



The Good Lives Model: A strength-based approach for youth offenders

Clare-Ann Fortune*

Victoria University of Wellington, New Zealand



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ABSTRACT

There is increasing interest in the use of strength-based approaches, such as the Good Lives Model (GLM), in the field of offender rehabilitation to complement primarily risk management models. To date, theoretical work has focused on the application of the GLM to adult offenders, and primarily sexual offenders at that. This paper explores the theoretical application of the Good Lives Model (GLM) to the rehabilitation of youth offenders. Practitioners often struggle to engage young people in treatment as working towards the goal of avoiding further offending does not directly speak to their core concerns and, as such, is not very motivating. The GLM is a rehabilitation framework that focuses on approach goals, which encourages individuals to identify and formulate ways of achieving personally meaningful goals in prosocial ways. It is argued that as a rehabilitation framework the GLM has the flexibility and breadth to accommodate the variety of risk factors and complex needs youth offenders present with, and also provides a natural fit with a dynamic systems (e.g., family and educational systems) framework, and evidence based interventions in the youth offender field.

1. Introduction

Youth offenders are responsible for a disproportionate amount of crime (Moffitt, 1993, 2007; Richards, 2011) and the majority will re-offend at some point. Recidivism rates are particularly high among those who serve custodial sentences but are significantly elevated among those who receive community sentences/orders also (Day, Howells, & Rickwood, 2004). While punishment is primarily concerned with identifying a behavior as right or wrong, and serves the purpose of ensuring accountability, rehabilitation is about assisting individuals to acquire skills, build capacity, and develop a sense of personal well-being (Ward & Maruna, 2007; Ward & Salmon, 2009). In essence, the overall goal of rehabilitation is the reduction of offending by improving the individual's social and psychological functioning through skill development and ensuring they receive appropriate resources (Ward & Salmon, 2009). Providing effective rehabilitation is an essential component of a successful response to youth offending.

Approaches to offender rehabilitation, including those for youth offenders, have historically been based on the principles of the Risk-Need-Responsivity Model of correctional rehabilitation (RNR, e.g., Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Bonta & Andrews, 2017). There is, however, increasing interest in the use of strength-based approaches, such as the Good Lives Model (GLM), in the field of offender rehabilitation to complement primarily risk management models. To date, theoretical work has focused on the application of the GLM to adult offenders, and primarily sexual offenders at that.

However, before applying the GLM to youth it is important to consider the theoretical and practice implications of applying an approach initially designed for adult sexual offenders. Youth offenders present with different needs, treatment considerations and challenges to adult offenders, not least due to their developmental level (Prescott, 2013). It is therefore timely to examine the GLM and contemplate what considerations and/or adaptations need to occur when applying it to youth offenders.

This article addresses this gap in the extant literature by exploring the application of the Good Lives Model (GLM) to the rehabilitation of youth offenders *from a theoretical perspective*. Firstly, consideration will be given to the needs of youth offenders and the barriers to working effectively with them in youth justice contexts. This is followed by a review of what the literature tells us about aspects of effective rehabilitation for youth offenders. Next the GLM will be described, and the extant empirical support and gaps in knowledge reviewed. Then how the GLM might be applied to the rehabilitation of youth offenders is considered taking into account the earlier discussion around what we already know about the needs of, and effective approaches to, the treatment of youth offenders. It is argued that using the GLM with youth offenders has a number of benefits including its ability to accommodate their varied and complex risk/needs, responsiveness to their developmental level (e.g., adaptation of language and tools), fit with a systems perspective and current evidence based treatments for youth offenders. Finally, the capacity of a GLM informed approach to engage and motivate youth offenders is explored.

* School of Psychology, Kelburn Campus, Victoria University of Wellington, PO Box 600, Wellington 6140, New Zealand
E-mail address: Clare-Ann.Fortune@vuw.ac.nz.

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2. Needs of youth offenders

Adolescence is a period of great developmental change across a range of domains, physical, psychosocial and cognitive and includes increasing autonomy, improvements in emotion regulation and perspective taking (Bryan-Hancock & Casey, 2011; Harris-McKoy & Cui, 2013; Miller, 2014). Youth are also usually considered within the broader family, education, peer group and the wider community systems in which they live. Many jurisdictions around the world recognize the unique challenges and needs of youth offenders due to their developmental stage and the complexity of their relationships with their environment. Consequently, the range of risk factors and needs of youth offenders can be broadly categorized at the individual, social, family and community level (Morgado & Vale-Dias, 2013). At the *individual* level risk factors and needs include abuse and neglect experiences, poor emotional and behavioral self-control capacities, substance use, antisocial attitudes, personality attributes such as impulsivity, and neuropsychological factors including cognitive and learning deficits. Antisocial peers are often present at the *social* level and can serve to model and reinforce antisocial behavior as well as meet needs for affiliation and support (e.g., Miller, 2014; Morgado & Vale-Dias, 2013; Richards, 2011; Shaw, Hyde, & Brennan, 2012). At the *family* level inadequate monitoring and supervision by caregivers, parental discord (e.g., divorce, separation) and exposure to antisocial/violent models in the home (e.g., parental substance use, criminality, aggression) may be present (e.g., Harris-McKoy & Cui, 2013; Miller, 2014; Morgado & Vale-Dias, 2013; Shaw et al., 2012). Finally, at the *community* level youth offenders may come from socially and financially disadvantaged communities (e.g., Morgado & Vale-Dias, 2013).

While many of these risk factors are similar to those of adult offenders, youth vary on a range of variables as well as the breadth and complexity of their needs and risks, and stage of development. In combination these elements present unique challenges for practitioners working with youth offenders. Research shows there is significant brain growth during adolescence, particularly in areas associated with important behavioral functions (e.g., frontal lobes). This development impacts emotion regulation, impulsivity, risk taking, decision making and reasoning (Miller, 2014; Richards, 2011). Impairment of these functions in youth offenders suggests their corresponding biological and neurological systems are compromised in some ways. This can result in violations of normative rules and behavioral expectations. In essence, this means that youth offenders are more likely to engage in risky behaviors despite knowing the risks associated with such acts (Richards, 2011). In addition peers are particularly influential during adolescence and can heavily influence the probability and nature of a young person's engagement in risky (including antisocial) behaviors (Miller, 2014; Richards, 2011). Young people involved in the justice system are also more likely to suffer from an intellectual impairment compared to the general and adult offending populations (Miller, 2014; Richards, 2011). Although mental health is not an identified risk factor for adult offending (Andrews & Bonta, 2010; Bonta & Andrews, 2017), youth offenders present with higher levels of mental health difficulties (e.g., Attention Deficit Hyperactivity Disorder, Conduct Disorder). This is particularly so for those living in youth justice residential facilities (Miller, 2014; Richards, 2011). Thus, existing research demonstrates that youth often present with a greater range of complex needs compared to adult offenders (Richards, 2011). Although some of the issues are present in both populations, it appears a number of these factors (e.g., mental health and substance use) are more salient for youth offenders, and have a greater impact on their wellbeing and functioning (Richards, 2011). This complexity presents practitioners treating youth offenders with unique challenges if they are to address and respond to their psychological and social needs. However, the barriers to effective intervention with young offenders are not limited to youth oriented factors but are also a result of the wider criminal justice system and society. This can result in a mismatch between the risk of a youth

offender reoffending and the nature and intensity of any therapeutic response.

2.1. Barriers to intervening effectively with youth offenders

Youth who intersect with the justice system are often only engaging in status (e.g., truancy and underage drinking), petty, and/or non-violent offences, while others are engaged with survival behaviors such as prostitution (United Nations Children's Fund (UNICEF), 2013). Responses to these children and young people are frequently harshly punitive rather than supportive (UNICEF, 2013). It has been argued that "children in conflict with the law are among the most vulnerable citizens" experiencing routine violation of their basic rights (UNICEF, 2013, p. 1). In some parts of the world this includes violence, isolation, and de-socialization within detention centers (UNICEF, 2013). This is problematic as most young people who engage in antisocial behavior during their adolescent years are unlikely to be headed towards a lifelong offending trajectory. Usually they have rather short criminal careers (Moffitt, 1993, 2007). The worry is that any desistance processes could be derailed by criminal justice responses to their antisocial behavior (Moffitt, 1993, 2007; Monahan, Steinberg, Cauffman, & Mulvey, 2013). There is the potential to cause further harm if unsuitable interventions are used with youth (Richards, 2011). On the flip side, developmentally appropriate interventions with this group have the potential to facilitate desistance and prosocial outcomes (Richards, 2011).

Arguably, as a society we have the ethical and moral responsibility, when dealing with youth who engage in antisocial behavior, to respond in a developmentally appropriate manner. The United Nations Convention on the Rights of the Child (UNCRC) enshrines the notion that considering the best interests of the child should guide judicial interventions (United Nations, 1985, 1989). From this perspective, children who commit crimes are entitled to treatment that is developmentally appropriate, specialized, and promotes reintegration (UNICEF, 2006, 2013). In order to achieve this reintegration, the evidence suggests interventions should be "early, supportive and tailored" (UNICEF, 2013, p. 1). Although the UNCRC does not specify how this should be achieved it does provide an overarching framework for the application of these principles (Coppins, Casey, & Campbell, 2011). The UNCRC argues that ethical and moral considerations are important when dealing with youth offenders—at all stages of the process from apprehension through legal process to treatment programs and beyond.

It is now widely acknowledged that youth should be dealt with by agencies that are separate to the adult system because of their immaturity and inexperience. Any response should be less harsh than that delivered to adult offenders (Richards, 2011). Policies ought to be designed around the notion of reducing the frequency of contact youth have with the justice system and of increasing the likelihood they desist from future offending (Richards, 2011). However, although legislation in most Western jurisdictions, such as Australia, Canada, New Zealand and the United States of America, serves to ensure that the procedural rights of youth offenders are met, it typically does not extend to ensuring the interests of the young person once they enter the juvenile justice system (Coppins et al., 2011). The UNCRC "has highlighted the irony of the current practice situation" in which the systems fail to adequately protect and guarantee the rights of children, while expecting them "to respect the human rights and fundamental freedoms of others" (Coppins et al., 2011, p. 30). Coppins et al. (2011), p. 30) go on to argue:

There is a need for legislative change that ensures young people who come before the courts have their cognitive, psychosocial and emotional needs considered with respect to the legal process and any subsequent outcomes. In the face of the current trend for adultification and the heavy emphasis on custodial sentences, that legislation should allow for alternative sentencing options that promote pro-social lifestyles and enables the courts to act in a manner that is both

therapeutically and procedurally just and equitable.

Thus, although there has been progress in the tailoring of rehabilitation approaches with young offenders there is definitely room for improvement at all stages, including during therapeutically oriented interventions.

3. Effective rehabilitation with antisocial youth

In order to appropriately address youth offending there is a need to separate rehabilitation from punishment—as Prescott states “Punishment is punishment ... [and] ... the moment rehabilitation begins to look like punishment is the moment that rehabilitation efforts are probably not going to work” (Prescott, 2013, p. 72). We know that *rehabilitation* that involves *treatment* approaches with a therapeutic component (e.g., skill building, individual, group or family counseling) are more effective in creating behavior change than external control approaches such as discipline (e.g., military style boot camps) and deterrence (e.g., scared straight programs) techniques (Lipsey, Howell, Kelly, Chapman, & Carver, 2010). In a meta-analysis of the characteristics of efficacious interventions for youth offenders Lipsey (2009) found that treatments in a range of justice settings were effective. These ranged from community interventions in which individuals received no formal supervision to programs delivered in institutional settings.

3.1. Components of effective rehabilitation

Three key components of effective rehabilitation for young people presenting with antisocial behavior have been identified: 1) a *therapeutic intervention* approach (e.g., counseling and skills training programs such as cognitive behavioral therapy (CBT) but also other interventions) were more effective than those relying on control or surveillance, deterrence, etc., 2) targeting offenders assessed as *high risk* results in stronger effects, and 3) the *quality of implementation* makes a significant difference to outcome—i.e., high levels of treatment fidelity results in lower recidivism rates (Goense, Assink, Stams, Boendermaker, & Hoeve, 2016; Lipsey, 2009). In general, programs containing skills building components are useful *treatments* for youth offenders but within this category, it is behavioral and cognitive behavioral programs that are most effective, compared to job related skills, and social skills programs (Lipsey et al., 2010; Zagar et al., 2013). However, as outlined above, youth offenders present with a variety of needs and also interact with a range of settings/systems. Based on this fact it has been recommended that a multimodal intervention approach should be adopted with youth offenders, simultaneously targeting interventions at multiple levels – social community, family and the individual levels (Karnik & Steiner, 2007; Zagar et al., 2013; Zagar, Busch, & Hughes, 2009). Matching intervention to the age of the child/youth has also been associated with improved outcomes. These include providing in-home nursing interventions in infancy, and family based interventions during adolescence, which are also cost effective (Zagar et al., 2009).

A number of family based interventions for youth offenders including Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Multidimensional Treatment Foster Care (MTFC), have all been found to be valuable in addressing behavioral difficulties (Caldwell & Van Rybroek, 2013; Karnik & Steiner, 2007; Littell, Popa, & Forsythe, 2005) as well as being cost effective (Vermeulen, Jansen, Knorth, Busken, & Reijneveld, 2016).

Individual treatments for youth offenders are often one component within a broader intervention approach (e.g., Dimond & Chiweda, 2011; Fortune, 2013). When individual work occurs with youth offenders as part of their treatment program, it typically involves CBT, which has a strong evidence base for a wide range of difficulties such as substance use, aggression, anxiety, depression, and antisocial behavior (Armeliuss & Andraassen, 2007; Beck, 2011; James, James, Cowdrey, Soler, & Choke, 2015; Seligman & Reichenberg, 2014).

Other approaches have been used effectively in individual therapy

with youth offenders. Since it is not possible to force people to engage in treatment it is important to ensure level of motivation when working with youth (Naar-King & Suarez, 2010; Prescott, 2013). Motivational interviewing, which usually occurs early in therapy to help individuals explore why and how they might change, has been found to be helpful in promoting engagement in the change process (Naar-King & Suarez, 2010; Prescott, 2013). Addressing motivation is an important part of therapy as “[w]e can be more effective when we attempt to awaken a young person’s internal motivation to build a better life for themselves...” (Prescott, 2013, p. 70). As part of building an internal source of motivation for youth offenders, treatment goals of practitioners should be goals that young people can meaningfully invest in, that is they should be approach goals rather than avoidance goals (e.g., avoiding offending). Building motivation for young offenders gives them hope and belief that a goal is attainable (agency thinking). However, it is also necessary that an individual acquires an understanding about how best to go about achieving the goal(s) in question (pathways thinking).

Alongside these tasks research indicates that practitioners need to be able to develop a positive therapeutic alliance with youth offenders during treatment (Bovard-Johns, Yoder, & Burton, 2015). This can be achieved through a range of means including remaining empathic and responsive, working collaboratively to create change (using effective interventions), and approaching therapy with acceptance, compassion and respect (Naar-King & Suarez, 2010; Prescott, 2013). Ultimately the objective of practitioners is to tap into individuals’ motivations and goals. In short, it is a process that happens *with* young people not *to* them (Prescott, 2013). Finally, developmental factors should be taken into account when implementing rehabilitation programs with youth offenders as well as recognizing that developmental processes can shift quite a lot during the adolescent period. Programming needs to accommodate this (Day et al., 2004). Thus practitioners must be aware of the young person’s level of functioning and be mindful of shifts as they occur during treatment due to developmental and, hopefully, change processes.

The focus in this section has primarily been therapeutic interventions. The focus now shifts to a broader rehabilitation perspective. Strength based approaches such as the Good Lives Model (GLM) are well placed to address many of the ethical issues, and practice and desistance problems that are not currently adequately dealt with by the existing approach to the rehabilitation of young offenders. The GLM provides a rehabilitation framework for incorporating effective elements of assessment and treatment with young people while maximizing engagement and desistance outcomes.

4. Rehabilitation approaches: the current context and further developments

The application of the RNR model has resulted in marked improvements in the implementation of, and outcomes from, evidence based intervention programs (Andrews & Bonta, 2010). However, despite this success it has been argued that it is time to look beyond the current *treatment program* evidence based approaches to offender rehabilitation (e.g., the RNR). It appears that the field seems to have reached a point where further refinement of such programs is unlikely to produce further significant improvements (Porporino, 2010). It has also been suggested that such a risk based approach is deficit focused and can be disengaging (Case & Haines, 2015).

One way of advancing the current discussion is to explore the role of *rehabilitation frameworks* that either implicitly or explicitly guide the construction and delivery of specific treatment programs. Rehabilitation frameworks can usefully be construed as conceptual maps that organize assessment and intervention tasks within a single, coherent structure. This requires that we look beyond simply teaching skills to individuals who commit crimes and seek to outline the general assumptions concerning crime etiology, core normative research and

practice commitments and models of human functioning and instead focus on change processes underpinning intervention policies and programs (Porporino, 2010). Consistent with this focus, there is currently increasing interest in the application of strength-based approaches to offender rehabilitation including with youth offenders. Strength based approaches take a 'positive' approach to offender rehabilitation by emphasizing personal and interpersonal competencies such as a capacity for growth, personal priorities and via the utilization of naturally occurring social supports (Vandeveldt et al., 2017). That is, rather than having a primary deficit focus, they concentrate on developing strengths in the individual (e.g., skills, positive coping strategies), while not ignoring the more traditional attention to dynamic risk factors (e.g., criminogenic needs). Alongside this underlining of the importance of strengths is an emphasis on therapist characteristics such as warmth, empathy, and supporting offenders. The most well recognized strength based conceptual framework (as opposed to specific treatment programs such as Multisystemic Therapy (MST); e.g., Borduin et al., 1990; Henggeler, Melton, Brondino, Sherer, & Hanley, 1997; Henggeler, Melton, & Smith, 1992) in the area of offender rehabilitation is the Good Lives Model (GLM; Ward, 2010; Ward & Brown, 2004) which, to date, has concentrated on the theoretical application of the GLM framework to the rehabilitation of adult offenders, particularly adult sexual offenders. However, there is growing interest in applying GLM consistent interventions to therapy with young people who have engaged in sexually abusive behaviors as well as general offending in England, Singapore and Australia (e.g., Chu, Koh, Zeng, & Teoh, 2015; Print, 2013; Wainwright & Nee, 2014). An overview of the Good Lives Model will be provided, along with a review of the empirical support, before moving on to look at how the GLM can be applied to the rehabilitation of youth offenders.

5. The Good Lives Model

The Good Lives Model (GLM) is a strength-based offender rehabilitation framework developed by Ward and colleagues (e.g., Laws & Ward, 2011; Ward & Gannon, 2006; Ward & Marshall, 2004; Ward & Maruna, 2007; Ward & Stewart, 2003; Yates, Prescott, & Ward, 2010). Although it has been extensively applied in the area of adults who have sexually abused children, the GLM is a general rehabilitation theory and is therefore applicable to offenders who have engaged in a wide range of offences (Ward, 2010) including youth offenders. The GLM emphasizes the concept of human agency due to its grounding in biology, neuroscience, developmental psychology, and in the normative concepts of human dignity and universal human rights (see Ward & Maruna, 2007; Ward & Syversen, 2009). It offers an alternative to traditional risk based approaches, such as the RNR (Andrews et al., 1990; Andrews & Bonta, 2010) rehabilitation approach, as its goals are to reduce risk while also *explicitly* aiming to assist offenders to develop more personally meaningful and fulfilling lives; by attending to their individual interests, abilities, and aspirations (Fortune, Ward, & Willis, 2012). In order to achieve this, the GLM focuses on *approach* goals, rather than the *avoidance* goals (e.g., to avoid further offending or to avoid high risk situations) commonly associated with risk oriented approaches. While the GLM incorporates the three main principles of the RNR (i.e., risk, need, & responsivity) it also extends its scope through the inclusion of individuals' personal priorities. The RNR and GLM are not mutually exclusive models. Arguably approaching rehabilitation from a GLM framework has the ability to incorporate components into treatment that are not satisfactorily addressed by the RNR model, such as the need to build a strong therapeutic alliance, role of agency (e.g., self-direction), motivation to commit to treatment, and desistance from further offending (Ward, 2010). A strength of the GLM is its focus on a positive, community orientated approach to rehabilitation. The GLM recognizes that individual offenders may require varying levels of scaffolding and support in order to develop the requisite skills and resources to implement their life plan (Ward, 2010). In

order to achieve this, the GLM supports the development of intervention plans that ensure individuals have the internal capacities (e.g., skills, knowledge, opportunities) and access to the external resources necessary for them to accomplish their life goals (Purvis, Ward, & Willis, 2011). The model also emphasizes the importance of public safety and risk reduction (Purvis et al., 2011). When using a GLM framework, part of the assessment and therapy process is to explore the primary goals that individual's especially value, look at the balance and relationship between primary goods (see definition below), and identify deficits and strengths in individuals' skills and resources.

The GLM is underpinned by a number of core principles and assumptions (Ward, 2010). One of the key assumptions is that, at least to some extent, all individuals strive to meet and accomplish similar basic needs and aspirations in their lives. These are defined as *primary goods*: the outcomes, states of being, or experiences that are valued by an individual and which contribute towards their overall level of well-being including their sense of happiness and fulfillment. According to the GLM, all people seek to achieve their personal goals or values (i.e., primary goods) through whatever means are available to them. The difficulty is that offenders' attempts to obtain at least some of these primary goods can be counter-productive, ineffective, and/or socially unacceptable—i.e., are illegal. The eleven classes of primary goods¹ are shown in Table 1 (Ward & Gannon, 2006, p. 79).

While all humans seek each of these *primary goods* to some degree, there is variability in the value or priority individuals assign to each of the primary goods due to a range of factors such as individual differences in values, abilities, and life experiences. This becomes important during assessment and intervention planning as it contributes to variability in individuals' motivation (Ward, 2010). Despite there being individual differences in the prioritizing of specific primary goods it is also important that the overall level of primary goods attained by an individual does not fall below a particular threshold otherwise, it is argued, they will struggle to achieve an acceptable level of well-being.

Secondary or instrumental goods are viewed as concrete or specific ways in which an individual achieves their desired primary goods (Ward, Vess, Collie, & Gannon, 2006). For example, working as a psychologist or youth worker (secondary good) is one way of achieving the primary good of mastery at work while joining a sports team or cultural club might satisfy the primary goods of friendship and excellence in play. The notion of secondary or instrumental goods is an important component of the GLM (Ward, 2010) as it assists in understanding individuals' offending behavior. Offending is understood as an individual's attempts to achieve their desired primary goods through maladaptive or antisocial means (i.e., maladaptive secondary or instrumental goods). From a GLM perspective, the goal of treatment is to provide individuals with the skills, and assist them in accessing the resources necessary for them to obtain their desired primary goods through prosocial means, i.e., without causing harm to others or themselves.

There are two main routes to antisocial behavior according to the GLM: direct and indirect (Ward & Gannon, 2006; Ward & Maruna, 2007). The *direct* pathway refers to instances when an offender actively attempts (often implicitly) to attain primary goods directly through their criminal behavior. For example, sexual offending could be a way of achieving the primary good of intimacy when an individual lacks the opportunities and/or skills for developing an intimate relationship with an adult. The *indirect* pathway is implicated when there is a less direct relationship between the pursuit of primary goods and offending. For example, the indirect pathway would be activated when an individual's efforts to acquire one or more goods (particularly if there is conflict between them), creates (often unexpected) ripple or cascading effects

¹ These were derived from the well-being, quality of life, happiness and evolutionary psychology literature and are not intended to be definitive, but simply suggestive of some of key areas of consideration.

Table 1
The eleven classes of primary goods.

	Primary good
1	Life (including healthy living and functioning)
2	Knowledge
3	Excellence in work (including mastery ^a experiences)
4	Excellence in 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	Friendship (including intimate, romantic, and family relationships)
8	Community
9	Spirituality (in the broad sense of finding meaning and purpose in life)
10	Pleasure
11	Creativity

^a Mastery refers to achieving high levels of skill or knowledge in a particular area.

and leads to an individual engaging in criminal activity. For example, conflict between the goods of intimacy and autonomy might lead to the break-up of a relationship, and subsequent feelings of loneliness and distress. Maladaptive coping strategies such as the use of alcohol and drugs to alleviate distress might, in specific circumstances, lead to a loss of control and result in the individual engaging in offending behavior (Ward, 2010).

Within the GLM framework, there is a relationship between primary goods and risk management in that empirically identified criminogenic needs are conceptualized as internal (e.g., psychological) or external (e.g., social, poverty) obstacles that interfere with an individual's ability to achieve their desired primary goods (see Ward & Fortune, 2016 for a more nuanced discussion of the conceptualization of dynamic risk factors). Each of the primary goods can be linked with one or more criminogenic needs (Ward & Maruna, 2007). For example, impulsivity might get in the way of the fulfillment of the primary good of agency, while poor emotional regulation might block the attainment of the primary good of inner peace.

The GLM proposes that there are four types of difficulties that offenders typically experience when striving to obtain primary goods. These are presented in Table 2. The focus of treatment is on increasing the capacities, skills and external resources the individual has for living their life in a prosocial way while addressing the difficulties such as a lack of variety (scope) in primary goods present in someone's life and reducing the conflicts that might be present, while also, indirectly reducing risk.

Offenders, both adult and youth, respond well to strength-based approaches as practitioners appear interested in them and believe that he or she has the capacity for positive changes in their lives (e.g., Fortune, Ward, & Print, 2014; McNeill, Batchelor, Burnett, & Knox, 2005; Okotie & Quest, 2013; Yates et al., 2010). In turn it reminds practitioners that offenders are fellow human beings, which can help facilitate a strong therapeutic alliance and have a corresponding

Table 2
Summary of the four types of difficulties typically experienced by individuals in achieving primary goods.

1.	Use of <i>inappropriate</i> or harmful strategies (secondary goods) to achieve desired primary goods
2.	Lack of scope in a good lives plan which can occur when important goods are neglected. This occurs when only a narrow range of primary goods are sought, often at the expense of other important primary goods
3.	Conflict arising in the pursuit of goods which can lead to acute psychological stress and/or unhappiness; this can arise when there is a lack of coherence in the goods sought, i.e., then they are not ordered or coherently related to each other. This can lead to feelings of frustration and/or cause harm to an individual and may also result in a life which seems to lack purpose or meaning
4.	Lack of the internal (e.g., skills or knowledge) and external capacities (e.g., supports, resources or environmental opportunities) necessary to live a prosocial life. Lack of capacity can contribute to an individual failing to achieve their desired primary goods in a prosocial manner within their current environment

positive impact on outcomes (Fortune & Ward, 2013).

5.1. Empirical research support for the GLM

The GLM has been criticized for its lack of empirical support compared to the much larger pool of research that has examined the RNR (e.g., Looman & Abracen, 2013). However, it is worth remembering that the GLM is a young model, and as a rehabilitation framework is attracting growing interest internationally with increasing empirical evidence starting to emerge. It is also important to remember that the GLM is a rehabilitation framework *not* a treatment model or program. The GLM functions as a *rehabilitation framework* that is then supplemented by specific, concrete treatment interventions such as cognitive behavioral treatment techniques (Ward & Maruna, 2007). Thus programs are constructed that reflect GLM assumptions and these programs can be viewed as GLM consistent or adherent programs (Laws & Ward, 2011; Ward & Maruna, 2007; Willis, Yates, Gannon, & Ward, 2013). The GLM was also not intended to be implemented to the exclusion of the RNR principles, therefore research derived from these frameworks that simply compare the two is over simplifying the situation. The added value of the GLM was seen to reside in its greater degree of theoretical coherency and ability to incorporate aspects of desistance and treatment that the RNR struggles to find room for (e.g., treatment alliance; agency, approach goals, core values, personal identity etc.). What is required is further research into the two models that explicitly evaluates them as *rehabilitation frameworks* and provides detailed specification of the differences between strict RNR treatment programs and those augmented or underpinned by GLM principles (see Willis, Ward, & Levenson, 2014).

Certainly, compared to the RNR there has been a lack of good quality treatment outcomes studies of treatment programs using the GLM as a rehabilitation framework. However, there is a growing body of research supporting the underlying assumptions of the GLM (Barnett & Wood, 2008; Bouman, Schene, & de Ruiter, 2009; Willis & Grace, 2008; Willis & Ward, 2013). Research findings from these studies indicate positive outcomes for offenders who have completed interventions which *incorporate* GLM principles (Gannon, King, Miles, Lockerbie, & Willis, 2011; Lindsay, Ward, Morgan, & Wilson, 2007; Ware & Bright, 2008; Whitehead, Ward, & Collie, 2007). Although the GLM has primarily been applied to the treatment of adult child sexual offenders it has also been shown to be beneficial in the treatment of other populations such as forensic mental health clients (Barnao, Robertson, & Ward, 2010). There is also emerging research on the use of the GLM with youth sexual offenders (Chu et al., 2015). There is also evidence that suggests that when GLM principles are incorporated into treatment the therapeutic alliance is also enhanced (e.g., see Gannon et al., 2011; Ware & Bright, 2008; Whitehead et al., 2007). Together, these studies support the notion that the incorporation of the GLM principles in offender rehabilitation enhances engagement and contributes towards the establishment of positive therapeutic relationships, as well as promoting long term desistance from offending.

Application of the GLM to youth is very much in its infancy although there is emerging research exploring the GLMs applicability to youth offenders. Researchers in Belgium explored the GLM with detained female youth ($N = 95$), identifying an indirect, though not a direct, negative pathway between Quality of Life and mental health and offending 6 months after discharge (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016). In a sample of 168 youth who had engaged in sexually abusive behavior in Singapore, it was found that the primary goods most sought through the sexual abusive behaviors engaged in by young people in their sample were pleasure, relatedness and inner peace (Chu et al., 2015). However, as stated above this area is still very much in its infancy and further research is required to explore the application of the GLM framework to an increasing range of offences (beyond sexualized behaviors) and offenders (including youth and other vulnerable populations).

6. Applying the GLM to youth offenders

Historically offender rehabilitation, including that for youth offenders, has been dominated by a primary focus on reducing further offending (Andrews & Bonta, 2010; Looman & Abracen, 2013). This risk management emphasis is underpinned by a deficit focused approach to offender rehabilitation. At its core is the notion that the best way to reduce reoffending rates is by focusing treatment resources on eliminating or managing an individuals' cluster of dynamic risk factors. The RNR (Andrews et al., 1990; Andrews & Bonta, 2010) is the most well-known and utilized example of the risk management model. The RNR approach influences the whole process of intervening with offenders, including youth offenders, from risk assessment and formulation through to treatment. This influential rehabilitation framework primarily concentrates on the identification and modification of dynamic risk factors (referred to as criminogenic needs) and avoidance goals (i.e., avoiding further offending). However, as discussed above, a focus on avoidance goals (i.e., not offending) can be difficult for adolescents to embrace. They may struggle to look towards the future and see a life before them that involves the avoidance of certain situations, feelings and behaviors as this could be overwhelming and leave them with a sense of hopelessness or resignation about their current life path (Prescott, 2013). A concern is that such pessimism may entrench, or even create, what Maruna has termed *condemnation scripts*, which have been associated with poorer desistance outcomes (Maruna, 2001).

One of the issues frequently identified by researchers and clinicians working in the area of the treatment of young offenders is that adult models and approaches are commonly applied with little or no attempt to take into account developmental and relevant contextual factors (e.g., the systems they are part of, such as family, school and community) of the young people concerned (Jones, 2003; Thakker, Ward, & Tidmarsh, 2006). The GLM is starting to be applied to programs for the treatment of sexually abusive youth, for example, in the United Kingdom (e.g., see Print, 2013; Wylie & Griffin, 2013) and Singapore (see Chu et al., 2015). It is also being applied to general youth offending treatment and early intervention programs (e.g., in the United Kingdom; Wainwright & Nee, 2014). Colleagues and I have previously considered its application to the treatment of sexually abusive youth (Fortune et al., 2014). Although there is increasing interest in applying the GLM to youth offenders there is no published article, that we are aware of, that has considered this from a theoretical perspective.

The remainder of this article will help address this issue by providing a theoretical overview of how the GLM framework can be adapted to inform effective rehabilitation strategies with youth offenders. It is intended to be an exploratory and therefore tentative account, and simply presents one way of approaching work with young offenders that is strength based as well as risk oriented. It is not argued that the RNR has nothing to offer those working with youth. Rather, it is contended that the principles of the RNR are necessary but not sufficient to maximize change in young offenders. It is time to consider broadening our rehabilitation frameworks and the GLM represents *one* way of doing this.

In applying the GLM to youth offenders there are some key issues that need to be considered, and some shifts in focus and adaptations that are required in order to be consistent with the existing evidence base. The key issues that will be considered here are the appropriateness to the developmental context of youth offenders, fit with current evidence base around treatment for youth offenders, addressing the diversity of youth offenders, and adaptations of tools, language and concepts to suit youth offenders. Finally, improved engagement is often cited as one of the key benefits of employing a GLM framework; this is discussed with reference to engagement and motivation of youth offenders.

6.1. Development context and the GLM

It is normal practice when working with (children and) adolescents

that a broad systemic approach is taken to assessments and intervention. The GLM facilitates this process with detailed assessment being an integral part of the process as the quality and breadth of the assessment is seen as directly impacting on the value of the case formulation and adequacy of the identification of treatment needs (Wylie & Griffin, 2013). Consistent with standard practice, within a GLM framework the inclusion of the young person as part of the assessment, along with a range of other sources of information such as parents/caregivers, school, file reviews, etc., is important as it allows practitioners to obtain a good understanding of their interpretation of events and fits in with the endorsement of personal agency. During a GLM consistent assessment, a thorough understanding of the contexts in which the antisocial behavior occurred can be acquired as well as a detailed understanding of individuals' current situation. This includes primary and secondary needs, internal and external obstacles as well as internal and external capabilities.

6.2. Diversity of youth offenders and the GLM

Youth offenders are a heterogeneous group; they present with a wide range of risks and needs, what Andrews and Bonta (2010) refer to as criminogenic needs, including substance use, mental health issues, educational and family problems (Richards, 2011). Practitioners in the youth offender field tend to take a broader systems perspective when considering the factors that contribute to a youth engaging in antisocial behavior. It is important to consider this diversity of risk and broader systems when planning treatment in order to ensure intervention is well matched to the individual.

The GLM does not ignore these complex needs but rather conceptualizes them as obstacles which are preventing the youth from achieving their 'good life' – i.e. preventing them from living a life that is fulfilling while not causing harm to others. The task for professionals is to look beyond the surface of dynamic risk factors that are present for the young person (e.g., antisocial associates) to identify and address the underlying mechanisms or processes (e.g., poor social skills, social isolation, and frequent change of address and/or school) contributing to their antisocial behavior (Ward, 2016; Ward & Fortune, 2016). In this way the GLM can provide for a more nuanced way of conceptualizing dynamic risk for individual youth.

6.3. GLM as a framework for the treatment of youth offenders

The GLM can provide a comprehensive *framework* for treatment. As Ward, Yates, and Willis (2012) state, the "GLM considers offenders' entire life circumstances and not just those associated with criminal conduct" (p. 106). Thus the process of understanding young people and all their complexities, across various domains or systems, continues throughout a GLM consistent treatment program. The GLM can 'wrap' around evidence based interventions such as cognitive behavioral therapy (CBT) and, in the youth domain, family therapies such as Multisystemic Therapy (MST), so that an intervention plan is developed that will allow the young person to achieve a personally valued set of goals (e.g., Borduin & Schaeffer, 2001; Henggeler et al., 1992; Henggeler et al., 1997; Prescott, 2013). This fits well with approaches to working with children and youth which often take a broad approach, including systems focused work (e.g., family therapy) as well as addressing other areas of need (e.g., mental health) and incorporating other therapeutic components (e.g., individual and group therapy).

When working within a GLM framework there are five phases to rehabilitation (e.g., see Ward, Mann, & Gannon, 2007; Ward & Maruna, 2007 for a more detailed description). These phases are summarized in Table 3.

An individual's good life plan (GLP) is directly driven by the values, goals, and identities of the young person concerned. It assists young people and clinicians to work through the process of identifying the young person's needs and to note any psychological and social resources

Table 3
Five phases to rehabilitation following the GLM framework.

Phase	Description	Application to youth
Phase one	Involves identifying the social, psychological and material aspects of an individual's offending. Includes consideration of their level of risk and their social, physical and psychological resources (e.g., substance use, housing and financial situation, personality patterns such as impulsivity) at the time of their offending and in the past.	For young people it would be important for this phase to also consider the nature of their relationships with those in surrounding systems such as parents/caregivers and siblings in the family system and peers and teachers in the educational system.
Phase two	Consists of identifying the function of offending through an exploration of the primary goods which are directly and indirectly associated with their antisocial activity.	For young people this may give some insight into the function their offending has in their lives. For example, a young person may value the primary goods of friendship and agency so seek out and value friendships with (antisocial) peers. The young person may engage in antisocial behavior as a way to connect with their peer group and express their autonomy from their parents (who may frown on antisocial behavior).
Phase three	Encompasses the identification of core practical identities (e.g., that of student, friend, son/daughter, sibling) and their associated primary goods or values to assist with the development of a life plan. Interventions are personalized around individual offenders' core values and identities and designed to assist them in implementing their good lives intervention plans while simultaneously addressing criminogenic needs/risks that might be preventing them from attaining primary goods. The focus is on increasing agency, individual psychological well-being and maximizing opportunities which will assist individuals in living a prosocial life (Ward & Gannon, 2006).	For young people, peers are particularly influential during adolescents so consideration of their identity as 'friend' would be important. However, they will also have other important identities which may be related to education/employment (e.g., trainee mechanic) or other aspects of their identity (e.g., artist, musician).
Phase four	Consists of fleshing out the details from the previous phase including the identification of secondary goods that will help with translating the primary goods/values into possible non-offending and personally fulfilling lives.	With young people, considering the environment in which they will live and the social, psychological and material resources that will be available to assist them in attaining their primary goal/s are a crucial part of this process. During this phase it may be identified that substance use or parenting practices are negatively impacting on the young person's functioning thus interventions in these areas may need to occur alongside other interventions.
Phase five	Involves developing a detailed intervention plan that is comprehensive and incorporates both the internal and external conditions which are required to accomplish the young person's goals; and which revolves around their core goals/values and practical identities. Practical steps are then identified to put the plan into action including the required resources/supports to achieve it.	For young people, this process should be done in a collaborative manner including the young person but also other relevant parties such as parents/caregivers and potentially other professionals (e.g., youth justice social worker, teacher). The plan is driven by the values, goals and identities of the young person while the practitioner assists with the form of the plan but takes care to balance other considerations such as ethical entitlements of victims and the wider community.

that are required in order for these to be realized in the future. It is important that practitioners working with the young person help them to formulate their personally meaningful short, medium, and long term goals/needs, and by working collaboratively ensure that the GLP is balanced, realistic, and that ways of meeting identified needs are not in conflict with each other. The GLP should also be comprehensive and cover the young person's most important identified needs (i.e., prioritized needs) and the various aspects of their current and future environment that impacts on them. Goals that may be related to their offending are identified along with other goals/needs they would like to achieve, thus ensuring balance in their lives and in their life goals. The GLM addresses criminogenic needs/dynamic risk factors indirectly through the application of therapeutic techniques (e.g., cognitive behavioral) and social interventions which are used to assist the offender in acquiring the competencies required to achieve their plan, and by doing so, reduce risk. By constructing a GLP in this collaborative manner young offenders should ideally feel that they can move on to live satisfying and offending free lifestyles.

6.4. Adaptations – language, concepts and tools

One of the difficulties associated with applying adult models to young people is that their developmental level may not be adequately taken into consideration. For example, a key difficulty for those working with young people is that the terminology and concepts of program manuals and measures could prove too complex for them. Thus adaptations to the GLM terminology and concepts may need to be made, depending on developmental and cognitive levels of the individuals, to make it more accessible to young people, particularly for younger adolescents/children and those with cognitive and/or learning difficulties. For example, a GLM consistent program in the United Kingdom for youth who have engaged in sexually abusive behaviors (G-MAP) has addressed this issue. 'Primary goods' are referred to as 'my

needs', secondary goods are rephrased as 'How I meet my needs' while their overarching need is referred to as 'My most important need' (Print, 2013). As mentioned above, 11 classes of primary goods have been identified as part of the GLM (Ward & Gannon, 2006). G-MAP has reduced these 11 primary goods into eight key needs using terminology that is more accessible for young people (see Fortune et al., 2014; Print, 2013 for further details). Each need (primary human goods) is defined in such a way as to ensure it can be understood by young people and their family/caregivers. Adaptions such as these are necessary in order to ensure that young people can engage with the GLM principles and concepts in a meaningful and developmentally appropriate way. For example, G-MAP refer to the need of 'Achieving' which maps onto the GLM primary goods of excellence in play and work and refers to attaining a sense of mastery and accomplishment (Fortune et al., 2014). This process of adaption should also include ensuring family, caregivers and professionals working with the young person understand the GLM terminology and key concepts so that they can apply these to their own lives as they interact with the young people but also so that they can support the young person applying it to their own lives.

Organizations such as G-MAP have also developed youth friendly tools to assist with various aspects of a GLM consistent treatment program for youth. For example, the Good Lives Assessment Tool (GLAT; G-MAP, 2009, 2011) is used to provide a detailed assessment of young offenders' needs, vulnerabilities, and relevant environmental variables. The GLAT was designed to be utilized with young people aged 12–18 years of age and can be employed at the time of referral, during the early treatment phase, end of treatment, and post treatment follow up. The GLAT has been developed to gather information related to dynamic risk as well as strength factors. It allows for a review of the needs and brings together all the available information; it goes through the individual's key 'needs' (primary goods) in some detail, describing how appropriately (or not) the young person is meeting the need; and highlights external (e.g., environmental or situational factors) and

internal (personal skills, knowledge, capabilities, characteristics) barriers that impede its achievement and external and internal resources that assist in its achievement. As mentioned above the GLM encourages a review of the scope of needs, coherence and conflicts and this aspect of assessment also occurs with young people. The GLAT provides a means of gathering and recording this information on the range of needs that a young person may demonstrate in their offending and general lifestyle.

Youth offenders are not expected to undertake this process alone. Practitioners' work with youth offenders and their wider systems including their family, caregivers and other relevant professionals (e.g., caregivers, schools, social workers, mental health professionals, etc.) as part of the process. The use of these instruments can encourage all parties to reflect on their perception of how well the young person is currently meeting their needs, identify any obstacles to achieving them, and help them consider how important each of these needs are to the young person. These tools can be used at multiple points of time from the assessment phase, treatment, through to follow up post treatment in order to track change.

The process of change should be monitored on an ongoing basis to ensure that young offenders are on track to achieve their goals, reduce their risk of further offending and build the capacity required to successfully implement GLPs (Fortune et al., 2014). Regular monitoring can assist in tracking progress and dealing with any threats to the implementation and maintenance (i.e., risk of possible relapse) of the young person's GLP (Fortune et al., 2014). Overall, a GLM consistent intervention should reduce the likelihood of young people continuing on an antisocial trajectory which will result in benefits to the young person, their family and of course the wider community including potential future victims.

6.5. Engagement and motivation of youth offenders

Engagement is an essential part of an effective youth justice approach (Case & Haines, 2015). According to the GLM, intervention plans should be designed that provide alternative ways for an individual to achieve primary goods that are responsive to the individuals' abilities, interests, aspirations, environments, and resources. In essence, this is about finding ways for an individual to achieve the primary goods they want without causing harm to others (i.e., without engaging in offending behaviors). Strength based approaches such as the GLM, offer an approach, it is argued, that has the potential to be much more engaging for young people and offers a more positive framework for approaching assessment, formulation and treatment. This is because young people are working towards goals that are personally meaningful and, therefore, intrinsically motivating. It is anticipated that the development of an intervention plan centered on core values will make it less necessary to turn to technologies such as motivational interviewing to persuade young offenders to commit themselves to a treatment program.

The focus on approach goals should assist in avoiding the stigmatizing and blaming of youth and also reduce the sense of shame they may experience (Case & Haines, 2015; Wylie & Griffin, 2013). The use of approach goals can also be motivating for individuals which increases their willingness to engage in treatment as well as also motivating them to maintain changes post-treatment (Fortune et al., 2014). Focusing on approach goals aids youth in seeing what their life could look like in the future and how they can go about achieving their personal goals in a way that does not involve further offending or contact with the justice system. That is, practitioners work with youth to identify what their 'good life' looks like (i.e., what are the things they value and want to have in their lives) and develop their individual 'good lives plan' (GLP; intervention plans). It allows for an exploration of any personal or environmental factors (internal or external obstacles) that may be getting in the way of living a desired 'good' life. Being approach focused the GLM also allows the young person and their

"Good Lives" team (professionals and other support people such as parents and caregivers) to reflect on the positive aspects of the young person's achievements and the strengths, supports, resources, etc., that are helping them to attain personally meaningful goals (Fortune et al., 2014).

6.6. Summary

Although it is a strength based approach, and focuses on approach goals, the GLM also addresses risk factors through assisting individuals to develop adaptive and prosocial means for achieving their good lives goals (i.e., primary needs and a satisfying life). As a rehabilitation framework it can effectively 'wrap around' existing approaches to addressing youth offending, such as the systems perspective, and existing evidence base therapies. It is also flexible enough to meet the developmental level and multiple and complex needs of youth offenders. Advantages of the GLM framework, compared with the more traditional risk oriented approaches to the rehabilitation of youth offenders, include the GLM's use of approach goals and supporting them in identifying and developing the appropriate internal and external resources they need to achieve their goals. The approach goal focus also supports the development of positive therapeutic relationships.

7. Conclusions

With increasing interest in the application of strength-based approaches to the rehabilitation of youth offenders it is timely that we consider the application of the Good Lives Model (GLM) from a more theoretically oriented perspective. Much of the GLM rehabilitation framework can be operationalized in a similar manner for youth and adult offenders (e.g., the concept of *primary* and *secondary needs*). As with other offenders, for young people the problem does not reside in their commitment to more abstract, primary goods, but rather with the inappropriate strategies employed to secure them (Ward, 2010). The focus of this article, therefore, has been on exploring the fit between the GLM and literature on issues such as evidence based treatments for youth offenders and examples of the types of modifications that may be required for youth. The GLM has the flexibility and breadth to accommodate the variety of risks and complex needs youth offenders can present with and also has a natural fit with the systems (e.g., family and educational systems) emphasis in the youth offender field.

It is important to remember that the GLM is a rehabilitative *framework* rather than a treatment program. Thus, it provides a structure that can inform the rehabilitative process including assessment, treatment, and into the future. Specific, empirically supported treatment techniques for youth offenders such as those used to develop empathy skills, social skills, or emotional regulation are 'wrapped around' a GLM derived good lives plan to build capabilities and reduce dynamic risk factors (criminogenic needs). The model also easily accommodates the emphasis placed on the role systems play in the functioning of young people. The GLM emphasizes the importance of considering the internal and also *external* capabilities and resources that may be absent and thus contributing towards an individual's antisocial behavior, and works to actively address these deficits during treatment. From a therapeutic perspective, it makes sense to work with treatment and case management plans that revolve around what a person wants, can achieve and their existing strengths (skills, resources, etc.), rather than simply listing situations they should avoid and deficits they possess. For youth offenders the approach goal focus imbedded in the GLM is likely to be motivating, thus assisting with the process of engagement in therapy but also giving young people hope for the future.

This paper has considered the appropriateness of applying the GLM to interventions with youth offenders from a theoretical perspective. GLM oriented instruments can, and have been developed, that assist practitioners in collecting information on the offenders' personal needs (e.g., primary goods) from the perspective of the young person as well

as parents/caregivers. It is a comprehensive approach that accommodates both the cluster of risk factors and needs for growth that youth typically present with. Finally, there is a resonance between the GLM's ecological focus and its placement of relationship and agency related concerns at the center of intervention, with the needs of young offenders. Youth caught up in the criminal justice system have much more in common with their non-offending peers than not. One important commonality is the desire for opportunities to live more fulfilling lives rather than simply the promise of less harmful ones.

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