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The good lives model of offender rehabilitation: Clinical implications

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Abstract

The major aim of the current paper is to expand on the practice elements of the Good Lives Model-Comprehensive (GLM-C) of offender rehabilitation and to provide a detailed examination of its assessment and treatment implications. First we discuss the notion of rehabilitation and the qualities a good theory of rehabilitation should possess. Second, the principles, etiological assumptions, and general treatment implications of the GLM-C are briefly described. Third, we outline in considerable detail the application of this novel perspective to the assessment and treatment of sexual offenders. Finally, we conclude the paper with a summary of the major benefits we envisage the GLM-C bringing to the rehabilitation of sexual offenders.
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Contents

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1. Introduction

The treatment of sexual offenders has developed in sophistication and effectiveness over the last twenty years or so and the field is starting to converge on the principles underlying good clinical practice (Beech & Mann, 2002; Hanson et al., 2002; Laws, Hudson, & Ward, 2000; Marshall, 2004; Marshall, Anderson, & Fernandez, 1999). The premier treatment model in the area over the last twenty years has been *relapse prevention* (RP), a cognitive-behavioral approach that focuses on the identification and management of high risk situations that could lead to relapse (in this case, sexual offending; Laws, 1989; Laws et al., 2000). The original RP model has expanded in practice to include the modification of problematic cognitions, affect, and behavior associated with an individual's sexual offending. The goal is to help sex offenders understand their offence pattern and cope with situational and psychological factors that place them at risk for reoffending (Ward & Hudson, 2000). The basic idea underpinning RP derived treatment is that the best way to reduce recidivism rates is to identify and reduce or eliminate an individual's array of dynamic risk factors. These factors constitute clinical needs or problems that should be explicitly targeted. Thus treatment programs for sexual offenders are typically problem-focused and aim to eradicate or reduce the various psychological and behavioral difficulties associated with sexually abusive behavior. These problems include intimacy deficits, deviant sexual preferences, cognitive distortions, empathy deficits, and difficulties managing negative emotional states.

RP is a variant of the Risk-Need Model (RNM), an extremely powerful rehabilitation theory that stipulates that the treatment of offenders should proceed according to a number of therapeutic principles. The most important of these are the risk principle, needs principle, and responsivity principle (Andrews & Bonta, 1998). The *risk-principle* is concerned with the match between level of risk and the actual amount of treatment received, and proposes that the intensity and type of interventions should be dependent on offenders' assessed level of risk. The higher the level of risk presented by individuals, the greater amount of therapy they should receive. Second, according to the *need principle*, programs should primarily target criminogenic needs, that is, dynamic risk factors associated with recidivism that can be changed. By contrast, noncriminogenic needs are considered nonessential or discretionary treatment targets. Third, the *responsivity principle* is concerned with a program's ability to actually reach and make sense to the participants for whom it was designed. In other words, the aim is to ensure that offenders are able to absorb the content of the program and subsequently change their behavior.

It is clear that the RNM, and related RP model, have resulted in effective therapy and lowered recidivism rates (Andrews and Bonta, 1998; Hanson et al., 2002; Hollin, 1999; McGuire, 2002). In addition, the emphasis on empirically supported therapies and accountability is an impressive and important goal. However, alongside these undoubted strengths there are also some areas of weakness. The majority of these concerns revolve around the issue of offender responsivity and point to the difficulty of motivating offenders using this approach. These points are exemplified in the recent publication of final results from a controlled trial of RP with sexual offenders (Marques et al., 2005). The RP program under consideration, the Sexual Offender Treatment and Evaluation Project (SOTEP), did not lead to reduced recidivism rates in treated offenders, and this has caused widespread debate about the limitations of RP. The SOTEP researchers have themselves published a critical analysis of the application of RP to sexual offenders. In brief, SOTEP researchers suggested that the RP model, although operationalized very faithfully, was too highly structured and limited individualization. Thus, the project did not give offenders enough motivation to change, and did not allow for all relevant targets to be addressed (Marques et al., 2005). These conclusions support our own critique of RP as outlined below.

In brief, we argue that as a theory of rehabilitation, RP/RNM approaches lack the conceptual resources to adequately guide therapists and to engage offenders (Ward & Stewart, 2003a). More specifically, this approach adopts a "pin cushion" model of treatment and thus views offenders as disembodied bearers of risk. In this metaphor, each risk factor constitutes a pin and treatment focuses on the removal of each risk factor rather than adopting an integrated, holistic approach. Second, RP/RNM does not address the issue of human agency and personal identity, and has a rather reductionist approach to human behavior. Third, RP/RNM disregards the crucial importance of human needs and their

influence in determining offending behavior. Related to this, is a failure to explicitly focus on the establishment of a strong therapeutic relationship with the offender; it is relatively silent on the question of therapist factors and attitudes to offenders. Fourth, the RP/RNM does not systematically address the issue of offender motivation and tends to lead to negative or avoidant treatment goals. Finally, this perspective often results in a mechanistic, one-size-fits all approach to treatment and does not really deal with the critical role of contextual factors in the process of both offending and rehabilitation. Some of these problems are the direct result of the way the RNM is operationalized and do not necessarily reflect Andrews and Bonta's original vision of treatment. However, the emphasis on avoidance goals is a major feature of this approach and that in itself tends to focus clinical attention on reducing risk factors rather than equipping offenders with the resources to live better kinds of life.

In order to provide therapists with a rehabilitation approach that preserves the strengths of the RNM while avoiding its weaknesses, we developed the good lives model, a strength based perspective concerned with promoting offenders' goals alongside managing their risk (Ward & Stewart, 2003b).

We have recently revised the good lives model by providing more detail about its etiological assumptions and clinical implications (Ward & Gannon, 2006). The revised model has been renamed the Good Lives Model-Comprehensive (GLM-C) to signal the fact that it provides a more comprehensive and systematic approach to the rehabilitation of sexual offenders. Because the Ward and Gannon paper, and other publications, have described the good lives perspective in considerable detail, we will only provide a brief summary of the principles and etiological assumptions here (see also Ward, 2002; Ward & Mann, 2004; Ward & Stewart, 2003a,b).

The major aim of the current paper is to expand on the *practice elements* of the GLM-C and therefore to provide a detailed examination of its assessment and treatment implications. First, we discuss the notion of rehabilitation and the qualities a good theory of rehabilitation should possess. Second, the principles, etiological assumptions, and general treatment implications of the GLM-C are briefly described. Third, we outline in considerable detail the application of this novel perspective to the assessment and treatment of sexual offenders. Finally, we conclude the paper with a summary of our major points and some comments on the future application and development of the GLM-C. It is important to note that the GLM-C applies to all types of offenders and we have simply chosen sex offenders to illustrate how it works because of our extensive experience with this population.

2. Rehabilitation theory

Surprisingly, very little has been said about the nature of rehabilitation theory in the correctional and sexual offending literature. Typically, the terms "treatment," "therapy," and "rehabilitation" are used interchangeably as if they refer to the same thing. In our opinion using these terms interchangeably runs the risk of conflating at least two distinct types of theory and their associated referents. We argue that the terms "treatment" and "therapy" refer to the process of applying psychological principles and strategies to change the behavior of offenders in a clinical setting. However, the term "rehabilitation" is broader in nature and refers to the overall aims, values, principles, and etiological assumptions that should be used to guide the treatment of sexual offenders, and translates how these principles should be used to guide therapy. A useful metaphor for understanding the nature of a rehabilitation theory is that it functions as a topographical map that conveys the sweeping outline of a city, documenting all the major landmarks and their relationships. It gives therapists the "big" picture and is a useful vantage point for overseeing the therapeutic process. By comparison, a treatment model may be likened to a map of a particular part of a city that tells you in detail how to navigate within a set of streets. In short, without a rehabilitation theory, the danger is that visitors will be unaware of the landscape of the larger city. Similarly, without a rehabilitation theory, therapists will be unaware of the broad aims (i.e., reduce risk, enhance functioning) of treatment and their relationship to the causes that generate offending.

In our view, a good theory of offender rehabilitation should 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). We propose that etiological theories and practice models are conceptually linked by an overarching theory of rehabilitation, which functions as a bridging theory. The bridge is between factors that are thought to cause offending and the way treatment strategies are actually implemented. A good rehabilitation model should also specify the most suitable style of treatment (e.g., skills based, structured etc), inform therapists about the appropriate attitudes to take toward offenders, address the issue of motivation, and clarify the role and importance of the therapeutic alliance.

Several of these features of treatment are either ignored by standard RP approaches or regarded as external to treatment (i.e., they are seen as a set of concerns about process rather than substance or content).

3. The Good Lives Model-C

In the GLM-C, an individual is hypothesized to commit criminal offences because he lacks the capabilities to realize valued outcomes in personally fulfilling and socially acceptable ways. We suggest that the GLM-C can act as a bridging theory by explaining more fully (via the etiological fleshing out of some of its assumptions) what it is that offenders seek through antisocial actions.

The GLM-C provides a systematic and comprehensive framework for intervening therapeutically with sexual offenders of all types. There are three levels or components to the GLM-C: (a) a set of general principles and assumptions that specify the values that underlying rehabilitation practice and the kind of overall aims that clinicians should be striving for; (b) the implications of these general assumptions for explaining and understanding sexual offending and its functions; and (c) the treatment implications of a focus on goals (goods), self-regulation strategies, and ecological variables. We will now briefly discuss each of these components in turn.

3.1. General principles and assumptions of the GLM-C

The GLM is an example of a positive psychological approach to the treatment of sexual offenders and shares a number of the core assumptions of this perspective (Aspinwall & Staudinger, 2003). First, it assumes that as human beings, sexual offenders are goal directed organisms who are predisposed to seek a number of primary goods. *Primary* 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 (Kekes, 1989; Ward & Stewart, 2003a). The psychological, biological, and anthropological research literature indicates that there are at least ten groups of primary human goods (Aspinwall & Staudinger, 2003; Cummins, 1996; Deci & Ryan, 2000; Emmons, 1999; Linley & Joseph, 2004; Murphy, 2001; Nussbaum, 2000): life (including healthy living and functioning), knowledge, excellence in play and work (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. Although this list is comprehensive it is not meant to be exhaustive, and it is also possible to subdivide the above goods into smaller clusters, for example, the goods of relatedness could be broken down further into different types of relationships. *Instrumental* or secondary goods provide concrete ways (i.e., are means) of securing these goods, for example, certain types of work or relationships. It is assumed that sexual offending reflects socially unacceptable and often personally frustrating attempts to pursue primary human goods. Second, rehabilitation is a value laden process and involves 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).

It is important to note that the goods referred to in the GLM-C model are *prudential* rather than moral goods. That is, they are experiences and activities that are likely to result in enhanced levels of well-being rather than morally good actions. There is no assumption that individuals are inherently or naturally good in an ethical sense. Rather, the assumption is that that because of their nature, human beings are more likely to function well if they have access to the various types of goods outlined above.

Third, in the GLM there is an 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' conceptions of themselves directly arise from their basic value commitments to pursue human goods, which are 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 give the opportunity to fashion a more adaptive personal identity, one that bestows a sense of meaning and fulfillment (Maruna, 2001).

Fourth, in our view the concept of psychological well being (i.e., obtaining a good life) should play a major role in determining the form and content of rehabilitation programs, alongside that of risk management. Thus, a treatment plan needs to incorporate the various primary goods (e.g., relatedness, health, autonomy, creativity, and knowledge) and aim

to provide the *internal* and *external* conditions necessary to secure these goods. This necessitates 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 good lives plan. Fifth, the GLM assumes that human beings are contextually dependent organisms and as such, a rehabilitation plan should always take into account the match between the characteristics of the offender and the environments he is likely to be released into. Thus, 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' strengths, 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. This is in direct contrast to previous recommended practice in the treatment of sexual offenders, where therapists were cautioned not to allow offenders to participate in decision making (e.g., Salter, 1988). Using the GLM-C, we believe that each offender's preference for certain primary goods should be noted and translated into his daily routine (e.g., the kind of works, education and further training, and types of relationships identified and selected to achieve primary goods).

In summary, the RP/RNM constitutes an effective and impressive achievement and empirical research indicates that it can cut reoffending rates in general and sexual offenders 10–50%, (Andrews and Bonta, 1998; Hanson et al., 2002; Hollin, 1999). However, it is our view that it has a number of theoretical and therapeutic limitations, particularly in the area of offender responsivity and motivation. In our view, the GLM-C is able to offer an alternative approach to the treatment of sexual offenders that has the conceptual resources to integrate aspects of treatment not well dealt with by the RP/RNM perspectives, such as the formation of a therapeutic alliance and motivating offenders to engage in the difficult process of changing their lives.

3.2. Etiological assumptions of the GLM-C

In a recent paper we used the etiological assumptions of the Integrated Theory of Sexual Offending (ITSO — Ward & Beech, 2006) to bolster the overarching principles of the GLM-C (Ward & Gannon, 2006). In short, we proposed that sexual abuse occurs as a consequence 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 *neuropsychological* factors. According to the theory, sexual offending occurs through the ongoing confluence of *distal* and *proximal* factors that interact in a dynamic way. Biological factors and ecological niche (essentially contextual features) factors have a significant impact upon individuals' neuropsychological functioning and results in the establishment of three interlocking neuropsychological systems: motivation/emotional, perception and memory, and action selection and control systems. These three systems can be viewed as underpinning human behavior and provide a scientific basis for understanding how and why people act as they do. Collectively they explain the origins of motives/goals, how strategies used to achieve these goals are selected (and why things can go wrong), and how preexisting beliefs influence both the interpretation of the individuals concerned environments and their own behavior. We argued that biology, ecological niche factors, and the three neuropsychological systems interact to generate the clinical problems evident in offenders, i.e., emotional problems, empathy deficits, social difficulties, cognitive distortions, and deviant sexual arousal and that these state factors lead to sexually abusive actions. The consequences of sexually abusive behavior, in turn, function to entrench the offender's vulnerabilities through their impact on both the environment, and their psychological functioning, i.e., the consequences of sexual offending will function to maintain and/or escalate further sexually deviant actions. This can occur through changing aspects of individuals' immediate environments (e.g., isolating them socially) and in turn through reinforcing some types of behavioral strategies and goals (e.g., that it's best to avoid assertive behavior in intimate relationships).

From the perspective of the GLM-C, there are two routes to the onset of offending, direct and indirect (Purvis, 2005; Ward & Gannon, 2006). The *direct* pathway is implicated when sexual offending is a primary focus of the (typically implicit) cluster of goals and strategies associated with an offender's life plan. What this means, is that the individual concerned seeks certain types of goods directly through the sexual abuse of a child or sexual assault of a woman. The GLM-C can explain the origins of this use of sexual offending. For example, a sexual offender may have compromised internal skills for gaining primary goods in more prosocial ways because of varied distal ecological factors. Thus, the actions constituting sexual offending are a means to the achievement of a fundamental good. It must be stressed that the

person concerned may be unaware of the primary good that is being sought, and simply be concerned with engaging in sexual or aggressive behavior. In other words, sometimes the goals that actually motivate human actions are invisible to the individual in question. For example, for some offenders sex with children may simply be a consequence of a decision to seek an intimate relationship with a child, sex being a component of such a relationship. For another, the primary end or good might be establishing a sense of autonomy or power. Thus, sexual goals may become prominent to the sexual offenders who are pursuing a number of primary goods. Pairing deviant sexual behavior with the fulfillment of primary goods helps to explain deviant sexual interest; thus, deviant sexual interest is seen to be a consequence of conditioning.

The *indirect* route occurs when the pursuit of a good or set of goods creates a ripple effect in the person's personal circumstances 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 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 offence. In this type of situation there is a chain of events initiated by the goods conflict that ultimately results in sexual offending.

In the GLM-C, criminogenic needs are internal or external obstacles that frustrate and 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 his life, and in addition, frequently is unable to think about his life in a reflective manner. We suggest that there are four major types of difficulties often evident in offenders' life plans. In our view these types of problems are often overlapping but conceptually distinct. It is also important to note that the real problem resides in the secondary goods rather than the primary ones. In other words, it is the activities or strategies used to obtain certain primary goods that create problems not the primary goods themselves (i.e., primary goods are sought by all humans). So, an offender who has problems with the *means* he uses to secure goods may be using inappropriate strategies to achieve the necessary primary goods needed for a good life. For example, a child molester may prefer to identify with and socialize with children in order to achieve the primary good of relatedness. An offender's good lives plan might also reveal a lack of *scope* with a number of important goods left out of his plan for living. For example, the good of work-related competence might be missing leaving the offender with chronic feelings of inadequacy and frustration. Some offenders may also have *conflict* (and a lack of coherence) among the goods being sought and therefore experience acute psychological stress and unhappiness (Emmons, 1999). An example of conflict in a good lives plan is where the attempt to pursue the goal of autonomy through attempting to control or dominate a partner makes it less likely goods related to intimacy will be achieved. A final problem evident in an offender's GLM is when he lacks the *capabilities* (e.g., knowledge, skills) to form or implement a GLM in the environment in which he lives, or to adjust a GLM to changing circumstances (e.g., impulsive decision making). For example, a submissive individual may lack the skills to assert himself sufficiently to get basic respect needs met from others. This lack of capability may lead to increased subjective emotional experiences of frustration and humiliation, which may be relieved or comforted through sexual release. The problem of capability deficits has both internal and external dimensions. The internal dimension refers to factors such as skill deficits while external dimension points to a lack of environmental opportunities, resources, and supports.

3.3. Implications of the GLM-C for practice

The GLM-C has a twin focus with respect to therapy with sexual offenders: (a) promoting goods and (b) managing/reducing risk. What this means is that a major aim is to equip the offender with the skills, values, attitudes, and resources necessary to lead a different kind of life, one that is personally meaningful and satisfying and does not involve inflicting harm on children or adults. In other words, a life that has the basic primary goods, and ways of effectively securing them, built into it. These aims reflect the etiological assumptions of the GLM-C that offenders are either directly seeking basic goods through the act of offending or else commit an offence because of the indirect effects of a pursuit of basic goods. Furthermore, according to the GLM-C, risk factors represent omissions or distortions in the internal and external conditions required to implement a good lives plan in a specific set of environments. Installing the internal conditions (i.e., skills, values, and beliefs) and the external conditions (resources, social supports, and opportunities) is likely to reduce or eliminate each individual's set of criminogenic needs.

A critical therapeutic task involves managing the delicate balance between the approach goal of promoting offender goods and the avoidance goal of reducing risk. Erring on the side of either goal can result in disastrous social and personal consequences for the therapist and offender. Simply seeking to the increase of the well-being of an offender

without regard for his level of risk may result in a happy but dangerous individual. Alternatively, attempting to manage an offender's risk without concern for goods promotion or well-being could lead to rather punitive practices and a disengaged and hostile client.

A related consideration concerns the attitude of the therapist to the offender and the importance from the perspective of the GLM-C of adapting a constructive, humanistic approach. The fact that the offender is viewed as someone attempting to live a meaningful worthwhile life in the best way he can in the specific circumstances confronting him, reminds therapists that they are not moral strangers. That is, individuals who commit sexual offences act from a common set of goals stemming from their underlying human nature. They warrant our respect for their capacity to change and the fact that their offending is directly or indirectly associated with the pursuit of the ingredients of a good life. The fact that they have committed harmful actions does not entail they are necessarily intrinsically bad or destructive individuals. Of course, some offenders are characteristic by psychopathic and sadistic motivations and inclinations, but they constitute a minority in this respect. However, it is still possible to treat this subgroup of offenders with the treatment model outlined in this paper. The focus on achieving primary goods speaks directly to offenders' self-interest and what is in treatment for them. Individuals may be persuaded to change their behavior for primarily self-regarding reasons rather than because of their compassion or empathy for others. From a therapeutic perspective, it is the fact that such individuals are engaged in treatment that is critical. Thus, the fact that some offenders are intrinsically "evil;" that is, are habitually inclined to inflict severe and unjustified harm on others does not mean they cannot be treated according to the GLM-C. It is simply a question of focusing interventions on promoting their self-interests in ways that are personally satisfying and socially acceptable. Therapists should be clear about the characterlogical limitations of this type of offender and not seek to reform their characters. It is more a question of attempting to find optimal ways of meeting their needs.

The GLM-C recommends that there should be some degree of tailoring of therapy to match individual offenders' particular good lives plan and their associated risk factors (i.e., problems with the internal and external conditions). What we have in mind here is that the offender's particular strengths, interests, values (weightings of goods), social and personal circumstances, and environments are taken into account when constructing a treatment plan. We envisage that GLM-C treatment may still be implemented in a systematic and structured way (like current standard treatment), however, therapeutic tasks within standard treatment modules should be shaped to suit the person in question based on their Good Lives plan. For example, while an offender might receive the usual social skills module, homework tasks might be geared to his particular needs and issues (i.e., he may have a particular problem with adult women, or lack confidence in specific situations).

Another area where attention needs to be paid is to the language of treatment. Modern texts on sexual offender treatment constantly use language such as "deficit," "deviance," "distortion," "risk," and "prevention". All such words are associated with negative evaluations, or negative expectancies. The GLM-C is a positive model, based on the assumption that people are more likely to embrace positive change and personal development, and so the kinds of language associated with such an approach should be future-oriented, optimistic, and approach-goal focused. Thus we make the following suggestions.

Language associated with avoidance goals should be changed to language associated with approach goals. Thus, "relapse prevention" could be re-termed "self-management" or "change for life;" problems and deficits should be re-phrased as approach goals: thus, the term "intimacy building" should be used in preference to "intimacy deficits." Program names should be changed to reflect the future-orientation of treatment; thus we would no longer have programs named STOP (a popular acronym) or "Sex Offender Risk Management," but would have names like "Healthy Sexual Functioning." The use of positive language has a compelling effect on those we treat. For example, in HM Prison Service, changing the term "dynamic risk factor" to "treatment need" has greatly facilitated collaboration in assessment and treatment (as well as being a more accurate description of the results of therapeutic assessment).

Applying the GLM to sex offender treatment requires the delineation of several principles that must underlie the construction of a treatment program. These are:

1. Many sex offenders are likely to have experienced adversarial developmental experiences as children, and should therefore be seen as individuals who have lacked the opportunities and support necessary to achieve a coherent Good Lives plan (Marshall, 1989);
2. Consequently, sexual offenders lack many of the essential skills and capabilities necessary to achieve a fulfilling life (Smallbone & Dadds, 1998);

3. Sexual offending represents an attempt to achieve human goods that are desired but where the skills or capabilities necessary to achieve them are not possessed (direct route). Alternatively, sexual offending can arise from an attempt to relieve the sense of incompetence, conflict or dissatisfaction that arises from not achieving valued human goods (indirect route) (Ward & Stewart, 2003b);
4. The absence of certain human goods seems to be more strongly associated with sexual offending: agency, inner peace, and relatedness (Ward & Mann, 2004);
5. The risk of sexual offending may be reduced by assisting sexual offenders to develop the skills and capabilities necessary to achieve the full range of human goods, with particular emphasis on agency, inner peace, and relatedness (Laws, 1989);
6. Treatment is therefore seen as an activity that should *add* to a sexual offender's repertoire of personal functioning, rather than an activity that simply *removes* a problem or is devoted to *managing* problems, as if a lifetime of grossly restricting one's activity is the only way to avoid offending (Mann, Webster, Schofield, & Marshall, 2004). Like contemporary medical treatment, sex offender treatment should aim to return individuals to as normal a level of functioning as possible, and should only place restrictions on activities that are highly related to the problem behavior. Thus, a man who raped an adult woman might be encouraged to avoid certain situations in his future life, but should not be expected to give up any hopes of developing an intimate relationship by being told to avoid all situations where single women might be present.

In other words, a more holistic treatment perspective is taken, based on the core idea that the best way to reduce risk is by helping offenders live more fulfilling lives. In addition, therapy is tailored to each offender's good lives plan while still being administered in a systematic and structured way. It is envisaged that offenders need only undertake those treatment activities that provide the ingredients of their particular plan. In addition to this focus on a better fit between therapy and offenders' specific issues, abilities, preferences, and contexts, there is also greater attention played to the development of a therapeutic alliance and the process of therapy. Furthermore, risk factors are regarded as internal and external obstacles that make it difficult for an individual to implement a good lives plan in a socially acceptable and personally fulfilling manner. Thus, a major focus is on the establishment of skills and competences needed to achieve a better kind of life, alongside the management of risk. This twin focus incorporates the strengths of the relapse prevention and capabilities approaches to treatment. It is also much easier to motivate offenders if they are reassured that the goods they are aiming for are acceptable; the problem resides in the way they are sought. Of course, sometimes individuals mistake the means (secondary goods) for the end (primary goods), and it may be necessary to spend quite a bit of time exploring the goods that underlie their offending behavior and the specific problems in their good lives plan. In the GLM-C approach, the goal is always to create new skills and capacities within the context of individuals' good lives plans and to encourage fulfillment through the achievement of human goods.

4. GLM-C and clinical practice

4.1. The therapy and assessment process

We propose that motivating offenders and creating a sound therapeutic alliance are pivotal components of effective treatment and should not be viewed as of lesser importance than the application of treatment strategies and techniques (Ackerman & Hilsenroth, 2003). Working collaboratively with offenders in developing treatment goals results in a stronger therapeutic alliance (Mann & Shingler, 2006); and therapist features such as displays of empathy and warmth, and encouragement and rewards for progress facilitate the change process in sex offenders (Marshall et al., in press).

The fact that offenders have committed harmful acts means that therapists are often torn between two conflicting responses (see above): (a) a desire to help the offender change and (b) moral condemnation. Moral condemnation, while an understandable and socially normal response, can intrude seriously into collaborative and empathic working, and effective therapists must find ways of overcoming any tendency to favor this response. The GLM-C is extremely helpful in negotiating the tension between these two types of values because of its recognition that that offenders have value as human agents, and also by making their offending intelligible in the light of the pursuit of human goods. The respect offenders are owed as human beings, in conjunction with the understanding that the establishing of a therapeutic relationship requires trust and openness, means that therapists will work hard to create a constructive and positive environment.

A particular strength of the GLM-C is that it has a strong developmental and historical orientation, and therefore stresses the continuity between the "old" offending self and the construction of a new self. The continuity occurs because according to the GLM-C, offenders' basic commitments and values (i.e., overarching goods) remain the same, and it is simply the means by which they are sought that is different. It is our commitments and associated good lives plans that define who we are, they construct our personal identities and provide a compass by which we navigate our way through life. Thus, in the GLM-C there is respect for individuals' history and past selves, which is in keeping with cultural and social perspectives that place great value on the past and its meaning (Frost, 2005).

We should note at this point that although we refer hereafter to male sexual offenders in our description of clinical application, this does not mean that the GLM-C is less applicable to female sexual offenders. In fact, the opposite is probably true (Sorbello, Eccleston, Ward, & Jones, 2002). Given that most jurisdictions only harbor a small number of convicted female sexual offenders, recidivism prediction research has not been forthcoming, and therefore there is insufficient information to design a program based on the Risk-Needs model. Criminogenic needs for female sexual offenders are simply not known. However, far more is known about the problems suffered by female sexual offenders, which threaten their well-being: very low self-esteem, severe attachment issues, considerable substance misuse, and so forth. Hence, a program for female sexual offenders with a Good Lives standpoint is much easier to design. Granted, such a program will likely cover needs that are not criminogenic, but all treatment targets will enhance well-being and thus assist in obtaining a good life.

4.2. Assessment

The collaborative approach of the GLM-C involves a genuine commitment from the therapist to working transparently and respectfully, and to emphasizing that the client's best interests are to be served by the assessment process. Potential issues of risk and need are presented to the client as areas for collaborative investigation. Results of assessment procedures such as phallometric and psychometric testing are discussed and the client is invited to collaborate in drawing conclusions from them. An excellent account of how assessment procedures can be interpreted collaboratively is given in Millner and Rollnick (1991). Perhaps most relevant of all to the GLM-C, the client's strengths and life achievements are considered to be as important as his offence-related needs in determining his prognosis and treatment plan. Where the collaborative risk assessment process has been introduced as a conscious strategy, the early indicators are that relationships between treatment staff and clients are greatly improved, with a subsequent positive effect on motivation and retention in treatment (Mann & Shingler, 2006).

We continue to believe that risk, needs, and responsivity are three major issues to be explored through assessment. However, we also recommend a fourth area for exploration: *priorities*. In our view, risk-need principles should be nested or embedded within a good lives framework. By this we mean that it essential to assess a client's own goals, life priorities, and his aims for the intervention. In particular, it is essential to understand how a client prioritizes and operationalizes the primary human goods described earlier in this paper. If this fourth area is not explored, sexual offender assessment concentrates only on vulnerabilities and fails to recognize the importance of understanding how an individual can become fulfilled. We therefore recommend that assessment of risk and vulnerability are balanced with an assessment of how each individual constructs his conception of a good life (Ward & Stewart, 2003a,b).

At present, there is no psychometric measure that can make this assessment, and a reliance on questionnaires may limit the depth of data gathered, so a clinical interview is the recommended approach. We have tried and found ineffective the method of presenting a list of primary human goods to offenders and asking them to choose their priorities. In our experience, such a task has been approached as if it was a test rather than an opportunity for self-exploration. In consequence, we recommend instead that an open ended interview is conducted, where the assessor's intentions and the rationale for the interview is made transparent. For example, the interview could be introduced in the following way:

> Researchers have suggested that there are a number of activities and experiences that human beings need if they are to have a good (fulfilling) life. I want to talk about these things with you and find out which you feel you have achieved in your life and which you haven't. We can then talk about how treatment can help you focus on the things that you don't have in your life and how you can go about building up those areas. We can also play to your strengths — the areas where you have achieved happiness or satisfaction — and build on those positives. The outcome for you from treatment should be that you feel your life to be more rewarding, satisfying and balanced. It

is my hope and expectation that this would also mean that you don't experience the problems you had before when you were offending.

There are two primary procedures for identifying the major human goods that form the basis of offenders' core commitments. The first is to note what kind of goals are evident in their offence related actions and general life functioning. This form of assessment strategy is similar the scientific detection of fundamental goals and is based on careful observation guided by research findings and theory (e.g., Emmons, 1999). As stated above, the second assessment strategy is to ask series of increasingly detailed questions about the things (i.e., activities, situations, experiences) offenders value in their lives and what they put their energies into day to day. Asking about family members and people they know whom they would most like to be like, or not be like, is quite helpful. Additionally, we have also found that extending the range of inquiries to the realm of the fictional can be useful at times. This may be achieved by asking offenders what fictional (i.e., TV, movies, novels, historical etc) characters they most admire and why. Additional questions include who would they most want to be like, and why? Who they would most like not to resemble, and why? And so on. The advantage of these type of questions is that they can tap into individual fantasies and imaginative narratives; i.e., possible life scripts.

The exploratory interview should address a number of different issues with respect to each human good:

- What does this mean to you?
- How important is this to you? Has your view of its importance changed over time — for example, do you currently see this as a more important area than you used to?
- How have you gone about achieving this in your life? Which strategies have worked the best? Which have worked least well?
- Would you like to have more of this in your life?
- What do you think has prevented you from achieving this in your life as much as you could have done?
- Where would you like to be with respect to this in one year's time? Five year's time? Ten year's time?

Such questions allow for the assessment of each individual's conception of a good life. They also facilitate an understanding of the individual's strategies for realizing primary goods. In order to make a more comprehensive assessment of each individual's potential for achieving a good life the assessing clinician should have an understanding of the following areas, so that answers to the above questions can be probed in line with the theory behind the GLM-C. The following issues, taken from Ward & Stewart (2003b) could form the basis for a final Good Lives formulation.

1. Is there restricted scope? That is, is the individual focusing on some goods to the detriment of other goods, so that his life seems to lack adequate balance and range of priorities? For instance, the individual may over-emphasize mastery and under-emphasize relationships, or favor knowledge but not pursue any form of creativity.
2. Are some human goods pursued through inappropriate means? That is, has the individual chosen strategies for achieving goods, which have turned out to be counter-productive? For example, he may have chosen to pursue the goal of intimacy by adopting extremely controlling behaviors towards partners.
3. Is there conflict among the goals articulated? For instance, does the individual state priorities that cannot co-exist easily, such as wanting emotional intimacy with a romantic partner but also wanting sexual freedom and variety of partners? Or does he predominantly engage in everyday behaviors, which are inconsistent with his higher-order goals; such as an individual who desires autonomy but is required to display considerable loyalty to an employer? Emmons (1999) has clearly described the stress that results from a lifestyle that is inconsistent with one's most valued goods.
4. Does the person have the capacity or capabilities to enact their plan-implicit or explicit? Is the plan realistic taking into account their abilities, likely opportunities, deep preferences, and values?

An exploration of a sexual offender's Good Lives conception can assist the clinician to formulate a treatment plan that provides the opportunity for the individual to achieve greater satisfaction and well-being. If the offender is able to see how the treatment plan will directly benefit him in terms of goods that he values, we argue that he is far more likely to engage enthusiastically in treatment. Given that we know that men who re-offend despite receiving sex offender treatment are consciously unengaged with the treatment process (see Webster, 2005), it seems reasonable to assume that high perception of treatment relevance will be associated with reduced risk of further offending.

4.3. Case formulation

The above questions in conjunction with a systematic assessment of an offender's social, psychological, and sexual functioning, should result in good lives oriented case formulation and an associated treatment plan. The basic steps in this process are as follows.

The *first phase* concerns the detection of the clinical phenomena implicated in individuals' sexual offending. In other words, what kind of problems do they present with and what criminogenic needs are evident? There are five types of problem clusters typically seen in sexual offenders — cognitive distortions, empathy deficits, social difficulties, emotional problems, and deviant arousal — although the degree to which they are present tends to vary from case to case (Ward & Beech, 2006). In the *second phase* the function of the offending is established through the identification of the primary goods that are directly or indirectly linked to the sexually abusive actions. In addition, the identification of the *overarching good* or value around which the other goods are oriented should also be ascertained. The overarching good informs therapists about what is most important in a person's life and hints at his fundamental commitments. It is strongly constitutive of personal identity and is a useful way of illuminating how the person sees himself and the world.

At this phase of the assessment process clinicians will have a good sense of why the person committed an offence, his level of risk, 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. We propose that offenders following the *direct* route to sexual offending are likely to have entrenched offence supportive beliefs, approach goals, and marked deficits in their psychosocial functioning. They are also likely to be assessed as high risk, a factor that reflects their many years of sexual offending. By way of contrast, individuals following the indirect route are more likely to be assessed as moderate or lower risk, and have more circumscribed psychological problems (Purvis, 2005; Ward & Gannon, 2006).

In the *third phase*, the selection of the overarching good(s) or value(s) around which the other goods are oriented should be identified and made the primary focus of a treatment plan. For example, an offender might have real problem solving strengths and enjoy working out how cars work, and also in acquiring new mechanical skills more generally. In the *fourth phase*, the selection of secondary goods or values that specify how the primary goods will be translated into ways of living and functioning is undertaken. For example, specifying what kind of personal relationships would be beneficial to the person concerned. In the *fifth 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 the *sixth 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 he requires to have a reasonable chance of putting the plan into action. A treatment plan is then developed.

4.4. Intervention

We will now utilize the concepts from the GLM-C outlined above to demonstrate how it could influence the way therapy is implemented with sexual offenders. In order to make this process more concrete we have decided to centre our analysis around seven treatment modules: establishing therapy norms, understanding offending/cognitive restructuring, dealing with deviant arousal, victim impact and empathy retraining, affect regulation, social skills training, and relapse prevention. While treatment programs throughout the world may have slightly different lists of interventions, the modules listed above are apparent in all best practice programs (see Beech & Fisher, 2002; Beech, Fisher, & Thornton, 2003; Marshall, 1999; Marshall et al., 1999; Ward, 2003). For each module, we will consider how treatment might proceed according to the GLM-C. It is important to note that this discussion will be illustrative only as the GLM-C is a flexible model that should take slightly different forms depending on the nature of the problems exhibited by sexual offenders and their underlying causes (Ward & Gannon, 2006). It is anticipated that most GLM-C oriented therapy will be conducted in groups, saving valuable time and resources whilst providing offenders with support, and credible and thought-provoking challenges from individuals who are in a similar position to themselves.

According to the GLM-C, human beings are complex, multifaceted creatures who seek to realize a plurality of goods in their lives. A flourishing, satisfying life requires the presence of all the goods in some form, although typically individuals weight some of the primary goods more highly than others. The overarching or core primary goods in effect reflect peoples' basic commitments and thus their personal identity (Emmons, 1999). These facts about human nature means that therapy needs to be holistic and take into account a wide range of interests and needs. Although the primary goods are individually important, in reality they interact in a dynamic way and tend to come in clusters, in effect, lifestyles. Thus every therapy module will inevitably involve a range of goods. However, despite this observation, we propose that a careful examination of the content and emphasis of treatment modules reveals that each has an overarching good associated with it, for example, social skills training is integrally connected to the primary good of relatedness. Furthermore, because human beings are embedded in a complex network of physical, social, and cultural systems, clinicians always need to consider both the *internal* (i.e., skills, capabilities, beliefs, attitudes) and *external* (i.e., resources, opportunities, supports, barriers) dimensions of any intervention. In the following sections, we outline the typical RP/RNM implementation of treatment and outline how the GLM-C approach would complement and improve the current approach.

4.5. Establishment of therapy and group norms

Typically in this module, men are made aware of the underlying principles guiding the treatment process (i.e., the relapse prevention stance), and then, with the help of the therapist, are encouraged to create rules that enhance group cohesiveness. This process will result in rules such as treating information shared within the group as confidential, speaking and listening to each other respectfully, and constructively challenging each other rather than engaging in aggressive stand-offs. The virtues of group norms like this is that they encourage men to interact in a way that is optimal for treatment success, and are also likely to enhance self-esteem (Marshall, Champagne, Sturgeon, & Bryce, 1997). Group norms are procedures that allow each person to explore his problems in a safe environment without feeling personally attacked and stigmatized. They point to the interdependence of individuals and the importance of respect for the well-being and value of others. The goods that are especially relevant here are those pertaining to agency, relatedness, and inner peace (emotional equilibrium). This exercise can is particularly important for offenders whose ability to achieve relatedness is impaired by a high level of suspicion of others' motives. Developing group rules involves the process of negotiating expectations with others, which in itself, separate from the content of the program, will benefit relatedness. An example of this effect can be found in one of the cases described by Hudson (2005) in her analysis of sex offenders' perspectives on their treatment experiences. She quotes one offender, Greg, who described his reaction to the group norms session as follows:

> I was beginning to get to know everyone and feel secure, finally getting to the point where I could trust people because normally I don't do that. I don't trust people, I don't get on with people, I'm always angry (Hudson, 2005, p106).

One of the most important aims of this module is to communicate to the group members the model of offending that underlies the therapy program. In most RP/RNM program this takes the form of a social learning model. The idea is that it is easier for offenders to understand what therapy is about if they have a basic grasp of what has caused their sexually abusive behavior.

The GLM-C is a strength-based approach that seeks to equip individuals with the capabilities to achieve desired and beneficial outcomes (e.g., the establishment of intimate relationships and rewarding employment) taking into account offenders' overarching values, talents and preferences. According to the GLM-C, personal identity and a person's sense of meaning are derived from the basic set of values and commitments contained in their good lives plan. The problem for offenders is they are typically unaware of what their values or primary goods actually are and frequently tend to view the means they use to seek these goods (e.g., sexual activity) as the major goal. Therefore, a critical aspect of this part of therapy is to present to the group the idea that sexual offending typically occurs through the direct or indirect effects of a faulty Good Lives plan. In other words, offenders want the same kinds of experiences, activities, situations in their lives that all people do, the problem is that because of a combination of internal and external factors they use sexual abuse as a maladaptive means to acquire them. Linking sexual offending to human goods in this way achieves at least two important aims (a) it helps to motivate individuals because they are focusing on things that are important, and (b) it enables offenders to start reflecting on their lives and overarching commitments thus paving the way to the establishment of a prosocial identity (Maruna, 2001).

A final task for clinicians in the norm establishment module is to clarify that therapy has *two* major aims: goods promotion and risk reduction and management. Both of these aims involves offenders acquiring internal and external resources to facilitate their living a different kind of life, one characterized by the instantiation of multiple goods and thus higher levels of well-being and achievement. Goods promotion involves the acquisition by offenders of new skills and the formation of more adaptive beliefs and attitudes toward themselves, others, and the world. The type of skills that are learned will critically depend on external factors such as the kinds of opportunities present in the environments individuals are likely to be released into, and the resources and social supports that are available. Risk management at this stage entails letting the offender know that he also needs to be able to develop an array of coping skills to reduce the impact of high risk situations on his mental state and physical wellbeing. The overarching good relevant to this module is that of *community relatedness*; essentially helping the offender to identify, and develop bonds, with the group and its members. This GLM-C oriented intervention provides a foundation for the next stage of therapy: understanding the offence process.

4.6. Understanding offending/restructuring offence supportive beliefs

Typically, when asked to recount their own offence, sex offenders will provide descriptions suggesting that they see the world in an offence-supportive manner (e.g., "he didn't tell anyone about the abuse so he must have enjoyed it"). Distorted thinking may take various forms: generally hostile beliefs which predispose an individual to engage in conflict (e.g., Eidelson & Eidelson, 2004), offence-supportive attitudes such as beliefs that sex with children is not harmful, or excuses and justifications for specific offences. Thus, an important goal along the road to understanding offending behavior is to appreciate how distorted thinking can facilitate and maintain offending for each individual offender. The therapist and other group members must challenge these distorted views so that new alternative ways of viewing the world can be developed. Because distorted beliefs are hypothesized to be driven by schemas or theories (Ward, 2000), it is important for treatment providers to challenge and target the core schemas underling offence supportive ways of viewing the world (Drake, Ward, Nathan, & Lee, 2001; Gannon, Polaschek, & Ward, 2006; Mann & Beech, 2003; Ward & Keenan, 1999). For example, a client who seems to hold a maladaptive schema sexualizing children, or who has an excessive need for respect from others, needs first to be taught basic schema theory. This theory explains how maladaptive schemas can alter interpretations of reality and block out pro-social ways of considering information (Drake et al., 2001). Second, the client needs to engage in exercises designed to encourage him to re-assess the logic and helpfulness of his beliefs, using more advanced cognitive therapy techniques such as those set out by Beck (1999). Such methods are only just beginning to be utilized in treatment programs (e.g., H M Prison Service's Extended Program for high-risk, high-need offenders; Thornton & Shingler, 2001). Many programs still focus solely on individual victim-specific or offence-specific excuses and justifications.

Furthermore, an important part of treatment involves teaching offenders that their offending didn't just happen, but was the result of a number of contributory factors. In other words, men need to gain knowledge about the offence process, and then learn how to identify the factors that played a role in their own offending. Theoretical models used to illustrate the offence process may vary across treatment programs, but should be updated frequently to reflect the latest developments. We tend to favor a general multi-factorial and multi-pathway description of offending to reflect the latest theory and research (e.g., Marshall et al., 1999; Ward & Hudson, 1998). Whichever model or model adaptation therapists use, the aim is to provide each individual with a clear understanding of how their offending happened (e.g., the factors that may predispose an individual to offend, the situations indicating a likelihood of offending, and how reactions to offending can add to the risk of relapse) so that treatment can focus on those factors of specific relevance.

The application of the GLM-C to this module indicates that the overarching good is that of *knowledge*. The overall aim is to help the offender to obtain a clear understanding of what he did, thought, felt, and how these factors contributed to his sexual offending. The important internal dimensions include individuals acquiring the ability to reflect on their internal states and behavior, accurately report the responses of others, distinguish between description and inferences, and in essence learn to gather information in a more systematic and impartial manner. We suggest that the process of learning how to obtain and critically evaluate information should always be presented in the context of goals and values: people gather information in order to act, and action reflects goals and thus values (goods).

Using the GLM-C, a second good that should be addressed fully by this module is *relatedness*. This is because many of the belief systems held by sexual (and violent) offenders are particularly associated with hostility and, as such, predispose the individual to conflict-ridden rather than satisfying personal and social relationships. If an offender

becomes less likely to interpret other people's behavior in a hostile light, he is likely to experience less in the way of subjective anger, and hence the good of inner peace is strengthened.

A case example may illustrate this point. Mick, imprisoned for raping his wife, viewed the world very much in terms of "dog eat dog." His philosophy was, "attack others before they attack you." Cognitive therapy techniques allowed him to explore the origins of this belief, and more importantly, to re-assess its truth and its value to him. He decided that he wished to adopt a refined belief, "Give people the benefit of the doubt" and practiced this belief through role-played imaginary situations involving ambiguous behavior by others. He recognized through these role-played examples that behaviors he would previously have automatically interpreted as hostile, in fact had benign intent. This reinforced for him the likely truth of his identified alternative belief. Practicing "giving others the benefit of the doubt" over time led to significantly reduced incidents of conflict with others, and Mick was able to articulate the benefits of this both in terms of improved relationships and a more peaceful life.

An important task for the therapist in this module is to help offenders to apply the etiological model outlined in therapy to their own situation and offending. Of course, the therapist has the advantage of having already constructed a case formulation and should use it as a cognitive tool to guide individuals to reach their own understanding. It is also important to scaffold offenders to some degree to mange their defensiveness and anxiety when speaking openly about their offending behavior. At this point in the therapy process most will not have developed the skills to regulate their own emotions effectively and may need considerable help. Thus the good of emotional regulating (inner peace) is relevant at this in time. Understanding the developmental origins of their offending, decisions, and importantly the goods being sought will help individual to more effectively correct and challenge their own distorted thinking. It will also clarify the relationship between their (usually implicit) good lives plan and the onset of sexual offending: whether the route is a direct or indirect one. In our experience the direct route maps rather well onto the approach goal pathways described by Ward and Hudson in their self-regulation model of the offence process, and the indirect route onto the avoidance goal pathways (Ward & Hudson, 1998).

An intriguing possibility is that different schema or implicit theories may be associated with distinct primary human goods. We do not have the space to go into detail here and will only give three examples: (a) a sense of personal worthlessness is arguably associated with the primary goods of relatedness (i.e., others do not value oneself) and mastery (offender is incompetent), (b) external locus of control is associated with the good of autonomy or agency (person is not able to take control of his life), and (c) the world is a dangerous place is linked to the primary good of community connectedness and relatedness (people are malevolent, they seek to harm the offender.).

The final task for the therapist is to ensure that offenders emerge from this session with at least a rudimentary good lives plan. Ideally, this plan will include a simple version of the case formulation and a specification of the *internal* and *external* conditions that need to be in place if the person is to achieve important outcomes (i.e., overarching and primary goods). The expectation is that this plan will function as a map of the ensuring therapy and help the offender appreciate what he needs to learn in the following months of treatment, and how the acquisition of skills, capabilities, values, attitude, and beliefs will enable him to lead a more personally satisfying, meaningful, and socially acceptable life. Essentially, the good lives plan is a blueprint, which the therapist and offender use to guide the process of acquiring new sets of skills and psychological resources.

It is evident from the above discussion that understanding offending and cognitive restructuring involve considering the roles of a variety of types of judgments: cognitive (what is or is not true), values (what is worthwhile or important), and practical (how to act). Offenders need to acquire skills in all these domains.

4.7. Deviant sexual arousal

Sexual offenders do not always show deviant sexual preferences on PPG measures and therefore it is reasonable to assume that not all individuals will have deviant sexual preferences (Marshall et al., 1999). Nevertheless, chronic offenders will have paired sexual pleasure with child stimuli many times in the course of their offending, and are likely to be characterized by entrenched deviant sexual arousal (Beech & Fisher, 2002). In such circumstances, it is vital to try to modify these sexual arousal patterns using behavioral interventions such as *covert sensitization*, and *masturbatory reconditioning* (Laws & O'Neil, 1981; Maletsky, 1980 — see Gannon et al., 2006, for a fuller description).

The presence of deviant sexual arousal indicates that an individual has developed deviant sexual interests in either children or coercive sex, or other abnormal sexual activities (Marshall et al., 1999; Ward & Siegert, 2002; Ward & Stewart, 2003a). This arousal may reflect entrenched deviant sexual preferences or more state dependent arousal. The

GLM-C is able to explain how this deviant sexual arousal originates as well as accounting for the fact that individuals who have sex with children may not all have a sexual preference for such activities. The nature of the goods involved can point to the function or purpose of the illegal sexual activity and its value to the offender. The individual may be seeking a number of primary goods through sex; for example, physical satisfaction (goods of life and health), intimacy (relatedness), and emotional regulation (inner peace). What this discussion indicates is that multiple goods are associated with sexual activity and that sex is frequently a means by which these goods are sought. In other words, deviant sexual activity or fantasies can become the (unconscious) preferred way of gaining primary goods, and for a few cases (especially for direct route offenders with a habitual tendency to seek primary goods through deviant sexual fantasies or offending), this conditioning effect may produce deviant sexual preferences. To summarize, the *overarching goods* likely to be involved with this aspect of therapy are those of relatedness and life (i.e., physical well-being and pleasure).

Important therapeutic tasks include helping offenders to discriminate between sexual and nonsexual goals, and appreciating the role sex plays in a variety of arenas of life, for example, in the offender's concept of his own masculinity. It is anticipated that for some individuals, a tendency to define themselves in terms of the amount of sexual activity they engage in, means that intimacy needs could be confused with sexual desire and result in numerous, ultimately unfulfilling sexual encounters. Necessary *internal* conditions will focus on learning how to construct and control adaptive sexual thoughts and fantasies, acquiring healthy attitudes toward adult sexual partners and experiences, learning to define oneself in other ways than through frequency of sexual outlet, and being prepared to yield control to another partner where appropriate. Necessary *external* conditions will be ensuring offenders have access to potential sexual partners or outlets, appropriate erotic material, and an environment where their attempts at healthy sexual behavior are reinforced. Furthermore, the more general development of a Good Lives Plan, where the individual's sense of self becomes strengthened by achieving more variation in human goods, should ease the problem of sex being a pathologically over-rated issue.

4.8. Victim impact/empathy training

Explicitly considering the impact that sexual abuse can have on one's own victims is thought to inhibit re-offending, and therefore victim empathy training is a vital component for most treatment programs (Marshall, Hudson, Jones, & Fernandez, 1995). Typically, with the help of the therapist, men are asked to generate all of the negative consequences of sexual abuse. Then, offenders read or watch abuse survivors' accounts while the therapist helps them to make connections with their own victims' experiences in order to enhance their understanding. Full recognition of the consequences of sexual abuse for their own victims may only truly be brought to bear when offenders are asked to engage in role-plays where they take the role of their victim (Daniels, Mann, & Marshall, 2002; Pithers, 1999). In many treatment programs, men also are encouraged to write an account of their abusive behavior from their victim's standpoint (Marshall, 1999; Marshall et al., 1999; Pithers, 1999).

We propose that the overarching primary goods associated with the victim empathy module are those of knowledge and emotional regulation (inner peace). The kinds of problems evident in sexual offenders' problems with the good of knowledge have both an internal and external dimension. The *internal* dimension refers to a lack of understanding of what certain mental states mean and entail. In our view, some empathy problems are potentially explained by an inability to accurately attribute mental states to other people what has often been referred to as a deficit in the development of a *theory of mind* (Keenan & Ward, 2000). The term "theory of mind" refers to a person's understanding that both they and other people have a mind that is, they represent mental states such as desires, intentions, emotions, and beliefs, and furthermore that they use these mental states to both predict and explain behavior — their own behavior as well as that of other people. Thus an important therapeutic task will be to help offenders to clarify what certain mental states are and how they can help to explain both their own and other people's actions; i.e., knowledge of the meaning of mental states words and the cues that reliability indicate their appropriate use. Furthermore, the growth or an enhancement of empathy crucially depends on the use of the imagination; putting oneself in other people's situations and imagining the likely outcomes of different types of actions are skills that may require direct modeling and intensive practice for some offenders. The *external* knowledge dimension reminds therapist that offenders need to be exposed to other people modeling empathic responses and theory of mind talk.

Concerning the primary good of emotional regulation (inner peace), we have observed that many sexual offenders in treatment appear to experience a sharp sense of relief following participation in victim empathy work. This is ably

demonstrated in a study of offenders' experiences of victim empathy role-plays by Child (2002). Child found that symptoms of stress, such as sleep disturbance, inability to concentrate and suicidal ideation, all decreased following participation in victim empathy role-plays. These experiences were replaced by higher levels of reporting of contentment and pride. Offenders verbalized such reactions as: "I feel as if the world has been lifted from my shoulders;" "A release of pressure and anxiety;" and "I accepted and understood I was hiding from my offense. Now I felt I could overcome it: there was hope" (Child, 2002). One group member memorably described the process of these role-plays as "like squeezing the poison out of a boil before it can heal." It appears from this study that the cognitive dissonance-reducing strategy of persuading oneself that one's offence was not that bad or harmful involves considerable cognitive effort, and facing up to the offence and its consequences relieves the pressures of that effort. Child's study clearly indicates that fuller acceptance of victim empathy is associated with increased inner peace.

One issue, which is essential to mention here, is the danger that may be associated with empathy training from the therapists' point of view. We alluded earlier to the need for therapists to control any tendency towards moral condemnation of their clients. The empathy module seems to be one part of treatment where such a response may become problematic. This, we assume, is because the therapist is also exposed to the perspective of the victim, but without any need to avoid full knowledge of the trauma that would have been experienced. It is possible, therefore, that an empathy intervention may be a particular risk of departing from the GLM-C. In our clinical experience, empathy sessions can lead to, or even invite, offenders directing verbal abuse towards themselves. An example again can be taken from Hudson (2005) who cites a "victim letter" written by a group member. In this letter, he wrote "I did hurt you and that was wrong. I also hurt other little girls, which *makes me a very bad man*" (p,110; our emphasis). This letter was described by the therapists as showing that the writer had "intrinsically changed his thoughts and feelings" and by Hudson herself as "clearly well written" (Hudson, 2005, p.110). This illustrates the ease with which therapists can find themselves rewarding or reinforcing anti-GLM developments such as self-denigration within empathy work.

4.9. Affect regulation

Most treatment programs attempt to give men some sort of mood management or stress management training (Beech & Fisher, 2002; Marshall et al., 1999). Typically, offenders are taught (a) how to identify the affective states that precipitate their offending (i.e., a high risk situation); and (b) how best to deal with such emotional states when they do inevitably arise (for example, by using intervening cognitions or social supports). In some programs, Linehan's dialectic behavior therapy is used as a guiding framework (Linehan, 1993) to teach men how to integrate thinking and emotions before they make decisions.

From the perspective of the GLM-C, the overarching primary good associated with this module is that of emotional regulation (inner peace). The therapist's task is to ensure that the *internal* conditions necessary to function in an emotionally competent way are present. Emotional competence is basically the application of self-regulation processes to the emotional domain and consists of at least eight sets of skills (Saarni, 1999). Sexual offenders may exhibit deficits in any or all of the following emotional skills; a fact that points to possible areas of intervention and skill (internal condition) acquisition. The emotional skills and their intervention implications according to the GLM-C are: (1) awareness of one's emotional state — requires teaching skills to detect own emotional states; (2) the capacity to identify other peoples' emotions — requires an orientation and interest in others, and thus development of social skills as well; (3) the ability to use the emotional vocabulary of one's culture — requires socialization (community connectedness), emotional knowledge (knowledge), and intimacy skills (relatedness); (4) possessing the capacity to respond empathically to other people — learn how to see things from the perspective of others and to suppress own inappropriate emotions (e.g., anxiety, fear); (5) the ability to adjust ones emotional presentation depending on circumstances — acquire problem solving skills and knowledge relating to other peoples situations; (6) the capacity to manage aversive emotions through a range of adaptive strategies — learn stress management techniques, problem solving, communication skills etc; (7) understanding that emotions play a critical role in establishing and maintaining intimate relationships and being able to act on this knowledge appropriately — acquisition of intimacy skills, social supports, and knowledge, and sense of agency (i.e., be able to see oneself as independent individual); and (8) the capacity for emotional self-efficacy — develop confidence in own coping ability and resilience (agency issues).

The list of emotional competency skills and their associated interventions are only intended as a guide to how the GLM-C can enrich this part of therapy. The important thing is that individuals understand why they are receiving the treatment they do and how it relates to their own offending and good lives plan.

4.10. Social skills training

Sexual offenders appear to be particularly prone to experiencing difficulties with social competency, and these difficulties have been associated with negative mood (e.g., Marshall, 1989; Seidman, Marshall, Hudson, & Robertson, 1994) and unfulfilled needs (Ward & Stewart, 2003a). Most treatment programs aim to equip men with the skills necessary to foster intimacy, although there may be variation in the types of tasks employed (Beech & Fisher, 2002; Marshall, 1999). Typically, offenders are educated about the positive by-products of fostering intimacy with adults, and then taught how intimacy may be established with the use of informative handouts, role plays, and group discussions.

The overarching goods associated with the social competency modules are those of relatedness and community connectedness, and, agency (autonomy). The GLM-C is clear that the type of interventions individuals receive should follow from the nature of their good lives plans, and the particular stress they place on the various goods. Therefore, some offenders may value work or mastery goals higher than relationships and only want to learn basic social skills. The possession of conversational, communication and assertiveness skills will enable such persons to establish supportive friendships, which is sufficient for their needs. While for other individuals, intimate relationships may be more highly valued and play significant role in their good lives plans and hopes for the future. It makes clinical sense for people with deep intimacy aspirations to receive intensive therapeutic work on intimacy and personal relationship issues. These differences in weighting should be mirrored in the intensity and type of interventions received.

Social skill and problem solving training represents the *internal* component of treatment. A somewhat neglected aspect of social competence work concerns the *external* conditions necessary for a person to function effectively within his social, cultural, and physical environment. We did allude to this briefly above when discussing the weighting people place on the good of relatedness and community connectedness. The significant issue is that in order to make sensible decisions about what kind of social competency work to undertake with offenders, practitioners need to grasp the barriers and opportunities existing within the ecology of the offender, that is, the environments into which they are likely to be released. People exist within cultures, social networks, and physical environments (i.e., collectively their ecology) and should not be viewed as insulated from, or independent of, such environments when planning treatment plans. This point is relevant both within a prison environment and for those working with sexual offenders at large in the community. Typically, prison culture and the majority of prison staff prefer inmates to behave submissively rather than assertively. Attempts to practice appropriate self-assertion may therefore result in the behavior being punished (either in the behavioral psychology meaning of the word or in the judicial meaning) by staff. Furthermore, for an inmate to survive in a prison usually necessitates some display of machismo, or at least an absence of display of vulnerability. However, self-disclosure and willingness to present oneself as vulnerable is essential in the development of intimacy and relatedness.

On the other hand, sexual offenders who are not incarcerated typically live their lives with considerable restriction. This may be due to legal requirements such as mandatory registration with the police, probation supervision, or electronic tagging. Polygraphy may be a regular appointment. In some parts of the world, community notification means that the sexual offender experiences considerable hostility and possibly violence from his neighbors. These experiences may easily undermine the subjective experience of living a "good life." We argue that having to live under such restrictions does not render the GLM-C invalid as a treatment approach. As Auschwitz survivor and philosopher Viktor Frankl wrote, "Everything can be taken from a man but …the last of the human freedoms — to choose one's attitude in any given set of circumstances, to choose one's own way." In other words, the opportunity to strive towards a good life is present even in the most unimaginably restricted circumstances.

Of course, practitioners need to make sure that all offenders have at least a minimal degree of social competence otherwise they will not be able to function effectively in the therapeutic environment and benefit at all from the various treatment modules. It is worth bearing in mind, here, that social competence is improved through group process as well as formal exercises designed to improve skill. For example, a shy, nervous offender can gain in confidence through reinforcement of his participation in group sessions by therapists and, crucially, by group members.

4.11. Relapse prevention/safety planning

The last stage of treatment involves considering relapse prevention to ensure that the offender is fully equipped to deal with the demands that will be placed upon him during high risk situations (Laws, 1989; Ward & Hudson, 1998). At this stage, individuals (with the help of the therapist, and other group members) will usually develop a treatment safety

plan, that helps to strengthen their awareness of how personal risk factors contributed to their own offending and enables them to articulate the strategies that they have learned over the previous weeks to manage these situations. Typically this plan will include an individualized external support and monitoring that will have been identified for each individual already throughout the treatment process (Pithers, 1990).

Although the relapse prevention model and its attendant risk management stance underpins most treatment programs for sexual offenders, a number of researchers have criticized it for adopting too narrow a focus (Laws et al., 2000). According to the GLM-C it is necessary to customize individuals' treatment plans so that they focus more on positive or approach goals (i.e., instituting good lives) rather than simply avoiding relapse. More accurately, the argument is that plans should reflect both goods promotion and risk management strategies. Developing a plan for managing risk using the language of approach goals has proved to be useful and preliminary results of adopting this approach encouraging (see Mann et al., 2004).

From the vantage point of the GLM-C, the treatment for sexual offenders is essentially about equipping them to live rewarding lives that do not result in harm to others. Offenders are viewed as psychological agents who have directly or indirectly sought certain goods through the means of sexually abusive behavior. The goal of treatment is to help them to articulate their significant goals, and taking into account preferences, priorities, abilities, and ecological variables, develop a treatment plan that is likely to result in the formation of a new personal identify and more satisfying life. The goal of treatment is to help offenders acquire the *internal* and *external* conditions they require in order to put this plan into action; it is essentially about designing a new life. The major stress will have been on the selection of suitable secondary or instrumental goods to be utilized by a person to realize certain primary goods, for example, type of work, training, relationships, hobbies, and so on.

Therefore, a relapse prevention plan should focus on two related although distinct goals (a) the implementation of a map for living within a specific community and circumstances that possesses all the ingredients of a good lives plan, and (b) the identification of strategies for responding to problematic situations in which the smooth functioning of the offender's life is disrupted or threatened in some manner. In terms of the latter, the presence of acute risk factors that are salient for a given individual, such as relationship conflict, emotional distress, or a significant life event, should be viewed as markers indicating problems in the conditions required to live a good life. These conditions are likely to be external but may sometimes signal difficulties in some aspects of a person's psychological functioning. The skills, beliefs, attitudes, and resources acquired during therapy can then be used to (a) reflect on the nature of the disruption threat, (b) construct an action plan to resolve the threat or problems, and (c) implement the plan and evaluate its effectiveness. All the time the offender should be careful to ensure he keeps in mind the importance of maintaining approach goals and risk management strategies in any modification to his good lives plan. The danger of making ad hoc adjustments that restrict access to important goods is that a route to reoffending may be reopened.

Marques and colleagues (Marques et al., 2000, 2005) emphasized in their review of the RP program SOTEP, that one limitation of the RP model in this program was that it provided insufficient opportunity for group members to actually and physically practice skills. In GLM-C terms, this means that group members must be assisted in developing the capacities and strategies to achieve human goods. We suggest that explicit reference to the individual's Good Lives Plan can assist in the development of new goals and skills for formerly troubling situations. For example, an offender who habitually has used violence within his intimate relationship can be assisted to develop new responses to marital conflict by offering an opportunity to try out different strategies in role-play. During this role-play, the individual's GLP, and associated approach goals, can be displayed in front of him e.g., on a piece of flipchart paper. If he finds it difficult to think of alternative strategies, he may gain inspiration from reading that his goal is to respect his partner's point of view even when it conflicts with his own. Being reminded of his goal will offer direction in terms of the self-talk and dialogue that he could engage in to manage the situation (e.g., "I respect your right to a different view."). This kind of articulation would be likely to defuse rather than inflame a conflict. The overarching goods of relapse prevention are those of knowledge and agency: the offender's awareness and understanding of what goods and problems were associated with his offending, and therefore what capabilities treatment supplied him with to resolve these problems. In short, goods associated with reflective agency culminate in good judgment in the domains of: cognition (i.e., forming true beliefs), values (i.e., choosing what is good and disregarding what is bad or harmful), and actions (i.e., deciding upon the best course of action).

5. Conclusions

In this paper we have systematically unpacked the clinical implication of the GLM-C model of offender rehabilitation. The major aim was to demonstrate how this new model is able to provide a comprehensive guide to the assessment and

treatment of sexual offenders. In previous publications we have critically evaluated the RP/RPM approaches to working with offenders and argued that the GLM-C is able to accommodate the strengths of these treatment models while avoiding their weaknesses. The detailed application of the GLM-C to the kind of therapeutic strategies typically used to treat sexual offenders has hopefully revealed how this approach can lead to effective (and at times novel) therapy.

The GLM-C is a new theory of sexual offender rehabilitation and in our view is quite promising. The fact that it is strongly based on the principles of positive psychology and is also able to find a place for the key ideas of the RP/RNM indicates its *external consistency* and *unifying power*. In addition, the clear articulation of a set of theoretical assumptions underpinning the practice aspects of the theory is a real strength. This aspect of the GLM-C points to its potential *explanatory depth*. The focus on human needs, the holistic orientation, and cultivation of new personal identities are all consistent with the GLM-Cs theoretical tenants. This feature suggests that the GLM has a high degree of *external consistency*.

The preliminary empirical work of Purvis (2005) supports the GLM-C's contention that offenders seek a variety of outcomes when they sexually abuse a child. That is, she found that child molesters indirectly or directly seek the whole range of primary goods outlined earlier in this paper when committing offences against children. Sometimes the higher level (approach) goal is to establish a sense of intimacy or interpersonal support. On other occasions, the offender may be pursuing a sense of personal power and mastery over the victim. These are all still approach goals but have quite different etiological and treatment implications. Furthermore, Lindsay, Ward, Morgan, and Wilson (submitted for publication) found that utilizing the principles of the GLM-C in conjunction with accepted relapse prevention treatment strategies, enabled therapists to make progress with particularly intractable cases. In addition, Lindsay et al. reported that the good lives approach made it easier to motivate sexual offenders and to encourage them to engage in the difficult process of changing entrenched maladaptive behaviors. These findings indicate the *empirical adequacy* and *heuristic* value of the GLM-C model.

One of the virtues of the GLM-C is its ability as a theory to integrate practices and factors already accepted as important in the rehabilitation arena. Because treatment is focused on obtaining outcomes that offenders value (in socially acceptable ways) they are more likely to see therapy as relevant to their lives rather than as something imposed by therapists and correctional agencies. The advantages of treating sex offenders within the GLM-C framework is that it reminds therapist to keep in mind a number of critical elements of treatment that tend to be *underemphasised* in the traditional risk management approach. For one thing, the combined approach to treatment outlined in this paper ensures that clinicians deal explicitly with offender goals and values (motivation), helps them to appreciate the importance of process variables and the therapeutic alliance, incorporates psychological, social, cultural, environmental, and biological factors in the treatment plan, bridges the gap between etiological and treatment considerations, and understands that offenders are best viewed as psychological agents seeking meaning rather than mechanisms that need to be "restructured" (Maruna, 2001). It is a deeply humanistic and empirically guided approach to treatment that takes seriously the fact that therapy is an art as well as a science. These features reveal the *integrative* and *unifying* power of the GLM-C rehabilitation framework.

Finally, the fact that the primary goods postulated by the GLM-C converge with those identified by quite different discipline and research programs (e.g., personal strivings, quality of life research, well-being research, evolutionary psychology, anthropology, social policy and so on) highlights its *external consistency*.

It has been argued by critics of the strength based approaches such as the GLM-C that they are too idealistic and simplistic. The goal of promoting goods, it is claimed, is not possible for dangerous individuals who live in hostile environments. Our reply is quite simple. First, we propose that the pursuit of primary human goods is implicated in the etiology of sexual offending. Offenders by virtue of possessing the same needs and nature as the rest of us, actively search for primary human goods in their environments (e.g., relationships, mastery experiences, a sense of belonging, a sense of purpose, autonomy etc). In some circumstances, this can lead to antisocial behavior. Second, therapeutic actions that promote approach goals will also help to secure avoidance goals. We argue that the causal conditions required to eliminate (or modify) dynamic risk factors (i.e., criminogenic needs) are likely in turn to promote specific goods (goals). Third, it is easier to motivate offenders to change their offense related characteristics by focusing on the perceived benefits accruing from their offending. This proposal addresses the issues of offender motivation and responsivity. Furthermore, therapy for sexual offenders always has a twin focus: promoting offender goods and managing risk, both are necessary and jointly sufficient for effective outcomes.

The GLM-C functions as regulatory ideal and is therefore deeply pragmatic. It asks therapists to develop an intervention plan that seeks to capitalize on offenders' interests and preferences and to equip them with the capabilities they need to realize their plan in the environment into which they are likely to be realized. Constraints relating to

offender's abilities, the provision of resources, and the degree of support in their environments moderate the nature of such plans. The aim is to promote what goals are possible, taking into account each offender's unique set of circumstances. The principles constituting the RP/RNM are powerful and clinically useful but on their own are insufficient to deliver truly effective interventions. We have been so busy looking thinking about how to get rid of sexual crimes that we have overlooked a rather basic truth: offenders want better lives not simply the promise of less harmful ones.

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