



# The Good Lives Model among detained female adolescents<sup>☆</sup>



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## ABSTRACT

Female adolescents constitute a very vulnerable and challenging, yet understudied, minority within the criminal justice system. Up to now, problem-oriented risk management approaches, such as the Risk-Need-Responsivity (RNR) model, are still the most widely used rehabilitation frameworks. More recently, strength-based rehabilitation frameworks, such as the Good Lives Model (GLM), have received increased attention in guiding treatment of detained female adolescents. In the current paper, we explore the relevance and applicability of the GLM in the particular population of detained female adolescents, based on a critical reflection on the theoretical, empirical and clinical evidence available in the scientific literature. First, we argue that the GLM can help to overcome the RNR model's ethical, etiological and clinical limitations, thereby improving rehabilitation theory and effective practice for detained female adolescents. Second, we believe this model, given its holistic and person-centred approach, can be easily extended to this population, however not without taking into account particular developmental and gender issues. Third, we believe the GLM, as a rehabilitation framework, can easily “wrap around” existing evidence-based treatment programs for detained female adolescents, which, overall, are recommended to include a multidimensional, systemic and gender-responsive component. In addition, we think that the different phases of GLM-informed rehabilitation can be easily applied to this particular population. Finally, the application of the GLM among detained female adolescents entails some important research-related, practice-related and normative challenges.

## 1. Introduction

Female adolescents constitute a very vulnerable and challenging, yet understudied, minority within the criminal justice system (Sheahan, 2014). They often display low levels of self-esteem (Van Damme, Colins, & Vanderplasschen, 2014), high levels of traumatic exposure (Vahl, Van Damme, Doreleijers, Vermeiren, & Colins, 2016), co-morbid and persistent psychiatric disorders (Teplin, Welty, Abram, Dulcan, & Washburn, 2012), and a wide variety of persistent antisocial behaviors (Kerig & Schindler, 2013). Clinicians and researchers are united in acknowledging the need to develop effective treatments for this population (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Ko, Katz, & Carpenter, 2005). However, one of the major challenges for clinicians working with detained female adolescents is to engage them in treatment. Detained female adolescents often display low levels of treatment engagement, which is likely to be explained by the overall coercive nature of youth detention

centres (Englebrecht, Peterson, Scherer, & Naccarato, 2008; Van Damme et al., 2015), or, more specifically, by the predominant problem-oriented risk management approach to treatment in these centres (Beech, 2013; Okotie & Quest, 2013; Wylie & Griffin, 2013c).

Up to now, problem-oriented risk management approaches, such as the Risk-Need-Responsivity (RNR) model (Andrews & Bonta, 2010), have been the most widely used rehabilitation frameworks in guiding treatment, including that of detained female adolescents (Hubbard & Matthews, 2008; Vitopoulos, Peterson-Badali, & Skilling, 2012). The RNR model consists of three main principles. The *risk principle* states that intervention should be matched to the level of an offender's risk (e.g., longer and more intensive treatment for high risk offenders and no or minimum treatment for low risk offenders). The *need principle* states that dynamic risk factors (i.e., criminogenic needs, such as antisocial peers or substance use) should be the target of treatment, as they are changeable and associated with reduced rates of reoffending. The *responsivity principle* states that evidence-based

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treatment should be delivered (more specifically, cognitive behavioral interventions; i.e., general responsivity), and that treatment should be matched to the individual's characteristics, such as gender, learning style, developmental stage and level of motivation (i.e., specific responsivity; Andrews & Bonta, 2010). The RNR model is relevant from a risk management perspective as it helps clinicians to develop and provide interventions oriented towards solving problems and reducing dynamic risk factors. Yet, it has some significant ethical, etiological, and clinical limitations that are likely to hamper the development and delivery of effective treatment for detained female adolescents at multiple levels.

Recently, strength-based rehabilitation frameworks, such as the Good Lives Model (GLM; Ward, 2002), have received increased attention in guiding treatment of detained female adolescents (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016). The GLM offers an alternative approach to the rehabilitation of detained female adolescents, by adopting a dual focus: striving for the fulfilment of individuals' basic human needs *and* reducing their risk of reoffending (Ward, 2002). In line with prior work among detained female adolescents (Van Damme et al., 2016; Van Damme, Colins, De Maeyer, Vermeiren, & Vanderplasschen, 2015), we suggest that the GLM may supplement the RNR model, as it helps to overcome its ethical, etiological and clinical limitations. Hereby, the GLM and the RNR model are considered to be complementary, rather than mutually exclusive, rehabilitation frameworks (Fortune, under review; Ward, Melsner, & Yates, 2007).

The aim of the current paper is to explore the relevance and applicability of the GLM with the detained female adolescent population, based on a critical reflection on the theoretical, empirical and clinical evidence available in the scientific literature. In our view, applying the strength-based GLM to detained female adolescents offers the promise of developing new insights that could result in enhanced rehabilitation theory and practice. This will be of interest to the detained female adolescents themselves, those around them (e.g., family, friends and professionals) as well as society as a whole. First, we present the original GLM and its ethical, etiological and clinical *assumptions*. Second, we discuss the ethical, etiological and clinical *relevance* of the GLM for working with detained female adolescents. Third, we reflect upon the *theoretical applicability* of the GLM among detained female adolescents, addressing developmental and gender issues that need particular consideration. Fourth, we discuss the *practical applicability* of the GLM among detained female adolescents. Fifth, we present some important research-related, practice-related and normative *challenges* when applying the GLM among detained female adolescents. Finally, we summarize the main conclusions of this paper as well as recommendations for future research and practice.

## 2. The Good Lives Model of offender rehabilitation

The GLM is a strength-based empowering rehabilitation framework, originally developed to explain offending behavior in adult sex offenders and subsequently applied to other groups of offenders (Ward, 2002). The model was developed within the field of forensic psychology, yet drawing upon ideas from a broad range of disciplines (e.g., philosophy, the field of intellectual disabilities; Ward, 2002).

### 2.1. Ethical assumptions

The GLM is considered to be strength-based and empowering given its dual focus on the realisation of offenders' primary goods and the reduction of their risk to reoffend (Ward, 2002). In this way, the model urges us not to overlook the suggestion that “offenders want better lives not simply the promise of less harmful ones” (Ward, Mann, & Gannon, 2007, p. 106). ‘Strength-based’ refers to the fact that the GLM addresses capabilities, values and aspirations, besides risks, deficits and problems (Vandeveldt et al., 2017). ‘Empowering’ refers to the fact that the GLM

aims to increase individuals' agency, enabling them to undertake action to improve the quality of their own lives (Griffin & Wylie, 2013b). The GLM promotes the idea of commonality, emphasizing that all humans strive to fulfil a range of primary goods (i.e., values derived from basic human needs; see below for a more detailed description of primary goods; Ward, Mann, et al., 2007). For example, everyone seeks a basic level of physical health, inner peace (emotional equilibrium), and relatedness in life. In this way, the model actively disputes processes of ‘othering’. It dismisses the distinction between ‘us’ (i.e., non-offenders) and ‘them’ (i.e., offenders), and rejects the use of dehumanizing terms such as ‘monsters’ or ‘beasts’, to depict offenders (Vandeveldt et al., 2017). In addition, the GLM proposes a holistic or comprehensive view of human beings. It challenges the individualization of problems and considers individuals as social beings, highlighting that both individual/personal and environmental/structural capacities or obstacles, respectively, may enhance or impede the realisation of primary goods (Purvis, Ward, & Willis, 2011; Robertson, Barnao, & Ward, 2011). For example, both poor emotional regulation skills and limited supportive parenting are likely to impede the realisation of the primary good of inner peace.

### 2.2. Etiological assumptions

The GLM provides a theoretical framework to explain offending behavior, building upon the two main concepts of primary and secondary goods. *Primary goods* are described as “actions or states of affairs that are viewed as intrinsically beneficial to human beings and are therefore sought for their own sake rather than as means to some more fundamental ends” (Ward, 2002, p. 515). Prior work has identified at least 11 primary goods: (1) life, (2) knowledge, (3) excellence in play, (4) excellence in work, (5) excellence in agency, (6) inner peace, (7) relatedness, (8) community, (9) spirituality, (10) pleasure, and (11) creativity (Purvis et al., 2011). Generally speaking, all human beings strive to fulfil the full range of primary goods, while each differs in the importance he or she attaches to particular primary goods (Ward, 2002). For example, some people will attach greater value to the primary goods of relatedness and inner peace, while others will prioritize the primary goods of excellence in agency and in work. *Secondary goods* are described as instrumental goods which provide the concrete means to secure primary goods and typically take the form of approach goals (Purvis et al., 2011). Depending on internal/external capacities/obstacles, an individual may use appropriate secondary goods (e.g., engaging in meaningful volunteer work in order to gain a sense of excellence in work or establishing intimate relationships in order to gain a sense of relatedness) or inappropriate secondary goods (e.g., engaging in sexual contact with children in order to achieve a sense of relatedness or using alcohol/drugs in order to gain a sense of inner peace) to fulfil their primary goods.

The GLM's main etiological assumptions pertain to the offender's past, his/her way of living at the time of offending, and pathways to offending (Purvis et al., 2011). Regarding the *offender's past*, developmental experiences are assumed to influence an individual's way of living and to contribute to the development of offending (Purvis et al., 2011). For example, inappropriate discipline and inconsistent parenting, including physical, emotional abuse and neglect, are believed to be highly influential in the formation of crime related predispositions. Regarding the *offender's way of living at the time of offending*, four types of flaws can be identified, which typically characterize offenders' lives. First, internal and external obstacles are assumed to impede the achievement of an individual's primary goods (Ward, 2002). For example, poor emotional regulation skills and limited supportive parenting are likely to impede an individual's ability to achieve inner peace. Second, inappropriate means are assumed to hinder the realisation of primary goods, as they turn out to be counter-productive (Ward, Mann, et al., 2007). For example, using alcohol/drugs is likely to yield a temporary sense of relief from inner turmoil, without

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