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Full Disclosure(FD) Worksheet for the Sex Addict(SA)

Please note: this worksheet is to be used within a therapeutic context and under the direction of a qualified mental health professional, preferably a Certified Sex Addiction Therapist. It is not intended to be a self-help tool, as this could result in serious consequences.

PART I: FD INFORMATION

The following information is outlined to support the SA through the process of FD. Our hope is that by you taking full ownership with transparency, a bridge of trust will start to be built between you and the BP.

The BP has a right to know the truth about your sexual acting out choices, and the person with whom they are in relationship with. Even if the BP knows “all the details”, the BP still deserves a FD process, as some details may have been previously omitted or forgotten.

FD is formulated as a timeline of your sexual behaviors and deceptions, clearly stated with ownership. FD is not a time for apologies, a detailed explanation, or minimization. Discussing your feelings and regrets will come at a later time, during your ER meeting.

Your therapist will assist you in writing your FD. This will likely take a few drafts. Your therapist will provide you with a worksheet guide as support. FD is best constructed as a bullet point list of behaviors, actions, money spent, and so forth, as outlined in your worksheet guide.

Your therapist will work closely with you to ensure the most complete and accurate FD possible. However, when there have been many years of gas lighting, or staggered disclosure, the BP may reasonably be unable to trust that you are fully disclosing all information. In cases such as these, it is not unusual to include a polygraph at the start of the process.

Please Note: There is not a clinical mandate to participate in FD – you have the choice to participate or opt out. We encourage you to think carefully about the pros and cons, discuss this with the BP, and make a choice that best supports your healing process. If you choose to participate in a FD, this worksheet is designed to assist you.

All FDs include the following information:

- Legal Problems
- Sexually transmitted infections and other related health issues
- Impact on professional reputation and/or social status
- Impact on household/family
- Financial impact
- Professional reputation

Your FD should also include the following information:

- List of *general* sexually addictive behaviors
- List of *specific* addictive behaviors, including:
 - Time frames of acting out (dates and/or events)
 - Frequency/duration of acting out
 - Places/locations of acting out
 - Money spent on acting out
 - Behaviors that have involved another person/people
- Exact number of sexual partners (or an estimate, if exact number is unknown)
- Identity of any acting out partner that your partner may *personally* know
 - Process this item with your therapist and group, as some circumstances warrant disclosure of this information, while other circumstances do not
- Identity of any friends/family members, who may already be aware of this problem
- Information starting from when you first were involved with the BP

The BP's participation:

- The BP will be asked to participate in her own therapy, preferably with a CSAT therapist. The BP must have his or her own support for FD to proceed. FD will not proceed if the BP does not have support, and has not completed her partner FD prep materials and reading
- During this time, the BP will be asked to complete reading material and partner FD prep forms.
 - These forms will be turned into your therapist, and will include specific requests and any clarification questions she may have.
 - It will also include boundaries and information that she may not wish to have in your FD.
 - Additionally, this will include a specific after-care plan for the BP.
- Your therapist will then work with you in respecting her requests and boundaries, as you prepare your FD.

AN IMPORTANT REMINDER, PLEASE INITIAL: I understand the limits of confidentiality (child abuse, downloading, producing, or watching child pornography, elder abuse, dependent adult abuse), as outlined in my initial client intake and informed consent forms. I understand that should I disclose this, my therapist is a mandated reporter of abuse, and must report this to the proper legal authorities_____ (Initial here)

PART II: SELF CARE FOR FD

FD is typically a very challenging part of the recovery process. As such, it is important for you to outline your after-care self-care plan for immediately before and following FD.

Outline your self-care plan for the day before FD:

Before the FD:

Outline your self-care plan for the day of FD:

Immediately before FD:

After the FD:

Where will you be staying the evening of FD?

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 FD 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 FD 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):

I, _____, have had all questions answered regarding the FD process. I agree to work closely with my therapist, and to alert my therapist immediately, and/or call 911, if I feel that I am at risk for suicide or homicide. I understand that I am participating in FD by my own agreement, and that I may opt out at any time. I understand that FD may result in the first steps of my relationship repair, or it may result in divorce and other serious consequences.

Client Signature _____ Date _____

Please Note: This information must be turned into your therapist at least one week prior to FD. FD will not move forward without this form in place.