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CHAPTER 8

Enhancing motivation to change in adolescent perpetrators of CSA

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This article describes a group intervention aimed at promoting change among young people who have engaged in sexually abusive behaviour. The intervention combines two complimentary models of the process of change to produce what we describe as '11 Steps of Motivation and Action in Changing Sexually Abusive Behaviour'. A list of these steps can be presented to young people in treatment . Each step also has illustrative stories and accompanying question cards that invite group discussion designed to promote the process of change in young people with sexually abusive behaviour.

AIMS OF THE INTERVENTION

When we use this intervention in our group treatment programme for young people with sexually abusive behaviour problems we have the following seven clear aims:

1. To provide group members with a clear understanding of their current level of motivation to change their abusive patterns of behaviour.
2. To allow them to understand the progress they may have made to date in dealing with their problem behaviour.
3. To help group members understand that change during treatment is not something that is achieved by passive attendance at the group but by active participation in challenging exercises and by putting the lessons of the group into practice in everyday life.

4. To help group members have clear and concrete ways of improving their level of motivation and participation in the process of change, especially when they feel stuck.
5. To promote healthy group norms to facilitate positive change.
6. To introduce group members to some of the tasks and issues they will be expected to face as they progress through treatment.
7. To help group members set goals for their next step(s) in treatment.

THEORETICAL FOUNDATIONS OF THE INTERVENTION

This intervention is based on Prochaska and DiClemente' (1983, 1986) transtheoretical model of the stages of change and Morrison's (1998) seven steps in contemplating change. In this section we provide a brief introduction to both of these models which are also illustrated diagrammatically in Figure 8.1.

Prochaska and DiClemente's Stages of Change Model

Prochaska and DiClemente (1983, 1986) outline a model of five distinct stages of change that a person goes through as they attempt to deal with a problem behaviour. Their model was initially based on promoting smoking cessation but has subsequently been elaborated on by the authors by other investigators and has found widespread application in numerous other areas of behaviour change. Recent and diverse applications of the Prochaska and DiClemente model has

seen it informing theory and practice in preventing domestic violence, (Daniels and Murphy, 1997), sports psychology, (Grove, Norton, Van Raalte, and Brewer, 1999), changing physician behaviour to improve disease prevention, (Cohen, Halvorson, and Gosselink, 1994), motivating change among child molesters in psychotherapy, (Witts, Rambus, and Bosley, 1996), and changing addictive behaviours, (Prochaska DiClemente, and Norcross, 1997). In the remainder of this section we describe the five stages of the Prochaska and DiClemente model as outlined by DiClemente (1991). We also illustrate how the various stages of the model can assist our understanding of young people with sexually abusive behaviour.

1. The Precontemplative Stage

Individuals in a precontemplative stage of change are not currently considering changing their behaviour. This may be because they do not view it as a problem or they currently deny or minimise the extent to which it is a problem. It is DiClemente's view that we cannot make people in the precontemplative stage change but we can help them to begin to think seriously about their problem behaviour with a view to its future modification. DiClemente also comments that although there may be many reasons why someone may be in a precontemplative stage of change we can usefully summarise four types of 'precontemplators'. These are referred to as the four R's of 'Reluctance', 'Rebellion', 'Resignation', and 'Rationalisation', each of which are described below.

Reluctant Precontemplators lack any serious consideration of changing their problem behaviour. Their reluctance may reflect a lack of information regarding the problem behaviour, or a reluctance to consider knowledge regarding the problem behaviour which could be accessed if the person wished to do so. Reluctant precontemplators do not currently function in a way which provides them with a full awareness of the impact, or the continuing potential impact of their problem behaviour. DiClemente suggests that promoting change

among this group is best facilitated by providing an individual with feedback concerning the problem behaviour which is presented in a sensitive, empathic manner. Applied to a juvenile sexual abuser population a reluctant precontemplator may be represented by a young person who minimises or denies his abusive behaviour towards others through fear of the individual consequences of punishment, shame, and a distorted view of the impact of abusive behaviour on victims. These factors may motivate such a young person to be reluctant to contemplate changing his behaviour.

Rebellious Precontemplators are resistant rather than reluctant to think about changing. This group usually has a high commitment to their problem behaviour. DiClemente links the motivation behind rebellious precontemplation to adolescence to and fears and insecurities regarding change. Rebellious precontemplators appear hostile and are clearly not open to change. This group tends to argue rather than discuss topics related to their problem behaviour. DiClemente comments that working to achieve contemplation of change with this client group is best achieved by providing choices which make sense to the client regarding their problem behaviour and discussing reasons why it may be a good idea to consider change. DiClemente also recommends the careful use of paradoxical interventions with people who adopt this style of precontemplation. While wishing to avoid the stereotype of the rebellious adolescent we feel an illustrative example of a young person who sexually abuses who may be described by this category is someone who states clearly that he does not want to be part of an assessment or treatment programme and who refuses his participation directly or by 'acting out' behaviour. Barbaree, Marshall and McCormick, (1998) outline a model of the development of sexually abusive behaviour part of which emphasises the adoption of a coercive style of interpersonal behaviour based upon the abuse of power by 'stronger' individuals on hierarchically 'weaker' individuals. It appears to us that Barbaree, Marshall and McCormick's model is consistent with the development of a rebellious precontemplative position regarding sexually abusive behaviour.

Resigned Precontemplators are characterised by DiClemente as having a lack of energy and investment in change. This group of clients typically feel overwhelmed by their problems and have given up on the hope of positive change and a better future. DiClemente recommends the instillation of hope and the exploration of the barriers to change as the best strategies to pursue with resigned precontemplators. We feel that an illustrative example of how this category might be used to understand the perspective of a juvenile abuser is the depressed young person with sexually aggressive behaviour who comes from a multi-problem family where he has had repeatedly negative life experiences.

Rationalising Precontemplators are described by DiClemente as people who have adopted a position where they are not considering change because they have already figured out why there problem is not really a problem, or if it is a problem for others why it is not a problem for them, or if it was a problem in the past why it will not be a problem in the future...etc! DiClemente comments that although the debating quality of the conversation of a rationalising precontemplator may leave us feeling like we are talking to a rebellious precontemplator. There is however a fundamental difference in that the position of the rationalising person is based more in cognitive resistance compared to the emotionally oriented resistance of the rebellious precontemplator. Applied to the juvenile abuser this category could describe the young person who confidently states that he does not need help from anyone regarding his abusive behaviour as he has learnt his lesson now that his behaviour has been discovered and consequently knows that it was wrong and will never do it again. This rationalising position may be echoed in the comments of parents who do not wish for their son to participate in assessment or treatment.

2. The Contemplative Stage

The second stage in the Prochaska and DiClemente model is that of contemplation. In the contemplative stage an individual has moved from a

refusal to think about changing problem behaviour to the point of giving consideration to the need for change. It is important to understand that this is not the same however as making a decision to actually engage in change. In fact the contemplative stage often represents a time of both progress and the frustration of progress. It reflects progress as the person no longer flatly denies the need for change but may also represent the frustration of progress as an individual procrastinates about converting their consideration of change into determination to change backed up by action.

DiClemente recommends a 'risk-reward analysis' approach to motivating clients to progress from the contemplative stage. Clients should be encouraged to weigh a personalised view of the risks and benefits of making no change with the risks and benefits of change. This analysis can be used to clarify with clients the goals of their change and to identify and remove barriers that may obstruct the attainment of these goals. Other key tasks that a therapist can assist in during this stage are dealing with ambivalence, exploring past attempts at change, and the development of a sense of self-efficacy regarding an individual's ability to cope with change.

Applying this model to young people who engage in sexually abusive behaviour the contemplative stage may describe someone who has moved away from a flat denial or concealment of his behaviour to a position where he is considering the benefits of seeking or accepting help. This is not the same however as deciding to change. We believe this is a common position for young people towards the start of treatment. Encouraging a realistic risk-reward analysis with this young person as suggested by DiClemente seems like an appropriate and potentially fruitful level at which to pitch an intervention.

3. The Determination Stage

As an outcome of contemplating change clients can move on to the next stage in the Prochaska and DiClemente model; Determination. The determination stage represents a point where an individual has considered the need for change and

has decided that change is indeed required. The client may determine to take steps to stop a problem behaviour and/or decide to engage in a substitute positive non-problem behaviour. DiClemente describes clients in the determination stage as clearly ready for and committed to a serious attempt at changing their behaviour. Nevertheless, DiClemente also offers the following words of caution. (1) Strong commitment to change does not mean that change will follow. (2) A client's choice of the way in which to bring about change may not always be appropriate. (3) Short-term change may not be maintained in the long-term. (4) Clients who are determined to change may still feel ambivalence about their problem behaviour. A therapist working with a client in this stage should design interventions that support and strengthen commitment to change, promote a realistic understanding of what change will be like, and promote client problem solving skills regarding potential barriers to engaging in and sustaining change.

The determination stage of change may describe the young person with sexually abusive behaviour who has attended a treatment centre for some time and has begun to no longer see attending a therapeutic programme as something which has been imposed on him by others, e.g., parents, social services, courts, etc. Such a young person who is prepared to change and who perceives the programme primarily as a personal resource which opens the way to a healthier future is entering a stage of determination.

4. The Action Stage

The fourth stage in the Prochaska and DiClemente model is that of actively putting change into practice. Thinking about changing problem behaviour is now complimented with action. DiClemente describes a number of useful roles that a therapist can adopt to assist a client in the action stage. These include the following: (1) Providing clients with a public forum in which they can make a commitment to change. (2) Providing clients with objective feedback on their plan for change. (3) Providing clients with support during change. (4)

Promoting intrinsic attribution by clients of their self-efficacy regarding change. (5) Providing clients with information about successful, flexible models of change. (6) Providing clients with an external monitor of change. (7) Providing skills training. Each of these roles for therapists have an obvious relevance for working with a young person engaging in sexually abusive behaviour who has reached a point where he is attempting to replace old and problematic ways of thinking, feeling, and behaving with healthier abuse free thoughts, emotions, and behaviours.

5. The Maintenance Stage

DiClemente describes 'maintenance' as the last stage in successful change. During this stage individuals are attempting to ensure that new behaviours, thoughts, and emotions become firmly established while the risk of relapse is actively reduced. Preventing lapses into old patterns of behaving, thinking, and feeling is the on-going challenge faced during the maintenance stage. DiClemente also reminds us that relapse is always possible and may occur for many reasons. These include strong and unexpected urges to engage in problem behaviours, relaxing one's guard against the prospect of relapse, or the gradual erosion of commitment to change through the build-up of small 'slips'.

Clients can be assisted in maintaining change by developing a 'maintaining change' or 'relapse prevention' plan. Therapists may also assist clients who slip or lapse by reviewing with the client previous work on problem behaviour and the factors that support or obstruct positive change. This stage of the model as applied to young people who engage in sexually abusive behaviour represents a key point in treatment; the development of a relapse prevention plan that aims to promote reflection on what has been learnt in treatment and outlines a clear plan for maintaining change while dealing with the risk of relapse.

Morrison's Seven Steps of Contemplation

Morrison (1998) outlines what he describes as 'Seven Steps of Contemplation' which are designed to compliment the Prochaska and DiClemente model. The seven steps are:

1. I accept there is a problem.
2. I have some responsibility for the problem.
3. I have some discomfort about the problem and my part in it.
4. I believe that things must change.
5. I can see that I can be part of the solution.
6. I can make a choice.
7. I can see the first steps towards change.

These steps further describe the process faced by individuals as they accept they have a problem and decide to instigate change. Morrison describes the seven steps as a 'mini-model' of the process of moving from precontemplation to determination, that is in moving "between the first dawning recognition of a problem through to the development of a detailed understanding of, and commitment to, what change will involve" (Morrison, 1998). In Figure 8.1 we have included Morrison's seven steps to show roughly how they run in parallel to the Prochaska and DiClemente model. For the purpose of our motivating change intervention we have incorporated an additional step into Morrison's 'mini-model' - I am struggling with the idea that I must change.

11 STEPS OF MOTIVATION AND ACTION IN CHANGING SEXUALLY ABUSIVE BEHAVIOUR

In our group intervention aimed at motivating change among young people with sexual behaviour problems we have combined Morrison's model with the Prochaska and DiClemente model to form the basis of what we describe as 'Eleven Steps of Motivation and Action in Changing Sexually Abusive Behaviour' (see Figure 8.2). These eleven steps are the foundation around which

this treatment module is based. In the remainder of this chapter we will describe how we implement this intervention in our group treatment programme.

Figure 8. 2. Eleven Steps of Motivation and Action in Changing Sexually Abusive Behaviour

ELEVEN STEPS OF MOTIVATION AND ACTION IN

CHANGING SEXUALLY ABUSIVE BEHAVIOUR.

0. I deny that I have a problem.
1. I acknowledge that I have some responsibility for the problem.
2. I have some discomfort about my problem and my part in it.
3. I am struggling with the idea that I must change.
4. I believe that I must change.
5. I can see that I can be part of the solution.
6. I can make a choice to be part of the solution to my problem.
7. I can see my first steps towards change.
8. I have taken my first steps towards change.
9. I have taken many steps towards changing my behaviour.
10. I have taken steps to ensure that I maintain the changes that I have made.

Introducing Clients to the Intervention

In presenting the intervention to the group we introduce the idea that change is something which happens over time and the purpose of the group is to help the participants to change their abusive behaviour. We then explain that understanding the process of change is the primary purpose of this part of the treatment programme. The group is then asked to complete exercise one.

Exercise One. Introducing the Eleven Steps of Motivation and Action in Changing Sexually Abusive Behaviour

At the beginning of the intervention the group is presented with a handout that outlines the eleven steps of motivation and action in changing sexually abusive behaviour. The group read through this handout together. The aim at this point is to introduce group members to the eleven steps which they will use to complete the remainder of the intervention and hopefully also use as a guide to identify their next step in the process of change.

Exercise Two. Rating How Much Change You Feel You Have Accomplished In the Process of Changing Your Abusive Behaviour

Each group member is then asked to make an initial rating of how much they feel they have accomplished in changing their abusive behaviour as outlined by the 11 steps. Once all of the group have decided where they feel they are in the process of change they share this with the rest of the group and are asked to give reasons for their choice.

Exercise Three. Providing Group Members with a Concrete Understanding of the Eleven Steps

The group members are now provided with cards containing brief vignettes which illustrate each of the 11 steps. Each vignette describes a young person who has sexually abused and is somewhere along the continuum of change. Consequently the stories describe young people in denial of their behaviour, young people struggling with the idea of change, young people taking their first tentative steps towards change, and young people attempting to maintain change. Group members take turns to read each of the stories and make decisions about at which point along the eleven steps the main character in each vignette belongs. Each story should be used as a starting point for a group discussion of the situation and dilemmas faced by the various characters. Focus questions, which can be used as a guide for these discussions, are provided on question cards.

Group members should also take turns to ask other group participants the questions on these cards. The focus questions are designed to highlight key features of each vignette but facilitators should be free to lead discussions that are relevant to the unique situations of group members. The stories allow group members to discuss issues relevant to them in a non-threatening way as they identify with the situations presented. Nevertheless group members should always be invited to reflect on any similarities between themselves and the thoughts, behaviours, and actions of the characters in the story. It is up to the group facilitators to decide whether the stories are presented to the group in sequence or in a mixed-up order. This decision should be guided by a consideration of the best way to convey the concept of steps in a relatively sequenced process of change faced by group members. For some groups the continuum of change comprising of various relatively ordered steps will be easier explained and understood if the illustrative stories are presented in sequence. In Figures 8.3, 8.4, 8.5, 8.6, & 8.7 we give some examples of vignettes and question cards.

Figure 8.3. Vignette and question card for step 0

LEVEL 0

I deny that I have a problem

Martin.
Martin is a 14 year old boy who has been abusing his niece Mary on and off for the last six months. Mary is 9 years old. Mary has just told her mum what has been happening. Mary's mum is very upset and goes straight round to Martin's house and tells his parents. His parents don't know what to think. They are very angry and burst into Martin's bedroom and ask him whether what Mary and her mum are saying is true. Without thinking Martin tells his parents that it is not true, it wasn't him, that he didn't do anything. After talking some more to Mary and her mum Martin's parents realise that Mary is telling the truth. However, Martin is afraid and continues to deny everything.

Focus Questions For Discussing Martin's Story

- What level of change is Martin at?
- What makes Martin behave the way he does:
- What are the disadvantages of Martin's behaviour for other people?
- What are the disadvantages of Martin's behaviour for Martin?
- Mary's mum is also Martin's sister how do you think what has happened will effect the different relationships in their family?
- Do you think people will trust Martin in the future?
- How do you think Martin feels about his behaviour? Is he likely to feel ashamed?
- What should Martin do next?
- When your abusive behaviour was discovered did you react like Martin at any stage? Can you tell us what happened? What made you behave like this? What made you (later) admit your abusive behaviour? What did you think your parents would say when they found out?

Figure 8.4. Vignette and question card for level 3

LEVEL 3

I accept I have a problem and I am struggling with the idea that I must change

Harry.
Harry is 16. Four months ago he abused his younger sister. He went to a treatment centre and took part in an assessment. Harry found this really difficult. His parents went with him to some appointments and they found these really difficult too. On the way home in the car the atmosphere was terrible. During the assessment Harry tried to answer the questions as best he could but sometimes he decided to say very little about important areas of his life and about his abusive behaviour because he was afraid of further trouble. Part of him wanted to talk about things but he still kept quiet. Harry promised himself, his family, and the staff at the centre that he would never do it again. When asked if he wanted to take part in the treatment programme Harry said no.

Focus Questions For Discussing Harry's Story

- What level of change is Harry at? What makes you think this?
- Do you think Harry is struggling with the idea that he must change?
- What makes Harry keep quiet about certain things about his life and about his abusive behaviour during the assessment?
- How could Harry's parents help him look at his problem in more detail?
- How much change has Harry made since his abusive behaviour was discovered?
- What does changing actually mean? Is it saying you are sorry or is it more than this?
- What makes Harry say no when he is asked does he want to attend the treatment group?
- Does Harry need to go to a programme?
- What is it like for Harry to be keeping the lid on the difficult problems going on inside him?
- How safe is Harry?
- Have you ever felt, thought, or behaved like Harry? Can you tell us about it?

Figure 8.5. Vignette and question card for step 5

LEVEL 5

I can see that I can be part of the solution

Matt.
Matt has met a number of new people since his abusive behaviour was first discovered. He has met the police, a solicitor, a judge, a probation officer, a psychiatrist, a psychologist, and a social worker. All of these people have asked him question after question about his abusive behaviour. They ask him about what he has done, what did he mean to do, is he sorry, and what is he going to do now. All of the time Matt just answered their questions and tried to get on with his life without thinking too much about what had happened. He didn't think about anything they asked him when he did not see them. At the group last week Matt was really mad when he was asked what had he done to change his behaviour. He said that he had come to the group for help. The group facilitator asked him if he was happy that he had been active in changing his life or had he sat back and let other people take responsibility for working hard to get Matt to change. Matt realised that other people had been working hard to get him to change but he had not actually done much himself other than agree with what other people told him. Matt is beginning to wonder if there is more that he can do to tackle his abusive behaviour.

Focus Questions For Discussing Matt's Story

- What level of change do you think Matt is at? What makes you think this?
- Does Matt see himself as part of the solution to his abusive behaviour or has he been waiting for other people to point out what he should do?
- What do you think made Matt so angry?
- What should Matt do next?
- Have you ever felt, thought, or behaved like Matt? Can you tell us about it?

Figure 8.6. Vignette and question card for step 7

LEVEL 7

I can see my first steps towards change.

Stephen.
While working out his offence cycle Stephen learnt that his abusive behaviour didn't just happen. He identified many thoughts, feelings, and behaviours which led up to his offences. For example important pre-offence feelings for Stephen were feeling like he had no real friends, feeling angry with his parents, and not caring about what other people thought of him. Important pre-offence thoughts he had were distorted views about sex such as; the people he exposed himself to probably liked what he was doing otherwise they wouldn't keep going by the place he was exposing himself, and that his behaviour didn't do anyone any real harm so long as he didn't touch people. Important pre-offence behaviours which Stephen identified were going the long way home from school through the park and not changing out of his tracksuit and back into his school uniform like most of his classmates after P.E. on Tuesdays. After working out his cycle Stephen could see many areas where he needed to make changes in his thoughts, feelings, and behaviour.

Focus Questions For Discussing Stephen's Story

- What level of change do you think Stephen is at? What makes you think this?
- Is it surprising that Stephen discovered a clear build-up to his abusive behaviour?
- Can things like the way you go home from school, or feeling that no-one cares really be part of the build up to abusive behaviour?
- What do you think are the changes that Stephen needs to make now that he has begun to work out his cycle of offending?
- How much is it up to Stephen to be responsible for ensuring that he puts these changes into place?
- Have you ever felt, thought, or behaved like Stephen? Tell us about it?

Figure 8.7. Vignette and question card for step 10

LEVEL 10

I have taken steps to ensure that I maintain the changes that I have made

Danny.
Danny graduated from his group eighteen months ago. Things had been going fine but Danny was beginning to think about offending again. He took out his relapse prevention reminder cards to follow the plan he had drawn up for himself while attending the group. His reminder card is divided into three areas; thoughts, feelings, and actions. Under thoughts he had a reminder of how to identify and challenge distorted beliefs about his pre-offence cycle. Under feelings he was reminded that feeling anxious was something he had identified as a "risky mood". And under actions he was reminded that the actions he must take now are:

1. To challenge his own distorted thinking.
2. To listen to his relaxation tape to help him with his anxious feelings.
3. To go and do an activity which is incompatible with abusing. For Danny this is to arrange with his older brother to go fishing together. Danny has agreed this with his brother when he presented him with his RP plan.
4. To contact his key worker to get help with the way he is feeling and with putting his RP plan into action.

Danny put these four plans into action and found that this time with help he was able to deal with his risk of reoffending.

Focus Questions For Discussing Danny's Story.

- What level of change do you think Danny is at? What makes you think this?
- How did Danny deal with the risk of reoffending that he was faced with?
- What do you think would be the easiest part of Danny's RP plan to put into practice?
- What do you think would be the hardest part of Danny's RP plan to put into practice?
- Are there any parts of Danny's relapse prevention plan that you think would work for you?
- How much responsibility has Danny taken for making sure that he does not abuse again?
- Could Danny's parents help him with his RP Plan?
- Have you ever felt, thought, or behaved like Danny? Tell us about it?

Using the Intervention to Promote Healthy Group Norms

Yalom (1995) describes with considerable skill and insight the theory and practice of group psychotherapy. In relation to the cultivation of healthy group dynamics Yalom cautions that group facilitators should strive to avoid a group dynamic where all communication in the group is channelled through the therapist. Instead Yalom advises that we should cultivate a group norm where there is open and direct communication between all group members which does not exclusively revolve around the therapist. Yalom (1995, p.110) diagrammatically illustrates each of these two group dynamics as follows:

A difficulty which is often encountered in group treatment programmes dealing with abusive behaviour is that young people are reluctant to ask other group members questions, especially difficult questions. It is with this in mind that we have developed the question card element of this intervention. The question cards are designed to increase the level of discussion between group members, particularly around difficult issues. The question cards provide group members with a clear model of the type of conversations we wish them to have within the group. It is our intention that the question cards should promote a healthy group dynamic as described by Yalom. In fact at some point during the intervention we discuss with the group the observable change in the group dynamic and improved level of intra-member discussion produced by the question cards.

Exercise Four. Goal Setting for Moving to the Next Step in the Process of Change

At the conclusion of the discussion of the stories presented in exercise three group members are once again given the task of rating where they are along the

continuum of change as represented by the "eleven steps". Deciding where a group member is should be achieved through discussion in the group until consensus is reached between the individual, facilitators, and other group members. Once agreement is reached the client is then invited to state what he needs to do to move onto the next step in the process of change. This should result in very concrete goal setting for the client. For example a client might be asked questions such as:

> *"We have agreed that you are at step six, 'I can make a choice to be part of the solution to my problem'. What would be different if you were at step seven, 'I can see my first steps towards change'. What would you be doing that you are not doing now? What would be different about the way you think, act, or feel in the group and outside of the group? How will I know when you have reached step seven? How will your parents know that you have reached step seven? What can the group do to help you to reach step seven?"*

From this discussion the client should formulate clear goals which he is then set as a formal task.

An Invitation to a Flexible Implementation of the Intervention

At present we are happy to share with others a set of vignettes which we have found suitable for use with the clients who attend a community based treatment programme run by the North Eastern Health Board in Ireland. We would however like to invite other programmes to consider applying this intervention in a flexible way which reflects the type of clients who attend their service. Consequently we are very happy for other programmes to develop their own vignettes and question cards and request they consider sharing with us any developments of the intervention they may produce.

CONCLUSION

In this article we have outlined our group-based approach to improving motivation to change among young people who have engaged in sexually abusive behaviour. To date we have found this intervention to work well and to produce many positive additional spin-offs including promoting healthy therapeutic group norms and providing a useful introduction for clients to many of the tasks they will face as they progress through treatment. In the future we plan to further develop the application of this intervention with related client groups including male adult abusers, adolescent and adult female abusers, parents groups, significant other groups, individual clients, and sexually aggressive children.

SUMMMARY

This chapter describes a group based intervention for adolescents designed to improve motivation to change sexually abusive behaviour. The intervention is based upon the Prochaska and DiClemente (1983, 1986) stages of change model and Morrison's (1998) seven steps in contemplating change model. We have combined these two models to produce "11 Steps of Motivation and Action in Changing Sexually Abusive Behaviour". These 11 steps form the foundation of this intervention. We describe how we use the 11 steps, with accompanying vignettes describing juvenile sexual abusers at various points along the continuum of change, and question cards, to promote change. Examples of the vignettes are also provided along with a discussion of how they can be used to motivate change, develop healthy group norms in treatment, and set individual goals for clients. Finally we highlight the possibility of future applications of this intervention with male adult abusers, adolescent and adult female abusers, parents groups, significant other groups, individual clients, and children with sexually aggressive behaviour.

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