The Good Lives Model and Offenders with Mental Disorders

Professor Tony Ward, Ph.D., DipClinPsyc
Victoria University of Wellington

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

40 y/o male

in civil commitment
Models of Forensic Mental Health Rehabilitation


- Rehabilitation theories function as a broad map to guide all aspects of intervention (Ward & Maruna, 2007)

- In FMH two models apparent:
  - *Psychopathology
  - *Risk Reduction & Management
Models of Forensic Mental Health Rehabilitation

- Frequently *blended* to create a hybrid model to ensure address MDO needs & dual relationship problems.

**BUT**

- Combination of these divergent perspectives raises more clinical, conceptual and ethical issues than it solves!
The Good Lives Model (GLM): A Strengths-based Approach
GLM Approach

- Strengths-based, positive approach
- Collaborative, motivational approach

Focuses on how treatment will benefit offender

Two linked (!) goals:
  - Reducing/managing risk
  - Attaining a meaningful life
GLM Approach

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

E.g., Laws & Ward (2011); Ward & Maruna (2007)
GLM Approach

- **Secondary goods** = concrete ways (means) to secure primary goods (e.g., intimacy via sex with a child)

- **Dynamic risk factors** = internal or external obstacles that block achieving primary goods in pro-social ways (e.g., impulsivity)

  E.g., Laws & Ward (2011); Ward & Maruna (2007)
GLM Approach

- **Aims of Intervention:**
  - Develop a **good life plan** that is meaningful to individual and that will also manage risk
  - Establish positive approach goals and work toward building skills and external opportunities to attain these

- **Aims of Supervision:**
  - Monitor implementation of good life plan in addition to risk
Primary Human Goods

- GLM proposes at least 10 primary human goods
- Weighting placed on various goods determines individual’s idea of a “good life” and good life plan (Identity*)
- Value pluralism!
- Primary goods related to offending by their presence or absence
- Attainment of goods in a pro-social way reduce or manage risk to re-offend
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<th>Common Life Goal</th>
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<td>Life: Living and Surviving</td>
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<tr>
<td>Knowledge</td>
<td>Knowledge: Learning and Knowing</td>
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<tr>
<td>Excellence in Work &amp; Play</td>
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<td>Creativity</td>
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Primary Goods: Example

- **Relationships and Friendships**
  - Desire to establish bonds with others
  - Intimate, romantic, family relationships

- **Instrumental (secondary) goods:**
  - Engages in social or other activities that facilitate meeting new people and maintaining relationships
  - Spends time with friends
  - Gives and receives support (e.g., emotional, practical)
  - Sexual relationships
Good Life Plan Flaws

- Means used to secure goods:
Good Life Plan Flaws

- Lack of scope: Putting all the eggs in one basket
Good Life Plan Flaws

- Conflict: Pursuit of one good interferes with pursuit of another good
Good Life Plan Flaws

- Lack of capacity to secure goods:
Application of the Good Lives Model: Treatment / Intervention Planning
Good Life Plan

- Includes all PHG build around what important to individual
  - Sufficient scope
- Includes non-offending, practical ways to attain goods/goals
- Includes strategies to address flaws
- Includes links between goods, offending, and risk factors
- Example: John the Maori wood carver
Areas of Focus
Case Study
GOOD LIVES PLAN: John

Criminogenic Needs
- Impulse
- Offence Supported Attitude + Beliefs
- Substance Abuse
- Social Isolation
- Anti Social Association
Impact of Mental Disorders on GLP


- Disturbances to mental health undermine internal capabilities and external resources required to satisfy a wide array of primary goods, jeopardizing chances of leading a rich and rewarding life.

  > Undermining agency, poverty, stigma, discrimination medical problems, homelessness, comorbid MDs etc
Impact of Mental Disorders on GLP

- Agency impairment particularly problematic and has both internal and external components:
  1. Reduced ability to carry out self-directed, intentional actions that are designed to achieve valued goals
  2. State-imposed restrictions on a person’s liberty
  3. Restrictions imposed by psychiatric services
Psychiatric Symptoms as Secondary Goods

- Sometimes symptoms of mental illness may simultaneously provide the means by which valued primary goods are sought and partially attained (Phenomenological perspective).

- Congruence can exist between current and premorbid themes and goals (i.e., primary goods)
  - Example of agency: special powers to influence the universe
Mental health Services: Facilitators versus Obstacles

- Psychiatric treatment and rehabilitation can either facilitate or block an individual’s ability to obtain valued primary goods.

- “research describing psychiatric and forensic patients’ perceptions of services suggests that the ‘care’ provided may offer few opportunities for meaningful activity, be devoid of genuine connections with staff, and be experienced as repressive, dehumanizing, and corrosive.” (Barnao et al, in press)
Value of the GLM with MDO

- Enables the seamless integration of all components of forensic rehabilitation, e.g., different interventions and paradigms, ethical issues, and process, practitioner and contextual variables.

- Focus on collaborative development of GLP means get to know their patients as individuals and to factor into their rehabilitation plans personal priorities (agency, meaning and engagement)
Value of the GLM with MDO

- Integrating the GLM into interventions for offenders has the potential to enhance treatment engagement, reduce dropout rates, and result in better outcomes (Gannon et al., 2011; Simons, McCullar, & Tyler, 2006)

- Explicit attention to the important issue of therapeutic relationships rather than primary focus on Sx (Ackerman & Hilsenroth, 2003)

While reducing recidivism and treating mental disorder are imperative, rehabilitation must also offer offenders the possibility of a better life if it is to fully engage them in the process of change.