

Intensive EMDR for Sexual Betrayal

Healing the Deepest Despair and Building Partner Empathy



PSYCHOLOGICAL
COUNSELING SERVICES (PCS)
Scottsdale, AZ
Since 1973

Drs. Ralph and Marcus Earle, Ph.D



Founded by Dr. Ralph Earle, Ph.D. in 1973 and later joined by Clinical Director, Dr. Marcus Earle, Ph.D. in 1988

The PCS weekly intensive program consists of a workshop with Trauma Consultant, Marilyn Murray, along with a team-approach of 30 individual therapy hours and 25 group therapy hours.

PCS utilizes several modalities of therapy which center on the common goal of grieving what one needed and did not get in the past and growing a wise-minded healthy Core Adult who can make enlightened choices today.

Couple's Intensive Model



The Couple is integrated into the weekly intensive made up of couples and individuals.

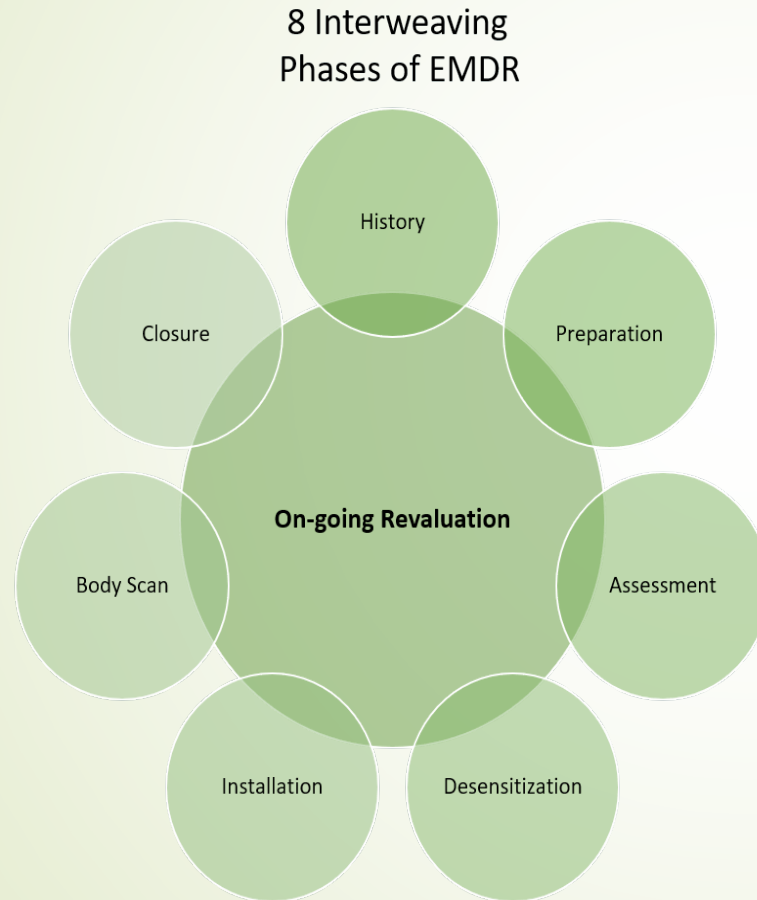
Typically, 15 hours of individual work and 15 hours of couple's therapy.

Couple's attend all groups together (25 hours).

Eye Movement Desensitization and Reprocessing (EMDR)

- Created by Francine Shapiro in 1987, becoming an evidence-based therapy modality in 1989.
- Replicates REM sleep (bilateral movement) in real-time
- While desensitizing painful memories from the past and present, including present-day triggers.
- Reprocesses the Negative Belief that is attached to the memory or trigger for the client to have a felt-sense of the positive, adaptive belief.
- Provides a Future Template of a new, adaptive experience

EMDR: 8 Phases and Three-Pronged Approach



Past Memories: Trapped into amygdala of the brain – frozen in time and wreaking havoc on present-life

Present Events: The current crisis also wreaking havoc on present-day life

Future: Either processing anticipated worries or Future-Template to install a positive for future life

Sexual Betrayal: Common Issues

- ▶ Shame: Both the betrayer and the betrayed partner experience the affects of shame
 - ▶ Addiction: What will the recovery program be?
 - ▶ Trust: What will be different going forward?
 - ▶ Distress Tolerance: Managing triggers and defensiveness
 - ▶ Finances: How much money was spent on acting out behaviors?
 - ▶ Boundaries, Non-negotiables and Consequences
 - ▶ Children: How and what to disclose
 - ▶ Deciding whether to stay together
 - ▶ Emotional and Physical Intimacy: Reintegration concerns
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- ▶ **EMDR Therapists will work with the couple individually in the first half of the week to help them allow for more vulnerability with their partner and/or ability to tolerate their partner's pain in COUPLE'S EMDR.**



Common Goals for EMDR Processing

➤ **BETRAYER**

- Reduce Defensiveness
- Replace Shame with Healthy Guilt
- Build Empathy

➤ **BETRAYED PARTNER**

- Desensitize triggers and Intrusive Thoughts
- Build strength, self-esteem and trust from within

Couple's Intensive Assessment Tools

- **Clinical Multiaxial Inventory-IV (Both Partners take the Million)**
 - The Millon Inventories are based on Dr. Theodore Millon's APA award-winning theory of personality. These comprehensive assessments provide a theoretical foundation to make reliable diagnostic and treatment decisions.
 - Provides a picture of potential diagnostic areas to pay attention to, along with personality challenges a client faces.
 - Provides insight on direction of therapy and road-blocks a therapist will likely encounter
- **Dissociative Experiences Scale (DES) - II (both Partners take the DES)**
 - The Dissociative Experiences Scale measures a wide variety of types of dissociation, including both problematic dissociative experiences, and normal dissociative experiences (e.g., day-dreaming). It is a screening tool for dissociative disorders, especially Dissociative Identity Disorder (Multiple Personality Disorder) and Dissociative Disorder Not Otherwise Specified (now known as Other Specified Dissociative Disorder). People with Posttraumatic Stress Disorder also score highly on it. The Dissociative Experiences Scale is a self-assessment tool which is useful in determining whether a full clinical interview for dissociative disorders might be useful. This self-assessment tool is not a substitute for clinical diagnosis or advice.
 - (Information taken from <http://traumadissociation.com/des> - License: CC BY-SA 4.0)
 - High levels of dissociation are indicated by scores of 30 or more, scores under 30 indicate low levels.

Betrayed Partner

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“The most current research shows that individuals who suddenly discover their partner’s betrayals may develop the same symptoms of posttraumatic stress as victims of war. If we ignore the true nature of trauma, it becomes a lethal presence that can block true healing from taking place. “

Intimate Deception, by Dr. Sheri Keffer



Individual EMDR: Betrayed Partner

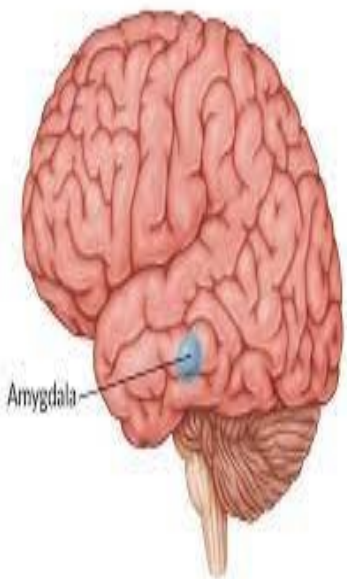
- **History-Taking:** Family Genogram, Childhood and Marital/Relational Trauma Egg
- **Preparation:** Install Safe Place, Container, and Resources
- **Assessment:** Target-Sequence Plan: Built on Strongest Negative Core Belief (i.e., typically "I'm not enough," "I cannot trust, or "I'm powerless").
- **Desensitization:** Begin with EARLIEST negative Memory if possible. (FIRST/WORST approach)
- **Desensitization:** Then process the WORST (could be historic, but more likely present-day) EVENT and the WORST TRIGGER (Generalization Effect)
- **Installation:** Install the Positive, Adaptive Belief. (The strength from the Earliest Memory assists in the Worst Memory).
- **Body Scan:** Clear: (paying attention to tension and what it says to the client).
- **Closure:** Future-Worry, Future-Template
- **Reevaluate:** Next Session

(Genogram: Includes family history and patterns starting at the Grandparent's line)

(Trauma Egg: Chronicles History of Significant Traumatic Events)

Case Study #1: Betrayed Partner

Addressing Underlying Trauma (names have been changed)



ANNE: Presented with betrayal and abandonment. Husband asked for a divorce after his SECOND BETRAYAL. They had 3 children under the age of 6

- We processed the Underlying Trauma of her Dad not attending her Parent-Teacher Conference (“I got good grades for him, but nothing I did got his attention”).
- As she processed, she was able to have her Adult Self re-parent her 13-year-old Self.
- She realized her Husband was trying to fill a void with strippers and prostitutes.
- She used the STRENGTH of reparenting her younger self to address her betrayal trauma.

ADAM: Presented with betrayal trauma and impending divorce trauma and grief. He and his Wife shared 1 child and 2 stepchildren.

- We processed the Underlying Trauma of sexual abuse by a trusted Scout Master and chronic criticism by his Dad.
- He realized he has felt emotionally numb and powerless much of his life.
- He was able to see how that powerlessness played out in his marriage and in the divorce process.

Case Study #2: Betrayed Partner



Sharon' Story

"I don't want to look back"

Sharon presented with betrayal trauma and separation grief after discovery her spouse's multiple affairs (and piece-meal disclosures) over a 20-year marriage.

Sharon ONLY wanted to process the CURRENT Trauma, which she had difficulty clearing.

In Stage 1 History-Taking: We discovered that her Mom dropped Sharon and her siblings off at her Dad's home in a different state - a Dad she had never met before. Sharon was age 6. She did not see her Mom again until she was age 13.

Case Study #3: Betrayed Partner



“If I heal this pain, they will do it again. Or they will think it was okay. I don’t want them to be off the hook so fast or so easily.”

Common Theme
for Betrayed
Partners

Molly’s Story

- ▶ With Molly, we focused on her TRIGGERS
- ▶ Typically create a list and rate them from LEAST to WORST.
- ▶ Start with the WORST in hopes to desensitize the least that follow.
- ▶ When the SUDS (Subjective Unit of Distress Scale) stayed high, and the VOC (Voracity of the Cognition) stayed low. **Cognitive Interweave: What the upside of holding on might be and what is the downside of healing the trauma?**
- ▶ Imagine being FREE of the Trigger!

Betrayed Partners: The Covert Cases

Sometimes there really is not any overt childhood trauma or neglect.

Then what!?

In Phase One: Explore the following **ROLES**:

1. The Golden Child (pressure to maintain status)
2. The Perfectionist (stress to consistently hit the “mark”)
3. The “Good” Child (repression of voice and boundaries)
4. The Caretaker/Fixer (puts themselves second or last)
5. The Over-Functioner (does too much for others and denies their own feelings, wants and needs)
6. The “Rose-Colored” Glasses: (refuses to see negative reality)
7. The Comparer: (their trauma is so much worse than mine)
8. The Blame Denier: (any focus on what was less than ideal is considered blaming others – namely parents, which is not okay)

***These are sometimes the most difficult cases to process in EMDR!**



The Betrayer

“A hurt is at the center of all addictive behaviors. The wound may not be as deep and the ache not as excruciating, and it may even be entirely hidden—but it’s there.”

Dr. Gabor Maté,
TED Talk on Addiction, 2012



Additional Assessment Tools for Compulsive, Addictive Behavior

➤ Sexual Dependency Inventory (SDI) 4.0

- The SDI 4.0 is a battery of assessments organized into one cohesive report. One of these assessments is the Sexual Addiction Screening Test – Revised (SAST-R). The SAST-R is designed to assist in the assessment of sexually compulsive or “addictive” behavior. The SAST-R provides a profile of responses that helps to discriminate between addictive and non-addictive behavior. Additionally, the SDI gathers data on various aspects of problematic sexual behavior including evolution and timing of behavior patterns and typical patterns of consequences, as well as therapy readiness and attachment style.
- <https://www.iitap.com/resources/>
- SAST-R: 6 and above indicated likelihood of sexual addiction.

➤ MAWASI-R-V.2

- The Money and Work Adaptive Styles Index (MAWASI-R-V.2) is designed to assist in the assessment of troublesome money and work issues which may indicate the presence of a financial and/or work addiction. Developed by Bonnie DenDoooven to help others assess issues surrounding money and work, this instrument is grounded in theories of addiction, attachment, neuromarketing, and behavioral economics. The MAWASI provides a profile of responses which help to discriminate between problematic vs. non-problematic behavior.
- <https://iitap.com/page/Assessments>.
- Measures connection between money and problematic sexual behavior.

Individual EMDR: Betrayer

- **History-Taking:** Family Genogram, Childhood and Marital/Relational Trauma Egg (from **PARTNER'S PERSPECTIVE**)
- **Preparation:** Install Safe Place, Container, and Resources
- **Assessment:** Target-Sequence Plan: Built on Strongest Negative Core Belief (i.e., typically "I'm shameful, I cannot be trusted, I'm powerless, or I'm worthless").
- **Desensitization:** Begin with EARLIEST negative Memory if possible. (FIRST/WORST approach)
- **Desensitization:** Then process the WORST MEMORY (typically this is Discovery or Disclosure)
- **Installation:** Install the Positive, Adaptive Belief. (The empathy gained from the Earliest Memory assists in growing empathy for the Partner in the Worst Memory).
- **Body Scan:** Clear: (paying attention to tension and what it says to the client).
- **Closure:** Future-Worry, Future-Template
- **Reevaluate:** Next Session

Standard Protocol EMDR: Betrayal

➤ **Process Childhood Target (FIRST):**

- The hope is that the Client will experience EMPATHY for their Younger Self and take that empathy forward to significant others in their Present Life.
- Client can separate the source of pain from the past with the significant person in their life today (i.e., Your Parent is not your Spouse!) by setting up the Present and a Float Back.

Key: Past Trauma is the Explanation, not the Excuse!

➤ **Process WORST (could be FIRST or PRESENT):**

- Typically involves the source of SHAME (i.e., significant other's angry or upset face or seeing themselves in the acting-out scene)
- Recognition – I'm a good person who did a bad thing (guilt) vs I am the bad thing (shame)

EMDR ADDICTION PROTOCOLS

Note: Addiction Protocols are not appropriate for Couple's EMDR Processing



EMDR Feeling-State Protocol for Addiction

- ▶ “The feeling-state theory of behavioral and substance addictions postulates that addictions are created when positive feelings become rigidly linked with specific objects or behaviors.”
Creator, Robert Miller, 2011
- ▶ Protocol seeks to **DESENSITIZE** the **LINK** between the compulsive behavior and the positive feelings the client is intending to achieve by taking part in the behavior.
- ▶ Positive Feeling State is measured on a 0-10 Scale.
- ▶ **Helps the Therapist understand the Client’s Motivation for Change!**

Sample Set-Up

- ▶ Addiction: Pornography
- ▶ Triggers: Boredom, stress, fights with partner, when something bad or good happens.
- ▶ Name at least 3 Positive Feelings: relaxed, wanted, and powerful
- ▶ To Avoid what Negative Feelings: stressed, empty, rejected
- ▶ Linked to the Negative Belief: NC: I’m inadequate
- ▶ Linked to in Childhood and Present? (**who sent you this message?**)
Dad and Partner
- ▶ Most Positive Memory
- ▶ Positive Feeling State: 0-10, Body Sensation
- ▶ Desensitize to PFS: 0. Then enter Phase 4: Standard Protocol Float Back (first), then Present (second)

DeTur Protocol for Addiction

- ▶ “The DeTUR™ protocol (Desensitization of Triggers and Urge Reprocessing) is an **AIP** urge protocol for addictions and dysfunctional behaviors. The purpose of the protocol is to uncover the core traumas and reprocess them through to completion.’
 - ▶ Created by Arnold “A.J.” Popky
 - ▶ Protocol allows the Client to create a positive SCHEMA – what life would look like if they were NOT participating in their addiction!
 - ▶ Rates and desensitizes TRIGGERS on a LEVEL OF URGE SCALE (LOU): worst to least until ALL are a ZERO.
 - ▶ Future Template on HOW Client will handle Triggers in the FUTURE.
- ▶ **Components of the DeTUR Protocol:**
 - ▶ Resource Accessing
 - ▶ Positive Goal
 - ▶ Positive State
 - ▶ Identify triggers
 - ▶ Identify LOU (Level of Urge)
 - ▶ Desensitize triggers & urges
 - ▶ Install positive state
 - ▶ Future template
 - ▶ Closure
 - ▶ Relapse prevention
 - ▶ Reevaluation

Case Study #1: Betrayer - Tim's Story

- ▶ Tim struggled with problematic sexual behavior and alcohol abuse disorder
- ▶ His Dad was physically abusive to him.
- ▶ When his Spouse would get upset or angry with him, he saw his Dad
- ▶ Target: Spouse's Triggered and upset
Image: Her angry face
NC: I'm worthless
PC: I am worthy

VOC: 1-2

Emotions: fear, anger

SUDS: 10

Body: chest

FLOAT BACK

Image: Dad's face as he grabbed the belt

SUDS: 10



Case Study #2: Betrayer:

Sarah's Story

- ▶ Sarah presented with anxiety and uncertainty regarding staying in her marriage or continuing in her affair.
- ▶ Sarah's Mom was highly critical and controlling of Sarah throughout childhood and into adulthood. Used the Feeling-State Protocol for Addiction to help Sarah understand the root of her Affair.
- ▶ As we desensitized the LINK between her Affair Partner and the Positive Feelings of "desired, powerful and safe," we paused and FLOATED BACK to a Standard Protocol Target of her Mom criticizing her report card. Then we took that 10-year-old back to the Image of the Affair and Sarah responded, "This isn't going to fix it; it's just more problems. I can keep me safe; I can choose me."



Couple's EMDR

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- ▶ *“By using EMDR to defuse earlier memories, the couple can achieve a healthier dynamic and give appropriate weight to present problems and disagreements.” (Shapiro, 2001)*
- ▶ *“EMDR is a powerful tool to help couples overcome both negative memories from earlier life experiences and negative cognitions about the other partner's roles in present-day emotional upsets.” (Protinsky, H., Sparks, J., & Flemke, K. (2001)*



Who is appropriate for Couple's EMDR?

- ▶ Couple's who are POST-FULL DISCLOSURE
- ▶ Couple's who are committed to building safety
- ▶ Couple's who are committed to staying together and struggle with:
 - ▶ Connecting emotionally and expressing themselves with vulnerability
 - ▶ Constant Triggers
 - ▶ Their ability to feel and show empathy
 - ▶ Expressing wants and needs
 - ▶ Validating their partner



Who is NOT Appropriate for Couple's EMDR?

Couple	who are PRE-DISCLOSURE
Couple	who engage in ANY form of Domestic Violence (physical, verbal or emotional abuse).
Couple	who have not decided to stay together.
Couple	where one partner is still engaged in an ongoing affair.
Couple	where one partner continues to struggle with a substance use disorder.
Couple	where one or both partners have threatened legal action against the other.
Couple	where one or both partners use a partner's vulnerability against them.
Couple	steeped in a tit-for-tat, defensive, attacking or "gotcha" dynamic.



Couple's: Three- Pronged Approach

“A three-pronged EMDR protocol is applied by initially identifying the triggers in the *current* relationship, processing the *earlier* feeder memories, and in- stalling templates for a more connected *future* relationship. The therapy becomes systemic by bridging respective individual issues to the relationship interactions. This process is a working within and between.”

(Johnson, 2004)



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Couple's EMDR: Mutual Goals

- ▶ In the Preparation Phase: Interview each Partner and ask them, "I wish my Partner could know this about me...."
 - ▶ What I've endured in my childhood
 - ▶ Why I am so anxious or get triggered
 - ▶ How shame affects me
 - ▶ How much better our relationship would be if there was more empathy
 - ▶ Why I need them to stay and not run away when I'm in pain
 - ▶ How defensiveness poisons our connection
 - ▶ How acknowledgment and owning of the betrayal trauma helps to validate me

Couple's EMDR: Therapeutic Boundaries



- Therapists working conjointly with EMDR should ensure that they establish the following elements:
 - **Safety:** by establishing stability, sufficient resources, and commitment.
 - **Balance:** by establishing equanimity; for example, both partners must participate.
 - **Containment:** by establishing sufficient contextual support systems.

Moses (2003)

Couple's EMDR: Incorporating the 8 Phases



History-Taking: Share Genograms and Trauma Eggs (including Marital/Relational Eggs)

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Preparation: Establish boundaries and safety rules for processing. Discuss the GOAL of the couple's witness processing (i.e., share history, build empathy, etc.)



Assessment: Based on the Goal, set up a Target in Standard Protocol



Desensitization: Process the Target until the Client is at a SUDS: 0-1

- **Desensitization:** If time allows, process related Target of the partner.
- **Installation:** Install the Positive, Adaptive Belief.
- **Body Scan:** Clear: (paying attention to tension and what it says to the client).
- **Closure:** Future-Worry, Future-Template
- **Reevaluate:** Next Session
- **DEBRIEF WITH COUPLE**

Case Study #1: Couple's EMDR

Neil and Rachel (when it works)

- Neil did an Individual Week prior to a Couple's Week. He threatened to leave several times and struggled to see the downside of his sexual acting out behaviors (multiple casual affairs, escorts, and strip clubs). At one point he said, "What if I told you I'm not sure I even love her (Rachel)." Neil and Rachel have been married for 25 years.
- Rachel joined in the second week and professed a desire to understand Neil's addiction and to heal her pain.
- Rachel witnessed Neil's EMDR Target around Dad's anger that he wouldn't physically fight a bully.
- Neil witnessed Rachel's EMDR Target around her vision of Neil being intimate with his Affair Partner.
- Neil struggled to witness Rachel's processing and was encouraged to contain his reactions and be there for her.
- Neil stated that witnessing Rachel's EMDR was the strongest relapse prevention he experienced.

Case Study #2: Couple's EMDR

David and Paul (when it does NOT work)

- David presented with depression over the death of his Dad when he was young, and Mom's lack of emotional availability. Paul presented with dissatisfaction in the relationship and going through phases of binge drinking and sexual acting out, including anonymous one-night stands.
- Paul and David have been married for 10 years. They stated they intended to stay together.
- Paul struggled to be present for David's processing of Paul's sexual betrayal.
- Paul at first attempted to hold and caress David during the processing, which broke the boundary of giving David space and tolerating the uncomfortable feeling of being present in his pain.
- Paul asked to stop processing. David processed solo.
- Both decided to enter a Therapeutic Separation.

Case Study #3: Couple's EMDR

Brad and Diana (something in the MIDDLE)

- **Brad's Sexual Acting Out History: INTENSE** (33-year marriage with sexual acting out occurring since he met his Wife at age 18: Porn, escorts, multiple emotional/sexual affairs, one night stands strip clubs. Estimates having been sexual with a couple dozen women; 2 long term; involved with escort x 1.5 years.
- **Their now-adult daughter knew since she was age 8 (hardest part for Diana to forgive)**
- **Diana's Anger: INTENSE** (Including cursing, screaming and intense name-calling in the Group and Individual sessions). Extremely blind-sided and devastated.
- Focused first **INDIVIDUALLY** on Diana's Trigger of seeing Brad with his Affair Partners, floating back to having to caretake parents and Brother telling her she was "nothing". Ended: "I'm okay with either outcome; I'm strong and serene."
- **COUPLE'S EMDR:** Targeted Diana's FACE when she found out he failed his polygraph. After and intense process, Diana stated, "I feel like I experienced a part of him that he's never let me see and I think it's quite beautiful."
- They went home and came back 4 weeks later to process a piece of disclosure that was left out. She left feeling better internally, but still uncertain about their future.

Case Study #4: Couple's EMDR Paige and Michael (most powerful case)

- Paige and Michael have been married for 20 years. Paige reported she and Michael also run a business together, and Michael consistently gives others credit for Paige's hard work and dominates the decision-making. Paige had an affair 10 years ago as result of feeling rejected and discounted. One of Paige's main goals was deciding whether she wanted to stay married.
- Michael owned the behavior and based it on a family system of back-stabbing and lack of trust. Michael desperately wanted to save the marriage.
- We targeted Michael's ongoing pain regarding Paige's affair.
- Then we targeted a night in the aftermath of Paige's affair, where Michael insisted on having sex with Paige. Paige stated she complied but felt "raped". Michael was able to be fully present and emotionally available for Page to process it.
- Paige stated she never thought she'd ever be able to address the topic with Michael much less process it in front of him. She walked away feeling more powerful than she has felt before and wanting to repair the marriage.

Mistakes and Lessons Learned

- **Paula and Luke:** The partners had been together 15 years and have 2 young children. Paula was choosing a polyamorous lifestyle, while Luke wanted monogamy and fidelity. I did Couple's EMDR with Luke targeting his pain and Paula as witness. She grew irritated during the processing and was not highly responsive afterwards. Later she wrote a letter stating her pain was highly ignored, and there was no focus on Luke's tendency to rage and become emotionally and verbally violent. She felt judged and discounted.
- **Sue and Nick:** Sue suffered sexual abuse as a child and as a result struggled with libido and sexual interest. Nick felt rejected and frustrated with the situation. Sue expressed a desire for Nick to understand her situation and agreed to process her abuse with couple's EMDR. She was interested in proceeding but mentioned several times that this was going to be very vulnerable. She processed well, but later she regretted doing a couple's processing. She felt Nick used her vulnerability against her. More time should have been taken in going over and talking through the risks.



The only mistake in life
is the lesson not learned.

Albert Einstein

INSIGHT TIMER



For further information: References

- Moses, M. D. (2003, March). Protocol for EMDR and conjoint couple's therapy. *EMDRIA Newsletter*, 8(1), 4-13.
- Negash, S., Carlson, S., Linder, J. (2018). Emotionally Focused Therapy and Eye Movement Desensitization and Reprocessing: An Integrated Treatment to Heal the Trauma of Infidelity. *Couple and Family Psychology Research and Practice*. 7, 3-4.
- Protinsky, H., Sparks, J., & Flemke, K. (2001). Using eye movement desensitization and reprocessing to enhance treatment of couples. *Journal of Marital and Family Therapy*, 27(2), 157–164. <https://doi.org/10.1111/j.1752-0606.2001.tb01153.x>
- Shapiro, F. (2001). *Getting past your past: take control of your life with self-help techniques from EMDR therapy*. (6th ed.). Rodale, Inc.
- Shapiro, F, Kaslow, F., and Maxfield, L. (2007). *Handbook of EMDR and Family Therapy Processes*. John Wiley & Sons, Inc.