



# Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders

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## Abstract

In this paper, we draw upon two sets of theoretical resources to develop a comprehensive theory of sexual offender rehabilitation named the *Good Lives Model-Comprehensive* (GLM-C). The original Good Lives Model (GLM-O) forms the overarching values and principles guiding clinical practice in the GLM-C. In addition, the latest sexual offender theory (i.e., the *Integrated Theory of Sexual Offending*; ITSO) provides a clear etiological grounding for these principles. The result is a more substantial and improved rehabilitation model that is able to conceptually link latest etiological theory with clinical practice. Analysis of the GLM-C reveals that it also has the theoretical resources to secure currently used self-regulatory treatment practice within a meaningful structure.

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**Keywords:** Rehabilitation; Etiology; Sex offender; Treatment

## Contents

1. Introduction . . . . .	78
2. The source theories . . . . .	79
2.1. The good lives model-original: a rehabilitation model . . . . .	79
2.2. Limitations of the GLM-O . . . . .	80
2.3. The integrated theory of sexual offending: an etiological theory . . . . .	80
3. The good lives model-comprehensive . . . . .	82
3.1. The basic argument . . . . .	82
3.2. Overarching principles and values. . . . .	83
3.3. Etiological assumptions of the GLM-C . . . . .	84
3.4. Biology . . . . .	84
3.5. Ecology . . . . .	85
3.6. Goals and the psychological systems . . . . .	85
3.7. Identifying GLM-C routes to offending . . . . .	86

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4.	Clinical implications of the good lives model-comprehensive . . . . .	87
4.1.	A self-regulation model of relapse . . . . .	87
4.2.	Theoretical grounding of the self-regulation model . . . . .	88
4.3.	Clinical implementation of the good lives model-comprehensive . . . . .	89
4.4.	Indirect good lives route . . . . .	91
4.5.	GLM-C treatment focus . . . . .	91
4.6.	Direct good lives route . . . . .	92
4.7.	GLM-C treatment focus . . . . .	92
5.	Conclusions . . . . .	92
	References . . . . .	93

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## 1. Introduction

Sexual offending has become the focus of intensive research and treatment efforts over the last thirty years, and as a consequence of this investment, effective interventions are starting to emerge. It is becoming clear that the implementation of cognitive behavioural treatment interventions (CBT) in receptive environments can reduce reoffending rates considerably. For example, a recent large outcome study of sexual offenders found that CBT reduced sexual recidivism rates from 17.4% to 9.9%, as well as reducing general recidivism rates from 51% to 32% (Hanson et al., 2002).

The prominent CBT model in the sexual offending area is that of *relapse prevention* (Pithers, 1990; Pithers, Marques, Gibat, & Marlatt, 1983). This approach to treating offenders focuses on the management of dynamic risk factors, and aspects of the offender and his situation that predict reoffending. The goal is to help offenders understand their offense process and cope with situational and psychological factors that place them at risk for reoffending (Ward & Hudson, 2000); generally the assumption has been that relapse represents a breakdown in the skills used to *avoid* sexual offending (Marlatt, 1985; Pithers, 1990; Pithers et al., 1983). This emphasis on coping with risk factors within relapse prevention is a variant of the more general *risk-need* model of offender rehabilitation. The basic idea underpinning this approach is that the best way to reduce recidivism rates is to identify and *reduce* or *eliminate* an individual's array of dynamic risk factors (i.e., criminogenic needs). From the perspective of the risk-need approach, effective treatment is dependent upon three main factors (i.e., the *risk*, *need*, and *responsivity* principles; see Andrews & Bonta, 1998). The *risk* principle is concerned with the match between level of risk and the amount of treatment received. Thus, according to this principle, higher risk offenders should receive the most treatment. The *need* principle stipulates that rehabilitation should target needs associated with sexual offending that can be altered (i.e., criminogenic needs identified through empirical research). Finally, the *responsivity* principle is concerned with the treatment program's ability to reach and make sense to the participants for whom it was designed. Put another way, will offenders be able to absorb the content of the program and make changes to their behavior accordingly? In addition to these principles, Andrews and Bonta propose that clinical professional discretion should prevail if the circumstances warrant it. This allows for treatment flexibility and innovation under novel circumstances.

Despite the effectiveness of the combined relapse prevention/risk-need approach to treating sexual offenders, we have identified a number of problems with this model. First, we have argued that the focus on risk factors and relapse avoidance techniques is a necessary but not *sufficient* treatment aim (Ward, Hudson, & Keenan, 1998; Ward & Stewart, 2003). Instead, we argue that treatment should incorporate the twin foci of *goods promotion* (approach goals) and *risk management* (avoidance goals). By focusing on providing offenders with the necessary conditions (e.g., skills, values, opportunities, and social supports) for meeting their human needs in more adaptive ways, the assumption is that they will be less likely to harm others or themselves (Ward & Stewart, 2003). From this perspective, the primary goal is to help offenders to live better kinds of lives and thereby reduce their likelihood of committing further crimes. This model has its roots in the positive psychology and humanistic traditions (e.g., Diener & Myers, 1995). Second, the risk-need model fails to appreciate the crucial role of context or ecological variables in the process of rehabilitation. In brief, offenders are embedded in local social, cultural, personal, and physical contexts. Thus, any treatment plan should arguably focus on the skills and resources required to function in these particular environments. Third, the risk-need approach tends to neglect the role of personal agency and focus

instead on causes such as criminogenic needs (i.e., dynamic risk factors). However, the capacity of individuals to seek meaning and to direct their actions in the light of reasons and values constitutes an essential aspect of human functioning. Finally, the risk-need model tends to downplay the role of context and relationship variables (e.g., the therapeutic alliance and clinicians' attitudes to offenders) in favor of a one-size-fits all approach (e.g., use of manuals). We believe that context and relationship variables play an essential role in effective sexual offender treatment and should be addressed accordingly.

We propose that it is possible to address these problems and at the same time, preserve the strengths of the relapse prevention/risk-need treatment approaches by knitting together recent theories of aspects of sexual offending. Thus, the aim of this paper is to develop a new, integrated, systematic, and comprehensive model for the treatment of sexual offenders: the Good Lives Model-Comprehensive (GLM-C). The GLM-C is based on two types of theoretical resources: the original Good Lives Model of offender rehabilitation (GLM-O; Ward & Stewart, 2003), and the Integrated Theory of Sexual Offending (ITSO; Ward & Beech, 2005). It is our contention that the integration of these theories can provide the field with a broader and more useful treatment approach that will provide a theoretical framework for interventions based on offenders' goals and self-regulatory style. Thus, the GLM-C is a novel treatment approach that is: deeply ecological (includes environmental, cultural and social factors), multisystemic, developmental, concerned with risk management and goods promotion, concerned with humanistic and scientific values, clear how and why process factors and relationship factors are critical aspects of treatment, emphasizes the need to tailor treatment and to forward plan (i.e., consider release environments prior to construction of therapy plan), and is built around notions of human agency and biological embodiment.

The structure of this paper is as follows. First, we briefly summarize the two source theories utilized to develop the GLM-C. It must be noted that the summary of these theories will be rather perfunctory as they have both been the explicit focus of recent publications. Second, we will outline the basic principles and etiological underpinnings of the newly developed GLM-C. Third, we will outline the different self-regulatory pathways identified in sexual offenders and show how the GLM-C can explain their existence. Finally, the future research and clinical implications of this new approach will be investigated.

## 2. The source theories

### 2.1. *The good lives model-original: a rehabilitation model*

A theory of rehabilitation should explicitly specify the aims of therapy, provide a justification of these aims in terms of its core assumptions about etiology and the values underpinning the approach, identify clinical targets, and outline how treatment should proceed in the light of these assumptions and goals (Ward & Marshall, 2004).

The GLM-O is an example of a strength-based approach to the study of human behavior; it focuses on promoting human welfare and instilling strengths in individuals rather than simply emphasizing psychological deficits (Aspinwall & Staudinger, 2003). The GLM-O is concerned with the *enhancement* of offenders' capabilities in order to attain primary human goods, and by doing so, reduce their chances of committing further crimes against the community when they are released from prison. *Primary human goods* are states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved. We have identified ten groups of primary goods from the psychological, biological, and anthropological research literature (see Aspinwall & Staudinger, 2003; Cummins, 1996; Deci & Ryan, 2000; Emmons, 1999; Linley & Joseph, 2004; Murphy, 2001; Nussbaum, 2000; Rescher, 1990). In no particular order, the primary goods are: life (including healthy living and functioning), knowledge, excellence in work and play (including mastery experiences), excellence in agency (i.e., autonomy and self-directedness), inner peace (i.e., freedom from emotional turmoil and stress), friendship (including intimate, romantic, and family relationships), community, spirituality (in the broad sense of finding meaning and purpose in life), happiness, and creativity. Instrumental or *secondary goods* provide concrete ways (or the means) of securing these goods, for example, certain types of work (i.e., good of mastery), relationships (i.e., good of intimacy), or leisure activities (i.e., good of play).

The primary aim of treatment is to install in offenders the knowledge, skills, and competencies to gain primary human goods in an acceptable manner once released from prison (i.e., to implement a meaningful Good Lives plan whilst living in the community). The focus is therefore on the core ideas of agency, psychological well-being, and the opportunity to live a different type of life: one that is likely to provide a viable alternative to a criminal lifestyle

(Kekes, 1989; Rapp, 1998; Ward & Stewart, 2003). The possibility of constructing and translating conceptions of Good Lives into actions and concrete ways of living depends crucially on the possession of *internal* capabilities (i.e., skills, attitudes, beliefs) and *external* conditions (i.e., opportunities and supports). The specific form that a conception will take depends on the actual abilities, interests and opportunities of each individual and the weightings he or she gives to specific primary goods. The weightings or priority allocated to specific primary goods is constitutive of an offender's *personal identity* and spells out the kind of life sought, and relatedly, the kind of person he or she would like to be.

In the GLM-O, criminogenic needs or dynamic risk factors are internal or external obstacles that frustrate or block the acquisition of primary human goods. What this means is that the individual concerned lacks the ability to obtain important outcomes (i.e., goods) in life, and in addition, frequently is unable to think about life in a reflective manner. According to the GLM-O, there are at least four types of problems evident in sexual offenders' (usually implicit) Good Lives plans: the use of *inappropriate means* for obtaining primary human goods, a lack of *scope* (i.e., all the primary goods are not addressed in the Good Lives plan), *incoherence* or conflict (i.e., there is conflict between the ways certain goods are pursued), and a lack of *capabilities* (i.e., lack of skills or resources to achieve the primary goods sought).

By focusing on providing offenders with the necessary internal and external conditions (e.g., skills, values, opportunities, and social supports) for meeting their human needs in more adaptive ways, the assumption is that they will be less likely to harm others or themselves (Ward & Stewart, 2003). In this model, the primary goal is to help offenders to live better kinds of lives and thereby reduce their likelihood of committing further crimes. The important factors for etiology concern the pursuit of human goods (primary goals) and the constructs of internal and external conditions (i.e., capabilities and skills versus external resources, opportunities, and environmental factors).

## 2.2. Limitations of the GLM-O

The GLM-O of offender rehabilitation has been formulated over the last few years to address the limitations of relapse prevention and the risk-need model. While we have argued that it has the conceptual resources to provide an overarching theory to guide the implementation of treatment with sexual offenders, it has remained somewhat underdeveloped. The main problems have been the lack of a comprehensive, goal oriented theory of etiology (i.e., what causes sexual offending) and treatment recommendations that lack etiological grounding. In other words, the GLM-O was somewhat silent on the issue of how difficulties in offenders' good lives plans caused offending, and whether the pathway to the onset of offending was directly or indirectly triggered by these problems. Furthermore, the etiological assumptions tended to be rather vaguely specified and not clearly linked to a comprehensive explanatory theory.

In addition to this, while the GLM-O made a number of detailed suggestions for the assessment process based on the notions of human goods and their pursuit, it made few explicit recommendations for treatment. The proposals that were made tended to be rather general and hard for clinicians to operationalize in their day-to-day practice with sex offenders.

We argue that utilization of our recent theory of sexual offending (see below), can flesh out the GLM-O sufficiently to make it a robust and comprehensive treatment model. The reformulated model is called the GLM-C and will be described in detail later in the paper. As a point of clarification, the term 'GLM-C' is used to refer to the theoretical model while 'Good Lives plans' refers to the (typically implicit) plans offenders use to guide their lives.

## 2.3. The integrated theory of sexual offending: an etiological theory

The second source theory was recently constructed by Tony Ward and Tony Beech and is called the Integrated Theory of Sexual Offending (ITSO - Ward & Beech, 2005). According to the ITSO (see Fig. 1), sexual abuse occurs because of a number of interacting causal variables. These are: *biological* factors (influenced by genetic inheritance and brain development), *ecological* niche factors (i.e., social, cultural, and personal circumstances), and *psychological* factors. According to the theory, sexual offending occurs through the ongoing confluence of *distal* and *proximal* factors that interact in a dynamic way. Genetic predispositions and social learning have a significant impact upon brain development and results in the establishment of three interlocking psychological systems (motivation/emotional, perception and memory, and action selection and control systems).

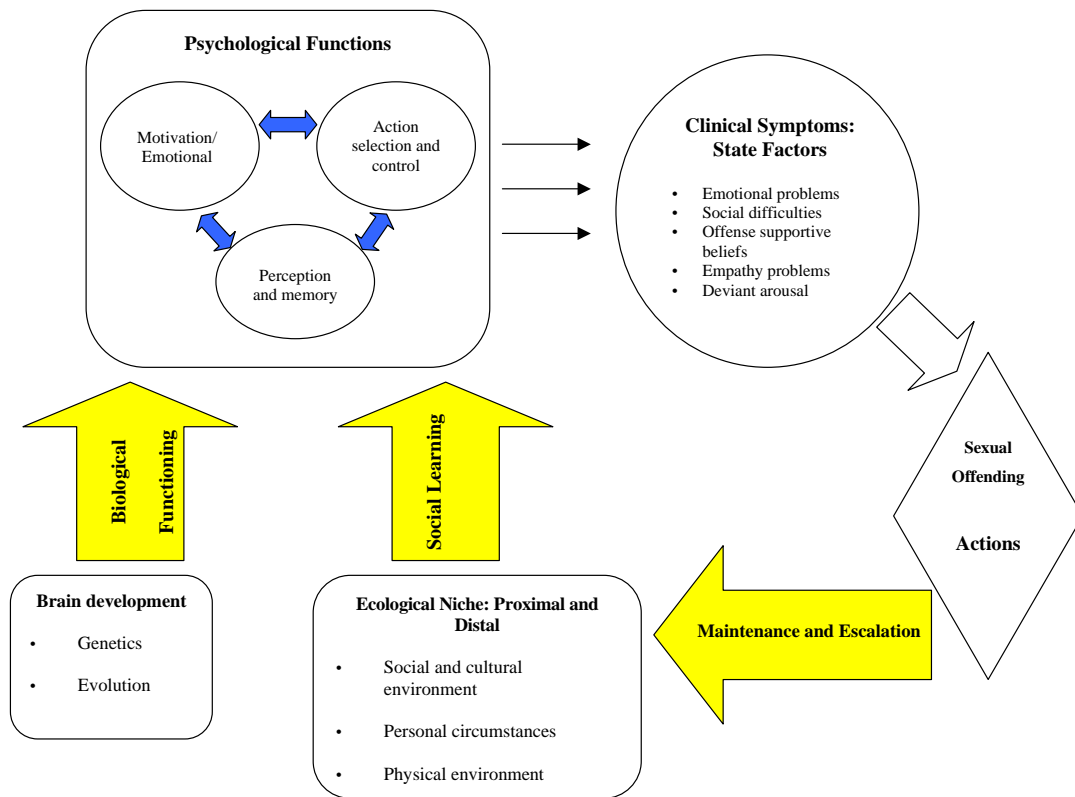


Fig. 1. Integrated theory of sexual offending.

The *motivation/emotional* system is associated with cortical, limbic, and brainstem brain structures. According to Pennington (2002), a major function of this system is, “. . .to allow goals and values to influence both perception and action selection rapidly and to adjust motivational state to fit changing environmental circumstances” (p.79). Problems in an individual’s genetic inheritance, cultural upbringing or negative individual experiences, may lead to defects in this system (Pennington). The *action selection and control* system is associated with the frontal cortex, the basal ganglia, and parts of the thalamus (Pennington). A major function of this system is to help the organism to plan, implement, and evaluate action plans, and to control behavior, thoughts, and emotions in service of higher-level goals. The action selection and control system is concerned with the formation and implementation of action plans designed to achieve individuals’ goals. The *perception and memory* system is associated primarily with the hippocampal formation and the posterior neocortex (Pennington). A major function of this system is to process incoming sensory information and to construct representations of objects and events, and make them available to the other two systems. Problems in the perceptual and memory system can lead to maladaptive beliefs, attitudes, and problematic interpretations of social encounters.

We argue that biology, ecological niche factors, and the psychological systems interact to generate the clinical problems evident in offenders, i.e., emotional problems, social difficulties, offense supportive beliefs, empathy problems, and deviant sexual arousal. These state factors lead to sexually abusive actions. The consequences of sexually abusive behavior, in turn, function to maintain a positive feedback loop that entrenches the offender’s vulnerabilities through their impact on the environment, and psychological functioning, i.e., the consequences of sexual offending will function to maintain and/or escalate further sexually deviant actions. This is hypothesized to occur through the modification of environmental factors and the reduction or enhancement of the individual’s psychological functioning (e.g., mood, sexual arousal and satisfaction, feelings of powerlessness and so on). For example, reducing negative mood states is likely to negatively reinforce the maladaptive emotional regulation strategies utilized, while an improvement in mood will function as a positive reinforcer.

In our theory, brain development (influenced by biological inheritance and genetics) and social learning interact to establish individuals’ level of psychological functioning. This functioning may be compromised in some way by poor

genetic inheritance, biological insults, or developmental adversity to make it difficult for the individual concerned to function in an adaptive manner; this will lead to problematic psychological functioning and subsequent clinical symptoms. Disruptions in each of the three psychological systems are likely to manifest in unique clusters of problems. For example, impairments in the action and control system will make it hard for offenders to effectively organize and plan their actions. Problems such as impulsive behavior, failure to suppress desires, and negative emotional states, and obsessive ruminative thinking (e.g., sexual preoccupation) will be evident. It is important to note that the ITSO is a deeply ecological theory and therefore individuals' physical, social and cultural environments are hypothesized to play a critical role in facilitating sexual offending.

### 3. The good lives model-comprehensive

#### 3.1. The basic argument

The GLM-C represents a systematic and comprehensive framework for intervening therapeutically with sexual offenders of all types. There are three levels to the GLM-C (see Fig. 2): (a) a set of general principles and assumptions that specify the basic assumptions and values underlying rehabilitation practice, and the overall aims that clinicians should be striving for (drawing from the GLM-O); (b) the etiological assumptions for explaining and understanding sexual offending, its functions and architecture (drawing from the ITSO); and (c) the treatment implications of these combined strengths, with a particular emphasis upon how the GLM-C can anchor existing therapeutic practice with sexual offenders into a meaningful structure. The fact that the GLM-C is built from two different theories means that it has the resources to provide therapists with a comprehensive package for treatment, policy formation, and risk analysis. In our view, the ITSO provides the research and theoretical bedrock for the GLM-C, which represents an updated and stronger version of the GLM-O.

We will now provide a detailed description of the GLM-C. First, we outline its overarching fundamental principles and values taken from the GLM-O. Second, we describe how these principles may be grounded with the latest etiological assumptions relating to sexual offending (i.e., we incorporate the ITSO, and use it to explain the goal-directed nature of human beings). Finally, we describe how this strengthened rehabilitation theory, with its emphasis on goal-directed behavior, would work in practice, and how it can be used to create a meaningful structure in which to understand current clinical practice with sexual offenders.

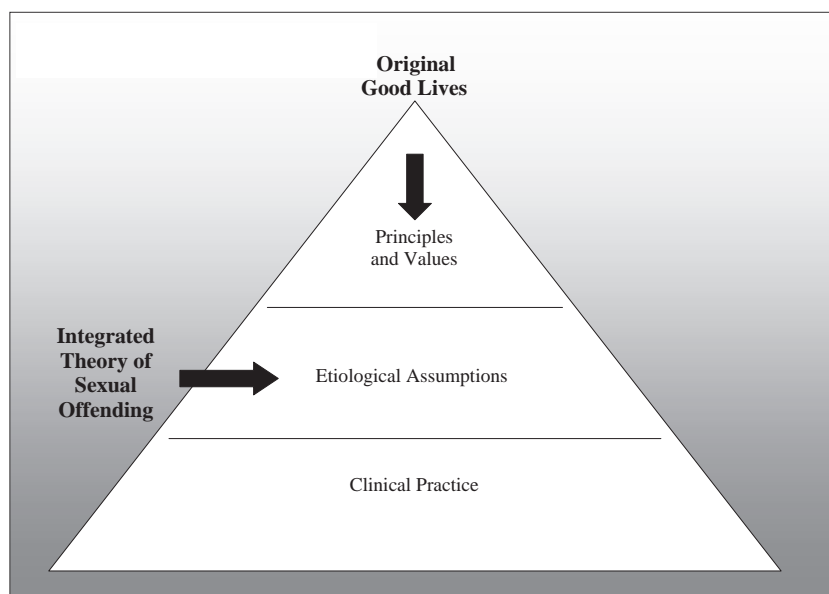


Fig. 2. The good lives model-comprehensive.

### 3.2. Overarching principles and values

The GLM-O has been used to create the overarching principles and values of the GLM-C. First, the GLM-C assumes that as human beings, sexual offenders are naturally predisposed to seek certain goals, or *primary human goods*. To recap, primary goods are viewed as objective and tied to certain ways of living that, if pursued, involve the actualization of potentialities that are distinctively human. These goods all contribute to a happy or fulfilling life but are intrinsically valuable in themselves (e.g., relatedness, creativity, physical health, and mastery). The ten primary goods outlined earlier (i.e., life, knowledge, excellence in play and work, excellence in agency, inner peace, friendship, community, spirituality, happiness, and creativity) are not exhaustive; it is possible to divide the primary goods into related but more fine-grained goods. For example, the primary good of relatedness could be broken down into a number of related goods such as intimacy, friendship, support, caring, reliability, honesty, and so on. The GLM-C adopts a *pluralist* view concerning the values that people should, and do seek if they are to be happy. In other words, it is assumed that sexual offending reflects socially unacceptable and often personally frustrating attempts to pursue primary human goods.

Second, the GLM-C assumes that rehabilitation is a value laden process involving a variety of different types of values including prudential values (what is in the best interests of sexual offenders), ethical values (what is in the best interests of community), and epistemic or knowledge related values (what are our best practice models and methods).

Third, the GLM-C places important emphasis on the construct of *personal identity* and its relationship to sexual offenders' understanding of what constitutes a good life. In our view, individuals are goal-directed beings whose self-perceptions directly arise from the pursuit and achievement of primary human goods as expressed in their daily activities and lifestyle. People acquire a sense of who they are and what really matters from what they do; their actions are suffused with values. What this means for therapists is that it is not enough to simply equip individuals with skills to control or manage their risk factors, it is imperative that they are also given the opportunity to fashion a more adaptive personal identity, one that bestows a sense of meaning and fulfillment.

Fourth, the GLM-C views psychological well-being (i.e., Good Lives) as playing a major role in determining the form and content of rehabilitation programs, alongside that of risk management. Thus, a treatment plan needs to incorporate in some fashion all of the various primary goods needed for psychological well-being (e.g., relatedness, health, autonomy, creativity, knowledge) and aim to provide the internal skills and capabilities, and external opportunities and supports necessary to secure these goods. This requires obtaining a holistic account of an offender's lifestyle leading up to his offending and using this knowledge to help him develop a more viable and explicit plan for achieving his own individual Good Life.

Fifth, the GLM-C assumes that human beings are contextually dependent organisms and as such, rehabilitation needs to take into account the match between the *characteristics of the offender* and the likely *environment* he will be released into. In other words, we argue that the notion of adaptive or coping skills should always be linked to the contexts in which offenders are embedded.

Finally, according to the GLM-C, a treatment plan should be *explicitly* constructed in the form of a Good Lives conceptualization. In other words, it should take into account offenders' personal preferences and strengths in relation to primary goods, relevant environments, and specify exactly what competencies and resources are required to achieve these goods. An important aspect of this process is respecting the offender's capacity to make certain decisions himself, and in this sense, accepting his status as an autonomous individual. In the context of sexual offender treatment, such decisions are likely to revolve around the weightings of the primary goods and also the specific types of activities utilized to translate the primary goods into an offender's daily routine. For example, the kind of works, education and further training, and types of relationships identified and selected. The aim of treatment initiatives guided by the GLM-C is to give people the necessary capabilities to live more fulfilling lives rather than simply seek to reduce risk factors or focus on the amelioration of psychological deficits. People are viewed as psychological agents who flourish when able to make their own decisions concerning the direction of their lives provided they possess the necessary skills, capabilities, and resources to do so. Human well-being is a self-directed activity and therefore springs from each individual's own choices and effort; it cannot be a result of factors beyond the control of the person in question. Furthermore, existence of strengths can act as a buffer against the development of psychological problems and disorders. For example, optimism might reduce the chances of a person becoming depressed or the presence of good social skills may protect someone from developing schizophrenia (Seligman & Peterson, 2003).

From the perspective of the GLM-C, there is no such thing as the ideal or perfect human life. Individuals legitimately vary in the weightings they give to particular sets of primary goods and in the way these goods are translated into specific activities and experiences (e.g., types of mastery experiences, kind of relationships). The emphasis given to the primary goods and the different ways they are realized will depend on a person's abilities, goals, preferences, and life circumstances. Thus, the basic goods that are an integral part of human nature cannot be read off like some kind of recipe and combined in the same way for all individuals.

### 3.3. *Etiological assumptions of the GLM-C*

The overarching principles and values of the GLM-C described above are strong, yet lack clear etiological grounding. For example, why do humans tend to seek out primary goods? The ITSO's general concern with biological brain development and natural selection (described earlier) provides a way of explaining these intrinsic human tendencies to pursue goals in the form of primary human goods. In addition to this, the ITSO provides us with some explanations of where the internal skills and capabilities needed to achieve primary human goods come from, and how they can break down. For example, a problem in the *action selection and control* system represents a problem in the person's psychological ability to regulate behavior, which interacts with biological functioning and environmental factors (proximal and distal) to generate the clinical problems evident in sexual offenders that are associated with sexual offending.

In this section, we use the latest etiological assumptions from the ITSO to ground the overall Good Lives principles. The result of this combination is a more powerful rehabilitation theory with a strong etiological component stipulating the biological processes, ecological factors, and psychological functioning (i.e., self-regulation systems) that are intimately involved in the etiology of sexual offending.

We will consider how biology, ecology, and psychological functioning in relation to goal achievement flesh out and complement the overarching principles and values associated with obtaining Good Lives. We will also present a new way of conceptualizing sexual offenders' problems based on the type of Good Lives *route* they have previously pursued, which has lead to a sexual offense.

### 3.4. *Biology*

Using the ITSO, the GLM-C assumes humans are embodied agents whose minds and bodies are the products of natural selection, and are predisposed to seek out primary human goods.<sup>1</sup> In support of this, there is evidence to suggest that there are fundamental needs that human beings are born with that function to motivate behavior from an early age (Deci & Ryan, 2000; Emmons, 1999; Kekes, 1989). Failure to achieve these primary human needs or goods is likely to result in harm to the organism or decreased psychological well-being. For example, failure to achieve the good of intimate relationships may cause a person devastating emotional damages and make it extremely difficult for him or her to experience happiness (Deci & Ryan, 2000). The same thing arguably holds for all the primary goods outlined earlier; our natures predispose us to flourish when certain experiences, activities and states of affairs prevail in our lives and to experience harm when they are thwarted in some way.

A neurobiological level of analysis is concerned with the nature of the physical processes associated with the functioning of the brain, such as type and levels of neurotransmitters, the existence of neural pathways, and the integrity of neural structures. There are at least two ways such brain processes impact on the three psychological systems underpinning human actions: (a) functional systems may be *disrupted* by brain-based abnormalities, and (b) the *calibration* of the systems may be directly influenced by physical processes. An example of the first possibility occurs when high levels of stress hormones such as cortisol compromise the operation of the action selection and control system, e.g., an individual behaves impulsively (Sapolsky, 1997). An example of the second type of relationship is when persistently high levels of sex hormones increase the salience and availability of sexual goals and strengthen their influence in the life of an individual (e.g., a person allows sexual goals and needs to become paramount; a problem in the motivation/emotion psychological system). The

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<sup>1</sup> However, it is also accepted that humans are characterized by a considerable degree of cognitive and behavioral plasticity and are heavily influenced by social and cultural learning.



end product is likely to be a lack of *scope* in a person's Good Lives plan and possibly subsequent conflict with other primary goods.

### 3.5. Ecology

The overarching principles of the GLM-C view external and contextual factors as being important constraining and facilitating factors in the rehabilitation of offenders, and also, in providing a clearer understanding of why individuals sexually offend. In this respect, sets of potentially adverse social and cultural circumstances, personal circumstances, and physical environments that confront each person throughout their life development are critical pieces of the etiological puzzle. The etiological assumptions of the ITSO illustrate that, while people are born with inherited tendencies to seek certain types of experiences and activities (i.e., a tendency to seek human goods), the way they seek them crucially depends on two variables: (a) the actual resources and opportunities available in their social and cultural environments (external capabilities to achieve a Good Life plan), and (b) the set of skills and competencies formed through socialization in these contexts (internal capabilities to achieve a Good Life plan). Furthermore, according to the overarching principles of the GLM-C, clinicians ought to explicitly consider the nature of the environments offenders are likely to be released into when constructing treatment plans. It makes no sense attempting to equip individuals with skills and resources that are unlikely to be useful in their release environments. Thus, because people are embedded in local ecologies, it is prudent to think of their offending, and treatment, with this in mind.

We argue that early exposure to adverse ecological factors will compromise the basic internal strategies and resources individuals acquire as they develop making it less likely that they will be able to secure the primary goods needed for a good life, or secure these goods in an appropriate manner. Such psychological vulnerabilities are thought to function as a diathesis, making it more probable that an individual will struggle to effectively meet specific environmental challenges and therefore make it likely that he or she will commit a sexual offense at some future time. These circumstances can be regarded as a *distal* dimension of risk. The person's current ecology or physical environment is also an important contributor to the etiology of sexual offending through making available potential victims, and by creating the specific circumstances that trigger the psychological deficits involved, this is a *proximal* or current dimension of risk.

The etiological component of the GLM-C has been deepened by the incorporation of key ideas from the ITSO. In particular, the external dimension of the GLM-C's overarching principles has been sharpened by distinguishing between the distal and proximal ecological components. In the following section, we show how the overarching principles of the GLM-C connect well with the goals and self-regulatory strategies inherent within the three psychological systems postulated by the ITSO.

### 3.6. Goals and the psychological systems

Goals provide an important basis for understanding all human behavior. Within the GLM-C, goals are usefully construed as primary human goods translated into more concrete forms, and as such are typically the objects of intentions and actions. As we stated earlier, the goal-directed nature of humans is explained by the GLM-C through biology and natural selection. Problems in the scope of these goals, and the planning necessary to achieve them are located in the motivation/emotion and action and control psychological systems (influenced through both biology and social learning). Goals are the ultimate and intermediate ends of any actions and collectively give shape to peoples' lives in so far as they create a structure of daily activities that represent what is of fundamental importance to them. Goals ultimately reflect the values individuals hold and are buttressed by beliefs about the social world and the person themselves. So what happens when the values or beliefs held by a person are distorted in some respect (i.e., a problem in the perception and memory process)? We would argue that the existence of distorted beliefs (e.g., that children are sexual beings; Ward & Keenan, 1999) is likely to direct an offender's goals in some way (for example, their ultimate goal will be to approach children for sexual contact). Thus, a problem in offenders' knowledge is very likely to translate into problematic offense-approach goals.

Approaching the etiological factors from a Good Lives perspective enables us to appreciate the role of human goods in offending behavior, and also, to understand the relationship between deficits and offenders' offense-related goals. According to the GLM-C there may be a number of distinct problems within the various domains of human functioning

that result in sexually abusive behavior. There are at least five types of symptoms or clinical phenomena evident in sexual offenders: emotional regulation difficulties, social difficulties, offense supportive beliefs, empathy problems, and deviant sexual interests. The value of these clinical phenomena is that they help to focus clinical attention on primary goods, the ultimate underlying motivating factors. To reiterate what we said earlier, the problem does not reside in the primary goods but rather in the way they are sought by individuals. That is, there are likely to be distortions in the internal and external conditions required to achieve the primary goods in socially acceptable and personally satisfying ways. Thus the GLM-C guided analysis goes beyond deficit etiological theories by encouraging clinicians to think clearly about just what it is that the person is *seeking* when committing the offense. This information has direct treatment implications and can provide a powerful way of motivating offenders to engage in therapy: the aim is to help them to secure human goods that are important to them, but to do so in ways that are socially acceptable and also more personally satisfying. The latter point is especially important, as most of the causal factors involve self-defeating attempts to seek personally valued goals and consequences. The GLM-C can explain why this is so and provide clinicians with a clear understanding of where the problems reside in an individual's Good Life plan.

To illustrate how goods can help to account for the clinical phenomena associated with sexual offending, we will analyze the problem of intimacy difficulties. The presence of intimacy deficits suggests that some offenders are seeking the good of intimacy exclusively in the context of sexual activity. That is, there is a blurring of the distinction between two primary human goods, intimacy (relatedness) and sexual satisfaction (life/health), and a lack of appreciation that they represent somewhat independent, equally important ends. Furthermore, additional goods such as those associated with autonomy (control issues) and agency (self-esteem) may be imported to the sexual domain and subjugated to the overriding end of sexual satisfaction. The problem here is that of inappropriate means, and also a lack of scope. An individual may lack scope in his Good Lives plan by giving the good of sexuality overriding importance and using the other goods as mere means to this end. More likely, however, is that such persons simply ignore the other goods and view sexual activity as the primary value in their lives. This is likely to prove unsatisfactory and the failure to seek the other important social and individual goals is likely to leave the offender feeling unfilled and somewhat emotionally impoverished. This sense of emptiness may in fact fuel intensified sexual behavior and result in dissatisfaction and negative mood (Marshall, 1989). The further problem of conflict within a Good Lives plan is evident when attempts to seek the goods of sexual satisfaction conflict with, or undermine, the needs for intimacy. The lack of intimacy skills points to both skills deficits and lack of clarity concerning the distinct range of human goods necessary for adequate levels of well-being.

### 3.7. Identifying GLM-C routes to offending

From the perspective of the GLM-C, assessing each sexual offender's goals (i.e., primary human goods translated into more concrete forms) can signal the existence of two routes to the onset of offending, direct and indirect (Purvis & Ward, in preparation). The *direct* pathway is implicated when sexual offending is mistakenly used as a means of directly securing primary goods. Using the GLM-C, we argue that early exposure to diverse ecological factors will compromise the basic internal skills necessary to achieve primary human goods in acceptable ways. Thus, direct route offenders develop inappropriate and habitual methods of obtaining primary human goods in the form of sexual offending. Such offenders will seek out sexual or aggressive behavior to achieve their instinctual human needs but may be quite unaware of the primary human good(s) being sought through their offending. For example, some offenders may seek sex with children because of an unconscious need to have and experience an intimate relationship, sex being a component of such a relationship. For another, the unconscious primary end or good might be establishing a sense of autonomy or power.

The *indirect* route occurs when the pursuit of a good or set of goods is frustrated in some way (e.g., valued primary goods are not achieved for some reason resulting in dissatisfaction, and poor psychological functioning). This may create a ripple effect in the person's personal circumstances (proximal ecological niche) and these unanticipated effects increase the chances of sexual offending occurring. For example, conflict between the goods of relatedness and autonomy might cause the break-up of a valued relationship and subsequent feelings of loneliness and distress. The use of alcohol to alleviate the emotional turmoil could lead to loss of control in specific circumstances and possibly a sexual offense. In this type of situation there is a chain of events initiated by the goods conflict that ultimately results in sexual offending. Sexual offending is not approached or used as the means for achieving ones, valued primary goods. Thus, sexual offending may occur later on in the offender's life, or may fluctuate depending on life

circumstances and the appropriateness of their Good Lives plan (i.e., is their plan fulfilling them as individuals, or does it contain flaws that may ultimately initiate a sexual offense?).

These direct and indirect routes to sexual offending reflect the different combinations of the motivational/emotional system (i.e., goals), the action selection and control strategies (i.e., planning in the service of higher-level goals), and the perception and memory system (i.e., beliefs).

#### 4. Clinical implications of the good lives model-comprehensive

Given that the ITSO has proved useful in amplifying aspects of the GLM-O, what are the implications of this comprehensive etiological theory for treatment? We believe that the GLM-C, with its broad focus on goals can provide a meaningful structure for viewing the current Self Regulation Model of the relapse process used in treatment (SRM; Ward & Hudson, 1998; Ward et al., 1998). The SRM has been supported by three independent empirical evaluations (Bickley & Beech, 2002; Webster, in press; Yates, Kingston, & Hall, 2003); showing that sexual offenders *can* be reliably assigned to different relapse pathways (described below). On its own, however, the SRM does not provide comprehensive guidance to therapists for the rehabilitation of sexual offenders and needs to be buttressed by a broader, overarching approach to both treatment and rehabilitation. It is our view that the GLM-C can theoretically ground and provide broader support for the SRM.

First we shall briefly outline the SRM of the relapse process, outlining its strengths and weaknesses. Then we will describe how the GLM-C can broaden out this primarily descriptive model, and use its descriptors as important clinical indicators of problems in sexual offenders' Good Lives plans.

##### 4.1. A self-regulation model of relapse

As mentioned earlier, historically, the relapse prevention model assumed that relapse represented a breakdown in the skills used to avoid sexual offending (Marlatt, 1985; Pithers, 1990; Pithers et al., 1983), with no mention of situations in which individuals consciously decide to engage in sexually abusive behavior. Later research, however, suggested that while some sexual offenses *are* associated with self-regulatory failure, others are accompanied with careful and systematic planning, and positive emotional states (forming the basis of the SRM; Hudson, Ward, & McCormack, 1999; Ward, Loudon, Hudson, & Marshall, 1995).

In brief, the SRM contains a number of pathways, representing different combinations of: offense-related goals (i.e., is the aim to approach or avoid the sexual offense), and the use of distinct regulation styles in relation to sexually offensive contact (under-regulation, mis-regulation, and effective regulation). Each pathway is then further divided into implicit and explicit sub-pathways according to the varying degrees of awareness associated with decision-making strategies (i.e., passive, active, automatic, and explicit).

The *avoidant-passive* pathway is characterized by the desire to avoid sexual offending but the person lacks the coping skills to prevent it from happening (i.e., under-regulation). The *avoidant-active* pathway is characterized by mis-regulation. There is a direct attempt to control deviant thoughts and fantasies but use of ineffective or counterproductive strategies. The *approach-automatic* pathway is characterized by under-regulation, the desire to sexually offend, and impulsive and poorly planned behavior. Finally, the *approach-explicit* pathway is characterized by the desire to sexually offend, the use of careful planning to execute offenses, and the presence of harmful goals concerning sexual offending.

A virtue of the SRM is the way it highlights the role of agency and self-regulation in the offense process. The idea that offenders are seeking to achieve specific goals suggests that they are responding to the meaning of certain events in light of their values and knowledge; they intervene in the world on the basis of their interpretations of personal and social events. While it is true that individuals following pathways characterized by *implicit* goals and plans are less aware of the implications of these underlying goals, they are still psychological agents capable of engaging in meaningful actions (an assumption that strongly resonates with the GLM-C). A second strength of the SRM is its dynamic nature and assumption that the offense process can only be adequately understood in light of the interaction between individuals and their relevant circumstances. Thus, there is a strong contextual element in the determination of offending and relapse behavior.

Perhaps the greatest weakness of the SRM, however, resides in its privileging of goals relating to behavioral control (i.e., purely offense-related goals concerning deviant sexual activity) and subsequent failure to explicitly

document the way human goods and their pursuit are causally related to sexually offending. From the perspective of the GLM-C, sexual offending is likely to reflect the influence of a multitude of goals and their related human goods. One of the assumptions of the GLM-C is that offenders are psychological agents who are seeking to live meaningful, satisfactory, and worthwhile lives. The fact that they fail to do this suggest there are problems in the ways they are seeking human goods; problems embodying the four types of Good Lives flaws (i.e., inappropriate means, lack of scope, incoherence or conflict, and lack of capacity). Thus, an important level of analysis when working with sexual offenders revolves around their sense of personal identity and the value commitments and aspirations that comprise this important psychological factor.

A further problem with the SRM is that although it does a good job of describing the self-regulatory styles used by sexual offenders in commission of their offense, it gives no indication of the *causal* factors underlying these regulatory styles. In this respect then, current rehabilitation using identification of SRM pathways is not grounded in either a comprehensive etiological or rehabilitation theory.

#### 4.2. Theoretical grounding of the self-regulation model

We argue that the offense-specific goals often identified during relapse prevention training (i.e., avoidant versus approach) may be extremely useful for assessors wishing to devise an appropriate treatment plan for individual offenders using the GLM-C. For example, we predict that offenders displaying the classic pedophilic *approach* pathway to sexual offending will be much more likely to be following the *direct* route of the GLM-C. In other words, for these offenders, sexually abusing a woman or child is used as a means of directly gaining primary human goods and they may have been attaining primary goods in this way for many years. Their *approach* towards sexual offending signals the fact that they are attempting to gain primary human goods from their sexually abusive actions. Therefore, a treatment plan for these individuals should seek to promote these underlying goods in a form that is socially acceptable and personally meaningful and satisfying. Treatment will be necessarily intense, in order to promote a new Good Lives plan that overrides the habitual and antisocial manner of attaining primary human goods used previously.

For offenders displaying the classic *avoidant* pathway toward sexual offending, we predict that they will be more likely to show the *indirect* GLM-C route. Their *avoidance* of sexual offending signals the fact that they do not generally use sexual offending as a primary means of gaining human goods. In other words, some individuals' offending occurs *indirectly* because of problems in securing human goods in other domains of their lives. For these individuals, sexual offending may wax and wane depending on the current appropriateness of their Good Lives plan. Thus, they will need help to identify the necessary components of a good life, how to adapt a good life to changing circumstances, and how to manage appropriately when problems do appear from a frustrated good life (i.e., how to use techniques to restore *inner peace*).

The GLM-C is also able to account for the causal mechanisms associated with each of the regulation strategies outlined in the SRM. For example, offenders who *under-regulate* are likely to have problems in their action selection and control system. They will have an inability to control their behavior in the service of their goals (i.e., lack of capacity to achieve agency, autonomy, and self-directedness). Thus, treatment would focus upon helping the offender achieve both the internal and external conditions necessary for engaging in pro-social goal-directed actions (e.g., teaching basic internal self-control strategies). An offender using *mis-regulation* strategies is also likely to have problems in the action selection and control system. These problems will centre around an active attempt to regulate behavior, but an inappropriate selection of strategy. Mis-regulators are thus dealing ineffectively with frustrations that may be associated with leading an unfulfilling life (i.e., there could be goods conflict or lack of scope in the Good Lives plan). In this case, as well as addressing the primary problems concerning the offender's Good Lives plan, treatment would focus upon teaching him a wider range of effective strategies for achieving inner peace (emotional regulation) when frustrated. Finally, effective regulators are hypothesized to have good functioning in their action and control system – they are fully able to control their behavior in the service of higher goals. Rather it is the goals driving behavior (located in the motivation and emotion system), and the offense-related beliefs supporting these goals (located in the memory and perception system) that are problematic. Thus, therapy would focus upon shifting these strongly entrenched beliefs, so that achieved goals and primary human goods are more likely to be pro-social.

In summary, the GLM-C provides a way of anchoring existing descriptive pathways of sexual offending within a meaningful framework for rehabilitation. The GLM-C explains the different Good Lives *routes* that offenders take to

sexual offending and links these to readily identifiable approach and avoidance goals that are often noted in therapy. In addition to this, the GLM-C provides an etiological explanation for each of the self-regulatory styles often noted in sexual offenders, enabling practice to be fully grounded in a comprehensive etiological theory.

#### 4.3. *Clinical implementation of the good lives model-comprehensive*

Our focus on the *approach-avoidant* aspect of the SRM, and the *direct-indirect* route explanation outlined in the GLM-C serves as a timely reminder that treatment should always adopt a well balanced twin foci for successful rehabilitation. We believe that there are three major points to keep in mind concerning the relationship between risk management and goods promotion: (a) dynamic risk factors are usefully seen as red flags that indicate a problem in the way primary human goods are being sought. For example, the risk factor of antisocial peers indicates problems in the goods of community relatedness and friendships. The difficulty could reside in internal factors such as a lack of the required skills and attitudes to form close prosocial friendships and community links or in external factors such as a lack of support from others and thus opportunities for forming more adaptive relationships. Therefore, when therapists seek to equip individuals with the competencies and conditions required to achieve these goods they automatically reduce or modify the impact of the criminogenic needs in question; (b) The degree of risk an offender presents with will typically indicate the severity of his social and psychological problems, for example, multiple problems and a *direct route* to sexual offending in a Good Lives plan is likely to suggest high risk. It is to be expected that treatment will be more intensive and take longer; and (c) The resulting Good Lives plan for the offender will contain strategies for dealing with stressors and problem situations, this is essentially an aspect of a risk or relapse prevention plan. The thing to keep in mind is that the etiological component of the GLM-C (based on the ITSO) reminds therapists that offenders will possess varying risk profiles depending on the particular factors causing their offending. Thus, some people might have problems in securing the good of relatedness and their risk factors might revolve around emotional loneliness. While other offenders could experience considerable difficulties controlling negative emotions such as anger, and therefore conflict ridden situations are likely to pose particular challenges.

Having presented the overarching aims of therapy using the GLM-C, we will now sketch a brief summary of how a case formulation would be developed using the GLM-C. In the interests of space, this summary is necessarily descriptive. However, readers wanting an in depth practical guide can find this in [Ward, Mann, and Gannon \(submitted for publication\)](#).

The *first phase* of treatment concerns the detection of the clinical phenomena implicated in individuals' sexual offending. In other words, what kind of problems do offenders present with and what criminogenic needs are evident? There are five types of problem clusters typically seen in sexual offenders – emotional problems, social difficulties, offense supportive beliefs, empathy deficits, and deviant arousal – although the degree to which they are present tends to vary from case to case. Assessing the presence or absence of each of these deficits is important, because it can give the assessor clues as to the obstacles potentially undermining the offenders' ability to live a good life, and the severity of these problems. Using the GLM-C, we would predict that high-risk offenders showing many clinical problem clusters would be using sexual offending as a *direct route* for obtaining a Good Life, and lower risk offenders would be using a more indirect pathway.

We believe that initial assessment should also take care to focus on offenders' life goals and priorities using an open ended interview schedule (see [Ward & Mann, 2004](#)). At this stage, it is useful to identify an *overarching good* or value around which the other goods can be placed and ascertained. The overarching good informs therapists about what is most important in a person's life and hints at fundamental commitments. It is strongly constitutive of personal identity and is a useful way of illuminating how the person sees himself and the world. For example, an offender could be strongly committed to the idea of being a mentor or teacher to children. While it is obvious that such a value strongly supports offense-related activities for child molesters, it could also indicate a valued aspect of the individual's concerned core commitments. This may prove to be helpful when formulating a treatment plan, and it might be possible to utilize the ability to teach to provide a more socially acceptable, and yet still personally meaningful, avenue of expression (e.g., teaching adults). For another offender, excellence in work could be a core value and so should be effectively utilized in the treatment process.

We believe that this initial assessment, with its emphasis on offenders' goals will enable the offender to feel that his wishes, and priorities are valued, promoting offender autonomy, and a strong constructive basis for the remaining process of GLM-C based treatment.

In the *second phase* of treatment, the therapist should seek to establish the function of the offending through the identification of the primary goods associated with sexually abusive actions. This should include goods associated with relationships, competency, autonomy, physical health, and functioning, social and community links and so on (see above). This enables the treatment provider to understand why individuals might choose to commit offenses and how the pursuit of primary human goods could underpin abusive actions. The various flaws in the offender's (typically implicit) Good Lives plan are noted and the specific means they have used to achieve the primary goods described. For example, intimacy might be sought through attempting to control another person emotionally or mastery through extreme perfectionism. At this point, it is also useful to establish whether there is a direct or indirect link between individuals' Good Lives plans and their subsequent sexually abusive actions. Identification of basic approach and avoidant goals in the offender's offense description can help with this, enabling a suitable focus on issues of importance (i.e., is the offender sexually offending as a primary route to gaining human goods or as a secondary route, because they are frustrated with their faulty Good Lives plan?). A case formulation is then developed that explains the causal connections between the Good Lives plan, criminogenic needs (i.e., problems in the internal and external conditions), offending route, and the person's psychosocial development. The meanings offenders attribute to life events are established in light of their pre-existing implicit theories, needs, and abstract goals. These higher level goals are closely related to individuals' self-concepts and corresponds to the primary human goods outlined earlier, e.g., autonomy (agency), relatedness, and competence. They influence what information is attended to, recalled, and processed. For example, it could be decided that a person's long childhood history of severe sexual abuse has made it difficult for him to establish intimate, trusting relationships and has also left a legacy of emotional distress. Such a person might learn to control his moods through masturbation (also modeled by his abuser) and alcohol abuse, and may ensure his safety in close relationships through some degree of detachment (dismissive attachment). In addition, it could be noted that this man has tended to neglect his physical health and is quite socially isolated. Following a period of extreme loneliness and excessive drinking, he sexually abuses a child. Essentially this individual lacks the ability to cope when faced with extremes stressors associated with his dysfunctional Good Life plan. From the perspective of the GLM-C, he would appear to be following an *indirect route* to offending.

At this phase of the assessment process clinicians will have a good sense of why the person committed an offense, his level of risk, and the flaws in his Good Lives plan, and whether or not the link between his pursuit of primary goods is directly or indirectly connected to his offending.

In the *third phase* of treatment, the selection of the overarching good(s) or value(s) identified throughout the earlier stages should be made the primary focus of a treatment plan. For example, an offender might have real problem solving strengths and enjoy repairing cars, and acquiring new mechanical skills more generally. Therefore, the primary goods associated with work (e.g., mastery, knowledge) would be selected as the overarching or super ordinate goods and used to construct the other aspects of his treatment plan (e.g., he could gain relatedness from joining a car club and meeting people with similar interests). Thus, it is important to note that the other primary goods should be incorporated into any such plan, but the way they are expressed will vary depending on the overarching good selected. In a sense, the choice of the primary good dictates the blueprint for the construction of an individual's personal identity, linked to ways of living.

During this stage of the treatment process, the selection of secondary goods or values that specify how the primary goods should be translated into ways of living and functioning should be made. For example, specifying what kind of personal relationships would be beneficial to the person concerned taking into account his or her preferences and strengths plus what is considered ideal or appropriate.

In the *fourth phase*, identification of the contexts or environments the person is likely to be living in once he completes the program is undertaken. This is the ecological aspect of the GLM-C and is strongly supported by its etiological assumptions concerning the relationship between human beings and the contexts which they live their lives. In our view, it is a mistake to seek to equip offenders with generic skills that will enable them to flourish, or live in a fulfilling manner, in any number of environments within a particular society. Rather, it is necessary to carefully consider the contexts a given individual is likely to be released into, keeping in mind short, medium, and long term possibilities. The key factors to consider are the interests and preferences of the offender, the competencies they need, the opportunities for work and leisure etc, resources that are available (e.g., training schemes, interest groups), the attitudes and supportiveness of the local community, and possible living arrangements.

In the *fifth phase*, the therapist constructs a Good Lives treatment plan for the offender based on the above considerations and information. Thus taking into account the kind of life that would be fulfilling and meaningful to

the individual (i.e., primary goods, secondary goods, and their relationship to ways of living and possible environments); the clinician notes the capabilities or competencies required by the offender to have a reasonable chance of putting the plan into action. A full program is then formulated, that maximizes the offender's opportunity of acquiring a good life (i.e., through equipping them with both the internal and external conditions necessary), automatically reducing his criminogenic needs.

In order to make the assessment and treatment aspect of the GLM-C a bit more concrete we will briefly describe what we consider to be core or common problems associated with GLM-C offense routes and the treatment needs that are likely to follow from this. Of course, from the perspective of the GLM-C individual offenders within specific routes may vary in terms of the problems evident in their life and the degree to which they specifically follow a certain route. Therefore, our comments are only meant to be illustrative and not unduly prescriptive in terms of what you would expect to see and how to respond to all individuals following a particular route.

#### 4.4. *Indirect good lives route*

Peter is a 28-year-old man with one prior conviction for child sexual abuse; he has been living with his girlfriend for three years. For the past couple of years, Peter has been finding his job frustrating because he feels that he is always following orders and would much prefer to run his own business (*conflict in the Good Lives plan*). He is a strongly independent man who enjoys setting his own priorities in work and in his personal life (*human goods preferences*). He tends to become resentful and angry if consistently told what to do and how to behave. Because Peter is spending vast amounts of time investigating the possibility of running a business, he is never at home (*lack of scope in the Good Lives plan*). Furthermore, he finds it difficult to manage his frequent feelings of anger and resentment and often uses sex as a soothing strategy (*inappropriate means*). One day, he gets home late from work and argues with his girlfriend because of his continued absences. She complains that he is too aloof and never listens to her concerns. Peter feels unfairly treated and that his girlfriend does not respect his interests or appreciate his needs. As his mood worsens, he begins to fantasize about having sex with a teenage girl down the road. From his previous experiences in prison treatment, he realizes that he is having risky thoughts, and decides that he does not want to reoffend (avoidant goal: *key indicator of the indirect route to sexual offending*). Despite his goal to avoid offending, his thoughts are constantly filled with this girl which makes him feel out of control and panicky. He decides to try to ignore his thoughts and feelings in the hope that they will go away (under-regulation: *problem in the action/control system*). This strategy proves unsuccessful and Peter finds himself going for a daily walk down the girl's street "just for exercise" and accidentally runs into her and strikes up a conversation. He feels anxious, and at the same time sexually aroused by the thought of having sex with her. He starts to feel powerless to stop himself acting out on his desires and fantasies. He suggests to the girl that they go for a walk in the park. Overwhelmed by pleasurable anticipation, he sexually molests the girl. Immediately following, he is filled with remorse and self-disgust and resolves that he will never reoffend.

#### 4.5. *GLM-C treatment focus*

Peter's indirect route to sexual offending appears to have been the product of an inability to deal with turmoil stemming from a frustrated Good Lives plan due to lack of emotional regulation skills. The major source for his feelings of anger and resentment resides in his strong need to feel in control and independent, and sensitivity to being "unfairly" treated by others. The overarching goods for Peter appear to be agency and competency. These value commitments point to the nature of his personal identity as a hard working, capable, independent man who does not tolerate being dominated and controlled by others. Treatment from a GLM-C perspective would seek to promote a more harmonious Good Lives plan in which all of the primary human goods are experienced in a fulfilling way (e.g., autonomy, relatedness), thus reducing stress and promoting emotional regulation (i.e., *inner peace*). Peter appears to lack a sense of control and *agency* when faced with life difficulties. This is particularly difficult for him to tolerate given the value he places on feeling in control and respected by others. Thus, key interventions will revolve around teaching him the skills to instill a sense of *agency* such as problem solving, negotiation, and conflict resolution. It may be the case that finding an occupation that meets his strong independence needs would be helpful. Peter also needs to be involved in emotional management training to help him learn about emotional states and identify the ones which place him at risk of offending (this will ensure that the primary good of inner peace is within Peter's grasp). Learning

how to attain and manage external support from others will also be a useful skill for Peter to learn (i.e., intimacy skills). Mastery and agency appear to be his overarching goods and thus will be the fulcrum of a Good Lives intervention plan; these goods strongly point to Peter's sense of identity as a competent and independent individual.

#### 4.6. *Direct good lives route*

Jim is a 42-year-old preferential child molester with a long history of abusing young boys. Jim finds it difficult to achieve meaningful intimate relationships with adults (*lack of skills, confidence or social opportunities to gain primary human goods pro-socially*) and much prefers identifying and associating with children (*use of inappropriate means to achieve primary human goods*). He likes his relationship with children because he feels that he can care for them and help solve their problems (*human goods preferences*). Jim often spends time thinking about children and planning how he can get a possible victim on their own so that he can have sex with them (approach goal: *key indicator of the direct route to sexual offending*). Often, he gets to know a child's parents with whom he is superficially acquainted in order to gain access to a victim (effective regulation). Typically, after having established a relationship with a child's parents, he offers to baby-sit. During the first few instances of baby-sitting, Jim gradually gains the victim's confidence by playing computer games and giving the victim small games and treats. As soon as Jim establishes popularity with his victim, and the victim's parents, he starts to introduce pornography during his baby-sitting visits. Once the victim is desensitized, Jim starts to play sexual games with them, and continues offending because he believes that the child enjoys the sexual activity (*problem in the memory and perception system*). Nevertheless, he usually lessens his risk of apprehension by offering the victim money to keep "their little secret". He is apprehended only when one victim informs a teacher of Jim's baby-sitting activities.

#### 4.7. *GLM-C treatment focus*

Jim is unlikely to view his lifestyle as being problematic (because he holds entrenched problems in the memory and perception system: i.e., offense supportive beliefs). Thus, a major challenge of GLM-C therapy would be to increase Jim's knowledge concerning the illegitimacy of engaging in sexual activity with children (i.e., this is in keeping with traditional risk management approaches although the language used in the GLM-C would be positive, and not directed at "reducing" or "eliminating" antisocial content, but instead directed at *increasing and promoting* knowledge and awareness). A GLM-C approach would illustrate to the therapist that it is not the primary human goods sought that are problematic, but rather the means used to secure them. Relatedness and its associated sub-goods such as intimacy, social interaction etc. appear to be Jim's overarching primary good and therefore constitutive of his identity. That is, he sees himself as a loving, caring person whose major values revolve around mixing with and relating to children. The challenge for therapy is to use this overarching value as the focus for an intervention plan and to find a prosocial and personally satisfying way to achieve it. One possibility is to teach Jim how to transfer his nurturing, listening, and caring skills to a helping context that does not involve children. This will enable him to utilize his strengths, learn how to meet important needs in an adaptive fashion, and retain a valued aspect of his identity. It is one of the virtues of the GLM-C that it does not seek to create a deep fracture between individuals' "old me and new me", rather it seeks to find better ways for offenders to realize their longstanding commitments and valued goals.

Thus, the main aim of therapy for Jim would be to focus on giving him the relevant capabilities and internal skills necessary to pursue the primary good of relatedness in a personally fulfilling and socially acceptable way. With offenders such as Jim, who desire deviant sex, a focus on promoting personal goods (alongside risk management) is also more likely to increase personal investment in therapy; something typically neglected in the risk-needs approach.

## 5. Conclusions

In this paper, we have set out to formulate a new and improved theory of rehabilitation: the GLM-C. In pursuit of this goal, we have drawn from two sets of theoretical resources, the GLM-O, and the ITSO. The result is a more substantial and improved version of the GLM-O that contains three related components: (a) an overarching set of rehabilitation values and principles (from the GLM-O), (b) a set of etiological assumptions (taken from the ITSO); and (c) a set of treatment principles and strategies. In our opinion, the GLM-C has the theoretical resources to provide



a systematic and comprehensive theory of rehabilitation for sexual offenders. It is intended to function as a general framework to orientate therapists rather than as a substitute for more specific therapy and assessment techniques. Thus, it is anticipated that the GLM-C will help clinicians to develop a Good Lives case formulation and to plan treatment that focuses on capability/strength enhancement and risk management. They should utilize aspects of the SRM, and other standard cognitive behavioral interventions where appropriate. We suggest that the GLM-C will result in clinical practice that is deeply respectful of offenders' status as human beings but mindful of the fact that they have committed harmful actions against children and adults. The integration of therapeutic and moral values is a necessary treatment task and cannot be avoided. It is our hope that the GLM-C will help practitioners to balance these important considerations and ultimately improve the effectiveness of sexual offending interventions.

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