

# The Good Lives Model and therapeutic environments in forensic settings

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## Abstract

**Purpose** – *There is increasing interest in applying strength-based approaches to offender rehabilitation. The purpose of this paper is to use the Good Lives Model (GLM) as an example to illustrate the fit that exists between strength-based approaches to offender rehabilitation and therapeutic communities.*

**Design/methodology/approach** – *The authors briefly describe the GLM before discussing the key themes that link the two perspectives; the authors argue they naturally fit together in a number of areas.*

**Findings** – *Both perspectives emphasise the importance of creating a safe and trusting therapeutic environment in which capacities (e.g. skills) can be developed that assist individuals to go on to live lives which are personally meaningful, and in which all their needs are met, enabling them to live offence free. Both also place importance on the role of personal responsibility.*

**Originality/value** – *The authors conclude the GLM could usefully contribute to improving outcomes for those transitioning into the community after leaving a Therapeutic Community, through developing clear life goals that are personally meaningful, and identifying practical steps for achieving these goals.*

**Keywords** *Therapeutic communities, Good Lives Model, Offender rehabilitation, Strength-based approaches, Forensic settings, Improving communities*

**Paper type** *Research paper*

## Introduction

Many serious offenders spend time in secure environments such as mainstream prisons, which are typically the site within which rehabilitation programmes are delivered. However, due to their nature, secure prison environments are far from ideal from a therapeutic perspective (Day and Doyle, 2010; Ware *et al.*, 2010). In a recent paper Day and Doyle (2010) summarised a range of reasons for this limitation, including “perceived lack of safety, poor facilities, security versus therapy disputes, adversarial staff-service user relationships, the pejorative labelling of those in treatment and the reinforcement of non-engagement within the informal institutional culture” (p. 381). Despite these problems, it has been argued that secure environments can facilitate therapeutic outcomes if they are organised appropriately (Ware *et al.*, 2010). Therapeutic communities (TC) can enhance therapeutic effectiveness by ameliorating some of the more negative and counter-therapeutic aspects of the prison environment (Day and Doyle, 2010; Ware *et al.*, 2010). TCs have been associated with a range of positive outcomes, including reductions in reoffending, better in-prison behaviour, and reduced psychiatric difficulties (Rawlings, 1999). A potential immediate down side is that such therapeutic environments are more resource intensive (Day *et al.*, 2012) than offering individual and/or group therapy in standard mainstream prison or community settings, and of course much more resource intensive than mainstream prison environments with no therapeutic input. However, if effective, these environments reduce resources required to attend to prisoner misconduct and threats to prisoner and officer safety, and ultimately, return the initial investment in reduced processing costs for new crimes.

In recent times there has been considerable interest in the application of strength-based approaches to offender rehabilitation (Laws and Ward, 2011; Ward and Maruna, 2007).

Strength-based approaches are increasingly viewed as complementary to current risk oriented initiatives, or even as an alternative intervention framework to traditional offender rehabilitation approaches (Ward and Fortune, 2014). They are described as “strength-based” for two major reasons: they:

1. take individuals’ personal priorities and interests into account when constructing intervention plans; and
2. seek to build psychological and social capacities that assist offenders to successfully implement a good lives plan (GLP) while also reducing their risk of further offending (Ward and Maruna, 2007).

An attraction of strength-based approaches to offender intervention is that they are inherently motivating to offenders and also have a strong communitarian orientation (i.e. they forge connections between individuals and communities).

Historically the field of offender rehabilitation has been dominated by the Risk-Need-Responsivity (RNR) approach (Andrews and Bonta, 2010). The three major principles of this influential rehabilitation model are essentially directives for risk reduction and management. The wide adoption of the RNR has resulted in a correctional focus on predicting risk and directing interventions at high-risk offenders, with the overall goal of reducing offending through targeting criminogenic needs (i.e. dynamic risk factors). However, the primary concentration of the RNR on reducing and managing risk has resulted in concerns that its focus is far too narrow and runs the risk of conflating social needs with therapeutic goals; an outcome that some theorists argue is both self-defeating and unethical (Ward and Stewart, 2003; Ward *et al.*, 2006). The argument continues that strength-based approaches are less likely to make this mistake as they seek explicitly to enhance offender wellbeing while also targeting dynamic risk factors. In addition, preliminary research suggests they are more motivating for offenders and – given the emphasis of strength-based perspectives on offenders’ personal commitments – make it much easier to establish a strong therapeutic alliance (e.g. Harkins *et al.*, 2012). The Good Lives Model (GLM) is a comprehensive strength-based model of offender rehabilitation, and is in many ways a natural fit with TCs (Brookes, 2010; Day and Doyle, 2010; Ware *et al.*, 2010).

In this paper we will use the GLM to illustrate how a strength-based framework can be explicitly integrated with a TC model, with the goal of maximising treatment outcomes. We will firstly provide a brief overview of TCs (with a focus on prison based TCs) and a description of the GLM (also see Fortune and Ward, 2013; Ward and Maruna, 2007; Ward and Stewart, 2003). We will then explore how the GLM coheres with a TC approach to offender rehabilitation.

## Prison TCs

Common elements of TCs include a community living environment, encouragement of open communication, opportunities for learning and the promotion of psychological and social adjustment and wellbeing (Brookes, 2010; Ware *et al.*, 2010). There are two main types of TCs; democratic and concept-based (De Leon, 2000; Rapoport, 1960; Rawlings, 1999).

Democratic TCs are based on four key principles (Rapoport, 1960):

1. democratisation (refers to the notion of shared decision making by all community members: staff and prisoners);
2. permissiveness (tolerance of the behaviour of others in order to enable reflection on difficulties in therapy sessions, to facilitate disclosure and learning from mistakes, and to increase responsibility);
3. communalism (the process by which the community is the agent of change and it is the community that takes responsibility for working together in assisting the individual to change); and
4. reality confrontation (the process of receiving feedback from other members on behaviour, reflecting on the impact of one’s behaviour on others, increasing self-awareness, and taking personal responsibility).

Democratic TCs in prison environments are said to increase supportive relationships between all members, allow communication to occur freely between members and create an environment of safety (Day and Doyle, 2010).

Concept-based TCs in prison settings are often modelled on those used for substance use programmes, and are based on a hierarchical structure, with offenders working their way through the phases from induction through treatment to re-entry (Day and Doyle, 2010; De Leon, 2000; Rawlings, 1999). Four principles have also been identified for concept-based TCs:

1. community (which provides the agent for change);
2. hierarchy (as individuals progress they are eligible for higher levels of responsibility and opportunities for contributing towards the operation of the TCs);
3. confrontation (whereby the members challenge negative behaviours within the safety of the community); and
4. self-help (emphasising the fact that individual responsibility for change is important).

Successful graduates of the programme are often recruited to leadership roles (Rawlings, 1999).

In both TCs large community meetings occur regularly alongside therapy (Brookes, 2010; Day and Doyle, 2010; Rawlings, 1999; Ware *et al.*, 2010). Small group sessions in TCs typically discuss historical factors such as offending, family, relationship, educational and employment histories and other early life experiences such as abuse (Brookes, 2010). They are also a forum for discussing incidents that occur in the TC, such as conflict with others, and behavioural outbursts (Brookes, 2010). TCs allow therapeutic opportunities to occur outside the therapy room, with continuous feedback from other members.

The overarching goal of prison based TCs is to assist individuals to acquire the skills necessary for them to live in the “real world” on their release from prison (Ware *et al.*, 2010). Ideally, TCs provide an environment in which offenders are able to change the cognitions, feelings and behaviours which contributed to their offending behaviour and replace them with skills, roles, thoughts and a self-narrative that support an offence free lifestyle (Rawlings, 1999). The environment should be one in which there is shared “responsibility for the maintenance, running and therapeutic functioning of the community” (Brookes, 2010, p. 110). It can be challenging for members involved in TCs to create an environment in which change can occur; residents must be motivated to change while staff must encourage disclosure by residents and be non-judgemental (Brookes, 2010). However, if successful in creating the optimum social context, TCs can provide an opportunity for learning and feedback to occur well beyond that possible in therapy sessions; the residential environment provides diverse opportunities for learning, thus maximising therapeutic gains through increasing treatment intensity (Brookes, 2010; Ware, 2011; Ware *et al.*, 2010). In order to achieve positive change, TCs in prison environments strive to develop a positive and rehabilitative sub-culture involving the active participation of staff and prisoner residents (Ware *et al.*, 2010; Wexler and Prendergast, 2010).

Offenders have a tendency to view therapeutic prisons more positively than mainstream prisons, while staff have described the social climate significantly more positively than their mainstream colleagues (Day *et al.*, 2012). Overall staff have reported that TC environments are more supportive of rehabilitative change. The elements that assist change include higher levels of support and interest for prisoner well-being by staff and also higher levels of caring between prisoners (Day *et al.*, 2012).

TC's have also been associated with positive outcomes for offenders including prisons based programmes in the UK (Miller and Brown, 2010) and USA (Wexler and Prendergast, 2010). They have also been found to be effective for subgroups of offenders. For example, for offenders with substance misuse difficulties, TC based interventions have been associated with reduced recidivism (Perry *et al.*, 2006, 2009; Welsh, 2007); though the impact on drug relapse itself appears to be a mix of positive (Perry *et al.* 2006, 2009), and less positive outcomes (Welsh, 2007). Previous research (e.g. Miller and Brown, 2010; Rawlings, 1999) has also found that longer stays in TCs were associated with better outcomes, with Rawlings (1999) suggesting it takes time for individuals to consolidate change and integrate into the therapeutic sub-culture present in TCs, compared to the mainstream prison environment.

## GLM

The GLM (e.g. see Ward and Gannon, 2006; [Ward and Marshall, 2004](#); Ward and Maruna, 2007; [Ward and Stewart, 2003](#); Yates *et al.*, 2010) has been attracting increasing clinical and practice and research interest (Fortune *et al.*, in press). The GLM has its basis in the concepts of human rights and ethics: viewing offenders as fellow human beings with similar needs and life aspirations. The GLM assumes that, like all humans, offenders strive to achieve certain primary human goods in their lives. In all, 11 primary goods have been identified (Ward and Gannon, 2006, p. 79):

1. life (including healthy living and functioning);
2. knowledge;
3. excellence in work (including mastery experiences);
4. play (including mastery experiences);
5. excellence in agency (i.e. autonomy and self-directedness);
6. inner peace (i.e. freedom from emotional turmoil and stress);
7. relatedness (in intimate, romantic, family and other relationships);
8. community;
9. spirituality (in the broad sense of finding meaning and purpose in life);
10. pleasure (as a state); and
11. creativity.

From a GLM perspective, although the presence of all of the primary human goods is necessary for a “good” life, individuals vary in the weighting they place on specific primary goods, at particular times in their lives. For example, some offenders may value relatedness more highly than the other primary human goods, while others might place more emphasis on agency. The clinical importance of the weightings given to primary human goods is that they are closely associated with a person’s sense of personal identity or meaning in life (Ward and Maruna, 2007). The goal of GLM-guided intervention, therefore, is the promotion of a GLP, which specifies concrete ways in which primary goods may be realised, in specific environments. Such a plan should take into account an individual’s goals, external circumstances and their capabilities and interests.

Deficits or flaws in an individual’s GLP are conceptualised as factors that contribute to an individual’s offending. Four key deficits are:

1. lack of scope whereby the offender’s life plan is missing important primary goods;
2. use of inappropriate means to acquire to their desired primary goods (e.g. sexual offending in an effort to obtain the goods of friendship and intimacy);
3. conflict between goods which occurs when an individual places greater emphasis on a few primary goods at the expense of other goods; and
4. lack of capacity whereby the individual lacks the necessary internal and external skills, resources and supports to obtain their desired goods.

Offending often results from offenders’ use of antisocial or ineffective methods to realise primary human goods. Within a GLM framework the role of therapists is to assist offenders in developing a GLP that identifies goals that are personally meaningful, as well as specifying the practical steps that need to be taken in order for them to achieve their primary goods through prosocial means.

It is hypothesised that a well-constructed GLP will result in a reduction in offending ([Laws and Ward, 2011](#)). Although traditional risk management/risk reduction approaches tend to concentrate on identifying and changing dynamic risk factors or “criminogenic needs” and focus on avoidance goals (i.e. not reoffending), strength-based approaches such as the GLM focus on

approach goals and aim to reduce risk of recidivism through the more explicit development of an individual's knowledge, abilities/skills, opportunities (i.e. internal and external capabilities) and resources ([Laws and Ward, 2011](#); [Ward and Maruna, 2007](#)). Thus, the GLM has the dual goals of improving the quality of offenders' lives while also reducing their risk of offending. The GLM advocates for an approach goal perspective as it is argued it will both improve offender motivation and indirectly reduce offending. In essence, the GLM provides individuals with a plan on how to live their lives in order to achieve their goals in prosocial ways while also reducing their need/motivation to offend. There are two ways risk reduction can occur. First, the establishment of the internal and external capacities needed to achieve a primary good (or more broadly, implement a GLP) in socially acceptable and personally fulfilling ways, can simultaneously alter criminogenic needs. For example, learning the skills necessary to become a wood carver will make it easier for an offender to develop concentration and emotional regulations skills, thereby reducing impulsivity, a criminogenic need. Second, the reduction of risk can occur much more indirectly, when an offender is strongly motivated to work hard in treatment because of his involvement in projects that personally engage him. For example, an individual might work hard at overcoming his substance abuse problems because he is keen to attend a mechanics' training course. In practice, offenders' GLP affect dynamic risk factors (i.e. criminogenic needs) in both of these ways.

It is important to stress, that the GLM provides a framework for offender rehabilitation and is not a therapeutic or treatment package. It aims to equip and empower offenders to live happy, healthy and socially responsible lives, such that the risk they present to the community is satisfactorily diminished in a sustainable, long-term manner. Because it is a rehabilitation framework it should be supplemented by specific treatment and intervention theories concerning concrete interventions such as Cognitive Behaviour Therapy techniques ([Fortune and Ward, 2014](#)), and has the capacity to operate alongside other models such as TCs.

Because the GLM is a relatively new offender rehabilitation framework, relevant research is still in its infancy. Early evidence, however, indicates that incorporating GLM principles is associated with positive outcomes in sexual offending interventions ([Gannon \*et al.\*, 2011](#); [Lindsay \*et al.\*, 2007](#); [Ware and Bright, 2008](#); [Whitehead \*et al.\*, 2007](#)) and with other populations such as forensic mental health clients ([Barnao \*et al.\*, 2010](#)). In the UK it has been incorporated into the Westgate Unit at HMP Frankland as part of the Good Life and Development Scheme (GLAD; [Fox and Freestone, 2008](#)), in what is therapeutic but not TC environment. Fox and Freestone noted that the GLAD scheme has been associated with positive outcomes such as increasing prisoner motivation to engage in treatment, supporting prisoners to take responsibility for their behaviour, and encouraging prisoners to work towards achieving their GLP. They also identified areas for further development, including ensuring GLP are set collaboratively (not directed by staff) and ensuring adequate staff training. The introduction of GLAD in a prison setting indicates that the GLM has therapeutic potential in a prison environment. The GLM framework could also be incorporated into other residentially based offender settings such as youth offender facilities. Further, we believe the GLM has something of value to add to the existing TC approach.

## The GLM and prison based TCs

There is a natural fit between TCs and the GLM ([Brookes, 2010](#); [Day and Doyle, 2010](#); [Ware \*et al.\*, 2010](#)). Some of the key areas of similarity are the focus on the importance of creating a safe and trusting therapeutic environment, including highlighting the importance of relationship quality; the centrality of capacity building; the necessity of taking an holistic view of offenders' needs; the belief that the environment should support the development and practice of skills; an emphasis on personal responsibility; a focus on living a positive, offence free life; and the intention to provide individuals with the necessary skills to live that offence-free life both in the therapeutic environment, and beyond therapy, into the future. These points are expanded on below.

### 1. *Creating a safe and trusting therapeutic environment*

[Ware \*et al.\* \(2010\)](#) argue that the GLM's focus on finding constructive and strength-based ways to work with offenders fits well with the TC principle of developing a safe and trusting

environment in which self-disclosure can occur. Instead of inherently pathologizing offenders, the GLM construes them as individuals who have struggled to obtain desired primary goods or goals through prosocial means.

All interactions in TCs are seen as having the potential to be therapeutic, whether with staff or fellow residents (Ware *et al.*, 2010). Staff are active members in TCs (Ware *et al.*, 2010; Wexler and Prendergast, 2010) and have multiple and important roles; for example, they model and support appropriate behaviour, provide feedback on behaviour – good and bad – and maintain boundaries (Brookes, 2010; Wexler and Prendergast, 2010). This principle aligns with the GLM view that the quality of therapeutic relationships is a centrally important part of therapy. However, in order for the integration of the GLM framework to be effective in TCs, custodial and other staff (e.g. therapeutic, health, education staff, chaplains, etc.) as well as prisoner residents need to be trained in the framework and actively apply its principles.

## **2. Capacity building**

Turning next to the issue of capacity-building, the TC environment is distinctly constructed to provide a social ecology that fosters individuals' GLM-based efforts to develop the internal and external resources they need to prosocially obtain their desired primary goods, and live in accordance with their GLP. One of the benefits of the TC model is that it provides individuals with opportunities to practice and implement skills directly related to difficulties that have been discussed in a therapy session, whether group or individual therapy (Day and Doyle, 2010; Day *et al.*, 2012). In a TC, offenders are given the capacity to act relatively freely – to try out new ways of behaving – while also receiving feedback from those around them if their actions are inconsistent with the wider therapeutic goals (Ware *et al.*, 2010). For example, TCs can provide an opportunity for developing communication and conflict resolution skills, emotional and social self-regulation, even employment skills: providing modelling, practice and reinforcement (Ware *et al.*, 2010).

TCs then are naturally congruent with the strong social ecological orientation of the GLM. GLPs should be constructed with a specific type of environment in mind and the resources that environment affords. The GLM stresses the interdependent nature of human functioning and as such, points out that successful implementation of GLPs requires the active cooperation (and typically good will) of other people. For example, a plan that has the primary human good of relatedness at its core and recommends taking on the role of a caregiver as a means to achieve this, relies on the availability of other people, and access to the community's resources for its successful implementation.

## **3. Holistic view of offender needs**

Prisons are required to address the physical needs of the individual through health care, education, physical activity (e.g. gyms), accommodation and nutrition and religious services, which Brookes (2010) aligns with various GLM primary goods including life, knowledge, excellence in work and spirituality. However, in usual circumstances the mainstream prison environment limits how well at least some of these primary goods can be met, and may not allow at all for the achievement of other primary goods (e.g. excellence in agency, and work). In contrast to mainstream custody environments, TCs have the ability to support advancement of other primary goods, such as creativity, friendship, community, inner peace and life, by providing a broader based experience. Because TCs have a more holistic approach, they provide an ideal environment in which to implement the GLM (Brookes, 2010), allowing individuals to develop a GLP which takes into account all 11 of the primary goods.

## **4. Development and practice of skills**

Achieving the first steps on their GLP is likely to be easier for offenders who have access to the resources of a TC, and conversely, the GLM principles offer direction to TCs in regard to developing those resources. For example, Brookes (2010) concluded that GLM principles had been successfully integrated in the operation of the TC at HMP Grendon in the UK, assisting residents to achieve more personally meaningful goals than was possible within a mainstream prison environment.

Within a therapeutic environment, the TC process, which encourages reflection and receiving of feedback from other TC members, could also be useful in assisting an individual to develop their GLP (Day and Doyle, 2010). Thus, from a GLM perspective, TCs can provide an excellent opportunity for offenders to develop achievable GLPs, and to practice and implement many of the skills needed to live meaningful and prosocial lives (e.g. through receiving support and feedback from other TC members: fellow prisoners as well as staff) in a safe, contained, and informative environment.

### **5. Personal responsibility**

TCs aim to “promote independence and self-responsibility, again making the individual the active agent of their recovery” (Day and Doyle, 2010, p. 383; see also Ware *et al.*, 2010; Wexler and Prendergast, 2010) which is consistent with the GLM primary good of agency (e.g. autonomy, self-directedness). Agency is not only a primary good in itself; scope for acting agentically is needed to pursue an overall GLP.

### **6. Skills for living offence free**

The GLM emphasises assisting offenders to strive towards (i.e. to approach) their personally meaningful goals in prosocial ways, and to ensure they have the internal and external skills, resources and capacities to do so. De-emphasising the avoidance of future offending, the GLM is thus consistent, as Day and Doyle (2010) have suggested, with a goal of democratic TCs: to develop an individual’s capacity to be able to live successfully within the TC rather than focusing solely on reducing their offending.

Likewise, according to Malinowski (2003), one of the outcome goals of concept-based TCs is to do with “living right”, which is about how community members relate to those around them. Consistent with the GLM, TCs provide an environment in which offenders are able to make the necessary changes towards “living right” (Rawlings, 1999); in GLM terms, allowing an individual to live a life which is personally meaningful and fulfilling but in a prosocial way. Although the GLM provides the overarching conceptual framework, TCs are ideally placed to provide the environment in which this work can occur.

### **7. Skills for living offence free into the future**

Finally, both the TC and GLM value the importance of providing offenders with skills that can be generalised to other environments so that they have the capacity to successfully manage after their release from prison. However, transferring the gains made in TCs across into post-treatment environments – whether custodial or community-based – is a challenge. Research results from HM Grendon Underwood prison suggest that being transferred out of Grendon and returned to the mainstream prison environment was associated with poorer outcomes (Day and Doyle, 2010). There is also some indication that provision of post TC release assistance needs to occur to support individuals in achieving their desired outcomes (e.g. Martin *et al.*, 1999; Perry *et al.*, 2006; Wexler and Prendergast, 2010) while others conclude TCs are effective even without aftercare (e.g. Welsh, 2007). Isaacson *et al.* (2014) and Yesberg and Polaschek (2014) both investigated post-treatment change patterns in high-risk prisoners treated in an intensive TC and then transferred back into mainstream prison units afterwards. They found that, in the absence of a systemic aftercare programme, there were important variations in whether treated individuals consolidated positive change or reverted to antisocial behaviour. Those most vulnerable to backsliding tended to end up in the least change-supportive environments, and to show the most negative outcomes. Within the GLM perspective such backsliding might be attributed to other difficulties such as an environment which focuses on avoidance rather than approach goals, or inadequate planning for how to live a drug and offence free life outside the prison environment. The GLM approach can provide a framework for these important transitions, as again it is based on the philosophy that success is not only about increasing internal resources and skills, but also about ensuring the individual has the appropriate external resources, skills and supports in place to assist them in continuing to achieve their GLP. The GLM can assist individuals by giving them direction and structure

during this period, helping to identify clear and practical steps they need to take to achieve their goals, both in prison and beyond.

## Future directions

As stated above, as a relatively recent offender rehabilitation framework, research into the GLM is still in its infancy. However, there is increasing support for the GLMs effectiveness with a range of offender groups (e.g. [Barnao et al., 2010](#); [Gannon et al., 2011](#); [Lindsay et al., 2007](#)). Prisons based TC's have also been associated with positive outcomes for offenders (e.g. [Miller and Brown, 2010](#); [Perry et al., 2006, 2009](#); [Welsh, 2007](#); [Wexler and Prendergast, 2010](#)). We have proposed that strength based approaches, such as the GLM, have something to add to the existing TC approach. If these proposed policy and treatment shifts are to occur all staff and management must be well trained to support implement, and research should occur in order to ensure the GLM principles are well adhered to, to monitor and evaluate the GLMs implementation and follow up on outcomes for offenders post TC. It might also be useful to explore whether or not aftercare was beneficial and how a GLM oriented offender rehabilitation programme might interact with other post release variables such as parole and community based treatment ([Welsh, 2007](#)).

## Conclusions

Those working in the field of offender rehabilitation are looking to maximise treatment outcomes all the time, and improving the interventions provided to offenders is part of this process. Here we have suggested that a strength-based framework such as that offered by the GLM could usefully be integrated into prison based TCs. It would provide an intervention framework for individuals while they are within the TC, but also can assist them in developing plans for how they will live their life beyond the TC. Such a shift would have implications at a clinical as well as a policy level. For those working at a clinical level it can help them to maximise their therapeutic interactions with offenders within a TC, while for those at policy level it may usefully inform the development of current and future therapeutic units in prison environments.

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