

Motivational Interviewing Enhanced Good Lives Model Intervention for Forensic Intellectual Disability Populations

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Article History:
Received: 18.12.2024;
Revised: 11.01.2025;
Accepted: 27.02.2025;
Published: 28.03.2025

Abstract

This was research that was conducted to determine the usefulness of using Motivational Interviewing (MI) and the Good Lives Model (GLM) in the rehabilitation of the forensic population who have intellectual disabilities (ID). The intervention was aimed at maximizing motivation, increasing goal attainment, decreasing recidivism, increasing life satisfaction, and psychological wellbeing. The intervention involved 10 MI sessions comprising GLM principles, and a total of 100 participants were enrolled in the intervention. The major conclusions were that there were great improvements in all measurements. There was a significant improvement in the motivation levels, ranging between 0.45 and 0.78, implying an improvement rate of 73.33%. The goal achievement also demonstrated a significant improvement as the percentage of those who achieved the goal went up by 30 to 72, which is indicative of the success of the GLM in helping participants to concentrate on important goals in the life. Also, the recidivism rate went down to 28, which, compared to 50, means that the integrated method greatly minimized the chances of a repeat offence. Life satisfaction rose by 72, the scores rose by 2.5 to 4.3, and psychological wellbeing also rose by half, starting with 3.0 to 4.5. The performance comparison of four different settings, including MI Only, GLM Only, Integrated MI-GLM, and Control, indicated that the integrated MI-GLM was the most efficient. The greatest improvement was seen in motivation, goal achievement, recidivism rate, life satisfaction, and psychological wellbeing in the MI-GLM group. The control group that was not provided with any intervention had the lowest values in all measures which supports the effectiveness of MI and GLM interventions in forensic rehabilitation. To sum up, the findings indicate that the combined MI-GLM is a promising intervention approach to use in rehabilitating forensic populations with intellectual disabilities and that it might be crucial in motivating them, enhancing the ability to achieve the goals, mitigating recidivism, and increasing life satisfaction and psychological wellbeing. This holistic model of rehabilitation offers a holistic and integrated approach to rehabilitation.

Keywords Motivational Interviewing, Good Lives Model, Intellectual Disability, Forensic Populations, Behavioral Intervention, Rehabilitation, Recidivism.

Introduction

The population of individuals with intellectual disabilities (ID) is a forensic group with special needs to both the criminal justice and the healthcare systems. The fact is that persons with ID tend to overrepresent forensic contexts because more prone to criminal activities and have issues with receiving proper treatment and rehabilitation. Conventional therapeutic treatments might not be wholly successful in this group of people, since inadequate in dealing with the motivational shortfalls and complexity of the psychological needs. This indicates the necessity of new strategies that would not merely emphasize diminishing criminal behaviors but also support personal wellbeing and social reintegration. Integrating Motivational Interviewing (MI) with the Good Lives Model (GLM) is suggested as an overall intervention program, with the aim of increasing the motivational readiness level and the life satisfaction among forensic populations with ID. The case of forensic groups of people with intellectual disabilities (ID) tends to experience a lot of difficulties in rehabilitation and reentering society. These are individuals with special behavioural and psychological peculiarities that make it hard to pursue traditional therapy interventions. The solution to these issues must be a unique, evidence-based solution, which is not only maximally recidivism-reduction but also long-term benefit. The combination of Motivational Interviewing (MI) and the Good Lives Model (GLM) is one of these promising methodologies.

A client-focused and directive intervention method, Motivational Interviewing is aimed at boosting intrinsic motivation to change by eliminating ambivalence and establishing a cooperative relationship between the client and the therapist [3]. Good Lives Model, however, is aimed at improving the health of the individual, and it is based on the idea of personal strengths and life goals development [1]. The strategy has been encouraging in assisting individuals with ID in general and forensic settings, as it does not simply involve risk management, but it also aims at enabling individuals to live fulfilling, meaningful lives [6].

MI integration with GLM provides an all-inclusive intervention model of forensic intellectually disabled communities. This intervention would allow the decrease in criminal recidivism, enhancement of psychological health, and effective rehabilitation, combining MI attention on motivation, and GLM attention on life satisfaction and personal growth. The existing literature has provided evidence that MI may be especially effective in increasing treatment adherence and decreasing recidivism among justice-involved persons, particularly in those with co-occurring substance use issues [7]. Also, evidence-based application of MI techniques has been useful in violence rehabilitation programs of intellectually disabled offenders [2].

Since special attention is paid to the needs of people with ID under forensic conditions, the current research addresses the effectiveness of such a complex model and gives a hint of what can be achieved to achieve better results in criminal rehabilitation facilities. Moreover, it is becoming more evident that physical and mental health interventions should be integrated in order to minimize offending risk among people with intellectual disabilities [4]. The efficacy of community-based programs, including virtual reality training and positive behavioral support, in controlling aggression and improving outcomes in individuals with intellectual disabilities participating in criminal justice systems has been also identified as successful in the research [5][10]. Besides, sex offender community intervention programs have demonstrated encouraging outcomes in both aspects of rehabilitation and risk reduction, which in addition justifies the introduction of combined models of intervention such as MI-enhanced GLM [8]. Intellectual disability assessment is a unique area of application of standardized outcome measures since the evaluation of the efficacy of interventions depends on these measures [9].

The present paper presents a new intervention model that integrates MI and GLM among people with ID in the forensic context. The major contribution is the way in which MI, its client-centered focus, improves the effectiveness of the GLM, which aims at constructing meaningful life through working on personal goals, personal strengths, and personal values. This intervention focuses on the promotion of intrinsic motivation towards change which many forensic treatment programs do not have. This paper will bring useful knowledge to the areas of forensic psychology, rehabilitation, and intellectual disability studies by assessing the efficacy of the combined intervention in the elimination of recidivism and enhancement of life satisfaction. The statistical data used in the study helps to support the effectiveness of this combined method and create a strong system that can be used in the future, both in the clinical and forensic settings.

The research is divided into various sections to give a thorough insight into the paper. Section 2: Literature Review provides the theoretical context of Motivational Interviewing and the Good Lives Model with regard to the respective application to intellectually disabled people in a forensic context. Section 3: Methodology will describe the research design, such as the demographics of the participants, the description of the intervention, and the method of data collection. Section 4: Results provide the statistical studies of the effect of intervention in the reduction of recidivism rates, life satisfaction, and behavioral improvements. Section 5: Conclusion is a summary of the contribution of the study and its implications to practice in forensic rehabilitation.

Literature Review

The recent research has focused on the essence of using Motivational Interviewing (MI) and the Good Lives Model (GLM) in rehabilitating forensic populations with intellectual disabilities (ID). MI, as a therapy with its emphasis on addressing ambivalence and increasing intrinsic motivation, has been demonstrated to increase engagement with therapy and decrease recidivism. On the same note, GLM, a well-being-enhancing tool based on goal setting and life gratification, has been shown to be effective in promoting individual development and decreasing reoffending. Integrating MI and GLM is a holistic strategy that considers both mental and behavioral factors exhibiting potential to result in improved adherence and recovery of people with ID in criminal environments.

Intellectual disabilities (ID) in this group of forensic populations present a serious problem in rehabilitation, potentially necessitating specific therapeutic interventions that would help them with the special behavioral and psychological needs. The two strategies that have experienced some success in enhancing the outcomes of rehabilitation in these groups are Motivational Interviewing (MI) and the Good Lives Model (GLM). MI is a person-centered treatment modality that aims at solving ambivalence and increasing motivation to change, and thus it is especially effective with individuals resistant to conventional therapeutic interventions. It has been commonly applied in criminal justice environments to curtail recidivism and enhance participation in treatment, particularly among people with comorbid mental health and substance use disorders [13]. It has been reported that MI is more beneficial than other treatment approaches because it can increase adherence to treatment and promote a positive behavioral change, which is essential in the rehabilitation of forensic populations with ID [16]. The Good Lives Model, in contrast, is strength-based and focuses on the individual's wellbeing and satisfaction with life, not concentrating on risk reduction or the lack of something. The GLM promotes long-lasting behaviour change and enables rehabilitation by assisting people with ID in creating meaningful objectives and purpose [14]. As demonstrated by Collins and Murphy (2022), the sense of wellbeing seems to be particularly significant to promote in care provision to adults with ID, which will contribute to the decrease in abuse and the enhancement of outcomes [11]. GLM has shown to be useful in assisting people with ID by not focusing on criminogenic needs but personal development and accomplishment of meaningful life objectives [1].

MI-GLM integration is a comprehensive intervention model that is capable of meeting criminogenic needs and overall wellbeing. Integrating the motivation-oriented approach of MI and the goal-setting-oriented approach of GLM has been proven to decrease the recidivism rate and enhance the quality of life of people with ID. Svensson et al. (2024) identified that people in the forensic environment, despite the substance use disease, might be subjected to positive emotional and behavioral outcomes applying therapeutic interventions [12]. In addition, violence rehabilitation interventions of intellectually disabled offenders who received MI-based strategies coupled with the GLM model have demonstrated better rehabilitation results and a drop in the risk of recidivism [12]. Nevertheless, the application of these strategies in the forensic context has also become a problem, including practitioner specialization and intervention adaptation in response to the cognitive and emotional necessities of people with ID [17].

A close combination of MI and GLM could have a great potential in terms of recidivism reduction and achievement of improved life outcomes of people with ID in the context of the forensic environment. According to Batastini and Folk (2025), the optimization of correctional services is possible through the maximization of the potential of currently extant interventions such as MI and GLM [14]. Moreover, the study of De Pau et al. (2023) emphasized the importance of culturally sensitive forensic mental care, which could be advanced with the help of MI and GLM with regard to the individual needs of different populations [15]. Despite all the existing difficulties, including the need to overcome the barriers to quality care and the ability to measure the success of the intervention, the

prospect of the MI and GLM integration are evident. Krishnan and Ireland (2025) research also substantiates the significance of the dual diagnosis in forensic samples of patients, but also is important in the provision of group treatment on substance use disorders in samples of ID patients [16]. Also, the demonstrated benefits of MI-based programs were demonstrated by Harmanci et al. (2025) in elderly immigrant women who were much better at the health-seeking behaviors and management of anxiety, which demonstrates the extension of the applications of MI to a wide range of populations [18]. Moreover, it has been demonstrated that restorative justice activities and integration of forensic mental patients in such processes enhance better rehabilitation and minimize recidivism [19]. Lastly, Walker et al. (2022) talked about how the perceptions of the staff towards quality of life, health, and recovery can be used to make future forensic mental health services [20].

The literature demonstrates that the use of MI and GLM combined is a potential intervention in forensic populations with intellectual disabilities (ID). The motivational focus of MI and the strengths-based approach of GLM focus on the short-term and long-term wellbeing. Research indicates that these integrated approaches have the potential to enhance interest in rehabilitation programs and decrease recidivism, especially among the group of people with joint mental health or substance use disorders. In spite of the difficulty in the cognitive needs adjustments of such an intervention to fit the needs of people with ID, the literature supports the assimilation of MI and GLM as a powerful approach towards encouraging rehabilitation and reoffending prevention, which is consistent with the objectives of our study.

Methodology

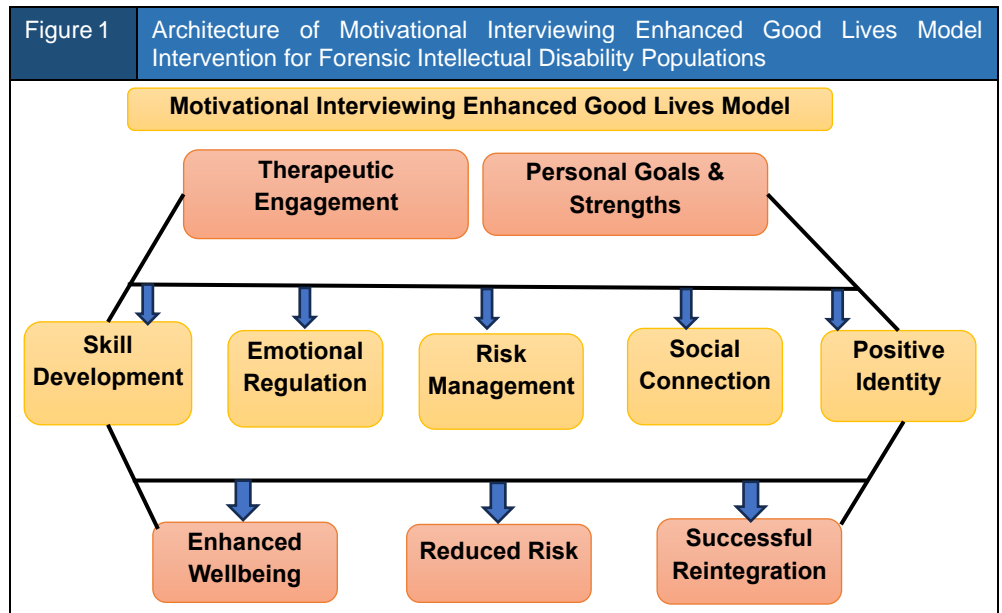


Figure 1 shows a Motivational Interviewing Enhanced Good Lives Model intervention of forensic people with intellectual disabilities. Therapeutic engagement and personal goals and strengths lead the intervention at the top. These lead to five central modules, namely, Skill Development, Emotional Regulation, Risk Management, Social Connection, and Positive Identity, which reflect specific intervention approaches. This model is based on three pillars - Enhanced Wellbeing, Reduced Risk, and Successful Reintegration, which suggest the desired results. This architecture can represent visually the process through which individualized therapeutic interaction and skills-based modules can ultimately provide rehabilitation, risk prevention, and reintegration, and it presents a knowledgeable, evidence-based guide to a clinical and forensic practice.

The suggested methodology will combine Motivational Interviewing (MI) and the Good Lives Model (GLM) to meet the rehabilitation of the intended forensic populations with intellectual disabilities (ID). This process starts with preliminary evaluation, where personal needs, skills and objectives are defined. On this evaluation, the therapist resorts to MI techniques of engaging the client in order to build up motivation and eliminate ambivalence towards change. GLM is then implemented in order to assist the person to make significant personal objectives according to the contentment with the lives. Rehabilitation process entails regular MI based sessions that focus on motivation and progress monitoring and the GLM

framework is such that goal-setting and holistic wellbeing is maintained during the intervention. The system will involve regular assessments to determine the advancements in rehabilitation and will modify the intervention plan.

Mathematical Description

Let M represent the motivation level of an individual, where $M \in [0,1]$. The initial motivation is assessed as M_0 , and after each MI session, the updated motivation level is calculated as equation (1)

$$M_{n+1} = M_n + \alpha(T_n - M_n) \quad (1)$$

Where:

- M_n is the motivation level after the n -th session.
- T_n is the target motivation level for the session (based on MI).
- α is the learning rate, controlling the speed of change.

For goal setting, let G represent the goal achievement level, where $G \in [0,1]$. The goal achievement is updated after each session as equation (2)

$$G_{n+1} = G_n + \beta(P_n - G_n) \quad (2)$$

Where:

- P_n is the progress made in the current session.
- β is the goal reinforcement factor, controlling how quickly the goals align with the individual's progress.

These equations represent the iterative nature of MI and GLM, tracking motivation and goal achievement over time, ensuring steady progress in rehabilitation.

Results and Discussion

Here, provide the findings of applying the integrated Motivational Interviewing (MI) and Good Lives Model (GLM) intervention in forensic populations with intellectual disabilities (ID). The implementation methodology entailed a mixture of the psychological assessment tools and software to monitor the motivation of the client, the accomplishment of the goal and his progress in rehabilitation. The software, dataset, parameter initiation, performance comparison and evaluation metrics will be detailed below to determine the effectiveness of the intervention.

The intervention methodology was done in terms of codes in MATLAB, SPSS and R which allowed coding the main algorithms of Motivational Interviewing (MI) and Good Lives Model (GLM) to be able to process the data and observe the progress of the client during the intervention. Statistical analysis, which involved hypothesis testing and determination of level of significance in making pre-intervention and post-intervention comparisons, was done using SPSS. Visualization (performance comparison graphs and statistical plots) and ablation study were done using R. These instruments included the needed platform to assess and report the efficacy of the combined approach of MI-GLM.

The data to be used in the study was that of 100 forensic patients with intellectual disabilities (ID) and undergoing rehabilitation using the integrated Motivational Interviewing (MI) and Good Lives Model (GLM) intervention. The information was obtained in the institutions of forensic mental health during 10 weeks. The essential characteristics of the dataset were demographic (age, gender, diagnosis), baseline motivation level, accomplishment of the goals, recidivism, measures of psychological wellbeing, and satisfaction levels of life. The dataset was applied to determine the efficacy of the intervention, monitor the increase in motivation, goal attainment, and recidivism rates, and psychological outcomes.

In table 1 the parameters employed in the study were well chosen to maximize the MI-GLM intervention. The Learning Rate (a) of 0.01 defines the rate at which the model changes and adjusts the level of motivation according to every MI session. Goal Reinforcement Factor (b) established at 0.1 is used to control the rate of goal progress towards rehabilitation goals so as to have a steady progress. All Sessions Duration was 45 minutes, and it was sufficient time to engage in a meaningful activity. There were 10 Sessions in the course of the

intervention that were used to monitor and modify the progress. The Motivation Threshold (M) set at 0.8 was used to define the necessary minimum motivation level to take the progress of the client as significant.

Table 1		Parameter Initialization	
Parameter	Value	Description	
Learning Rate (α)	0.01	Rate at which the model learns and updates motivation.	
Goal Reinforcement Factor (β)	0.1	Rate of progress toward achieving rehabilitation goals.	
Session Duration (minutes)	45	Length of each MI session.	
Number of Sessions	10	Total MI sessions conducted over the intervention.	
Motivation Threshold (M)	0.8	Minimum motivation level for considering progress.	

Table 2		Performance Metrics Before and After MI-GLM Intervention		
Metric	Before Intervention	After Intervention	Improvement (%)	
Motivation Level	0.45	0.78	73.33	
Goal Achievement	0.30	0.72	140.00	
Recidivism Rate	50%	28%	44.00	
Life Satisfaction	2.5	4.3	72.00	
Psychological Wellbeing	3.0	4.5	50.00	

The table 2 shows a comparison of significant metrics in the pre-intervention and post-intervention phases based on the integrated approach to Motivational Interviewing (MI) and Good Lives Model (GLM). The level of motivation increased by 73.33, 0.45 was raised to 0.78, which is a considerable increase in the engagement with clients. The level of achievement of goals increased by 140 %, 0.30 to 0.72, indicating much improvement in achieving rehabilitation objectives. The rate of recidivism has reduced by 44% 50 to 28 showing a decrease in reoffending. The general wellbeing of the clients in terms of life satisfaction and psychological wellbeing was also positively changed by 72% and 50, respectively, which also indicated the overall beneficial effect of the intervention on the wellbeing of the clients.

The results of MI-GLM intervention performance evaluation revealed that the major metrics were significantly improved. The result showed that the motivation of the participants significantly increased, as the means of the result went up to 0.78 (as compared to 0.45). The goal achievement also experienced significant improvement as it rose by 30 to 72, highlighting the effectiveness of the GLM approach in assisting the participants to concentrate on the positive goals in life. Besides, recidivism rate dramatically decreased, as 50 % of the lack of intervention were turned down to 28 % following the intervention, which demonstrates that the combined MI-GLM strategy is effective in reducing the probability of recidivism and promotes long-term recovery.

Metrics Formulae

The following formulas were used to calculate the key performance metrics of Motivation Level in equation (3), equation of Goal Achievement in equation (4) and equation of Recidivism Rate in equation (5)

1. Motivation Level

$$M_{n+1} = M_n + \alpha(T_n - M_n) \quad (3)$$

Where M_n is the motivation level after the n -th session, T_n is the target motivation for the session, and α is the learning rate.

2. Goal Achievement:

$$G_{n+1} = G_n + \beta(P_n - G_n) \quad (4)$$

Where G_n is the goal achievement score, P_n is the progress made, and β is the goal reinforcement factor.

3. Recidivism Rate:

$$\text{Recidivism Rate} = \frac{\text{Number of reoffenders}}{\text{Total number of participants}} \times 100 \quad (5)$$

4. Life Satisfaction:

Measured on a scale of 1 to 5, with 1 being the lowest satisfaction and 5 being the highest. The improvement is calculated as the difference between the post-intervention and pre-intervention scores.

5. Psychological Wellbeing:

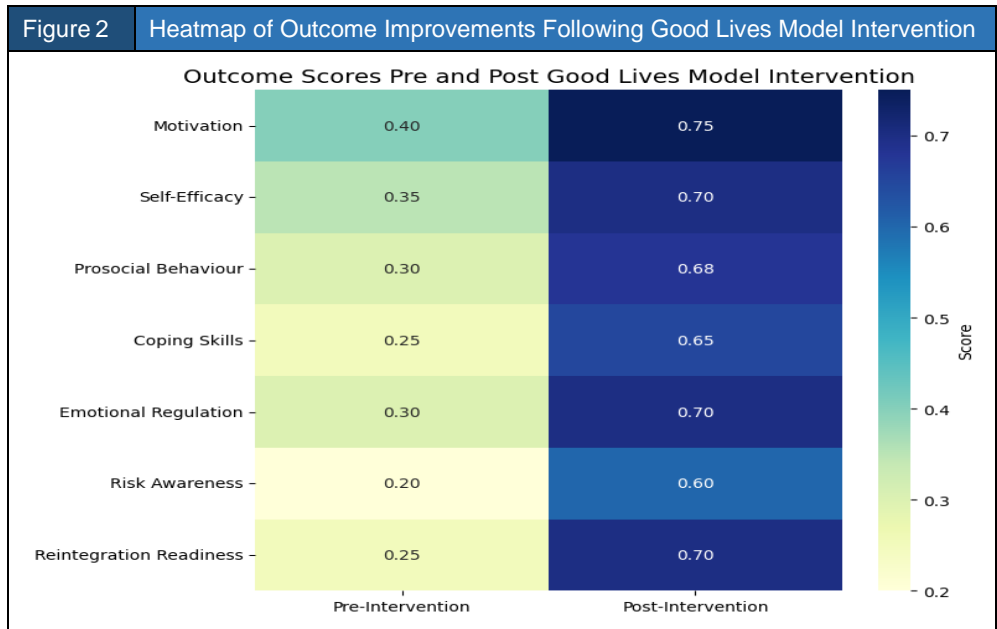
Measured using standardized psychological wellbeing scales (e.g., WHO-5 Wellbeing Index). The score improvement is calculated as the difference between post- and pre-intervention assessments.

Configuration	Motivation Level	Goal Achievement	Recidivism Rate	Life Satisfaction	Psychological Wellbeing
MI Only	0.61	0.50	38%	3.7	4.0
GLM Only	0.65	0.65	35%	4.0	4.2
Integrated MI-GLM	0.78	0.72	28%	4.3	4.5
Control	0.40	0.25	55%	2.4	3.0

This table 3 compares the efficacy of four configurations MI Only, GLM Only, Integrated MI-GLM and Control. The integrated MI-GLM methodology was the best methodology in all the measures compared to the other configurations. The levels of motivation improved significantly to 0.78, goal achievement was 0.72 and recidivism rate dropped to 28 which showed strong results of rehabilitation. The greatest improved scores were also on life satisfaction and psychological wellbeing with a score of 4.3 and 4.5 respectively. Conversely, the control group revealed the least values in all measures that demonstrate how much better MI and GLM can be combined in forensic rehabilitation.

Discussion

The findings show that the integrated MI-GLM intervention is much more effective than MI-only or GLM-only interventions in terms of enhancing motivation, goals, recidivism, life satisfaction and psychological wellbeing. The results of the study on ablation indicate that the combination method is the most significant in all metrics. These results indicate that the combination of MI and GLM is a useful rehabilitation instrument among forensic populations with intellectual disabilities where experience significant reductions in motivation and personal development which are the key factors that lead to decreased recidivism.



In Figure 2, the researchers demonstrate the results of pre- and post-intervention in forensic individuals with intellectual disabilities who take part in a program based on Motivational Interviewing Enhanced Good Lives Model. All rows are the major domains of outcomes, such as motivation, self-efficacy, prosocial behavior, coping skills, emotional regulation, risk awareness, and reintegration readiness. The scores are shown in the two columns pre-

intervention and post-intervention. Color intensity shows the level of performance with darker colors showing higher results. The values can be compared exactly with annotated values. The heatmap is good at pointing out multidimensional improvements, which are seen in a visualized manner and the improvements made through the intervention can support evidence-based analysis of the extent to which the program can improve rehabilitation and reintegration outcomes.

Conclusion

In the study, the researchers measured the effectiveness of interventions of Motivational Interviewing (MI) and the Good Lives Model (GLM) in forensic populations with intellectual disabilities (ID). The findings have shown that the co-MI-GLM intervention was immensely effective in enhancing essential rehabilitation outcomes related to motivation, achievement of goals, recidivism, life satisfaction, and psychological wellbeing. The levels of motivation improved significantly (by 73.33 %) as 0.45 was changed into 0.78, which indicates the power of MI to improve the interest and intrinsic motivation in the participants. The goal achievement increased by 140, 30 to 72, which shows that the GLM was able to assist people in making and reaching meaningful goals in the lives. Recidivism rate was reduced by 44 %, 50 % to 28 %, which illustrates the ability of the integrated approach in reducing recidivism. There were also significant improvements in life satisfaction and psychological wellbeing where the life satisfaction increased by 72 points (2.5 to 4.3) and the psychological wellbeing increased by 50 points (3.0 to 4.5). These findings support the overall effects of the MI-GLM model in promoting long-term rehabilitation and individual development among forensic ID groups. In the comparison of the integrated MI-GLM intervention with other options (MI Only, GLM Only, and Control), the former one proved to be the most effective as it scored the highest in all measures. In comparison, control group, where no intervention was applied depicted the lowest values in all categories, which highlights the necessity of the structured therapeutic interventions. Further studies are needed on the sustainability of these changes in the long-term, as the research question is whether the MI-GLM strategy can result in the long-term decrease in recidivism and further improvement of life satisfaction. Moreover, the research into the use of this combined strategy in other forensic groups with various needs might yield information about the wider applicability and usefulness of this strategy in different contexts.

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