Considerations for Developing Relapse Prevention Plans for Individuals with Developmental Disabilities Who Have Been Convicted of a Sex Offense

Relapse Prevention is a self-management program designed to teach individuals who are trying to change to identify problems early on and to develop strategies to avoid or cope more effectively with these problems to avoid a relapse. Originally conceived as an approach to managing drug- and alcohol-using behavior, it was adapted for the management of sex offending behavior in the 1980s.¹

Relapse Prevention Plans give the individual strategies and coping skills to engage safely in designated settings. As the individual gains competency using these strategies, theoretically they then can generalize them into a variety of settings, thus increasing their successful participation in community and other settings.

Relapse Prevention Plans promote the responsibility of the individual. The individual’s plan is expected to assess settings for behavioral triggers, implementation strategies/coping skills when triggers appear, and ways to ask for help when needed to manage responses.

Relapse Prevention Plans also prepare staff to support the individual by informing them of triggers for at-risk activities, thereby readying the staff to intervene should the need arise. Staff are also made aware of the individual’s relapse prevention strategies and, if needed, can assist the individual by giving reminders and cueing skills/strategies.

Relapse Prevention Plans should be reviewed by the individual and their staff/team frequently and updated as needed.

Relapse Prevention Plans should be known and understood by all who are involved with the individual, including natural supports.

Relapse Prevention Plans are in place until such a time as the individual has consistently demonstrated their ability to fully manage their behavioral triggers. Observation of their successful management should be over a significant period of time. Fading of the Relapse Prevention Plan should be slow and with support team consensus.

Relapse Prevention Plans should be developed with the individual and their support team, keeping in mind the individual’s triggers, individual’s personality, behavior patterns, level of self-regulation, responsibility, and any existing conditions of supervision.

Relapse Prevention Plans should identify “Allies” within specific settings. Characteristics of an “Ally” are as follows:

- Have good rapport with the individual for whom the Relapse Prevention Plan is developed.
- Committed to safety for the individual as well as the community. The Ally is aware of the need to potentially intervene to protect a community member should the individual engage in relapse behaviors.

- Receives training and oversight by the individual’s support team.
- Committed to having open communication with the individual’s support team.
- Has detailed knowledge of the issues and strategies of the individual for whom the Relapse Prevention Plan is developed.
  - Note: Over time, as the individual demonstrates effective use of relapse prevention strategies, the details of the individual’s past problematic behavior may be reduced with the consensus of the individual’s support team.
- Committed to following the individual’s Relapse Prevention, and Service Plans as applicable.

Prior to writing the Relapse Prevention Plans Plan, identify the following and address as needed in the Plan:
- Identify triggers/Danger Zones
- Identify grooming behaviors
- Identify characteristics of potential victims
- Identify restrictions and mandates set by the court
  - Prohibited locations
  - Prohibited activities
  - Prohibited media/internet access
  - Curfews
  - Other

Relapse Prevention Plans are unique to the individual and must:
- Be in written form, using clear/direct wording and relevant to the individual.
- Include a check on the individual’s emotional readiness prior to going into the community environment.
  - Don’t take the individual out if they are experiencing behavioral indications documented in their Relapse Prevention Plan.
  - Research has shown a link between strong emotion and re-offense.
- Contain information specific to the environment(s) the individual will be participating in.
  - All settings are not the same, write plans to specific settings based on assessment and feedback by those who know the individual well.
  - Until success is observed over time, limit access to potential settings based on assessment.
Are there time periods associated with specific settings that are better than others for the individual to participate?

- Any restrictions on media use should be consistent in all settings.
- Strategies to increase maximum community integration for the individual.