BSc Applied Psychology

ECAP6003 Forensic Psychology and the Criminal Mind:

Rehabilitative Proposal

Proposal title:

The use of the Good Lives Model, Cognitive Behavioral Therapy and a reward scheme to aid young offenders with antisocial behavior.

Proposal theme:

An overview of your intended proposal (no more than 150 words)

This rehabilitation program has followed the Good Lives Model (2002) structure to create a CBT and positive reward scheme-based program. To encourage 15-year-old Dylan with anti-social behaviour, to engage in his schoolwork to succeed with his GCSE exams in school.

Background literature review:

The relevant literature underpinning your rationale for the proposal and the evidence it is based upon (approximately 1,000 words).

The term anti-social behaviour (ASB) describes a wide range of actions that are undesirable to society or violate the rights of others, including aggressive, disruptive, and rule-breaking behaviours (Calkins & Keane, 2009). Examples of this troublesome behaviour would be harassment, verbal abuse and vandalism (Jacobson et al., 2005). Anti-social behaviour has three main categories: personal, nuisance and environmental. Personal (ASB) would involve targeting or harassing a certain person or group. Nuisance (ASB) would involve causing trouble or annoyance to a community such as verbal abuse. Environmental (ASB) would involve negatively impacting their communities such as graffiti or vandalism (Horley et al., 2025).

In March 2023, police stated that 74% of 1.1 million incidents regarding anti-social behaviour, were nuisance (ASB) that occurred across England and Wales (HMICFRS, 2024). However, it must be noted that young offenders are on the rise in England and Wales. Statistics state that

children aged 10 to 17 made up 36% of the offending population, whilst 74% of the offending population was between the ages of 15 and 17 (Youth Justice Board, 2024). According to the British Crime Survey, anti-social behaviour was the most common crime committed in 2023, specifically theft and damaging properties (Youth Justice Board, 2024).

Many studies demonstrate that parenting influences children's development of aggressive and callous-unemotional behaviour. Callous-unemotional is a lack of compassion and understanding of other people's feelings (Raschle et al., 2018). Waller et al. (2018) conducted a study that supported this. The study investigated the potential relationship between children's aggression, callous-unemotional behaviors and parental behaviors, taking hereditary factors into account. The study included 227 monozygotic twin pairs, 454 adolescents, from diverse backgrounds. The findings demonstrated that the twin that received stricter parenting showed higher aggression and increased callous-unemotional, whereas the twin that was shown more affection demonstrated lower callous-unemotional behaviour (Waller et al., 2018).

The term strict parenting describes critical, punishing, and assertive parenting styles. It frequently involves behaviors like shouting, physical abuse, and being extremely demanding or strict. A lack of emotional support is often an indicator of harsh parenting, which can also make the child feel afraid or anxious (Waller et al., 2018). Studies suggest that children who are brought up with strict and controlling parents have a desire to rebel against authorities as a feeling of control. Similarly, if the child is brought up in a toxic household where behaviours such as shouting and physical abuse are seen as acceptable. The child would see this behaviour as normal as it is learnt behaviour as they would not know any different, therefore, they are likely to display aggressive behaviours towards others (Lundberg, 2023).

Several studies suggest that punishment alone is not effective when it comes to individuals with anti-social behaviour. Punishments including time-outs can contribute to temporarily discouraging behaviour, however, it does not increase the likelihood of desired behaviour (Scott et al., 2023). Morgan et al. (2014) conducted a study that supports this.

The researcher specifically wanted to explore the relationship between male adolescents' aggressive behaviour and reward and punishment responsiveness. The study examined a control group of 50 males aged 13–17 with no criminal history with 85 young offenders aged 12–18 who had committed at least one offence. The findings suggested that the young offenders had higher levels of Behavioral Activation System and lower levels of Behavioral Inhibition System compared to the control group (Morgan et al., 2014).

According to research, those with a lower Behavioral Inhibition System are less likely to be affected by negative feedback or punishment, which can encourage undesirable behaviours like violence, rule-breaking, or criminal activity. In contrast, an individual with a high Behavourial Activation System indicates that a person is more driven to pursue good outcomes and is more attracted to rewards. (Braem et al., 2013). Therefore, creating a rehabilitation plan following the Good Lives model (2002) that involves a reward system and Cognitive Behavioural Therapy would be beneficial for a young offender with anti-social behaviour and potentially aid in altering their behaviour.

The Good Lives Model (GLM) (2002) is a rehabilitation strategy that goes beyond by not only preventing reoffending but to assist offenders in creating a better, more fulfilling life. The model suggests that individuals commit crimes due to failing to achieve their life goals such as finding purpose, which then leads to them resulting in crime (Ward, 2020). Willis & Ward (2024) state that the Good Lives Model (2002) is effective for anti-social behaviour as it focuses on individual goals and assets, which aids in rehabilitating offenders. The model increases their motivation to change their behaviour by addressing issues that are important to them, such as relationships or personal success. This may enhance overall life satisfaction and potentially lower criminal behaviour (Willis & Ward, 2024).

Additionally, Armelius & Andreassen (2007) conducted a study that investigated the effectiveness of cognitive behavioural therapy (CBT). Twelve trials involving youths between the ages of 12 and 22 who were placed in residential settings due to their antisocial behaviour were examined in this study. The findings after 12 months of the treatment

demonstrated that CBT was beneficial compared to standard treatment, such as group therapy, with a 10% decrease in recidivism (Armelius & Andreassen, 2007).

In continuation, Appiah & Billen (2024) conducted a study consisting of 156 adolescents that examined whether students' self-regulation will play a part in achieving their personal goals and reducing antisocial behaviour. According to the findings, pupils who were more dedicated and valued their goals were more likely to succeed and showed less antisocial behaviour. This demonstrates that when individuals are in the correct mindset of achieving their goal and by following the Good Lives Model (2002) structure, they can alter their behaviour and demonstrate less anti-social behaviour (Appiah & Billen, 2024).

From reading the previous studies, it demonstrates that young offenders with anti-social behaviour can alter their behaviour to be more desirable when they follow the Good Lives Model (2002) structure, receive cognitive behavioural therapy and use a reward system. Young offenders do not always benefit from punishment long-term, therefore the Good Lives Model (2002) aims to change their mindset by encouraging a focus on positive goals, individual development, and improved decision-making, all of which may reduce antisocial behaviour and result in a more fulfilling life (Ward, 2020).

Proposed methodology: *(approximately 500 words)*

For the therapist to create a successful rehabilitation plan for Dylan, the therapist followed the structure of the Good Lives Model (2002). The therapist identified aspects of offending by using the SAVRY tool to assess the risk of future violent behaviour (Chu et al., 2015). The therapist completed the SAVRY assessment after having a meeting with Dylan’s teachers at his school.

The following phase from the GLM involved identifying the function of offending. The therapist used an Aggression Questionnaire (AGQ) to measure four components of aggression: physical aggression, verbal aggression, anger and hostility. This assessment enables the therapist to develop more specialized treatment plans that target these vulnerabilities and requirements, such as resolving family conflicts or teaching anger management techniques (Buss & Perry, 1992).

The third phase of the GLM would be identifying core identities based on the primary goods to build a good life program. For this stage, the therapist sat with Dylan and told him to choose the most valuable primary good to him. By choosing a specific primary good to improve on, it provides the individual with a target and something they want to achieve. These are the key goals or principles that motivate behaviour and provide people with a feeling of fulfilment and well-being (Willis & Ward,2024).

The next phase to the GLM was identifying how Dylan was going to achieve his chosen primary goods, by selecting certain secondary goods. Secondary goods are methods that assist the individual to achieve their primary good (Willis & Ward,2024). Dylan chose knowledge as his primary goal. From the therapist having meetings with the teachers at his school, they revealed that he has the potential to achieve high grades, except his anti-social behaviour prevents him from achieving.

The therapist and Dylan had a long discussion regarding Dylan's future, this is when the therapist noticed that Dylan himself wanted to achieve but felt that his behaviour had dragged him down and he did not know how to find his motivation to engage in his education. Dylan was constantly moved into other classrooms for his disruptive behaviour, which placed him in lower set classrooms, where he was unable to progress. The therapist stated that for Dylan to succeed with his GCSEs, he needed to attend additional lessons after school to catch up on the work that he had missed.

The final stage of the GLM was to develop the detailed plan and specify how Dylan was going to achieve his primary good goal. For Dylan to successfully pass his GCSEs, the therapist stated that he needed to attend additional classes to catch up on the work. The treatment plan would involve CBT to educate Dylan to recognize and alter harmful thought and behaviour patterns and teach him how to deal with his anger management effectively so that it would prevent him from reoffending (College of Policing, 2018). Additionally, from getting to know Dylan, the therapist knew that Dylan thoroughly enjoyed football. This enabled the therapist to develop a reward scheme with football collectable cards known as 'match attax'. Each time Dylan attended an additional class; he would receive a pack of 'match attax', as

previous studies support that reward scheme work effectively with young offenders (Morgan et al., 2014).

The rehabilitative intervention design:
A description of your planned rehabilitative intervention

A rehabilitation program that uses CBT and a positive reward scheme to encourage Dylan's engagement at school to promote successful grades with his GCSEs.

The target population and recruitment:
This rehabilitation was specifically made for 15-year-old Dylan. He is a young offender that is visited regularly by the police for his anti-social behavior towards the teachers and students at his school. He is currently at his 3rd Secondary school, as he has been expelled from the previous two schools for his threatening and aggressive behavior. After having several meetings with the headmaster regarding his behavior, Dylan's parents and the headmaster found that punishment was not working and therefore, Dylan was forwarded to the police therapist for rehabilitation.

Materials/measures:
Will you require any specific assessment tools, e.g. the SAVRY etc.

The SAVRY assessment will be used at the beginning and at the end of the program to determine if Dylan's scores on any of the sections had decreased throughout the program. SAVRY is a measure designed to evaluate youths between the ages of 12 and 18 for violence risk. Three categories: historical, social/contextual, and individual/clinical. A risk rating of low, moderate, or high is assigned to each item (Chu et al., 2015). Additionally, an Aggression Questionnaire (AGQ) will be used to measure four components of aggression: physical aggression, verbal aggression, anger and hostility.

Procedure: *(approximately 450 words)*
A detailed account of your proposed rehabilitation intervention.

Week 1 – Identifying aspects and function of offending.

The Therapist will complete the SAVRY assessment to assess the risk of violent behaviour in Dylan. Based on the results from the SAVRY assessment, the therapist decided to use an Aggression Questionnaire (AGQ) to measure four components of aggression.

Week 2- Getting to know the therapist.

After Dylan completed both assessment and questionnaire, the therapist arranged a meeting and introduced ice breaking games such as 2 truth and 1 lie to get to know Dylan and provide him with someone he could trust. This week, they met every day, during lesson time, for half an hour.

Week 3- Identifying primary and secondary goods to create a plan.

The therapist created a spider diagram with all the primary goods and explanations of them. Dylan was told to choose one of these to focus on. Dylan chose 'knowledge' as his primary goal, which led to the next stage of identifying ways he could achieve this. Dylan stated that he wanted to achieve successful grades in his GCSEs next summer but did not have any motivation. 'Match atax' were used to help motivate Dylan to attend the additional classes.

Week 4-8- Introducing the CBT and reward system collaborated rehabilitation program.

Initially, the therapist and Dylan discussed Dylan's issues and established clear treatment goals, such as managing and addressing anger issues. The therapist assisted Dylan to recognize the negative thoughts and behaviors that fuel his anger. The goal is to replace automatic negative ideas with more realistic, balanced, helpful, and reality-based ones.

Week 9-12- Anger management using behavioral intervention.

Goal: Instead of using hostility or passive-aggressive behaviour, teach Dylan how to respectfully, calmly, and directly communicate his needs and feelings. By acting out scenarios where Dylan has to express their frustration or anger. They will work on speaking in a controlled and non-hostile manner. This encourages constructive anger management, which lowers the risk of outbursts.

Week 13-15 –Reviewing progress.

Together, Dylan and the therapist will assess how well Dylan is doing in achieving his goals. They might change the strategy if some of the tactics aren't working.

Week 16-18 – Relapse presentation.

The therapist frequently focusses on relapse prevention at the conclusion of therapy. This involves educating Dylan on how to spot early indicators of distress or harmful thought patterns and provide coping mechanisms for future difficulties.

Week 19-20- Review.

The SAVRY assessment and AGQ questionnaire were completed again to identify if the scores had decreased. Additionally, the therapist would have meetings with Dylan’s teachers to see if he was engaged and progressing in his schoolwork towards his GCSEs.

Ethical considerations:

Any relevant ethical issues and how you will mitigate them.

1) Dylan may feel reluctant to talk openly about his behaviour. Therefore, by following the BPS code of ethics and conduct (2018) Dylan will be informed that all his notes made by either himself or the Police therapist during the therapy sessions will be kept securely, ensuring that no one other than them two knows what is discussed during the therapy session (American Psychological Association, 2020). Except in situations where there is a risk of harm to themselves or others, young offenders should be reassured that the information they share in therapy will be kept private (Moreno, 2005).

2) By following the BPS code of ethics and conduct (2018) as Dylan is 15 years old, he requires his parental consent to begin the therapy regarding his behaviour (American Psychological Association, 2024). Dylan will be made aware of what is included within the sessions and that he is free to leave the session at any time (Moreno, 2005).

3) Dylan may have suffered from trauma, mistrust of authority, or a lack of support, it is essential to establish trust between the therapist and the young offender. To promote open communication, therapists should actively listen and create a nonjudgmental, secure and encouraging environment (Moreno, 2005).

Planned analysis:
How will you evaluate the efficacy of your rehabilitative intervention (approximately 150 words)

The SAVRY assessment and the AGQ questionnaire will be conducted at the beginning and at the end of the rehabilitation program to determine whether Dylan's scores have changed since receiving the treatment. Additionally, as Dylan chose to fulfil his 'knowledge' from the primary goods, if the rehabilitation program was successful, Dylan will show engagement in his schoolwork by completing work on time and attending all the lessons, as well as additional lessons for exam revision.

What are the expected outputs from this project?
What do you hope to achieve based on the empirical evidence base (approximately 150 words)

Before Dylan began his rehabilitation program, he was constantly having meetings with his headmaster regarding his disruptive and aggressive behaviour towards others. This resulted in him being pulled out of his lessons into lower sets, where he could not progress with his learning. The rehabilitation program included cognitive Behavorial therapy to educate Dylan how to manage his aggression and how to react in situations which would usually result in him threatening anti-social behavior such as verbal and physical abuse towards others. Additionally, a reward scheme was included for attending additional lessons, as previous studies support the use of reward systems with individuals with anti-social behaviour (Morgan et al., 2014). From completing this program, Dylan should be able to manage his anger appropriately and succeed in his GCSEs, which fulfils his primary good.

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Basic Acknowledgement format of AI tool use

I acknowledge the use of Grammarly https://www.grammarly.com/ on 12 January 2025 to check my work by using the following prompt.

I used the prompt(s):

1. Please check the following text for readability and grammar.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

I acknowledge the use of Google scholar https://scholar.google.com/ on 9 January 2025 to access reliable and suitable papers for my work by using the following prompts:

I used the prompts:

1. The effectiveness of punishment on young offenders with anti-social behaviour.
2. Case studies supporting the CBT and reward system.
3. Overview of the Good Lives Model.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.