What's Wrong?

Resistance Denial

"maximized benefit"

Stuck Impasse

What is the Goal of Treatment?

- Most treatment programs are pathology based, driven by a diagnosis or presenting problem and treatment is aimed at reducing symptomatology or "managing the issue"
  - Symptom reduction
  - Harm reduction
  - Protect society

Does This Work?

- How does a pathology based approach motivate clients?
- Labeling - diagnosis
- Stigma – focused attention on worst behavior
- Focus on problem – “come in lets talk about all the things you're doing wrong”

What is Best Practice?

- Traditional model for treating this population has historically been risk based
  - Risk/Need/Responsivity (RNR Model)
  - Pathology based treatment planning
  - Relapse Prevention or avoidance-based goals
  - "Thou shall not"

How do these approaches motivate our clients to participate in therapy?

"The Road to Hell is Sometimes Paved With Good Intentions"

- Risk oriented strategies tend to focus on avoidance-based treatment strategies
  - Resulting in isolation, over correction and sense of hopelessness – " I can't do anything right"

Societal Stigma compounds this effect

- Labeling through diagnosis
- Overcorrection by other disciplines and caregivers to ensure community safety (punishment, incarceration)

Treatment Plans

- What do our traditional treatment plans say?
- How does this "Problem-based Theory" inform our practice?

  - Presenting Problem (what's wrong with you?)
  - Diagnosis (Technical jargon)
  - Goals which are narrowly focused
  - and objectives that are complicated and problem-oriented (Interesting to client?)

The Effects on our Clients

- These strategies have an overall impact of:
  - Fostering resentment to discussing ones sexual history, thoughts, feelings…
  - Breeding anger and/or resistance to what may be perceived as punishment
  - Fostering isolation – either by force - legally, or by fostering a need for security/protection, or even passively through therapy which meant well!
  - Reducing or killing motivation for treatment
  - Was this our goal?

Back to Best Practice

- Are these "treatment approaches" doing any harm?
- Are these approaches consistent with a Rogerian approach? – we do know that works!
- Do these approaches provide any hope for our clients?
- Do they help or hinder engagement in the process?

Again - What is the Goal of Treatment?

- Shouldn't the goal of treatment be to improve ones life?

- Holistic/ecological approach
- Strength-based
- Positive psychology/rogerian approach
- Engaging/motivating style

What is the Goal of Treatment?

- Shouldn't we work to get our clients to a place where they want to continue therapy?

- What would motivate our clients to continue therapy?
  - Focus on strengths through an engaging style
  - Look at ways to improve all aspects of ones life VS sole focus on "the problem"

Does it Make Sense to do Something Different?

- Shouldn't all therapy have an underlying goal of helping the client improve their life?
- If someone improves their life, will that help them reduce the risk of engaging in harmful behavior?
- If a therapist helps someone achieve a more balanced and self determined lifestyle, is it reasonable to think that client will be motivated to continue the treatment process?
- Will an improved lifestyle instill hope?

Who Says This Will Work?

- Research has shown that the efforts of professionals CAN work to reduce the harm of sexual abuse. There is little doubt about this conclusion.
- Even as studies have found some methods to be more effective than others, there is still one indisputable fact: The person who works *with* an adolescent – and *how* they work with him or her – makes a difference"

  • David Prescott 2012

What Does the Research Say?

- " The attributes and behaviors that therapists bring to treatment influence greater behavior change than those induced by manualized treatment procedures… recommend that clinicians adopt a warm and rewarding style"
- (Marshal et al, 2005)

Evidence-based Practice

" A strong therapeutic alliance with the youth is of particular value in work with adolescents in general and delinquent youth specifically"
(Horvath & Greenberg, 1994, Shirk & Russell, 1996)

" A positive therapeutic alliance is associated with psychological improvement and decreased recidivism for delinquent youth"
(Florshiem, et,al 2000)

Evidence-based Practice

Factors that influence successful treatment outcomes (Hubble, 2009)

- 15% Technique used
- 15% Creation of hope & expectation of change
- 30% Therapeutic relationship between provider and client
- "40% of successful treatment outcomes were found to come from outside therapy. This included the client's strengths, environment, attitudes and the support of others"

Evidence-based Practice

- "Treatment programs based on risk management are essentially focused on avoidance goals, and as such are not likely to result in high levels of well-being and functioning for the individuals concerned"

(Emmons, 1999; Mann et al., 2002)

Need more evidence?

"Multi-modal; or multi-component interventions are more effective for youth involved in the justice system than narrowly focused programs" (Lipsey, 1992)

Positive youth development programs offer a coordinated, progressive series of activities and experiences such as mentoring, community service, leadership development, peer-centered activities and long-term follow up and supports" (Torbert & Thomas, 2005)

Core Competencies (Torbert & Thomas, 2005)

- Pro-social skills: Interaction, problem solving and impulse control
- Moral reasoning skills: The ability to make correct decisions when faced with moral dilemmas
- Academic skills: School achievement to the highest level possible
- Workforce development: Vocational training on hard and soft skill areas
- Independent living skills: Self sufficiency

What Theoretical Model Supports This Approach?

Good Lives

Tony Ward 2003

What is a Good Life Plan?

- All individuals have an implicit Good Life Plan that represents what conditions will lead to happiness or a *good life*. - Ward

- These implicit plans are each highly individualized – each person attaches different priorities to some aspect of their plan for a better or *good life*. - Ward

GLM

- The central aim of rehabilitation – according to the Good Lives Model is to
  - Build the client's capacity to live a satisfying life
  - Build a lifestyle that does not include harming others
  - Framing treatment as something that will help clients achieve a better life and in the process…
  - Reduce life's problems

The Good Lives Model

- The GLM presupposes that people commit harmful behavior because they lack the opportunity and/or ability to acquire important things in their lives

"Harmful/criminal behavior results when various personal, physiological, and social conditions lead an individual to achieve his/her goals in life through harmful behavior"

Essential Values

- Based on the GLM supposition, there are two main values that should underlie treatment

1. The importance of understanding the relationship between ones goals and objectives and their harmful behavior
2. The importance of ensuring treatment is focused such that the client can meet their life needs – while reducing their risk

Get out of the Risk Based Box

- How can treatment overcome the limitations so evident in a risk-based approach?
  - Begin by shifting focus - away from just risk ,to focus on the client's life goals
  - Understand these goals and their importance to the person in detail
  - Embrace these goals with the client in the context of treatment – use them!
  - Support the clients attainment of these goals

Beyond RNR

- The Risk, Needs and Responsivity Model focuses on intervening in specific ways to reduce risk, by targeting criminogenic needs
- The RNR model gives us an important outline of how to target needs based on the level of risk and advises clinicians to individualize interventions based on Responsivity variables…
- But this approach does little to MOTIVATE clients

Good Lives and RNR

The GLM does not dismiss the RNR model, rather it enhances the approach;

RISK	By targeting needs based on more than just risk
NEED	And enhancing or developing those aspects of the persons life which should prevent harmful behavior
RESPONSIVITY	GLM fosters individualized interventions – which fits nicely within the Responsivity framework of RNR

Application

The therapist's role is to:

a. Determine the primary goods that are important to the individual.
b. Reinforce their importance (motivation factor)
c. Help the client see and overcome barriers or flaws to obtaining the goods
d. Help the client understand the relationship of primary goods to offending behavior.
e. Build the clients' capacity to attain the goods they want in socially acceptable – non-offensive ways

Application

RESILIENCE: GLM also tells us to look for and highlight strengths to build upon

Protective factors (Bremer, 2006, Gilgun, 2006, Benson, Scales & Roehlkepartain, 2011)

Hope/Plans for future

Stability in ones daily life

Opportunities to explore ones' interests

Ability to regulate emotions

Having a confidante

Adequate knowledge about human sexuality

Education

Supportive families

Application

The GLM also embraces assessing for responsivity factors

- Cognitive ability
- Learning style
- Personality makeup
- Mental health
- Culture
- Motivation
  - And other variables that will help inform the nature and style of delivery best suited for each client

Application

RISK: GLM embraces a good risk assessment

- STATIC – to determine the intensity of intervention necessary: Sexual/behavioral/criminal hx, psychometric/psychological testing
- DYNAMIC – to determine the individualized treatment targets: J-SOAP, Self regulation pathway, psychosocial, trauma assessment, SAVVRY general risk assessment

Assessment of the Components of a Good Lives Plan

1. Identify the Primary Goods (general qualities of life that are important to the client)
2. Identify the Secondary Goods (the concrete activities the client uses to obtain a primary good)
3. Identify how primary goods relate to the offense process (which primary goods were important prior to and at the time of the offense)
4. Identify flaws (problems implementing a GLP)

1. Assessment of Primary Goods

- Life — Healthy living and functioning
- Knowledge — Desire for information and understanding of oneself and the world
- Excellence — Mastery of play/work
- Autonomy — Independence/self directedness
- Inner Peace — Freedom from emotional stress
- Friendship — Connections to others

Primary Goods Cont'd

- Community — A sense of belonging to a larger group, shared interests
- Spirituality — Purpose in life, or broad sense of meaning
- Happiness — A state of contentness/pleasure
- Creativity — Novelty or innovation in ones' life

" As humans, we all strive to reach goals, or seek certain experiences, outcomes or states of being in our daily lives, typically one or more from this list of 10"

LIFE

Healthy Living and Functioning

Diet
Exercise
Sleep

Emotional Regulation/impulse control

FRIENDSHIP

Family, Friends and Associates

The ability for positive peer interactions, impulse control and ability to avoid negative peer pressure

Circles of intimacy

Quality time with family/friends

Circles of support/Treatment Ally

Excellence

Happiness, Creativity, Mastery of work/play

Hobbies/Interests
Fun and Play
Strengths/Aptitude/Academic success
Career choices/workforce development

KNOWLEDGE AND AUTONOMY

Mastery in School & Self Governance

Esteem & Self confidence
Ability to set personal goals
Decision making skills/Moral reasoning
Attitude towards school- motivation
Academic and/or Vocational success

Community & Spirituality

Belonging, Identity, Meaning and Purpose

Character development
Spirituality Services
Choosing Friends
Community Service/BARJ

INNER PEACE

Free from emotional turmoil or troubles

Stress tolerance/Emotional regulation
Internal locus of control
Trauma resolution/Depression management

CASE EXAMPLE

Q is a 15 year old male with a history or sexually harmful behavior towards others

Multiple treatment failures

ADHD/Conduct Dis

Compulsive exposure incidents, resulting in criminal charges

Family abandonment/shame

Uncovering Primary Goods

- Use of a Good Lives group to teach/discuss the general concepts involved in Good Lives Planning
- Use of the *Primary Goods Menu: " here's a menu of areas that serve as goals to just about everyone at one time or another, I wonder if there is an area that interests you?"*

Primary Goods Menu

Client Autonomy

- Start where the client is….
- "Ok I see you've chosen Life to talk about, what do you think drove that choice?"
- " on a scale of one to ten, what number represents the importance of Life to you right now?"
- Why a __? Why not a score that is: higher/lower?"

Explore all the Goods

- "Lets go through some other Goods, how would you score friendship is terms of its importance?"
- Eventually you want to go through all 10 Goods and get some sense of their importance to the client
- Example: Friends, School-College, Basketball

From the Abstract to the Concrete

- Clients may often be unaware of the abstract *Primary Goods* that are important to them.
- They are more likely to describe the *Secondary Goods* – which are the specific and concrete ways they attempt to meet the primary goods.

2. Examine the Secondary Goods

- Now take each primary good and examine how the client works to meet each; what specific strategies are engaged to get this good?
- Secondary Goods can be healthy or unhealthy
- Strengths, interests, primary use of time, obsessions, sources of anxiety can all play a part
- The more secondary goods you see for any primary good is a good indicator of the importance of that primary good.
- Make sure you reflect any findings or assumptions back to the client for clarity and insight

Secondary Goods

Healthy	Unhealthy
High Impact/Energy	
Exercise	Use of drugs/alcohol
Riding bikes	Property destruction
Playing sports	Delinquent acts
Dance/Music	Setting Fire
Dating/courtship	Promiscuity/sexual offense
Assertive	Aggressive/dominating
Low Impact/Energy	
Hanging out	Negative peer association
Reading	Use of porn
Hobbies	TV
Writing	Sleeping
Pet care	Eating indulgence
Time w family	Time alone
Clubs	Wandering around

Focus on Secondary Goods

- " Tell me more about times when you've had the friendship good met"
- "So there has been times in your life when the inner peace good was not being met as you would have liked? What was happening then?"
- "So where does this secondary good fit into your future?"
- Example: how will exposure help or harm you in future endeavors –to find and keep friends? To not feel stress? To go to college? Play basketball?

Secondary Good Focus

- Explore the intensity of each good
- Look for effective strategies that have worked
- Look for flaws in means, scope, congruence of plans, or skill deficits that are getting in the way
- Look for lost opportunities the client can't see
- Use MI to move client closer to working towards a good that they were ignoring, or to seize an opportunity they hadn't considered

3. The Relationship Between Primary Goals and Sexual Offending

- Now begin to help the client see how his/her pursuit of goods is related to harmful behavior.
- "How did friendship fit into your offense (harmful behavior)"
- Roll with any resistance or denial and offer up another primary good
- " If you don't think friendship was related, what about Inner Peace? Were you stressed at the time?"
- Look for themes in terms of cognitions and actions taken by the client throughout the progression of the offense process.
- Example: Q had trouble seeing how his exposure was a misguided attempt to find love/belonging

4. Assessing for Flaws

- Individuals may lack the opportunities and /or capacity to acquire what is important in their lives, or they do so in antisocial ways as a result of a variety of factors.
- These factors, such as early life experiences; (parental modeling or abuse/neglect) are learned and then reinforced and can become "flaws"
- Example: Q believed exposure may lead to a sexual encounter –providing comfort and release of tension

4 Potential Flaws in the GLP

1. Means: The client uses inappropriate or harmful strategies (socializes w younger children to get friendship)

2. Lack of Scope: Too much focus on only one primary good/plan is too narrow. (Too much autonomy can leave one lonely!)

4 Flaws to a GLP

3. Conflict Among Primary Goods: Strategies aimed at meeting multiple goods conflict with each other – resulting in neither good being adequately obtained (trying to obtain intimacy and relieve stress through exposing oneself results in loneliness , isolation)
4. Lack of Internal/External Capabilities: This can be a lack of skills (internal) needed to plan or solve problems (impulsivity) and/or lack of opportunities (external); i.e.; because of impulsiveness (ADHD) he lacks access to social relatedness

Integration

- This process should help the therapist and client become more aware of the primary goods being sought
- The level of importance of each good
- The secondary goods or means of obtaining each primary good
- Any flaws or barriers to obtaining the primary good(s) in socially acceptable ways – resulting in harmful behavior

Integration

- What specific strategies or thinking errors resulted in harmful behavior.
- These then become the important and dynamic risk factors for that client!
- The flaws uncovered form the basis of a (GLP) treatment plan or individualized treatment strategies to be pursued - to ensure a GOOD LIFE

Treatment Plan

- Once the assessment phase is complete, it is time to begin integrating all that is known into a treatment plan
- The GLM/SRM approach aligns with a positive psychology approach, in that it combines the risk factors AND client strengths when formulating a treatment plan

Good Lives Constructs

Or the development of healthy secondary goods

- Overarching competency enhancement in global areas:
- Problem solving; preparing, comparing and evaluating choices, RT & Choice Theory
- Development of better interpersonal skills; sharing, caring, and enjoying the company of others, positive group skills – like offering supportive feedback and listening to others learning how to abide by rules
- Improving emotional regulation; DBT skills, anger management

Good Lives Constructs

- Managing cognitive distortions; educating about misconceptions until internalized as truth
- Healthy Sexual functioning; actively meeting sexual needs – not ignoring them
- Productive use of time; exploring leisure skills and exposure to various activities in an attempt to identify interests/talents in order to improve ones overall sense of worth
- Improving Autonomy; practicing ILS and choice making to reinforce ones sense of independence.

BALANCE

- The idea is to balance the treatment plan to ensure we are targeting not only the risk factors, but also the strength/resiliency factors
- Management & improvement in both areas are necessary for A GOOD LIFE
- Although each plan is individualized or tailored to meet the unique needs of a particular client, treatment can still follow a predictable course.

The Good Lives Phase System

- Orientation: Identifying client strengths, intro to community group and skills/psychoeducation groups
- Initial: GLP intro and Primary Goods "big picture"
- Historical: Exploration of ways client attempted to meet primary goods historically (Secondary Goods)
- Insight: Identify how goods could be met in more appropriate ways and the benefits of improving all components of GLP (Flaws and solutions)
- Integration: Practice of new strategies with ever increasing autonomy
- Transition: Application of "success" plans in real life situations, increased autonomy in school/work/relationships etc.