

The Good Lives Model of Rehabilitation



Type of intervention



Book/Resource



Online/App

Target group/s, level/s of prevention and sub-group/s:



Tertiary Prevention

Guide | Professionals | Families | Online Resource | English | Portuguese | Finnish

Target population

The Good Lives Model and accompanying website is aimed at researchers, practitioners and policy makers. It offers a comprehensive, targeted and individually meaningful framework for rehabilitative work with people who have abused. The GLM is a strength-based rehabilitation framework that is responsive to individuals' particular interests, abilities, and aspirations. It also directs practitioners to explicitly construct intervention plans that help clients acquire the capabilities to achieve things and outcomes that are personally meaningful to them, while also reducing their risk of reoffending. The GLM website provides a full summary for those interested in what the GLM says about offending behaviour.

Delivery organisation

The Good Lives Model has been created largely by Professor Tony Ward (New Zealand) and over recent years has been contributed to by several key scholars including Dr Mary Barnao, Dr Gwen Willis, Dr Mayumi Purvis, David Prescott, Professor Theresa Gannon, Peter Robertson, and Bobbi Print.

Mode and context of delivery

The GLM is an overarching theory and framework of rehabilitation that contains three hierarchical sets of conceptual underpinnings: general ideas concerning the aims of rehabilitation, aetiological underpinnings that account for the onset and maintenance of offending, and practical implications arising from the rehabilitation aims and aetiological positioning. It has twin aims: assisting individuals to live fulfilling and meaningful lives, *and* reducing the risk of further reoffending.

To date there have been a number of applications and the model continues to gain in currency. There are three practical guidebooks for clinicians that explores assessment, treatment, and integration with the Self-Regulation Model – Revised (which Tony Ward originated at around the same time as the GLM). There are now many workbooks published as well. These are in widespread use both as tools for clients in treatment and as resources for shaping interventions by clinicians.

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A Good Lives Model Case Management Approach has been designed by Dr Mayumi Purvis and Prof Tony Ward, based on the theory of the GLM and additional findings from Dr Purvis' empirical research, completed in 2006. This research tested the GLM aetiological assumptions and conceptual underpinnings with a group of men who sexually offended against children. The outcome is a case management approach that is strengths-based, structured yet individualised and equipped with comprehensive case management analytical tools.

Applying the GLM in treatment and case management requires skill, time and effort. However, the thoroughness and depth of analysis of the GLM means that its outcomes truly benefit the client in terms of reducing risk and assisting them in constructing and living a more pro-social and personally meaningful life. The GLM Case Management Approach is also a helpful and rewarding process for the practitioner due to its strengths-based focus. Specifically, the GLM Case Management Approach provides therapists and case managers with the skills and tools to:

- Thoroughly assess each client and their current way of life, previous way of living and future life plans;
- Identify each client's full range of pathways to offending;
- Identify each client's strengths, hopes, and aspirations
- Identify each client's high priority areas for intervention;
- Target high priority areas in a meaningful way which is most likely to gain the client's interest and investment and therefore yield a successful outcome;
- Identify and meaningfully report on evidence of change and progress.

The GLM treatment and case management approach is suitable for interventions targeting any offending behaviour and can be applied (albeit differently) in both community corrections and the custodial setting.

Level/Nature of staff expertise required

The GLM is designed to be adapted and used by organisations wishing to implement the model in their work to address offending or potential offending. GLM scholars and practitioners on the GLM profile page (www.goodlivesmodel.com/profiles.shtml) provide training to organisations wishing to implement the model. In-house, tailored GLM training is also available upon request (www.goodlivesmodel.com/contact.shtml).

Intensity/extent of engagement with target group(s)

The GLM website is easily accessible and further support is available if required via their contact us page.

Description of intervention

The aim of correctional intervention according to the GLM is the promotion of primary goods, or human needs that, once met, enhance psychological well-being (Ward and Brown, 2004) as well as reducing risk. In applying the GLM, assessment begins with mapping out an individual's good lives conceptualisation by identifying the importance given to each of the various primary goods. This is achieved through (i) asking increasingly detailed questions about the client's core commitments in life and their valued day to day activities and experiences, and (ii) identifying the goals and underlying values that were evident in offence related actions.

Once a client's conceptualisation of what constitutes a good life is understood, future oriented secondary goods aimed at satisfying a client's primary goods in socially acceptable ways are formulated collaboratively with the client and translated into a good lives rehabilitation plan. Treatment is individually tailored to assist the client implement their good lives plan and simultaneously address criminogenic needs that might be blocking goods fulfilment. Accordingly, intervention might include building internal capacity and skills and maximising external resources and social supports to satisfy primary human goods in socially acceptable ways.

The GLM has been adopted as a grounding theoretical framework by many sexual offence treatment programmes internationally (McGrath, Cumming, Burchard, Zeoli & Ellerby, 2010) and is now being applied successfully in case management settings as well as therapeutic programming around the world.

Evaluation

An increasing number of offending rehabilitation programmes utilise the GLM as a guiding theoretical framework, a movement particularly evident in sexual offence treatment programmes (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). Empirical research into the effectiveness of GLM based rehabilitation programmes is underway, and preliminary findings have been published. This page provides references to empirical studies and will be updated as additional publications become available.

Leigh Harkins is currently working on a multi-national research project looking at whether responses to treatment differ in terms of the treatment approaches used (e.g., GLM, Relapse Prevention). Response to treatment will be measured in terms of ratings on group process variables, participants' satisfaction with treatment, facilitator ratings of treatment progress, and recidivism. The results of this study will allow for a comparison of treatment outcomes as a function of different approaches to treatment.

Development of Good Lives Approach evaluation tools and their use in measuring human good fulfilment for adolescents who sexually abuse.

Helen Griffin has published some preliminary results of a GLM evaluation study focused on the development of GLM evaluation tools and their application to therapeutic work with adolescents who sexually abuse. These tools consist of pre/post-treatment scoring manuals and an additional considerations booklet that acts as a guide to clinicians and researchers should they require additional help in scoring the manuals. A description of the development of the evaluation tools and initial findings are available in B. Print (ed) (In Press) *The Good Lives Model for Adolescents Who Sexually Harm*, Safer Society Press. Safer Society has also published workbooks for adolescent males and females.

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