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**Systematic Review of ‘Good Lives’ Assumptions and Interventions**

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### Abstract

The Good Lives Model (GLM) is an increasingly popular framework of offender rehabilitation used internationally for a variety of offending typologies. However, opponents have suggested the GLM is an ideological and intuition-based model, rather than an empirically supported framework. The current article systematically reviews the literature pertaining to two aspects of the GLM. Firstly, the GLM *assumptions* (primary goods, obstacles, and pathways to offending), and, secondly, *outcomes* of GLM-consistent interventions (recidivism, pre-post treatment change, and service user perspectives). Electronic and hand searches were conducted and completed in August, 2019;  $N = 17$  studies met the inclusion criteria, with  $n = 12$  examining the GLM's assumptions, and  $n = 5$  assessing outcomes of GLM-consistent interventions. Findings were mixed regarding the GLM assumptions, although this may be due to differences in measurements used to assess primary goods across studies. However, GLM-consistent interventions were found to be at least as effective as standard relapse prevention programs, whilst enhancing participants' motivation to change and engagement in treatment. To fully establish the GLM as an empirically supported model, more high quality, rigorous evaluations of both the GLM assumptions and outcomes of GLM-consistent interventions is needed.

*Keywords:* Good Lives Model, offending, primary goods, interventions

### **Highlights**

- GLM is emerging as an empirically supported framework of offender rehabilitation
- Good Lives Model (GLM) and relapse prevention interventions are equally effective
- GLM-consistent interventions increase client motivation and engagement
- Findings regarding the GLM's proposed reasons for offending are mixed
- Need for standardized measures to be developed assessing GLM assumptions

## 1. Systematic Review of ‘Good Lives’ Assumptions and Interventions

Despite strong evidence supporting the use of traditional Risk Need Responsivity (RNR; Andrews & Bonta, 2010) based interventions with offenders (Hanson et al., 2009), criticisms have been raised concerning their de-motivating nature, high attrition rates, poor therapeutic alliance and ‘one size fits all’ approach (Ward & Maruna, 2007; Ward et al., 2007). As such, Ward and colleagues (Ward, 2002; Ward & Brown, 2004; Ward & Stewart, 2002) devised the Good Lives Model (GLM), a strengths-based framework of offender rehabilitation. The GLM fosters a dual focus on good promotion (approach goals) and risk management (avoidance goals); equipping clients with the resources and skills necessary to have a ‘good life’ that is meaningful to them, whilst also being socially acceptable. The GLM has rapidly become a favored model for offender rehabilitation (Fortune, 2018), representing one of the three main theories informing half of Canadian and one third of USA programs for adult males who have sexually offended (McGrath et al., 2009). In addition, the GLM has been applied to a number of different offending typologies (e.g., sexual offenders, general and domestic violent offenders, and burglars; Langlands et al., 2009; Taylor, 2017; Whitehead et al., 2007; Willis et al., 2013), populations (e.g., males and females, adolescents and youths; Van Damme et al., 2016; Wylie & Griffin, 2013), and settings (e.g., prison, community, and forensic; Gannon et al., 2011).

Purvis and colleagues (2013) suggest the GLM is a framework of healthy human functioning. A key assumption of the GLM is that through the use of concrete means (termed *secondary goods*), all humans seek intrinsically beneficial needs (termed *primary goods*), in order to have a fulfilling life. Eleven primary goods have been suggested to date, including: (1) *Life* (healthy living); (2) *Knowledge* (being informed about matters important to themselves); (3) *Excellence in Play* (hobbies and having fun); (4) *Excellence in Work* (mastery experiences, including high skill levels); (5) *Agency* (independence, autonomy and

power); (6) *Inner Peace* (freedom from stress and emotional turmoil); (7) *Relatedness* (intimate, romantic and familial relationships); (8) *Community* (feeling of connection to a wider social group); (9) *Spirituality* (having meaning and purpose in life); (10) *Pleasure* (happiness, feeling good) and; (11) *Creativity* (ability to express oneself through alternative means).

According to the GLM, offending is seen as a flawed attempt to achieve the primary goods (Ward et al., 2012). Four obstacles to legitimate acquisition of primary goods and which lead to offending have been suggested, including: (1) lack of appropriate *means* (i.e., use of inappropriate and/or harmful secondary goods); (2) lack of *scope* (i.e., focusing on some primary goods, to the neglect of others); (3) lack of *coherence* (i.e., conflict in the way primary goods are ordered or related to one another), and; (4) lack of *capacity* (i.e., difficulties in internal skills or external conditions necessary for attaining primary goods). Critically, offending can represent either a *direct* or *indirect* attempt to fulfil the primary goods (Ward & Maruna, 2007). Whilst a direct pathway suggests offending behavior is a deliberate attempt to attain primary goods, the indirect pathway suggests a problem occurs in the pursuit of primary goods; this causes a rippling effect and increases the chance of engaging in offending behavior (Purvis et al., 2011). For instance, stalking may occur when an individual uses maladaptive coping strategies (e.g., use of alcohol and drugs) after a conflict between the primary goods of Relatedness and Agency leads to a relationship breaks down. As such, a GLM-consistent intervention involves identifying the primary goods that are important to the individual, any obstacles the individual faces in the pursuit of primary goods, and the offence-related pathways taken. To reduce risk of re-offending, a Good Lives treatment plan is formulated, with secondary goods incorporated that allow the individual to fulfil the primary goods in prosocial ways (Ward et al., 2012).

The GLM has been consistently criticized for a lack of empirical evidence supporting both its key assumptions and intervention outcomes (Wormith et al., 2012). Bonta and Andrews (2003, p. 217) suggest the GLM is an ideological and intuition-based model, which is “no substitute for evidence”. Supporting this, Ogloff and Davis (2004) express concern regarding the implementation of the GLM within the Criminal Justice System, as previous experience of utilizing such ‘common-sense’ models (e.g., scared-straight programs) have had dangerous outcomes. However, proponents of the GLM (Willis & Ward, 2013) suggest empirical evidence supporting both the GLM assumptions (e.g., Purvis, 2005) and outcomes of GLM-consistent interventions (e.g., Harkins et al., 2012) is beginning to emerge. Yet, a systematic review of the effectiveness of GLM-consistent interventions at reducing recidivism found no studies which met the inclusion criteria (i.e., randomized control trial [RCT]; Netto et al., 2014). Furthermore, there has been no systematic evaluation of studies assessing the GLM assumptions to date.

## **2. Study Objective**

The aim of this systematic review is to examine the empirical evidence surrounding both the GLM assumptions and outcomes of GLM-consistent interventions. This will be the first article to systematically review empirical studies that assess the assumptions of the GLM. Furthermore, this systematic review will utilize broader inclusion criteria (including both randomized and non-randomized designs) than the Netto et al. (2014) review, to ensure all relevant empirical evidence regarding GLM-consistent interventions are captured. This systematic review will also provide an update on the empirical evidence for the GLM over the past five years (since Netto et al.’s, 2014 review).

Specifically, this review aims to address the question: ‘to what extent is the GLM an ideological and intuition-based model, or an empirically supported model?’ To answer this question, two approaches will be examined:

1. What does the empirical evidence say regarding the assumptions underlying the GLM (i.e., offending as an attempt to fulfil primary goods, obstacles in the Good Lives plan, and pathways to offending)? Specifically, does the GLM have *empirically supported assumptions*?
2. What does the empirical evidence suggest about the outcomes of utilizing the GLM for offender rehabilitation? Specifically, does the GLM have *empirically supported outcomes*?

### 3. Method

#### 3.1 Eligibility Criteria

Formulating a well-focused question, with clear and reproducible inclusion and exclusion criteria is essential in limiting bias within systematic reviews (Crowther et al., 2010). As such, the Participants, Intervention, Comparison, Outcome and Study Design (PICOS) framework was developed (Schardt et al., 2007). By utilizing the PICOS framework to guide the creation of inclusion and exclusion criteria, this improves the efficacy of database searches.

**3.1.1 Participants.** This review focused on individuals who have engaged in any form of offending behavior. This included both convicted and self-reported offenders. Participants could be within any setting (i.e., prison, forensic unit, or community). However, because Ward and Marshall (2007) suggest that the GLM is not equally applicable to psychopathic individuals, in line with previous systematic reviews (Netto et al., 2014), studies examining the GLM in highly psychopathic individuals were excluded. No criteria were set to exclude participants on the basis of age or gender.

**3.1.2 Intervention.** Where applicable (i.e., studies examining whether the GLM has *empirically supported outcomes*), interventions must have *explicitly* stated they were using a GLM approach, with the majority of the intervention guided by a Good Lives framework. As



an example, interventions which simply explain the GLM assumptions (i.e., primary goods) to offenders, without using these to inform treatment, were excluded. It was expected that a GLM-consistent intervention would have included the following:

1. Assessment of the primary goods important to the offender.
2. Identification of the internal and external obstacles which prevent achievement of primary goods through prosocial means.
3. Creation of a Good Lives plan.
4. Utilization of the Good Lives plan to inform treatment (i.e., developing skills needed to overcome the offender's internal/external obstacles).

**3.1.3 Comparison.** Fitzpatrick-Lewis and colleagues (2009) recommend the inclusion of studies without control groups in systematic reviews, predominantly in areas where there are limited studies available. The feasibility of RCT's are particularly questioned within forensic settings, whereby the lack of treatment given to a control group raises both ethical and legal issues concerning the risk of recidivism and public safety (Mallion et al., 2019). As Netto et al. (2014) found no studies with an adequate control group assessing the effectiveness of interventions utilizing a GLM approach, the current systematic review expanded this by considering studies with or without a control group. Therefore, no criteria was specified regarding the necessity of a comparison group.

**3.1.4 Outcomes.** Any studies reporting on outcomes relating to the focus of this systematic review were included. With regards to question 1, this includes any article examining the key assumptions of the GLM (e.g., offending as an attempt to fulfil primary goods, obstacles in the Good Lives plan, and pathways to offending). For question 2, this includes outcomes related to the effectiveness of a GLM guided intervention (e.g., recidivism, pre-post treatment outcomes, and service user perspectives).

**3.1.5 Study Design.** Although RCTs are considered the ‘gold standard’ in evidence-based practice (EBP), in forensic settings ethical and practical reasons can seriously challenge the feasibility of conducting RCTs (Mallion et al., 2019; Prendergast, 2011). As such, in situations where RCTs are limited, non-randomized studies can provide an important insight (Reeves et al., 2019). In the case of Netto et al.’s (2014) systematic review, reliance on RCTs alone led to little or no information yield, but this does not mean there is no evidence available (Hawker et al., 2002; Kmet et al., 2004). Therefore, both randomized and non-randomized study designs were included in the current review. To account for the risk of bias in including studies with non-randomized designs, quality analysis was conducted (see below; Kmet et al., 2004). Both quantitative and qualitative studies were included. However, due to their inherently high bias and a lack of quality assessment measure for these study designs, case reports, case studies, reconstructions and vignettes were excluded. Furthermore, to avoid duplication of included studies, previous review articles were not included.

### **3.2 Exclusion Criteria**

1. Studies published in any language other than English, where no English translation was available.
2. Studies examining the GLM in highly psychopathic individuals.
3. Articles reporting case studies, case reports, case reconstructions, case vignettes, or literature reviews.
4. In relation to GLM *outcomes*; studies where the intervention was not GLM-consistent.
5. Studies which do not assess GLM assumptions or intervention outcomes.

### **3.3 Data Search**

**3.3.1 Search Process.** To keep the search as broad as possible in order to identify all potentially relevant articles, the search term ‘Good Lives Model’ was entered into the

following databases: Academic Search Complete, Cochrane Database of Systematic Reviews, Criminal Justice Abstracts, Medline, National Criminal Justice Reference Service, Open Dissertations, PsychArticles, PsychInfo, Social Policy and Practice, Scopus, Web of Science, ProQuest Dissertations and Theses Global, and System for Information on Grey Literature in Europe. Manual searches of reference lists of all included studies, the Good Lives Model website's list of publications (<https://www.goodlivesmodel.com/index.shtml>) and relevant review papers were also examined. In addition to peer-reviewed literature, book chapters, dissertations, and unpublished material were assessed for inclusion. No limits were set regarding publication date. All searches ceased on the 1<sup>st</sup> August, 2019; eight months following the first search. The first author conducted all searches.

**3.3.2 Study Selection.** All potentially relevant articles were exported into EndNote ([www.endnote.com](http://www.endnote.com)) for de-duplication. The title and abstract of articles were screened by the first and third authors to assess whether they were relevant for review. Full texts of all potentially relevant articles were accessed and examined by the first and third authors. Full-text access to one study (Simons et al., 2006) was not available, despite contacting both the authors and experts in the field who had previously reviewed this. As bias could not be assessed, this was excluded from the review. Any queries regarding inclusion were resolved through discussion with the second author until a consensus was reached. The search process is described in Figure 1. A total of 17 articles were identified as meeting the inclusion criteria, of which 12 (70.59%) related to GLM *assumptions* and five (29.41%) to *outcomes* of GLM-consistent interventions. Of these, 15 (88.24%) were published in peer-reviewed journals and two (11.76%) were theses/dissertations at PhD level.

**3.3.3 Data Extraction.** Information extracted from the articles which satisfied the inclusion criteria, included: author(s), data source variables (year of publication, country of publication origin, publication type), study aims, sample characteristics (sample size, age,

gender, offence type), design (e.g., RCT, quasi-experimental study, qualitative study), measures used, and assumption (e.g., offending as an attempt to fulfil primary goods, obstacles in the Good Lives plan, and pathways to offending) or outcome (e.g., recidivism, pre-post treatment change, service user perspectives) variables. These are detailed in Appendix A for all included studies. Results were summarized narratively.

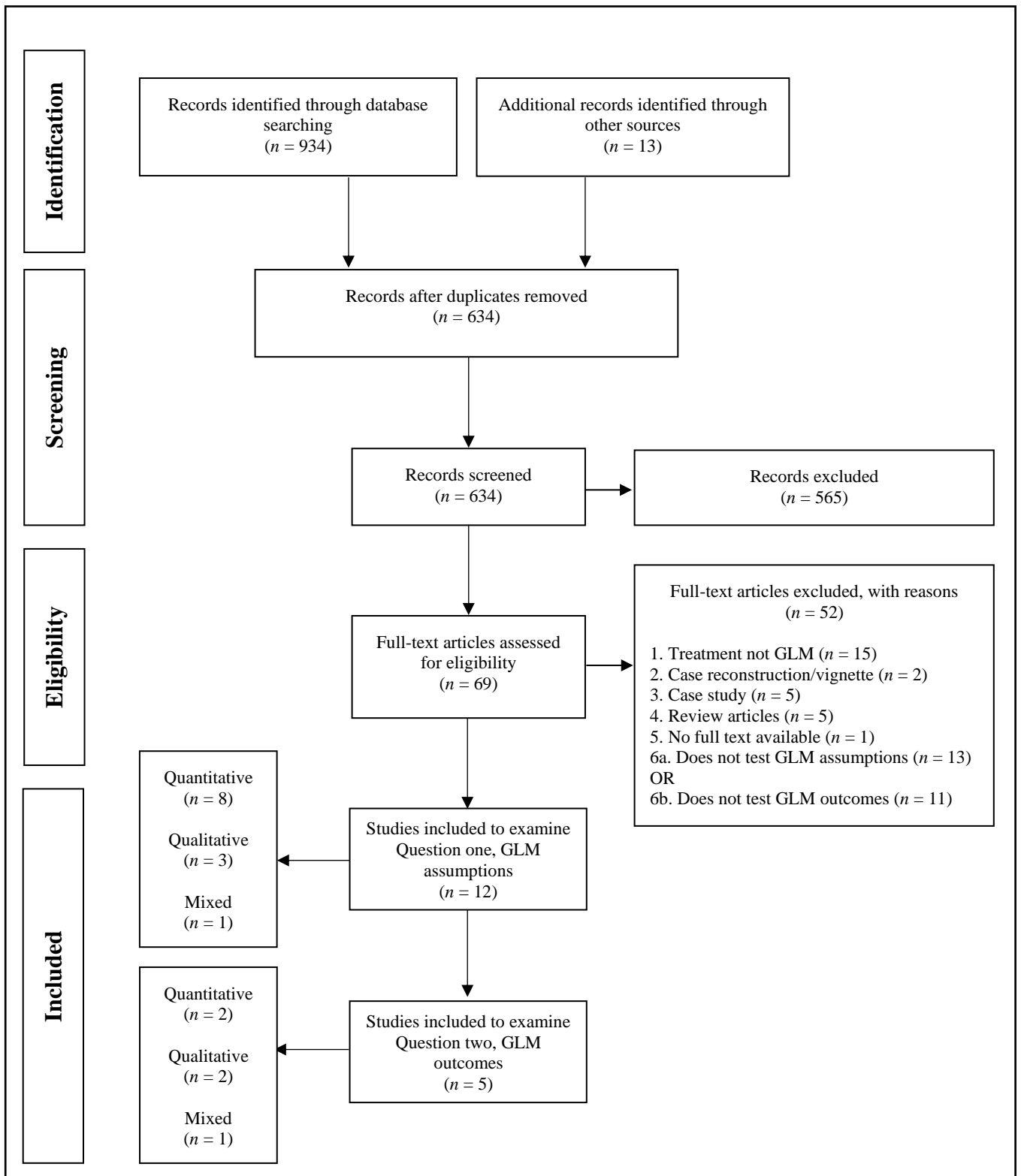


Figure 1. Schematic overview of study selection process; adapted from Moher and colleagues (2009).

### 3.4 Quality of Studies

Within systematic reviews, there is a need to appraise the quality, or internal validity, of all included articles; enabling bias to be minimized (Lundh & Gøtzsche, 2008).

Specifically, quality assessment allows errors and biases relating to design, measurement, analysis and evaluation to be examined (Higgins et al., 2011). As such, Kmet and colleagues (2004) developed a standardized, empirically grounded quality assessment criterion, which was used to assess risk of bias of articles included in this review. This criterion allows the simultaneous quality assessment of various study methodologies, including both randomized and non-randomized designs (Kmet et al., 2004), and as such was the most appropriate measure for this systematic review.

The quality assessment consisted of 14 items for the quantitative criteria (see Table 1) and 10 for the qualitative criteria (see Table 2). Non-applicable items were omitted from the quantitative form only. Each item was scored as: condition not met (0), partially met (1), or condition fully met (2). For the quantitative form, overall quality score was calculated by dividing the total sum ((number of “conditions met” \*2) + (number of “partials” \*1)) by the total possible sum (28 – (number of “N/A” \*2)). Overall quality score for the qualitative form was calculated by dividing the total sum ((number of “conditions met” \*2) + (number of “partials” \*1)) by the total possible sum (20), with scores converted into percentages. For quantitative bias scores of all included articles, see Table 3. See Table 4 for qualitative bias scores of all included articles.

Scores were converted into percentages, with a minimum threshold of 60% quality score set for inclusion. This is consistent with past systematic reviews (e.g., Chapman et al., 2018), which regard 60% quality score as a threshold enabling both inclusion of a sufficient proportion of articles, whilst only reviewing those of good quality. All 17 articles met the threshold of 60%, so were included in the review. A random sample of 50% of the papers

were assessed by the third author to ensure inter-rater reliability. Any disagreement was resolved through discussion.

Table 1. *Quality criteria for quantitative studies (Kmet et al., 2004)*

Question No.	Question for inclusion of quantitative items
1	Is the question or objective sufficiently described?
2	Is the design evident and appropriate to answer the study question?
3	Is the method of subject selection (and comparison group selection, if applicable) or source of information for input variables (e.g., for decision analysis) described and appropriate?
4	Are the subject (and comparison group, if applicable) characteristics or input variables information (e.g., for decision analysis) sufficiently described?
5	If random allocation to treatment group was possible, is it described?
6	If interventional and blinding of investigators to intervention was possible, is it reported?
7	If interventional and blinding of subjects to intervention was possible, is it reported?
8	Are outcome and (if applicable) exposure measure(s) well defined and robust to measurement/misclassification bias? And are means of assessment reported?
9	Is the sample size appropriate?
10	Is the analysis described and appropriate?
11	Is some estimate of variance (e.g., confidence intervals, standard errors) reported for the main outcomes and results (e.g., those directly assessing the study question/objective upon which the conclusions are based)?
12	Are confounding factors controlled for?
13	Are results reported in sufficient detail?
14	Do the results support the conclusions?



Table 2. *Quality criteria for qualitative studies (Kmet et al., 2004)*

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Question No.	Question for inclusion of qualitative items
1	Is the question or objective sufficiently described?
2	Is the design evidence and appropriate to answer the study question?
3	Is the context for the study clear?
4	Connection to a theoretical framework/wider body of knowledge?
5	Sampling strategy described and systematic?
6	Data collection methods clearly described and systematic?
7	Data analysis clearly described and systematic?
8	Use of verification procedure to establish causality?
9	Conclusions supported by the results?
10	Reflexivity of the account?

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Table 3. *Quality assessment for all included quantitative studies.*

<b>Author</b>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Total sum:	Total possible sum:	Summary score (%):
Barendregt (2015)	2	2	2	2	N/A	N/A	N/A	2	2	2	2	2	2	2	22	22	100
Barendregt et al. (2018)	2	2	2	2	N/A	N/A	N/A	2	2	2	2	1	2	2	21	22	95.45
Barnett et al. (2014)	2	2	2	1	N/A	N/A	N/A	2	2	2	1	1	2	2	19	22	86.36
Barnett & Wood (2008)*	2	2	2	2	N/A	N/A	N/A	2	2	2	1	1	2	2	20	22	90.91
Bouman et al. (2009)	2	2	2	2	N/A	N/A	N/A	2	2	2	2	2	2	2	22	22	100
Chu et al. (2015)	2	2	2	2	N/A	N/A	N/A	2	2	2	0	1	2	2	19	22	86.36
Harkins et al. (2012)*	2	2	2	1	N/A	N/A	N/A	2	2	2	0	1	0	2	16	22	72.73
Loney & Harkins (2018)	2	2	2	2	N/A	N/A	N/A	2	2	2	2	1	2	2	21	22	95.45
Mann et al. (2004)	2	2	1	0	1	0	0	2	2	2	1	1	2	2	18	28	64.29
Van Damme et al. (2016)	2	2	2	2	N/A	N/A	N/A	2	2	2	2	2	2	2	22	22	100
Willis & Grace (2008)	2	2	2	2	N/A	N/A	N/A	1	2	1	0	2	2	2	18	22	81.82

Willis & Ward (2011)	2	1	2	2	N/A	N/A	N/A	2	2	2	1	1	2	2	19	22	86.36
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\*Included both a quantitative and qualitative component, which are examined for bias separately, using the appropriate quality assessment measure.

Table 4. *Quality assessment for all included qualitative studies.*

<b>Author</b>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total sum:	Total possible sum:	Summary score (%):
Barnett & Wood (2008)*	2	2	2	2	2	2	2	2	2	0	18	20	90
Harkins et al. (2012)*	2	2	2	2	2	2	2	2	2	0	18	20	90
Harris et al. (2019)	2	2	2	2	2	2	2	0	2	0	16	20	80
Leeson & Adshead (2013)	2	2	1	2	2	2	0	0	2	0	13	20	65
Purvis (2005)	2	2	2	2	2	2	2	2	2	0	18	20	90
Taylor (2017)	2	2	2	2	2	1	1	0	2	0	14	20	70
Ward & Attwell (2014)	2	2	2	2	2	2	1	0	2	0	15	20	75

\*Included both a quantitative and qualitative component, which are examined for bias separately, using the appropriate quality assessment measure.

## 4. Results

### 4.1 Study Design

Table 7 shows data extracted from each of the 17 articles included in this review. Seven (41.18%) of the included articles were written after Netto et al.'s (2014) review, from 2015 onwards. The remaining articles were written between 2004 and 2014. Ten articles were quantitative (58.82%), five qualitative (29.41%) and two were mixed methods (11.77%). Of the quantitative studies, four were longitudinal (40.0%), two were cross-sectional (20.0%), two (20.0%) used a retrospective methodology (of which one matched participants on static risk level and follow-up time), one was quasi-experimental (10.0%), and one was a RCT (10.0%). Twelve studies (70.59%) assessed the *assumptions* of the GLM (question 1). The assumptions examined included the relationship between offending and primary goods, four obstacles in Good Lives plans, and pathways to offending. Five studies (29.41%) assessed the *outcomes* of GLM interventions, including: pre-post treatment change, attrition rates, treatment engagement, and service user perspectives.

### 4.2 Sample and Recruitment

Sample sizes ranged from 10 to 777 participants. The majority of the studies used adult samples ( $n = 12$ ; 70.59%), with the remaining five studies assessing adolescent samples (29.41%). Fourteen (82.35%) studies recruited male participants, with one study (5.88%; Van Damme et al., 2016) recruiting female participants only. The remaining two studies (11.77%; Leeson & Adshead, 2013; Loney & Harkins, 2018) had a mixture of both male and female participants. Seven studies recruited participants from the United Kingdom (41.18%), three from The Netherlands (17.65%), two from New Zealand (11.77%), and two from Australia (11.77%), with one (5.88%) from each of the following countries: Singapore, United States and Belgium.

Over half of the included studies examined individuals who had sexually offended ( $n = 10$ ; 58.82%), four studies examined general delinquency/antisocial behavior (23.53%), two studies examined mixed offending typologies (including sexual, violent and non-violent offences; 11.77%), and one study assessed burglars (5.88%). Although 16 of the 17 studies recruited participants from an offending population (94.12%), one study (Loney & Harkins, 2018) assessed antisocial behavior in university students. The remaining participants were recruited from prisons ( $n = 5$ ; 29.41%), community services ( $n = 5$ ; 29.41%), mixed prison and community ( $n = 1$ ; 5.88%), forensic secure units ( $n = 2$ ; 11.77%), and forensic outpatients ( $n = 3$ ; 17.65%).

## 5. Key Findings

The following section narratively synthesizes the literature to examine whether the GLM is an ideological and intuition-based model, or an empirically supported model.

### 5.1 Empirically Supported Assumptions

**5.1.1 Offending as an attempt to fulfil primary goods.** The first key assumption of the GLM is that primary goods are universal to all humans, with offending and psychopathology occurring due to difficulty in fulfilling the primary goods in prosocial ways. Seven studies included in this review directly examined this assumption. Firstly, Purvis (2005) interviewed 26 adult males who had sexually offended against children (25 incarcerated at the time of the interview). Findings suggest the primary goods of Pleasure, Relatedness, Inner Peace, Excellence in Play, Life and Agency, were explicitly pursued through engagement in sexual offending. Likewise, Willis and Ward (2011) conducted interviews with 16 adult males who had sexually offended against children at one-, three- and six- months following re-entry to the community, examining the degree to which they endorsed the primary goods. Findings show average achievement of primary goods positively related to effectiveness of community re-entry (based on experiences of accommodation,

social support and employment). As effective community re-entry has previously been found to be related to reduced recidivism (Huebner et al., 2010), Willis and Ward's (2011) findings suggest attainment of primary goods acts as a protective factor against offending; supporting the GLM assumption.

Taylor (2017) examined the application of the GLM assumptions to burglars ( $n = 30$ ; 15 incarcerated), with interviews conducted exploring what primary goods were sought through their offending behavior. Findings support the assumption that offending represents an attempt to fulfil primary goods. For instance, participants reported attempting to achieve Pleasure; some received a 'buzz' through their offending, whilst financial gain allowed an indulgent and excessive lifestyle. Interestingly, burglars attempted to protect their Inner Peace by developing 'codes of conduct', whereby they only targeted those who were affluent and avoided burglarizing the elderly. Although each of the primary goods was relevant to burglary, Creativity, Spirituality and Community were not *explicitly* pursued through participants' offending behavior. This supports the notion that the primary goods are sought through offending.

Thus far, all studies have used an adult population, but as an individuals' Good Lives plan is flexible and can change according to life stage, it is important to consider whether the GLM assumption is supported in youths. Studies of youths, assessing the assumption that offending and psychopathology occur due to difficulty fulfilling primary goods in prosocial ways, have mixed results. For instance, compared to the six primary goods associated with adult sexual offending in Purvis' (2005) study, fewer primary goods were sought through offending behavior in Chu and colleagues' (2015) retrospective analysis of 168 adolescent sexual offenders' clinical files. Pleasure (91.1% of total sample), Relatedness (35.7%) and Inner Peace (17.3%) were present in some clinical files, whilst Creativity, Spirituality and Life were not present in any; the remaining primary goods were present in less than 10% of

clinical files. No differences were found according to age of victim (child vs. non-child) or nature of offence (penetrative vs. non-penetrative). Although this still supports the GLM assumption that primary goods are maladaptively sought through offending behavior, the results must be interpreted cautiously. As the authors explain, reliance on a retrospective review of clinical files means the amount of information available is limited. It is also possible that clinicians would only have reported factors that needed targeting in interventions, meaning the presence of primary goods at the time of offending could have been underestimated in Chu and colleague's (2015) study. Critically, one reason why fewer primary goods were found to be associated with sexual offending in youths could be due to their life stage. Adolescence is characterized by impulsivity, emotional turmoil, and the development of relationships independent of parents (Dumas et al., 2012); suggesting the primary goods of Pleasure, Inner Peace and Relatedness would be the most sought after, to the neglect of other primary goods.

However, Barendregt (2015) found little support for the relationship between unmet needs and general delinquency in 172 adolescent males in secure residential care. Using the Lancashire Quality of Life Profile (LQoLP; Van Nieuwenhuizen et al., 2002), unmet needs corresponding to the primary goods were examined, including: work and education, leisure, religion, finances, living situation, safety, family, peers, and health. Overall, unmet needs accounted for only 2.4% of variance in delinquency, with unmet financial needs positively related to delinquency. This is in comparison to risk factors across the individual, family, peer and school domains, which accounted for 13.8% of variance. When combining both unmet needs and risk factors, 13.4% of variance in delinquency was explained; although, only risk in the peer domain remained significantly associated with delinquency. This provides more support for risk-perspectives of offending than the GLM assumption that offending occurs due to difficulty in fulfilling the primary goods in prosocial ways.



Yet, Barendregt (2015) found unmet needs had additional explanatory value, beyond risk factors, in psychopathology. Specifically, unmet leisure and financial needs were positively related to Disruptive Behavior Disorders (DBD); Autism Spectrum disorder was related to unmet health needs, and, having unmet safety and health needs were associated with Attention Deficit Disorder. This supports the GLM assumption that psychopathology can occur due to unmet needs associated with difficulty in fulfilling the primary goods. Although, contrary to the GLM assumption, and rather inexplicably, unmet health needs were associated with a lower chance of DBD. Critically, it must be noted that as this was a cross-sectional study, conclusions cannot be drawn regarding the order of emergence (i.e., whether unmet needs led to psychopathology, or vice versa). Overall, Barendregt's (2015) study suggests unmet needs are primarily associated with psychopathology, whilst risk factors are more associated with delinquency.

Similarly, using a longitudinal design, Barendregt et al. (2018) assessed whether higher Quality of Life (QoL), characterized by achievement of primary goods, in 95 male adolescents during their admission to a secure residential facility related to lower rates of psychosocial issues and self-reported delinquency 12 months following discharge. Supporting the findings of Barendregt (2015), low scores on the QoL health domain, as measured using the LQoLP (Van Nieuwenhuizen et al., 2002), during admission predicted more psychosocial issues 12 months after discharge. No relationship was found between QoL and self-reported recidivism. Yet, as discussed below, this assumes a direct pathway from unmet needs to offending behavior. Following the indirect pathway, which was not examined in either of Barendregt and colleagues' studies (2015, 2018), unmet needs could increase psychopathology, which in turn leads to offending behavior. As the majority of participants in the studies (85.47% and 100% respectively) had a diagnosed psychiatric disorder, it may

be more likely that they would follow the indirect pathway to offending. Therefore, it cannot be discarded that a failure in fulfilling primary goods leads to offending behavior.

Research conducted by Bouman and colleagues (2009) with adult male participants ( $n = 135$ ) who had a diagnosed personality disorder, had findings consistent with that of Barendregt and colleagues (2015, 2018); suggesting psychopathology influences the relationship between fulfilling primary goods and recidivism. Overall, forensic outpatients who reported having unmet needs (also measured using the LQoLP; Van Nieuwenhuizen et al., 2002) were no more likely to self-report recidivism three months later, than their counterparts who reported having a fulfilled life. However, assessing each particular domain, high satisfaction with health and life fulfilment were negatively associated with self-reported violent and general recidivism, even when controlling for level of risk; suggesting fulfilling the primary good of Life acts as a protective factor against offending. In particular, high risk outpatients were found to be three times more likely to commit general offences at three-month follow-up if they were unsatisfied with their health, compared to high risk outpatients who were satisfied. Although, notably, less than 50% of participants completed the self-reported offending measure at three-month follow-up; suggesting the influence of unmet needs on recidivism may have been underestimated.

At a three-year follow-up, Bouman et al. (2009) reviewed official records of recidivism, finding violent reconvictions were moderately related to having unmet needs in general, and significantly related to poor satisfaction with health. In addition, property crimes related to poor satisfaction with finances, and general crimes related to poor satisfaction with health. However, when accounting for risk level, none of these relationships remained significant; providing further support for risk-based perspectives of offending over the GLM. Although, again, high risk outpatients were six times less likely to commit a violent offence if satisfied with their health, and three times less likely to commit a violent offence if satisfied

with their life in general, than high risk dissatisfied outpatients. This suggests that fulfilling one's needs is associated with reduced recidivism in both the short and long-term for high-risk outpatients, but not low-risk outpatients.

**5.1.2 Obstacles in the Good Lives Plan.** The Good Lives Model assumes there are four possible obstacles in an individual's Good Lives plan which cause difficulty in obtaining primary goods (Ward & Fortune, 2013). To reiterate, these include: (1) inappropriate means (i.e., use of inappropriate and/or harmful secondary goods); (2) lack of scope (i.e., focusing on some primary goods, to the neglect of others); (3) lack of coherence (i.e., conflict in the way primary goods are ordered or related to one another), and; (4) lack of capacity (i.e., problems with internal skills or external conditions, preventing attainment of primary goods). Six studies included in this review examined at least one of the four possible obstacles in a Good Lives plan.

Willis and Grace (2008) retrospectively examined the relationship between presence of secondary goods (i.e., having appropriate *means*) in reintegration plans and recidivism in 81 child molesters who had undergone prison-based treatment for sexual offending. Compared to non-recidivists ( $n = 42$ ), recidivists ( $n = 39$ ) had poorer quality reintegration plans, with these less likely to have included GLM secondary goods. Assessing specific offence typologies, sexual recidivists were less likely to have reintegration plans with GLM secondary goods included than non-sexual recidivists. This remained significant when controlling for IQ, and near significance for overall deviance. Although, when controlling for these simultaneously, no relationship was found between presence of GLM secondary goods in reintegration plans and sexual recidivism. Willis and Grace (2008) found no difference between non-recidivists and violent recidivists on presence of GLM secondary goods in reintegration plans; suggesting obstacles in a Good Lives plan does not increase risk of violent reoffending.

However, for general recidivism, presence of GLM secondary goods approached significance ( $p < .06$ ), whilst for ‘any’ recidivism (including sexual, violent and non-violent offences), non-recidivists were more likely to have GLM secondary goods in their reintegration plans than recidivists, even when controlling for IQ and overall deviance simultaneously. As having concrete methods should aid in achievement of primary goods, this supports the assumption that having a lack of means increases risk of sexual, general, and ‘any’ offending, but not violent offending. Yet, this must be approached with caution as the extent to which the reintegration plans were implemented by offenders and effective means used to attain the primary goods was not examined in Willis and Grace’s (2008) study.

In the only study to date which examines the assumptions of the GLM in the general population, Loney and Harkins (2018) assessed whether self-reported offending in university students ( $n = 340$ ) was predicted by the use of maladaptive means to achieve the primary goods of Agency, Inner Peace and Pleasure. Using the Measure of Life Priorities Scale (designed by the study authors), maladaptive means to achieve Agency (i.e., asserting dominance) and Inner Peace (i.e., using substances to regulate mood) were found to predict engagement in self-reported violent offending; maladaptive means to achieve Agency predicted self-reported acquisitive offending, and; maladaptive means to achieve Pleasure (i.e., use of alcohol/drugs) and Inner Peace predicted self-reported drug offending. This supports the GLM assumption that the use of inappropriate means to achieve primary goods can lead to engagement in offending behavior. This also demonstrates there are differences according to offence type in the primary goods sought through maladaptive means. However, further research is necessary to establish whether this is limited to the three primary goods assessed by Loney and Harkins (2018) or is applicable to all 11 primary goods.

Critically, Loney and Harkins (2018) also assessed whether strategies used to achieve the primary goods were perceived as effective by participants. No relationship was found

between self-reported offending (acquisitive, violent or drug offending) and having a lack of effective means. Although this may imply that using ineffective means to achieve primary goods does not increase risk of offending, this may be due to participants young age ( $M = 20.03$  years). Early adulthood is characterized by change and development (Arnett, 2007), meaning a lack of effective strategies may have been perceived as a temporary situation and offending behavior was not necessary to fulfil the primary goods.

Barnett and Wood (2008) are the only authors to date to have examined all of the obstacles in sexual offenders' Good Lives plans. Assessing three of the primary goods (Agency, Inner Peace, and Relatedness) which had previously been conceptually linked to dynamic risk factors of sexual offending (Ward & Mann, 2004), Barnett and Wood (2008) examined the prioritization that 42 incarcerated adult male sexual offenders assigned to the primary goods. Participants were found to assign highest priority to Relatedness, then Agency. Priority scores assigned to Inner Peace were significantly lower than those assigned to Relatedness or Agency, with no difference found between these two primary goods. This supports the GLM notion that offending occurs when there is a lack of *scope* in an individual's implicit Good Lives plan. However, when participants' Good Lives plans were categorized as either balanced (three primary goods assigned a high priority) or unbalanced (at least one primary good assigned low priority), slightly over half (52.4%) of participants had a balanced Good Lives plan. Although, as only three of the 11 primary goods were examined, this does not necessarily mean the participants' Good Lives plans were balanced overall.

Open-ended questions indicated that all four obstacles in the GLM were present in participants. For instance, issues in scope was evident in the lack of desire to achieve one of the three primary goods (e.g., "I enjoyed being dependent on others", p. 458, demonstrates neglect of Agency). Regarding the obstacle *means*, some participants used offending as a

maladaptive method of achieving their primary goods (e.g., “Achieving agency... I was trying to control someone sexually”, p.458). There was a lack of *coherence* between goods reported, particularly between Agency and Relatedness (e.g., “I put too much time into work and not enough into my relationships”, p. 459). Finally, participants discussed difficulty in *capacity* preventing them from achieving the primary goods (e.g., “I didn’t know how to express my feelings”, p. 459).

Focusing on *internal capacity* (an individual’s cognitive, psychological and behavioral skills) in more depth, Barnett and Wood (2008) found participants whose Good Lives plan were balanced had higher overall problem-solving ability than those with an unbalanced Good Lives plan. Comparatively, an unbalanced Good Lives plan was related to greater dysfunctional problem-solving scores, with dysfunctional scores highest amongst participants who assigned lowest priority to Relatedness. No difference was found in functional problem-solving scores according to balanced or unbalanced Good Lives plans, although offenders who placed high priority on Relatedness had higher functional problem-solving scores. Critically, it is unclear from this study whether functional problem-solving skills were used to aid in securing primary goods through non-offending (i.e., positive relationships) or offending behaviors. Despite this, Barnett and Wood (2008) provide support for the presence of each of the four obstacles in achieving primary goods, which could lead to offending behavior.

The remaining studies all examined the relationship between offending behavior and the obstacle of capacity. Purvis (2005) examined the internal and external obstacles experienced by men who had sexually offended in the pursuit of primary goods. Overall, a wide range of obstacles were identified. These included 20 different internal obstacles (e.g., a lack of interpersonal skills, distrust, emotional difficulties and substance abuse) and 18 external obstacles (e.g., lack of social support, poverty and lack of employment). The extent

to which internal and external obstacles were faced differed between participants considerably, with some experiencing a large number of obstacles, whilst others had only a small number. Interestingly, Purvis (2005) found the means used by participants to secure primary goods were dependent on the types of obstacles they experienced, with participants who experienced a large number of obstacles often reporting having no means to secure the primary goods.

Using a longitudinal approach, Barendregt and colleagues (2018) examined whether internal obstacles (examined as difficulties in coping skills) related to risk of reoffending and psychosocial difficulties 12 months after discharge from a secure residential care facility. Using active coping strategies at Time 1 related to lower self-reported recidivism at Time 2. Comparatively, using passive coping strategies at Time 1 was associated with less psychosocial problems at follow-up. This supports the GLM assumption that issues in internal capacity can increase risk of offending behavior. However, attrition was high in this study with only 95 of the 172 adolescent males tested at Time 1 completing the Time 2 questionnaires. Attrition analysis demonstrated that those who completed Time 2 were more likely to have autism spectrum disorder and reactive attachment disorder, questioning the generalizability of these findings.

Critically, Barendregt and colleagues (2018) did not directly examine the relationship between issues in capacity and attainment of primary goods. Overcoming this, Harris and colleagues (2019) interviewed 42 men who had been released into the community following incarceration for sexual offences, regarding their attainment of primary goods. Although some primary goods were well achieved by participants, including Knowledge (73.8% achieved), Relatedness (66.7%), Spirituality (45.2%) and Community (38.1%), the remaining primary goods were achieved in less than 10% of participants. A number of *external capacity* issues were reported which prevented achievement of primary goods, particularly toward the

goods of Life, Agency, Inner Peace and Mastery (combining both Excellence in Work and Play). These included rejection from others, difficulty securing housing and employment, and financial strain, which often occurred due to restrictions placed on the offender as part of their re-entry to the community (e.g., unable to live near children, no use of computers).

Of the primary goods most achieved, both Knowledge and Community were attained by participants through engagement in the sexual offender treatment, as they faced rejection from mainstream clubs/groups. As such, it is questionable how these primary goods will be adequately achieved, in light of the barriers discussed, once the program has finished.

Overall, Harris and colleagues' (2019) study supports the GLM assumption that issues in capacity lead to difficulty in securing primary goods. However, as interviewees were only those who had participated in treatment, these findings are unlikely to be generalizable to those who did not receive treatment or were not motivated to engage with it.

**5.1.3 Pathways to Offending.** Only two studies have examined the GLM assumption that there are two distinct pathways to offending: a direct and indirect route. Purvis (2005) first discovered this concept in interviews with males who had sexually offended against children interviewed. Findings showed that the majority of participants expressed both indirect and direct pathways to offending. As an example of a direct pathway to offending, Purvis (2005) found participants sought an intimate relationship with others in order to secure the primary good of Relatedness. However, due to internal (e.g., distrust of adults) and external (e.g., poor relationship skills) obstacles, participants directly tried to secure the primary good through sexual contact with children. Some participants, however, only utilized indirect pathways to offending, meaning they found it difficult to comprehend their offending behavior; often because they had not engaged in any planning for their sexual offence. For example, Purvis (2005) described how participants sought the primary good of Inner Peace, but due to internal (e.g., poor problem-solving skills) and external (e.g., lack of social



support) obstacles they relied on non-offending but inappropriate means (e.g., alcohol/drug use). The inappropriate means used then led into a spiraling effect (i.e., increasing depression, relationship difficulties and financial issues), which increased risk of offending.

Van Damme and colleagues (2016) longitudinally examined the direct and indirect pathways to offending in adolescent females incarcerated at a Belgium youth detention center, partially supporting the GLM assumption. At admission, 136 females completed a QoL measure based on two weeks pre-detention. Six months following release, self-reported mental health issues and offending were examined in 95 adolescents (follow-up rate of 70%). Unlike Purvis' (2005) findings, there was no support for a direct pathway from overall QoL to offending behavior in this study. This difference may be due to participants age; adolescents needs are often met externally (i.e., parent/carer providing necessary resources to meet needs), meaning the desire to fulfil these may not directly underlie offending behavior. However, a positive pathway from satisfaction with social relationships to offending behavior was found by Van Damme and colleagues (2016). This is consistent with the developmental stage of the participants, whereby emphasis is placed on peer relationships. As antisocial adolescents tend to associate with equally delinquent peers, being satisfied with their social relationships immediately prior to admission suggests they are more likely to retain these relationships after discharge and return to their antisocial/offending behaviors.

Van Damme and colleagues' (2016) findings did support the GLM's indirect pathway. Low QoL was associated with increased risk of mental health problems in the participants, which then increased risk of recidivism. This indirect pathway was found for overall QoL, as well as each domain tested (social relationships, physical health, psychological health, and environment). Notably, the adolescents that dropped out of the study had a higher average score on the QoL domain psychological health compared to those who completed the follow-up questionnaires. As those included in this study had poorer

psychological health, this may explain why the indirect pathway, which takes into account mental health issues, was supported whilst no support for the direct pathway was found.

## 5.2 Empirically Supported Outcomes

**5.2.1 Comparison of GLM to Relapse Prevention Interventions.** Three studies compared the effectiveness of GLM informed interventions to standard Relapse Prevention (RP) interventions for adult males who had sexually offended (Barnett et al., 2013; Harkins et al., 2012; Mann et al., 2004). Barnett et al. (2013) and Harkins et al. (2012) conducted interviews with offenders who had received community-based interventions, assessing pre-post measures of psychometric change (including self-esteem, loneliness, empathy, assertiveness, Locus of Control, relapse prevention, victim empathy distortions and beliefs about children). No difference was found between GLM and RP groups in either study on overall psychometric change and attrition rates. Harkins and colleagues (2012) also found no difference between groups (GLM,  $n = 76$ ; RP,  $n = 701$ ) on achieving a treated profile (i.e., no psychometric difference between offenders and the non-offender general population); suggesting the GLM-consistent intervention was considered to be as effective as the standard RP intervention. Facilitators and participants in Harkins et al. (2012) study reported the GLM-consistent intervention to be more optimistic and opportunity-focused. However, concerns were raised regarding consistency with all GLM principles, as the balance between promoting goods and reducing risk was not adequate. Conversely, Barnett and colleagues (2013;  $N$  not specified) found a higher proportion of the GLM-consistent intervention completers achieved a treated profile than RP completers; suggesting they made a greater improvement overall. Yet, pre-treatment, RP completers were found to have higher dysfunctionality scores on psychometric measures than GLM completers, meaning they may be less likely to achieve a treated profile. As such, the authors suggest that the GLM may be

more appropriate for participants deemed ‘functional’ prior to the intervention (Barnett et al., 2013).

In the only randomized control trial to date, Mann and colleagues (2004) assigned incarcerated adult males who had sexually offended to either an approach-focused (i.e., GLM-consistent;  $n = 24$ ) or avoidance-focused (i.e., standard RP;  $n = 23$ ) intervention. In comparison to the standard RP group, findings suggest that participants who received the GLM-consistent intervention demonstrated greater motivation to desist from offending upon completion of treatment, as rated by therapists. In addition, engagement in treatment and willingness to disclose lapses, measured through homework completion, was found to be higher in the GLM-consistent group than standard RP group. However, this may be due to the homework task given, as participants may have found it more appealing to complete a diary that focused on goal achievement than risk avoidance. Pre-post measures of self-esteem, recognition of risk and coping strategies were found to improve in both the GLM-consistent and standard RP groups, but no overall difference in these measures was found between the two groups. Supporting the findings of Barnett et al. (2013) and Harkins et al. (2012), Mann and colleagues’ (2004) findings suggest a GLM-consistent intervention can be perceived as equally effective as standard RP interventions, and may enhance motivation and treatment engagement beyond that of RP interventions.

**5.2.2 Service User Perspectives of GLM Informed Interventions.** Two studies have examined users’ perspectives of GLM informed interventions (Leeson & Adshead, 2013; Ward & Attwell, 2014). Leeson and Adshead (2013) interviewed practitioners ( $n = 7$ ) and service users ( $n = 4$ ) who had engaged with G-map’s Good Lives Model – Adapted version (GLM-A). Practitioners suggested that the GLM-A was the most valuable intervention for engaging adolescents who had expressed harmful sexual behavior and promoting motivation to change. Over the course of the intervention, service users’ feelings

of shame and hopelessness, and expressions of defensiveness reduced, whilst optimism for the future, level of support networks, and confidence increased. Furthermore, service users' behavior was found to improve across the course of the intervention. Supporting this, Ward and Attwell (2014) conducted interviews with adult male forensic service users ( $n = 10$ ), at risk of committing a sexual or violent offence and had undertaken a community based, GLM informed intervention. In addition to Leeson and Adshead's (2013) findings, Ward and Attwell (2014) found service users reported improvement in their problem-solving skills, perspective-taking ability, trust of others and self-awareness over the course of the intervention. Whilst these studies provide support from a service-user perspective for GLM informed interventions, caution must be taken when drawing conclusions based on just two studies, with a combined sample of only 21 participants.

## **6. Discussion**

The aim of this paper was to assess whether the GLM is an ideological and intuition-based model (as suggested by Bonta & Andrews, 2003) or an empirically supported model. To examine this, studies relating to both the assumptions of the GLM and the outcomes of GLM-consistent interventions were systematically reviewed. Seventeen studies met the inclusion criteria, including 12 studies assessing the GLM assumptions and five examining the outcomes of GLM-consistent interventions.

### **6.1 GLM Assumptions**

This is the first systematic review of studies relating to the GLM assumptions. Three distinct assumptions were examined, including: (1) offending behavior represents an attempt to fulfil the primary goods; (2) obstacles prevent attainment of primary goods, and; (3) there are both direct and indirect pathways to offending. Findings regarding the first assumption, that offending behavior represents an attempt to fulfil the primary goods, were mixed. Three studies of individual's who had sexually offended supported this assumption, with attainment

of primary goods found to be explicitly pursued through offending (Chu et al., 2015; Purvis, 2005) and related to effectiveness of re-entry to the community (Willis & Ward, 2011). Furthermore, in the only study on burglars to date, Taylor (2017) also found participants explicitly sought the majority of primary goods through offending (excluding Creativity, Spirituality and Community).

However, Bouman and colleagues (2009) found, when controlling for risk level, no relationship between attainment of primary goods and recidivism after three years. Furthermore, studies conducted by Barendregt and colleagues (2015; 2018) found no relationship between attainment of primary goods and offending behavior. Yet, psychopathology was more likely amongst participants who had failed to attain their primary goods effectively (Barendregt, 2015; Barendregt et al., 2018). It must be noted that it is unclear whether there is any overlap in the samples used between Barendregt and colleagues 2015 and 2018 research, which could explain the consistency in findings across both studies. Critically, risk factors (or criminogenic needs) are conceptualized within the GLM as impeding the attainment of primary goods (Ward et al., 2007). As risk factors and primary goods are not mutually exclusive within the GLM, analyzing these as distinct constructs (as in Barendregt et al., 2015; 2018), or controlling for risk level (see Bouman et al., 2009), may explain why offending behavior was not found to relate to attainment of primary goods in these studies.

Although not explicitly examined in Barendregt and colleagues' (2015; 2018) studies, this could provide support for the indirect pathway, whereby a failure to attain primary goods increases psychopathology, which in turn leads to offending behavior. Alternatively, these findings may be due to the measures used to assess the primary goods. These authors used a general measure of QoL (LQoLP; Van Nieuwenhuizen et al., 2002), assuming that unmet needs directly represent the primary goods specified in the GLM. However, some of the

LQoLP domains could relate to the same primary good (e.g., LQoLP domains of finances, living situation, safety and health, could all map onto the primary good of Life). Equally, some domains could relate to more than one primary good (e.g., meeting financial needs could also represent Excellence in Work). As suggested by Willis and Grace (2008), to ensure comparable research is conducted, it is necessary for future research to develop a standardized, reliable and valid method to measure achievement of primary goods according to the GLM.

Overall, the second GLM assumption that there are four possible obstacles (means, scope, coherence, and capacity) in an individual's Good Lives plan was fully supported in each of the six studies reviewed. The majority of studies examined capacity issues or problematic means in offenders' Good Lives plans. With the exception of Barnett and Wood's (2008) study of adult males who had sexually offended (in which all four obstacles were examined), there was a noticeable lack of research assessing the obstacles of scope and coherence. As such, to ensure that the GLM is considered an empirically supported model, not based only on intuition, it is necessary the future research consider the role of scope and coherence in attainment of primary goods and offending behavior.

The third assumption, that there are two distinct pathways to offending (direct and indirect), was only examined in two studies included in this systematic review, with mixed findings. Both studies (Purvis, 2005; Van Damme et al., 2016) supported the indirect pathway to offending, whilst the direct pathway to offending was only found in Purvis' (2005) study. A number of factors may account for the differences in Purvis' (2005) and Van Damme and colleagues' (2016) findings, including study design (qualitative vs. longitudinal respectively), offence type (sexual offending vs. general delinquency) and participant characteristics (adult males vs. adolescent females). Alternatively, Purvis (2005) suggests that only some individuals engage in the direct pathway to offending, with the majority following

the indirect pathway. As such, future research needs to consider whether the GLM assumptions are upheld across different offending populations and typologies.

## 6.2 GLM Outcomes

This systematic review aimed to provide an update on the empirical evidence examining the outcomes of GLM-consistent interventions, since Netto and colleagues published their review paper in 2014. As Netto and colleagues (2014) did not find any empirical articles that met all inclusion criteria (RCT with recidivism as an outcome), the current systematic review utilized a broader inclusion criterion. As Reeves and colleagues (2019) suggest non-randomized studies are necessary for understanding the effectiveness of interventions, particularly when RCT's are not available due to ethical or practical concerns. Furthermore, Killias (2006) suggests that to improve impact evaluations of interventions for offending behavior, it is necessary to consider relative improvement through pre-post measures of change. This overcomes the difficulty of relying on a single primary outcome measure of recidivism, which can be confounded by issues in detection (Klinge, 2018). In addition, due to their unique insight, service user perspectives should be considered for evaluating interventions (NHS England, 2015). As such, the current systematic review expanded on Netto and colleagues' (2014) review by including a variety of outcome measures (including recidivism, pre-post change and service user perspectives).

Overall, findings suggest that GLM-consistent interventions are as effective as standard RP programs regarding improvements in pre-post measures of psychometric change (Barnett et al., 2013; Harkins et al., 2012; Mann et al., 2004). GLM-consistent interventions were also found to improve motivation to change and engagement with the program, beyond that of standard RP programs (Mann et al., 2004). Service user perspectives were positive regarding GLM-consistent interventions, suggesting they helped improve their optimism about the future, confidence and trust in others (Leeson & Adshead, 2013; Ward & Attwell,

2014). This provides preliminary support for GLM-consistent interventions, particularly from a clinical perspective where engagement and motivation to change are critical factors in treatment success (McMurrin & Ward, 2004). However, no studies that met the inclusion criteria for a GLM-consistent intervention examined recidivism rates. As such, consistent with Netto and colleagues (2014), no conclusion can be drawn regarding the effectiveness of GLM-consistent interventions at reducing recidivism. Therefore, until more rigorous evaluations have been conducted, caution must be taken when implementing GLM-consistent interventions with individuals who have offended, in order to reduce the risk of inadvertent harmful consequences (McNeill, 2012; Netto et al., 2014).

Furthermore, all of the studies which examined the outcomes of GLM-consistent interventions were targeted at individuals who had sexually offended or were at risk of doing so. As such, the findings are limited in terms of generalizability to other offending typologies. In addition, all participants were male in the included studies. As gender-informed interventions are associated with reduced recidivism in female offenders (Gobeil et al., 2016), this suggests that further research is needed to examine the applicability of GLM-consistent interventions to female offenders. Consistent with the findings of Netto and colleagues (2014), this systematic review has demonstrated that there remains a paucity of high-quality research on the effectiveness of GLM-consistent interventions for offenders. This is despite the growing popularity of GLM-consistent interventions internationally (Fortune, 2018; McGrath et al., 2009).

### **6.3 Limitations**

As with all research, the current systematic review is not without its limitations. Firstly, this review only included studies that had been published in English. As such, all but one study (Chu et al., 2015) included was conducted in a Westernized country. As the GLM is an internationally utilized model of offender rehabilitation, it is possible that the findings



discussed in this review may not be generalizable to collectivist cultures. In particular, some primary goods that are emphasized in individualistic cultures (e.g., Agency and Excellence in Play) may be of less importance within collectivist cultures, which may focus on goods such as Relatedness and Knowledge (Ward & Maruna, 2007). Furthermore, Willis, Prescott and Yates (2013) suggest cultural differences need to be considered in the labels used to explain the GLM concepts. As such, future research should consider the role of culture when evaluating the GLM. Despite this, Chu and colleagues' (2015) study supported the applicability of the GLM assumptions to Singaporean youths who had sexually offended. Regarding generalizability, the vast majority of studies assessed adult males who had sexually offended; meaning the applicability of the GLM assumptions and interventions to a variety of participant demographics and offending typologies requires further study.

Critically, it was challenging in this review to compare the findings of the studies evaluating the GLM assumptions as a variety of different measures were used throughout. For instance, some studies directly probed participants regarding each of the primary goods (e.g., Barnett & Wood, 2008; Loney & Harkins, 2018), whilst others used measures of QoL (e.g., Barendregt et al., 2015; Bouman et al., 2009). It is questionable whether the different measures fully mapped onto the GLM primary goods, which may explain the contradictory findings (e.g., Barendregt, 2018). As such, to ensure comparable and valid research is conducted, the development of a standardized measure for the primary goods, as specified in the GLM, is essential (Willis & Grace, 2008).

A further limitation of this review relates to the search process. GLM experts could have been contacted for assistance in identifying relevant studies, particularly amongst the grey literature. However, the GLM website (<https://www.goodlivesmodel.com/index.shtml>), which is regularly updated by experts in the field, was searched for any potential studies that could meet the inclusion criteria. In addition, a number of studies within the grey literature

were identified using the broad search strategy; reducing publication bias. Furthermore, where full text access was not available (Simons et al., 2006), both the authors and experts in the field were contacted. Yet, this request was not responded to, meaning the potentially relevant study by Simons and colleagues (2016) had to be excluded. Despite these limitations, this is the first systematic review to examine the literature surrounding the GLM assumptions and has provided a needed update regarding the outcomes of GLM-consistent interventions.

## 7. Conclusion

This systematic review synthesized the literature examining the GLM assumptions and outcomes of GLM-consistent interventions. Specifically, there were mixed findings regarding the three GLM assumptions examined: (1) half of the reviewed studies supported the assumption that offending behavior represents an attempt to fulfil the primary goods, with the remainder not finding a relationship between these factors; (2) the four obstacles were found to prevent attainment of primary goods, and; (3) of the two studies available, only one study found *both* the indirect and direct pathways were experienced by individuals who had offended. Preliminary findings regarding the outcomes of GLM-consistent interventions were positive; GLM-consistent interventions were found to be as effective as standard RP programs, whilst enhancing motivation to change, engagement in treatment and optimism for the future amongst participants. However, this review has highlighted that there remains a paucity of research concerning both the GLM assumptions and outcomes of GLM-consistent interventions, despite the wide-spread interest in this model of offender rehabilitation. As such, in answer the question, ‘to what extent is the GLM an ideological and intuition-based model, or an empirically supported model?’, it can be concluded that the GLM is tentatively emerging as an empirically supported model. Although, much more rigorous and high-quality evaluations of the GLM are essential.

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*Note.* \* refers to studies included in the systematic review

**Appendix A.***Summary of studies included in the systematic review.*

<b>Authors and Date</b>	<b>Sample</b>	<b>Country</b>	<b>Design</b>	<b>Control Group</b>	<b>Measures</b>	<b>Results</b>
Barendregt (2015)	Adolescent males ( $N = 172$ ; $M_{age} = 16.8$ ) with severe mental health issues in secure residential care.	The Netherlands	Cross-sectional study	No control group	<p><b>GLM Measure:</b> LQoLP (Van Nieuwenhuizen et al., 2002)</p> <p><b>Outcome Measures:</b> WODC Youth Delinquency Survey (Van der Laan et al., 2009); forensic mental health evaluation conducted by trained clinical experts using the Diagnostic and Statistical Manual Version IV – Text Revision (DSM-IV-TR; American Psychiatric Association, 2000); official reconviction data</p>	Barendregt (2015) found little support for unmet needs (corresponding to primary goods) in predicting general delinquency; with this only accounting for 2.4% of variance in delinquency. However, unmet needs had explanatory value, beyond risk factors, in participants' psychopathology. Unmet leisure and financial needs positively related to Disruptive Behavior Disorders; Autism Spectrum disorder was related to unmet health needs, and; having unmet safety and health needs were associated with Attention Deficit Disorder.
Barendregt et al. (2018)	Adolescent males ( $N = 95$ ), aged 16-18 years. All participants had a history of mental health difficulties and had been in a secure residential facility for at least three months.	The Netherlands	Prospective longitudinal design with four waves.	No control group	<p><b>GLM Measure:</b> Dutch Youth Version of the Lancashire Quality of Life Profile (LQoLP; Van Nieuwenhuizen et al., 2002)</p> <p><b>Outcome Measures:</b> Self-Esteem Scale (Rosenberg, 1965); Life Regard Index (Debats et al., 1993); Utrecht Coping List for Adolescents (Bijstra et al., 1994);</p>	Poor QoL (low attainment of primary goods) was not found to relate to self-reported recidivism 12 months following discharge from a secure residential facility. Although, low scores on the health domain predicted more psychosocial issues 12 months after discharge.

					<p>Structured Assessment of Violence Risk in Youth (SAVRY; Borum et al., 2002); Youth Delinquency Survey (Van der Laan et al., 2009); Strengths and Difficulties Questionnaire (Goodman, 1997)</p>	
<p>Barnett et al. (2014)</p>	<p>Adult males (<math>n =</math> not specified; <math>M_{age} = 42.25</math>) who had sexually offended and received a GLM-consistent intervention. GLM-consistent interventions were undertaken with one of two community groupwork programs: either the Community Sex Offender Groupwork (CSOG) program or the Thames Valley Sex Offender Groupwork (TVSOG) program.</p>	<p>United Kingdom</p>	<p>Quasi-experimental design</p>	<p>Adult males (<math>n =</math> not specified; <math>M_{age} = 41.65</math>) who had sexually offended and received a Relapse Prevention intervention. Relapse Prevention interventions were also delivered within the CSOG or TVSOG community programs.</p>	<p><b>GLM Measure:</b> N/A – treatment group assigned</p> <p><b>Outcome Measures:</b> Risk Matrix 2000 (Thornton et al., 2003); Interpersonal Reactivity Index (IRI; Davis, 1980); Relapse Prevention Questionnaire (Beckett et al., 1997); Short Self-Esteem scale (Webster et al., 2007); UCLA loneliness scale (Russell et al., 1980); Beliefs About Children Scale (Beckett, 1987); Victim Empathy Distortions (Beckett &amp; Fisher, 1994); Underassertiveness scale from Social Response Inventory (Keltner et al., 1981); Nowicki-Strickland Locus of Control Scale (Nowicki, 1976)</p>	<p>No difference was found between GLM and RP groups in overall psychometric change and attrition rates. Although, a higher proportion of the GLM-consistent intervention completers achieved a treated profile than RP completers.</p>

Barnett and Wood (2008)	Adult males ( $N = 42$ ; $M_{age} = 43.18$ ), who were incarcerated in a UK prison for a sexual offence and had not received any treatment.	United Kingdom	Mixed methods (quantitative and qualitative component)	No control group	<p><b>GLM Measure:</b> Good Lives Questionnaire examining the primary goods of Agency, Inner Peace and Relatedness, designed by study authors</p> <p><b>Outcome Measures:</b> Social Problem Solving Inventory – Revised (D’Zurilla et al., 2002)</p>	<p>Participants assigned highest priority to Relatedness, then Agency. Priority scores assigned to Inner Peace were significantly lower than the other primary goods examined. Slightly over half (52.4%) of participants were categorized as having a balanced Good Lives plan (all primary goods examined were assigned a high priority). All four obstacles were experienced by participants (scope, coherence, means, capacity). Regarding the obstacle of capacity, participants who had a balanced Good Lives plan had higher overall problem-solving ability, whilst greater dysfunctional problem solving was related to an unbalanced Good Lives plan.</p>
Bouman et al. (2009)	Adult male ( $N = 135$ ; $M_{age} = 37.5$ ) forensic outpatients with personality-disorders, of mixed offending typologies (including sexual, violent and non-violent offences).	The Netherlands	Longitudinal study	No control group	<p><b>GLM Measure:</b> LQoLP (Van Nieuwenhuizen et al., 2002)</p> <p><b>Outcome Measures:</b> Cantril’s Ladder (Cantril, 1965 in Van Nieuwenhuizen et al., 1998); Self-Reported Delinquent Behavior Inventory (van Dam et al., 1999); official recidivism data; LSI-R (Andrews &amp; Bonta, 1995)</p>	<p>No difference was found in self-reported recidivism at a three-month follow-up between forensic outpatients with unmet needs (corresponding to primary goods) and those who reported having a fulfilling life. However, the domains of health and life fulfilment were negatively associated with violent and general recidivism at three-month follow-up. Specifically, high risk outpatients were three times more likely to commit a general offence at three-month follow-up if they were unsatisfied with their health.</p>

Chu et al. (2015)	All adolescent males ( $N = 168$ ), aged 12-18 years, who had been referred to the Clinical and Forensic Psychology Branch (CFBP) of the Ministry of Social and Family Development in Singapore for a sexual offence, between October 2002 and March 2012.	Singapore	Retrospective, clinical file review	No control group	<p><b>GLM Measure:</b> Clinical file reviews by two CFBP psychologists for primary goods</p> <p><b>Outcome Measures:</b> ERASOR (Worling &amp; Curwen, 2001); Offense Pathway Checklist (Ward &amp; Hudson, 1998)</p>	<p>At a three-year follow-up, violent reconvictions were moderately related to having general unmet needs, and significantly related to poor satisfaction with health. Property crimes related to poor satisfaction with finances, and general crimes related to poor satisfaction with health. However, when accounting for risk level, none of these relationships remained significant. Despite this, high risk patients were six times less likely to commit a violent crime if satisfied with their health, and three times less likely if satisfied with their life in general.</p> <p>The primary goods of Pleasure (91.1% of total sample), Relatedness (35.7%) and Inner Peace (17.3%) were mentioned most in the clinical files of adolescents who had sexually offended. Creativity, Spirituality and Life were not present in any of the clinical files, with the remaining primary goods mentioned in less than 10% of clinical files. No differences were found according to victim age (child vs. non-child) or nature of offence (penetrative vs. non-penetrative).</p>
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Harkins et al. (2012)	Adult males ( $n = 76$ ; $M_{age} =$ not reported) who had sexually offended and received a GLM-consistent module, called the Better Lives, as part of their community-based treatment.	United Kingdom	Mixed methods (quantitative and qualitative component)	Adult males ( $n = 701$ ; $M_{age} =$ not reported) who had sexually offended and received a Relapse Prevention module as part of their community-based treatment.	<p><b>GLM Measure:</b> N/A – treatment group assigned</p> <p><b>Outcome Measures:</b> IRI (Davis, 1980); Relapse Prevention Questionnaire (Beckett et al., 1997); Self-Esteem scale (Webster et al., 2007); UCLA loneliness scale (Russell et al., 1980); Beliefs About Children scale (Beckett, 1987); Nowicki-Strickland Locus of Control Scale (Nowicki, 1976); Social Response Inventory (Keltner et al., 1981); Victim Empathy Distortions (Beckett &amp; Fisher, 1994)</p>	No difference was found between GLM and RP groups in overall psychometric change and attrition rates. In addition, no difference was found between groups on achieving a treated profile.
Harris et al. (2019)	Adult males ( $N = 42$ ; $M_{age} = 49.5$ ) who had been released from prison and were undertaking community-based therapy for sexual offending.	United States	Qualitative, thematic approach	No control group	<p><b>GLM Measure:</b> Semi-structured interview adapted from McAdams' (1993) Life History Interview Protocol</p> <p><b>Outcome Measures:</b> N/A</p>	The following primary goods were reported to be well achieved by a large proportion of participants: Knowledge (73.8%), Relatedness (66.7%), Spirituality (45.2%), and Community (38.1%). The remaining primary goods were achieved in less than 10% of participants. Both Knowledge and Community were attained through engagement in sexual offender treatment groups, due to rejection from mainstream clubs. External capacity issues reported include rejection from others, difficulty

<p>Leeson &amp; Adshead (2013)</p>	<p>Participants include both therapist providers (<math>n = 7</math>) and adolescents (<math>n = 4</math>; <math>M_{age}</math> = not reported) who were receiving the GLM-Adolescent (GLM-A) treatment at G-map for sexual offending. Service users include three males and one female.</p>	<p>United Kingdom</p>	<p>Qualitative, thematic approach</p>	<p>No control group</p>	<p><b>GLM Measure:</b> N/A – treatment provided</p> <p><b>Outcome Measures:</b> Semi-structured interviews with service providers and users examining their understanding of the GLM, engagement with treatment, usefulness of GLM and areas of possible improvement</p>	<p>securing housing and employment, and financial strain.</p> <p>Practitioners were supportive of the GLM-A program for adolescents who had sexually offended, due to enhanced motivation to change and improved engagement with the treatment. Service users reported reduced feelings of shame, hopelessness and defensiveness. They experience optimism for the future, more confidence and development of support networks. Behavior of service users was also found to improve over the course of the intervention.</p>
<p>Loney &amp; Harkins (2018)</p>	<p>University students (<math>N = 340</math>; <math>M_{age} = 20.03</math>). Sample included both male (<math>n = 149</math>) and female (<math>n = 187</math>) participants (four did not specify gender).</p>	<p>United Kingdom</p>	<p>Cross-sectional study</p>	<p>No control group</p>	<p><b>GLM Measure:</b> Measure of Life Priorities, devised by study authors</p> <p><b>Outcome Measures:</b> Self-report of offending scale, modified by study authors</p>	<p>Self-reported violent offending was predicted by the use of maladaptive means to achieve Agency and Inner Peace. Self-reported acquisitive offending was predicted by using maladaptive means to achieve Agency and use of maladaptive means to achieve Pleasure and Inner Peace predicted self-reported drug offending. No relationship was found between the use of ineffective strategies and self-reported offending.</p>

Mann et al. (2004)	<p>Adult males (<math>n = 24</math>; <math>M_{age} =</math> not reported) who were incarcerated for a sexual offence. Participants were randomly assigned to receive an approach-focused, GLM-consistent intervention.</p>	<p>United Kingdom</p>	<p>Randomized control trial</p>	<p>Adult males (<math>n = 23</math>; <math>M_{age} =</math> not reported) who were incarcerated for a sexual offence. Participants were randomly assigned to receive an avoidance-focused, RP intervention.</p>	<p><b>GLM Measure:</b> N/A – treatment group assigned</p> <p><b>Outcome Measures:</b> Relapse Prevention Interview (Beckett et al., 1998); risk diary where risk factors (avoidance group) or achieved goals (approach group) were noted (used to calculate lapses); therapist ratings of motivations to change; Self-Esteem Questionnaire (Thornton, 1995); semi-structured interviews with therapists, examining their perceptions of approach and avoidance-focused interventions</p>	<p>Participants who received the GLM-consistent treatment demonstrated greater motivation to desist from offending (as rated by therapists), improved engagement in treatment and willingness to disclose lapses, than those in the RP group. Pre-post measures of self-esteem, recognition of risk and coping strategies improved in both the GLM-consistent and RP groups, with no difference between them.</p>
Purvis (2005)	<p>Adult males (<math>N = 26</math>; <math>M_{age} = 48.3</math>) incarcerated for engaging in sexual abuse of a child.</p>	<p>Australia</p>	<p>Qualitative, grounded theory approach</p>	<p>No control group</p>	<p><b>GLM Measure:</b> Semi-structured interview, devised by study author, assessing the primary goods sought at the time of offending and the four flaws in the Good Lives plan.</p> <p><b>Outcome Measures:</b> N/A</p>	<p>The primary goods of Pleasure, Relatedness, Inner Peace, Excellence in Play, Life and Agency were found to be explicitly pursued through engagement in sexual offending amongst participants. Purvis also identified 20 internal obstacles (including, lack of interpersonal skills, emotional difficulties and substance abuse) and 18 external obstacles (including, lack of social support, poverty and lack of employment opportunities). The type of obstacles experienced differed for each</p>



						<p>participant, but directly influenced the means used to secure the primary goods. Purvis found that there were both direct and indirect pathways to offending, with the majority of participants experiencing both pathways.</p>
Taylor (2017)	Adult males ( $N = 30$ ; age not specified) who had engaged in burglary. Recruited from both prisons ( $n = 15$ ) and the community ( $n = 15$ ).	Australia	Qualitative, thematic approach	No control group	<p><b>GLM Measure:</b> Semi-structured interviews designed by study author, exploring a variety of topics (e.g., items stolen, reasons for offending behavior, etc.), interpreted via the GLM framework.</p>	<p>Participants reported trying to directly fulfil their primary goods through offending behavior (e.g., the ‘buzz’ gained through offending enabled attainment of Pleasure). Each of the primary goods were found to be relevant to burglary, although Creativity, Spirituality and Community were not explicitly pursued through offending.</p>
Van Damme et al. (2016)	Adolescent females ( $N = 95$ ; $M_{age} = 16.25$ ) incarcerated at a Youth Detention Centre, for offending behavior or an ‘urgent problematic educational situation’ (i.e., truancy, prostitution).	Belgium	Longitudinal design	No control group	<p><b>GLM Measure:</b> Examined using the QoL measure, WHOQOL-BREF (WHOQOL GROUP, 1998)</p> <p><b>Outcome Measures:</b> Official reincarceration data; Dutch translation of the Massachusetts Youth Screening Instrument Second Version (Grisso et al., 2001); Self-Report of Offending Questionnaire (van der Laan &amp; Blom, 2005)</p>	<p>No direct pathway was found between overall QoL and offending behavior six months following release from a youth detention center. However, low QoL was associated with increased risk of mental health issues, which then increased participants’ risk of recidivism; supporting the indirect pathway to offending.</p>

Ward & Attwell (2014)	<p>Adult males (<math>N = 10</math>; <math>M_{age} = 53</math>) who had a diagnosed personality disorder or serious mental health issue and had a history of violent and/or sexual offending. Participants were receiving one of two community-based, GLM-consistent interventions (Sova Support Link or CCS).</p>	United Kingdom	Qualitative, thematic approach	No control group	<p><b>GLM Measure:</b> N/A – treatment received</p> <p><b>Outcome Measures:</b> Semi-structured interviews to assess service user perspectives</p>	<p>Service users reported an improvement in problem solving skills, perspective-taking ability, trust of others and self-awareness over the course of the intervention.</p>
Willis & Grace (2008)	<p>Adult males (<math>n = 49</math>; <math>M = 36.05</math>) who had completed the Kia Marama treatment program for sexual offending and had reoffended following release to the community.</p>	New Zealand	Retrospective, clinical file review	<p>Adult males (<math>n = 49</math>; <math>M = 39.12</math>) who had completed the Kia Marama treatment program for sexual offending and had <b>not</b> reoffended following release to the community. Matched according to static risk level and follow-up time.</p>	<p><b>GLM Measure:</b> Clinical file review by authors for presence of primary goods in release plans</p> <p><b>Outcome Measures:</b> Coding protocol designed by study authors to assess quality of release planning, includes factors such as accommodation, social support, idiosyncratic risk factors, employment and motivation; official reconviction data; Automated Sexual Recidivism Scale (ASRS; Skelton et al., 2006).</p>	<p>Reintegration plans of recidivists were of poorer quality than non-recidivists and were less likely to include GLM secondary goods. In particular, sexual recidivists were less likely to have reintegration plans with GLM secondary goods included than non-sexual recidivists. This remained significant when controlling for IQ, and near significance for overall deviance, although lost significance when controlling for these simultaneously. Although for ‘any’ recidivism, recidivists were less likely to have GLM secondary goods in their reintegration plans than non-recidivists, even when controlling for IQ and overall deviance</p>

<p>Willis &amp; Ward (2011)</p>	<p>Adult males (<math>N = 16</math>; <math>M = 45.19</math>) who have completed prison-based treatment (either Kia Marama or Te Piriti programs) for sexual offences against children and been released into the community.</p>	<p>New Zealand</p>	<p>Longitudinal design</p>	<p>No control group</p>	<p><b>GLM Measure:</b> Semi-structured interview, devised by study authors, to assess Good Lives conceptualizations</p> <p><b>Outcome Measures:</b> ASRS (Skelton et al., 2006); Stable-2007 (Hanson et al., 2007); semi-structured interview examining participants overall re-entry experiences</p>	<p>simultaneously. Yet, no difference in presence of GLM secondary goods in reintegration plans was found between violent recidivists and non-recidivists. For general recidivism, recidivists were moderately less likely to have GLM secondary goods in their reintegration plans.</p> <p>High importance was assigned to the majority of the primary goods by participants. Increased attainment of primary goods was related to positive re-entry to the community.</p>
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