

BSc Applied Psychology
ECAP6003 Forensic Psychology and the Criminal Mind:
Rehabilitative Proposal

Proposal title:

Utalising the Good Lives Model (GLM) and SAVRY in rehabilitation of a young offender with Adverse Childhood Experiences

Proposal theme:

This is a 12 month rehabilitation intervention which utilises the Good Lives Model (GLM) and SAVRY for a 15 year old boy called Morgan, who at present is in a youth rehabilitation centre for 2 years. With a history of Adverse Childhood Experiences (ACEs) of child abuse and substance misuse. Morgan has been assigned to a 12 month program, which will be split into two sections (26 weeks each). The first 26 weeks will focus on the key principles of the GLM by ensuring Morgan has a trusting relationship with the practitioner, works alongside coping mechanisms, trauma counselling and goal settings. After the first 26 weeks are done, the next 26 will re-assess Morgan's progress and see what needs to be re-visited. Once the 12 month program is completed, Morgan will continue to get supported and guided on his skills and choices.

Background literature review:

The rationale of this proposal is to rehabilitate a young offender with a past of Adverse Childhood Experiences (ACE's) who has turned to crime in return. Since 1998, universities have discovered that ACEs impact the developing brain of a child, leading to long-term impairment of the brain's structure and function, with further links with behavioural and social issues. Including criminal behaviour and substance use (Mulcahy, 2018). The rehabilitation of a young offender is crucial in order to change a young person's perspective of their lives (Wainwright & Nee, 2014). A method of doing so is through utilising The Good Lives Model (GLM) which is a holistic approach and works alongside a restorative perspective (Ward et al, 2007). Aiming to rehabilitate an individual through healthy processing to improve their quality of life, improving coping skills and addressing life goals, which in turn should decrease the risk of re-offending (Barendregt et al, 2018). The GLM proposes that the treatment of an offender should focus on their potential, rather than their incapacities (Lutz et al, 2022) and that given the opportunity to see the good, that will encourage them to live fulfilling lives (Chu et al, 2013).

The framework of the GLM was designed as a tool which incorporates a broader view to values for interventions - helping practitioners make clearer associations between the aims of the intervention (Willis & Ward, 2024). Purvis et al (2011) suggests that the GLM has eleven intrinsically beneficial needs that a human seeks 1. Life/Healthy living, 2. Knowledge, 3. Excellence in play, 4. Excellence in work, 5. Agency, 6. Inner peace, 7. Relatedness, 8. Community, 9. Spirituality - seeking meaning in life, 10. Pleasure and 11. Creativity. To work alongside these key principles, an intervention may appropriately support the offender and understand their aspirations and help them navigate a new view of life (Ward et al, 2007). The primary goods are first to work towards, which are later referred to as secondary goods, these provide the next way of securing the goal, for example, practicing mindfulness (i.e 'inner peace' (Serie et al, 2021). However, the weight which is given to each category may differ from person to person, this reflects a person's priorities and values (Ward & Fortune, 2013). The GLM proposes that offending behaviour is caused by maladaptive secondary goods (Zeccola et al, 2021). The GLM also puts great emphasis on human and ethical rights which has been supported internationally (Birgden & Ward, 2017).

Furthermore, the GLM promotes goal setting and individual aspirations, which aids the intervention to suitably benefit what the individual wants to do with their lives (Willis & Ward, 2024). It also advocates an emphasis on risk management, these principles are firstly 1. reducing and managing risk to those who have committed crimes to the community and secondly 2. enhancing individual wellbeing, by doing skill-based interventions to better a pro-social life (Hewitt, 2020). Furthermore, Barnao et al, (2016) carried out an investigation of the perceptions of forensic service users on the GLM which states that practitioner adherence and experience is a crucial factor for secure interventions.

The model has also been greatly associated with rehabilitation of substance misuse and can inform treatment. By the offender also developing skills to overcome the internal/external obstacles (Mallion et al, 2020). Further leading to better psychological well-being, mental health, resilience and personal fulfillment (Andrews et al, 2011). Fritzon et al (2021) stated that involvement in offending behaviour is closely associated with trauma and a dysfunctional household and that it poses implications for risk management and the likelihood to re-offend. Importantly highlighting that trauma resolution is a vital aspect in offender rehabilitation. It is also a helpful tool for coping mechanisms, such as early on abuse or neglect (Coppola et al, 2023).

To further identify risks, a method is utilising the SAVRY (The Structured Assessment of Violence Risk in Youth). This utilises a risk assessment to guide a decision for the planning of an intervention for a youth offender. It is a 24 item risk assessment tool which classifies risk items into three domains: historical, social/contextual and individual/clinical. Each item is rated on a 3-point scale (low, moderate or high) with the total score being added together, this will determine the level of risk for the offender (Borum et al, 2020). It is used to examine the risk in juvenile offender between the ages of 12 and 18 years using a structural professional judgement (SPJ) model (Woods, 2013). There have been countless studies and reviews which have examined the validity of the SAVRY (Shepard et al, 2014, Barboni et al, 2024, Kleeven et al, 2022). Shepherd et al (2014) examined the validity of the SAVRY through implementing the points of the SAVRY on 213 young individuals which resulted with moderate strong predictive accuracy for the likelihood to re-offend, also being able to assess strength and protective factors for young offenders. Furthermore, Kleeven et al (2022), took into account the protective factors of risk validation with 354 juvenile/young offenders, also concluding that the SAVRY is a valid risk assessment tool.

Proposed methodology:

This rehabilitative intervention has been designed for Morgan, who at present is 15 years old. Morgan lived with his mum and dad until the age of 3. However, Morgan's biological dad left the family home soon after Morgan's 3rd birthday (reasoning is unknown). Morgan's mother then met another man a year later and got married soon after, he then became abusive to his mother soon after marriage, which led his mother to be abusive to Morgan (Emotional and physical abuse). He also experienced physical abuse from his step-father from the age of 4. Morgan's step-father was a user of marijuana since being in the family home. Morgan's mum was diagnosed with depression and bipolar when Morgan was 6 and also started using marijuana. Morgan was neglected heavily between the ages of 4-9 which led to Morgan later being moved into social care. Morgan has never had a very close relationship with his parents and was brought up in a very dysfunctional household.

Morgan was transferred to multiple households throughout the ages of 9-12, but he never settled and became aggressive. Morgan turned to substance misuse (Marijuana) from the age of 13 and was in regular fights in school. Morgan (13) soon left social care again and moved in with a family. Morgan (14) became a heavy drinker and dropped out of school. He was in regular trouble with the police. At the age of 15 he is still a user of marijuana. Morgan (15) stole a car and crashed while under the influence of drugs. He was arrested and put into a youth rehabilitation centre for 2 years due to the high consumption of drugs and past encounters with the police.

To begin, Morgan will undertake a SAVRY risk assessment to determine the intervention appropriately. This will also help to monitor progress Morgan does throughout the intervention. Once the intervention has been thoroughly planned, it will be carried out over 12 months (continued guidance and advice will be given in the second year). Held daily for an hour, progressively getting longer (when Morgan is happy to). The first 26 weeks will carry out initial assessments and gaining a trusting relationship with Morgan. Every week will introduce another important aspect of the GLM. Firstly gaining a personal and trusting relationship with Morgan, introducing goal setting, trauma counselling and helping with coping mechanisms. Once the first 26 weeks are over, the progress of Morgan will be re-visited and this will determine what the next 26 weeks need to focus upon. Through a risk assessment and feedback from Morgan. Advice and guidance will be followed up in the following year to document Morgan's improvement.

The rehabilitative intervention design:

To employ this rehabilitative intervention, it will be following the Good Lives Model (Ward et al, 2007). The intervention will be uniquely tailored to the needs of Morgan, with his adverse childhood experiences (ACEs). Developing better mental well-being and better skills, both in life and work. Aiming to create a pro-social future. The first part of the program will utilise the SAVRY risk assessment to determine the intervention appropriately. Once the intervention has been planned thoroughly, an initial assessment will be done, importantly creating a trusting and supportive working relationship with Morgan. Due to a past of moving to different houses, this will be heightened. Interventions will be weekly for one hour and will gradually get longer when Morgan is happy to do so. These will involve creating goals, counselling, coping mechanisms, work and social skills and mindfulness. Once the 26 weeks have been completed, the next will be determined from the risk assessment and feedback from Morgan will determine the next 26 weeks' interventions. This will then be re-visited in Morgan's second year in the centre. The GLM is used as it focuses on enhancing an individual's overall well-being and living a full-filling life. Support will be given to Morgan through the program, to encourage growth and overcome any obstacles, to reduce the likelihood of re-offending. Morgan will be continuously monitored and given guidance which will help sustain a positive rehabilitative program.

The target population and recruitment:

This intervention has been designed for a fifteen year old boy with Adverse Childhood Experiences (ACEs) who has been put into a youth rehabilitation centre for 2 years. Although, could be adapted to young offenders aged between 10-17 years. Due to this being an important age group during development, the management of youth offenders and addressing the needs will provide a more positive outcome to reducing the risk of re-offending and to live a better life. The intervention will involve a series of sessions for 26 weeks. The intervention will then continue for another 26 weeks once feedback and improvements Morgan has made has been documented and risks have been re-assessed. The intervention will importantly establish a trusting relationship with Morgan while gaining an idea for long-term aspirations and why he was motivated to crime.

Materials/measures:

The principles of the Good Lives Model (GLM) will be outlined to Morgan, along with goal-setting to allow Morgan to perceive his goals. The GLM principles will be outlined for better understanding and will encourage Morgan to give feedback throughout, which is a vital step in appropriately adapting the program to his individual needs and aspirations. The SAVRY (Structured Assessment of Violence Risk in Youth) will also be used to examine risks and protective factors at interventions to appropriately meet the needs of Morgan and to work on reducing their risk levels. Active participation will also be encouraged throughout the program, so that Morgan wants to feel involved in the progress he makes and enjoys the process of rehabilitation.

Procedure:

Month 1 (Weeks 1-4) : Initial Assessment and Goal Setting

Consisting of the crucial introductions to the program. Including developing a rapport relationship through different activities : developing eye contact, active listening, open communication and developing a trusting and supporting relationship. An initial assessment will allow Morgan to discuss how he has come into this situation, discussing his upbringing and ACEs (if comfortable) and his coping strategies (substance misuse).

The SAVRY will be completed to determine risks and the appropriate intervention for Morgan. There is opportunity to set short-term goals to work alongside the 'Life' principle. Discuss with Morgan what his aspirations are, and the steps that he could take to complete those goals to promote healthy living and functioning.

Month 2 - 4 (Weeks 5-17) : Counselling, coping strategies and understanding behaviour

Week 5 - 8: Consisting of counselling sessions with a focus on trauma informed care. Beneficial to explain how trauma impacts behaviour and choices. Morgan will gain support in the rehabilitation of his substance use since a young age - working alongside the 'Knowledge' principle of the GLM.

Week 9 - 12: Introduce individual counselling sessions - rehabilitation will be carried on.

Week 13 - 14 : Coping with difficult emotions will be navigated this week through the principle of 'inner peace' through different interventions and mindfulness tasks.

Week 15 - 17 : This week will help Morgan develop coping strategies in order to help deal with his past history of ACEs (only if comfortable) if not, this week will focus more on better emotion regulation and behaviour management

Month 5 (Weeks 18-21) Building basic skills

Week 18 - 19 : Counselling, mindfulness and coping strategies will be continued. However, further skill developments in hobbies and work skills will be done. Morgan to learn what he enjoys and what he doesn't. Through doing creative tasks it will work alongside the 'Creativity' principle.

Week 20 - 21: This week will address educational requirements that focus on communication, problem-solving and decision making in play and the world of work.

Month 6 (Weeks 22-26) Developing individuality/Community

Week 22 - 23 : Help Morgan get a sense of autonomy and develop improvements to his decision making.

Week 24- 25 : Offer other social activities with people so that Morgan can get a sense of community and work with others to build better relationships.

Week 26 : Progress will be re-visited and another risk assessment through the SAVRY will be done to determine changes and improvements for the next 26 weeks. The principle of 'Spirituality' will be visited to ensure Morgan seeks a meaning in life. Active participation will still be encouraged and feedback from Morgan will importantly showcase improvements and what needs further attention.

Year 2 - Continuous support and encouragement for Morgan to carry on progressing in his behaviour and skills.

Ethical considerations:

Due to Morgan's past with ACEs this will be carefully considered when spoken about and will not be mentioned unless Morgan is happy and comfortable to do so. His family will not be involved unless Morgan would like to make contact again. Anything that may cause distress will not be talked about without careful consideration of the welfare and mental well-being of Morgan. All meetings will be done confidentially and with strong respect towards Morgan.

Planned analysis:

Morgan's aspirations, skill developments, counselling progress and behaviour management will be taken into account. The SAVRY will be able to analyse improvements Morgan is making and what he may need to improve on. The risk assessment is carried out at multiple points in order to successfully and thoroughly gain the risk level and progress Morgan has made. After the first 26 weeks are completed, the intervention will be adapted to what Morgan needs to focus upon, based on the GLM principles. While making the necessary changes in the program to appropriately work for Morgan, making sure it is open to responses to Morgan and his goals. By carrying out assessments continually and gaining this feedback from Morgan, that will ensure that the program is holistic and the impact of the intervention in reducing re-offending, whilst providing the necessary tools to promote further positive life changes.

What are the expected outputs from this project?

The aim outcome for this 12 month rehabilitation program using the Good Lives Model for young offenders with a history of adverse childhood experiences is a successful transformation, personally and socially. Heightened life skills, work skills and Better emotional and behaviour regulation which in turn will diminish criminogenic nature. The success of the intervention will be seen in better skills both vocational and educational and improved positive attitude to his life and mental well-being. Further, helping with the past of substance use and drinking, the time in the programme will help tear away from these substances and reliability upon them. The intervention prioritises the feedback from Morgan and achieving a reduction in recidivism. The intervention will also importantly provide Morgan with counselling to help navigate hard emotions associated with ACEs.

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