

# REDEFINING Primary Human Goods

## Applying the Good Lives Model to Clinical Practice:

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Professionals have increasingly recognised the problems associated with pure risk management and deficit-based sexual offender treatment approaches (e.g., Mann, 1998; Laws, Ward, & Hudson, 2000; Ward, Melser, & Yates,

2007; Ward, Yates, & Willis, in press). Although a complete review of these problems is beyond the scope of this article, Yates (2007) offered a critique on how traditional treatments have not kept pace with our increasing knowledge about the heterogeneity of people who have sexually offended and what works in their treatment. Among the problems cited are traditional programs' emphasis on avoidance of offending (as opposed to building a better life in which offending is unnecessary and easily prevented), a lack of consideration of the positive goals that people seek to meet through sexual offending (and that they can attain non-abusively), and the misapplication of relapse prevention, a treatment method originally aimed at people with alcohol problems who are motivated to change.

In response to these concerns, many sexual offender treatment programmes have adopted the Good Lives Model (GLM; Ward & Gannon, 2006; Ward & Stewart, 2003; Willis, Ward, & Levenson, 2011) -- a strengths-based rehabilitation theory -- as a theoretical and practical framework (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). Central to the GLM is the assumption that clients, like all human beings, seek out a number of primary human goods. These goods reflect certain states of mind, personal characteristics, and experiences that are important to clients for their own sake, and vary amongst individuals in terms of their weighting. For example, the pursuit of happiness is important to virtually all human beings; however, how important each person perceives happiness to be is a matter of personal experience and preference.

Identifying and targeting clients' heavily weighted primary goods (i.e., what is most important to them in life) is central to GLM-based assessment and treatment, in addition to addressing risk, need, responsivity, and other pertinent individual factors (Yates, in press; Yates,



Kingston, & Ward, 2007). Clients' important goods are then used to help guide intervention planning and execution; treatment explicitly aims to assist clients to attain these primary goods in their lives (Ward, Yates, & Long, 2006; Willis, Yates, Gannon, & Ward, 2011; Yates, Prescott, & Ward, 2010).

While the originally proposed set of primary goods was never intended for direct use in applied practice with clients, the absence of a more concrete list of goods has meant that this has nevertheless occurred. Further, it has always been the case that the list of primary goods has been subject to change in response to new knowledge. The purpose of this short report is to provide more accessible terms for each of the GLM primary goods – to

which we refer as common life goals -- for use in treatment and supervision. The original primary goods (e.g., Ward, Mann, & Gannon, 2007) and recently revised common life goals are presented in Table 1 below. We also provide examples of associated secondary goods. Secondary goods are the means used to secure each primary good, which can be pro-social or antisocial/deviant (Yates, et al., 2010). This final point is crucial to understanding the GLM: People can use unacceptable means (e.g., sexual abuse) to attain otherwise acceptable goals (e.g., peace of mind). For treatment programs that emphasize only avoidance-related goals, this can require a considerable shift in understanding the role of offending in clients' lives.

**Table: GLM Primary Goods and Common Life Goals**

Primary Good	Common Life Goal	Examples of Secondary Goods
<b>Life (healthy living and functioning)</b>	Life: Living and Surviving	Means to achieve this common life goal include such activities as exercising, taking care of one's health, or attempts to survive threats to one's well-being or safety.
<b>Knowledge</b>	Knowledge: Learning and Knowing	Means to achieve this common life goal include such activities as attendance at school or training, participation in treatment, mentoring others, or "teaching children about sex".
<b>Excellence in Work and Play (including mastery experiences)</b>	Being Good at Work and Play	Means to achieve this common life goal include such activities as excelling in work, sports, or hobbies or endeavouring to be good at one's job.
<b>Excellence in Agency (autonomy and self-directedness)</b>	Personal Choice and Independence	Means to achieve this common life goal include such activities as formulating plans to meet goals, asserting one's self, or controlling, dominating, or abusing others.
<sup>1</sup> See Yates and Prescott (2011) for practical application. <sup>2</sup> These two primary human goods have recently been separated into two individual goods (Purvis, 2010).		
<b>Inner Peace (freedom from emotional turmoil and stress)</b>	Peace of Mind	Means to achieve this common life goal include such activities as attempts at reducing emotional distress or stress, exercise or meditation, using alcohol, drugs, or sexual activity to relax or to cope with emotional states.
<b>Relatedness (intimate, romantic, and family relationships)</b>	Relationships and Friendships	Means to achieve this common life goal include such activities as spending time with family or friends, having an intimate/sexual relationship, or being a member of a gang.
<b>Community</b>	Community: Being Part of a Group	Means to achieve this common life goal include such activities as being part of a group of others with common interests (e.g., service clubs, military, volunteer groups, gangs, man/boy love clubs).
<b>Spirituality (finding meaning and purpose in life)</b>	Spirituality: Having Meaning in Life	Means to achieve this common life goal include such activities as participation in religious or spiritual activities (e.g., church, sweat lodge), membership in environmental or social justice groups.
<b>Happiness</b>	Happiness	Means to achieve this common life goal include engaging in activities that provide a sense of satisfaction, fulfilment, pleasure (including sexual pleasure), or purpose or direction in life.
<b>Creativity</b>	Creativity	Means to achieve this common life goal include such activities as artistic pursuits, participation in new or novel activities, pursuing progressively more exciting sexual activity.



The above list is intended as a reference for practitioners, rather than a list from which clients choose or identify the relative importance they place on each common life goal. Developing an understanding of one's common life goals is an intensely personal experience. We therefore advocate against providing such a list to clients and recommend that practitioners draw from client's stated goals and activities (i.e., secondary goods) in the process of identifying important common life goals. This process is one of inference and extraction, whereby the clinician identifies the goals evident in a client's responses to questions about their core interests and life priorities. It involves reflective listening, paraphrasing, and summarizing (Yates, et al., 2010). A structured assessment and interview tool is available for this purpose (Yates et al., 2009). This list might then be used with clients once they have developed an understanding of how each goal relates to their offending, their identify, and what it is they want in life (Yates & Prescott, 2011), an essential element of reducing risk and assisting clients to improve their lives.

*Developing an understanding of one's common life goals is an intensely personal experience*

Laws, D. R., Hudson, S. M., & Ward, T. (2000). *The original model of relapse prevention with sex offenders: Promises unfulfilled*. In D. R. Laws, S. M. Hudson & T. Ward (Eds.), *Remaking Relapse Prevention with sex offenders: A sourcebook* (pp. 3-24). Newbury Park: CA: Sage.

Mann, R. E., (1998). *Relapse prevention? Is that the bit where they told me all of the things that I couldn't do anymore?* Paper presented at the 17th annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Vancouver, BC., October 2003.

McGrath, R., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010). *Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American survey*. Brandon, Vermont: Safer Society Press.

Purvis, M. (2010). *Seeking a Good Life: Human Goods and Sexual Offending*. Germany: Lambert Academic Press

Ward, T., & Gannon, T. A. (2006). *Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders*. *Aggression and Violent Behavior*, 11, 77-94. doi: 10.1016/j.avb.2005.06.001

Ward, T., Melser, J., & Yates, P.M. (2007). *Reconstructing the risk/need/responsivity model: A theoretical elaboration and evaluation*. *Aggression and Violent Behavior*, 12, 208-228. Ward, T., Mann, R. E., & Gannon, T. A. (2007). *The good lives model of offender rehabilitation: Clinical implications*. *Aggression and Violent Behavior*, 12, 87-107.

Ward, T., & Stewart, C. A. (2003). *The treatment of sex offenders: Risk management and good lives*. *Professional Psychology: Research and Practice*, 34, 353-360.

Ward, T., Yates, P. M., & Long, C. A. (2006). *The Self-Regulation Model of the Offence and Relapse Process, Volume II: Treatment*. Victoria, BC: Pacific Psychological Assessment Corporation. Available at [www.pacific-psych.com](http://www.pacific-psych.com).

Ward, T., Yates, P.M., & Willis, G.M. (in press). *The Good Lives Model and The Risk Need Responsivity Model: A critical response to Andrews, Bonta, and Wormith (2011)*, *Criminal Justice and Behavior*.

Willis, G.M., Ward, T., & Levenson, J.S. (2011, November). *Integration of the Good Lives Model: A budding milestone in treatment programs for sexual offending*. Association for the Treatment of Sexual Abusers 30th Annual Research and Treatment Conference, Toronto, ON.

Willis, G.M., Yates, P.M., Gannon, T.A., & Ward, T. (2011, submitted). *How to Integrate the Good Lives Model into Treatment Programs for Sexual Offending: An Introduction and Overview*, Submitted to *Sexual Abuse: A Journal of Research and Treatment*.

Yates, P.M. (2007). *Taking the leap: Abandoning relapse prevention and applying the self-regulation model to the treatment of sexual offenders*. In D. Prescott (Ed.), *Applying Knowledge to Practice: The Treatment and Supervision of Sexual Abusers*, Oklahoma City, OK: Wood and Barnes.

Yates, P. M. (in press). *Models of Sexual Offender Treatment*. In A. Phenix & H. Hoberman (Eds.), *Sexual Offenders: Classification, Assessment, and Management*.

Yates, P.M., Kingston, D.A., & Ward, T. (2009). *The Self-Regulation Model of the Offence and Relapse Process: Volume 3: A Guide to Assessment and Treatment Planning Using the Integrated Good Lives/Self-Regulation Model of Sexual Offending*. Victoria, BC: Pacific Psychological Assessment Corporation. [www.pacific-psych.com](http://www.pacific-psych.com).

Yates, P. M., & Prescott, D. S. (2011). *Building a better life: A good lives and self-regulation workbook*. Brandon, VT: Safer Society Press, <http://www.saferociety.org/safer-society-press/>.

Yates, P. M., Prescott, D. S., & Ward, T. (2010). *Applying the Good Lives and Self Regulation Models to sex offender treatment: a practical guide for clinicians*. Brandon, VT: Safer Society Press, <http://www.saferociety.org/safer-society-press/>.

*practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.