

# Partner oriented Disclosure: A Trauma Informed Approach that Benefits Partners and Addicts



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- **PART I: FOUNDATIONAL CONCEPTS**

# Evolution of Partner Therapy

Original Model

Through the lens of Addict Recovery

Ongoing Research

Through the lens of Partner Trauma

- The trauma informed, partner-sensitive therapist can use this understanding to lessen the trauma of therapeutic disclosure itself for both addicts and partners, and to lay groundwork to expedite future healing in both parties.

# FOUNDATIONAL CONCEPTS:

Building on and expanding the Addiction-Focused  
Recovery Paradigm

# FOUNDATIONAL CONCEPTS: CO-ADDICT MODEL

- Focuses primarily on needs of addict
- Partner/family seen as support for addict treatment
- Partner responses seen as extreme/codependant
- Partner primary therapeutic goals involve managing their co-addiction/making peace with **POWERLESSNESS**

# FOUNDATIONAL CONCEPTS: Multi-dimensional Partner Trauma Model\*

- Focuses on partner experience as a part of best practice
- Partner seen as impacted by trauma induced by the experience of living with a sex addict
- Partner responses seen as consistent with traumatic stress
- Primary goals:

Post Traumatic Growth/Resilience/  
**EMPOWERMENT**

\*(as defined by APSATS, Steffens, 2009)

# Taking cues from brain science:

## **PTSD Brain-DSM 5**

- **Re-experiencing:** Spontaneous memories, recurrent dreams, flashbacks
- **Avoidance:** Distressing memories, thoughts, feelings, external reminders
- **Negative cognitions and mood:** Sense of blame of self or others, inability to remember key elements
- **Arousal:** Aggressive, sleep disturbances, hyper-vigilance, fight or flight



- Partners of sex addicts generally exhibit the **re-experiencing, avoidance, negative cognitions,** and **arousal** state associated with the DSM V definition of PTSD.

# SPECT SCANS: PTSD BRAIN

# FIRST THINGS FIRST: THE PARADIGM EVOLVES

- Although some degree of codependence is usually present and problematic for many people in addictive relationships (including both addicts and partners) **EFFECTIVE TREATMENT DOES NOT MAKE IT THE FIRST ORDER OF BUSINESS FOR EITHER ADDICTS OR THEIR PARTNERS.**

# In Addicts:

- In order for treatment to be successful **we first turn our attention to helping them stop their acting out behaviors**, for the brain to begin to heal and therapy to be effective. (ie: Attempting to break down denial, for example, lacks effectiveness if the addict is still using.)

# In Partners:

- In order for treatment to be successful **we first turn our attention to reducing the fight, flight, freeze trauma response\*** by helping them become emotionally (and in some cases physically) safe in their currently unsafe environment.

\* (Steffens, 2009)



- WHILE THE ADDICT MAY QUICKLY ARRIVE AT THEIR MORE URGENT GOAL OF ABSTINANCE FROM ACTING OUT BEHAVIORS...

THE SPOUSE'S URGENT GOAL OF ESTABLISHING SAFETY MAY TAKE WEEKS TO MONTHS, **AND WILL NOT BE COMPLETED UNTIL AFTER THERAPEUTIC DISCLOSURE.**

# PART II: SETTING THE DATE FOR THERAPEUTIC DISCLOSURE

# Disclosure

- Traditional addict-oriented paradigm = 1 yr
- Based on reset of the brain/prefrontal cortex healing



# Disclosure

- Partner oriented paradigm = 3-6 months\*

**Partner cannot establish safety before disclosure due to the fact that she (or he) does not know the full extent of what has happened in the addict's secret life.**

**i.e:**

- **unknown financial impacts**
- **whether people in current social circle have been involved in the betrayal**
- **extent to which the addict has put spouse or children at risk, etc.**

\*APSATS definition, (Steffens and Means, 2009)

# Disclosure

- Date of disclosure is set with the more urgent needs in mind:
  - Partner safety
  - Stability of recovery for both addict and partner  
ie: Support network, meetings, therapy, etc.
  - Addict readiness to disclose w/out re-traumatization of partner

- IN GENERAL, BOTH ADDICTS AND PARTNERS CAN BE PREPARED FOR THERAPEUTIC DISCLOSURE TO OCCUR WITHIN THE FIRST THREE TO SIX MONTHS OF RECOVERY.

# PART III: PREPARING THE DISCLOSURE: FOUNDATIONAL WORK

# ADDICTS

Necessity of moving the addicts quickly:

- Into a sustainable recovery routine
- Through the first tasks (Carnes' task model)
- Towards empathy (psycho education on partner trauma, role play, role reversal, etc.)

# PARTNERS:

Necessity of moving partners into:

- Psycho education: **Partner Trauma**
- Normalization of their trauma responses to betrayal
- Developing capacity to avoid or effectively engage trauma triggers
  - Truncating pre-disclosure questioning of the addict about acting out behaviors
  - Mindful navigation of triggering
  - Cultivation of joy
- Sustainable recovery routine

# PART IV: PREPARING THE DISCLOSURE: FRAMEWORK

# PARTNER QUESTIONS LIST

1. The case for **liberty**
2. The case for **expediency**
3. Finding the **balance**: Partner works with therapist on discussing and streamlining this list to honor spouse's traumatic experience and also to make it manageable and respectful to the addict



# PARTNER QUESTIONS LIST

## Advantages for the Addict

- Helps in knowing how to formulate the disclosure document in order to **LAY A FOUNDATION OF EMPATHY** that will cause the disclosure itself to move the coupleship forward by showing that the addict cares and gets it
- Helps **relieve anxiety** of the unknown (“What does she (he) want to know?”)

# PARTNER QUESTIONS LIST

## Advantages for the Partner

- Validates her (his) need for knowing what happened
- Validates her (his) **NEED TO BE HEARD:**
  - HEARD BY THERAPIST** who gives them space to entertain and explore these questions
  - HEARD BY ADDICT:** An opposite behavior to gaslighting (denying the spouses attempt to verify her experience over the span of relationship)

*Can be seen in 12 step as a beginning of LIVING AMENDS*

# PARTNER QUESTIONS LIST

## Advantages for the Partner (cont.)

- Gives a **sense of control** over part of the process of therapeutic disclosure
- Helps **regulate SA induced PTSD** symptoms (confusion, hyper-vigilance, inability to remember key elements, aggression) and overall sense of personal craziness (resulting from gaslighting)

## NOTE: ADDICTS NEED HELP WITH HOW TO DELIVER A THERAPEUTIC DISCLOSURE IN EMPATHETIC MANNER

- Coaching the delivery of the disclosure
- Role play, Intonation, eye contact, etc...
- Practicing the demeanor of empathy and staying connected and mindful during any questions/unexpected reactions, etc.

- **NOTE: PATIENCE with this phase is of utmost importance** on the part of the spouse's therapist and the addict's therapist, as this will be the first profound step towards **RELATIONAL REPAIR** if done with respect to both parties through a **PARTNER TRAUMA-INFORMED** expertise.
- In this manner **THE THERAPEUTIC DISCLOSURE CAN SERVE A DUAL PURPOSE AS BEST PRACTICE REGARDING BOTH PARTIES, AND ALSO AS A POTENTIAL FOUNDATION FOR REBUILDING OF THE COUPLESHP, OR FOR A RESPECTFUL PARTING OF WAYS IN FUTURE.**

# DISCLOSURE FRAMEWORK (CONT'D)

## DOCUMENT OF PARTNER QUESTIONS

- Addict works with therapist to answer partner question list
- Therapist uses this list to
  - address addict's anxiety level regarding the upcoming disclosure (ie: to lessen the possibility of surprise questions) and
  - explore possibility of new information not yet disclosed to therapist

- The formal written disclosure and the questions list with answers are signed by the addict and therapist and preserved as a document to present to the polygrapher.



# PART V: POLYGRAPH

## POLYGRAPH IS DONE BEFORE THE THERAPEUTIC DISCLOSURE

- ADVANTAGES TO THIS TIMING:

ADDICT: Lessens addict anxiety going into the formal disclosure itself

- Once the polygraph is passed, most addicts have a sense of relief...the only focus that remains is on the manner of empathetic delivery of disclosure

- Increases the likelihood that the disclosure will be true

- Facing the polygraph **before** disclosure often helps the addict come to terms with any secrets that remain. The presence of the polygraph is often the catalyst for disclosure of final secrets.



# POLYGRAPH (CONT'D)

## ADVANTAGES TO POLYGRAPH BEFORE DISCLOSURE

### PARTNER:

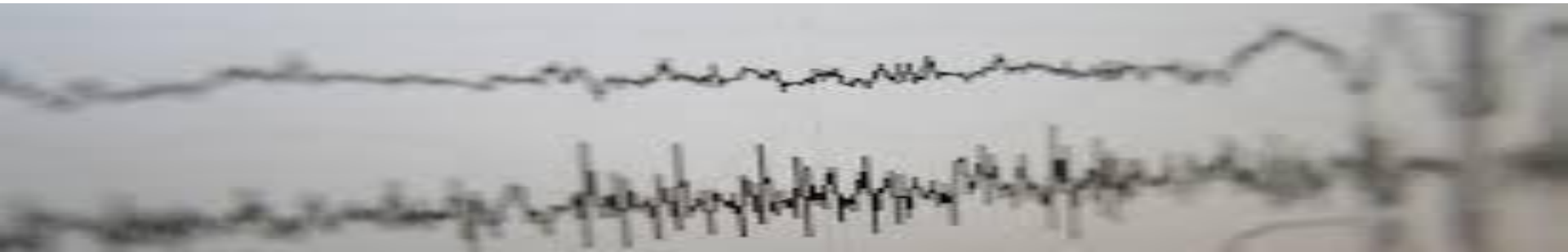
- Lessens partner anxiety before and during the formal disclosure by supplying the knowledge that what she is hearing is finally the truth
- Virtually eliminates the possibility that the partner will re-traumatize from a formal disclosure that was found to be false.

**NOTE:** When a failed polygraph happens AFTER formal disclosure, the **partner** goes through an intense re-traumatization, (surging neuro-pathways of fight, flight, freeze) as if re-living the years of lies

-This elevates hopelessness, depression, rage and anxiety levels to a degree that is often **more difficult** to heal than the original traumatized state.

-It further traumatizes by necessitating the whole disclosure process to be rescheduled, arranged for, and redone.

- This scenario also **lessens the chances of ever rebuilding trust** in the coupleship, if this is a goal
- The above scenario also **re-traumatizes most addicts**, increasing shame, anger, and hopelessness.



# POLYGRAPH APPOINTMENT

- Addict arrives with the two signed documents in hand (not yet seen by partner)
  - FORMAL DISCLOSURE DOCUMENT
  - PARTNER QUESTIONS LIST WITH ANSWERS
- Polygraph questions are brief and directed toward the truthfulness of the documents.

# Examples:

- *“Have you knowingly omitted anything when answering your partner’s questions?”*
- *“Have you knowingly lied when answering your partner’s questions?”*
- *“Have you knowingly omitted anything on your disclosure statement?”*
- *“Have you knowingly lied on your disclosure statement?”*

# PART VI: THERAPEUTIC DISCLOSURE: THE DAY OF

## Preparation for both addict and spouse

- Separate vehicles (spouse being driven by someone else is optimal)
- Self Care before and after
- Peer contact before and after
- Planning non-stressful but intentional occupations afterwards
- Therapist contact/after care session w/in 24 hours if possible
- 24-48 hour non-contact between addict and spouse is suggested (partner's decision)

- FOCUS FOR DISCLOSURE:

Addict: **Empathy**

Partner: **Safety** (use of mindfulness techniques for self regulation of trauma responses)

# CONCLUSION:

- **Addicts and their partners usually have one thing in common: trauma.** In cases where there has been a coupleship before addicts begin recovery, partners will likely carry traumatic damage induced by the sex addiction itself. The therapeutic disclosure process has great potential to serve both people in the coupleship by gently laying a groundwork for empathy (in addicts) and safety (for partners).



- The best way to do this is with a view toward the partner's experience of sex addiction-induced trauma as **equivalent in importance** to the addict's experience of recovery.

- Using equal sensitivity and respect to addict and partner, trauma-informed clinicians can help the disclosure process be a true therapeutic beginning of lasting physical, mental, emotional, and spiritual healing for both.



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# Disclosure Statement of Financial Interest

I, Lisa Ferguson, do not have a financial interest with organizations that could be perceived as a real or apparent conflict of interest in the context of this presentation.