



Informed Consent for a Full Therapeutic Disclosure Intervention

Please review the following informed consent form and sign and date it to indicate you understand and agree to what is outlined below. 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 Dr. Jill Manning, PLLC (DJMP) directly. The following form is to be reviewed and signed by both the partner (hereinafter “the Client”) and the individual who will be disclosing to the partner (hereinafter “the Disclosing Partner”). Participation in the FTD process does not make the Disclosing Partner a client of DJMP.

1. I, the Client, have read and understood DJMP’s *Disclosure Statement* as outlined in the *Complete Intake Packet*. If you need to review this form, it can be found on DJMP’s website under Therapy/Forms in the *Complete Intake Packet*, or you may ask DJMP for a copy.
2. The Disclosing Partner has read, understood and signed DJMP’s *Consent for Third-Party Participation Agreement Form*. If you do not have a copy of this form, please ask DJMP for a copy and sign it before signing this form. The Disclosing Partner understands that participation in the FTD process does not make him or her a client of DJMP.
3. Both the Client and the Disclosing Partner have therapeutic supports currently in place and have chosen to engage an FTD process of their own free will and choice.
4. FTD is a highly specialized area of mental health practice and requires a degree of sensitivity and skill which a mental health professional who is not specifically trained in the FTD process may not possess. Therefore, DJMP ***strongly recommends*** that the Disclosing Partner work with a provider trained and qualified to provide FTD services specific to sexual betrayal and/or sexual compulsivity. DJMP will provide a list of qualified providers if assistance is needed to identify a qualified provider. In addition to ensuring competent and ethical care, this recommendation is given in order to keep costs down for DJMP’s Client. If the Disclosing Partner chooses a mental health provider who is not trained or qualified to provide FTD services, this may result in higher costs to the Client as a result of DJMP’s higher level of involvement to ensure a safe and therapeutically appropriate FTD process for all parties involved. ***Please be aware that DJMP reserves the right to refuse to facilitate and/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.***
5. As with any therapeutic intervention, there are risks and benefits 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: partners being able to more accurately assess safety needs once the full scope of the sexual acting out is known and in the open between the Client and his or her Disclosing Partner; a foundation of honesty can be restored or established for the first time; gaps or disconnects in the partner’s personal or relational history are more easily resolved; secretive sexual behavior is able to 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; acknowledgement 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 risks and benefits to an FTD, including unforeseen risk and benefits, 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 prior to engaging in an FTD. You understand DJMP cannot provide legal counsel.
6. Both the Client and the Disclosing Partner understand and will adhere to the following readiness criteria prior to engaging in the FTD. If any changes, concessions or exceptions are deemed appropriate, such changes will be transparently disclosed to all involved parties in advance of an FTD and will be clinically or medically substantiated:
- a. Readiness for the Client entails:
 - i. Demonstrated commitment to recovery.
 - 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 person disclosing received negative results, the partner is still encouraged to get their own testing done.
 - v. Willingness to engage in the FTD process.
 - vi. Detailed pre-& post-disclosure self-care plans have been prepared.
 - b. Readiness for the Disclosing Partner entails (subject to permission by the Disclosing Partner's therapist and/or mental health professional):
 - i. Demonstrated commitment to recovery
 - ii. Sobriety has been established for a *minimum* of 90 days (emergency disclosures are an exception)
 - 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 written, narrative-style Therapeutic Disclosure Document has been generated under the care of a mental health provider and has been thoroughly reviewed to ensure any signs of minimizing, grandstanding, blaming, and/or justification are 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
7. 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 intervention is unfolding in a toxic 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 intervention as soon as the problematic issue has been resolved, if practicable.
 8. Some partners and couples desire a polygraph test to be passed prior to the FTD taking place. Polygraph testing may give both parties confidence in the truthfulness of the Therapeutic Disclosure Document and can diminish the stress of wondering if the full 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 booked at least 5-7 days in advance of the FTD scheduled date. DJMP refers individuals and couples to Melissa Bahl at Baseline Associates for polygraph testing (303-238-2225) because she is familiar with sexual fidelity tests (versus criminal tests) and offers these at a reduced fee for therapy clients. To be clear, polygraphs are 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. Please be informed polygraph results are used for 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 disclosed to the Client directly by DJMP. The polygraph report will not be stored in the Client's file and is deleted from DJMP's email after the disclosure is successfully completed.
 9. 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. 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.
 10. Please be informed that if information is disclosed during a polygraph examination and/or FTD that gives rise to suspicion or confirmation of activities directly associated with child pornography (e.g., grooming, production, distribution, and possession), human trafficking, or the neglect or abuse of a minor or elder, this information will warrant a report to law enforcement by one or more of the mental health practitioners involved with the process. Polygraphists are not mandated reporters in the state of Colorado. Reports to law enforcement, *which are rare*, are most commonly made by the Disclosing Partner's mental health practitioner after receiving the final polygraph report or upon learning of the reportable information, whichever occurs first.
 11. If the Client and/or the Disclosing Partner wishes to have DJMP, a Certified Clinical Partner Specialist, review the Disclosing Partner's Therapeutic Disclosure Document prior to a polygraph exam and/or FTD meeting, this can be arranged by having the Disclosing Partner 1) sign the *Consent Agreement for Third-Party Participation* form, 2) having his or her therapist and or mental health professional sign the *Consent Agreement for Third-Party Participation*, 3) having his or her therapist securely send a copy of the Therapeutic Disclosure Document to Dr. Manning at least 5 to 7 days prior to the polygraph test, or sending the Therapeutic Disclosure Document to DJMP directly via a secure

method (e.g., password protected document or certified mail), and 4) paying a prorated hourly fee for DJMP's time to review the document and give feedback, which will be charged through the Client's existing account unless other arrangements are made in advance. Please note that if DJMP reviews a Therapeutic Disclosure Document and gives feedback, this does not mean the Disclosing Partner is in a client/therapist relationship with DJMP, but rather is consulting with her as part of the preparation process. In a consulting relationship, all information that is shared receives the same level of confidentiality as in a client/therapist relationship, however, any issues related to the implementation of feedback need to be addressed with the Disclosing Partner's therapist.

12. 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 prior to the disclosure may also be indicated.
13. It is strongly recommended both parties avoid taking any mood-altering substance, including marijuana, for at least one week prior to 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. If the Disclosing Partner wishes to permanently keep a copy of the Therapeutic Disclosure Document, it is his or her responsibility to decide how to keep that document confidential and secure. It is recommended the Therapeutic Disclosure Document not be given to the Client to keep. 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 Therapeutic Disclosure Document at all times will remain in the possession of the Disclosing Partner and/or his or her therapist. However, clients sometimes have a need to recall and re-read information that was disclosed in the Therapeutic Disclosure Document. In these cases, DJMP will 1) send the questions to Disclosing Partner's mental health professional, 2) schedule a phone call with Disclosing Partner's mental health professional to receive verbally 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 quantity 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 mental health professional, 2) review the document with her Client in session together, and 3) promptly destroy the document once the session(s) has/have ended.
15. The FTD meeting typically takes anywhere from two to three hours. While each FTD can vary in length, it is scheduled in this manner so that no one will feel rushed. This time also allows for processing the information that has been disclosed, as well as individual meetings for debriefing immediately afterwards.
16. When an FTD meeting is held, both the Client and the Disclosing Partner pay his or her own therapist their regular hourly rate for the time spent in the FTD joint session.
17. Avoid pre-disclosure disclosures. It is counterproductive to engage in question/answer sessions on your own leading up to the FTD session. Strong preparation for the Full Therapeutic Disclosure is the recommended way for each person to learn what they need or want to, and for disclosing what needs to be disclosed.
18. If recommendations in this form are not adhered to, DJMP reserves the right to discontinue FTD-focused work.

[signatures page follows]

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