

Transcript - Decision-Making Using RNR and the Good Lives Model

Welcome to the National Criminal Justice Training Center webinar, Decision-Making using RNR and the Good Lives Model. My name is Kevin Brennenstuhl. And I'm going to be moderating for you today.

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I'm pleased to introduce today's presenter, Dr. Anjali Nandi. Anjali is an associate with NCJTC and a human service consultant. She's a member of the International Motivational Interviewing Network of Trainers. She's a licensed addictions counselor in the state of Colorado and a nationally certified master addiction counselor. Anjali, thanks for joining us today. I'm going to turn it over to you now.

Thank you so much, Kevin, for doing that. And welcome, everyone. What we're going to talk about is the Good Lives Model, which feels a little bit different from the risk-need-responsivity model, which is our evidence-based model. Good Lives Model, which is also evidence based, comes at it from a slightly different perspective. And there's a beautiful way that you can integrate both. But the focus of Good Lives is a little bit different. So we'll be talking about that and really delving into what that means.

Just to see if you all are actually paying attention, either type into the chat, or give me some kind of a thumbs-up emoji if you are familiar with the Good Lives Model. So either type into the chat "yes," or send over an emoji of some sort, letting me know if you're familiar.

Great. Thank you, Alexa. Alexa, thank you for being first as well to respond. I love that. So appreciate it. Now, I know that at least I have one person listening, which is better than zero. Thanks, Brandi. Kerry. Oh, my gosh. Vanessa. Look at all these folks that we have. This is great.

So most people are not familiar with the Good Lives Model. But I do have Alexa, who is. So, Alexa, if I miss anything or you want to add something, just don't hesitate. Type it into the chat, and I'll be sure to get it.

So the Good Lives Model actually started primarily in the sex offender world. Because there was such an emphasis on problems and what's wrong with people who commit sex offenses, the Good Lives Model came in a reaction to that. But before we delve into what are the parts and pieces of the Good Lives Model, let's start with a basic understanding of a risk-need-responsivity model. And then we'll talk about where Good Lives fits in.

So in terms of just basic engagement with anyone involved with the criminal justice world, we always start with a good assessment. Type into the chat. What are examples of assessments that you all use? And by assessments, it could be a risk-need assessment. It could be a mental health assessment or a TBI assessment or a cognitive skills assessment or any of those. A drug and alcohol assessment. But what are some examples of assessments that you all use in the criminal justice world?

Type it into the chat. Great, great. Brian, so these are amazing. So ACEs, looking at Adverse Childhood Events, or the LSI. And it sounds like you guys use the screening version, which is like eight items that just very quickly figures out what we do. The LSI is a risk-need assessment.

The Static-99 is a sex offender-- or a sex offense-related assessment. And then the ASAM criteria for addiction, which is wonderful. So those are great examples. And that's what I mean by we always enter the first entry point into a relationship with the client in terms of what we-- or what does this person need-- starts with a good assessment.

And a huge portion of that is because even though you and I have a tremendous amount of experience in the field maybe, or a tremendous amount of experience just as human beings, we are biased in our decision-making. We're not very good about guessing what somebody needs. And so an assessment is this more-- what's the word? It's less biased, more objective. That's the word. It's a more objective way of looking at what are the needs of this particular individual. So we always start with that assessment.

We then move to figuring out, what is the person's motivation? What did they want to change? What are they motivated to change? Do they have much insight into what's bringing them into the criminal justice world over and over again? What's getting them arrested multiple times? Do they have any insight into that? And do they have any motivation about changing any of the behaviors?

We take their assessment and their motivation into consideration. And we target their needs. These needs are frequently called criminogenic needs. And this starts the process of how Good Lives is a little bit different, because right at targeting the needs in a risk-need-responsivity model, we would only target criminogenic needs or stability factors.

Stability factors might include housing, employment, those kinds of things, medication. From a Good Lives perspective, we target something different. What we're targeting is, what does this person want in order to have what we call a good, successful life, a positive life? We all have certain needs that we're trying to meet as human beings. What is this person's prioritization of those needs?

So again, in a risk-need-responsivity model, we're really focusing on criminogenic needs. We then work on coaching skills, really helping people practice cognitive skills, emotional regulation skills, social skills. I know we did a webinar on this a little bit ago. And then we provide positive reinforcement throughout.

We're learning in the literature that it's positive reinforcement that helps facilitate long-term behavior change way more and stronger than negative reinforcement. So even though punishment has its place, it doesn't help facilitate long-term behavior change, whereas positive reinforcement does. So that's why it's one of our principles of recidivism reduction.

And then we really help support people's social network or community. And there's so much information on how important our community engagement is. We're seeing this not only in terms of recidivism reduction, the community engagement support-- connection with the community is important-- but we're also seeing it in terms of happiness across criminal justice, non-criminal justice involved people-- so you and me too.

And in terms of our mental health, are the best predictor of current mental health is the state of our social network, the state of our social connection, our connection to each other. So that piece is really important as well.

So we use some really basic principles to make some decisions when we're talking about criminal justice clients. So these are some of the principles that we use to make decisions. And the risk principle relates to the assessment piece that we just talked about. And what the risk principle says is that we-- the level of supervision that we provide, somebody needs to be associated with their risk. So higher the risk, more amount of supervision. Lower the risk, less supervision.

So level of supervision is driven by the level of risk. And this is for a variety of different reasons, one of them being that we can make low-risk people worse by over-supervising them, that we can actually increase recidivism by over-supervising our low-risk people. So that's the risk principle.

The need principle is something that just went over, which is we figure out what their stability needs are or their criminogenic needs are. And that's what we target. We really focus on that. The person principle is we try and figure out, what is this particular person's needs? What will help them respond to services best?

Are their cultural needs? Are there language needs? Is there a TBI or perhaps a cognitive impairment that we need to pay attention to? What is it about this particular human that we have in front of us that if we address or pay attention to will help us have the most successful outcomes? So that's the person principle.

And then the relationship principle is that the stronger the relationship is, it predicts positive outcome. So we really focus on building strong, positive relationships with people. Any questions so far? Please type them into the chat. It would be really helpful. So if you feel like I'm going too fast or you want me to clarify something, definitely let me know.

So when we talked about targeting criminogenic needs, these are the eight criminogenic needs that have been identified. And the word that I'm using, "criminogenic," what it means is related to crime. And so these particular things that you see on the slides are linked to criminal behavior, meaning the more antisocial behavior you engage in, the greater the likelihood that you will be criminally involved.

The stronger your personality pattern around not taking responsibility, not having empathy, having your moral compass kind of tilted in a different direction from the rest of society, all of those increase the likelihood that you will engage in crime. If you have thoughts, values, beliefs that are procriminal-- it's okay to get over on other people. It's okay to take what I need because I'm owed whatever-- greater the likelihood for crime.

If you surround yourself with peers who are also committing crime, greater the likelihood that you will commit crime as well, and so on and so forth for each one of these that is listed-- substance use, relationship with a dysfunctional family, not having employment, or not being involved with some kind of schedule. Whether it's employment, education, it doesn't matter.

So the education piece is not that your level of education predicts crime. That's not the case. It's that your time is being spent doing something. And that's also the case with the last one, leisure/rec, which basically talks about, what are you doing with your spare time? Because the more time we have on our hands, the easier it is to get into trouble.

So these are the central eight needs. And when we think about risk, need, responsivity, those principles of evidence-based practice, when we say the term "need," these are the criminogenic needs we're really focused on.

Now, of course, we also focus on stability factors. Do people have housing? Do they have food? Do they feel safe? All of those are important as well. So all of that is about what we do. What are we focused on with people? And then how we are is around the relationship.

So these are some areas that are strongly supported in the research that help us have successful outcomes. So one of them is frequent role clarification. And what that means is that we are clear from the beginning, but also throughout the relationship with the client, what my job is and what our expectations are of them-- so being really clear about expectations both ways, what they can expect from me and what I can expect from them. Boundaries essentially are what we're talking about. What's okay? What's not okay?

Sometimes people come with misconceptions about what we would do or they would do, any of that. So just really helpful to be clear about that, not just at the beginning, because people forget rather quickly, but throughout the process.

Collaborative problem-solving is about helping the other person solve problems together, meaning rather than me saying, "Okay, here's what I think you should do," slowing down and saying, "Let's figure this out together. What's your goal? What are some options? How do you think you might want to solve this problem? That's a great idea. What are some outcomes if we do that? What are some consequences? So maybe that wasn't a great idea. What about this other idea?" And what you're doing through that process is actually modeling for them what problem-solving looks like. So really teaching that skill.

Similarly is prosocial modeling and reinforcement, which is modeling prosocial behavior so that we're being prosocial with them and that we're also catching them doing things right. So we're reinforcing any time that they're modeling positive behavior or doing what we're expecting them to do. So a simple example might be somebody comes on time to their appointment. And you thank them for it.

Or they problem-solve a particular situation really well, and you name it for them. You say, oh, my gosh. You just problem-solved that really well. Or, you had so many options, and you chose this. That really helps you stay out of trouble and get your needs met. So that's an example of prosocial modeling and reinforcement.

And then we talk about attention to the relationship, really making sure that we are responding to that particular individual's needs and that we're prioritizing empathy, support, compassion, trust, all of those things that really, really matter. And that we're paying attention to their cultural needs, which I think is part of that responsiveness principle. When we think about risk, need, responsiveness, this cultural piece is just so important to be paying attention to because it's deeply who the individual is. And it's what's going to sustain them in the long haul once we're out of their lives, potentially.

So things to really be thinking about. So of these five, type into the chat, what is it that you all think you do well? And if you are newer in the field and you're not sure, what is it that the people around you-- you've noticed that you do well. So type into the chat. Of these five, are you always clear about what the expectations are? Do you help problem-solve together? Do you model prosocial behavior and reinforce their prosocial behavior? Do you pay attention to the relationship? Do you pay attention to cultural attunement?

What do you do well? Type it that into the chat. What is it that you feel you or your community do well? Great. So Myra says cultural attunement. Vanessa as well-- cultural attunement. So Vanessa and Myra, if you don't mind sharing an example of what you do that fall under that category of cultural attunement. If you don't mind adding that, that would be really great.

Natalie says attention to the relationship, as does Alexa. Brandi says boundaries. Yes, so important. And boundaries are also important for our survival in the work. Tamara says attention to the relationship, collaborative problem-solving. Nice. Attention to the relationship. These are great. Great. And again, Myra and Vanessa, if you don't mind giving us some examples of what you all do that fall under that category of cultural improvement, that would be really great. Good. Okay, lots of different strengths.

So Vanessa says, different things-- smudging, having prosocial activities such as canoe journeys, attending culture nights. These are awesome examples. Good. Wonderful.

And for those of you who typed in attention to the relationship, type in a little bit more. What is it that you do that pays attention to the relationship? So Natalie, Alexa, Tamara, Carmelita, if you don't mind adding to the chat, what is it specifically that you do? Is it empathy? Is it listening? Is it trust? Is it providing them with food? Or maybe you have chocolate at your desk. Or whatever it is, I want to hear. What is it that you do that really pays attention to the relationship, if you don't mind sharing that in the chat as well.

So Myra just added about cultural attunement. Always willing to learn from the client's perspective. This is so important that the client has the wisdom. They are the experts. And so really trying to learn from them. So always willing to learn from the client's perspective about religion or engaging in prayers during a session to make them feel seen and heard. I love that, Myra. Lovely.

Natalie says, listening, remembering things they say and bringing it back when appropriate. Yes. Sometimes my clients will say, oh, my gosh, I didn't realize you remembered that. Or they'll just get a look on their face when I remember certain things. So they feel like they're important, which is a huge basic human need for all of us to feel like we matter. And when we pay attention to the relationship, that really helps.

Carmelita says, providing safe space for them to express themselves. So true. Yeah. And conveying to them that the space is safe enough where your whole self is welcome. You don't have to pretend to be a particular thing or do it a particular way. You could just you be you.

And then listening to understand, yes, as opposed to listening to respond. Really important. Wonderful. OK, these are great examples. Thank you so much. And if there are others, don't hesitate to add those to the chat.

So we talked about-- oh, Kerry just added, enjoying seeing someone's eyes sparkle when I ask that right-there question and they take off. Yes. We can then tie it to other things. And you can reinforce. And they can correct you if you're wrong. No, that's not right. Or, I don't think I want that. Or, here's what I said, which is really beautiful. It puts them in the driver's seat of the conversation, which is awesome. Wonderful.

We talked about assessment and motivation. And targeting needs is about going back to those criminogenic needs that we just covered. So in being practical, from a risk-need-responsivity model, what we're saying is it's very helpful to facilitate change by having meaningful conversations about things that people want to change, about what they're motivated to change, what they want to do, using any opportunity you can to engage them in the process of a change conversation, working really, really hard to pay attention to the relationship that we've been talking about.

Paying attention to the risk principle, which is that high-risk people receive more services, more intense services, over a longer period. Any guesses? For high-risk folks, what's the minimum number of months people need services for? I'm not talking low risk. I'm talking high risk. So high-risk individuals with lots of needs, what is the minimum number of months that the research suggests we need to provide services for? What's your guess?

Yeah, nice job. It's about 9 to 12 months. Well done, you all. Amy, it's three months for people who are medium risk. Ideally, low risk, you pull out of the system as quickly as possible. Or maybe it's zero to three. Three to six is somewhere for medium risk. And then for a high risk, it's 9 to 12 months. So nice job, y'all. Yep.

Ideally, we refer to programs that separate high-risk people from low-risk people. Type into the chat why you think that is. Why should you try and separate high-risk people from low-risk people? I know it's not always possible. And by risk, I mean criminal risk. Why do you want to separate high-risk folks maybe who have a lot of history with crime or have pretty procriminal thinking, all of that. Why do you want to separate them from low-risk people? Shouldn't we mix them up?

Yes, Brandi. So low-risk folks don't pick up the high-risk behavior. Yes, Vanessa. To prevent high risk from influencing low risk. Yes, that's exactly it. It's so unfortunate. But that is how learning works, where the high-risk folks end up providing information to the low-risk folks.

So really, really important to try and separate it. So refer to programs that work on separating high-risk and low-risk folks. Unfortunately, not a ton of programs do that. And we've had-- in our community-- have to have a lot of conversations with our treatment providers around separating high risk and low risk to the best of their ability.

Ideally, you're monitoring high-risk folks more closely, meaning you're seeing them more frequently, they're on more testing, et cetera. And you're supporting any engagement or re-engagement with cultural practices. And you're trying to help them gain their needs. We're trying to help them meet their needs.

And so you're doing this from a risk-need perspective. But you're also trying to prioritize, what is it that we need to target first? Meaning, where do I start this conversation when something goes wrong? When a client relapses, or they get another charge or something like that, what is it that they need first?

Frequently, we have to make those decisions. Where do I start? And so these three Cs help us prioritize a little bit. They help us get clear about where we start making these decisions. And what questions should we be asking to prioritize?

So the first question to be asking is, does this person need skill support? Do they need capacity support? Are they messing up because they don't know how to do it any other way? Or are they messing up and what is most helpful in that moment is to provide containment, meaning structure?

Give me examples. I'll give you a couple. And then you give me more examples of what containment might look like. So an example might be putting somebody in detox. That's containment. Another example is having them report to the office or maybe text you twice a day. Or do curfew checks. Those are examples of containment.

Give me other examples of containment. What else could you do to-- yes, electronic home monitoring. That's a great example, Vanessa. Yeah, exactly. What are other examples of containment? What else could we do?

I mean, the extreme cases of containment. Staying away from areas the crime is committed. So GPS-type stuff, exclusion zones, et cetera. That's a great example of containment as well. Heavy duty containment is jail, inpatient. That's that end of containment.

Maybe light levels of containment are to come see me more frequently. Increased UAs. Maybe it's a SCRAM bracelet or any-- I don't know if you all have access to continuous alcohol monitoring types of devices. We call it SCRAM here. There's also a device called TAD, which is transdermal alcohol monitoring. So it looks like a little ankle monitor, but it actually is checking for transdermal alcohol.

We have some folks report every single day. Even if the officer isn't here, the client will be required to report every day. So those are examples of containment. And we don't do that for a long period of time. We just do it if somebody needs more structure.

So again, going back to prioritization, the first question we're asking is, is this person-- does this person need skill support? That's capacity building. Or does this person need structure? Really clear, these are the lines. We're reining you back in. Or does the person need community support? So that's really helpful in terms of just thinking about, what does this person need before I start making decisions about what to do.

So let's take a step back and talk for a second about motivation for behavior change, because this is where Good Lives really sets itself apart from the risk-need model. And what the Good Lives model is about is a belief that we all have certain motivation to meet certain needs. And we call those needs goods, things that we want to have in our life, things that we are motivated to achieve.

But motivation is a bit tricky. So motivation can come from a variety of different places. People are not born with high motivation or low motivation, even you and me. I would consider myself a pretty highly motivated individual in general. But there are things that I am absolutely not motivated to do. So motivation is not intrinsic to the person. It is related to whatever the issue at hand is.

So let me think of an example. I could be highly motivated to meet with a client but very not motivated to write my narratives about the meeting with the client. So lots of motivation for one thing. Low motivation for another. So motivation is context dependent.

Interestingly enough, though, motivation can also be increased and decreased through an interpersonal relationship, meaning if you have a conversation with somebody, you can either increase the level of motivation or reduce the level of motivation based on that conversation. So motivation can be increased or reduced by that interpersonal interaction. Of course, motivation can also be internal or external.

Give me examples of each. What are examples of internal motivation or external motivation? And other words for this are intrinsic or extrinsic motivation. So what are examples of intrinsic motivation? What are examples of extrinsic motivation? Type some of those into the chat please.

Give me some examples. What are examples of intrinsic motivation that clients have? And what are examples of extrinsic motivation that people tend to have? Type some of those into the chat.

What is it that you all see as examples? Great. Wanting to stay out of jail. So this is a really interesting one. Wanting to stay out of jail or the threat of jail is actually an extrinsic motivation. What's intrinsic is my freedom. So even though it's the same thing, staying out of jail, what's driving it is a little bit different.

So it's really important that when we're having conversations with people that we say-- when they say, oh, I don't want to go to jail, we respond by saying, oh, I really hear how important your freedom is to you, because that's the intrinsic version of the extrinsic piece. So my own health is intrinsic. Yeah. Other people telling me to do it, my family-- extrinsic. So not letting my children down, not letting my family down.

Being a better parent is an intrinsic motivator. I want to be a better parent because it's a part of my values. It would be extrinsic if I was doing it for a prize or something like that. Or I was doing it because you told me to. So extrinsic has to do with other people. Intrinsic has to do with me and my values.

And even though extrinsic motivation is very helpful and we'll take it-- I'll take any motivation from people-- in the long haul, for behavior change to stick in the long run, we do need it to connect to something that's intrinsic to them. Otherwise, as soon as the external piece is gone, the motivation might stop.

Maybe you can relate if you've done a 30-day challenge or something like that. Or what is it called? 75 Hard or whatever challenge, Whole 30 challenge. If you've ever done any of those, those are all examples of extrinsic motivators, because we're doing it to comply with this thing outside.

And then when the challenge is over, our behavior slips back into old patterns if we haven't connected it to intrinsic things like, wow, as a result of eating this way or changing this behavior or doing these things, I feel better. This is important to me. So really making sure that we're moving things from extrinsic to intrinsic in order to support motivation in the long haul.

We get motivated not only when we want to do something but when staying the same is painful. And we call that discrepancy. So desire is the wanting to do something different. But wanting to do something different is not enough. I mean, I'm sure you all can relate that there are tons of things we all want to do.

I mean, for me, I would really love-- I really want to learn how to play the piano. I would love it. But it's not happening right now. And it's not happening right now. I could give you a ton of excuses. I don't have time, et cetera. But in a lot of ways, the pain of staying the same is zero. It's not like not playing the piano is damaging me in any way. So discrepancy is zero.

So desire is helpful. I'm not saying it's not helpful. It's helpful. But it may not go all the way if I'm not experiencing discomfort, discrepancy, dissonance-- I can provide you all the D words in there. Staying the same has to be bothersome. You have to have a rub in order to be able to change.

So many of us will say, oh, I want to eat in a better way. Or I want to exercise more. But that's desire. And we don't actually follow through until the suckiness of staying the same outweighs the pain of changing. So it has to be painful enough to stay before we start to get motivated.

And sometimes that only arises in a conversation, which is why we talk about that interpersonal piece. That's the first bullet. So really making sure that we understand that, that in order to be motivated to change something, there has to be some emotion. It has to matter. I think that's a better way of talking about it rather than emotion. It has to be bothersome. It has to matter to me. I have to have a reaction associated with it.

Agency and ability is about a belief that I can actually make a change or that I can actually learn this thing, that I have the agency to do it. I have the ability to do it, and that making the change at some point needs to be rewarding. Otherwise, I won't keep doing it. So just talking about, how do we highlight for the people we work with, what the rewards are that they're getting from their behavior?

OK. All right. We are flying along, people. We're covering this information rather quickly. So the Good Lives Model. Let's break it down. I know I've alluded to it a few times. So let's talk about it and what it means.

So the Good Lives Model again came primarily as a reaction to a lot of beliefs that there was something wrong with individuals who were engaging in criminal behavior, particularly sexual offending behavior. And the belief was that there's something wrong with them. There's something problematic.

And what the Good Lives Model said is, wait, yes, the behavior is problematic. But what's happening for the person is they're trying to meet a particular need. And so how do we have a different mind shift around how to support people getting what their needs are met in a way that's prosocial, in a way that's accepted by society, in a way that doesn't harm other people?

So the understanding in the Good Lives Model is that problematic behavior, criminal behavior is a maladaptive way of getting your need met. It's a problematic way of getting your need met. But the need itself is not the problem. It's the behavior that you're using to get the need met that's the problem.

And so if we can identify the need, which is the outcome that we're trying to get, then we can clean up the behavior. We can offer different options for the behavior. So an example for you and me might be when we engage in unhealthy eating, what we're trying to do is manage stress, perhaps.

And so managing stress is not the problem. We're not trying to get rid of stress in our lives because, I mean, let's just be honest. Life is stressful. We're trying to find different ways, positive ways to get that need met of reducing stress.

So using that as an example, the Good Lives Model is a strength-based model. It's looking for what capacity people have and the strengths that they currently have. It believes that your behavior is driven by what you want to get-- stress reduction, for example, or freedom or whatever value, supporting my family, et cetera.

And so it's inherently normal, even though the behavior is maladaptive or problematic or criminal. Ideally, the outcome adds to personal functioning, meaning the outcome actually is helpful. And it's not about managing people's behaviors or taking something away. It's about teaching people or helping people learn how to get their needs met in a healthy way.

So those are the fundamental pieces about the Good Lives Model. And they call it Good Lives because the underlying belief is that we all want this positive life and that we are all trying to get certain primary needs. And the primary needs are listed here, starting with healthy life, all the way to creativity.

So let's just run through them really quickly. And then I'm going to ask you, which one are you working on right now, because we all, as human beings, have one or two that are really important to us right now. So life is about being healthy, functioning in the world.

Knowledge, achieving information, or gathering information, and feeling like I am well informed about a particular topic that's important to me. So that's knowledge. Excellence, but excellence in a variety of different ways. So there's excellence in play, meaning your hobbies or things that you love. There's excellence in work, feeling like you have mastery in work or that you're developing or growing professionally. Or excellence in agency, meaning you feel like you have autonomy, that you have power in your world, that you get to make the decisions.

Maybe it's about inner peace, what you're trying to get. Maybe it's inner peace, which is less drama in our lives, less stress in our lives. Maybe it's about relatedness. And relatedness is different from community. Relatedness is about your intimate partner relationship and your family relationships. Community is about the wider social group that you have.

For others, it's spirituality, meaning, purpose. Why are we here? Feeling connected to something way bigger than us. Somebody else might be pleasure. And this is where our clients get into trouble. Their need that they're trying to meet is feeling good right now. And the way they meet it is through addiction. So pleasure. Or creativity, which is about expressing ourselves in different ways.

So, Tracy, I so appreciate you jumping in. How about others? What are priorities for you right now? There's no wrong answer. What are priorities for you? So Tracy shared inner peace, life, yeah, healthy living, and community.

Alexa shared excellence in work. Nice. And inner peace. Brandi shared excellence in play. I love that, Brandi. I'm so curious. What are the hobbies that you're working on developing excellence in? I'd love to know, if you're willing to share. Chantal said life. Yeah, healthy living, inner peace, spirituality. Creativity and spirituality, Vanessa. Myra said, also spirituality, finding meaning and purpose. Yeah.

Hobby farming. Oh, my gosh. That's so fascinating. Thank you for sharing that. Community and spirituality and agency, Terri says. Spirituality, life, and excellence, and hobbies, the gym. Yes, that's awesome. Life and community. Beautiful. OK, these are amazing.

So commonalities across-- or the most frequent ones that you all have pulled here are community, inner peace, and spirituality, if I'm looking at this correctly. Community, inner peace, and spirituality. So type into the chat. What are things that you are doing to support these needs? So what are you doing to have more community? Or what are you doing to support your inner peace?

What are you doing to support spirituality or finding that meaning and purpose in your life? What are you all currently doing? And you could say, nothing, and I'm lost. I really want it, but I don't know what to do. But I'm super curious. What are you all doing currently?

To support community or inner peace or spirituality, what are examples of what you're doing? If you're willing to share, what behaviors are you engaging in? So Vanessa gave us a great example. And, Vanessa, I really appreciate you sharing. You have an altar and a space for your morning meditation. Attending an art workshop on the weekends. Yeah, that's awesome.

So Tracy shared Reiki, losing weight, and being a part of Native community and functions. I love that. Yeah. And just notice the amount of motivation that is required to do some of this. And, Myra, I so appreciate your honesty. I think I'm lost in searching for meaning. Yeah, yeah.

Sometimes I get in that space too. I just get mind boggled because I think I have direction and I'm so passionate about the work that I do. And then something happens in my life. Oh, my gosh, what is the purpose of it all? I've had a series of losses, people who've been close. And it's really spun me around. Like, what is the purpose of life? What is the meaning here? So I can definitely relate with that feeling.

And then you have conversations with other people to see how they find meaning. Yes. So that's a great example of actually supporting two different needs-- community and relatedness, perhaps-- and then also this thing about inner peace. Yeah. And then Terri said, collaborating on a study of unspoken versus spoken conflict between married and single women in the church. That's amazing. What a fascinating topic. Incredible.

And then Chantal shared, seeking out resources, others who have similar values. This is really important. So a parallel for our clients is they sometimes seek out other people as well. Unfortunately, the people that they surround themselves with are also engaging in maladaptive ways of meeting their needs. And so they think it's okay.

In fact, I'm not sure if you've had people say this to you. It happens a lot with me. People will say, oh, but everybody I know does it. Everybody I know is using. Everybody I know uses meth to be able to manage their jobs. Or everybody I know wakes up and smokes THC. So they're surrounding themselves with people with similar values.

And so, Chantal, for you, it's podcasts and breath work and crystals and Native practices. That's awesome. Eating healthy food, caring for your health, and studying. Yeah. Thanks, Myra. Spirituality, getting back to scripture, prayer, growing awareness of the presence of God in daily routines. Yeah, in the mundane, right? In the basic stuff.

There's research on how our levels of stress can be managed when we can find the beauty in the mundane, which is my translation. And I hope I'm not mispronouncing your name. I think it's Sade, "Sade."

When you talk about finding God in the daily routines, it's about the ability to find just the beauty in the mundane things, finding awe in the mundane, and really savoring. Thank you. Thank you. This is another thing that's showing up in the research, is our ability to manage stress and happiness and all of these things is also related to our ability to savor, really enjoy the moment, even as boring as the moment sometimes is.

And then you said you also are working towards consistently getting to the gym. That's awesome. And yeah, you're right. It's the little things that become the big things for sure.

Gosh, you guys, I so appreciate you all sharing that with me. I know it's a vulnerable question to be asking. I feel like I'm learning so much just listening to the ways in which you all are attending to all the different things in your life.

And our clients, they're trying to meet these very needs as well. It's not like their needs are different from us. They're human beings, just like we are, with all of these needs as well. It's just sometimes the way in which they go about meeting their needs is problematic. It just creates issues for them, for us, for the community, et cetera.

So if we can get to, what is the need or the good that you're trying to find, and then how do we support you meeting that need in a more positive way? How do we support you doing this very thing? Building capacity to meet those very needs.

So let's talk about examples that we can provide people in order to help them meet their needs. So an example that comes up a lot for our clients is pleasure. Oftentimes, they engage in drug and alcohol behavior or problematic behavior because they're trying to get that pleasure need met.

And so we're trying to help them meet that same need but in a more prosocial, positive way. So what are some examples that they can engage in? What are some things that they can engage in to still meet that particular need but it's more prosocial?

So again, not about taking anything away from them. But what are examples of ways in which they can still get that pleasure need met without it being problematic? Type into the chat. What are some examples of ways in which we can support clients meeting positive-- meeting their needs in positive, prosocial ways? Pleasure needs in particular.

Instead of engaging in addiction or theft in order to get a feeling of being alive, what are other things that they could do? Yeah, Brandi, that's a great example. Getting involved in a basketball league is a great example. Yeah. Alexa shared, community involvement. Yep. Awesome.

And then, Chantal, you said you've helped yours figure out what makes them happy. Yes, what provides them pleasure? And then find positive ways to get that, to meet that.

In our office, we really support any engagement in prosocial activities. Some simple things that we do-- we have a boxing gym that we will gift them a membership to. We have rec center passes so that they're able to engage in some kind of a prosocial activity at the rec center. We try really hard to support them with any of those resources or, like you said, Chantal, positive support.

All right, let's see who else. Introducing possible interest in prosocial activities. Exactly. Yes, that's exactly what I'm talking about, that they haven't experienced before. And sometimes they might be a little bit scared to engage in that activity. They might be a little bit like, I don't want to go alone, or whatever.

And so it's helpful to either put them with somebody who might be able to take them there, partner with them to go on this prosocial activity. I've done that with people, or officers will do that with their clients as well. We have a project here called Phoenix. And it's primarily an athletic-based prosocial activity. So they do yoga and CrossFit and hikes and things like that. And frequently, we'll go with clients just so that they're not going alone, at least for the first few times.

We also have a mentoring program. And so sometimes the mentors will take our clients. We have peer support specialists. I'm sure you all have something like that as well. And so we'll ask that the peers to take a group of people. And that way, they can experience things that they haven't experienced before.

Yes, working on the farm. Terri, I'm right there with you. That's awesome. Finding their passion, encouraging them, yes, to take the leap, for sure. Sometimes people are quite worried about it.

And then being outside. So here's the thing. There is a lot of support, not just in wellness and stress reduction and all of that but even in addiction recovery, to be outside and enjoy nature, whether that's the farm or being outside, taking a hike, or whatever it is.

So these are fantastic examples of what we're talking about in the Good Lives Model, which is, how do we help people meet these fundamental needs? And so what I tend to do is I will have these listed. I'll ask the client, your behavior that you're engaging in, tell me which one of these you're trying to meet. And is it working for you or against you? And how can we do it differently? How can we switch this around?

A different question that I ask is, what is it that you would really like to have more of in your life, of these 11 items? Which ones are really important to you? What do you want more in your life? And how can I help you get there? How can I really support you meeting your needs? Depending on what they come up with.

So those are some of the questions I try and ask them when I'm thinking from a place of the Good Lives Model. So again, just going back to the difference between risk-need-responsivity and the Good Lives Model is that in risk-need-responsivity, we're focusing on what's wrong and how to help them fix that. In the Good Lives Model, we're focusing on where they want to go. And how do we get there?

So one is not better than the other or different or any of that. It just is helpful to be thinking about, what are ways in which we can have these different conversations with people? And so the Good Lives Model, it's been used in criminal justice, of course, with people with sex offenses, for sure, but then also, more recently, people with addiction, people with problematic behaviors, compulsive behaviors like theft, assault, et cetera, trying to help them understand what exactly is happening. And what do I want in my life to have a more fulfilled life?

So I am at an hour and ready for any questions that you all might have. So Kevin brought up a really good question. Is the Good Lives Model framework developed or implemented differently for different criminal populations? So great question, Kevin.

The conversation might be different. But the needs are the same, meaning the fundamental 11 goods are still the same regardless of the population. So whether it's a DV population or an addiction population or a sex offender population, but they're-- the conversation might be different. And that actually links to Myra's question as well, which is providing examples of answers people with sex offenses have given.

So one example that I can share with you is relatedness and community. That comes up frequently when I'm talking with clients who have committed sex offenses. And they'll say the importance of feeling connection with somebody and how isolated they feel and how they carry this feeling of being marginalized.

When people have the sex offender label, they have to register. It feels like something that follows them everywhere. And so what we did was we started, the first in the country, a peer support group for people with sex offenses.

You're all familiar probably with peer supports for mental health, peer supports for trauma, peer supports for addiction. But having it for people with sex offenses on their record is very, very rare. So we started up one of the first programs, actually the first program in the country, to really support people who have sex offenses, feeling like they're integrating back into society in a healthy way.

And so what happens is they have peers who also have sex offenses on their record, who have completed their probation period, which sometimes is 10 years. I mean, I don't know for you all how long. But our folks with sex offenses, they can be on probation for a very, very long time. Sometimes they get indeterminate sentences, life sentences on probation. 10 years is not an uncommon sentence.

So they've completed all of that. They've successfully completed treatment, et cetera. They're living successful lives. And they become peers for-- peer supports-- for folks who are coming in to the system so that we can really support that community connection because of what we repeatedly hear from folks with sex offenses, saying that relatedness and community are the places that they struggle the most.

So, Myra, I hope that answers your question and gives you some examples. And, Kevin, great question as well. Awesome. Wonderful. What else? What are some other questions that you all might have about anything that I've covered so far?

Myra, thank you for that question. What type of help does the peer program assist with? So they do a whole host of things. One, they help people find housing, which is very difficult. At least in our community, it's really difficult for people with sex offenses, because they are limited in terms of where they can live. So you can't live next to a park. You can't live next to a school. You can't live X number of feet from blah, blah, blah.

And so it starts to narrow down their options pretty significantly. They can't be in certain housing where families are living, et cetera. So helping find housing, helping prep for interviews, job interviews, where they're going to have to talk about their criminal history. And how do you frame whatever your criminal history is? How do you talk about it in ways that you still have a good shot at getting the job?

How do you talk about being on supervision and what you're learning? What's changed for you? How do you take responsibility so that the potential employer can really hear you taking responsibility for your behavior? So they help with some of that stuff.

They also help with-- we just have a peer group that gets together and talks about what's working, what's not working. How do you manage things like registration? How do you manage things like meeting new people? How do you engage in conversations.

10 years to be on probation is a long time. So how do you keep up the motivation to not give up? The early part of sex offender treatment is pretty hard for people. I don't know for you all, what your treatment programs look like, but it's really intense for the first three to nine months for our folks.

And so how do show up? What does good homework look like? Some of our folks struggle with polygraphs. And we have some regular polygraphs that people take. So the peers might help answer questions related to that.

So those are some examples. Sometimes if people don't have transportation, the peers will help with those kinds of things. So sometimes it's practical stuff. Yeah.

And then Terri said, is it an assessment that can be purchased? Or is there training involved? No. No training necessarily, though you can take-- so training is not required. You can take further training, for sure.

On their website-- I know it's a vague website-- but the website would be the first place to start. And Rachel or Michelle or Kevin, if I can bother you to just google Good Lives Model real quick and then paste the website into the chat, that would be amazing. I should have done that. I'm sorry. But if I switch screens, I think I'll mess everything up.

So it's not an assessment. Thank you so much, Kevin. Really appreciate it. There's a lot of information on it and their curricula that you can follow to use the Good Lives Model. So they have a couple of different curriculum. One is related to sex offenders in particular, which is the one I'm talking-- or thinking about. But they have different ways that you can use this information. I'm glad you asked about that, Terri.

What else? What are other questions that you all have? And of course, lots of research articles as well that are available, if somebody pushes back and says, oh, I don't know about this Good Lives Model.

Any particular articles or books I recommend? Absolutely. They're actually listed on the Good Lives Model website. So that would be a great place to start. Tom Ward is one of the people behind the Good Lives Model. And he has a ton of different articles.

And I'm just going to turn around for a second because I have a book behind me. It's called *Offender Supervision*. And they refer to Good Lives in that. It's by Fergus McNeill. That's a pretty good one. Wonderful. All right.

That concludes our webinar today. For additional information on general TTA services, links to different offerings that we're providing, or to request training and technical assistance on this or other things, again, just visit our website. And you'll be linked with us. And again, a huge thank you to Dr. Anjali Nandi for sharing the time, the knowledge, resources with us. Again, thank you to our attendees that joined today. We hope that you can join us for future webinars. Have a great day everyone. Thanks.