

Models of Offender Rehabilitation: A Comparison of the Risk, Need, Responsivity Model and
the Good Lives Model

A Thesis Submitted to the Department of Psychology

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in Partial Fulfillment of the Requirements

for the Degree of

Master of Arts in Psychology

By

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Abstract

Within five years of release from prison, three quarters (76.6%) of offenders across 30 state correctional systems are re-arrested, while total state costs for corrections in the U.S. exceed \$48 billion. The bleak outlook for over 6.8 million offenders and the burden on their communities makes the continued improvement of offender rehabilitation theory imperative. Improvements in theory can drive improvement in rehabilitation programs in both community and institutional corrections. The risk, need, responsivity model (RNR) of criminal rehabilitation has become the dominant evidence-based framework for professionals in the U.S., Canada, and the U.K. However, critics argue that the model's focus on reducing the likelihood of offending results in many RNR-based programs lacking an orientation that seeks to fully reintegrate offenders into communities as well-adjusted, contributing members of those communities. In contrast, the recent development of the good lives model (GLM) utilizes positive psychology principles to produce interventions based on character strengths, making the achievement of a meaningful, happy, and socially adjusted life its primary objective. Though GLM has been taken by some as an alternative to RNR, the two models are not mutually exclusive: the literature suggests that those areas where RNR lacks specificity can be clarified and enriched by the GLM model. Further, with a paucity of empirical literature to support the claims of GLM, it is argued that the Values in Action (VIA) model of character strengths and character strengths interventions should be utilized to inform continued research in the field. Such a synergy could lead to the development of programs that include evidence-based interventions to reduce re-offending, while at the same time increasing offenders' chances of re-integrating into communities and leading meaningful lives. Finally, the social setting in which individual rehabilitation occurs is explored, and the implications for theories of offender rehabilitation are discussed.

Models of Criminal Rehabilitation: A Comparison of RNR and GLM

In the United States, a sample of released state prisoners from 30 states found that three quarters (76.6%) of those who are released from prison will be re-arrested within five years (Durose, Cooper, & Snyder, 2014). Though this statistic has been called into question by other research and may actually be as low as 33% (Rhodes, Gaes, Lallen, Kling, Rich, & Shivley, 2014), any reduction in the rate at which offenders commit new crimes represents large gains for communities. Additionally, the sum of all state budgets allotted over \$48 billion in 2010 to pay for correctional expenditures (Kyckelhahn, 2014). While the monetary cost alone warrants efforts to reduce the need for correctional services, the exceptionally high rate of re-offending makes the future prospects of offenders desolate. At the end of 2014, there were approximately 6.8 million people being supervised or in the custody of correctional authorities (Kaeble, Glaze, Tsoutis, & Minton, 2014). The improvement of offender rehabilitation theory applies to both community and institutional populations and continues to promise extraordinary gains in the lives of offenders, the communities in which they live, and the resources available to state and federal governments.

Administering human service programs within the justice system may be referred to as rehabilitation, reintegration, or correctional treatment in the literature, and may occur in an institutional, parole, or probation setting (Andrews & Bonta, 2006). The desired outcome of such services is reduced recidivism, though some theories like GLM add the well-being of offenders to their goals (Willis & Ward, 2013).

Established over several decades of research, the risk, needs, responsivity (RNR) model of rehabilitation has become the dominant theory utilized to develop evidence-based

interventions for offenders (Andrews, Bonta, & Hoge, 1990; McGuire, 2013). However, there are strong criticisms that RNR fails to properly address issues beyond risk factors, leaving offenders without needed support to rejoin their communities as well-functioning, fulfilled individuals (Ward, Yates, & Willis, 2011; Polaschek, 2012; McNeill, 2012). In conjunction with those criticisms, the Good Lives Model (GLM) of rehabilitation has proposed an approach based on developing attitudes and behaviors that not only reduce the risk of reoffending, but also enrich the personal lives of offenders (Willis & Ward, 2013).

Though there has been considerable commentary and debate between the authors of these theories and others in the field (Ward, et al., 2011; Andrews, Bonta, & Wormith, 2011; Polaschek, 2012; Looman & Abracen, 2013), both theories make meaningful contributions to the future study of rehabilitation. While RNR has a decades-long empirical literature, comprised of hundreds of empirical publications to support its principal claims (for a complete review, see Andrews & Bonta, 2006), GLM is directly supported by only a handful of studies that either lack measurement of recidivism rates after program completion (Harkins, Flak, Beech, & Woodhams, 2012) or base conclusions on case studies (Gannon, King, Miles, Lockerbie, & Willis, 2011). This does not discount GLM as a theory, but does argue for the development of a more expansive, empirical literature. Additionally, GLM's theoretical base requires some clarification. GLM often mentions its structure as a "strengths-based" rehabilitation theory (Ward et al., 2011, p. 95; Willis & Ward, 2013, p. 307), and that focusing on strengths of offenders to achieve change is central (Ward, Mann, & Gannon, 2007). But "strengths" remain without a clear, consistent operational definition. And while GLM relies on certain studies to link goal pursuits (Deci & Ryan, 2000), well-being (Cummins, 1996), and engaging in criminal behavior (Ward, et al., 2007), more recent theory undermines this link (Cummins, 2013).

In reviewing the RNR and GLM literature, I argue first that the responsivity principle of RNR is under-articulated and can easily be overlooked in practice. Second, GLM's focus on individual needs, achievement of life satisfaction, and improving offender engagement in treatment goals can inform the deficiencies in RNR's responsivity principle. While Leam, Gannon, & Dixon (2013) asserted that GLM should be assimilated into RNR to achieve improved practice in sex offender rehabilitation, I argue that GLM's level of responsivity should be extended to the greater breadth of people under the supervision of the criminal justice system (both within prisons and without). Third, to achieve broader support for GLM, it is necessary to look outside of its current empirical base to the positive psychology literature on character strengths. By examining the Values in Action (VIA) model of virtues and character strengths developed by Peterson and Seligman (2004), as well as the interventions that have been implemented to successfully improve well-being, I argue that the components of VIA are related to the primary aspects of GLM theory while also offering a definition of just what "strengths-based" means. And fourth, the literature supporting VIA studies can offer some of the empirical support that GLM needs as its proponents work to examine its efficacy in rehabilitation programs. Finally, I contextualize these models as they exist within other social and structural challenges that must be considered in any discussion of rehabilitation.

The Risk, Need, Responsivity Model

The RNR model has flourished as a result of validation from research and continued elaboration from its authors over the last several decades (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Andrews & Bonta, 2006; Andrews & Bonta, 2010). In a meta-analysis of 154 studies of adolescent and adult correctional rehabilitation, Andrews, et al. (1990) found that programs that included RNR principles had a significantly higher average effect sizes

(mean phi coefficient = .30) compared to unspecified correctional service (.13), inappropriate service (-.06), and non-service criminal sanctioning (-.07). Overall, appropriate (i.e., RNR-focused) treatment reduced recidivism rates by 53.06% ($SD = 26.49$; Andrews, et al., 1990). The theory is comprised of three central principles that should guide rehabilitation: risk, need, and responsivity.

Risk

Andrews and Bonta (2010) identify their risk principle as identifying whom interventions should treat. The literature has shown that high risk offenders benefit most, while low-risk offenders often require little or no intervention. In fact, offering treatment to low-risk offenders yielded higher recidivism rates in a number of instances (Andrews & Bonta, 2006), which might result from offenders' perceptions that treatment is not justified and/or resentment towards the authorities mandating treatment, thus increasing antisocial attitudes. Such a finding argues strongly for tools that identify who are high- and low-risks for reoffending. The authors show supportive evidence for utilizing actuarial assessments of static risk factors (e.g. criminal history, substance abuse history) and/or dynamic risk factors. Often called 'criminogenic needs,' dynamic risk factors can vary in multiple directions: a person might engage in a relationship with someone constructive who promotes prosocial behaviors, or engage with a person whose antisocial tendencies increases the person's danger of reoffending (Andrews & Bonta, 2010).

A number of prediction instruments have been refined in the last several decades, all of which offer predictive power over and above professional judgments as to whether offenders will re-offend, and whether re-offending may be violent (e.g. PCL-R, $r = .27$ [general recidivism], $r = .27$ [violent]; LSI-R, $r = .36$ [general recidivism], $r = .25$ [violent]; Andrews & Bonta, 2006).

Including follow-up assessments offers modest improvements in predictive validity as well (Howard & Dixon, 2013). However, all of these scales achieve at best a moderate level of predictive accuracy, making their contribution meaningful but still far from providing certainty.

Need

The need principle identifies the target of treatment by separating criminogenic and noncriminogenic needs. Criminogenic needs are factors that predict changes in the rate of recidivism. Referred to as the Central Eight, these factors include: antisocial attitudes; antisocial associates; personality—weak self-control; non-criminal alternative behavior in high-risk situations; parenting—nurturance/caring and/or monitoring/supervision (this refers to the extent that there is dysfunction in the home and is especially salient for youthful offenders who still live with their parents); school and work; substance abuse; and leisure or recreation (Andrews & Bonta, 2006).

A meta-analysis of 225 program studies indicated that these Central Eight criminogenic needs significantly predicted changes in recidivism when they were targeted, whereas non-criminogenic needs, such as empathy and anxiety did not predict changes in recidivism. Programs that have addressed criminogenic needs, such as change in attitudes towards authority, treatment, and respect of others (i.e., antisocial attitudes) have found improvements to be significantly predictive of reduced recidivism. On the other hand, when changes in anxiety are monitored, reduced anxiety does not predict reduced recidivism (Andrews & Bonta, 2006).

In addition to this dichotomy, criminogenic needs can be divided into static risk factors (areas like personal history or demographics), which are not changeable, and dynamic risk factors (i.e., the central eight above), which can be changed. These terms underscore the need

principle: placing program emphasis on factors that significantly predict changes in recidivism (criminogenic needs), and have been demonstrated to be changeable (dynamic risk factors).

Responsivity

The tailoring of programs and resources to the learning style and abilities of offenders is the primary focus of responsivity. This includes what is termed general responsivity by Andrews and Bonta (2010): programs should focus on cognitive and social learning approaches as the primary method of influence on offenders. Importantly, specific responsivity involves treatment design at the individual level, based on the person's strengths, personality factors, motivation, gender, ethnicity, and age. As forensic populations contain a wide variety of intellectual aptitudes and levels of anxiety or interpersonal sensitivity, such concerns can make a large difference in whether a program is successful (Andrews & Bonta, 2006). In considering all of these factors, the purpose of responsivity is to achieve engagement: the extent to which offenders participate and engage in a program is a large determinant of that program's effectiveness (Leam, Gannon, & Dixon, 2013).

Similar to the general prescription of the risk principle, studies on matching offender characteristics to treatment type have shown that improvements in recidivism can be realized by identifying traits (like whether offenders are amenable to programming or whether offenders are high in maturity) and matching treatment types accordingly. Though this is an emerging area of research, there is substantial promise if specific combinations of interventions and trait-level factors achieve the best results. Studies of some special populations in corrections, including those who are mentally disordered, psychopaths, and/or sex offenders have found improved outcomes from matching programs to offender traits (Andrews & Bonta, 2006).

The Mechanism for Change

The RNR model describes the “who, what, and how” of offender rehabilitation. However, in describing criminogenic needs as target factors, does not include a description of what their prescription for cognitive behavioral and social learning approaches means specifically (Andrews & Bonta, 2006): just how do these approaches result in less criminal behavior? The Personal, Interpersonal, and Community Reinforcement (PIC-R) perspective on criminal conduct was developed by Andrews and Bonta (2006) to explain how the RNR model of rehabilitation may have an effect on criminal behavior. Based on the principles of behaviorism, the PIC-R states that individual behavior is largely determined by factors in the present moment, especially the rewards and costs for particular acts. From this perspective, the personal, interpersonal, and community sources of rewards and costs must change to allow long-term behavioral change to occur. The rewards and costs of associating with certain people or engaging in certain behaviors are not fixed, but subject to change. PIC-R states that by engaging in skills training (i.e., cognitive behavioral practices like defining, modeling, and arranging reinforcing practice through role-playing), personally held assessments towards the rewards and costs of engaging in antisocial behaviors or with antisocial associates will change (Andrews & Bonta, 2006). Of course, this individual-level focus allows for a personal and interpersonal change of assessments, but the community-level assessments of rewards and costs is beyond the reach of such interventions, making a large portion of this model beyond the capacity of rehabilitation programs. Specifically, rehabilitation programs cannot alter the neighborhood, local culture, or policing practices (to name just a few aspects of a community)—community-level judgements about appropriate behavior and authority could strongly influence the efficacy of programs.

What Does an RNR Intervention Look Like?

As a representative treatment program that adheres to RNR principles, a review of the Reasoning and Rehabilitation program (R&R) is useful to understand how the RNR model has been applied in the field. R&R has been successfully implemented in a number of correctional settings, including the U.S., Canada, the United Kingdom, and Sweden; a meta-analysis of 19 program evaluations shows a 14% reduction in recidivism over no treatment controls (with U.S. samples being the exception, where no reduction was found; Tong & Farrington, 2008). Other studies of R&R efficacy have demonstrated small but reliable decreases in recidivism (Berman, 2004).

Berman (2004) assessed an R&R program for incarcerated Swedish men, investigating both short- and long-term outcomes. R&R is comprised of thirty-six two hour sessions over a three month period. Administered by pairs of facilitators, the program prioritizes active participation. Groups targeted include youth offenders, drug offenders, violent offenders, and sex offenders, while psychopathic personalities and those already exposed to cognitive/social skills approaches were excluded. These criteria were assessed in pre-screening which included structured interviews (Berman, 2004). The intervention bases its goals on the assumptions that offenders have not been sufficiently socialized, that they lack values, attitudes, reasoning, and social skills needed for social adjustment, and that such skills can be taught (Berman, 2004). Sessions focus on group discussion, role-playing, games, puzzles, and reasoning activities that seek to promote skills while also being engaging and enjoyable for participants (Pullen, 1996).

The study found that compared to matched controls, those who completed the program (77%; $n = 212$) significantly improved their sense of coherence, attitudes towards the law, courts, and police, as well as significant decreases in impulsiveness, tolerance of law violation, and criminal identification (all measures were self-report). Success in changing one's perception of

whether laws are legitimate and worth obeying is certainly an important part of decreasing criminal behavior. In the long-term, those who completed the program were significantly lower in recidivism than no treatment controls over a 36-month follow-up period (25% lower risk; Berman, 2004).

Interestingly, this R&R program inverted the Risk principle of RNR, excluding those highly likely to reoffend and relying on structured assessment interviews rather than actuarial assessments of risk (Berman, 2004). In terms of the Need principle of RNR, this intervention did target specific criminogenic needs, including antisocial attitudes and antisocial associates. However, whether responsivity is present in the Swedish intervention is in doubt. There is no explicit mention of alterations to program parameters based on individual needs, though the general approach of the intervention was in a cognitive-behavioral style (Berman, 2004). The lack of attention to responsivity in this example of an R&R program underscores the criticism that RNR-based rehabilitation programs tend to be deficient in responsivity (Polaschek, 2012).

Criticisms of RNR

The use of RNR as a broad theory of rehabilitation has generated substantial criticism (Polaschek, 2012; McNeill, 2012; Mapham & Hefferon, 2012), largely targeting its lack of well-articulated guidelines for developing interventions. Polaschek (2012) points out that the model is an overarching, multifactorial theory that makes recommendations about the necessary components of effective interventions. However, it is *not* an intervention-level theory: RNR makes an excellent, general description of what features predict a successful rehabilitation program, but does not specify the particular ways those features are best achieved. As a result, RNR is often faulted for the lack of a lower-level, interventional theory; such theories describe a

specific program, its content, and what practitioners and clients are meant to be involved (Polaschek, 2012). In addition to the lack of intervention specificity, a central critique of the RNR model is its explicit goal; i.e., to limit the risk of re-offense (Andrews & Bonta, 2006; Andrews & Bonta, 2010), rather than to enrich or restore the lives of offenders themselves. It has been argued that failing to engage and motivate offenders in their own rehabilitation will undermine long-term success in the community (Willis & Ward, 2013; McNeill, 2012). Others argue that the immersion of correctional practice in identifying risk and focusing on need may result in excluding many offenders who otherwise might benefit from rehabilitation resources (Moffat, 2005). If only those we identify as ‘high-risk’ are to receive interventions, the implicit result is to ignore the needs of all ‘low-risk’ offenders. Further, the intensive attention to criminogenic needs fails to acknowledge societal and structural barriers to personal change: how well can someone avoid reoffending in a community without jobs, where they are barred from housing due to their record, or where the community is not supportive of rehabilitation? By investigating the Good Lives Model of rehabilitation, we find a number of ways to address the negative focus of the RNR model.

The Good Lives Model of Rehabilitation

Developed over the last 15 years, the good lives model (GLM) utilizes a strengths-based approach to rehabilitation which seeks to enhance internal and external resources of clients, allowing them to live good (or at least improved) lives, imbued with meaning at both the personal and social level (Ward, et al., 2011). The model asserts that offenders seek “primary human goods...[which] are mental states, personal characteristics, or experiences that are intrinsically beneficial and sought for their own sake,” and often lead to increased well-being (Ward, et al., 2011, p. 95). Eleven primary goods are identified, including healthy living,

knowledge, play, friendship, community, happiness, and spirituality. Secondary goods represent all those means used to achieve primary goods (e.g., both spending time with family and joining a social club are means of obtaining the primary good of friendship). In the context of criminogenic and noncriminogenic needs, the secondary goods are where the pressure to reoffend may arise (e.g., someone addicted to drugs might pursue happiness and friendship by stealing with criminal associates to fund their drug use), making the emphasis on obtaining primary goods through socially beneficial or acceptable means a central focus of GLM. By working with offenders to form a plan to successfully achieve secondary goods in the future, the model seeks to reduce the risk of offending while also achieving primary goods fulfillment for offenders themselves. In this way, the focus on secondary goods involves the same criminogenic needs that are the targets of intermediate change in the RNR model (Ward, et al., 2011; Willis & Ward, 2013).

The Mechanism for Change

In explanations of GLM, its authors indicate that criminogenic needs represent obstacles to primary and secondary goods fulfillment: the goal of rehabilitation being to instill skills and attitudes that will allow goods fulfillment without antisocial behaviors (Willis & Ward, 2013). The methods utilized in GLM to improve well-being include motivational interviewing (Ward & Gannon, 2006) and group therapy (Harkins, et al., 2012). Some descriptions of GLM fail to articulate more than one specific method for affecting change (Ward & Gannon, 2006; Ward, Yates, & Willis, 2011), though others mention that through cognitive restructuring activities like empathy training, affect regulation, and social skills training, programs might achieve desired changes in behavior (Willis & Ward, 2013). Consistently, the idea is stressed that improving “internal capabilities” (Willis & Ward, 2013, p.308; Ward & Gannon, 2006, p. 80) or

“internal...resources” (Ward, Yates, & Willis, 2011, p. 95) through strengths-focused interventions that offenders can then meet their needs without harming themselves or other people. That is, by training offenders to recognize life-improving alternatives, people will make the right decisions. This sounds similar to the claims of RNR that cognitive-behavioral and social-learning approaches will effectively reduce recidivism (Andrews & Bonta, 2006) however, the GLM literature refrains from being explicit about its mechanism for change.

Reviewing GLM’s theoretical literature, their inclusion of goal literature (Emmons, 1996; Deci & Ryan, 2000) ties goal pursuits to behavior and well-being. Goals that focus on approach or positive outcomes (like wanting to spend the afternoon with friends) are associated with improved well-being, while avoidance goals (like wanting to avoid being alone this afternoon) are associated with lower well-being and higher anxiety. Again, this must be interpreted from the literature referenced by GLM’s authors, but the relationship between the types of goals one pursues and the subsequent impact on affect seems to be the primary mechanism for positive change and the improved ability of GLM to engage offenders (Emmons, 1996).

The Ideal Implementation of GLM

Ward and Gannon (2006) detail specific procedures for a GLM-based intervention for sex offenders. While this approach is designed for a highly specified group of offenders, the focus and general prescriptions for practitioners serve as a useful example of how GLM’s structure would differ from RNR. By executing several phases of treatment, clinicians seek to alter an offender’s Good Lives Plan. A Good Lives Plan is the often implicit set of goals and preferences that offenders use to guide their behavior. GLM seeks to consciously construct a new, socially acceptable Good Lives Plan that details goals for a fulfilled life and the means for attaining them. Treatment will vary in length and content depending on a number of factors (e.g., level of risk,

responsiveness to counseling, cognitive abilities) and is a collaboration between the participant and their counselor (Ward & Gannon, 2006).

The first phase of treatment is concerned with assessing criminogenic needs (both the risk and need principle of RNR) of each offender. While applying actuarial assessments of risk factors as in RNR, an open-ended interview is recommended; this allows clinicians to understand which primary good the individual offender places above all others. This focus on individual goals is a primary method of achieving a positive relationship with offenders (showing them that their concerns and values are being taken into consideration), as well as providing a strong indication of what criminogenic needs should receive the most attention.

The second phase recommends that clinicians identify which primary good(s) the offender sought to achieve by engaging in their criminal activity (in this case, sexual abuse). The current flaws in the offender's Good Lives Plan are noted. Using this information, a causal explanation for the offender's behavior can be deduced. The third phase involves selecting secondary goods that will illustrate to the offender how daily life can result in the achievement of primary goods. Fourth, consideration of the offender's environment is made. Clinicians are instructed to consider what living arrangements into which the individual will be released, including work options, leisure activities, community factors, and support resources available; these concerns should be integrated into the Good Lives Plan. Finally, the fifth phase involves finalizing a Good Lives Plan focused on a lifestyle the offender would find meaningful and fulfilling, as well as noting what areas of competence must be improved to allow this plan to be realized. This five phase process establishes the ideal program for offenders (Ward & Gannon, 2006). Unlike RNR, where treatment is a structured, static curriculum, GLM proposes a highly individualized approach to treatment.

How Do We Find GLM Implemented in the Literature?

As a newer theory, GLM may be implemented in a limited way by authorities as its efficacy is tested. Harkins et al. (2012), evaluated a GLM-based intervention that treated sex offenders in the community. Comparing sex offenders in Northern England participating in a GLM-structured intervention ($n = 76$) and those in a relapse prevention program ($n = 701$; RNR-based in its focus on risk reduction), four outcomes were assessed: attrition rate differences; treatment change, defined in terms of psychometric testing on pro-offending attitudes, socio-affective functioning, relapse prevention skills, and offenders' overall post-treatment profile; facilitator experiences with programming; and participant perceptions of the program. While 'treatment change' was only defined vaguely by the study's authors, the data utilized to assess this outcome was from a pre- and post-treatment questionnaire called the Sex Offender Psychometric Scoring System (Mandeville-Norden, Beech, & Middleton, 2006). There was no significant difference in attrition rate, or treatment changes, between the two treatment types. Post-treatment profiles showed that both the facilitators and participants in the GLM-structured group viewed the program as more positive. However, much like other current studies of GLM-structured interventions (Willis & Ward, 2013), this study lacks a longitudinal component to demonstrate that it achieves similar recidivism reductions to established, RNR-based approaches.

This study also differs substantially from the ideal GLM program iterated by Ward and Gannon (2006). While the content of instruction focused on the improvement of primary goods acquisition (rather than RNR-style avoidance goals), there did not appear to be any of the unstructured interviewing or individualization of treatment prescribed by the theory's authors—eschewing a Good Lives Plan drops a substantial portion of GLM (Harkins, et al., 2012). Indeed, whatever intake procedures are recommended to structure the ideal GLM practice, real-world

application will typically be executed in group therapy contexts with facilitators, conform to specific time requirements and be comprised of specific, government-approved content modules (Harkins, et al., 2012). GLM practice represents a changing focus towards personal enrichment. Inclusion of GLM could move the current, rigidly-structured, planned curriculum format of rehabilitation programs to acknowledge the utility of flexibility or tailoring aspects of programs to the needs of individual participants. In the case of this particular study, however, it is important to consider that recidivism is not among the outcomes measured. As will be discussed, this is where GLM is most at odds with the well-supported RNR literature: does the implementation of its principles lead to significant reductions in recidivism compared to comparable RNR-based programs?

Criticisms of GLM

Looman and Abracen (2013) argue that GLM is an unnecessary alternative approach, pointing out that RNR has incorporated the concerns that GLM has raised about RNR's under-articulated responsivity principle. Compared to the wealth of meta-analytic support present for RNR (Andrews & Bonta, 1990; Andrews & Bonta, 2006), GLM has relied on a limited number of research findings in making its theoretical assertions, and those findings may be subject to considerable scrutiny (Looman & Abracen, 2013). In contrast, proponents of GLM such as Willis & Ward (2013) defend the theory first by detailing its adherence to RNR principles, but also go on to review the empirical literature that supports GLM. There are only a handful of preliminary findings, several of which detail case studies that seek to characterize offenders within a GLM framework (Barnao, Robertson, & Ward, 2010; Ward, Mann, & Gannon, 2007; Gannon, King, Miles, Lockerbie, & Willis, 2011).

As mentioned above, Harkins et al. (2012) demonstrate that a GLM-style intervention for sex offenders is comparable to an RNR style program in the number of participants who complete the program and the number of persons who achieve a measurable level of psychological change during treatment, but do not demonstrate whether this group reoffends at an equal or lower rate than those in the RNR style program. Similarly, other studies referenced by GLM proponents either do not measure recidivism, and/or lack a structure that conforms to the GLM model, making any support for GLM tentative at best (Ward, Mann, & Gannon, 2007; Willis & Ward, 2013).

While GLM does more to acknowledge the influence of community resources and environmental factors than RNR (Ward et al., 2007), there is little discussion of how structural and societal barriers influence the well-being and personal resources of those who have been convicted of offenses. Similar to RNR, the literature on GLM fails to integrate the breadth of outside influences on rehabilitation outcomes—especially barriers to full citizenship, like the denial of employment in government and some private sector jobs or denial of subsidized housing opportunities (Manza & Uggen, 2006). Without including environmental factors in studies of rehabilitation outcomes, there is a limit to how well we can assist correctional populations.

In addition to a broader empirical base, GLM, requires a more clearly articulated theoretical framework. In enumerating the primary goods on which GLM is based, the theory's authors draw on social science research (Emmons, 1996; Cummins, 1996; Deci & Ryan, 2000), evolutionary theory (Arnhart, 1998), practical ethics (Murphy, 2001), and philosophical anthropology (Austin & Vancouver, 1996). However, only the social science sources are empirically substantiated. GLM's authors cite a meta-analysis of well-being studies by Cummins

(1996) as the basis to identify primary goods. However, this meta-analysis sorted previous studies of well-being into domains based on the author's subjective identification rather than with statistical methodology. If GLM proposes to affect improved well-being in offenders and thus reduce offending, there should be a stronger empirical base to suggest such a process is feasible. This gap in its theory might be addressed by empirical evidence that demonstrates such changes in well-being over time. Such evidence can be found in the character strengths literature of positive psychology, which offers compelling corroboration for GLM as a theory.

Character Strengths and GLM

There is an established literature base for targeting character strengths in psychological interventions (Moneta, 2014). Peterson and Seligman (2004) developed the Values in Action (VIA) Classification of Strengths as a complementary resource to the Diagnostic and Statistical Manual (DSM) used to categorize and diagnose mental illnesses. The VIA concentrates instead on what strengths in a person's character make the good life achievable (Peterson & Park, 2012). The idea of 'good character' is conceived as having two levels: virtues are the central characteristics of wisdom, courage, humanity, justice, temperance, and transcendence, which emerge from the traditions of moral philosophy and religion, while character strengths are the specific psychological factors that define these virtues: for example, the virtue of humanity is comprised of the strengths of love, kindness, and social intelligence (Peterson & Seligman, 2004; Peterson & Park, 2012). In the literature, factor analyses have confirmed the existence of character strengths consistently across cultures, though the number of overarching virtues has varied considerably (Moneta, 2014). Table 1 organizes the six virtues outlined by Peterson & Seligman (2004) with their constituent character strengths, also detailing which GLM primary goods seem to parallel the character strengths model.

To actually conceptualize a strength of character, the model's authors specified that they must be evident in one's behavior (including thoughts and/or feelings) such that they are measurable; that they should be trait-like (i.e., general and stable over time and different situations); strengths help people to achieve and maintain a good life for themselves and others; while having beneficial outcomes, strengths are valued morally in their own right; displaying strengths does not take away from others, but builds others up (those nearby are impressed or inspired); there will be social structures and rituals that support strengths and virtues (like the girl scouts or the YMCA); people readily recognize others as the embodiment of certain strengths; and strengths are comprised of only one dimension (they can't be further subdivided; Peterson & Park, 2012). Interventions that direct participants to utilize certain of their own strengths have been tested to assess whether such pursuits contribute to improved meaning and well-being in samples, and have consistently found significant improvements (Seligman et al., 2005; Gander, Proyer, Ruch, & Wyss, 2013).

The Mechanism for Change

Several separate theories explain how engaging in character strengths building could foster well-being. Fredrickson's (2004) Broaden and Build theory posits that while the literature on negative emotions finds that stress or anxiety narrows perception, positive emotions (like love or joy) broaden a person's thought process in the moment, allowing a greater diversity of thoughts and actions to take place. Further, positive emotions do not just transpire and dissipate, but increase one's internal resources, building a reserve of positive experience from which to draw in times of need (Fredrickson, 2004). In this model, the exercise of character strengths will allow a person to feel good not only in the moment (which will be associated with a wider scope of thoughts and feelings), but will serve as an experience the person can look to in adversity as

both comfort and reinforcement when making decisions. An example might be the virtue of temperance, which is realized in part by the character strength of self-regulation. If a person were to navigate an interpersonal conflict at work without losing their temper, after calming down entirely they might reflect and feel elated to have avoided a negative outcome—they might even feel proud of themselves. Approaching conflicts in the future, the memory of a successful, fulfilling instance of self-regulation could make it easier to handle a difficult situation. The individual episode where one exercises a character strength is a contribution in striving towards the more general virtue: in this case, exercising self-regulation over time would contribute to the virtue of temperance.

Deci and Ryan's (2000) self-determination theory states that the successful exercise of the three basic needs of autonomy, competence, and relatedness will increase the level of intrinsic motivation (the drive to do certain things because we are interested in them) in a person; in this model, success in self-derived goals will lead to improvements in one's ability to be autonomous, feel competent, and relate to others, which will in turn increase intrinsic motivation. Here, utilizing a character strength allows one to exercise their own sense of autonomy, completion of a task allows one to feel competent, and/or connected to the others around them, which will increase motivation to utilize that strength in the future. Returning to the virtue of temperance and its component character strength of self-regulation, if a person knew they tended to take criticism personally and wanted to maintain their job, they might strive to avoid responding badly to criticism from co-workers. Upon being confronted with such feedback, success in maintaining their composure would not only make them feel that they had accomplished a goal, but make them feel like they can effectively navigate interpersonal problems, perhaps increasing their drive to improve even more.

What Does a Character Strength Intervention Look Like?

Seligman et al. (2005) conducted a longitudinal study testing the effects of a signature strengths intervention and four other happiness interventions against a placebo control; participants were randomly assigned to one of the six conditions. The four happiness interventions included: a gratitude visit, where one writes, then delivers, a letter expressing gratitude to someone they never thanked properly; three good things, where one writes down three things each day that went well and what caused them over the course of a week; you at your best, where one is asked to write about an instance when they were at their best, then are asked to review the story once a day for a week, reflecting on the personal strengths evident in the story; and the fourth was an identifying character strengths only—all four exercises were meant to increase subjective perceptions of how happy, engaged, and meaningful a life participants are leading. The placebo control participants were asked to write about their early memories every night for a week (and had been told this exercise was a happiness intervention, but it had not been shown to improve happiness). Participants assigned to the signature strengths intervention completed a character strengths inventory to identify their top five strengths (i.e., their signature strengths). They were asked to utilize one of their top strengths in a new and different way each day for a week. Both depressive symptoms and happiness were measured. Happiness was defined similarly to well-being: a pleasant, engaged, and meaningful life (Seligman, et al., 2005). Over the six month follow-up, participants in the signature strengths experienced higher levels of happiness and decreased depressive symptoms compared to placebo control participants. Such findings are important because they support the claims by GLM that well-being can be improved over time through interventions.

The Character Strengths Literature

A number of character strengths interventions have been conducted to date, and while they have been on non-forensic populations, consistent, small improvements in well-being across high-school and adult samples have been found (Quinlan, Swain, & Vella-Brodrick, 2012). In a study that replicated nine different strengths-based interventions, eight of those interventions significantly improved happiness over a six month follow-up period (Gander, et al., 2013). Although such findings are not sufficient to assume that character strengths interventions will reduce recidivism, the character strengths literature does support claims by GLM that concentration on positive principles could realize substantial improvements in the lives of offenders. Other research has suggested that character strengths interventions might be applicable to diverse populations. Tweed, Biswas-Diener, and Lehman (2012) investigated the self-perception of character strengths among homeless persons, finding that while longer terms of homeless living were associated with fewer reported strengths, not only did most (114 of 116) report personal strengths but self-perceived strengths were related to altruism. Importantly in this sample, those with mental illness were not more or less likely than others to report self-perceived strengths: this may indicate that character strengths-based interventions might be applicable to diverse populations (Tweed et al., 2012). It will be important, however, to implement studies that demonstrate the validity of character strengths interventions among forensic populations.

Limitations of the Character Strengths Literature

An important qualification to interventions seeking to improve well-being through character strengths is that realizing a good (i.e., meaningful) life is not achievable through any one intervention, but from a lifestyle that engages any number of community, charitable, and/or internal religious experiences on a continuous basis (Peterson & Park, 2012). In a number of different character strengths interventions, continued practice after a one week intervention

promoted long-term benefits (Seligman, Steen, Park, & Peterson, 2005). These findings should inform the expectations and content of programs that seek to achieve meaningful, satisfied lives in participants: the responsibility of continued practice should be explicit and perhaps some manner of aftercare support might improve the ability of offenders to maintain adherence to a new, improved lifestyle.

Several limitations are present in the VIA literature. First, Grant and Schwartz (2011) found that many factors relating to VIA character strengths follow an inverted-U function: up to a certain point, increases in certain character strengths yield benefits, but after a certain threshold too much of a good thing may negatively impact outcomes. For instance, the more a basketball team practices and plays together, the higher their winning percentage, however, after four years this benefit dissipates and becomes negative; in other professional settings, moderate levels of optimism supports confidence and better planning, but high optimism leads to insufficient preparation and underestimating risks (Grant & Schwartz, 2011). This does not necessarily argue against character strengths interventions. Many of the studies that support the finding of a U-shaped relationship are based on workplace performance, attitudes, and behaviors, and as such should not be overextended to mean that too much well-being or character strengths would be harmful. However, the presence of this inverted-U relationship should inform continued research and practice. Second, the point has been raised that signature strengths interventions (focusing primarily on one's strongest character strengths) ignore the procurement of balance in our 'lower,' or less exercised character strengths (Moneda, 2013). Such narrow focus might have results like a body builder who insists on only strengthening his legs: after some years he might come to look quite strange. The concern about uneven character development argues for careful monitoring of intervention outcomes, while the inverted-U function of some strengths argues for

vigilance in program outcomes (i.e. is there any negative impact in encouraging character strengths?); in part, such negative outcomes may be avoided simply by designing interventions that attend to many or all character strengths rather than only those in which a person is most proficient.

Working to Reconcile RNR and GLM

RNR has assimilated decades of corrections research to clarify which factors predict decreased recidivism—this contribution should not be overlooked. However, Emmons (1996) argues that the avoidant goal style of RNR (focusing on how one can avoid offending in the future) tends to have negative impacts on well-being and an increase in anxiety levels. GLM on the other hand, encourages approach goals (which focus on how one can engage in positive behaviors), which predict improved well-being, while also involving offenders in determining their own goals. Andrews and Bonta (2006) detail the ways that specific responsivity can increase engagement in programs and improve outcomes, but programs often overlook such prescriptions (Polaschek, 2012). By incorporating GLM's ideas (like individualized treatment plans and positive attitude towards rehabilitation), RNR might realize a new, improved responsivity principle. Should empirical support emerge for GLM, the extension of GLM principles to the breadth of offender populations could maximize the improvement of treatment.

The theoretical literature validating GLM's primary goods requires additional support. Additionally, GLM's authors consistently neglect to operationally define strengths. The mechanism for achieving a good, meaningful life in the VIA and GLM appears to overlap: in Table 1, I place the overarching six virtues identified by Peterson and Seligman (2004), along with the twenty-four character strengths that comprise them, and identify which of GLM's ten

primary goods (Ward & Gannon, 2006) correspond to those virtues. The GLM idea of pursuing secondary goods to achieve primary goods is similar to the VIA model, where character strengths are exercised to cultivate virtues. By assimilating the character strengths literature into its theoretical base, GLM would clarify what it means by repeatedly calling its theory “strengths-based” (Ward, et al., 2011). Further, VIA would offer support (Quinlan, Swain, & Vella-Brodrick, 2012) for GLM’s claim that intervention can significantly and reliably improve well-being (Willis & Ward, 2013).

Criticisms that GLM lacks an empirical base (Andrews & Bonta, 2011; Looman & Abracen, 2013) are not fully justified. There is some evidence that GLM might be at least equivalent to RNR in its attrition rate (how many participants complete the program), and perhaps is viewed as more engaging (Harkins, et al., 2012). An appropriate criticism of GLM is that it does not demonstrate effective rehabilitation of offenders as defined by rates of recidivism (Looman & Abracen, 2013). However, GLM’s status as a nascent theory should qualify this shortcoming and underscore that continued study is essential to empirically evaluate its predictions in forensic populations. Should GLM achieve significant reductions in offending, there is the real possibility that continued inclusion of its principles in an RNR framework could foster even greater reductions in recidivism than have been observed to date, while also improving the lives of thousands of offenders. Additionally, while the level of clinician involvement in administering GLM (Ward & Gannon, 2006) might prove prohibitively resource intensive for some, the simple methods involved in character strengths interventions may allow practitioners to affect lifestyle-improving change with manageable costs. Character strength interventions might even be assimilated into current RNR programs as a method of testing the utility of such practices over RNR principles alone.

A final consideration should take national origin into consideration. The literature on offender rehabilitation includes programs from the U.S., Canada, the U.K., Australia, New Zealand, and Sweden (to name just a few). The distinct societal characteristics, norms, and judicial procedures of these countries will certainly affect treatment outcomes, perhaps in profound ways. Until research explores differences in national and cultural settings on rehabilitation, international statistics on recidivism and rehabilitation should not be construed as identical measures.

Rehabilitation in Context

John Stuart Mill pointed out several centuries ago that “in the absence of its natural defenders, the interest of the excluded is always in danger of being overlooked; and when looked at, is seen with very different eyes from those of the persons whom it directly concerns” (2001, p. 59). The “what works” literature and rehabilitation theories like RNR and GLM almost exclusively focus on how the individual offender can alter their lives. Were one to look no farther, crime begins and ends with individual choice—even the criminogenic need of antisocial associates must be addressed with personal choices (Andrews & Bonta, 2006). There is little acknowledgement of the structural and societal barriers to rehabilitation, or the suggestion that anyone other than offenders plays a part in the level of recidivism. Additionally, when we consider theories of rehabilitation and concepts of well-being, policies that deny housing, voting rights or jobs to persons will certainly affect those persons’ well-being and likelihood of reoffending. The continued assessment of treatment programs and individual-level change without the inclusion of contextual factors will substantially limit our understanding of how risk factors, well-being, context, and recidivism are related.

Extending the notion of what comprises “rehabilitation,” McNeill (2012) points out that the reinstatement of full citizenship, re-education, and re-socialization are all parts of this process, to say nothing of the needs for housing, educational, or employment opportunities. Substantial barriers are placed before those released offenders who would pursue such realizations. Ten U.S. states permanently disenfranchise people convicted of crimes, while thirty-seven restrict voting rights until either incarceration, parole, or additional time following parole has elapsed (Di Ianni, 2014). State laws prohibit people with felony convictions from certain public employment or licensed professions, and there is little oversight of whether private sector jobs may be denied on the basis of a criminal conviction (Segall, J., 2011). Felons are denied access to social benefits (like food stamps) and public housing, certain educational benefits, and in most states criminal history is a public record, contributing to the stigmatization of formerly incarcerated people (Manza & Uggen, 2006). As a society, we place a premium on sharing a set of moral standards that demand punishment when violated (Jacobs, 2011). Regrettably, upon completing a term of punishment, offenders are then denied the resources guaranteed to normal citizens. This exclusionary reality demands that offenders adhere to the norms and morals of society, while denying them the resources deemed as necessary for others to subsist. Finally, prisons, intermediary facilities, and parole/probationary programs are not pleasant or uplifting undertakings for offenders: the nature of corrections tends to be hostile to rehabilitation in many ways (Polaschek, 2012).

RNR has informed many rehabilitation programs by relying on criminogenic needs (the central eight; Andrews & Bonta, 2006). In doing so, offenders are further stigmatized, characterized as risks themselves—their progress will be measured by whether or not they offend in the future (Hannah-Moffat, 2005). In fact, by relying on recidivism as the dependent measure

of choice, we may substantially limit our understanding of the subject. McNeill (2012) likens this choice to judging hospitals' efficacy on whether or not a patient returns after treatment—ever.

This logic does not hold up under a moment's scrutiny. Developing more nuanced understandings of why reoffending happens might help to inform the rehabilitation literature. By maintaining a psychological science perspective alone, we allow a myopic treatment of a complex issue. Acknowledging societal stances towards crime and offenders, the legal barriers that bar full resumption of citizenship, and the hostile environment of corrections, we not only see the greater context, but can begin work to address such challenges.

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Table 1

<i>Parallels Between The VIA Character Strengths Theory and GLM's Primary Goods</i>		
Petersen & Seligman (2004)		Ward & Gannon (2006)
Virtues	Contributing Character Strengths	Parallel Primary Goods
Wisdom	creativity, curiosity, open-mindedness, love of learning, perspective	life, knowledge, excellence in work & play, community, excellence in agency, happiness, creativity, inner peace

<p>Courage</p>	<p>Bravery, persistence, integrity, vitality</p>	<p>Life, friendship, excellence in agency, happiness</p>
<p>Humanity</p>	<p>Love, kindness, social intelligence</p>	<p>Life, friendship, community, excellence in agency, excellence in work & play, inner peace, happiness</p>
<p>Justice</p>	<p>Citizenship, fairness, leadership</p>	<p>Life, knowledge, community, excellence in agency, ...happiness, creativity</p>
<p>Temperance</p>	<p>Forgiveness & mercy, humility & modesty, prudence, self-regulation</p>	<p>Life, community, excellence in agency, happiness</p>
<p>Transcendence</p>	<p>Appreciation of beauty & excellence, gratitude, hope, humor, spirituality</p>	<p>Life, inner peace, spirituality, happiness, creativity</p>