

The Good Lives Model among detained female adolescents[☆]



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ABSTRACT

Female adolescents constitute a very vulnerable and challenging, yet understudied, minority within the criminal justice system. Up to now, problem-oriented risk management approaches, such as the Risk-Need-Responsivity (RNR) model, are still the most widely used rehabilitation frameworks. More recently, strength-based rehabilitation frameworks, such as the Good Lives Model (GLM), have received increased attention in guiding treatment of detained female adolescents. In the current paper, we explore the relevance and applicability of the GLM in the particular population of detained female adolescents, based on a critical reflection on the theoretical, empirical and clinical evidence available in the scientific literature. First, we argue that the GLM can help to overcome the RNR model's ethical, etiological and clinical limitations, thereby improving rehabilitation theory and effective practice for detained female adolescents. Second, we believe this model, given its holistic and person-centred approach, can be easily extended to this population, however not without taking into account particular developmental and gender issues. Third, we believe the GLM, as a rehabilitation framework, can easily “wrap around” existing evidence-based treatment programs for detained female adolescents, which, overall, are recommended to include a multidimensional, systemic and gender-responsive component. In addition, we think that the different phases of GLM-informed rehabilitation can be easily applied to this particular population. Finally, the application of the GLM among detained female adolescents entails some important research-related, practice-related and normative challenges.

1. Introduction

Female adolescents constitute a very vulnerable and challenging, yet understudied, minority within the criminal justice system (Sheahan, 2014). They often display low levels of self-esteem (Van Damme, Colins, & Vanderplasschen, 2014), high levels of traumatic exposure (Vahl, Van Damme, Doreleijers, Vermeiren, & Colins, 2016), co-morbid and persistent psychiatric disorders (Teplin, Welty, Abram, Dulcan, & Washburn, 2012), and a wide variety of persistent antisocial behaviors (Kerig & Schindler, 2013). Clinicians and researchers are united in acknowledging the need to develop effective treatments for this population (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Ko, Katz, & Carpenter, 2005). However, one of the major challenges for clinicians working with detained female adolescents is to engage them in treatment. Detained female adolescents often display low levels of treatment engagement, which is likely to be explained by the overall coercive nature of youth detention

centres (Englebrecht, Peterson, Scherer, & Naccarato, 2008; Van Damme et al., 2015), or, more specifically, by the predominant problem-oriented risk management approach to treatment in these centres (Beech, 2013; Okotie & Quest, 2013; Wylie & Griffin, 2013c).

Up to now, problem-oriented risk management approaches, such as the Risk-Need-Responsivity (RNR) model (Andrews & Bonta, 2010), have been the most widely used rehabilitation frameworks in guiding treatment, including that of detained female adolescents (Hubbard & Matthews, 2008; Vitopoulos, Peterson-Badali, & Skilling, 2012). The RNR model consists of three main principles. The *risk principle* states that intervention should be matched to the level of an offender's risk (e.g., longer and more intensive treatment for high risk offenders and no or minimum treatment for low risk offenders). The *need principle* states that dynamic risk factors (i.e., criminogenic needs, such as antisocial peers or substance use) should be the target of treatment, as they are changeable and associated with reduced rates of reoffending. The *responsivity principle* states that evidence-based

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treatment should be delivered (more specifically, cognitive behavioral interventions; i.e., general responsivity), and that treatment should be matched to the individual's characteristics, such as gender, learning style, developmental stage and level of motivation (i.e., specific responsivity; Andrews & Bonta, 2010). The RNR model is relevant from a risk management perspective as it helps clinicians to develop and provide interventions oriented towards solving problems and reducing dynamic risk factors. Yet, it has some significant ethical, etiological, and clinical limitations that are likely to hamper the development and delivery of effective treatment for detained female adolescents at multiple levels.

Recently, strength-based rehabilitation frameworks, such as the Good Lives Model (GLM; Ward, 2002), have received increased attention in guiding treatment of detained female adolescents (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016). The GLM offers an alternative approach to the rehabilitation of detained female adolescents, by adopting a dual focus: striving for the fulfilment of individuals' basic human needs *and* reducing their risk of reoffending (Ward, 2002). In line with prior work among detained female adolescents (Van Damme et al., 2016; Van Damme, Colins, De Maeyer, Vermeiren, & Vanderplasschen, 2015), we suggest that the GLM may supplement the RNR model, as it helps to overcome its ethical, etiological and clinical limitations. Hereby, the GLM and the RNR model are considered to be complementary, rather than mutually exclusive, rehabilitation frameworks (Fortune, under review; Ward, Melsner, & Yates, 2007).

The aim of the current paper is to explore the relevance and applicability of the GLM with the detained female adolescent population, based on a critical reflection on the theoretical, empirical and clinical evidence available in the scientific literature. In our view, applying the strength-based GLM to detained female adolescents offers the promise of developing new insights that could result in enhanced rehabilitation theory and practice. This will be of interest to the detained female adolescents themselves, those around them (e.g., family, friends and professionals) as well as society as a whole. First, we present the original GLM and its ethical, etiological and clinical *assumptions*. Second, we discuss the ethical, etiological and clinical *relevance* of the GLM for working with detained female adolescents. Third, we reflect upon the *theoretical applicability* of the GLM among detained female adolescents, addressing developmental and gender issues that need particular consideration. Fourth, we discuss the *practical applicability* of the GLM among detained female adolescents. Fifth, we present some important research-related, practice-related and normative *challenges* when applying the GLM among detained female adolescents. Finally, we summarize the main conclusions of this paper as well as recommendations for future research and practice.

2. The Good Lives Model of offender rehabilitation

The GLM is a strength-based empowering rehabilitation framework, originally developed to explain offending behavior in adult sex offenders and subsequently applied to other groups of offenders (Ward, 2002). The model was developed within the field of forensic psychology, yet drawing upon ideas from a broad range of disciplines (e.g., philosophy, the field of intellectual disabilities; Ward, 2002).

2.1. Ethical assumptions

The GLM is considered to be strength-based and empowering given its dual focus on the realisation of offenders' primary goods and the reduction of their risk to reoffend (Ward, 2002). In this way, the model urges us not to overlook the suggestion that “offenders want better lives not simply the promise of less harmful ones” (Ward, Mann, & Gannon, 2007, p. 106). ‘Strength-based’ refers to the fact that the GLM addresses capabilities, values and aspirations, besides risks, deficits and problems (Vandeveldt et al., 2017). ‘Empowering’ refers to the fact that the GLM

aims to increase individuals' agency, enabling them to undertake action to improve the quality of their own lives (Griffin & Wylie, 2013b). The GLM promotes the idea of commonality, emphasizing that all humans strive to fulfil a range of primary goods (i.e., values derived from basic human needs; see below for a more detailed description of primary goods; Ward, Mann, et al., 2007). For example, everyone seeks a basic level of physical health, inner peace (emotional equilibrium), and relatedness in life. In this way, the model actively disputes processes of ‘othering’. It dismisses the distinction between ‘us’ (i.e., non-offenders) and ‘them’ (i.e., offenders), and rejects the use of dehumanizing terms such as ‘monsters’ or ‘beasts’, to depict offenders (Vandeveldt et al., 2017). In addition, the GLM proposes a holistic or comprehensive view of human beings. It challenges the individualization of problems and considers individuals as social beings, highlighting that both individual/personal and environmental/structural capacities or obstacles, respectively, may enhance or impede the realisation of primary goods (Purvis, Ward, & Willis, 2011; Robertson, Barnao, & Ward, 2011). For example, both poor emotional regulation skills and limited supportive parenting are likely to impede the realisation of the primary good of inner peace.

2.2. Etiological assumptions

The GLM provides a theoretical framework to explain offending behavior, building upon the two main concepts of primary and secondary goods. *Primary goods* are described as “actions or states of affairs that are viewed as intrinsically beneficial to human beings and are therefore sought for their own sake rather than as means to some more fundamental ends” (Ward, 2002, p. 515). Prior work has identified at least 11 primary goods: (1) life, (2) knowledge, (3) excellence in play, (4) excellence in work, (5) excellence in agency, (6) inner peace, (7) relatedness, (8) community, (9) spirituality, (10) pleasure, and (11) creativity (Purvis et al., 2011). Generally speaking, all human beings strive to fulfil the full range of primary goods, while each differs in the importance he or she attaches to particular primary goods (Ward, 2002). For example, some people will attach greater value to the primary goods of relatedness and inner peace, while others will prioritize the primary goods of excellence in agency and in work. *Secondary goods* are described as instrumental goods which provide the concrete means to secure primary goods and typically take the form of approach goals (Purvis et al., 2011). Depending on internal/external capacities/obstacles, an individual may use appropriate secondary goods (e.g., engaging in meaningful volunteer work in order to gain a sense of excellence in work or establishing intimate relationships in order to gain a sense of relatedness) or inappropriate secondary goods (e.g., engaging in sexual contact with children in order to achieve a sense of relatedness or using alcohol/drugs in order to gain a sense of inner peace) to fulfil their primary goods.

The GLM's main etiological assumptions pertain to the offender's past, his/her way of living at the time of offending, and pathways to offending (Purvis et al., 2011). Regarding the *offender's past*, developmental experiences are assumed to influence an individual's way of living and to contribute to the development of offending (Purvis et al., 2011). For example, inappropriate discipline and inconsistent parenting, including physical, emotional abuse and neglect, are believed to be highly influential in the formation of crime related predispositions. Regarding the *offender's way of living at the time of offending*, four types of flaws can be identified, which typically characterize offenders' lives. First, internal and external obstacles are assumed to impede the achievement of an individual's primary goods (Ward, 2002). For example, poor emotional regulation skills and limited supportive parenting are likely to impede an individual's ability to achieve inner peace. Second, inappropriate means are assumed to hinder the realisation of primary goods, as they turn out to be counter-productive (Ward, Mann, et al., 2007). For example, using alcohol/drugs is likely to yield a temporary sense of relief from inner turmoil, without

fulfilling the primary good of inner peace in the long run. Third, in instances where an offender has a narrow focus on a very limited number of primary goods his or her life is considered to lack scope and fulfillment (Ward, 2002). For example, a person may concentrate so much on achieving excellence in work that it gets in the way of achieving inner peace. Fourth, an offender's life may be characterized by horizontal or vertical conflict between primary goods. Horizontal conflict includes the lack of coherent relationships between or within different primary goods (e.g., wanting a stable relationship with a romantic partner, but also wanting sexual freedom), while vertical conflict involves the lack of coherent ranking of different primary goods (e.g., attaching high importance to agency, but being required to obey your teacher or employer; Purvis et al., 2011; Ward, Mann, et al., 2007). Regarding *pathways of offending*, poor fulfilment of an individual's primary goods increases the risk of offending, either through a direct or an indirect pathway (Purvis et al., 2011; Ward, 2002). The direct pathway implies that someone intentionally commits an offense in order to secure his or her primary goods (e.g., displaying harmful sexual behavior to gain a sense of relatedness). The indirect pathway implies that an individual's poor fulfilment of his or her primary goods (e.g., trying to achieve inner peace by using drugs) generates an accumulation of negative effects on his or her life (e.g., problems at school/work, problems with partner/parents, financial problems), which ultimately results in normative violations, for example, a violent offense.

2.3. Clinical assumptions

Given its strength-based nature, the GLM is inherently motivational, helping clinicians to create a more positive and engaging context for change (Thakker, Ward, & Tidmarsh, 2006). Providing GLM-informed treatment, clinicians explore individuals' needs, goals and aspirations, instead of focusing primarily on specific problems and expected behavioral changes (Wylie & Griffin, 2013c). For example, clinicians are encouraged to explore individuals' overarching primary good, as it informs them about what is most valuable in their lives: "Tell me a bit about yourself and your life just before you came into hospital – e.g. what were you doing? What did you enjoy? Who did you spend your time with? What was important to you?" (Barnao, 2013, p. 169). In addition, approach goals rather than avoidance goals form the core of GLM-informed rehabilitation plans (Purvis et al., 2011). The assumption is that the realisation of an approach goal (embedded within a carefully designed plan), ultimately, will enable the realisation of an avoidance goal (i.e., reducing risk factors and avoiding reoffending; Yates, Kingston, & Ward, 2009). For example, supporting someone to become a member of a sports club (in order to fulfil his or her primary goods of relatedness and community) will involve building a set of skills (e.g., social, communication and problem solving skills) and creating a range of opportunities (e.g., to engage in sport and to meet new people). This may in turn help to reduce the risk factors of poor frustration tolerance, limited organized leisure activities and antisocial peers, thereby reducing the risk of reoffending. Clearly, the GLM proposes a person-centred treatment approach, emphasizing an individual's personal priorities and interests when developing a Good Lives Plan, in order to increase his or her motivation, agency and ownership of the plan (Fortune, Ward, & Polaschek, 2014; Ward & Gannon, 2006).

3. Relevance of the Good Lives Model among detained female adolescents

Compared to the growing diversity of GLM studies among different adult offender populations (Purvis et al., 2011), research among detained adolescents is still very scarce, particularly among the vulnerable and challenging population of detained female adolescents (Van Damme et al., 2016). In this section, we build upon the available

theoretical, empirical and clinical findings to discuss the relevance of this strength-based model for the particular population of detained female adolescents, and how it may help to overcome the RNR model's main limitations within this group.

3.1. Ethical relevance

Female adolescents represent a very vulnerable minority within the criminal justice system (Sheahan, 2014). Compared to their male counterparts, detained female adolescents report significantly lower levels of global self-worth as well as lower levels of self-esteem regarding the domains of athletic competence, physical appearance, scholastic competence and behavioral conduct (Van Damme et al., 2014). In addition, detained female (versus male) adolescents, have been shown to grow up under more adverse living conditions and to experience a broader range of persisting mental health and adjustment problems (McCabe, Lansing, Garland, & Hough, 2002; van der Molen, Krabbendam, Beekman, Doreleijers, & Jansen, 2013), which makes them particularly vulnerable to social disadvantage and exclusion (Sheahan, 2014).

Given the focus on reducing risk of reoffending and targeting dynamic risk factors, practitioners who use the RNR model run the danger of perceiving detained female adolescents as clusters of problems or risk factors, which may reinforce stigmatisation and exclusion (Okotie & Quest, 2013; Wylie & Griffin, 2013c). By perceiving them as part of the problem, not as part of the solution, practitioners may fail to attend to what is important to female adolescents themselves (e.g., their needs, beliefs, dreams, assets), thereby risking to overlook crucial characteristics, skills and resources that could support female adolescents' rehabilitation process (Lyon, Dennison, & Wilson, 2000). For example, practitioners may focus on the reduction of alcohol/drug use, overlooking female adolescents' adaptive strategies for coping with a history of abuse and neglect.

Countering the RNR model's individualizing and potentially stigmatizing approach, the GLM's holistic and relational approach may help detained female adolescents to overcome social disadvantage and exclusion. For example, the exploration of primary human goods and related internal/external capacities/obstacles, as well as the development of a personal Good Lives Plan, has been shown to be particularly useful in stimulating adolescents' positive view of themselves and promoting optimism about the future (Fisher, Morgan, Print, & Leeson, 2010; Leeson & Adshead, 2013; Wylie & Griffin, 2013c).

3.2. Etiological relevance

While the RNR model is very useful in predicting recidivism, it fails to provide explanations of (re)offending (Ward, Melsner, et al., 2007). Given its focus on dynamic risk factors, which are currently conceptualized as predictors of recidivism (not as causal factors; Ward & Fortune, 2016), the model provides only limited insight in detained female adolescents' pathways to offending. Pathways to offending are likely to vary in individuals who have committed the same type of crime. For example, property offending could be either the result of peer pressure or the result of alcohol/drug use and related financial problems, both requiring a different set of interventions. Clearly, understanding the specific causal mechanisms behind detained female adolescents' offending behavior is necessary to identify change mechanisms and provide effective, tailored treatment (Robertson et al., 2011).

Complementing the RNR model's problematic etiological assumptions (because of its reliance on the construct of dynamic risk factors; Ward & Fortune, 2016), the GLM's etiological assumptions may help researchers and practitioners to understand why detained female adolescents were involved in offending and may be at risk for future offending. Up to now, we are aware of only two related empirical studies that tested the GLM in detained female adolescents, using the concept

of subjective quality of life (QoL) as an indicator of the fulfilment of their primary goods (Van Damme et al., 2015; Van Damme et al., 2016).

The first study shed light on the GLM's assumptions regarding an offender's past and way of living at the time of offending. In support of the GLM's assumption concerning adverse developmental experiences, trauma exposure (e.g., being threatened with a weapon, being forced to engage in unwanted sexual activities) was negatively related to all domains of QoL (i.e., physical health, psychological health, social relationships, environment; Van Damme et al., 2015). In support of the assumption concerning internal and external obstacles, psychiatric disorders negatively impacted on all domains of female adolescents' QoL, and a low socioeconomic status adversely impacted on their psychological health and environment (Van Damme et al., 2015). Overall, the above psychosocial and socioeconomic problems had the biggest impact on female adolescents' psychological health (i.e., the primary good of inner peace), while these variables had an almost negligible impact on their social relationships (i.e., the primary good of relatedness; Van Damme et al., 2015).

The second study shed a light on the GLM's assumptions regarding pathways to offending. Partly in support of GLM's assumptions, the study showed an indirect pathway from female adolescents' QoL via mental health problems to offending, whereas a direct negative pathway from QoL to offending was not supported (Van Damme et al., 2016). However, the study did show a direct positive pathway from detained female adolescents' satisfaction with their social relationships to offending after discharge. First, the prominent appearance of an indirect pathway from QoL via mental health problems to offending among detained female adolescents yielded some interesting insights regarding the rehabilitation of this particular group (Van Damme et al., 2016). The findings acknowledged the relevance of addressing female adolescents' QoL or, more broadly, the fulfilment of their primary goods. However, they also highlighted the pivotal role mental health problems had in detained female adolescents' pathways to offending (Van Damme et al., 2016). This suggests that strength-based empowering rehabilitation approaches in this particular population should always include the search for appropriate methods for detecting and addressing their mental health problems (see below for a more detailed discussion of psychiatric disorders in this particular population; Teplin et al., 2002; Van Damme et al., 2014; Wasserman et al., 2005). Second, the lack of evidence for a direct negative pathway from QoL to offending may be due to the fact that the GLM was originally developed as a rehabilitation framework for adult offenders, not adolescents (Van Damme et al., 2016). Whereas offending among adults may be primarily guided by the lack of fulfilment of primary goods, offending among adolescents may be more susceptible to external influences, such as peer pressure. Also, it is plausible that adolescents' primary goods are generally fulfilled by their surroundings, and therefore are not the most important force guiding their behavior (see below for a more detailed discussion of developmental issues; Van Damme et al., 2016). Finally, the appearance of a direct positive pathway from the social domain of QoL to offending, indicated that the more female adolescents are satisfied with their social relationships, the more likely they are to re-offend (Van Damme et al., 2016). The exclusive direct impact of the social domain of QoL (compared to the other domains) on female adolescents' offending is in line with the GLM's assumption that individuals attach different values to different primary goods (Ward & Gannon, 2006). The particular importance of the social domain of QoL (i.e., the primary good of relatedness) fits within the developmental period of adolescence, when peers become increasingly important and influential (see below for a more detailed discussion of developmental issues; Berk, 2006). The finding that detained female adolescents' satisfaction, not dissatisfaction, with their social relationships increases the risk of offending converges with the idea that anti-social minors often feel popular within their peer group and when with close friends (Vermeiren, Bogaerts, Ruchkin, Deboutte, & Schwab-Stone, 2004). More specifically, detained female adolescents often

affiliate with deviant peers (Lederman, Dakof, Larrea, & Li, 2004), which reinforces further engagement in antisocial activities (Melde & Esbensen, 2013).

Importantly, adopting a subjective measure of QoL, the above studies informed us about detained female adolescents' own perspective on the fulfilment of their primary goods. However, these studies did not inform us about the objective fulfilment of their primary goods, nor about the potential flaws in their personal life plans (i.e., inappropriate means, lack of capacity, lack of scope, and conflict). For example, these studies provided insight into detained female adolescents' satisfaction with their social relationships (i.e., their own perspective on the fulfilment of the primary good of relatedness), but not into the means they used to fulfil this good (i.e., the flaw of inappropriate means, such as the establishment of relationships with deviant peers in order to gain a sense of relatedness). As subjective and objective judgments regarding the realisation of primary goods may differ, it is suggested, both in research and practice, to combine information from detained female adolescents themselves with information from other sources (e.g., files, observations) or informants (e.g., parents/caregivers, teachers), in order to gain a more comprehensive understanding of their way of living at the time of offending as well as pathways to offending (Purvis et al., 2011). Including multiple informants is particularly pertinent when working with adolescents, given the importance of the different systems within which they operate (e.g., family, school; see below for a more detailed discussion of developmental issues; Fortune, under review; Griffin & Wylie, 2013b).

3.3. Clinical relevance

Female adolescents represent a very challenging minority within the criminal justice system. Compared to their male counterparts, female adolescents in juvenile residential treatment are more likely to externalize reasons for antisocial behavior (e.g., blaming the victim or the situation) and to consider their placement in the facility as unfair (e.g., believing that there is no good reason for their placement and that the treatment program has nothing to offer them; Englebrecht et al., 2008). In addition, they have been shown to display low levels of readiness to change (e.g., "being here is pretty much a waste of time because I don't have any problems that need to be changed"; Englebrecht et al., 2008, p. 479), poor bonding with the staff (e.g., limited sense of trust and appreciation), poor collaboration on goals and tasks (e.g., limited agreement on expected changes), and low levels of therapeutic engagement (e.g., limited willingness to talk about feelings and analyse problems; Van Damme et al., 2015). Finally, during detention, female adolescents displayed no significant change in treatment engagement (Van Damme et al., 2015), which makes them particularly challenging to treat.

RNR-influenced rehabilitation plans tend to focus more on removing problems and reducing risk factors (i.e., avoidance goals), and less on building detained female adolescents' personal skills and increasing environmental resources (i.e., approach goals; Print, Fisher, & Beech, 2013). Detained female adolescents, who are in the critical developmental phase of constructing conceptions about themselves and their lives, may find it hard to commit to RNR-informed, avoidance-focused treatment plans. The stress on 'what not to do', 'where not to go', 'who not to hang out with', ... is likely to leave them with barren life plans, instead of creating hope and perspective for the future (Beech, 2013; Fortune, under review). Also, by imposing treatment goals, instead of involving detained female adolescents in defining treatment goals that are personally meaningful to them, there is a risk of increasing treatment resistance rather than treatment engagement (Thakker et al., 2006). The RNR model deals with the issue of treatment engagement primarily in an instrumental way (i.e., as a specific responsivity issue that needs to be addressed in order to facilitate the delivery of efficient and effective treatment; Ward, Melsner, et al., 2007). However, since treatment engagement is a dynamic process (Harder, Knorth, & Kalverboer, 2012; van

Binsbergen, Knorth, Klomp, & Meulman, 2001), clinicians not only need to instigate but also monitor it during treatment.

Complementing the RNR model's primary stress on problems and risks and its primarily instrumental approach to treatment engagement, the GLM's focus on personal needs, goals and aspirations, and its inherently motivational approach, may help clinicians engage detained female adolescents in treatment. For example, working towards approach goals and involving individuals in the construction of a Good Lives Plan that is personally meaningful to them, has been shown to be particularly helpful in increasing adolescents' motivation, honesty and responsiveness (Thakker et al., 2006; Wylie & Griffin, 2013c). In this respect, the GLM is likely to support individuals in their personal processes of desistance, recovery and restoring harm. This converges with prior work, pointing out the distinct, yet complementary nature of strength-based rehabilitation frameworks from forensic psychology (e.g., the GLM) on the one hand, and strength-based rehabilitation frameworks from other professional disciplines, such as criminology (e.g., the desistance paradigm) and mental health care (e.g., the recovery paradigm; Vandeveldt et al., 2017), as well as restorative justice frameworks (Gavrielides, 2014; Ward & Langlands, 2009) on the other hand.

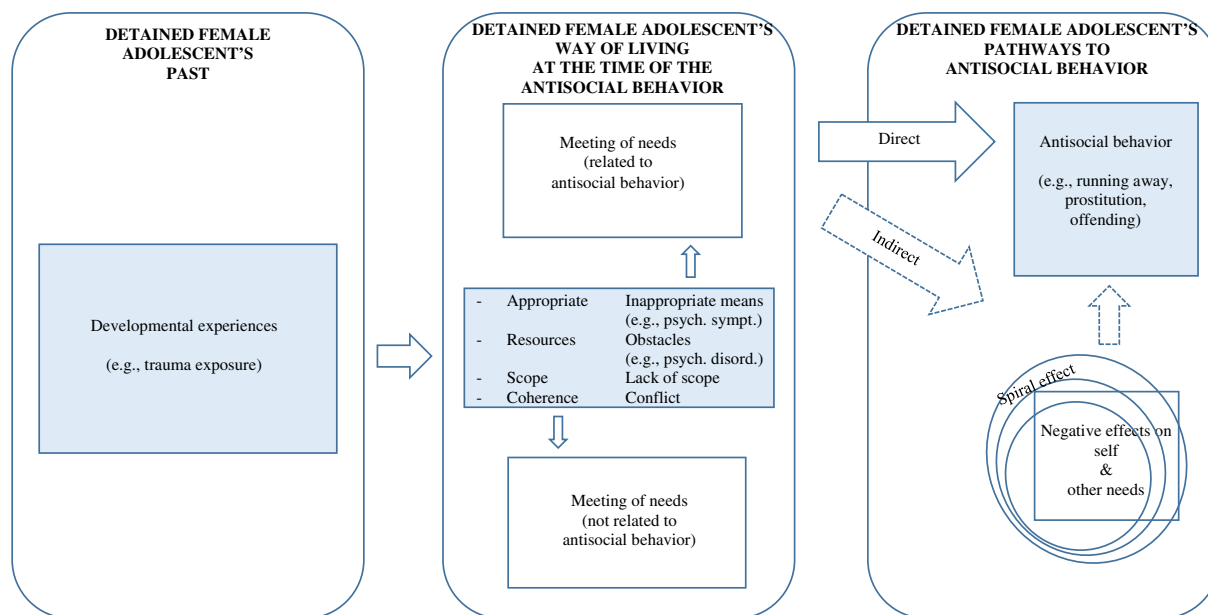
4. Theoretical applicability of the Good Lives Model among detained female adolescents

In this section, we build upon existing theoretical, empirical and clinical evidence to discuss how the GLM, which was originally developed for use with adult sex offenders, can be extended to the population of detained female adolescents, reflecting the developmental and gender issues that need particular consideration (see GLM-DFA; Fig. 1). Since developmental issues in applying the GLM to adolescent offenders have been described in recent work (Fortune, under review; Print, 2013; Wylie & Griffin, 2013c), we will only briefly highlight them, which allows us to give a more detailed consideration of gender issues in applying the GLM to the particular population of detained female adolescents.

4.1. Developmental issues

In developmental psychology, adolescence is described as the transitional period between childhood and adulthood. This period is characterized by variability and fluidity of adolescents' cognitions, emotions and behaviors, due to major changes in both the body and the brain (Berk, 2006). This transitional reality requires a very flexible approach when working with adolescents. The GLM is likely to fit these requirements, as it considers Good Lives Plans as dynamic instruments, requiring continuous revision within light of changing conditions (Wylie & Griffin, 2013a). In addition, when working with adolescents, it is particularly important to consider these individuals within the broader systems within which they move and grow (e.g., family, peer groups, school, community; Carr, 2014). The GLM seems to easily match with a systems perspective, placing a great emphasis on including, not only the young person, but also his or her family, caregivers and other relevant professionals during the different phases of the rehabilitation process (i.e., the Good Lives Assessment as well as the Good Lives Planning; Fortune, under review).

Based on the above issues, Print et al. (2013) adapted the GLM for use among young sexual offenders, which resulted in the GLM-A (Griffin & Wylie, 2013b). First of all, Print and colleagues adapted the terminology of the GLM for use with young people, talking about needs (i.e., primary goods; "My needs"), means (i.e., secondary goods; "How I meet my needs"), resources/obstacles (i.e., capacities/obstacles; "The things that help me meet my needs"/"The things that get in the way of meeting my needs"), scope ("Which needs do I neglect?"), and conflict ("Which of my needs fight against each other?"), terms that will be used from here on (see GLM-DFA; Fig. 1; Griffin & Wylie, 2013a, p. 47). Needs were also reinterpreted and reorganized, so they would better fit the particular characteristics of adolescents (Griffin & Wylie, 2013a; Wylie & Griffin, 2013c). Furthermore, it was noted that adolescents' means are restricted by parental and societal rules and boundaries, reflecting the limited autonomy which characterizes their developmental stage (Griffin & Wylie, 2013a). Finally, regarding resources/obstacles, Print and colleagues pointed to adolescents' particular susceptibility to environmental influences (see the systemic perspective), characterized by the increasing importance of peers (i.e., adolescents'



Note: Psych. sympt. = psychiatric symptoms; psych. disord. = psychiatric disorders.

Note: Figure based on the Goods Etiological Theory (Purvis, Ward, & Willis, 2011) and the GLM-A (Griffin & Wylie, 2013b).

Fig. 1. The Good Lives Model of offender rehabilitation applied to detained female adolescents (the GLM-DFA).

desire to be accepted by their peers) and the decreasing importance of parents (i.e., adolescents' desire to withdraw from their parents; Berk, 2006; Wylie & Griffin, 2013a).

4.2. Gender issues

Having addressed the main developmental issues regarding the application of the GLM among adolescent offenders, we will now build upon gender-related empirical findings and theory to formulate implications for the application of the GLM to detained female adolescents (see GLM-DFA; Fig. 1). More specifically, we will highlight considerations regarding the prevalence and nature of trauma exposure, psychiatric disorders and antisocial behavior in this particular population.

4.2.1. Trauma exposure

Prior empirical studies involving detained female adolescents have consistently shown a very high prevalence of traumatic exposure, with 84–95% having experienced at least one traumatic event (e.g., being attacked or beaten up by someone, being sexually abused; Krabbendam et al., 2015; Lederman et al., 2004; Vahl et al., 2016; Van Damme et al., 2015). Detained female adolescents display significantly higher rates of trauma exposure than their male counterparts (Abrantes, Hoffmann, & Anton, 2005; Van Damme et al., 2016), particularly for emotional abuse, physical abuse/neglect and sexual abuse, but not for emotional neglect (McCabe et al., 2002; Vahl et al., 2016). In addition, compared to detained male adolescents, female adolescents tend to have experienced more often multiple types of maltreatment, with emotional abuse and emotional neglect being the two most common co-occurring subtypes (Vahl et al., 2016).

The above findings may be explained by the general strain theory, stating that male and female adolescents differ in their vulnerability for risk factors: in general, male adolescents are more inclined to respond to risk factors (here: strain) by means of offending behavior, compared to female adolescents (Broidy & Agnew, 1997). This implies that female, compared to male, adolescents need to reach a higher threshold of risk factors (for example, experiencing a higher level of abuse within the family) before starting to commit offenses (Loeber & Keenan, 1994). Subsequently, those female adolescents that do commit offenses, seem to grow up under more adverse living conditions, characterized by an accumulation of risk factors (Odgers & Moretti, 2002).

Both the empirical findings and theoretical considerations regarding trauma exposure have implications for the application of the GLM to detained female adolescents (see GLM-DFA; Fig. 1). The omnipresence of (multiple) trauma exposure in detained female adolescents emphasizes the importance of considering not only these female adolescents' way of living at the time of offending and pathways to offending, but also their past experiences. Female adolescents' traumatic life events should be acknowledged as adverse developmental experiences, which have an enduring impact on their way of living and subsequently are likely to contribute to the development of offending throughout their lives (Purvis et al., 2011). Based on clinical experience with the GLM-A (Leeson & Adshead, 2013), we assume that including these developmental experiences in the Good Lives Assessment will help detained female adolescents to contextualize and understand their own behavior (see the GLM's holistic, instead of individualizing, approach). Increased understanding of their own behavior is likely to reduce female adolescents' feelings of shame, altering their self-perception and enabling them to bond with staff (see the GLM's connecting, instead of stigmatizing, approach; Leeson & Adshead, 2013).

4.2.2. Psychiatric disorders

Prior empirical work among detained female adolescents has consistently shown a very high prevalence of mental health problems, with 69–100% having at least one psychiatric disorder (Gretton & Clift, 2011; Karnik et al., 2009; Lederman et al., 2004; McCabe et al., 2002; Van Damme et al., 2015). Detained female adolescents display

significantly higher rates of psychopathology than their male counterparts, particularly for anxiety disorders (i.e., posttraumatic stress disorder, separation anxiety disorder), affective disorders (i.e., major depressive disorder, dysthymic disorder), disruptive behavior disorders (i.e., attention-deficit/hyperactivity disorder, oppositional defiant disorder) and substance use disorders (i.e., alcohol use disorder, substance use disorder other than alcohol or marijuana; Gretton & Clift, 2011; Karnik et al., 2009; McCabe et al., 2002; Plattner et al., 2009; Teplin et al., 2002; Van Damme et al., 2014). In addition, compared to detained male adolescents, they more often suffer from co-morbid internalising (e.g., major depressive disorder) and externalizing disorders (e.g., conduct disorder; Van Damme et al., 2014).

These results may be explained by the gender paradox theory, stating that the gender with the lowest prevalence is more seriously affected (Loeber & Keenan, 1994). Whereas fewer female adolescents usually suffer from disruptive behavior disorders, those female adolescents that do so seem to demonstrate a more severe and co-morbid pattern of disorders. In addition, Ybrandt (2008) points to practices of socialisation to explain the elevated complexity of female adolescents' mental health needs: since externalizing behaviors are less socially accepted in female (versus male) adolescents, they may try to suppress them, which increases the risk of developing additional internalising problems.

The above-mentioned empirical findings and theoretical considerations regarding psychiatric disorders have implications for the application of the GLM to detained female adolescents (see GLM-DFA; Fig. 1). The substantial rates of (co-morbid) psychiatric disorders in detained female adolescents are particularly important when considering female adolescents' way of living at the time of offending. In line with the GLM-forensic modification (GLM-FM; Barnao, Robertson, & Ward, 2010), we suggest that female adolescents' psychiatric disorders may serve as an internal obstacle for the fulfilment of their needs. For example, female adolescents suffering from a post-traumatic stress disorder may struggle to achieve inner peace. Alternatively, some psychiatric symptoms may also serve as inappropriate means to achieve their needs (Barnao et al., 2010). For example, female adolescents may display self-harming behavior in order to fulfil their need of inner peace. Based on clinical experience with the GLM-A (Wylie & Griffin, 2013c), using and expanding female adolescents' internal and external resources is assumed to help them to overcome their internal obstacles, enabling them to meet their needs in a positive, socially appropriate way.

4.2.3. Antisocial behavior

Previous empirical studies on detained female adolescents have indicated that female (compared to male) adolescents are more often detained for child protective reasons, and not merely because they have committed (severe) offenses (Kerig & Schindler, 2013; Lenssen, Doreleijers, van Dijk, & Hartman, 2000; Van Damme et al., 2015). Female adolescents are often detained based on their involvement in a broader range of antisocial activities, including running away from home, truancy, defiant/relentless/uncontrollable behavior and risky sexual behavior (e.g., prostitution; Kerig & Schindler, 2013; Lederman et al., 2004; Lenssen et al., 2000; Van Damme et al., 2015).

These findings may be explained by gender-specific approaches of the criminal justice system, imposing harsher measures for female (compared to male) adolescents in the particular case of status offenses, such as running away from home, truancy and underage drinking (Kerig & Schindler, 2013). In addition, the above findings may be explained by the dual taxonomy theory and gender-related evidence, stating that female (versus male) adolescents are more likely to follow the adolescence-limited pathway (which is mainly explained by environmental factors and characterized by disobedient or defiant behaviors), instead of the life-course-persistent pathway (which is mainly explained by neuropsychological deficits and characterized by more severe offending; Moffitt, Caspi, Rutter, & Silva, 2001). However, some

female adolescents following the adolescence-limited pathway may still persist with their antisocial career into adulthood, as they get caught by “snares”, such as chronic substance abuse and/or single parenting (Brennan, Breitenbach, Dieterich, Salisbury, & Van Voorhis, 2012; Moffitt et al., 2001).

The empirical findings, as well as the theoretical considerations regarding antisocial behavior, have implications for the application of the GLM to detained female adolescents (see GLM-DFA; Fig. 1). Detained female adolescents' involvement in a broad range of antisocial activities highlights the need to use an encompassing definition of antisocial behavior, exploring pathways to antisocial behavior, instead of focusing on the narrow outcome of offending. In line with GLM's holistic approach to assessment and intervention planning (Purvis et al., 2011), we urge both researchers and practitioners to take into account detained female adolescents' broader context and lifestyle in order to advance our understanding of their direct and indirect routes towards various forms of conduct that could jeopardize their and/or others' safety and wellbeing.

5. Practical applicability of the Good Lives Model among detained female adolescents

In this section, we build upon prior theoretical, empirical and clinical work to discuss how the GLM, as a rehabilitation *framework*, can easily incorporate existing evidence-based treatment *programs* for detained female adolescents. Next, we highlight the different phases of GLM-informed rehabilitation, applying them to the particular population of detained female adolescents.

5.1. The Good Lives Model as a framework for treatment of detained female adolescents

The GLM is a rehabilitation framework, which means it is “a hybrid theory comprised of values, etiological assumptions, and practice guidelines” (Ward, Melsner, et al., 2007, p. 211). That is, it consists of ethical, etiological and clinical principles that are used to guide treatment. However, as a broad rehabilitation framework, the model does not provide or suggest concrete methods or strategies for the treatment of offenders (Fortune, under review). Consequently, the model can easily “wrap around” existing evidence-based treatment programs for particular offender populations, including detained female adolescents.

As detention rates among female adolescents have traditionally been remarkably lower than among male adolescents (Puzzanchera, 2009; Sheahan, 2014; Snyder & Sickmund, 2006), treatment programs for these adolescents are mostly male-oriented (Andersson, 2007). For example, as discussed by recent work among justice-involved women by Salisbury, Boppre, and Kelly (2017), the still predominant and so-called ‘gender-neutral’ RNR model is preliminary based on research among male samples. Although there is no evidence to believe that the risk, need and responsivity principles do not apply to females, re-examination is warranted, building upon prior research among female samples (Salisbury et al., 2017). In the specific case of detained female (versus male) adolescents, for example, the particular prevalence and nature of trauma exposure, psychiatric disorders and antisocial behavior, indicate the existence of gender-specific needs and suggest the potential relevance of gender-responsive treatment programs (see above for a more detailed description of gender issues).

Research on the effectiveness of (non-)gender-responsive treatment programs in reducing recidivism among female adolescents involved in the juvenile justice system is still in its infancy (Kerig & Schindler, 2013; Leve, Chamberlain, & Kim, 2015; Zahn, Day, Mihalic, & Tichavsky, 2009). The limited number of available studies on this topic show promising effects for non-gender-responsive treatment programs, such as Multisystemic Therapy and Multidimensional Treatment Foster Care (Hipwell & Loeber, 2006; Kerig & Schindler, 2013; Leve et al., 2015; Leve, Chamberlain, & Reid, 2005; Zahn et al., 2009), and gender-

responsive treatment programs, such as Stop-Now-And-Plan Girls Connection (Kerig & Schindler, 2013). Overall, the available studies recommend the provision of treatment programs that include a multi-dimensional, systemic and gender-responsive component, when working with juvenile justice-involved female adolescents (Day, Zahn, & Tichavsky, 2015; Hipwell & Loeber, 2006; Hubbard & Matthews, 2008; Kerig & Schindler, 2013; Leve et al., 2005; Leve et al., 2015; Matthews & Hubbard, 2008; Zahn et al., 2009), which nicely matches the GLM's holistic and person-centred approach. The multidimensional component refers to the importance of addressing detained female adolescents' multiple and interacting (criminogenic) needs, such as alcohol/drug use, mental health needs, trauma exposure and dysfunctional family environment (Hipwell & Loeber, 2006; Sheahan, 2014). The systemic component refers to the importance of involving the systems within which these female adolescents operate, in order to stimulate the development of healthy connections with family, peers, school and the wider community (Leve et al., 2015; Matthews & Hubbard, 2008). The gender-responsive component refers to the importance of addressing gender-specific (criminogenic) needs (e.g., a history of abuse, dysfunctional mother-daughter relationships, internalising disorders) in a gender-responsive way (e.g., starting from a ‘relational model’, paying more attention to relational aspects of treatment, such as building a therapeutic alliance and talking about feelings; Hubbard & Matthews, 2008; Kerig & Schindler, 2013). It is also noteworthy that prior work urges practitioners to not overlook relevant within girl differences, including, for example, ethnic origin, intellectual abilities, sexual orientation and pathways to offending (Day et al., 2015; Matthews & Hubbard, 2008; Zahn et al., 2009).

Dialectical Behavioral Therapy (DBT) serves as a good example of a GLM-consistent treatment program, originally developed for women with borderline personality disorders in the community, but showing promising effects among adult women in prison (Nee & Farman, 2005, 2007, 2008) as well as detained female adolescents (Banks & Gibbons, 2016; Quinn & Shera, 2009; Trupin, Stewart, Beach, & Boesky, 2002). DBT's key dialectic of accepting the person on the one hand and stimulating change on the other hand (Banks & Gibbons, 2016; Nee & Farman, 2007) coincides with the GLM's non-judgmental and empowering approach. Its focus on the development of skills through cognitive behavioral techniques (Nee & Farman, 2005; Quinn & Shera, 2009; Trupin et al., 2002) corresponds with the GLM's emphasis on building strengths, capabilities and resources. Finally, DBT reflects the GLM's dual focus, striving for the enhancement of individuals' wellbeing on the one hand and the reduction of a broad variety of (self-)harming or antisocial behavior on the other hand (Nee & Farman, 2007, 2008), which makes it particularly suitable as a GLM-consistent treatment program for detained female adolescents.

5.2. GLM-informed rehabilitation of detained female adolescents

GLM-informed rehabilitation consists of six phases (Ward, Mann, et al., 2007), with Good Lives Assessment (see phases one and two) being followed by Good Lives Planning (see phases three to six).

The *first phase* comprises the identification of clinical symptoms that are involved in an individual's offending (Ward, Mann, et al., 2007). More specifically, it concerns the identification of particular types of problems (e.g., cognitive, emotional) and criminogenic needs (e.g., truancy, alcohol/drug use) the individual displays. Importantly, these problems and criminogenic needs serve as “red flags”, as symptoms of an individual's underlying struggle to achieve one or more needs (Yates et al., 2009). For example, a lack of interpersonal skills may indicate a detained female adolescent's struggle to achieve the need of relatedness. When working with the particular population of detained female adolescents, it is recommended to complement the use of risk assessment instruments which are validated in offending female adolescents (e.g., the Youth Level of Services/Case Management Inventory; YLS/CMI; Hoge, Andrews, & Leschied, 2008) with other standardized

instruments which assess problems that are particularly prevalent in this group (e.g., trauma, mental health problems; Day et al., 2015; Matthews & Hubbard, 2008; Sheahan, 2014).

The *second phase* concerns the identification of the function of an individual's offending (Ward, Mann, et al., 2007). More specifically, it involves the identification of an offender's overarching need(s), the identification of flaws in an offender's Good Lives Plan, as well as the identification of pathways to offending. For example, detained female adolescent's property offending may be identified as an inappropriate means to make friends and gain a sense of relatedness. When working with detained female adolescents, it is recommended to conduct an in-depth interview to gain a comprehensive and individualized understanding of the particular context and meaning of their antisocial behaviors (Hubbard & Matthews, 2008). Engaging them in a rather open and unstructured conversation fits their particular need to talk about their feelings and to tell their story in a more informal way (Matthews & Hubbard, 2008).

The *third phase* consists of the selection of an offender's overarching need(s) that will be the primary focus of the treatment plan (Ward, Mann, et al., 2007). For example, a treatment plan can be developed around the fulfilment of the detained female adolescent's needs of relatedness and creativity, which are most important to her, but which are hampered at the moment by a lack of interpersonal skills, short attention span, and limited opportunities to engage in artistic activities. Putting detained female adolescents' overarching needs at the centre of the treatment plan has a strong motivational function.

The *fourth phase* involves the selection of alternative, appropriate means that will help the individual to achieve their needs in a socially acceptable way (Ward, Mann, et al., 2007). For example, the above-mentioned treatment plan should specify what kind of artistic activities would match the detained female adolescent's need for both creativity and relatedness (e.g., participating in a group course instead of taking individual arts lessons). Here, the use of approach goals (e.g., engaging in artistic group courses), instead of avoidance goals (e.g., reducing property offending), has a strong motivational function.

The *fifth phase* comprises the identification of the context(s) in which the offender will probably be living after completing the treatment program (Ward, Mann, et al., 2007). For example, the availability of artistic group courses within the neighbourhood is likely to have a great impact on detained female adolescent's ability to achieve her needs of relatedness and creativity. This phase fits with recommendations of prior work to adopt a systemic approach when working with female adolescents in the justice system (Leve et al., 2015; Matthews & Hubbard, 2008; Sheahan, 2014).

The *sixth phase* concerns the development of a Good Lives Plan, building upon the information that was revealed within the previous phases (Ward, Mann, et al., 2007). More specifically, it is specified what internal/external resources need to be established or strengthened and what internal/external obstacles need to be overcome in order to enable the individual to achieve a personally meaningful and socially acceptable life. The explicit focus on building internal/external resources fits with recommendations of prior work to assess and address female adolescents' strengths (Hubbard & Matthews, 2008; Sheahan, 2014). For example, Dialectical Behavioral Therapy and/or Multidimensional Treatment Foster Care may be included in a female adolescent's Good Lives Plan, in order to stimulate the development of interpersonal skills and the establishment of supporting relationships, thereby enabling the fulfilment of the need of relatedness and reducing the social deficits and lack of parental support that were implicated in the development of the antisocial behavior.

6. Challenges in applying the Good Lives Model among detained female adolescents

When applying the GLM among detained female adolescents, at least three important challenges need to be discerned.

A first important challenge is situated at the level of rehabilitation research. Opponents (Andrews, Bonta, & Wormith, 2011) as well as advocates (Ward, Yates, & Willis, 2012) of the GLM agree upon the need for additional empirical evidence to guide the development of both rehabilitation theory and practice (Lösel, 2015). Up to now, there is a lack of sound outcome studies evaluating the GLM as a rehabilitation framework, GLM-based treatment programs, and their value added relative to RNR (Andrews et al., 2011; Ward & Willis, 2016). This is particularly the case regarding the application of the GLM to the understudied population of detained female adolescents (GLM-DFA). In line with Robertson et al. (2011), we conclude that further operationalization and testing of the model and its assumptions is needed in order for the GLM-DFA to become a robust, evidence-based, clinical rehabilitation framework, guiding treatment of detained female adolescents (see below for more detailed recommendations for future research on this topic in this particular population).

A second important challenge is situated at the level of rehabilitation practice. As a broad rehabilitation framework, the GLM does not propose specific treatment methods or strategies (Fortune, under review). Given the lack of fixed guidelines, feelings of doubt and confusion may emerge among practitioners, for example regarding the content and scope of Good Lives Assessment and Good Lives Planning (Andrews et al., 2011). More specifically, opponents of the GLM fear that risk reduction may be overlooked when adopting a Good Lives approach (Andrews et al., 2011), while the GLM explicitly advocates a dual focus (Ward, 2002). Clearly, more work needs to be done regarding the translation of the GLM into treatment programs, with specific attention on how to balance the goals of reducing reoffending and fulfilling needs throughout the different phases of treatment. This is a particular challenge among detained female adolescents, given the limited amount of research on the effectiveness of treatment programs in this specific population (Kerig & Schindler, 2013; Leve et al., 2015; Zahn et al., 2009).

A third important challenge pertains to the normative nature of rehabilitation. Rehabilitation frameworks, such as the RNR model and the GLM, are influenced by different types of values (i.e., epistemic, ethical, social and prudential ones; Ward & Heffernan, 2017; Ward & Langlands, 2009). While the GLM explicitly strives towards the fulfilment of offenders' needs (i.e., prudential values) and the reduction of reoffending (i.e., ethical values), the model is less clear about other normative issues, such as the ranking of multiple types of prudential goods in rehabilitation planning (Ward & Heffernan, 2017). We agree with Ward and Heffernan (2017, p. 37) that "It is time for researchers and practitioners to begin a more explicit, robust, and comprehensive dialogue about values and their associated practices". Within the context of rehabilitation of detained female adolescents, two particular value based concerns need to be considered. The substantial rates of psychiatric disorders in this population bring to the fore the tension among practitioners to adhere to both mental health and criminal justice sets of norms (Adshead & Sarkar, 2009). In addition, the substantial rates of trauma exposure in detained female adolescents creates the tension among practitioners to deal with processes of both victimization and offending (Ward & Moreton, 2008).

7. Conclusions and future directions

In the current paper, we have explored the relevance and applicability of the GLM among detained female adolescents, based on a critical reflection on the theoretical, empirical and clinical evidence available in the scientific literature. To conclude this paper, we will review what we have learned and what still needs to be learned.

Exploring the *relevance* of the GLM among detained female adolescents, we believe employing strength-based empowering approaches, such as this model, complement traditional and still predominant problem-oriented risk management approaches, such as the RNR model. More specifically, we believe that the GLM can help to overcome the

RNR model's ethical, etiological and clinical limitations, thereby improving rehabilitation theory and effective practice with a particularly vulnerable and challenging group, detained female adolescents. First, the GLM's ethical assumptions appear to be particularly relevant in empowering detained female adolescents to overcome social disadvantage and exclusion. Empirical studies, comparing traditional RNR-informed interventions to GLM-informed interventions, are needed to test whether or not the latter indeed help to stimulate detained female adolescents' positive self-esteem and to promote optimism about their future lives (Fisher et al., 2010; Leeson & Adshead, 2013; Wylie & Griffin, 2013c). Noteworthy, these studies should aim to inform clinicians and researchers about how to integrate the GLM and the RNR model in treatment programs for detained female adolescents, instead of favouring one model over the other (Thakker et al., 2006; Willis, Prescott, & Yates, 2013; Wylie & Griffin, 2013b). Second, the GLM's etiological assumptions appear to be particularly relevant in unravelling detained female adolescents' pathways into and, more importantly, out of antisocial behavior. More research is needed to examine to what extent the GLM's etiological assumptions can be replicated in different samples of detained female adolescents (Van Damme et al., 2015; Van Damme et al., 2016). More specifically, we recommend future studies adopt a systems perspective, using multiple sources of information (e.g., files, observations) and relying on multiple informants (e.g., parents/caregivers, teachers; Fortune, under review; Griffin & Wylie, 2013b), to gain a more comprehensive understanding of detained female adolescents' way of living, at the time of the antisocial behavior, as well as pathways to antisocial behavior. Third, the GLM's clinical assumptions appear to be particularly relevant in creating a positive and motivating context for change. Again, empirical studies, comparing RNR- and GLM-informed interventions, are needed to test whether or not the latter indeed help to increase detained female adolescents' motivation, honesty and responsiveness (Thakker et al., 2006; Wylie & Griffin, 2013c), thereby contributing to processes of desistance, recovery and restoring harm. In this respect, future studies are also needed to provide more insights regarding the relevance of an interdisciplinary strength-based approach, integrating rehabilitation theories from forensic psychology (e.g., the GLM), criminology (e.g., the desistance paradigm) and mental health care (e.g., the recovery paradigm; Vandeveldt et al., 2017), as well as restorative justice theories (Gavrielides, 2014; Ward & Langlands, 2009), when working with detained female adolescents.

Exploring the *theoretical applicability* of the GLM, we believe this model, given its holistic and person-centred approach, can be easily extended to a broad range of offender populations, including detained female adolescents. However, when applying it to the particular population of detained female adolescents, some developmental and gender issues should be taken into account (see GLM-DFA; Fig. 1). Developmental issues that need consideration during the process of Good Lives Assessment and Good Lives Planning relate to the importance of a dynamic approach (i.e., taking into account the variability of adolescents' cognitions, emotions and behaviors), a systems perspective (i.e., considering adolescents within the broader systems within which they operate), and an age-appropriate interpretation of needs, means and resources/obstacles. Gender issues that need consideration relate to the prevalence and nature of trauma exposure (i.e., adverse developmental experiences), psychiatric disorders (i.e., internal obstacles or inappropriate means) and antisocial behavior (i.e., a broader outcome) in this particular population. By highlighting these issues, we hope to contribute to a more tailored implementation of the GLM among detained female adolescents. Case studies are needed to illustrate and refine the theoretical application of the GLM among this particular population.

Exploring the *practical applicability* of the GLM among detained female adolescents, we believe this model, as a rehabilitation framework, can easily “wrap around” existing evidence-based treatment programs for detained female adolescents, which, overall, are recommended to

include a multidimensional, systemic and gender-responsive component. In addition, we think that the different phases of GLM-informed rehabilitation can be easily applied to this particular population. More specifically, the holistic and person-centred nature of Good Lives Assessment and Good Lives Planning allows to easily incorporate multidimensional, systemic and gender-responsive treatment components (being particularly important in working with detained female adolescents), and is likely to increase treatment engagement (being particularly challenging in working with these adolescents). Future studies are needed to explore factors that may challenge an effective implementation of the GLM among detained female adolescents, capturing the complex interaction between factors at the level of the adolescents and the systems within which they operate (e.g., level of treatment engagement), the staff (e.g., attitudes), and the organisation (e.g., culture; Barnao, Ward, & Casey, 2016; Willis et al., 2013; Willis, Ward, & Levenson, 2014).

Exploring the *challenges* in applying the GLM among detained female adolescents, we believe these can be situated at multiple levels. The main challenge at the level of rehabilitation research is to develop a robust empirical basis for the GLM and the GLM-DFA in particular. The main challenge at the level of rehabilitation practice is to gain more insight into the relationship between the GLM-DFA as a rehabilitation framework and accompanying evidence-based treatment programs for the population of detained female adolescents. The main challenge regarding the normative nature of rehabilitation is to create an ongoing normative dialogue involving researchers, practitioners as well as detained female adolescents themselves.

In conclusion, the present paper, in which we have critically reflected on the available theoretical, empirical and clinical evidence, contributes to the current scientific knowledge about the understudied population of detained female adolescents, by its focus on the strength-based Good Lives Model (GLM) of offender rehabilitation. We consider the GLM to be ethically, etiological and clinically relevant in this particular population. In addition, we conclude that the GLM can be easily applied to detained female adolescents, both theoretically and practically. Finally, the application of the GLM among detained female adolescents is not free from some important research-related, practice-related and normative challenges. Building upon these considerations, we highlight the need for more research on strength-based rehabilitation theory and practice in this particular group, urging clinicians and researchers not to overlook the idea that these detained female adolescents “want better lives not simply the promise of less harmful ones” (Ward, Mann, et al., 2007, p. 106).

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