

A Courageous Love Story

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CLINICAL SEXOLOGIST



Agenda

Overview of Betrayal Trauma

Overview of Healing Process

General Guidelines for Disclosure

Case History

Healing Process of Our Couple:

- Disclosure Process
- Debriefing
- Impact Process
- Sexuality

Courageous **LOVE**

A COUPLES GUIDE TO CONQUERING BETRAYAL

DR. STEFANIE CARNES

This Process is for Committed Couples:


Establish Safety and Commitment

Betrayal Trauma Sensitivity Training

Ethical and Responsible Disclosure

Impact Letter and Emotional Restitution Process

Intensive Couples Therapy –Intimacy, Sexuality



Betrayal Trauma – Discovery of Infidelity is a Traumatic Event

Original authors and researchers - Shirly Glass, Judith Herman, Jennifer Freyd, Barbara Steffens (70% PTSD, 72% FI), Omar Minwalla

Infidelity, Porn, Sex Addiction (CSBD) – Perceptions of infidelity vary from couple to couple

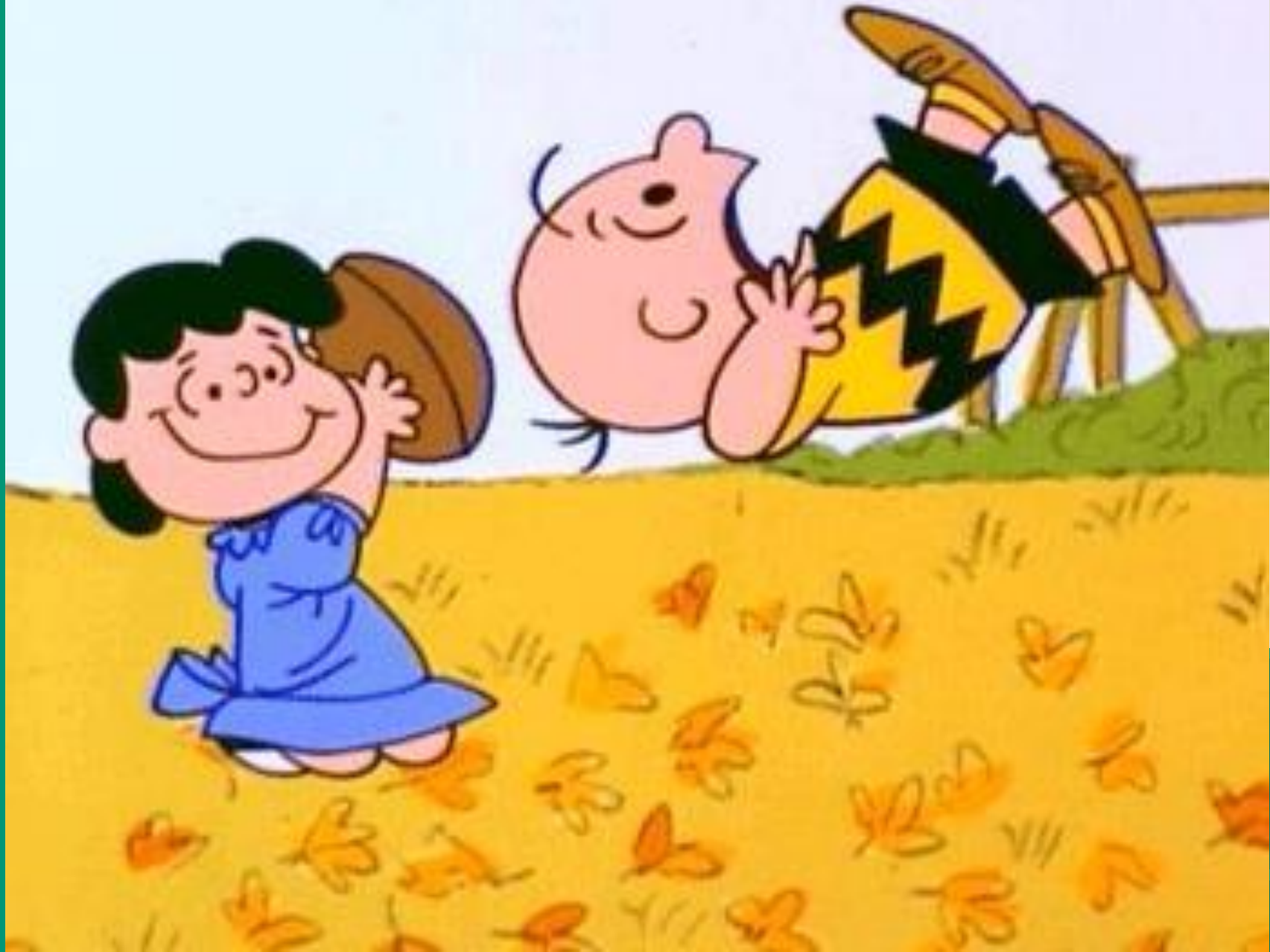
Partner emotional dysregulation and responses are looked at as a normal response to trauma

Non-pathologizing approach, validates partner

Encourages compassionate responding in the unfaithful partner

Betrayal Trauma Symptoms

- ✓ Emotional Instability
- ✓ Hypervigilance
- ✓ Trauma Symptoms:
Intrusive thinking,
Nightmares
- ✓ Cognitive Problems
- ✓ Damaged Self Esteem
- ✓ Shame
- ✓ Morbid Preoccupation
- ✓ Health Problems



The Level of Trauma is influence by...

(Not all partners have PTSD)

Amount of deception

Length of time of deception

Type of acting out/ offending behavior

Exposure to the acting out

Public Embarrassment

Impact on the children

Impact on finances

Consequences experienced by the partner

Level of Trauma is Influenced by Staggered Disclosure (Death by a Million Cuts)



Deny everything



Disclose the minimum



Disclose a bit more



Get confronted as more things come out



Disclose all



Staggered Disclosure

Fear of hurting the partner and fear of the partner's response are common reasons for minimizing the disclosure (Carnes, 1991; Schneider & Schneider, 1990; Schneider, Corley, & Irons, 1998) .

A majority of sex addicts (58.7%) and partners (69.7%) reported that there had been more than one major disclosure (Corley & Schneider, 2002).

A process, not an event

Extremely damaging to the trust in the relationship



Level of Trauma Also influenced by Gaslighting

Gaslighting is a form of psychological manipulation in which a person seeks to sow seeds of doubt in a targeted individual or in members of a targeted group, making them question their own memory, perception, or sanity. Using denial, misdirection, contradiction, and lying, gaslighting involves attempts to destabilize the victim and delegitimize the victim's beliefs.

Questioning reality, loss of self esteem

Leads to “Safety seeking”

Level of trauma
also impact by
response of
support system

**S/he must have known
what was going on...**

**Stigma of betrayed
partners**

Lack of social support

Major
difference
between
infidelity and
addiction –
both traumatic



Compulsive/Addictive

The betrayal has an explanation

Usually more incidences and
variety of behaviors

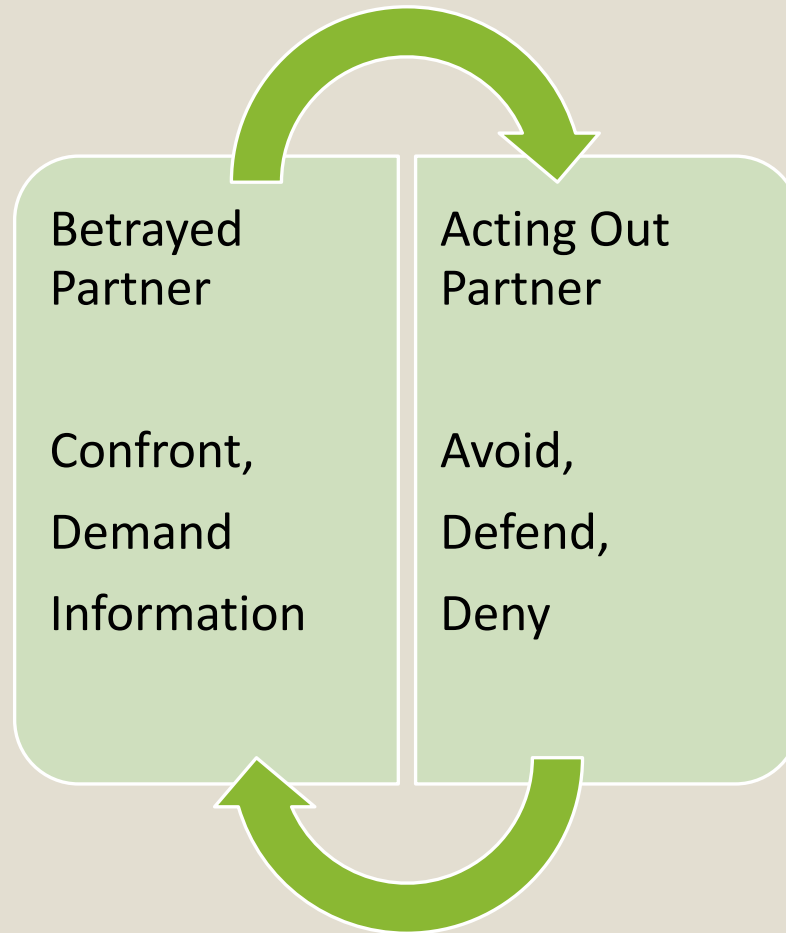
Can include more acute scenarios
with more extreme consequences



Infidelity

Emotional component

Creates a lot of questions about
the interactions around affair
partners



Negative Cycle

Healing Process



This process
is for
committed
couples!

Establish Safety and Commitment

Betrayal Trauma Sensitivity Training

Ethical and Responsible Disclosure

Impact Letter and Emotional Restitution Process

Intensive Couples Therapy



Step 1: Establish Safety and Commitment to Process

Non-negotiable Boundaries for Betrayed Partner

Eliminating all Avenues of Acting out for Participating Partner

Establishing a plan for treatment

Initiating Couples Crisis Management Counseling

Engage in both Individual and Group Counseling if possible


- Accountability / Addiction Group work
- Individual therapy (trauma work for partner)

Step 2: Betrayal Trauma Sensitivity Training

- ❖ Psychoeducation and experiential techniques designed to:
 - ❖ Help participating partner recognize and accept common reactions of partners as normal responses to betrayal trauma
 - ❖ Assist them in developing effective vs ineffective responses
 - ❖ Allow them to recognize the consequences their addiction has on their loved ones
 - ❖ Generate empathy and compassion for their loved one
 - ❖ Gives them tools to be responsive to triggers
 - ❖ Taught in individual, group, couple work

How can I make this better?





Acting out party has to take responsibility to help the betrayed partners heal from the betrayal

Must take ownership and accountability

Must demonstrate reliability with their actions and their words

Must provide reassurance through transparency

Must learn to respond effectively to partners questions and triggers

Must not pathologize partners reactions and blame shift



Common Ineffective Tactics

Attempting Damage Control Through Lying and Gaslighting

Denying, Minimizing

Justifying

Defensiveness

Arguing, attacking

Avoiding

False Promises

Withdrawal, Stonewalling

Blame Shifting

Effective Tactics

Empathy

Accountability and genuine remorse

Reassurance

Open, honest direct communication

Actions matching up with words

Reliable behavior over time

Transparency

Patience

Emotional vulnerability

Responding sensitively to partner triggers

Following treatment recommendations

Understanding

Gratitude

Appreciation

Listening

Vulnerability

Openness about recovery

Must be genuine!

Support Model

Responding to Partner Triggers

S

- Stop and give him/ her undivided attention

U

- Understand where they are coming from (listen)

P

- Provide Empathy (“That must feel awful”)

P

- Provide Validation (“It makes sense that you feel that way”)

O

- Openness (Be open and honest if they have any questions)

R

- Remorse (Demonstrate remorse and accountability)

T

- Touch (Provide physical comfort if partner is open)

Step 3: Ethically Responsible Facilitated Disclosure (Not needed in all situations)

Guided by the partner's
need and desire to
know

Traumatic – need safety
plan

Structured, well
organized

Team approach with
support

Clear goal: information
clarity, answering
questions, restoring the
foundation of honesty

Essential points....

Co-therapy should be used when possible

Done only after the participating partner had demonstrated commitment to the relationship and to the process of healing

Partner should be allowed to submit questions prior to disclosure for the addict to prepare with, allowed to ask questions either after or during and be given follow up sessions to ask questions that emerge later

While both parties should be prepped, partners should not be asked to wait an excessive amount of time

Impact letter process should follow the disclosure

Couple should be prepped on what to expect, the format and guidelines ahead of time

How detailed should a disclosure be?

Disclosure should be thoughtfully written and reviewed by therapist and group

Should include type of acting out, general categories of behavior

Timeframes of acting out

If it is about health issues-they need to know.

If it is about someone else they may know or run into-they have a right to know.

Use anatomically correct terms and avoid jargon

Use I statements – language of accountability

Includes financial information

Preparation is
vital



Prepping the addict



Prepping the partner



Prepping the couple



Disclosure Process – example format

Co-therapy

- Participating partner reads document
- Betrayed Partner listens does not ask questions
- Participating partner leaves
- Betrayed Partner processes with therapist
- Betrayed Partner can choose to invite participating partner in to ask questions

Support is scheduled for both parties

Couples drive separately

Careful with paperwork

Provide Emotional Support

Care for children

Practical considerations

Treating the Trauma of Disclosure

Assist partner in processing and narrating pain

Validate as trauma

Discuss betrayal in light of new info

- (degree of deception, length of time etc)

Process boundaries for self protection

Support for both parties

Trauma work for betrayed partner

- (EMDR, Somatic experiencing)

Assist partner in expressing appropriate anger



Impact Letter

Discovery/ Disclosure

Consequences

Lies, Deception and
Gaslighting

Self-Blame

Sexuality

Fear and Shame

Relational Impact

Boundaries Update

Closing

Emotional Restitution

Impact of Disclosure

Validation of
Consequences

Validation of Deception

Validation Partner is not
to Blame

Validation of Damage to
Sexuality

Validation of Shame and
Embarrassment

Validation of Damage to
the Relationship

Apology and Amends

Closing

Couple Case

Sex Addict (CSBD)

15 year history of depression

Depression – currently mild symptoms

ADD

Social Anxiety – also improved

History of compulsive lying and severe gaslighting

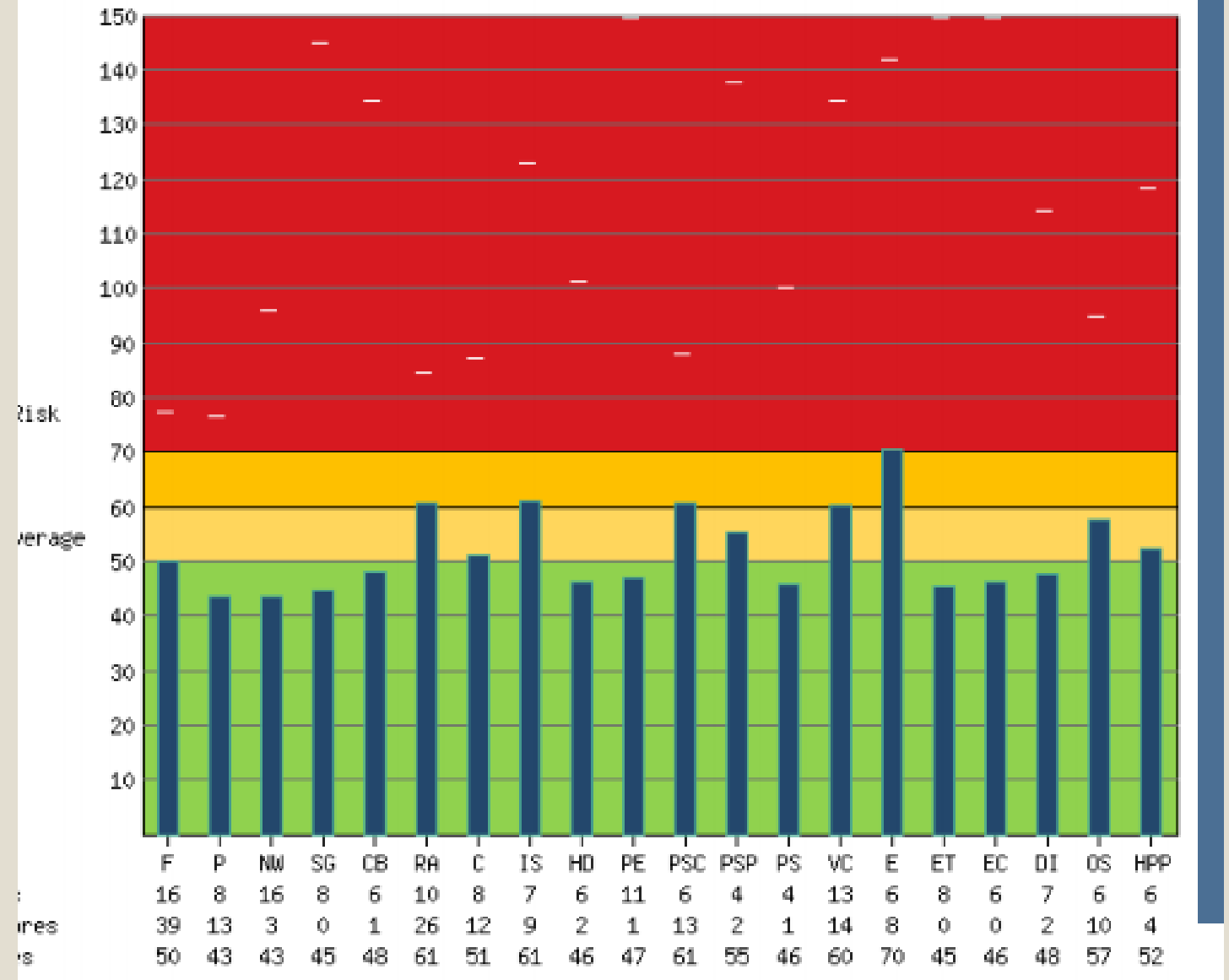
Sexual acting out: Severe Porn Addiction, Strip Clubs, Prostitutes, Sex with Strippers, 2 Affairs

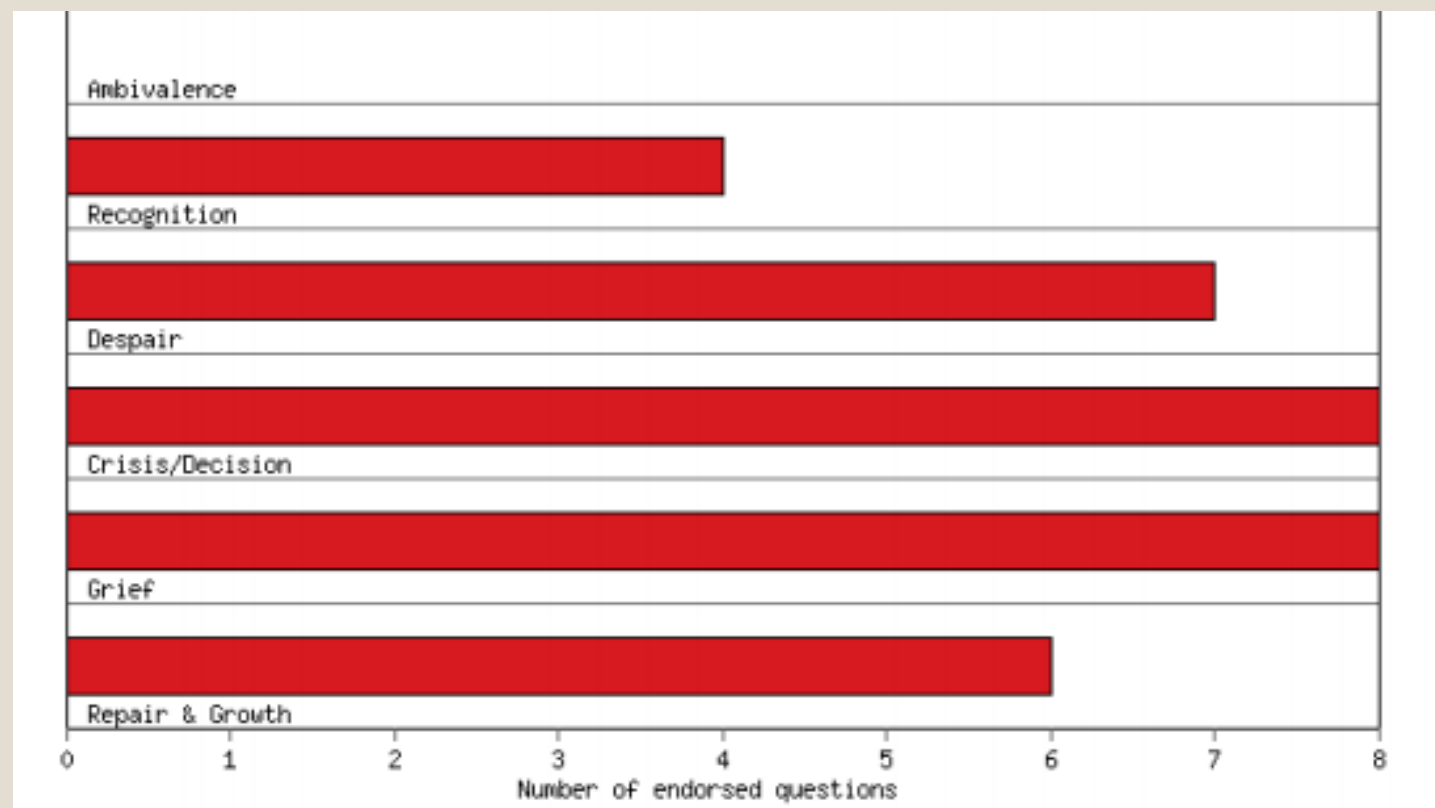
Eroticized Rage, Intrusive Sex

Affairs were with strippers who he financially supported and gave money and gifts to

Severe molestation by grandfather – denial by family

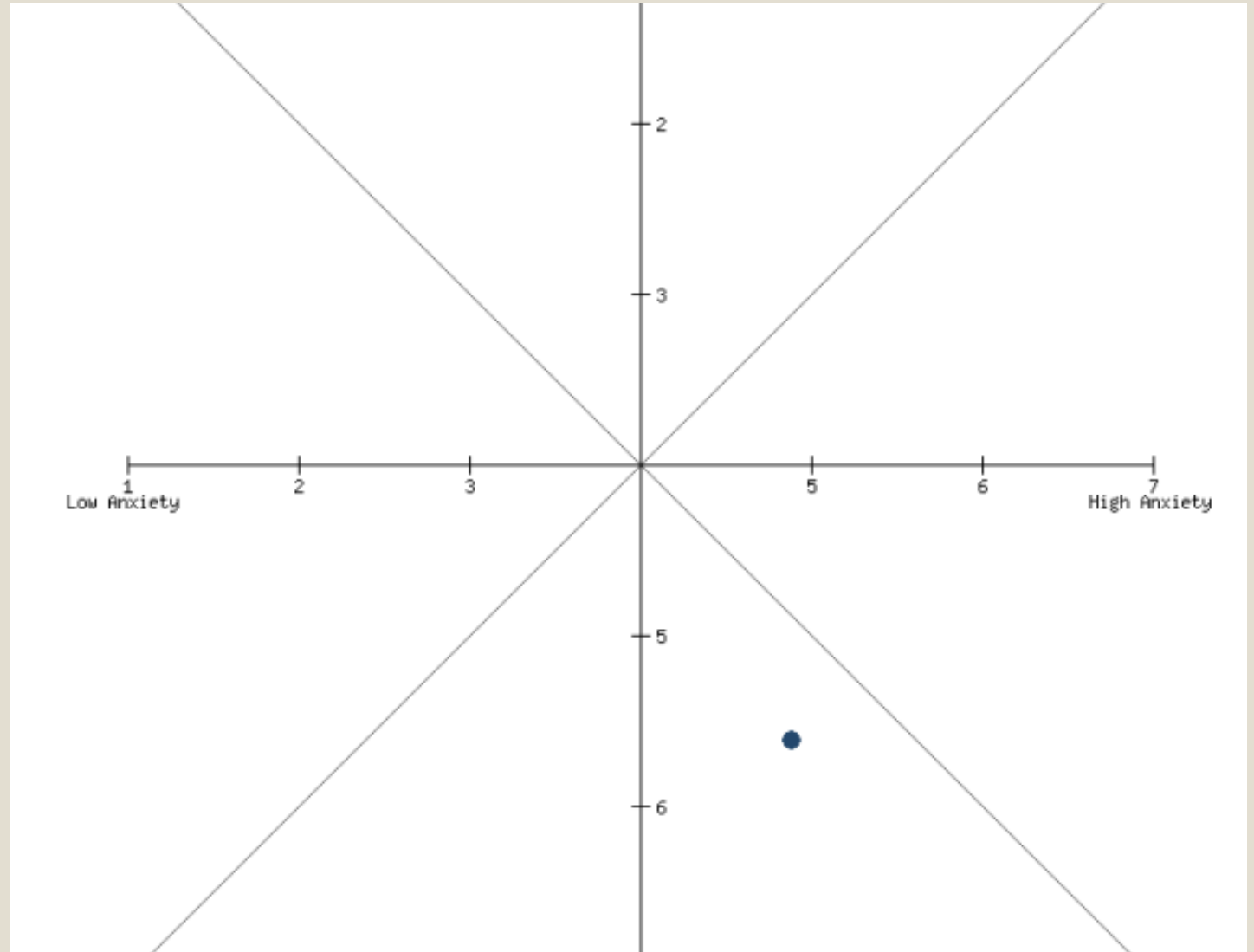
Behavioral Scales



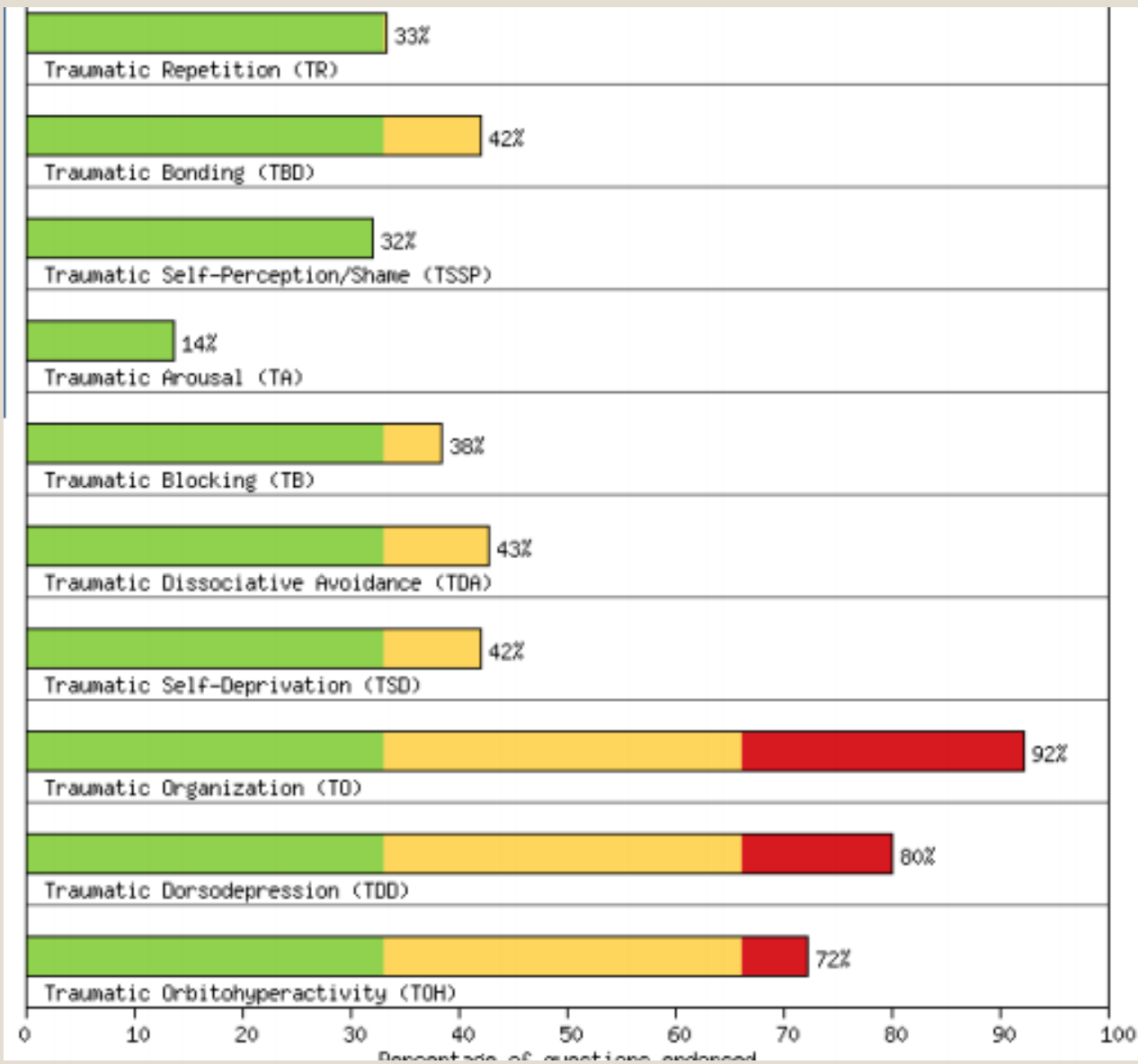


Attachment Style

Fearful Avoidant



PTSI-R Results



Partner

Extremely intelligent

Well resourced active in therapy

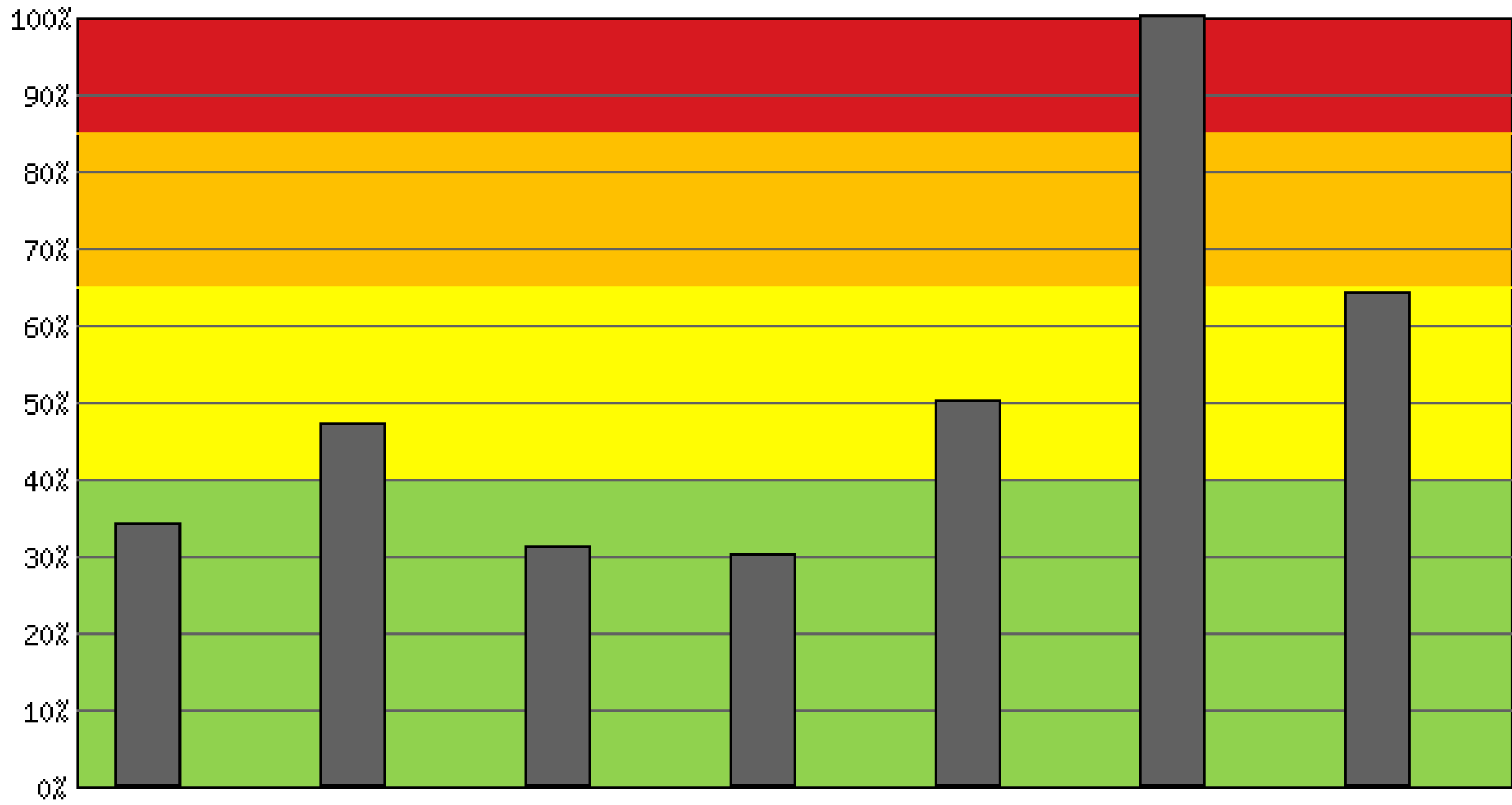
Complex trauma history – Being replaced, abandonment

Demonstrates compassion for the addict and understanding of trauma and addiction

Extremely hurt by repeated betrayals and gaslighting

Ongoing staggered disclosure

Safety seeking – green folder



Criteria_A

Criteria_B

Criteria_C

Criteria_D

Criteria_E

Denial

Blame

Percent 34%

47%

31%

30%

50%

100%

64%

Family of Origin

Research has indicates that people who have a higher number of traumatic experiences growing up are prone to have problems with addiction, depression, or sexual promiscuity. Identifying the major traumatic experiences and their severity is essential when looking at the long-term effects of trauma. It would be extremely rare for a client to score more than 5 of these items. In the table below, an "X" indicates a "Yes" response by the client.

	Client	Therapist
Did a parent or caregiver threaten, swear at, bully, or emotionally abuse you?	X	
Did a parent or caregiver hit, grab, slap, throw things at, or physically abuse you?	X	
Did anyone ever touch you inappropriately, expose you to inappropriate sexual material, or sexually abuse you?	X	
Did you ever feel left out, unloved, or unimportant in your family?	X	
Were there times when you felt like you had to take care of yourself because no one else cared or would do it?	X	
Do you feel that your parents or caregivers didn't care if you were safe?	X	
Was anyone else in your family ever physically abused?	X	
Did anyone in your family have any addictions (drugs, alcohol, sex, etc.)?	X	
Do your parents or caregiver suffer from any mental illnesses (depression, bipolar, anxiety, etc.)?	X	
Did you ever feel that your parents or caregiver was more strict and hard on you than other children's parents?	X	

Traumatic events:

- A serious accident or injury where my life was threatened
- Major medical procedures
- Poverty
- Death of a loved one
- Physical Assault as a child
- Physical Assault as an adult
- Witnessing the physical or sexual assault of a loved one
- Domestic Violence
- Other traumatic event : covert sexual abuse, father took inappropriate pictures of me, mother attempted suicide, diagnosis of both children with multiple disabilities

Anxiety



Your client scored 16, which is in the Severe (15-19) range. Clients endorsing high in this category may be apprehensive, panic easily, worried about the future, worried about losing control, easily startled, and/or may have physical symptoms (sweaty palms, pounding heart, increase pulse rate, etc.). Clients scoring high in this scale may also have higher scores on the TIPSA and PSS. It is extremely important for the therapist to look at a diagnosis of PTSD.

- I was aware of dryness of my mouth.(Applied to me very much, or most of the time)
- I experienced breathing difficulty (e.g., excessively rapid breathing, beathlessness in the absence of physical exertion).(Applied to me to some degree, or some of the time)
- I experienced trembling (e.g., in the hands).(Applied to me to some degree, or some of the time)
- I was worried about situations in which I might panic and make a fool of myself.(Did not apply to me at all)
- I felt I was close to panic.(Applied to me to some degree, or some of the time)
- I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat). (Applied to me to some degree, or some of the time)
- I felt scared without any good reason.(Applied to me to some degree, or some of the time)

Partner Sexuality Survey

Researchers have identified 11 categories of sexuality that can be impacted by the sex addiction. The chart below represents your responses in each category.

Category	Little/No Impact	Minor Impact	Moderate Impact	Strong Impact	Very Strong Impact
Relational Sexual Difficulties		X			
Sex Addiction	X				
Sexual Aversion		X			
Sexual Shame	X				
Body Image Issues					X
Risk of Abuse or Injury		X			
Desire for Retribution			X		
Sexual Secrets		X			
Obligatory Sex		X			
Broken Trust			X		
Fear of Health Consequences					X

Couple Dynamics

Couple Cycle

She pursues for information, clarification or validation

He minimizes and gaslights

She blows up

He gets defensive

Escalation with neither party listening to the other

Couples Goals



- Conflict management
- Supporting boundaries
- Supporting recovery
- Disclosure prep, implementation and repair
- Healing from betrayal trauma

Three Legged Stool

Addict's therapist

- Individual therapy
- Support Groups/ 12 step support

Partner's therapist

- Individual therapy
- Trauma therapy
- Sex Therapist
- Support people – Friend from treatment

Couples therapist



Case History – (recorded for EFT supervision)

Addict lost job, and marriage fell into crisis due to his addiction

45 Days inpatient

8 weeks IOP

Shortly after discharge couple's treatment began

Both with individual CSATs prepared for disclosure

Addict did not really surrender to recovery and was still lying about behavior

Both were to prepare for disclosure

Addict lied to partner 2 days before disclosure and was not following his treatment plan, but was claiming he was

Addict lied during disclosure and failed polygraph

Case history continued

Partner contacted me, decided to leave relationship - asked for separation counseling

Couples therapy confrontation (She wanted to leave, I confronted him)

He went back to IOP for 8 more weeks

He prepped for disclosure – with pre-disclosure poly

I met with partner and her therapist to develop support plan, and served as her support person during facilitated disclosure #2, with him and his IOP therapist

As couples therapists I facilitated post disclosure processing and impact processing

Education on betrayal
trauma

Supporting her
boundaries and both
of their individual
recoveries

Conducted her testing
and used IPAST to
educate him on impact
of the trauma

Disclosure prep

Therapeutic work prior to disclosure

Disclosure Prep

Disclosure prep

Worked with partner's therapist, to get questions together

Questions were much more detailed than usual due to gaslighting – list of lies was included

These were given to Geoff prior to disclosure

Due to lying during previous disclosure pre disclosure poly was required – poly was passed, and addict was demonstrating much stronger commitment to recovery

Both parties had safety plan

Partner had support person ride with her, and stayed with her

Did co-therapy session prior to disclosure to discuss the process, the safety plans etc

Co-facilitated disclosure



Disclosure Process – format

Co-therapy

- Participating partner reads document
- Betrayed Partner listens does not ask questions
- Participating partner leaves
- Betrayed Partner processes with therapist
- Betrayed Partner can choose to invite participating partner in to ask questions



Please be respectful in comments and
safeguard client's confidentiality

Partner Processes with Therapist

Partner initial response

Checked in emotionally

Discussed what information was new

Discussed how his behavior increased during times of stress

Clarified questions for clarification process

Clarification

Post Disclosure Processing

Post disclosure session

Clients enter after spending nice night together – bubble bath, nice dinner, but in middle of the night she got triggered

He was able to support her in the moment

She comes in questioning does he really love me, or am I just his ticket to recovery

She comes in sharing her doubts –we process for about 30 mins (video 1) and I check in with him (video 2)

Impact Letter

Discovery/ Disclosure

Consequences

Lies, Deception and
Gaslighting

Self-Blame

Sexuality

Fear and Shame

Relational Impact

Boundaries Update

Closing

Impact Processing

4 HOURS – 15 PAGES SINGLE SPACED LETTER

2 SCENES – SUICIDAL THOUGHTS POST DISCLOSURE #1, END

Emotional Restitution

Impact of Disclosure

Validation of
Consequences

Validation of Deception

Validation Partner is not
to Blame

Validation of Damage to
Sexuality

Validation of Shame and
Embarrassment

Validation of Damage to
the Relationship

Apology and Amends

Closing

Intensive Couples Work

FOO work

- Presenting a united front to friends and family
- Differentiation
- Appropriate boundaries
- Amends

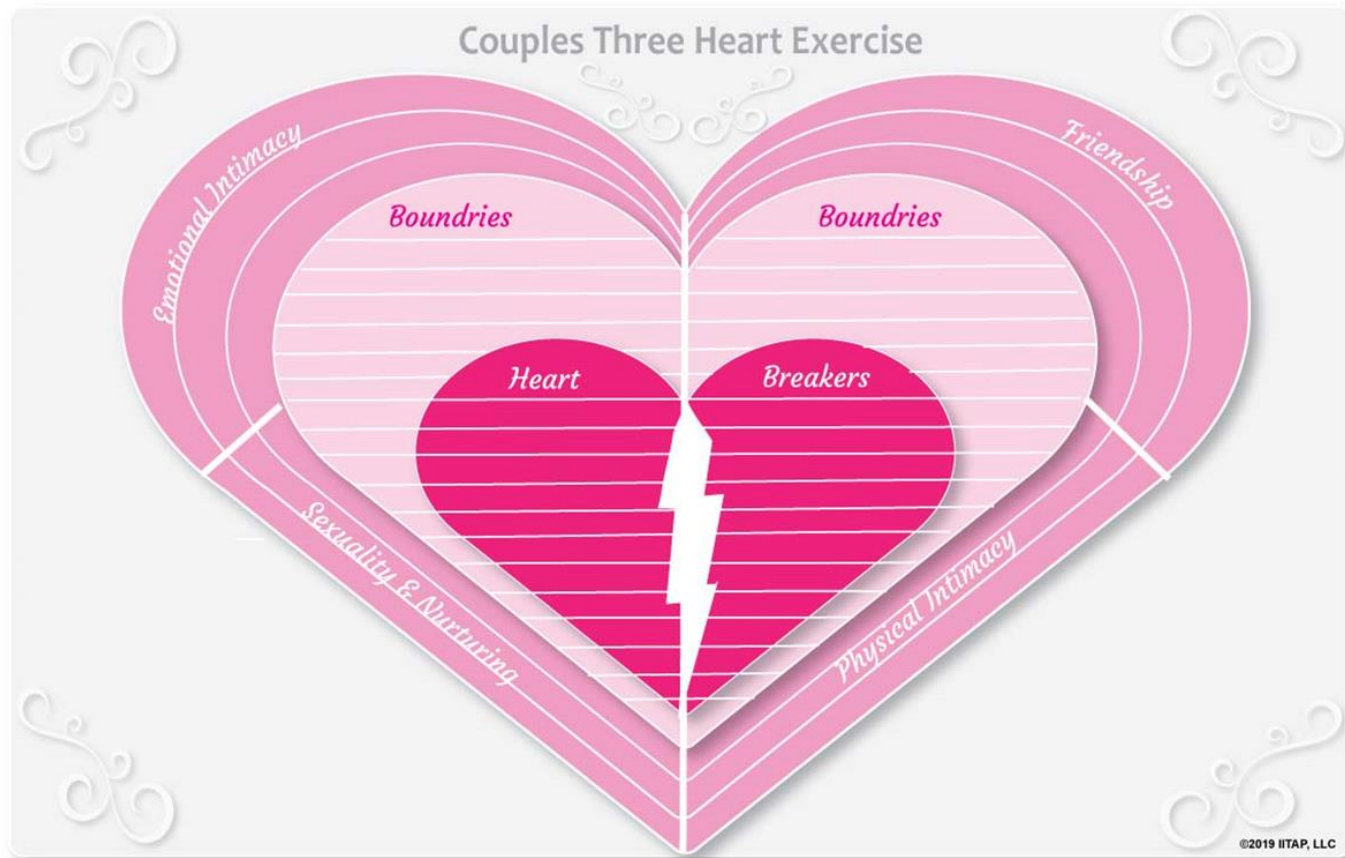
Dysfunctional Couples Dynamics

- Examining dysfunctional communication patterns
- Using enactments, EFT

Emotional Intimacy

Healthy Sexuality

Couples Three Heart Exercise



Sexuality

Abstinence List

Create your abstinence list here:

Porn, Strip Clubs, Sex Workers, Secret Accounts, No Unchecked

.....
Spending, No Med Changes without Doctor Approval, No Unchecked

.....
Fantasy, Objectification, or Euphoric Recall, No Oral Sex to Betrayed Partner

.....
No Removal of Betrayed Partner's underwear, No Rubbing Betrayed

.....
Partners Back, No Manual Penetration of Vagina, No Kissing the Back

.....
Of Betrayed Partner, No Running Fingertips Down Betrayed Partner's

.....
Inner thigh

Create your boundaries list here:

Filtering Software on All Participating Partner's Digital Devices

No Driving by Acting Out Businesses ie Strip Clubs

Bookend SAA Meetings that have women in attendance with Betrayed

Partner. Maintain "Share my location" with Betrayed Partner , Do not

Delete any Internet History without Betrayed Partners knowledge

Boundaries List

Create your emotional intimacy list here:

Have regular Relational Check in's (FaceTime or in Person),

Holding Betrayed Partner when open, Plan Future together, Kiss

Forehead as a sign of Affection, Do Acts of Service for Each Other,

Both Partners tell each other " I Love You" as often as they can,

Have Emotions Meeting Weekly

Emotional Intimacy List

Create your friendship list here:

.....
Dine out together, Attend Plays & Concerts together, Watch "Psych".....

.....
TV show together (Live or on FaceTime), Do Water Activities together.....

.....
(I.e. Swimming, Float Spa, Soak in Hot Tub), Drive-in Movie,.....

.....
Attend Comedy Shows, Go to an Escape House, Play 42, Trivia Night.....

.....
Exercise together, Take Yoga together, Volunteer together.....

Friendship List

Create your sensuality and nurturing list here:

Sleep Naked (No Sex), Bubble Baths together, Share Fantasies,

Wash Betrayed Spouses Hair, Hold Hands, Cuddle while watching TV

Couples Spa (Private Room if available), Lying Heart to Heart,

Kissing

Sensuality and Nurturing

Create your sexual intimacy list here:

.Kissing, Fondling, Mutual Masturbation, Vaginal Intercourse (Multiple ...
Positions), Anal, Toys, Limited Role Play (No Maid or Stripper),

Handcuffs, Flavored Oils & Creams, Feathers, Honey Dust, Nipple

Clamps, Outdoor Sex (Safe, Private Place - I.e. Camper, tent...),

Bubble Bath, Oral Sex on Participating Partner, Taking a Kink Class

Together & Practicing

Sexual Intimacy

Mark beginning of new relationship

Ritual to let go of affair / the past

Symbolic gift

Recommitment ritual



Treatment Goal



Symbolic gift



Thank you!

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