21 Offender Rehabilitation: Good Lives, Desistance and Risk Reduction

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KEY TERMS
- criminogenic needs
- desistance
- good lives model (GLM)
- need principle
- rehabilitation
- relapse prevention
- responsivity principle
- risk-need-responsivity (RNR) model
- risk principle

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The rehabilitation of offenders is a multifaceted process involving re-entry, and ultimately reintegration, into social networks and the broader society. While offenders need to work hard at modifying their offence-related personal characteristics, the community also has an obligation to buttress this individual work with social supports and resources. Once amends have been made through undergoing punishment, individuals are entitled to have a chance at redemption and reconciliation (Ward & Salmon, 2009). The presumption of human beings' equal value is a cornerstone of a decent and just society, and applies just as much to offenders as to the rest of us. Furthermore, the rehabilitation of offenders is a normative and capacity-building process and therefore, from a practice perspective, both science and ethical judgment are equally important. In our view, the only legitimate place to start a journey that has involved the infliction of significant harm upon others is one where all human beings are regarded as equal in dignity and moral standing (Laws & Ward, 2011).

Practitioners require rehabilitation theories, essentially conceptual maps, to help them traverse the various challenges and problems that emerge when working with offenders (Ward & Maruna, 2007). Ideally, these maps will provide guidance on pressing matters such as the overall aims of intervention, what constitutes risk, what the general causes of crime are, how best to manage and work with individuals, and how to best balance offender needs with the interests of the community. In recent years, strength-based or 'restorative' approaches to working with offenders have been formulated as an alternative to the very popular risk-need-responsivity (RNR) model (Andrews & Bonta, 2006) of offender rehabilitation (see Ward & Maruna, 2007). But in a nutshell, the primary practice focus of risk management approaches lies in the detection and modification of dynamic risk factors (i.e. criminogenic needs), while strengths-based perspectives seek to create competencies in offenders and reduce risk more indirectly.

Offenders are people like us, and if we start relating to them in ways that reflect this attitude, correctional outcomes may well improve and reoffending rates drop. The desistance research is clear that offenders respond well to practitioners who demonstrate an interest in them and believe in their capacity to turn their lives around (Figure 21.1; McNeill et al., 2005). What is more, treating offenders with respect and decency rather than as sources of contamination to be quarantined (not cured) is likely to make us better people and lessen the risk that we might acquire some of the vices we despise in those who commit crimes.

The purpose of this chapter is to (i) consider the nature of offender rehabilitation and the efficacy of interventions in reducing reoffending rates; (ii) briefly review desistance research; (iii) describe the RNR model and highlight its limitations, including its weak fit with desistance theory and research; and (iv) provide a detailed description of a recent strength-oriented theory of offender rehabilitation, the good lives model (GLM). In the following discussion we often refer to the literature on sexual offending to reinforce our argument. This is merely for ease of exposition, however, and our comments are intended to apply, more generally, to all types of offenders.

**WHAT IS THE NATURE OF OFFENDER REHABILITATION?**

A bewildering number of terms have been used and different theoretical justifications given for rehabilitation practices. Terms such as rehabilitation, reintegration,
the term ‘rehabilitation’ while criminologists are understandably suspicious of its connotation that individuals are being returned to a previously acceptable functional state, opting for the less question-begging terms of integration or desistance (Laws & Ward, 2011; Ward & Laws, 2010). While appreciating the points being made in the above debate, we have decided to stick with the label of rehabilitation, as it captures the mainstream discourse in correctional and forensic practice settings.

But exactly what is a rehabilitation theory? Aside from the terminological disputes mentioned above, there has also been a reluctance to analyse the concept of a rehabilitation theory and to outline its core features. This is problematic because unless some kind of analysis is provided, it is almost impossible to critically compare or evaluate different rehabilitation theories. In brief, we view a rehabilitation theory as depicting the overarching aims, values, principles, justifications and aetiological assumptions used to guide forensic and correctional interventions and help practitioners translate these principles into day-to-day practice (Ward & Maruna, 2007).

Rehabilitation theories are essentially hybrid theories, containing a mixture of theoretical, ethical, scientific and practice elements. They can be distinguished from types of aetiological theory (e.g. cognitive-behavioural or psychodynamic) or treatment theories, which are more specific in nature and involve the application of principles and practical strategies to change an aspect of the behaviour of individuals. Based on this analysis, the questions posed in Box 21.1 should be asked when evaluating the adequacy of rehabilitation interventions in the forensic and correctional domains.

**Values and rehabilitation**

The task of engaging individuals in efforts to change their criminal attitudes and dispositions is a normative (i.e. value-laden) and capacity-building process that has as its primary focus the construction of personally meaningful and socially acceptable practical identities (Laws & Ward, 2011; Lösel, 2010; Ward & Laws, 2010). The ‘normative’ dimension of rehabilitation is illustrated in Box 21.2.

The capacity-building dimension of rehabilitation is intimately connected to the normative one by virtue of its stress on the provision of resources and opportunities. The aim is to provide offenders with the internal (i.e. skills, knowledge, attitudes, beliefs) and external (i.e. social supports, employment, education, intimate relationships, leisure activities) conditions to secure their personally endorsed goals and, in this process, result in better or good lives. Good lives can be described as ones that are characterised by individuals having a sense of purpose, higher levels of well-being, and adherence to socially proscribed norms (Ward & Maruna, 2007).

**BOX 21.1 EVALUATING THE ADEQUACY OF INTERVENTION IN CRIMINAL JUSTICE SETTINGS**

1. Is there a rehabilitation theory underpinning practitioners’ actions?
2. Can this theory explain in general terms the origins of the relevant offending behaviour in the context of mental illness?
3. What are the broad aims of rehabilitation? How do they relate to the causes of offending?
4. What are the proposed change mechanisms at work in the rehabilitation process?
5. Does the rehabilitation theory specify the attitudinal, motivational and relational aspects of treatment?

Is there guidance on the therapeutic alliance, including how to manage issues relating to the process of therapy? Is there an integration of content and process?

6. What are the ethical/philosophical values embedded in the rehabilitation theory? For example, how are offenders represented? Is punishment or treatment emphasised? What is the relative balance between individual and societal rights? How is the risk conceptualised?
WHAT ARE THE ESSENTIAL FEATURES OF EFFECTIVE OFFENDER REHABILITATION?

In his recent review of What Works in offender rehabilitation (see Chapter 16 for more details of this approach), Lösel (2010) systematically evaluated the theoretical and empirical literature in the correctional domain. His review of the research evidence indicates that a combination of effective rehabilitation programmes, a greater use of community measures, and adopting a developmental perspective on prevention are likely to culminate in lower levels of crime. Lösel (2010) and other correctional researchers, such as Bonta and Andrews (2010), have also identified the features that contribute to the effectiveness of certain types of correctional interventions, and the inadequacy of others.

In brief, the outcome literature on general, and violent, offenders reveals that programmes that are based on a social learning model of offending, that are structured, skills-oriented, delivered with manuals by qualified staff and that operate within supportive environments, can result in between 10 per cent and 30 per cent reductions in offending (Lösel, 2010). For example, there have been a number of recent methodologically sound evaluations of the effectiveness of sex offender treatment programmes, all reaching similar conclusions.

In their meta-analytic review of sex offender treatment, Lösel and Schmucker (2003) set out to improve on previous reviews by broadening the scope of studies included and increasing the size of the sample pool. They ultimately incorporated 69 studies (n = 22,181) up until 2003 into their meta-analysis, a third of which came from countries outside North America (USA and Canada).

The results supported the efficacy of treatment, with ‘treated’ sex offenders reoffending at a significantly lower rate (11.1 per cent) than the various comparison groups (17.5 per cent). Furthermore, similar results were evident for general offending and also suggested that cognitive behavioural therapy (a skills-oriented method) was more effective than other types of treatment. By way of contrast, there was no evidence for the efficacy of purely punitive or deterrent measures such as boot camps, or psychodynamic treatment for sex offenders or other types of offenders (Bonta & Andrews, 2010; Hanson et al., 2009).

More recently, research has broadened the scope of evaluation and looked more critically at the content of standard intervention programmes. Porporino (2010) argues that the field may have reached a point where further refinement of so-called evidence-based programmes will not produce significant improvements because there is too much uncertainty about how such programmes exert their effect. In relation to the RNR model, he notes that:

‘... unattended to in that paradigm is how exactly offenders go about constructing new pro-social identities for themselves, what might spark them to do this, what are the motivational pressures that might support the change, where these pressures come from, and how is a new identity (and the future pro-social self it implies) reconciled with the criminal past it is choosing to abandon.’


Porporino highlights problems with our current knowledge base including that we do not know how evidence-based programmes influence life outcomes years after they were delivered (he cites Farral, 2004a; 2004b who found that when offenders were asked, they only gave passing credit to these programmes).

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BOX 21.2 CONCEPTS BEHIND REHABILITATION AS IT IS CURRENTLY PRACTICED

a) The concept of an offender is a moral one, where individuals have been judged to have acted wrongly (and illegally) and have been punished accordingly.

b) The successful pursuit of a meaningful life relies on individuals identifying what is truly valuable and constructing ways of living that can help them to achieve the outcomes, activities, and traits that reflect these values.

c) The notion of risk reduction, which is typically a major aim of all correctional programmes and intervention efforts, is a value-laden one in the sense that the aim is to reduce, manage and monitor the probability of harmful outcomes to the offender and the community.

d) Practical or narrative identities that have been demonstrated to be important components of successful desistance are constituted by a diverse range of values (e.g. role standards or expectations, personal traits, activities, practices).
Porporino (2010) draws on the desistance literature to suggest different ways of working with offenders, including developing programmes that do not aim to change or fix offenders, but rather aim simply to help them ‘...look at their lives though some new lenses, sort out their needs and wants, refine their vague wishes and commit to some...goals’ (p.78).

Porporino (2010) emphasises the importance of contexts – and highlights that teaching skills in isolation serves little purpose, noting that: ‘We seem to believe that once they have the recipe, the meal they cook will be tasty automatically’ (p.80).

Martin et al. (2010) used a quasi-experimental design to investigate whether inclusion of an intervention targeting social and employment integration was more efficacious than social cognitive training (a Spanish adaptation of the Reasoning and Rehabilitation programme) alone. The total sample consisted of 117 repeat offenders, including 67 males and 30 females, mostly convicted for property/drug offences, but also offences against the person. Social and employment integration was facilitated by a social worker and included contact with employers and work places to secure jobs (this group was small, n = 12). In a six-year follow-up, survival analyses indicated that the Reasoning and Rehabilitation (R&R) programme produced a statistically significant delay in time to reoffence, compared to the control group. Although not significant (perhaps due low statistical power), participants receiving R&R and the social and employment integration intervention took a longer time to reoffend (and had a lower percentage of reoffences) than participants receiving R&R alone. Thus, social and employment integration appeared to strengthen the effects of the social cognitive training programme. These findings provide a positive view of R&R but suggest that the programme fails to take into account an individual’s social and economic context.

Using a mixture of quantitative and qualitative methods, Bahr et al. (2010) explored factors associated with successful re-entry into the community (defined as successful completion of parole) in the three years following prison release, using a sample of 51 offenders who had committed felonies and spent at least one year in prison (drug offences were the most common offences). The authors drew upon Laub and Sampson’s (2001; 2003) life course theory and hypothesised that drug treatment, peer associations, employment, age, marriage/cohabitation and parenthood would be associated with success. Parolees were interviewed shortly after release and again at one, three, and six months following the first interview. Attending a substance abuse programme in prison and spending more time in enjoyable activities with friends were both associated with success. Also, among the employed parolees, working at least 40 hours per week was associated with success. Contrary to predictions, having a partner, being married, being a parent, being close to parents and education level were not associated with greater re-entry success. That said, qualitative data showed that successful parolees had more support from family and friends and more self-efficacy, both of which helped in participants’ efforts to stay away from drugs.

In a Canadian study, Martin and Stermac (2010) sought to investigate whether hope was related to risk for recidivism and whether male (50) and female (50) inmates differed in their levels of hope. There was a significant negative correlation between total scores on the Hope Scale (Snyder et al., 1991) and the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) (a measure of recidivism risk; see Chapter 17 for a description of this measure). This result suggests that higher levels of hope were related to a lower estimated risk of recidivism. However, looking at the subscales of the Hope Scale in isolation (pursuing goals; agency; and pathways), only the agency scale was related to risk of recidivism (i.e. higher agency = lower risk estimate). Martin and Stermac concluded that hope may be a protective factor, lessening the risk of involvement in future crime.

Most studies examining the relationship between employment and recidivism have simply considered whether employment decreases the likelihood of further offending, and few studies have investigated whether obtaining employment increases time to reoffend (Figure 21.2). Tripodi et al. (2010) investigated this relationship utilising a random sample (n = 250) of men on parole from Texas prisons. They found that when controlling for offence history variables (and other known predictors of recidivism), while obtaining employment on release from prison was not associated with a significant decrease in likelihood of reincarceration it was associated with a significantly greater time to reincarceration. The authors noted the consistency of their findings with conceptualisations of desistance (see below) from crime as a process rather than an outcome. These findings suggest that motivation to remain crime-free might lessen over time, and the authors encourage the use of motivational interviewing and other motivational enhancing techniques to assist offenders in remaining focused on long-term prosocial goals.

Bouman et al. (2009) examined the relationship between subjective well-being and (i) self-reported offending over a three-month period; and (ii) officially recorded recidivism at a three-year follow-up amongst patients with personality disorders (n = 135). They found that satisfaction with health and general life satisfaction buffered a high risk level for violent reconvictions over a three-year follow-up.
A closer analysis of which programmes are effective indicates that, in addition to the above requirements, those that adhere to the principles of risk, need and responsivity (as outlined in the risk-need-responsivity model of offender rehabilitation section below) reliably result in greater reductions in reoffending rates (Andrews & Bonta, 2006). Furthermore, there are a number of resilience or desistance factors associated with successful crime reduction, including access to social models that promote a non-offending lifestyle, employment, a stable emotional relationship, good social support, cognitive competencies, development of an adequate self-concept and the acquisition of a sense of meaning in life (Laws & Ward, 2011; Lösel, 2010; Maruna, 2001).

There is a growing convergence between the findings of desistance, programme evaluations and resilience research traditions, which shows it is not enough to concentrate on the technical aspects of interventions. Indeed, the message is clear that practitioners and policy makers ought to take greater care to ensure programmes are responsive to offenders’ personal goals and incorporate social and community groups in any intervention plans (Marshall et al., 2006; Maruna & Roy, 2007; Sampson & Laub, 1993). In a nutshell, it is a mistake to continue looking exclusively inwards towards the person and to ignore, or downplay, the important role of social relationships and community involvement in the rehabilitation process (Laws & Ward, 2011; McNeill, 2006).

The above brief review of what works in correctional programmes and interventions stresses the crucial role of social supports, self-transformation, acquiring a sense of meaning, and competency building. The default aetiological assumption appears to be that offending is a product of faulty social learning and individuals commit offences because they have a number of skill deficits that make it difficult for them to seek reinforcement in socially acceptable ways (Andrews & Bonta, 2006; Laws & Ward, 2011; Ward & Laws, 2010; Ward, Polaschek et al., 2006). Thus, the primary mechanisms underpinning offending are thought to be social and psychological, although it is acknowledged that some individuals’ antisocial actions are partly caused by dysfunctional biological mechanisms such as abnormal hormonal functioning (Andrews & Bonta, 2006; Mitchell & Beech, 2011; Ward, Polaschek et al., 2006).

The major goal is to teach offenders skills to change the way they think, feel and act, and to use this knowledge to avoid or escape from future high-risk situations. There are usually discrete treatment modules devoted to the following problem areas: cognitive distortions,
deviant sexual interests, social skill deficits, impaired problem-solving and cognitive skills, empathy deficits, intimacy deficits, emotional regulation difficulties, impulsivity, lifestyle imbalance, substance abuse, and post-offence adjustment or *relapse prevention* (Bonta & Andrews, 2010; Ward & Maruna, 2007).

Increasingly, there is greater attention paid to the utility of orientating treatment and interventions towards approach or positive goals, rather than being exclusively preoccupied with risk reduction (Laws & Ward, 2011). This has the advantage of capitalising on individuals’ natural predispositions towards prudential outcomes and also makes it much easier to assist them in the construction of more adaptive self-schemas or narratives. These rehabilitation perspectives have been labelled ‘strength-based approaches’ because they provide the resources to enable offenders to implement ways of living that centre upon their preferences and, ultimately, core values.

**DESISTANCE FROM CRIME**

The shift in focus evident in recent correctional and forensic rehabilitation interventions indicates movement towards greater use of community resources and an appreciation of what have been called ‘desistance factors’ (Laws & Ward, 2011). In contrast to the forensic psychology literature’s focus on factors implicated in offending and reoffending, the desistance literature seeks to understand the lifestyle change process associated with disengagement from crime (e.g. Laws & Ward, 2011; Serin & Lloyd, 2009). To suggest that a reduction in dynamic risk factors solely explains desistance, in our view, is unconvincing. Such an explanation is arguably somewhat simplistic and ignores the normative dimension of human action – the fact that human beings actively seek outcomes that are personally meaningful and valued (Ward & Maruna, 2007). The desistance literature unravels how offenders effect change to dynamic risk factors, and therefore provides a richness not captured by the forensic psychology literature (Laws & Ward, 2011; McNeill, 2006). Available evidence indicates that there are a number of social and psychological factors that facilitate the desistance process (Laws & Ward, 2011). These events are variously referred to, for example, as ‘turning points’ (Laub & Sampson, 2003; Sampson & Laub, 1993), ‘books for change’ (Giordano et al., 2007), a ‘change in narrative identity’ (McNeill et al., 2005), or ‘making good’ (Maruna, 2001).

Perhaps the most influential contributions to the desistance literature in recent years are those of Laub and Sampson (Laub & Sampson, 2001; Sampson & Laub, 1993) and Maruna (2001). Laub and Sampson conducted an extended and comprehensive follow-up of men from Sheldon and Eleanor Glueck’s landmark research (Glueck & Glueck, 1950; 1968) on factors that differentiated serious and persistent delinquent boys from a matched group of non-delinquent boys. Laub and Sampson found that conventional adult social bonds such as marriage and employment explained variations in crime that could not be predicted by other variables such as childhood adversity. Specifically, they found that strong social bonds, strong marital attachment and job stability could facilitate the lifestyle change required for criminal desistance.

Laub and Sampson’s findings have been echoed throughout the desistance literature (e.g. Graffam et al., 2004; Maruna, 2001; Petersilia, 2003; Uggen, 2000), and parallel findings have been reported in the forensic psychology literature (e.g. Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Laub and Sampson also replicated the longstanding finding in criminology that the frequency of offending decreases with age (e.g. see Gottfredson & Hirschi, 1990); and acknowledged the role of human agency, noting that men who desisted played an active role in the desistance process through making choices to disengage from crime. Maruna (2001) replicated Laub and Sampson’s findings regarding the importance of social bonds, but also found that human agency or cognitive transformation (i.e. creation of a new, more adaptive narrative identity) was the key to desistance. In sum, both external factors (e.g. social support, access to employment opportunities) and internal factors (e.g. making a conscious decision to want a different life) are required to facilitate the lifestyle change process associated with desistance.

To recap our argument so far, the concept of offender rehabilitation is at its core a deeply normative one that manifests in individual lives in the construction of practical or narrative identities, and at the social level in terms of correctional policy directed at risk reduction and management. However, it is increasingly apparent that theories of offender rehabilitation need to cast their net widely and seek to equip offenders with the values and competencies to live more satisfying lives while also reducing their reoffending risk. The two most prominent correctional theories of rehabilitation, the RNR and the *good lives model* (GLM), prioritise different aspects of this equation: the RNR is focused primarily on risk management while the GLM has a primary interest in enhancing offender well-being, while not ignoring risk. We will now discuss each of these theories in turn.
THE RISK–NEED–RESPONSIVITY MODEL OF OFFENDER REHABILITATION

The risk management approach to offender rehabilitation emerged from Andrews and Bonta’s seminal book, *The Psychology of Criminal Conduct* (2006). Andrews and Bonta sought to explain criminal behaviour through empirically derived predictors of recidivism using what the authors termed a general personality and social psychology perspective. The authors provide three empirically based principles aimed at reducing offenders’ risk of recidivism: risk, need and responsivity (Andrews & Bonta, 2006; Andrews, Bonta et al., 1990), commonly referred to in the forensic psychology literature as the RNR model of offender rehabilitation, a term synonymous with the risk management approach. Hence, an underlying assumption of the risk management approach is that offenders are bearers of risk for recidivism, and the primary aim of offender rehabilitation is to reduce this recidivism risk through adherence to following the RNR principles.

The **risk principle** states that the dosage or intensity of interventions should match an offender’s risk level, such that intensive interventions are directed at high-risk offenders, and less intense (or no) interventions are aimed at lower risk offenders.

The **need principle** informs intervention targets, specifically that interventions should target criminogenic needs, also known as dynamic risk factors, which are those factors causally related to offending that, for a given individual, are changeable. Dynamic risk factors include antisocial attitudes and antisocial associates (Andrews & Bonta, 2006), and, in the case of sexual offending, deviant sexual interests and self-regulation difficulties (e.g. Hanson & Morton-Bourgon, 2005). The aim of treatment is to reduce dynamic risk factors and, according to the needs principle, directing intervention efforts at non-criminogenic needs such as low self-esteem and a history of victimisation will prove ineffective, given they have not been linked with recidivism (Andrews & Bonta, 2006; Hanson & Morton-Bourgon, 2005).

Finally, the **responsivity principle** informs the actual delivery of interventions in order to maximise their efficacy. General responsibility advocates structured cognitive behaviour therapy interventions, given its general acceptance as the best treatment currently available for groups such as sex offenders (e.g. Hanson et al., 2002). Relapse prevention (RP; e.g. Laws, 1989) constitutes the predominant format for delivering cognitive-behavioural treatment with sex offenders (McGrath et al., 2003), and was adapted for use with sex offenders from the addictions treatment literature. Enhancing specific responsivity requires considering cognitive ability, learning style, personality profile, culture, and other characteristics of individual offenders, and delivering treatment accordingly. The RNR has been hugely influential in offender rehabilitation initiatives internationally, forming the basis of correctional treatment since its inception in the early 1990s (Bonta & Andrews, 2010).

**Limitations of the RNR model**

As stated above, meta-analyses have found support for the efficacy of RNR-based treatment programmes in reducing recidivism amongst general and sexual offenders (e.g. Andrews & Dowden, 2005; Andrews, Zinger et al., 1990; Bonta & Andrews, 2010; Hanson et al., 2002; 2009; Lösel & Schmucker, 2005). However, some researchers argue that the available evidence is insufficient to conclude current treatment programmes are in fact efficacious (e.g. Marques et al., 2005; Rice & Harris, 2003). Putting the question of treatment effectiveness to one side, the fact that anywhere between 12 per cent (e.g. Hanson et al., 2002) and more than 50 per cent (e.g. Prensky et al., 1997) of treated child molesters (and as many as 46 per cent of treated general offenders – Wilson et al., 2005) go on to reoffend, underscores that considerable scope remains for improving offender rehabilitation and reintegration initiatives (Figure 21.3).

The most heavily cited criticism of the RNR model revolves around its failure to motivate and engage offenders in the rehabilitation process (e.g. Mann, 2000; Ward & Maruna, 2007). Jones et al. (2006) found that a judge’s recommendation for treatment significantly predicted whether sex offenders volunteered for treatment, suggesting that external motivators such as parole eligibility influence decisions to enter treatment. Moreover, attrition from sex offender treatment programmes is particularly high, with reported rates as high as 30–50 per cent (e.g. Browne et al., 1998; Moore et al., 1999; Ware & Bright, 2008), which have been attributed to poor treatment engagement (e.g. Beyko & Wong, 2005). Consistent evidence shows that men who drop out of treatment are more likely to reoffend compared to treatment completers (e.g. Hanson et al., 2002; Marques et al., 2005) as well as untreated comparison groups (Hanson et al., 2002). Without addressing the problem of treatment attrition, current treatment programmes fail to deliver to groups of sex offenders most requiring treatment (Beyko & Wong, 2005), and therefore fail to adhere to the RNR risk principle. Thus, although empirically derived, in reality the risk principle is one that is difficult to adhere to.
What is behind the failure of the risk management approach to engage clients in rehabilitation? At the outset, the risk management approach differs substantially from therapeutic models used with other client populations (e.g. in the treatment of mental health problems) in the orientation of treatment goals, limited collaboration between client and therapist, and limited attention to problems not causally related to the problem behaviour (i.e. in the case of offending, non-criminogenic needs such as self-esteem or personal distress). Addressing the first issue, risk management interventions rely heavily on avoidant goals through encouraging hypervigilance to threats of relapse and the reduction of dynamic risk factors (Mann, 2000). By contrast, approach goals provide individuals with guidance on how best to achieve their goals (i.e. the stress is on achieving specific outcomes rather than simply avoiding negative consequences). It has been suggested that individuals driven by approach goals focus on positive outcomes and thus persevere longer than people driven by avoidance goals, who tend to focus on threats (e.g. Higgins, 1996). Reframing the overarching goal of treatment (i.e. reducing risk of reoffending) as an approach goal might be ‘to become someone who lives a satisfying life that is always respectful of others’ (Mann, 2000, p.194). Such a goal remains consistent with avoiding relapse, given that it is congruent with offending, and can be separated into personally meaningful sub-goals that provide corrections clients with direction in life, for example, increasing confidence in socialising with adult women. Thus, by using approach goals, treatment can help offenders live a better life, not just a less harmful one, in ways that are personally meaningful and socially acceptable – and risk reducing (Mann, 2000; Ward & Maruna, 2007). Indeed, Mann et al. (2004) showed that an approach-goal focused intervention with sex offenders was associated with increased treatment engagement compared to a traditional avoidant-goal focused intervention.

Secondly, treatment goals in the risk management approach are enforced upon offenders rather than mutually agreed upon in therapy (Mann, 2000), thereby compromising the therapeutic relationship. Marshall and his colleagues (e.g. Marshall et al., 2003; Serran et al., 2003) demonstrated that confrontational therapeutic styles had a negative impact on attitude and behaviour changes, whereas displays of empathy, warmth and encouragement, and some degree of directiveness, facilitated treatment change, suggesting that careful attention to the therapeutic relationship might increase treatment engagement. The didactic nature of the risk management approach, however, allows limited scope for enhancing the therapeutic relationship. Third, some researchers have convincingly argued that a sole focus on criminogenic needs obstructs treatment engagement, and that attention to non-criminogenic needs, such as those relating to enhanced well-being and quality of life, might enhance treatment engagement (Ward & Maruna, 2007). More specifically, targeting non-criminogenic needs might be a necessary predecessor for targeting criminogenic needs through enhancing the therapeutic alliance (Ward & Stewart, 2003). For example, attempting to address criminogenic needs in the context of personal distress or financial crisis (both non-criminogenic needs) will likely prove fruitless if the more acute issues are not sufficiently addressed (Ward & Maruna, 2007).

Another general limitation of the risk management approach is its minimal consideration paid to re-entry and reintegration into the social environment (outside of identifying and then actively avoiding high-risk situations). The desistance literature emphasises the crucial role of environmental systems such as close, supportive relationships and employment in ceasing offending. Thus, building and strengthening environmental opportunities, resources and supports should be central to offender rehabilitation and reintegration endeavours. Moreover, in the case of treated offenders, environmental factors have the potential to facilitate or impede the maintenance of treatment-related changes to dynamic risk factors. In a recent paper Ward and Nee (2009) argued that
effective treatment generalisation requires an environment that supports and reinforces newly learned concepts, such as the restructuring of offence-supportive beliefs. Associating with people endorsing such beliefs, for example, will likely not be conducive to maintaining treatment-induced restructured beliefs.

We argue that the failure of the risk management approach to engage criminal justice clients in the rehabilitation process is derived from its theoretical underpinnings (or lack thereof – for a detailed discussion see Ward & Maruna, 2007), which ignore the nature of human beings as value-laden, meaning-seeking, goal-directed beings. The risk management approach, we argue, is overly mechanistic and reductionist – that is, there is an implicit assumption that through fixing a malfunction, offenders are (hopefully) restored to their optimal functioning state. Humans, on the other hand, are arguably not simply clusters of mechanisms but also people with an array of values. We argue that it is not enough simply to rectify personal deficits, or reduce criminogenic needs, and expect individuals who have committed crimes in the pursuit of perceived valued outcomes to be rehabilitated. In other words, the theoretical grounding in managing risk, rather than improving the lives of offenders, compromises client engagement and their capacity for change (Ward & Maruna, 2007).

In summary, critics argue that the RNR approach commonly current in offender rehabilitation and reintegration endeavours constitutes a necessary, but not sufficient, foundation for effective interventions (Ellerby, Bedard & Chartrand, 2000; Maruna, 2001; Ward & Maruna, 2007; Ward & Stewart, 2003). We are committed to the idea of subjecting offenders to interventions that are empirically supported; however, it is our contention that there is still much to be done in the arena of correctional practice and that desistance theory and research can offer those working with offenders a plethora of good ideas and practices. It has been convincingly argued that offender rehabilitation endeavours require a dual focus: reducing risk, but also promoting human needs and values through approach goals, thereby engaging offenders in the treatment process (Ward & Brown, 2004).

The GLM was developed as an alternative approach to rehabilitation that accommodates this dual focus. In other words, the very nature of the GLM addresses limitations of the risk management approach, including motivating offenders to engage in treatment and desist from further offending, and consideration for offenders’ environmental contexts (Ward et al., 2007; Ward & Maruna, 2007; Ward & Stewart, 2003). Although developed independently, as will be shown the GLM is a natural ally of desistance theory because of the overlapping nature of the theoretical assumptions of both perspectives and their common stress on the importance of both offender agency and social resources.

### THE GOOD LIVES MODEL

The good lives model (GLM), first proposed by Ward and Stewart (2003) and further developed by Ward and colleagues (e.g. Ward & Gannon, 2006; Ward & Marshall, 2004), is a strengths-based approach to offender rehabilitation. It is a strengths-based rehabilitation theory because it is responsive to offenders’ particular interests, abilities, and aspirations. It also directs practitioners to explicitly construct intervention plans that help offenders to acquire the capabilities to achieve the things that are personally meaningful to them. It assumes that all individuals have similar aspirations and needs, and that one of the primary responsibilities of parents, teachers and the broader community is to help each of us acquire the tools required to make our own way in the world.

Criminal behaviour results when individuals lack the internal and external resources necessary to satisfy their values using prosocial means. In other words, criminal behaviour represents a maladaptive attempt to meet life values (Ward & Stewart, 2003). Rehabilitation endeavours should therefore equip offenders with the knowledge, skills, opportunities and resources necessary to satisfy their life values in ways that do not harm others. Inherent in its focus on an offender’s life values, the GLM places a strong emphasis on offender agency. That is, offenders, like the rest of us, actively seek to satisfy their life values through whatever means are available to them. The GLM’s dual attention to an offender’s internal values and life priorities and external factors such as resources and opportunities give it practical utility in desistance-oriented interventions. We argue that the GLM has the conceptual resources to incorporate desistance ideas by virtue of its stress on agency, interdependency and development. In other words, there is natural resonance between desistance theory and the GLM because of their overlapping theoretical ideas and broad way of conceptualising the relationship between human beings and their social world.

The GLM is a theory of offender rehabilitation that contains three hierarchical sets of assumptions: (1) general assumptions concerning the aims of rehabilitation; (2) aetiological assumptions that account for the onset and maintenance of offending; and (3) practical implications arising from the first and second sets of assumptions. Each set of assumptions will be detailed, followed by a summary of empirical research investigating the utility of the GLM.
General assumptions of the GLM

The GLM is grounded in the ethical concept of human dignity (see Ward & Syversen, 2009) and universal human rights, and as such it has a strong emphasis on human agency. That is, the GLM is concerned with individuals' ability to formulate and select goals, construct plans and act freely in the implementation of these plans. A closely related assumption is the basic premise that offenders, like all humans, value certain states of mind, personal characteristics and experiences, which are defined in the GLM as primary goods. Following an extensive review of psychological, social, biological and anthropological research, Ward and colleagues (e.g. Ward & Brown, 2004; Ward & Marshall, 2004) first proposed nine classes of primary goods. In more recent work (e.g. Ward & Gannon, 2006; Ward et al., 2007), they produced 11 classes of primary goods, as shown in Box 21.3 (see Figure 21.4).

While it is assumed that all humans seek out all of these primary goods to some degree, the weightings or priorities given to specific primary goods reflect an individual's values and life priorities. Moreover, the existence of a number of practical identities, based on, for example, family roles (e.g. being a parent), work (e.g. being a psychologist) and leisure (e.g. being a football/tennis player) mean that an individual might draw on different value sources in different contexts, depending on the normative values underpinning each practical identity.

Instrumental goods, or secondary goods, provide concrete means of securing primary goods and take the form of approach goals (Ward, Vess et al., 2006). For example, completing an apprenticeship might satisfy the primary goods of knowledge and excellence in work, whereas joining an adult sports team or book club might satisfy the primary good of friendship. Such activities are incompatible with dynamic risk factors, meaning that avoidance goals are indirectly targeted through the GLM's focus on approach goals. Refer to Case Studies 21.1 and 22.2 to see an example of a good lives plan in action.

Aetiological assumptions of the GLM

According to the GLM there are two primary routes that lead to the onset of offending: direct and indirect (Ward & Gannon, 2006; Ward & Maruna, 2007). The direct pathway is implicated when an offender actively attempts (often implicitly) to satisfy primary goods through his or her offending behaviour. For example, an individual lacking the competencies to satisfy the good of intimacy with an adult might instead attempt to meet this good through sexual offending against a child. The indirect pathway is implicated when, through the pursuit of one or more goods, something goes awry, which creates a ripple or cascading effect leading to the commission of a criminal offence. 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 to alleviate distress might, in specific circumstances, lead to a loss of control and culminate in sexual offending (Ward et al., 2007). Four types of difficulties in offenders' attempts to secure primary goods have been proposed (see Box 21.4).

Empirically identified criminogenic needs are conceptualised in the GLM as internal or external obstacles that interfere with the acquisition of primary goods. Indeed, as outlined by Ward and Maruna (2007), each of the primary goods can be linked with one or more criminogenic needs.
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Practical implications of the GLM

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human needs that, once met, enhance psychological well-being (Ward & Brown, 2004). In applying the GLM, assessment begins with mapping out an offender’s good lives conceptualisation by identifying the weightings given to the various primary goods. This is achieved through: (i) asking increasingly detailed questions about an offender’s core commitments in life and his or her valued day-to-day activities and experience; and (ii) identifying the goals and underlying values that were evident in an offender’s offence-related actions. Once an offender’s conceptualisation of what constitutes a good life is understood, future-oriented secondary goods aimed at satisfying an offender’s primary goods in socially acceptable ways are formulated collaboratively with the offender and translated into a good lives treatment plan. Treatment is individually tailored to assist an offender to implement his or her good lives intervention 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.

Ward et al. (2007) outlined a group-based application of the GLM based on seven modules typical of current best-practice sex offender treatment programmes: (i) establishing therapy norms; (ii) understanding offending and cognitive restructuring; (iii) dealing with deviant arousal; (iv) victim impact and empathy training; (v) affect regulation; (vi) social skills training; and (vii) relapse prevention. They highlighted that most modules were associated with an overarching primary good, consistent with the notion that dynamic risk factors can be considered

CASE STUDY 21.1 A GOOD LIVES PLAN

Sam is a 42-year-old member of a Native American gang. He has a long criminal history and in the past has had several periods of imprisonment for assault, rape and robbery. Sam’s good lives plan (GLP) explicitly linked the goods of knowledge, community and relatedness to his practical identities (secondary goods and contexts) of being a university student and a member of the university and local Native American support and cultural groups. He learned how to manage his anger, alcohol and drug use, and to apply more adaptive norms and beliefs when dealing with people, during therapy he received from a correctional psychologist. This work built upon his past participation in RNR violence programmes but, because the strategies were recruited in the service of goals he was committed to, were more eagerly utilised by Sam. It was anticipated that he would cultivate social and even romantic relationships with the non-gang people he mixed with in the various support groups he attended, possibly taking up the numerous opportunities to join in recreational and sporting activities. The whole range of primary goods was built into Sam’s GLP with an emphasis on the two primary practical identities of being a Native American history and culture student and being a member of a Native American community and tribe.
Peter is a 33-year-old single male who was convicted of sexually molesting two teenage girls while giving them tennis lessons. Peter’s good lives plan is built around two primary goods and their respective practical identities, mastery and service to the community. Concerning mastery, it was decided that taking into account Peter’s love of teaching and his demonstrated ability, he would train as a teacher of literacy at a local education institution. This identity was one that Peter endorsed and it would also meet his need to be of service to his community, given that he would be working with men who were struggling and down on their luck. In order to take full advantage of the training opportunity, Peter agreed to work on his mild anxiety and assertiveness problems and to develop the confidence and ability to communicate more effectively with adult men and woman. He required relatively little specialised psychological therapy for his sexual offences and most of the rehabilitation focus was on developing and strengthening his social and vocational relationships and opportunities.

Empirical research supporting the utility of the GLM

The most commonly cited criticism of the GLM is its lack of empirical support (Bonta & Andrews, 2003; Ogloff & Davis, 2004). However, the GLM is not a treatment theory but rather is a rehabilitation framework that is intended to supply practitioners with an overview of the aims and values underpinning practice. It functions as a broad map that needs to be supplemented by specific mini-theories concerning concrete interventions such as cognitive behavioural treatment techniques (Ward & Maruna, 2007). Thus, the criticism that the GLM has not been empirically supported entirely misses the point. Rather, it is intended to provide a more comprehensive framework for offender practice than currently exists. However, programmes can be/are constructed that reflect GLM assumptions and these can (and should) be evaluated. These are best construed as GLM-consistent programmes, however, and are not the GLM itself (Laws & Ward, 2011; Ward & Maruna, 2007).

Keeping this general point in mind, there is a growing body of research studies that have incorporated principles of the GLM into interventions for sexual offending with positive results (Gannon et al., in press; Harkins et al., 2008; in press; Lindsay et al., 2007; Marshall et al., 2011; Simons, McCullar & Tyler, 2008; Ware & Bright, 2008; Whitehead et al., 2007), while other research studies have offered support for the GLM’s underlying assumptions (Barnett & Wood, 2008; Bouman et al., 2009; Willis & Grace, 2008; Willis & Ward, in press; Yates, 2009). Together, these studies suggest that adoption of the GLM enhances treatment engagement and positive therapeutic relationships, as well as the promotion of longer-term desistance from offending.

To sum up, the GLM has demonstrated preliminary effectiveness in addressing key limitations of the risk management approach to offender rehabilitation, more specifically through enhancing treatment engagement, fostering desistance, and paying increased attention to environmental contexts. Moreover, a growing body of research supports the GLM’s underlying assumptions.
SUMMARY

• Individuals with a history of criminal offending are more than bearers of risk and, as such, rehabilitation and reintegration endeavours require more than managing risk.

• The risk management approach has been hugely influential and we do not wish to reject the primary RNR principles. Rather, we would like to integrate the principles of risk, need and responsivity within a broader, strengths-based rehabilitation theory, of the GLM. Through acknowledging that offenders are people like us, the GLM engages offenders in the process of desistance, thereby bettering their lives and the lives of people they come into contact with.

• A problem with risk management practice models is that they tend to be overly focused on individual offenders and lack sufficient theoretical and ethical resources to enlarge their vision to the broader social and cultural vista.

• Helping offenders to turn their lives around requires attending to their needs and value commitments, as well as their potential for behaving harmfully towards others.

• In fact, according to the GLM, assisting individuals to acquire the capabilities to pursue and achieve their personal goals is also likely to make them safer.

ESSAY/DISCUSSION QUESTIONS

1. What is a rehabilitation theory?
2. What role do values play in the process of offender rehabilitation?
3. Outline the concept of desistance and describe its role in offender reintegration.
4. Outline and critically evaluate the RNR model of offender rehabilitation.
5. Outline and critically evaluate the GLM model of offender rehabilitation.
6. Contrast and compare the RNR and GLM models of rehabilitation.

REFERENCES


**ANNOTATED READING LIST**


Laub, J.H. & Sampson, R.J. (2003). Shared beginnings, divergent lives: Delinquent boys to age 70. Cambridge, MA: Harvard University Press. In this pioneering book, Laub and Sampson report on a study spanning well over 50 years, of a group of delinquent boys. They discuss the factors that are associated with successful desistance from offending and conclude that social bonds, self-transformation and community support are among the most important desistance variables.


Porporino, F.J. (2010). Bringing sense and sensitivity to corrections: From programmes to 'fix' offenders to services to support desistance. In J. Brayford, F. Cowe & J. Deering (Eds.) What else works? Creative work with offenders (pp.61–85). Portland, OR: Willan Publishing. In this chapter, a father of correctional interventions and developer of an influential model cognitive skills training, reviews current theoretical and practice models in the correctional area. He concludes that, while progress has been made, there is still much to be learned. Furthermore, he suggests that the incorporation of desistance- and strength-based ideas may add value to intervention initiatives.


Ward, T. & Maruna, S. (2007). Rehabilitation: Beyond the risk assessment paradigm. London, UK: Routledge. In this book Ward and Maruna carefully analyse the concept of a rehabilitation theory and argue for its importance in guiding practitioners and researchers working with offenders. They then go on to describe the two most comprehensive rehabilitation theories currently in use, RNR and GLM, and critically evaluate both models.