

A Call for Professional Excellence in the Treatment of Sexual Addiction and the Disclosure Process

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Nomenclature: Our Common Professional Language

- **Addiction** – problematic or out of control behavior
- **Sex Addict** – the person with the addiction
- **Betrayal Trauma** – the type of wound the partner experiences
- **Partner** – the female or male that is impacted by the problematic sexual behavior
- **Disclosure** – the therapeutic process where the partner learns the truth
- **Discovery** – the experience where the partner finds out the truth before disclosure
- **Healing** – when the partner feels safe again and a sense of personal agency is restored



Compulsive Sexual Behaviour Disorder

ICD-11 (2024)

"Compulsive sexual behaviour disorder is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement."

Betrayal Trauma

- "Betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being" (Freyd, 2020).
- Betrayal Trauma Theory posits that degree of betrayal is associated with level of perceived or expected closeness of the relationship (Freyd, 1994; 2020).
 - Sexual betrayal by an intimate partner is considered a high-betrayal event.



Possible Impacts of Betrayal Trauma on Partners

- Betrayed partners have reported post-traumatic stress symptoms such as:
 - Intrusive memories, dreams, flashbacks, emotional or psychological distress
 - Negative mood: sense of blame of self or others, diminished interest in activities
 - Dissociative symptoms: altered sense of reality, inability to remember important aspects
 - Avoidance of people, places, thoughts, feelings, events, memories, conversations
 - Arousal (sleep, self-destructive behavior, hypervigilance, fight or flight response, poor concentration, startle response)
- Others possible impacts include:
 - Re-experiencing the event of discovery or disclosure
 - Problems with affect regulation
 - Beliefs that oneself is worthless



Why Ask Clients to Disclose Painful Secrets? Indications for Therapeutic Disclosure

- There are different types of disclosures after betrayal, and each is predicated by different circumstances and individual and relationship needs and/or issues (Caudill & Drake, 2020).
 - Safety-related disclosures
 - Crisis-stage disclosures
 - Therapeutic disclosure process
 - Staggered disclosures
 - Unplanned disclosures
 - Follow-up disclosures
 - Family disclosures



Possible Benefits of Therapeutic Disclosure for the Relationship

- Apologies from transgressors have been shown to increase perceptions of relationship value (Forster et al., 2021).
- Possible restoration and healing of the relationship:
 - Eighty percent (80%) of respondents to the Betrayal Trauma Anger Survey endorsed a belief that the "betrayal can make things right with the betrayed" (Hollenbeck & Steffens, 2023, p. 465).



Benefits of Therapeutic Disclosure for the Disclosing Client

- Therapeutic disclosure is in keeping with the 12-step model of recovery and healing.
- Major recovery themes (Fernandez et al., 2021):
 - Unmanageability and painful consequences recognized as catalysts for life change.
 - Addiction is seen as symptom of underlying, deeper problems.
 - Compulsive sexual behaviors identified as disordered search for validation and attention.
 - Compulsive sexual behaviors identified as disordered search for intimacy and love.
 - Recovery requires more than stopping compulsive behaviors and abstinence.
 - Maintaining a new lifestyle requires ongoing work on the self and healthy connection with others.
 - Recovery has gifts.



Benefits of Therapeutic Disclosure for the Receiving Client

- Many clients report receiving therapeutic full disclosure is the *most important* event in their healing process (Laaser et al., 2017).
- Decision making: Disclosure allows the betrayed partner to learn all information needed to make informed decisions for self and future.
- Trauma processing: Disclosure provides scaffolding for betrayed partner to inventory and process own thoughts, feelings, and behaviors in a coherent, contained manner.
- Facilitated disclosure process serves as form of positive social support.
 - Positive social support has been associated with lower PTSD symptoms after betrayal (Tirone et al., 2021).

Contraindications for Therapeutic Disclosure

- Disclosure is a **very** high stress process. The following issues are some of the possible contraindications for disclosure until resolved:
 - Suicidal ideation and/or intent
 - Homicidal ideation and/or intent
 - Active substance abuse issues
 - Mental health issues such as psychotic symptoms (PTSD with psychotic features for example)
 - Medical complications
 - Abuse in the relationship – from either party
 - Pending legal action such as divorce
 - The client receiving disclosure does not want the information.



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

- Anger, even *intense* anger, is a common response to learning about betrayals.
- Data from Hollenbeck & Steffens (2023) betrayal related anger study:
 - Of respondents who worked with counselor or therapist 39.06 reported no help managing betrayal trauma anger.
 - Reported anger responses/reactions included:
 - Crying uncontrollably for long periods of time (approx. 70%)
 - Spending considerable time ruminating on betrayal (approx. 80%)
 - Becoming concerned about own ruminations/thoughts (approx. 50%)
 - Becoming fearful of possibility of actions (approx. 20%)
 - Physically attacking betrayer (approx. 20%)



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals


The aftermath of discovery often involves significant distress for the betrayed partner:

Forty-three percent (43%) of respondents reported experiencing *thoughts of self-harm*.

Eighty-four percent (84%) of respondents reported the aftermath of discovery as the time *they felt the most intense anger of their lives*

(Hollenbeck & Steffens, 2023).





Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

- Avoidance of helping professional biases (Hollenbeck & Steffens, 2023)
- Education and training is key to provision of competent counseling services (ACA, 2014)
- Extreme emotions and perhaps unexpected may surface during the disclosure process and in the disclosure session.



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

The therapeutic disclosure process should be facilitated only by trained, qualified helping professionals to avoid institutional betrayal.

Institutional betrayals are "wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals ... committed within the context of the institution" (Freyd, 2020).



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

Competence is key.

- The licensed helping professional must be clear on:
 - Who is your client?
 - If you are not the couples therapist, what is your responsibility to the other party?
What is your liability?
 - What training do you have and/or need to competently facilitate a therapeutic disclosure?
 - What does your code of ethics say about competent practice?



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

Consent is key.

- What is the treatment plan and treatment goals?
- How does therapeutic disclosure fit into the plan and goals?
- Does your client understand the entire process, including risks, of the interventions you are using for the disclosure process?



Why Should Therapeutic Disclosure be Facilitated by Qualified Professionals

Collaboration is key.

- 96% of addicts and partners report long term benefits. (Schneider & Corley, 2002).
- Therapeutic disclosure has positive impact on relapse prevention (Magness, 2013).
- Therapeutic disclosure allows the professional to offer compassion, validation, empathy, and be sensitive to the client during the process (APSATS).



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