

I. Introductions and Goals for the Workshop	
II. "Problematic Sexual Behavior/Sex Addiction is Not	
About Sex" - The "Relational Dis-Ease" (Carnes)	
,	
A. Definition of Sex Addiction: It is an intimacy disorder. It has underlying elements of power and control, usually to compensate for some level of fear of abandonment for the person at their core.	
B. For the sexual acting out partner:	
 Compulsive or addictive behavior: a pathological relationship with a mood-altering experience. It is the dysfunctional adaptation and survival mechanism for dealing with early life trauma and/or dysfunctional dynamics in the family of origin. Codependency: A pathological or addictive relationship to people, behaviors or things. It is the fallacy of trying to control <i>inner</i> feelings by controlling people, places, thing or events on the <i>outside</i>. C. For the Both Partners: 	
Codependency Definition: see above + Melodie Beattie's definition: "A codependent person is one who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior. It is when someone is obsessed, or fixated on the potential for someone else to change.	

 D. Some codependent characteristics & traits: Lack of or weak boundaries another person's well-being or lack of it extremely effects the way a person feels controlling behaviors Caretaking low self-esteem and self-worth. 	
E. Co-Addict vs. Relational Trauma (PTSD) vs. Codependent?	
F. Family Sculpture Demonstration — Appendix A pg 7	
Trauma: Impact and Dysfunctional Survival Coping Mechanisms - Appendix B pg 8	
2. Disease Model vs Morality & Willpower	
II. Acting Out/Addiction Cycles (Carnes Model)	
A. Acting Out/Addiction Cycle/Sequences Appendix C p 9	
B. Impacted Partner's Cycle/Sequences - Appendix D pg 10	
C. Five Core Shame Beliefs — Appendix E pg 11	
 I am not OK as I am If you knew what I was really like, you would reject me If I share my needs, they will not be met 	
4. My greatest need is sex5. Sex is the most important sign of love	
V. Karpman Triangle and Cycle Interaction – Compare and Contrast - Appendix F & G pgs 12 -14	
V. Aligning on a Roadmap and Plan as a Couple:	

A. Treatment Priorities: Establishing mutually agreed	
upon goals and gaining Mutual Commitment to a	
Comprehensive Care Plan	<u> </u>
B. Psycho-Education and Orientation on	
Addiction and Recovery Research	
C. Completing Individual Evaluations and	
Deciding the Relationship Status	
bedding the Relationship otatus	
1. SDI 4.0 (for acting out partner)	
2. PTSI-R	
3. Codependency Inventory	
4. Family of Origin History	
5. Dual Diagnosis and Potential Medications Plan	
D. Treatment before Therapy - To Enable the	+
Capacity for Differentiation and Bonding	
E. 3 Primary Focus Areas of Treatment:	
Behavioral Relapse Prevention,	-
 Core Resiliency and Differentiation 	
 Healthy Relationship Competencies 	
1. For the Acting-Out Spouse	
a. Personal Recovery and Accountability	
b. Empathy Dynamics and applications	<u> </u>
2. For the Impacted Partner	
a. Focus on grief/trauma resolutionb. Emotional regulation and resiliency	
3. Treatment Contexts: Individual, Group	
& Couples Counseling	
F. Stages of Recovery — Appendix I pg 16	
/I. Healing, Reconciliation and Re-Bonding Model	
A. Regulation before Resolution: Structured	
communication protocols/exercises to regulate	
reactivity and support bonding	
1. Heart Check-in Protocol — Appendix J pg 17	
2. Recovery Check-in Protocol — Appendix K pp 18-19	
	-

3. Gottman Repair Steps and Collaborative Skills	
B. Orientation to the Amends and Reconciliation	
Two-Phase Approach — Appendix L pg 20-24	
1 Phase One: Formal Amenda Stans: letter	
 Phase One: Formal Amends Steps: letter formats + timelines 	
a. Disclosure: (can be supported by a polygraph)	
b. Clarification of Responsibility	
c. Anger/grief/impact response	
d. Empathy e. Forgiveness & Closure	
e. i digiveness & Closure	
2. Phase Two: Reconciliation and Healthy Intimacy	
a. Restoring Trust and Bonding: On-going Personal	
Recovery, Check-in Protocols and	
Collaborative Skill Building	
b. Affirm New Marital Partnership and Bond	
c. Co-Creating a Vision, Goal Setting and	
Plan for the Future as a Couple – Appendix M pgs 25-28	
d. Sexual Reintegration Therapy(Bercaw & Bercaw)	
& Four Healthy Convictions - Appendix N pg 29	
1. We are lovable	
2. We are valuable and all humans are of	
equal value 3. We can count on others and have a healthy	
relationship that is characterized by	
interdependence	
4. Sex is an important value and having a	
healthy, respectful sexual relationship with self	
& my partner is an important part of life.	
VII. Questions and Discussion	

APPENDIX INDEX

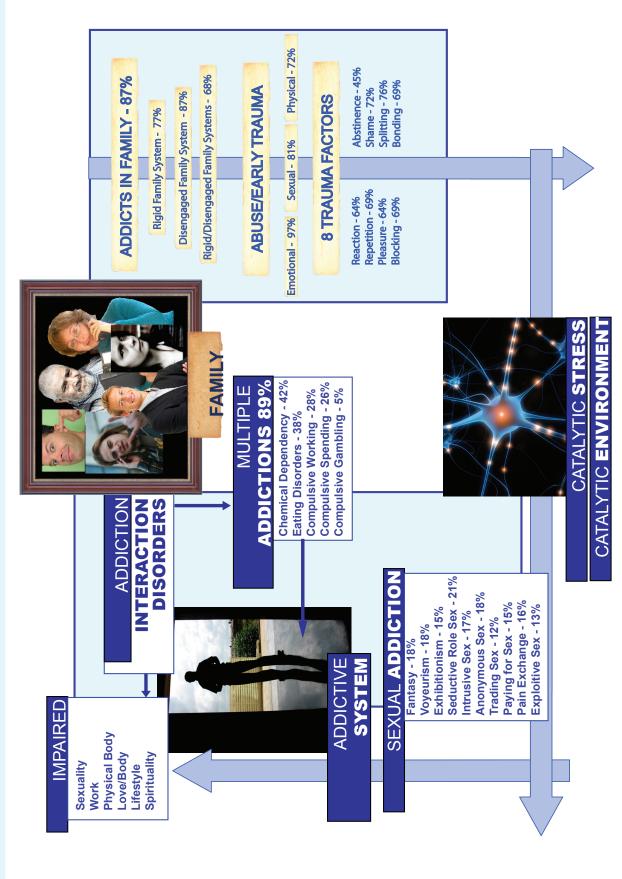
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Appendix B	Making of A Sex Addict	pg 8
Appendix C	Addictive Cycles	pg 9
Appendix D	Impacted Partner / Emotional Dysregulation Cycle	pg 10
Appendix E	Five Core Shame Beliefs	pg 11
Appendix F	Karpman Triangle	pg 12
Appendix G	Compulsive Co-Dependent Cycles	pg 13
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Appendix J	Heart Check-in Protocol	pg 17
Appendix K	Recovery Check-in Protocol for Couples	pg 18-19
Appendix L	Healing & Reconciliation for Sexual Compulsivity & Infidelity	pg 20-24
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FAMILY SCULPTURE

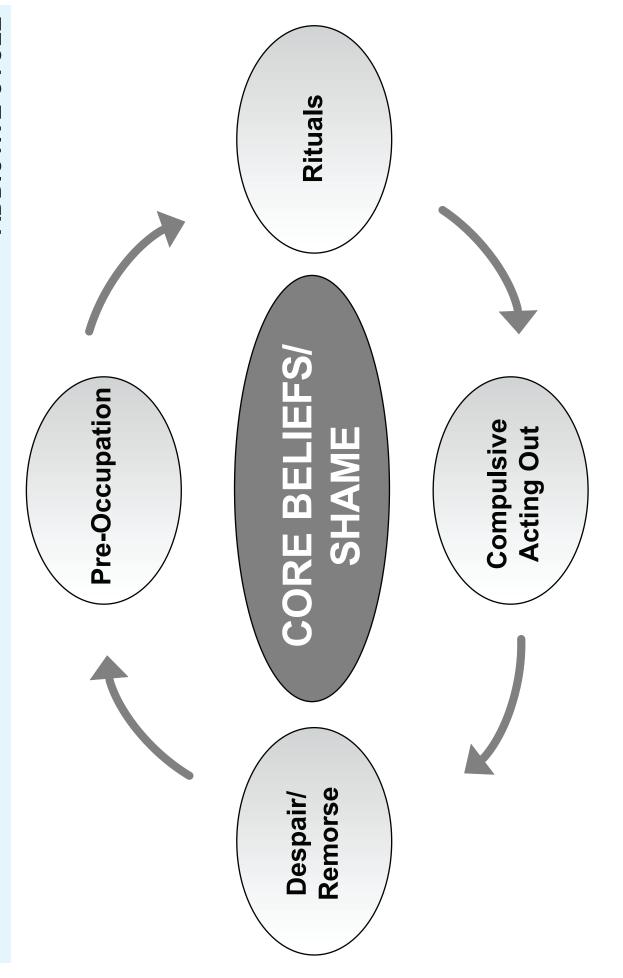


APPENDIX B:

MAKING OF A SEX ADDICT

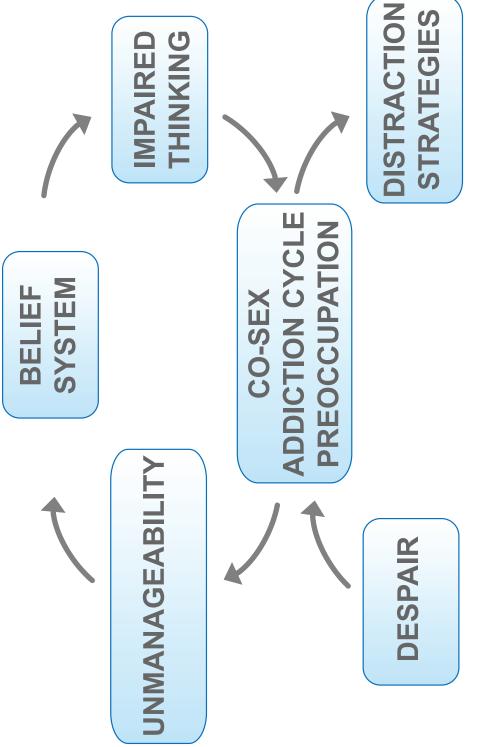


ADDICTIVE CYCLE



APPENDIX D:

CO-SEX ADDICTION / EMOTIONAL DYSREGULATION CYCLE



STRATEGIES

CRISIS

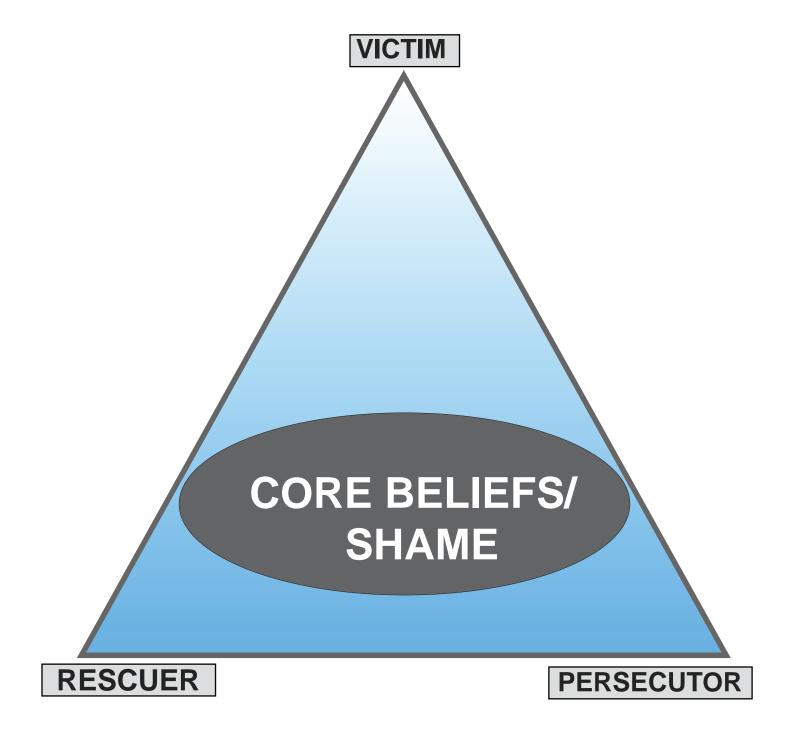
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- 1. I am not OK as I am
- 2. If you knew what I was really like, you would reject me
- 3. If I share my needs, they will not be met
- 4. My greatest need is sex
- 5. Sex is the most important sign of love



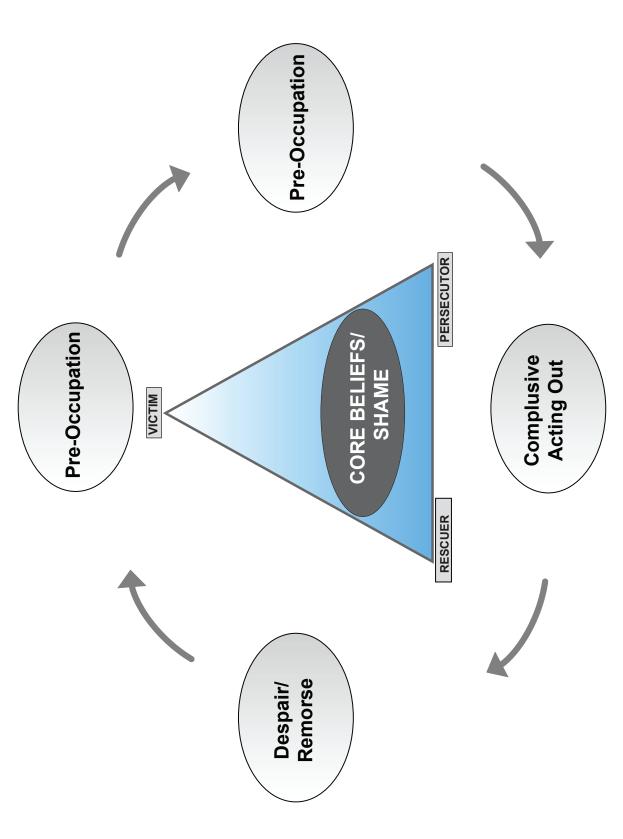
APPENDIX F:

KARPMAN TRIANGLE



APPENDIX G:

COMPULSIVE CO-DEPEDENT DANCE



Karpman Drama Triangle

Feeling powerless, helpless, dependent, passive—blames others, self-absorbed in your own pain

Saves others at expense of your own needs

Over-Responsible

Passive/Aggressive communication

Fixing w/o permission

Giving Unsolicited Advice

Rescuer

Rescuer

Rescuer

Disrespects Boundaries, based on resentments and entitlement

Seeks revenge

Perfectionistic & Controlling

Lacks Empathy

Commit to Win/Win by using Talking Skills:
When I heard or I saw you do...... (Data)
What I think about that is...(Thoughts) About that I feel...(Emotions)

would request or I prefer.... (Share Wants)

Establish and Respect healthy functional boundaries

Open to Receive Feedback

Always Have a Choice

Not Making a Choice is a Choice

No Case Building

lestablish healthy functional boundaries: Living according to my values within my capacities by choice

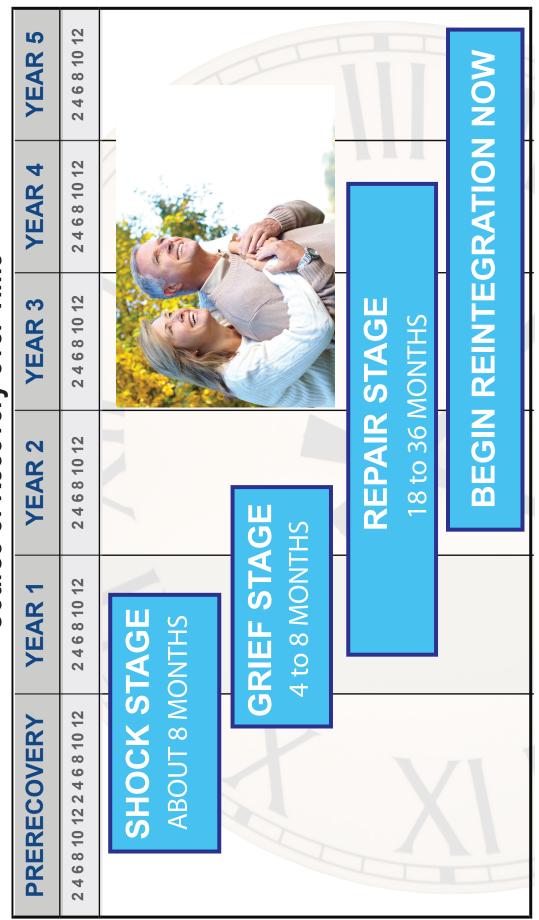
Am Responsible and accountable for the Decisions I Make.

I commit to Learning Relational Skills such as Speaking for Self, Active Listening, Expressing Thoughts, Sharing Emotions, and Disclosing Wants

APPENDIX I:

STAGES OF RECOVERY

Course of Recovery over Time



APPENDIX J:

"HEART" CHECK-IN PROTOCOL

Goal:

Provide a structured format for developing a meaningful "heart" connection as a foundation for healthy bonding, intimacy and vitality in the couple relationship.

Preparation steps:

- Establish an agreed upon time to have the check-in and be on time any change in the time must be by mutual agreement
- Time limit: 20 minutes (can be monitored with a timer)
- In cases of couples in an amends and reconciliation plan, the acting out partner is to initiate scheduling the check-in time with the impacted partner.

Format:

- Arrange a place to do the check-in that is free of other distractions (work, computer, TV, children, etc.)
- Depending on the work and lifestyle requirements of the couple, when one or the other must be away, the checkin can be conducted by phone or Skype
- Each partner takes turns being designated as the "talker" and the other is the "listener" for 10 minutes each

Focus of interaction and action steps:

- The "talker" is to share about their day's events and experiences + at least 3 feelings, using "I" statements/ speaking for self
- The 'listener" is to write down on a pad of paper what the "talker" shares and reflect back what was heard as accurately as possible to gain understanding, without interpretations

At the end of the check-in time, each partner to share:

- one gratitude about life
- one quality they appreciate about themselves personally
- one quality they appreciate about their spouse

Personal dynamics and grounding:

- Should either party become "triggered" during the check-in, they can request a "time-out loop" providing a time of 30 minutes, but no longer than 24 hours to do personal grounding, re-focus and then return to the check-in
- Grounding during time-outs can also provide the opportunity to do personal core care work to support personal resiliency goals
- Care needs to be given to not use the time-outs as avoidance or abandonment mechanisms, thus the commitment to loop back

APPENDIX K:

RECOVERY CHECK-IN PROTOCOL FOR COUPLES

The Goal: To restore trust essential to meaningful reconciliation and intimacy, by honest sharing of progress regarding personal recovery, in support of the Couple's Comprehensive Healing and Reconciliation Plan

Approach: Aligning together in a Check-in Protocol regarding the progress of Personal Recovery

Check-in Parameters and Guidelines:

In order to monitor any history in the relationship of codependent patterns, each party is understood to be responsible for their own recovery plan to support progress towards healthy intimacy, neither party is to be in the role of "parent" or "policing" the other

While the sexual acting out partner is responsible to address these behaviors by means of his recovery program and to follow-through with his commitments in fulfilling the marital amends plan – having done the harm in the relationship, he cannot provide the personal healing for his partner. The healing for the grief and impact of his acting out behavior is most meaningfully addressed by the partner through her personal care plan

It is recommended that any discussion regarding recovery, including concerns or progress, be limited to the Recovery Check-in Time, in order to provide a more emotionally stable and predictable living environment, in support of the long term relationship goals

Maximum time for each Check-In to be 30 minutes to monitor the potential for emotional flooding or "hi-jack"

In the event that either party becomes emotionally flooded or "hi-jacked", either party can ask to regulate the Check-in with a "Time-out Loop" – a minimum of a 30-minute break, but no longer than 24 hours - to become grounded and then reconvene the check-in

During the time-out time for personal grounding – applying self-care steps according to one's personal recovery plan is recommended

In the event that the Partner has a concern regarding any observed questionable behaviors between Checkins, a "Mini Check-in" can be requested and scheduled together to address the specific behavior of concern, applying the procedures and tools mentioned here

Procedures:

The Person in Recovery:

- 1. To take the initiative to establish a time to do the "Check-in" with his partner and to be on time
 - a. Partners to establish mutually the frequency of Check-in Reports
 - b. A supplemental option is to also provide daily a written report in a secure location that can be reviewed in addition to the personal report

APPENDIX K2:

RECOVERY CHECK-IN PROTOCOL FOR COUPLES

- 2. Prepare and Share a Check-in report that includes:
 - a. Current status and progress regarding sobriety and cycle work associated with his primary acting out behaviors, including adherence to defined boundaries regarding high risk environments, i.e. computer use, travel, etc.
 - b. The detail to be included in this aspect of the report is to be clarified with the partner in order to respect both the sensibility needs of the partner, while assuring that he has been honest and thorough.
 - c. Maintaining a daily commitment to follow-through on his self-care plan and recovery tasks per his treatment curriculum, including connecting with his accountability/support network.
 - d. Consistent focus on honesty and openness
- 3. Invite feedback from his Partner regarding her questions, perspectives and feelings. His focus is to be on gaining understanding and engaging with empathy by applying active listening skills. With any items of concern regarding his current progress, he is to make a commitment to himself, his support system and his partner to identify an intervention application and report on his progress at the next check-in
- 4. Is encouraged to take the initiative to demonstrate an interest in how his Partner is doing with respect to her own care and needs.

The Partner in Recovery:

- 1. Is encouraged to learn about the nature of sexual addiction and her partner's cycle pattern specifically through the conjoint therapy and recommended literature/resources.
- 2. The initial focus is to be on understanding the content of her partner's check-in report with active listening and clarifying questions.

APPENDIX L:

HEALING & RECONCILIATION FOR SEXUAL ACTING OUT & INFIDELITY

Learning that your partner has engaged in inappropriate sexual behavior can be devastating. These incidences can provoke trauma and elicit reactions such as denial, anger, and/or depression.

The commitments that an individual believed were there are broken along with basic trust. Grief and loss become profound. What you believed you had in the relationship is gone, often with the sense that it cannot be recaptured. Recognition of this loss and working through the steps of



grief (shock and denial, anger, depression, resignation, and acceptance) must be done step by step, within a timeframe that the person on the receiving end of these behaviors can handle.

In this early stage of recognition and loss, it is important not to expect that the person who has been victimized by these behaviors would be able to entertain the idea of forgiveness. An appropriate working through of the grief and loss dynamics, including a powerful expression as to how devastating this breach of trust and the essential boundary of fidelity have been, has the potential of ultimately resulting in healing and forgiveness. To expect forgiveness earlier than your psychological timing can handle, has the potential to slow down, rather than enhance, the growth process. You may obtain a surface response, but with no deep healing. This could also appear to minimize the impact of the behavior on the partner and consequently impede the offending person's opportunity to develop empathy that supports meaningful change.

When individuals act out in inappropriate sexual ways outside of their primary relationships, it is important to understand that if this behavior is addictive or compulsive, it is not an issue of morality or willpower alone. Stating this is not an excuse for the behavior. Accountability, not shame, breaks an addictive pattern. The breaking of secrets provides the potential for a new level of honesty and commitment to recovery and growth. Restoring the relationship is now possible, although in a new light and with a new psychological contract for interpersonal interaction, based on honesty through accountability and genuine empathy.



Many individuals come to therapy or treatment because they either become frightened of the out-of control aspects of their sexual behavior, they have legal problems, or because they have been confronted by their partner. They may be so fearful of the loss of their partner or their position in the community, that they begin the recovery process in the hopes of retaining that image. Although most any reason to get into recovery can be a good one, fear and shame have little sustaining power for long-term change.

APPENDIX L:

HEALING & RECONCILIATION FOR SEXUAL ACTING OUT & INFIDELITY

Long-term recovery has to be done because an individual says,

"I am no longer willing to live with myself in the manner that I have been living. I am no longer willing to create the kind of pain and disregard that I have created for others and myself. I will commit myself to a strong recovery regardless of whether I am able to stay in this relationship, stay out of jail or maintain my community image."

Many people who have sexually addictive dynamics have often intuitively picked partners who have such deep commitment to the relationship that the partner will rarely act outside of it, sexually or emotionally. The sexually acting out person does not believe they have to risk abandonment which subtly increases the chances that they will continue to act out. They may feel great assurance that their partner will not ever respond in kind. The deepest fear of many who are sexually addictive, is that of abandonment. Thus, they feel less at risk if they carefully pick a partner who is total in their commitment. As the sexually acting out person shifts to a position of total commitment to recovery (whether his/her partner stays with him or not), he/she is less needy and less likely to manipulate his partner to stay with him/her "no matter what." The partner can, in effect, be supported to be more aware of and empowered to exercise their own choice to stay or go, to make a stronger contract, or to be able to set clear boundaries which say, "If you choose to engage in this behavior again, our relationship is ended." The partner of the sexually acting out person can also then communicate a position that says, "I love you, but I don't trust you, in this area." The sexually acting out partner can move more to a position of "I am beginning to love myself enough to say that my recovery is my own work. I want to stay with you. I want you to stay with me, but that is not why I do recovery."

Two major Phases, Healing and Reconciliation, with sequential steps within each phase are instrumental to early recovery from sexual acting out behavior as well as to the healing and restoration of the relationship that has been devastated by this behavior. Before these Phases are entered into, it is important for each partner and together as a couple to understand and consider thoughtfully the requirements, the impact of the steps for healing and for reconciliation. It is important to clarify and commit to their common purpose and vision as worthwhile before they begin. These processes, while having the potential for growth and the opportunity to co-create the kind of relationship they truly desire, will be challenging and often painful. They are as follows:

APPENDIX L:

HEALING & RECONCILIATION FOR SEXUAL ACTING OUT & INFIDELITY

Phase One: Five Steps for Recovery, Making Amends & Healing of the Relationship

1. Full Disclosure:

This includes health risks, health hazards that are being attended to by a doctor as needed, and issues that help clarify to the partner what she/he is having to deal with. What was done, the extent of the behaviors and the time-frames are included.

2. A Full Clarification of Responsibility:

This is usually done in letter form. This includes a series of statements that clarify specific acting out behaviors, patterns of deception and associated thinking errors. A key focus involves the acknowledgement of where the responsibility for these behaviors lie, with the sexually acting out party.



3. A Response Letter from the Partner of the Sexually Acting out Person:

This involves the partner sharing the impact for her/him of the choices and behaviors that the sexually acting out party has made. This includes the grief dynamics of feelings of a sense of loss, hurt, betrayal, anger, unfairness, questions, doubts – past/present/future and the impact on daily life. Emphasis is placed on the choices and behaviors of the sexually acting out party and is not an attack on the person. Attacks can negatively impact the potential for re-bonding and can support the shame dynamics that drive the acting out cycle for the sexually acting out person.

4. A Statement of Empathy:

This is also done in letter form. The sexually acting out person makes as strong an attempt as possible to help his/her partner understand that they have some sense of the level pain, difficulty and dysfunction that their behavior has caused for their partner.

5. Forgiveness:

The impacted partner has expressed as fully possible the extent of the impact of the behavior of their acting out partner, and the acting out person has responded with empathic appreciation of the impact for their partner. The couple then focuses on learning from what has been addressed and supports the harmed partner in letting go of the offenses, recognizing that a debt has been incurred against them that can never truly be repaid. This allows both of them the freedom and empowerment to move forward pro-actively to join as partners to co-create a meaningful reconciliation and genuine intimacy.

APPENDIX L:

HEALING & RECONCILIATION FOR SEXUAL ACTING OUT & INFIDELITY

The following are some helpful guidelines to keep in mind while proceeding with this phase of the process:

- Any work that is prepared in this area is not intended to excuse the behavior. It can be helpful to keep the focus on explaining the behavior to provide understanding and clarity.
- A behavior that is compulsive or addictive is neither stopped by willpower, nor is primarily an issue of morality alone. An individual who is operating in a compulsive or a problematic sexual manner has no



more the ability to "just stop it" than a compulsive eater, a compulsive substance abuser, or a compulsive worker. This is a reinforced pattern that often has been used to "medicate" when other psychological, abuse or trauma issues have not been addressed appropriately. Regardless of the level of recovery, it is imperative to understand that this is a process. Given the same set of triggers, stressors, and high-risk environments, the individual who has acted out will undoubtedly act out in that manner again. This behavior is often rooted in shame. The behavior often becomes a reinforced pattern that seems to take on a life of its own. Whether dealing with an unresolved issue and a desire to medicate, or responding to a trigger that has been deeply patterned, the behavior will undoubtedly be repeated without an understanding of the cycle and the early intervention steps needed to interrupt the pattern. It is important for the person in recovery to understand his/her cycle and how to intervene in that process. It is equally important for the partner to recognize these steps in order to be able to support him/her when they intervene early in the cycle, and learn how to challenge appropriately when interventions are not being initiated.



• Breaking secrets is an extremely difficult area for the sexually acting out person. For many of these individuals, a primary core fear is abandonment. There is fear that if they tell all of their behavior, there is little doubt that they will be abandoned by their partner. As long as their psychological safety is based on someone not abandoning them, they will remain a captive to secrecy, allowing little external input. They will remain shame-based and at high risk to re-commit the behavior. Therefore, the relationship healing process needs to be undergirded by a commitment first to personal recovery and resiliency.

The above model for Disclosure, Clarification of Responsibility, Empathy and Forgiveness is a modification of the original work done by Dr. Bill Lennon, Bellevue Community Services, Bellevue, W A.

APPENDIX L:

HEALING & RECONCILIATION FOR SEXUAL ACTING OUT & INFIDELITY

Phase Two: Reconciliation

Having accomplished the stages in the Healing Phase, the couple can be supported, usually with therapy and their support system, to co-create a new marriage relationship contract. Several key focus areas and dynamics are involved in this phase, which include:

- Each partner recognizes that sexual acting out and infidelity can represent their limited ability individually and as a couple to achieve the meaningful intimacy they truly desire
- Each partner is committed to their own healing and recovery process, which needs to be in place to enable each of them to effectively collaborate in co-creating a new relationship
- The Healing Phase has put prior offenses in the past and provided a new foundation from which to begin developing a healthy marriage relationship. This provides for a "level playing field" of mutuality and equality for the work of developing a new contract for intimacy
- As part of the new contract, the recovery dynamics of accountability are important to be
 mutually agreed upon and in place for each partner in order to appropriately and safely
 monitor acting out behaviors and dysfunctional relational patterns. The purpose would be
 to provide healthy functional boundaries for the relationship, restore trust and support
 re-bonding.
- Mutually developing a format for checking in regarding the status and progress of their individual recovery processes, that also includes bringing forward from the Healing Phase, ongoing steps of honest reporting of slips, response, empathy, forgiveness as well as commitments to appropriate changes that support growth
- Learning the skills that will equip them for conflict regulation and resolution, as well as to foster healthy bonding and intimacy

These elements are designed to accomplish two major goals. One goal is to provide safeguards that can monitor old dysfunctional patterns. The other goal is to empower the couple to create the marriage relationship, kind of intimacy and satisfying lifestyle they most desire. A mutual commitment to the above elements, that also includes accountability to follow-through with appropriate action steps, can support the fulfillment of these goals. This commitment is often initially best supported with individual and couple therapy

along with involvement in a support group for each partner. It is important to understand that movement forward in developing the relationship that a couple desires is a progressive learning process of intervening on old patterns and behaviors, while also learning new ways of relating to oneself and to one's partner. Being encouraged with incremental gains by viewing oneself and each other as "learners", can support a positive atmosphere for growth and for experiencing the relationship they truly desire.



APPENDIX M1:

VALUES & VISION INVENTORY

ivame:	Date:
What outcomes wou	ld you like to experience or gain by doing this Inventory?
Section I: Identifyin 1. List 5 wishes:	g Wants
2. List 5 things you lo	ove to do:
3. List 5 Well-Being (Choices or goals (physical, mental, spiritual, social, emotional):
4. List 5 Relational C	hoices or Goals:
5. List 5 Service Cho	ices or Goals:
6. List 5 Financial Ch	noices or Goals:
Section II: Identifyii	ng Core Values and Dynamics
1. Do you have spec	ific guidelines for your life decisions and choices - what are they?
2. What do you want	people to say about you on your 100th birthday?
3. If today were your	95th birthday, what regrets would you have?
4. List 10 things that	you are "tolerating" in your life that produce stress for you.

APPENDIX M2:

VALUES & VISION INVENTORY

ate:
ods of high performance. Be specific about your role and what was
ate about that you want to fulfill in your life?
mber choice you gave in each category
8 or higher and describe what is going on for you as if your life is at

APPENDIX M3:

VALUES CLARIFICATION

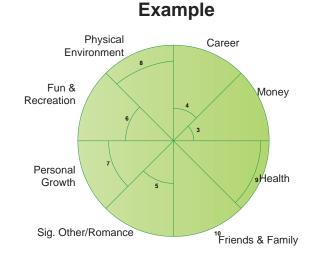
Identify your top ten values: rank them 1-10 in importance. Then, rank your values 1-10 according to how you allocate your time in your current lifestyle. Note comparison .

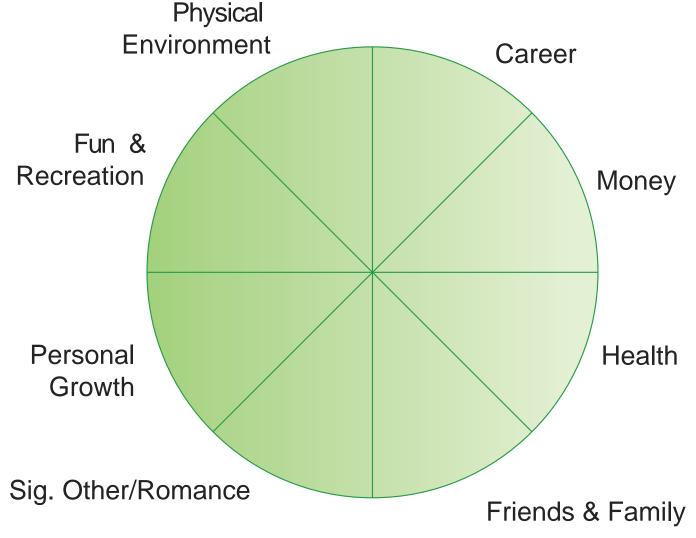
VALUE	IMPORTANCE	BEHAVIOR
Accomplishment/results		
Balance		
Adventure/Excitement		
Aesthetics/Beauty		
Autonomy		
Clarity		
Commitment		
Community		
Completion		
Connecting/Bonding		
Creativity		
Emotional Health		
Environment		
Forward the Action		
Fun		
Honesty		
Humor		
Integrity		
Intimacy		
Joy		
Leadership		
Loyalty		
Master/Excellence		
Nature		
Orderliness/Accuracy		
Partnership		
Power		
Privacy/Solitude		
Quality		
Recognition/Acknowledgement		
Risk-taking		
Romance/Magic		
Security		
Self-expression		
Sensuality		
Service/Contribution		
Spirituality		
Trust		
Vitality		

APPENDIX M4:

VALUES & VISION INVENTORY - WHEEL OF LIFE

Directions: The eight sections in the Wheel of Life represent Balance. Seeing the center of the wheel as 0 and the out edge as 10, rank your level of satisfaction with each life area by drawing a straight or curved line to create a new outer edge (see example). The new perimeter of the circle represents the Wheel of Life. How bumpy would the ride be if this were a real wheel?





PPENDIX N:

FOUR HEALTHY CONVICTIONS

- 1. We are lovable
- 2. We are valuable and all humans are of equal value
- 3. We can count on others and have a healthy relationship that is characterized by interdependence
- 4. Sex is an important value and having relationship with self & my partner is an a healthy, respectful sexual important part of life.



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Melody Beattie:

- Beyond Codependency
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 The Couple's Guide to Intimacy: How Sexual Reintegration Therapy Can Help your Relationship Heal

Claudia Black Ph.D.

- Deceived: Facing Sexual Betrayal, Lies, and Secrets
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- The Betrayal Bond
- Don't Call it Love
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Dr. Mark Laaser

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Mending a Shattered Heart:
 A Cuide for Portners of Say As

A Guide for Partners of Sex Addicts

Dr. Stefanie Carnes, Mari A. Lee, Anthony D. Rodriguez:

 Facing Heartbreak: Steps to Recovery for Partners of Sex Addicts

Dr. Deborah Corley, Ph. D &

Jennifer P. Schneider, M.D., Ph. D.

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Marnie C. Ferree (editor)

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Shirley P. Glass and Jean Coppock Staeheli

 Not "Just Friends": Rebuilding Trust and Recovering Your Sanity After Infidelity

Dr. John Gottman:

- Seven Principles for Making Marriage Work
- Ten Lessons to Transform Your Marriage

aurie Hall

An Affair of the Mind

Alexandra Katehakis

• Erotic Intelligence

Debra Laaser

 Shattered Vows: Hope and Healing for Women Who Have Been Sexually Betrayed

Mark Laaser and Debra Laaser

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