



Recommendations for Therapeutic Disclosures

Jill Manning, Ph.D., LMFT, CCPS

Learning about any kind of betrayal in a primary relationship can be devastating. When couples enter treatment for sexual addiction, there has almost always been some sort of discovery or disclosure of sexually inappropriate or compulsive behavior preceding treatment. It is common, however, for a partner to question whether or not everything has been disclosed or to feel unsure about whether or not he or she can trust what the addict has said given the very real context of deceit.

Often the core issues that led to the formation of a sexual addiction can hinder a full, honest and partner-sensitive disclosure. Even if an addict is striving to be truthful, it can be mentally and physiologically impossible for addicts to recall their entire addiction history in the initial stages of treatment. This fractured recall, which can be hurtful in and of itself to partners, is often due to the longstanding climate of shame and secrecy that has enveloped the addiction, as well as the changes in the brain that can occur over the course of a sexual addiction. Subsequently, it is not uncommon for piecemeal disclosures to take place for a time. This can be excruciating for a partner and extremely trauma evoking. It can also be frustrating to the addict who wants to be forthcoming but is having difficulty pulling the whole story together.

Given that the majority of partners experience trauma in the wake of a discovery or partial disclosure, it is important to reset this experience in a healthy, thorough and supportive manner and to put all of the information on the table in one place and at one time. Resetting this experience is not only important for a partner's healing, but also a critical aspect of an addict's recovery. In order for authentic recovery to take place, an addict must learn how to break down secrecy, become accountable, learn to take responsibility, establish sobriety, learn to feel empathy, and connect authentically with others. Engaging in a thoughtful and carefully planned disclosure process can support this healing process.

A therapeutic disclosure is a unique type of intervention that creates a supportive space for couples to share and learn about a full accounting of sexual behavior outside of the relationship while in the presence of qualified mental health practitioners. Ideally, the partner and the addict both have their respective primary therapists present during the therapeutic disclosure session so that each may feel fully supported.

The following guidelines are intended to help couples prepare for a therapeutic disclosure that is thorough, safe, supportive and optimally beneficial to the long-term healing and recovery of both parties.

Please be aware that these recommendations are rooted in clinical experiences from a vast number of clinicians who specialize in sexual addiction work. You are invited to review these carefully and to give serious contemplation to their implementation:

1. As with any therapeutic intervention, there are risks and benefits associated with a therapeutic disclosure, including legal ramifications (e.g., impact on child custody agreements, divorce settlements, or potential criminal reports and/or charges) in some cases. Please discuss these risks and benefits with your therapist and/or lawyer in order to understand the potential consequences as they relate to your specific circumstance.
2. Partners are encouraged to identify the areas of concern that are of greatest priority to them and to generate questions with their therapist related to these concerns. Typically, no more than 8 - 10 questions are recommended. These questions will then be shared with the addict's therapist once proper releases of confidentiality are in place. The questions are then addressed in the addict's individual therapy and answers are included in the written disclosure document. Answers to a partner's questions are one part of the disclosure document and do not comprise the entire document. A thorough disclosure document will include topics such as: the history of one's sexual behavior; pertinent life events which contributed to the formation of these behaviors; the scope of sexual behaviors; the frequency of sexual behaviors; behaviors that have been previously hidden; the ways in which the addict deceived his or her partner about the addictive behaviors; and answers to the partners questions.
3. It is strongly recommended that a therapeutic disclosure is planned after ***a minimum of 90 days of treatment and sobriety***. On occasion, it is necessary to engage in an emergency disclosure when an adult or minor is in harm's way, but emergency disclosures are rare and far from ideal. Disclosure of abuse or neglect of a minor child is legally required to be reported by the therapist.
4. Please be aware that your therapist has the right to refuse to engage in a therapeutic polygraph or disclosure process if there are concerns about either of these processes resulting in harm to either party or if your therapist has reason to believe they are being undertaken with disingenuous motives.
5. Both the addict and the partner must carefully prepare for and be ready for a scheduled therapeutic disclosure. Following are areas to be considered and addressed at the disclosure session:
 - a. **Readiness for the addict entails:**
 - i. Commitment to recovery.
 - ii. Sobriety has been established for a minimum of 90 days.
 - iii. Active recall of key events.
 - 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 the betrayal and the sexual addiction.
 - vi. Being tested for STDs.
 - vii. Producing a written, narrative-style disclosure which has been reviewed in individual therapy and checked to ensure any signs of minimizing, grandstanding, blame, and/or justification are removed.
 - viii. Preparing detailed pre & post-disclosure self-care plans.

b. Readiness for the partner entails:

- i. Commitment to recovery.
- ii. Trauma symptoms are well-managed and skills have been acquired to manage feelings of distress.
- iii. Safety has been established (e.g., physical, emotional, financial, sexual, & financial).
- iv. Being tested for STDs. Note: even if the addict's test is negative, you are strongly encouraged to get your own testing done.
- v. Willingness to engage in the disclosure process.
- vi. Preparing detailed pre & post-disclosure self-care plans.

6. Recommendations for preparing for the therapeutic disclosure meeting:

- a. **Polygraph Testing:** Some partners or couples desire a polygraph test to be passed prior to the therapeutic disclosure taking place. This can give both parties confidence in the process 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 two weeks in advance of the disclosure date. We highly recommend couples contact Melissa Bahl at Baseline Associates for this testing (303-238-2225), because she is familiar with sexual addiction and fidelity tests (versus criminal tests) and offers these at a reduced fee for our clients (\$250). To be clear, polygraphs are not required for a therapeutic disclosure to occur, however, they have proven beneficial for many couples. Please be informed that polygraph results are used for treatment planning purposes only and are handled with strict confidentiality. It is important to be informed that if information is disclosed during the polygraph examination 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, this information will warrant a report to law enforcement by any mental health practitioners involved with the process. Polygraphists are not mandated reporters in the state of Colorado. Reports to law enforcement, *which are rare*, will be made by the addict's mental health practitioner after receiving the final polygraph report or upon learning of the reportable information, whichever occurs first.
- b. **Disclosure Document Review:** If a recovering addict wishes to have Dr. Jill Manning, a Certified Clinical Partner Specialist, review his or her disclosure document prior to a polygraph exam or disclosure meeting, this can be arranged by: 1) signing a Release of Confidentiality Form and the Consent Agreement for Third-Party Participation, 2) having his or her therapist securely send a copy of your disclosure document to Dr. Manning at least one week prior to the polygraph test or disclosure meeting, and 3) paying a prorated hourly fee for her time to review the document and give feedback. Please note that if Dr. Manning reviews a disclosure document and gives feedback, this does not mean the addict is in a client/therapist relationship with Dr. Manning, 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 addict's therapist.

- c. **Transportation & Lodging:** Please plan on taking separate vehicles to and from the disclosure and on making arrangements to not be under the same roof for at least one to two nights post-disclosure. If a couple is experiencing high conflict leading up to the disclosure date, separate lodging prior to the disclosure may also be wise.
- d. **Drugs.** Avoid taking any mood altering substance, including marijuana, for at least one week prior to the test. Also avoid taking any medications that you do not normally use within 24 hours of the disclosure.
- e. **Storage of Document.** If the recovering addict wishes to keep the disclosure document, it is his or her responsibility to decide how to keep that document confidential and secure. A copy of the disclosure document will also be kept with the addict's therapist as part of the therapeutic record. It is recommended that the disclosure document not be given to the partner to keep. It has been Dr. Manning's experience that when partners receive a copy of the disclosure document, it triggers obsessional thinking, rumination, trauma, couple conflict and prolonged symptoms for both parties. Consequently, it is recommended that partners not keep a copy of the disclosure document.
- f. **Length of Disclosure Sessions.** Please plan on blocking out at least two to three hours for the therapeutic disclosure session. While each disclosure can vary in length, it is set up in this manner so that no one will feel rushed. This time period also allows time for processing what has been disclosed.
- g. **Fees.** When a disclosure meeting is held, both the addict and partner pay his or her own therapist their regular hourly rate for the time spent in the joint session.
- h. **Avoid Pre-Disclosure Disclosure.** It is counterproductive to engage in question/answer sessions as a couple prior to the disclosure. Strong preparation for the therapeutic disclosure is the best method of finding out what each person needs or wants to know and for sharing what you need or want to share.

Please discuss any questions or concerns regarding this process and/or preparation with your therapist. You are also encouraged to address any legal concerns or questions with a qualified attorney.

By signing this form, I affirm that I am fully informed of the therapy services I am requesting and that DJMP is providing, and grant my consent to receive such therapy services.

My signature below affirms that the preceding information has been provided to me in writing by my primary therapist, 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 my therapist.

Client Signature

Date

Client Signature

Date