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Post-Full Disclosure Letter of Emotional Restitution(ER) Guidelines for the Sex Addict(SA)

Meeting Information:

- Place:
- Date:
- Time:
- Facilitating Therapist:

I. Supportive Guidelines for the Recovering SA

1. The Letter of ER happens after the FD meeting, and after the BP's Emotional Impact Letter meeting. This step of the healing process is a time where you, as the recovering SA, have worked with your therapist and group over time, have had a thoughtful process with this task, and have completed a letter of ER to share with the BP.
2. You will be reading your feelings, and expressing remorse and empathy, about how your sexual acting out has hurt the BP, and taking ownership for your choices.
3. This is **not** a letter where "nitty gritty" details will be shared. In order to reduce trauma to the BP, we ask that you, the recovering SA, make an ER and amends from the heart, and stay away from triggering details, that could potentially re-traumatize the BP.
4. This can be a triggering task for some addicts, as they find their shame core reactivated. It will be very important that you work closely with your therapist and your community of support, while constructing your letter. If you feel suicidal at any point, you must alert your therapist to this, or call 911. It is recommended that you have a clinical session in place directly after the ER meeting, to process your feelings.

5. Though most BPs respond well to ER letter meetings, it is still an activating experience for the BP to hear the addict recount his or her process of hurting the BP.

As such, it is important for the BP, to have support directly after the ER letter meeting. It is recommended, that the BP have a therapy session or a meeting set, with a sponsor or group member, to process feelings that may be activated.

Example of Letter Opening: *Dear [BP], Thank you for being here today to receive my letter of ER. You have waited a long time for these amends and I am grateful that you are willing to receive this. For creating chaos and harm to you in...(then refer to your partner's EI letter as needed, to ensure that you are including all of the places she has been most wounded).*

Remember, this is a letter that must come from a place of ownership and empathy; a heartfelt, honest, and sincere letter.

You will work closely with your therapist and group, through the stages of completing this letter. Once complete, a copy will be sent to either your couples therapist from your therapist, or to the BP's therapist, to be read in a meeting that will take place in your couples therapy office, or with the BP's therapist.

After the ER meeting, the BP will receive a copy of this letter, to later reflect on unless otherwise contraindicated (e.g. the BP has threatened to use this against you, the BP has threatened to expose you, the BP is divorcing you).

II. Letter of Restitution Pre-Meeting Check List/Rules of Support

1. Please drive separately to the meeting. The BP will want to have time to consider and process what you have shared. If you feel that having a driver (a trusted and safe family member or friend) is wise, we encourage you to support yourself in this way. Note that this person would not be a part of the meeting.
2. The meeting will begin and end on time, and will not start until both of the coupleship are present.
3. Please have a light meal and do not arrive intoxicated.
4. If you are pregnant or ill, are feeling suicidal or homicidal, we will reschedule the meeting for safety and well-being.

5. Please have an after care plan in place, and outline this plan below.
6. If you are feeling suicidal or homicidal, or are experiencing a life-threatening emergency, you are advised to call 911 immediately, and seek out your therapist.

III. My ER After Care Plan is:

Before the ER meeting:

Immediately after the ER meeting:

Evening of the ER meeting:

Where will you be staying the evening of the ER meeting?

List the phone number where you will be reachable:

List people you are committing to contact for support:

List concerns you have for yourself:

Do you have plans to commit suicide or suicidal thoughts?

Yes _____ No _____

If yes, please explain, and note that ER will likely be postponed, and you will work with your therapist, who may need to refer you to a higher level of care, if you are at risk of self-harm:

Do you have plans to commit homicide or homicidal thoughts?

Yes _____ No _____

If yes, please explain and note that ER will likely be postponed, and you will work with your therapist, who may need to refer you to a higher level of care, if you are at risk of harming the BP, or another person, place or thing:

If you are feeling suicidal or homicidal during this process, you agree that you will call 911 and reach out to your support and therapist (sign here):

1. **Please write in your own words what your after care plan includes.**

Examples: Meeting with my therapist; meeting with my sponsor; staying with a friend or relative; bible study; outreach calls. Be specific, with names and phone numbers please.

My safety plan for post-ER Meeting includes the following:

2. **If you have children, dependent adults, or elderly dependents, do you have a care plan in place for them, post-ER Meeting?**

Please list this here your specific plans for dependents:

Recovering Addict's Consent for Letter of ER Meeting

Please initial and sign this page and turn into your therapist before the ER letter meeting, along with your release of information form:

- I, _____ (Print Name) agree that I am willing to participate in the Letter of ER Meeting _____ (Initial here)
- **I agree** that I will drive separately and/or ask a trusted friend or family member to drive me, should I require this support _____ (Initial here)
- **I agree** that I will arrive sober _____ (Initial here)
- **I agree** that if I am ill, or have a medical condition, or am pregnant, that I will alert my therapist, and the meeting will be rescheduled _____ (Initial here)
- **I understand** that this meeting will be scheduled for 2 hours, which is a double session, and will be billed as such _____ (Initial here)
- **I understand** that there is a 72 hour cancellation policy (with the exception of a serious life emergency), and that should I cancel later than 72 hours, the fee will be charged _____ (Initial here)
- **If I am triggered**, flooded or activated, I agree to use my tools and support and to alert my therapist _____ (Initial here)
- **If I am feeling suicidal** (harm to self), or homicidal (harm to another), I will call 911 immediately, and contact my therapist or safe support _____ (Initial here)

I, _____ (print name) have had all of my questions answered, and understand that I can choose to opt out of the letter of ER meeting at any point. I agree to follow all rules as outlined.

Client signature _____ Date: _____