending the GLM "appears to impact positively on the therapeutic alliance, promote self-efficacy and optimism and increase the client's capacity to succeed and address issues of risk" (Wylie & Griffin, p. 354).

Retaining and Engaging Participants

It has been argued that promoting complete engagement in the process of change is the answer to reducing sexual recidivism (Marshall, Marshall, Serran & O'Brien, 2011). The prevalence of treatment dropout and higher rates of reoffending by non-completers (McMurran & Theodosi, 2007) suggest missed opportunities to engage with potential participants. For example, a meta-analysis including 17 cognitive-behavioral treatment outcome studies reported that 23.55 percent of participants allocated to treatment (n=10,159) did not complete for various reasons, including voluntary exit, rule breaking, and administrative actions (McMurran & Theodosi, 2007). Of particular concern are the financial and social costs of attrition, and the fact that those who drop out tend to be those with higher levels of risk and need (Olver, Stockdale & Wormith, 2011). While the content and focus of treatment determine the targets of change, it is impossible for treatment to work if individuals fail to engage and participate, or if they leave well before completion. Engagement is often measured via compliance with program requirements (e.g., attendance, homework completion, disclosure), however, meaningful engagement encompasses more than these behaviors; it depends on internal factors like motivation and commitment to change (Holdsworth, Bowen, Brown, & Howat, 2014). In addition, a number of external factors influence engagement, and it is important for researchers and practitioners to understand why some individuals choose to leave treatment, and how better to meet the needs of these often high-risk high-need individuals.

Sturgess, Woodhams, and Tonkin (2016) found that participants' who did not complete correctional treatment perceived it as ineffective, unnecessary, repetitive, boring, intrusive, stressful, challenging, patronizing, and incompatible with their personally meaningful goals. Barnao, Ward, and Casey (2015) found that forensic service users' perceptions of rehabilitation revolved around seven internal and external themes. For example, self-evaluations centered upon their psychological disorders (internal), and treatment lacked person-centeredness and featured relationships of varied quality (external). In response, Barnao, Ward, and Casey

(2016) used a brief GLM program in an attempt at improving these perceptions, and findings suggested variation across themes and between participants (*n*=5). Overall, two participants displayed "definite change," two "subtle change," and one "no change or negative change," following the GLM program. Potential sources of variation included level of exposure to the GLM (i.e., frequency and duration of sessions), readiness to change, and practitioners' adherence to and experience with the model. For instance, the two participants' with "definite change" received more treatment from an experienced clinical psychologist, and had expressed a desire and intention to change. These findings suggest that risk oriented treatment programs fail to engage a number of participants because they are perceived negatively, and that GLM concepts (when used effectively) can produce shifts in participants' perceptions of treatment.

In another investigation of this potential, Harkins, Flak, Beech, and Woodhams (2012) evaluated a "better lives" (BL) module (*n*=76) as a replacement to relapse prevention (RP; *n*=701) within a sexual offending program in England. The BL module followed a core module (i.e., targeting risk factors) and was developed according to a GLM perspective. While there was no difference between RP and BL in terms of changes during treatment or attrition, participants and therapists favored the GLM approach due to its emphasis on positive aspects of the future. This suggests that the BL module performed *as well as* the RP model in terms of treatment change, and that it was preferred. Therapists perceived that the BL module did not have enough emphasis upon risk, but interestingly this did not result in less positive change during treatment (i.e., it performed equally to RP). The omission of risk was rectified in an updated BL module, and Barnett, Manderville-Norden, and Rakestrow (2014) reported that participants in the GLM condition were more likely to attain a "treated profile" on a battery of psychometric tests. Similarly, Ware and Bright (2008) reported preliminary findings after GLM changes to a sexual offending program; attrition rates had reduced, clients had more autonomy,

and therapists reported feeling more positive and effective in their work following these simple changes.

Gannon, King, Miles, Lockerbie, and Willis (2011) conducted a small descriptive study, evaluating group-based application of the GLM with men diagnosed with a psychological disorder and convicted of sexual offenses (n=5) in England. All five men engaged successfully and completed treatment, with one returning voluntarily after discharge. The authors noted that the inclusion of and focus upon goals and sources of motivation was crucial in promoting engagement. All participants understood the importance of goods and their pro-social attainment, however some (i.e., those with lower intelligence or indirect routes to offending) struggled to link these with risk and appreciate the importance of addressing criminogenic needs. In addition, all participants reported experiencing benefits from the program, and the researchers noted that the GLM approach obviously appealed. Additional benefits included increased scores on the Relapse Prevention Questionnaire (Beckett, et al., 1997), self-reported improvements in emotion tolerance, and decreased impersonal fantasies, cognitive distortions, and emotional loneliness.

Lindsay, Ward, Morgan, and Wilson (2007) designed a GLM-based intervention for two men with histories of sexual offending. Importantly, criminogenic needs were included alongside resources required for a future *Good Lives Pathway*. While both men were initially reluctant, they engaged in and successfully completed treatment. Positive outcomes included: volunteering for further treatment, completing homework, internalizing knowledge (i.e., risk management and anger control), constructing a future life plan incorporating goods and risk, reported wellbeing and life satisfaction, and control of alcohol use and debt. In addition, neither man had reoffended at a five-year follow-up. In a similar study, Whitehead, Ward, and Collie (2007) integrated the GLM into the community-based assessment, treatment planning, and monitoring of one high risk male convicted of violent offending in New Zealand. This extended

the GLM to violent offending and indigenous populations (participant is Māori). While he had previously received the "best interventions available" (p. 586) and acquired the relevant knowledge to avoid reoffending, these experiences had not facilitated meaningful change in his life (i.e., continued drug use and gang involvement). During and after the GLM intervention, researchers observed expressions of guilt (not evident before), reduced drug use, a new prosocial peer group, prosocial goods attainment (i.e., University and leisure activities), and an identity based upon prosocial achievements rather than gang involvement. At the time of writing, the participant had abstained from violent offending for 14 months, which was not expected prior to the GLM intervention. In this case it seems that standard criminogenic interventions were unable to facilitate meaningful engagement with the change process, whereas the integration of GLM concepts was. While these case studies cannot provide sufficient evidence for reductions in recidivism, they suggest that the inclusion of personally meaningful targets in treatment can facilitate successful engagement with men who may otherwise refuse, and can also produce personally meaningful change.

Another factor influencing engagement and participation is the extent to which an individual is able to choose whether or not to complete a program. Volunteerism is thought to be related to treatment success, however, there are questions about whether or not any correctional intervention is truly voluntary given the context and the consequences of refusal (Parhar, Wormith, Derkzen & Beauregard, 2008). One study looked at the extent to which forensic treatment programs were voluntary, coerced, or mandated, and the effect of this on recidivism (Parhar, Wormith, Derkzen, & Beauregard, 2008). The authors found that interventions that relied upon coercion or were mandated were less effective than those which were closer to being voluntary. In addition, it has been found that the positive effects of treatment are likely to last longer when an individual has intrinsic motivation, and that this can be eroded by coercion (Ryan & Deci, 2000; Parhar et al., 2008). Current practice often relies

upon extrinsic sources of motivation such as sentence compliance and early parole (Parhar et al., 2008). A better approach may be to design treatment collaboratively around personally meaningful goals, and thereby foster intrinsic motivation to engage. Indeed, Andrews and Bonta (2010) suggest that participants who lack motivation may be engaged via an improved understanding of the way that interventions can benefit them personally. The GLM is able to do this through its focus on the attainment of valued goods.

Desistence and Protective Factors

Desistence is typically defined as the on-going process from active offending to decreases in, and eventually cessation of, offending. The research into desistence from sexual offending is relatively sparse and tends to focus on the role of employment and relationships, and construction of a new non-offending identity centered upon valued activities and outcomes, and motivated by self-efficacy and hope (McAlinden, Farmer, & Maruna, 2017). Research suggests that desistence from sexual offending requires the development of a coherent explanation, or "self-narrative" which accounts for why the individual committed the sexual offense (Maruna, 2011), allowing the individual to make sense of their past and explain why it will not happen again. Agency and autonomy are crucial in taking control of the future, and building the resources necessary to meet needs (i.e., relationships, employment, skills) – what are often referred to in the literature as "protective factors" (PF). There has been much recent interest and debate about the status of PF as the opposite of risk or something different, and the mechanisms by which they exert their positive effects during desistence (Fortune & Ward, 2017). The term PF is often used alongside the terms "promotive factors" and "strengths," and they are generally defined as characteristics of the individual and their environment which are associated with decreases in recidivism. Empirical work by de Vogel, de Vries Robbé, de Ruiter, and Bouman (2011) identified a number of forensic PF falling into three domains:

internal (e.g., self-control), *external* (e.g., intimate relationship), and *motivational* (e.g., life goals), and work continues to develop a PF assessment tool specific to sexual offending.

While we currently have some idea of the factors which can support desistence, we lack a coherent understanding of how they function to reduce risk (Ward, 2017), this is where the GLM can help. The concept of primary human goods can enhance our understanding of how PF or desistence "events" such as employment and relationships can reduce risk, and why they may vary across individuals and situations. For example, being employed could be thought of as a secondary (instrumental) good which meets a range of needs, including (but not limited to) excellence in work and a sense of achievement, agency, creativity, relatedness, life (i.e., financial resources required for living), and inner peace (i.e., freedom from stress) - all of which contribute to a meaningful sense of self. Employment (or unemployment) that does not meet (or perhaps obstructs) these goods is less likely to support desistence, and may lead to the use of other secondary goods (e.g., substance abuse, theft, dishonesty). The concepts of internal and external resources required for a good life are useful in understanding the process of desistence, and "the agentic willingness to change on the part of individuals … needs to be accompanied by credible social opportunities for change and a range of external situational supports to help sex offenders achieve meaningful lives" (McAlinden, Farmer, & Maruna, 2017, p. 278). The concept of a *good life plan* and its use in treatment can be linked with *possible futures* discussed in the desistence literature. For example, it is an important condition for change that individuals are able to see a personally meaningful and attainable future, and that they are able to construct a new identity – "the self is continually being projected into the future" (Farrall, 2005, p. 369).

Desistence requires both motivation and means to live a different, non-offending life, and while an exclusive focus on risk factors may temporarily provide some of the means (e.g., PF such as sobriety, problem-solving and coping skills), it cannot provide the motivation to

maintain this lifestyle. In addition, it may be that the factors that are linked with offending are not necessarily the same factors that support desistence (McNeill, 2012); this is reflected in the differences between research into the correlates (and potential causes) of re/offending, and research into the process of desistence. The methods required to study desistence are similar to those used to investigate the GLM, for example, case studies, observation, interviews, and self-reported experiences (Farrall, 2005), and they uncover subjective processes such as: turning points or hooks for change, openness to change, maturation, life transitions, social bonds, knifing off, cognitive transformation, self-reflection and insight, and a new personally meaningful identity (Farrall, 2005; McNeill, 2012). Farrall (2005) makes the point that "without a willingness at least to consider in-depth the experiences of individuals who have successfully negotiated the transitions from "offender", it is unlikely that efforts to encourage desistence (e.g., the What Works movement) will produce the sorts of results so desperately needed" (p. 383). We argue that the focus of desistence research on agential processes such as the construction of a new pro-social identity, and the search for meaningful outcomes (e.g., mastery or success, interpersonal connection, and a purpose) is much better aligned with the GLM concepts than it is with risk reduction.

Ethical Practice

The Risk-Need-Responsivity (RNR) model assumes that effective intervention occurs via change in criminogenic factors through collaborative, compassionate, and dignified human service (Polaschek, 2012). However, in practice responsivity to the individual and their unique needs is often overlooked in favor of risk reduction and community safety. Indeed, it has been pointed out that needs unrelated to criminal activity are not the responsibility of Corrections (Polaschek, 2012; Bonta & Andrews, 2017). The targeting of predominantly risk-related features is recommended by the *needs principle*, and needs which are not empirically linked

with reoffending are largely seen as a responsivity issue – they may be targeted if they are barriers to treatment.

There are several treatment practices which may impinge upon participants' rights and dignity, including the language used in programs, the coercion or mandating of treatment, and the strong focus upon index offenses in assessment, treatment planning, and content/delivery of sessions. Ethical treatment requires (at a minimum) viewing participants as human beings primarily, with their correctional status being a secondary property of the person, based upon their past actions – not necessarily representing an enduring character flaw (i.e., antisocial personality pattern, psychopathy). While this is likely the perspective of most therapeutic practitioners, its expression can be undermined by custodial processes and norms. One simple step towards more ethical treatment is using individuals' names or "participant" in conversations and program materials (rather than "offender" or "prisoner") and avoiding use of negative terms such as "antisocial," "offense-related," and "problem thinking" when referring to participants' characteristics and values (Willis, Yates, Gannon & Ward, 2013; Willis, 2018). We argue that the GLM and its underlying view of humans as directed towards universal goods supports this non-judgmental orientation, and that it encourages the use of language that is more respectful and motivating.

The effects of coercion and mandated treatment on motivation, engagement, and goal attainment were briefly discussed above. However, there are additional ethical issues with forcing or enticing participants to complete programs. While treatment is often presented as voluntary, there can be serious consequences associated with refusal, including being denied parole and being labelled as "unmotivated" or "non-compliant" with sentence conditions (Parhar et al., 2008). However, as the sections above suggest, there are a number of routes to desistence and it is not clear that individuals should be convinced that participation in the programs available is the only way to change. In other words, an individual can be motivated

to change and live a non-offending future without being inclined to participate in criminogenic programs (Mann, Webster, Wakeling & Keylock, 2013). We argue that it is unethical to require someone to engage in treatment that does not fit with their personal theory of change, and that the GLM, with its flexible and motivating orientation, is better able to fit with individuals' priorities than a program based upon externally imposed goals.

In addition, individuals who deny their crime are often excluded from treatment or encouraged to first disclose their sexual offense and agree with official charges and summaries of the facts, often creating tension and resistance. However, denial is not empirically linked with recidivism, and it has been suggested that attempts to reconcile participants' experiences with external accounts in treatment is "unnecessary and possibly iatrogenic" (Farmer, McAlinden & Maruna, 2016, p. 23). A GLM approach can work with denial, due to its broad scope, collaborative aims, and orientation towards human goods in the form of approach goals (Dealey, 2018). It can account for denial as a secondary good aimed at various primary goods, for example inner peace, relatedness, agency, or spirituality. When practitioners view denial as instrumental in meeting persons' needs (rather than as manipulative or malicious), they can respond to it in a more effective way – working with the person rather than pushing them away. In addition, the GLM is compatible with culturally responsive practice and indigenous models (see Leaming & Willis, 2016), and able to inform alternative avenues for ethical intervention such as Restorative Justice approaches (Ward, 2017). There are several ethical concerns when providing treatment within a context concerned with punishment and justice. We suggest that the GLM can overcome many of these due to its view of persons, its flexibility, and its dual focus on risk and human needs.

Summary: The Evidence

This section outlined empirical studies providing support for the GLM in guiding treatment. Although mainly descriptive, they clarify the ways that the GLM can add to

treatment with individuals who have engaged in sexual (and violent) offending. The most significant benefits include a focus on personally meaningful outcomes and approach goals which are attractive to the individual, and the engagement and commitment to change that follow this positive focus. In addition, due to their descriptive nature, these studies provide information about the potential pit falls when implementing GLM treatment. For example, it is important that participants understand the links between good lives and risk reduction, and that practitioners are adequately trained to use the GLM in case formulation. These requirements go hand in hand, and depend on a sound understanding of the nature of human beings as goal-directed and possessing a range of capacities and resources which support prosocial and healthy goods attainment.

It is important to note here that these suggestions do not require practitioners to abandon the RNR principles in favor of a strength-based GLM approach. Rather practitioners can use both models and integrate their best aspects into treatment – in fact the three major principles of risk, need and responsivity are woven into the model. The goals of the Criminal Justice System (i.e., reduced risk of recidivism/harm) and the individuals who exist within it (i.e., attainment of personally meaningful goods) are not mutually exclusive. If programs provide or assist individuals with the motivation, confidence, and resources to meet their needs without causing harm, they will maintain an offense-free good life in the long term. We suggest that the current dominant approach to risk reduction is failing, and it is time to adjust this in light of the broader evidence concerning correctional interventions and human nature in general.

Finally, given that the GLM prescribes adherence to RNR principles, it should be *at least equal* in its effectiveness, with the added benefit of being more motivating, and with the potential to produce long-lasting change. Arguably, if a GLM approach to treatment appeals to practitioners and participants, results in individualized and collaborative treatment planning, and can reduce some of the inherently negative aspects of treatment (e.g., avoidant goals, use

of terms such as "antisocial" and "offender"), then it is an ethically important addition to correctional treatment. The question then is how the field can integrate these models in order to take advantage of a wider evidence base, and to inform treatment that can reduce recidivism and engage individuals in enduring and personally meaningful change.

3. Integrating The Good Lives Model

This section will briefly outline the GLMs relationship with the RNR model in practice. There are a number of excellent existing publications which outline the practical application of the GLM (e.g., Willis, Yates, Gannon & Ward, 2013; Yates, Prescott & Ward, 2010), and we will simply summarize what the GLM *adds* to each phase of intervention. It is important to note that the targeting of criminogenic needs remains a major goal of intervention, but this is communicated differently and explicitly combined with attention to personally meaningful outcomes. We suggest that these positive changes will result in interventions experienced as more motivating, respectful, and successful.

Table 1. The Additional Value of the Good Lives Model.

Phase	RNR Components	GLM Additions
Aims & Orientation	Reduced risk/reoffending Criminogenic Need (CN)	Good Life: A range of Primary Human Goods (PHG) Good Life Plan (GLP), internal/external resources Collaboration and autonomy Positive language (verbal and written)
Assessment	Risk level determines dosage Targets= CN evident within offending Responsivity considerations	Open questions, reflective listening, validation of PHG, questionnaires PHG implicated in offending PHG prioritized, changes over time Flaws in past/current GLP Resources required for GLP Strengths Approach goals Holistic
Planning	CN, moving these towards strengths Addressing responsivity issues and barriers to engagement	GLP, PHG, SHG Approach goals, sub-goals/steps Holistic - includes non-criminogenic needs, although these may not be explicitly addressed Draw links between SHG and offending Draw upon existing strengths Collaborative, individualized, and on-going
Program Content	Modules based on CN, e.g.: Cognition and emotion	Structured guide, not rigid Description of GLM

	Relationships Substance use Self-regulation and problem solving Sexual functioning Release planning	Developing GLP Modules based on capacities required for GLP (including CN) Positive language in sessions and materials Building upon strengths and resources to overcome barriers (CN)
Program Delivery	Cognitive Behavioral Therapy (CBT) Responsive – e.g. motivational interviewing Relationship & structural principles Program integrity	CBT techniques "wrapped around" goods and priorities Positive language Flexible/responsive to the individual Respectful and upholds dignity GLM used within treatment, and also surrounding environments Physical environment communicates equality and respect

Table 1 draws upon suggestions for the integration of the GLM and the RNR model provided by Willis, Yates, Gannon & Ward (2013). This is a summary of key additions the GLM provides, and should not be considered a full description of a GLM consistent intervention as these are available elsewhere (see Ward, Mann & Gannon, 2007; Purvis, Ward & Willis, 2011). In terms of the *risk principle* and the GLM, risk assessment remains important, but the scope of its application is somewhat narrower. It is used for prediction, to inform the intensity of treatment, and to identify dynamic features implicated in offending – not to directly inform treatment. By this we mean that the terms and constructs used in prediction cannot guide treatment *on their own* – they are targets once reformulated as approach goals to support goods attainment. Dynamic risk factors are composite constructs and if they are to be effectively utilized in treatment require "stripping down" into their causal, contextual, and mental state facets - in effect, remodeled (see Ward, 2016). Integrating the GLM with the *need principle* involves the reconceptualization of dynamic risk factors as problems in the attainment of goods. For example, where a traditional relapse prevention program might work on victim empathy in order to challenge cognitive distortions, a GLM approach would focus on gaining the knowledge/skills necessary (one of which may be empathy) for a satisfying adult relationship, and the goods this provides (e.g., pleasure and relatedness). Finally, in linking with *responsivity*, the GLM provides concepts (i.e., primary and secondary goods) for use alongside empirically supported techniques such as CBT and motivational interviewing.

Individuals need reasons to want to change, not just the capacities to do so. The RNR model is concerned with providing resources, but links these with reducing risk (i.e., avoiding prison), rather than living the *good life*.

4. Areas for Development

The question of what constitutes effective treatment for persons convicted of sexual offenses remains open, and the evidence that will contribute to our knowledge ought to come from a range of sources and various methods of inquiry. While the existing research concerning the use of the GLM in treatment is promising, it is by no means conclusive, and there are problems with its use. For example, many GLM adaptations to programs do not use the model in the intended way; it should be used to guide the entire intervention (see *table 1* above) rather than added on to traditional approaches. It is important that future applications and evaluations of the GLM integrate it as intended, following the numerous guides provided by proponents of the model. Another limitation of some of the adapted programs reviewed here is the apparent absence of links between good lives and risk reduction. Although it doesn't seem that this negatively impacted upon outcomes, not all studies investigated subsequent risk management and recidivism. It is important to make these links clear to participants, and that staff are adequately trained in case formulation which incorporates offense-related needs as well as good lives goals. In addition, studies should evaluate various aspects of treatment addressing a range of outcomes of interest using multiple methods.

In considering the GLMs core concepts and assumptions, future research should continue to investigate the relative importance placed on primary human goods and their role in individuals' explanations of their offending. In addition, the field of correctional intervention may learn from evidence and conceptual issues in other areas, and theoretical developments within our own field. There is currently debate and concern surrounding the concepts of dynamic risk factors and protective factors, and the assumption that they explain the causes of

offending (see Ward, 2016, 2017; Fortune & Ward, 2017). In order to properly link dynamic risk factors with individual goal-directed behavior, we need a better understanding of what they are and how they are causally linked. Theoretical developments and refinement of these concepts may facilitate the formation of more useful treatment targets, and treatment that is able to tap into the individual causes of and influences upon human agency. The application of these advancements should be evaluated in order to provide empirical support for theories and to justify their use in treatment.

In terms of its future integration with the core RNR principles, responsivity is "the least developed of the three. It is theoretically unsophisticated: a catch-all category" (Polaschek, 2012, p. 8). It is important that future research prioritize the development of this principle, as it describes the way that treatment should be delivered, and how important issues such as low motivation or cultural barriers are addressed. A better understanding of potential participants can help practitioners overcome problems such as high rates of drop out, poor engagement, and ethical issues such as coercion. For example, more studies should look at why participants refuse treatment, and what their expectations of correctional interventions are (see Mann, Webster, Wakeling, & Keylock, 2013), and then use these findings to inform the communication of interventions' aims and orientation. In addition, while criminogenic targets *can be* framed positively (Polaschek, 2012), they are still an externally imposed list of treatment goals that are not explicitly linked with outcomes other than avoiding reoffending and associated consequences (i.e., future prison sentences). It would be useful to look at the impact of language and orientation of goals on expectations of treatment, subsequent engagement, and other meaningful outcomes.

5. Conclusions

It is clear that "there is much that is unknown about what is effective in reducing sexual and violent recidivism, and it is possible that the content included in the program model used

is not effectively targeting the appropriate issues or risk areas" (Grady, Edwards & Pettus-Davis, 2017, p. 259). The modest and heterogeneous effects of current sexual offending treatment programs suggest that progress is necessary, and the advancement of rehabilitation has arguably been overlooked in favor of enhanced risk prediction. Research aiming to advance the rehabilitation of those who have sexually offended cannot rely solely upon lists of correlates and statistical relationships, the variables involved are simply too complex. While the RNR model has undergone substantial improvements over the years and is based on an impressive body of empirical research, it is not the final word when it comes to what works to reduce sexual recidivism (Polaschek, 2012). It is based upon evidence gathered thus far, but this should encourage further innovation rather than acceptance of small effect sizes. Especially considering the consequences of treatment failure, and the likelihood of already disillusioned individuals giving up on the possibility of change.

The GLM offers a valuable addition to treatment which, in line with core RNR principles, is proportionate to risk level, targets variables which have demonstrated a relationship with offending, and are responsive to both the research concerning "what works" and the needs of individuals. This addition is largely in what is considered to be related to offending (and the methods by which we have established this relationship), and in being responsive to the needs of individuals. The research which has so far supported the use of the GLM in treatment has relied on different sources of evidence than the RNR, privileging the experiences of individuals within treatment and a range of outcomes alongside recidivism. By integrating the results of both bodies of research we can better understand what is happening in treatment and how best to increase the likelihood that individuals will meaningfully engage with the process of change. It will be important moving forward to use a range of research methods in order to discover the most effective ways to integrate the two models, rather than prioritizing one over the other. Just as the dual aims of GLM interventions are not mutually

exclusive, practitioners need not commit to either the RNR *or* the GLM; they can instead integrate the two. We believe the result of careful and considered integration will be a treatment approach grounded in (holistic) evidence concerning aspects of the person and their environment which are relevant to offending, and which is also engaging, motivating, and responsive to the individuals it seeks to rehabilitate.

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