



Informed Consent for a Full Therapeutic Disclosure (FTD) Intervention

An FTD is a commonly recommended intervention in the early stages of betrayal trauma healing and compulsive sexual behavior recovery work. To provide optimal benefit, an FTD requires serious commitment and strict adherence to best practices. An FTD intervention is not for everyone, so please read this informed consent form carefully and sign and date it to indicate you understand and agree to what is outlined. If there is anything you do not understand, or if you have questions about any aspect of this form, including the full therapeutic disclosure process (FTD) itself, please pose these questions to either Dr. Jill Manning, PLLC (DJMP), or your therapist directly. If you do not agree with the FTD protocol outlined below, alternative referrals may be made upon request.

This form is to be reviewed and signed by both the betrayed partner (hereinafter “the Client”) and the individual who will be disclosing to the partner (hereinafter “the Disclosing Partner”).

1. Both the Client and the Disclosing Partner will need to have therapeutic supports actively in place and will need to be engaging the FTD process of their own free will and choice.
2. FTD is a highly specialized mental health intervention that requires a degree of competence and skill that a mental health professional who is not specifically trained in the FTD process may not possess. Consequently, DJMP **requires** that the Disclosing Partner work with a CSAT (Certified Sex Addiction Therapist) who is trained and qualified to provide FTD services specific to sexual integrity issues and/or sexual compulsivity. DJMP will provide a list of qualified providers if assistance is needed to identify a provider. Please be aware that DJMP reserves the right to refuse to facilitate or participate in an FTD intervention in which qualified supports are not established and/or the situation may be potentially harmful to her client as a result.
3. If all parties are working hard and are striving to not engage in avoidance strategies, an FTD from start to finish typically takes three to six months to complete (individual circumstances influence timing). Please do not begin this process if the Client or Disclosing Partner is not ready to begin working on an FTD in earnest. Lengthy FTD preparations can become their own source of distress and may aggravate betrayal trauma symptoms, addiction, and relationship strain. The target completion month the Client and the Disclosing Partner are committed to working toward is _____ and no later than _____. If the FTD does not occur within this window of time, the Client is encouraged to act on appropriate safety boundaries that have been previously identified.
4. As with any therapeutic intervention, there are benefits and risks associated with an FTD, including potential legal ramifications in some cases (e.g., impact on child custody agreements, divorce settlements, or potential criminal reports and/or charges).

- a. Some of the potential benefits include, but are not limited to: a partner being able to more accurately assess safety needs once the full scope of the sexual acting out is known; a foundation of honesty can be restored, or established for the first time; gaps and disconnects in the partner's personal or relational history are more easily resolved; secretive sexual behavior can be put in a different context and is more easily depersonalized; trauma healing is facilitated for both parties through better integration of the complete sexual acting out story.
 - b. Some of the potential risks include, but are not limited to: learning of behavior that poses a threat to the sustainability of the relationship and/or which increases the risk of separation or divorce; acknowledgment of criminal sexual behavior that may not have been previously reported to authorities and may need to be; increased conflict following the FTD once the full scope of betrayal is disclosed; and secondary trauma associated with either the learning or the sharing of the full scope of betrayal.
 - c. By signing this form, you acknowledge there are potential benefits and risks associated with an FTD, including unforeseen benefits and risks, and you are aware of the recommendation to discuss potential risks and benefits with your mental health provider(s). You also understand you have the right and option to seek legal counsel before engaging in an FTD. You understand DJMP cannot provide legal counsel.
5. Both the Client and the Disclosing Partner understand and will adhere to the following readiness criteria before engaging in the FTD session. If any changes, concessions, or exceptions are deemed appropriate, such changes will be transparently disclosed to all involved parties in advance of an FTD session and will be clinically or medically substantiated when possible:
- a. **Readiness for the Client entails:**
 - i. Demonstrated commitment to recovery (e.g., attending regular therapy appointments, completing therapeutic homework and FTD tasks promptly).
 - ii. Trauma symptoms are well-managed, and skills have been acquired to manage triggers and/or feelings of distress.
 - iii. Safety has been established (e.g., physical, emotional, financial, sexual, & financial).
 - iv. STD testing has been completed and results have been disclosed to the partner.
Note: Even if the Disclosing Partner receives negative results, the partner is still encouraged to get their own testing done due to differences in STD testing panels and the latency period of certain STDs.
 - v. Willingness to engage in the FTD process.
 - vi. Detailed pre-& post-disclosure self-care plans have been prepared in writing.
 - vii. Adherence to the boundaries and guidelines outlined in this informed consent form.
 - b. **Readiness for the Disclosing Partner entails** (subject to approval by the Disclosing Partner's therapist):
 - i. Demonstrated commitment to recovery.
 - ii. Sobriety has been established for a *minimum* of 90 days.
 - iii. Active recall of key events is present.
 - iv. Trauma symptoms are well-managed, and skills have been acquired to manage feelings of distress and shame.
 - v. Demonstrated ability to empathize with and validate his or her partner's experience of betrayal and/or betrayal trauma.

- vi. STD testing has been completed and results have been disclosed to the partner.
 - vii. A typed, narrative-style (not in bullet form) FTD document has been generated under the supervision of a mental health provider and has been thoroughly reviewed to ensure any signs of minimizing, grandstanding, blaming, gaps in the story, and/or justification is removed.
 - viii. The Therapeutic Disclosure Document has been reviewed by DJMP and the Disclosing Partner's therapist if the Client has chosen to have a Therapeutic Disclosure Document review conducted.
 - ix. Detailed pre-& post-disclosure self-care plans have been prepared.
 - x. Adherence to the boundaries and guidelines outlined in this informed consent form.
6. DJMP reserves the right to refuse to facilitate an FTD if there are concerns about the FTD resulting in harm to either party or if there is any reason to believe the FTD is being undertaken with disingenuous or malicious motives. Likewise, DJMP reserves to the right, in her sole discretion, to stop an FTD in progress if the preparations or the intervention are unfolding in a toxic, improper, disrespectful, or unhelpful manner; or if it is revealed that either party is not ready or is not tolerating the intervention. If the FTD is stopped, reasonable efforts will be made to resume or reschedule the FTD work or intervention as soon as the problematic issue has been resolved, if practicable. The FTD will not be resumed if there is no longer an appropriate therapeutic fit between the client and the therapist because of the halting issue at hand. If this occurs, alternative referrals will be provided.
7. The Disclosing Partner and the Disclosing Partner's Therapist commit to thoroughly reading the Client's FTD Preparation Packet and Partner Questions as part of the FTD document preparation and to incorporating the Client's preferences into the FTD document accordingly.
8. FTD meetings and polygraph tests are not scheduled until the FTD document is completed, reviewed, and approved by the Disclosing Partner's therapist and DJMP.
9. Many betrayed partners desire a polygraph test to be passed before the FTD taking place. Polygraph testing can give both parties confidence in the truthfulness of the FTD document and can diminish the stress of wondering if complete truth will be shared or if the disclosure should be believed. If this is something you would like to have done, a polygraph test will need to be conducted approximately 3-6 days in advance of the scheduled FTD date and no longer than one week in advance of the FTD meeting. Ideally, the length of time between the polygraph test and the FTD meeting is minimized. DJMP highly recommends Melissa Bahl at Baseline Associates for polygraph testing (303-238-2225) because she is familiar with single-issue sexual fidelity tests (versus criminal tests) and offers these at a reduced fee for therapy clients. To be clear, polygraph testing is not required for an FTD to occur, however, they have been beneficial for many couples and are increasingly common in betrayal trauma and sex addiction recovery work. Polygraph results are used for FTD and treatment planning purposes only and are handled with strict confidentiality. Polygraph reports are typically sent to both the Client's therapist and the Disclosing Partner's therapist at the same time via email. The polygraph result will be verbally disclosed to the Client directly by DJMP or via secure email if a client cannot be reached by phone. The polygraph report will not be stored in the Client's file and is deleted from DJMP's email after the disclosure is completed.

10. If a polygraph test is going to precede the FTD, please be aware DJMP will not proceed with the scheduled FTD if the polygraph test results are “fail” or “no opinion.” Polygraph test results must indicate a “pass” and “no indications of deception” for the FTD to be conducted once undertaken. If a test is failed or results in a “no opinion” result, the FTD will need to be rescheduled once a subsequent test is passed.
11. If information is disclosed during a polygraph examination or FTD that gives rise to suspicion or confirmation of activities directly associated with child pornography (e.g., grooming, production, distribution, possession), human trafficking, illegal acts, or the neglect or abuse of a minor or elder, this information may warrant a report to law enforcement by one or more of the mental health practitioners involved. Polygraphists are not mandated reporters in the state of Colorado. Reports to law enforcement, *which are rare*, are typically made by the Disclosing Partner’s therapist after receiving the final polygraph report or upon learning of the reportable information, whichever occurs first.
12. If the Client and/or the Disclosing Partner wishes to have DJMP, a Certified Clinical Partner Specialist, review the Disclosing Partner’s FTD document before a polygraph exam and/or FTD meeting, this may be arranged by the Disclosing Partner asking his or her therapist to securely send a copy of the FTD document to DJMP and paying a prorated hourly fee for DJMP’s time to review the document and to give written feedback. Prorated fees will be charged through the Client’s existing account unless other arrangements are made in advance. An FTD review usually takes 1.0 to 1.5 hours to complete depending upon the length of the document. Please note that if DJMP reviews an FTD document and provides feedback, this does not mean the Disclosing Partner is in a client/therapist relationship with DJMP. All information that is shared during an FTD document review receives the same level of confidentiality as in a client/therapist relationship. Any issues related to the implementation of the feedback must be addressed with the Disclosing Partner’s therapist.
13. It is strongly recommended both parties avoid taking any mood-altering substance, including marijuana, for at least one week before the polygraph test and/or FTD meeting. It is also recommended that both parties avoid taking any medications not normally used within 24 hours of the polygraph test and/or disclosure meeting unless medically prescribed, monitored, and/or deemed necessary.
14. It is recommended couples take separate vehicles to and from the FTD meeting and avoid being under the same roof for at least one to two nights post-disclosure. If a couple is experiencing high conflict leading up to the FTD date, separate lodging before the disclosure may also be indicated.
15. If the Disclosing Partner wishes to permanently keep a copy of the FTD document, it is his or her responsibility to decide how to keep that document confidential and secure. It is recommended the FTD document not be given to the Client. It has been DJMP’s experience that when clients receive a copy of the Therapeutic Disclosure Document, it can trigger obsessional thinking, rumination, trauma, couple-conflict, and prolonged symptoms for both parties. The FTD document is to remain in the possession of the Disclosing Partner and/or his or her therapist. Occasionally, a Client may need to recall or have re-read information that was disclosed in the FTD document. In these instances, DJMP will 1) send the questions to Disclosing Partner’s mental health professional, 2) schedule a phone call with Disclosing Partner’s therapist to receive the answers to these questions,

and 3) relay these answers to the Client at their next regularly scheduled therapy session. In certain cases (e.g., where the magnitude of disclosure is substantial, or the Client makes a request for further verification and/or accuracy), DJMP will 1) request a copy of the Therapeutic Disclosure Document from the Disclosing Partner's therapist, 2) review the document with her Client in a session together, and 3) promptly destroy or delete the document once the session(s) has/have ended. It is strongly recommended that, if needed, these types of exchanges occur within 30 days of the FTD meeting. Some questions may also be appropriately handled during couple check-ins.

16. A typical FTD meeting is three (3) hours long. While each FTD varies in length depending upon the length of the FTD document and/or the number of clarifying questions asked afterward, it is commonly scheduled as a three-hour block. If three hours is not needed, the meeting will end earlier.
17. The itinerary for a typical FTD meeting is as follows:
 - i A brief review of the purpose of an FTD.
 - ii An overview of the self-care plans.
 - iii An overview of the post-FTD communication and re-entry plans.
 - iv An overview of guidelines for reading and listening to the FTD document.
 - v Reading the FTD document by the Disclosing Partner.
 - vi Time for the Client to ask clarifying questions.
 - vii Discussion about the next steps (e.g., post-FTD letters, couples therapy).
 - viii Close the meeting and depart unless individual debriefings are wanted or needed.
18. When an FTD meeting is held, both the Client and the Disclosing Partner pay his or her therapist their regular hourly rate for the time spent in the FTD joint session.
19. **Avoid all pre-disclosure disclosures!** It is counterproductive to engage in question or answer sessions on your own leading up to the FTD session. Strong preparation for the FTD is the recommended way for each person to learn what they need to and for disclosing what needs to be disclosed. A breach of this boundary may necessitate the cessation or postponement of the FTD intervention because it may indicate poor trauma symptom management, developmental immaturity, low distress tolerance, and/or poor anxiety management, all of which could be detrimental to the FTD and post-FTD processes.
20. **If recommendations in this form are not adhered to, DJMP reserves the right in her sole discretion to discontinue FTD-focused work.**

[The signature page is on the following page.]

By signing this form, I/we affirm that we are fully informed of the therapy services being requested in the form of an FTD, and I/we grant consent to receive such therapy services. Signatures below affirm that the preceding information has been provided to me in writing, or if I am unable to read or have no written language, an oral explanation accompanied the written copy. I understand my rights as a client and should I have any questions, I will ask DJMP directly.

Client Signature

Date

Disclosing Partner Signature

Date

DJMP Signature

Date

Disclosing Partner's Therapist Signature

Date

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