SYSTEMATIC AFFAIR RECOVERY THERAPY (SART)™
LEVEL 1 TRAINING: FOUNDATION & PRINCIPLES

Part 11: Clinical Challenges & Unique Cases

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CLINICAL CHALLENGES & PITFALLS

- Multiple Units of Treatment
- Environment of Treatment
- Ethical Dilemmas
- Therapist Factors
Multiple Units of Treatment:

- Infidelity leaves a significant impact on the lives of the people involved in affairs.
- Not only does it impact the unfaithful and the betrayed, but it also impacts their offspring.
- The fact that there are multiple stakeholders impacted by affairs makes it difficult to develop a comprehensive treatment plan that can address the sometimes-conflicting needs of all involved.

Here are some examples of challenges related to having multiple treatment units:

- Prioritizing Clinical Needs
- Addressing Conflicting Needs Without Disrupting the Balance of the Therapeutic Alliance
- Access and Coordination to Adjunct Services
Prioritizing Clinical Needs:

- The best way to conceptualize the type and number of clinical issues that need to be addressed is by categorizing them into two main groups: pre-infidelity and post-infidelity.

- **Pre-infidelity issues** are any issues that have been in existence prior to the affair and are not related to the trauma of the affair discovery.

- **Post-infidelity issues** are either new or exacerbated pre-infidelity issues that are manifesting due to the discovery of the affair.

- Each one of these main categories can be further classified into the subcategories of individual, dyadic, and family issues.
Prioritizing Clinical Needs:

- Examples of pre-infidelity issues:
  - Individual issues: depression, anxiety, low self esteem
  - Dyadic issues: poor communication, incompatibility, inability to compromise
  - Family issues: different parenting style, poor boundaries

- Examples of post-infidelity issues:
  - Individual issues: insecurity, PTSD, guilt, shame, low self worth
  - Dyadic issues: lack of trust, explosive interaction
  - Family issues: triangulation, parentification, and unhealthy alliances
Prioritizing Clinical Needs:

- Your role as a therapist is to triage and prioritize these needs based on your assessment of the risks associated with these issues as well as their current and future impact of the therapeutic outcome.

- The top of the triage priority will be any issues related to emotional and physical safety. Without such safety, there is no therapeutic benefits of any clinical intervention.

- The second layer of the triaging priority should be toward addressing the post-infidelity issues before the pre-infidelity issues.

- Addressing the post-infidelity issues successfully can be a catalyst for the pre-infidelity issues which may have actually contributed to the affair.

- The exception for this would be if the pre-infidelity issue is directly linked to the affair and failing to address it immediately increases the risk for relapse, such as sex addiction, substance abuse, etc.

- The third layer of triaging priority should be addressing the dyadic and individual issues concurrently before addressing the family issues.

- Addressing the family issues without dyadic alliance will affect the amount of therapeutic gain for the family system.
Addressing Conflicting Needs Without Disrupting the Balance of the Therapeutic Alliance:

- Another inherent challenge of working with couples dealing with infidelity is the issue of conflicting goals of partners seeking treatment.

- Partners are affected in very different ways based on the unique circumstance of the infidelity behavior.

- Counselors are often conflicted on which need they should attend in the counseling process.

- For example, on the one hand, counselors felt they needed to avoid being too confrontational with their exploration of the affair to avoid the risk of being perceived as non-neutral by the unfaithful partner.

- On the other hand, the same counselors felt it was important to meet the needs of the betrayed partner and provide them with a safe space to express their intense feelings and get the needed details about the affair to rebuild trust.

Which need trumps the other, and how is that choice going to impact the therapeutic alliance?
Addressing Conflicting Needs Without Disrupting the Balance of the Therapeutic Alliance:

- You must be strategic about timing and the execution of how you address some of these conflicting needs.

- You need to establish and maintain rapport with two opposing parties, both of which require validation that is difficult to provide without alienating one of the partners.

- You need to clarify your role in the therapeutic process as facilitating understanding about what happened rather than reprimanding the unfaithful partner.

- You also need to keep in mind that you may have to give priority to the betrayed’s issues over the unfaithful because they are the victim of the affair and the most hurt by it, even though the unfaithful is hurting as well.

- Often the unfaithful enters the therapeutic process with the understanding that their dyadic and individual issues will have to take a back seat.
Access and Coordination to Adjunct Services:

- The circumstances of the dyad and their family unit may warrant the need for adjunct services to help address the pre and post-infidelity clinical issues.

- As the infidelity counselor, you are the main hub and it’s important that you play a role in helping your clients select, access, and coordinate care with the other mental health professionals.

- It’s also very important that these professionals are aware of your treatment plan and interventions.

- The work done by the adjunct services professional can either aid or impede the infidelity counseling process.

- It’s important to have direct, frequent and open lines of communication to understand the impact of these adjunct services on the emotional and physical stability of your clients.

Example of adjunct services professionals:

- Psychiatrist
- Individual therapist
- Family therapist
- Child therapist
- Addiction therapist
Environmental of Treatment

- Counselors helping dyads deal with the impact of infidelity face a unique set of challenges in comparison to counselors who are dealing with other dyadic issues.

- Infidelity is one of the most difficult therapeutic issues to deal with because counselors are confronted with a complex presentation of grief and trauma.

- Infidelity counselors are often dealing with a hostel and fragile environment in which emotions are high, and the consequences of a wrong intervention can lead to further damage and traumatization.

- Counselors treating infidelity are often witnessing intense, raw emotions, especially when the discovery of the affair is still recent.

- Infidelity is seen as an attachment injury which produces an intense trauma.

- This leads to exaggerated emotional sensitivity that is witnessed in the therapeutic environment which necessitates delicacy in approach to accommodate for the emotional fragility.
Environment of Treatment

- Byproduct of the trauma of the affair can be taxing for both partners, which often leads to the experience of feeling overwhelmed, fatigued, and disoriented.

- The betrayed’s preoccupation and obsession with getting the details about the affair and their reaction to the discovery of those details can be risky for both partners as well as the third party involved in the affair.

- The betrayed partner might feel compelled to express their anger and pain in impulsive and dangerous ways.

- This necessitates the diligence of frequent assessments and monitoring of the client’s stability throughout the therapeutic process.

- You must create a safe environment for all parties that can facilitate healthy catharsis while maintaining safety and preventing further traumatization.

- You must be comfortable in witnessing and processing intense emotion and successfully guiding the process toward positive outcomes while fighting the need to short-circuit the process due to discomfort or a desire to fast-forward to the solution intervention.
Environment of Treatment

- Take the time to process the emotional reaction to the affair as well as addressing all the contributing factors to its occurrence rather than just focusing on the related factors.
- Rushing to address the relationship factors contributing to the affair and the misassumption about equal responsibility for it can further traumatize the betrayed partner.
- You need to be vigilant in the assessment of revenge fantasies to prevent harm to all parties involved.
Ethical Dilemmas

- Counselors often struggle with the dilemma of balance between the individual members of the dyad for confidentiality and the other members of the dyad for the right to information.

- Current ethical code for couple’s counselors, such as the American Association of Marriage and Family Therapists, explicitly states that sharing of confidential information about an individual cannot take place without written consent, even if that information was pertinent for therapeutic progress in couple’s counseling. This often limits the couple’s counselor’s ability to help their clients.

- The dilemma occurs when the unfaithful discloses to the counselor some information related to the infidelity in an individual setting while simultaneously refusing to share that information with the betrayed partner.

Can you execute a treatment plan that balances between the need for transparency and the need to protect privacy?

How do you feel about this dilemmas? And what are the pros and cons of adopting a “no secret policy?”
Therapist Factors:

- In addition to the counselor’s level of education, professional, experience, and theoretical orientations, there are other factors, such as personal experience and value systems, that impact how counselors conceptualize the issues faced by the dyads they are serving as well as how they treat those issues.

- Here is a list of the common therapist factors that need to be addressed:
  - Gender Bias
  - Value Bias
  - Therapeutic Neutrality
  - Countertransference
Gender Bias:

- The most salient therapist factors impacting treatment are the factor of gender bias.
- Gender bias factor has a bidirectional impact on members of the dyad and the counselor.
- From the dyad’s perspective, both partners—the betrayed and the unfaithful—are often suspicious of the counselor’s sex and whether it is going to impact his or her stance in the therapeutic alliance. Have you experienced this?
- Clients often assume the counselor’s sex similarity and difference to either member of the dyad might make the counselor more empathetic to the partner who is similar to their sex.
- Studies also show both male and female therapists exhibit a gender bias toward female clients in the clinical vignettes.
- Both male and female therapists viewed female non-monogamous behavior as more negative than male non-monogamous behavior.
Gender Bias:

- Findings reflect the social double standard that exists about what is expected to be normal sexual behavior for males and females.

- **Why do you think such bias exists and how does it affect clinical formulation and treatment?**

- You need to be aware of your gender bias and its influence on pathologizing the sexual behaviors of the clients presenting for treatment.

- You need to be aware of how your sex differences and similarities are perceived and how it impacts the therapy process.
**Value Bias:**

- Studies show a correlation between the negative view of a client’s sexual behavior and the status of their relationship from the perspective of the therapist.

- Therapists viewed a client’s sexual behavior more negatively if the vignette stated that the client was involved in a non-monogamous relationship and/or had multiple partners.

- Therapists who described themselves as religious had a higher tendency to pathologize a client’s sexual behavior based on their judgment about their involvement in non-monogamous relationships.
VALUE BIAS:

- Value bias has a great impact on case conceptualization and treatment effectiveness:
  - Therapists who pathologize the sexual behavior described in the vignettes reflected a negative perception of those clients, which manifested in the use of terminology that was pessimistic about the prognosis.
  - Negative perceptions of a client often leads to the misinterpretation of a client’s efforts in therapy.
  - That value bias at times can manifest through seeing the client as resistant, non-compliant, and in denial, which in return affects the success of their treatment.
  - Value bias can extend to the terminology used by the therapist, which, if not managed, can lead to the client conforming to the bias and wrong belief about healthy sexuality and relationships.
  - Another manifestation of value bias can be seen in the counselor’s hesitation to incorporate important concepts to infidelity treatment, such as the concept of forgiveness due to secular orientation.

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Value Bias:

- You need to be aware of your value system and to what extent it affects how you conceptualize and treat your client’s issues.
- You need to manage your value bias to avoid alienating the unfaithful partner dealing with infidelity, especially if bias ends up pathologizing the desire for non-monogamous interactions.
- You should make a distinction between the desire for infidelity vs. acting on that desire.
CLINICAL CHALLENGES & PITFALLS

Therapeutic Neutrality:

- What is your definition of Therapeutic Neutrality?
- What are the benefits of Therapeutic Neutrality?
- What is the role of Therapeutic Neutrality in infidelity counseling?
Countertransference:

- In addition to the therapist factor of gender and value bias, counselors must also be aware of the impact of countertransference on the therapeutic alliance and effectiveness of treatment.

- Unresolved grievances and issues related to the counselor’s personal experiences with relationships might affect their ability to empathize and validate the betrayed and unfaithful partners simultaneously without losing judgment and moral neutrality.

- Countertransference manifests in the professional therapeutic interaction via the choice of language used which is often judgmental and moralized.

- You need to acknowledge the potential impact of your own experiences on the conceptualization of infidelity which impacts how you treat it.

- To manage the impact of countertransference, you must be engaged in perpetual self-awareness and be well-educated about infidelity myths that may impact how you conceptualize your client’s issues.

- You also need to exhibit a flexible worldview that accommodates the different macro and micro cultural influences of your clients and how it contributes to their presenting problem.

- You also need to be addressing your countertransference in clinical supervision and individual therapy.
EXERCISE YOUR BRAIN

**Countertransference:**

Take a few minutes to read over your introspective notes, and answer the following questions:

- What are the emotional themes you see in regards to the betrayed and unfaithful partners?
- What were some of the personal judgments you made about the clients you saw in the videos?
- Is there a relationship between the emotional themes, personal judgment, and your personal values?
- If left unchecked, how can these emotions and thoughts influence the therapeutic alliance, clinical formulation, and efficacy of treatment?
- Now that you are aware of such issues, how do you plan to deal with them?
UNIQUE CASES

- Personality Disorders
- Addiction
- Emotionally Fragile Clients
- Love Triangles
Personality Disorders:

- **Clinical challenges:**
  - Difficulty in accessing empathy and or sympathy regardless of vantage point in the affair
  - Resistance to making changes
  - Difficulty in taking accountability
  - Difficulty in honesty and transparency
  - Resistance to follow the rules
  - Frequent attempts to derail the process
  - Symptoms tend to persist despite clinical interventions
CASES

**Personality Disorders:**

- **Things to consider in clinical settings:**
  - Clear, strong boundaries that need to be stated at the onset of the treatment and enforced swiftly
  - Frequent redirection to the specific milestones and the healing process
  - Avoid getting stuck in power struggles and distractions from processing the affair
  - Making the distinction between pre and post-infidelity issues
  - The necessity for adjunct individual counseling while engaged in infidelity counseling
  - The need for honesty about prognosis
  - The need to terminate treatment if symptoms continue to interfere with the process
UNIQUE CASES

Addiction

- Clinical Challenges:
  - High potential for relapse
  - Doubts about success
  - True motivation for seeking treatment for addiction
  - Emotional and physical fragility during recovery
  - Amount of energy and resources needed to be dedicated to two tracks of treatment
  - Addiction as a tool to minimize accountability
  - Stigma about addiction and empathy for it

- Things to consider in clinical settings:
  - Thorough assessment of addiction
  - Referral to adjunct services
  - The need for addressing the addiction and infidelity simultaneously
  - Psychoeducation about addiction and potential for relapse
  - Support for the non-addicted partner

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Emotionally Fragile Clients

- Clinical challenges:
  - Struggle with completing the milestones due to the nature of the material covered and shared
  - Difficulties in staying focused on the clinical objective of each milestone
  - Tendency for emotional explosivity which can lead to impulsive actions that can interfere with the healing process
  - Difficulty in maintaining an emotionally safe environment for the unfaithful due to hostility and difficulty in managing emotions
  - Rumination about the details of the affairs and the constant push for unnecessary information that could lead to further trauma
  - The difficulty for the unfaithful to see the potential for recovery which leads to hopelessness and possible relapse
  - The high tendency to need to punish
  - Being overwhelmed with emotional intensity gets in the way rational thinking
  - Impairment spills over into other aspects of the client’s life causing other stressors
  - Tendency to share information about the affair with others which invites other stressors
  - Higher concern for suicide, homicide, and domestic violence risks

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CASES

Emotionally Fragile Clients

- **Things to consider in clinical setting:**
  - Ongoing assessment of risk related to harm to self and others
  - Ongoing assessment of need for a higher level of care
  - Readiness to pause and discontinue treatment if clients are not stable
  - Ongoing reiteration of the parameters needed for a safe therapeutic environment in and outside the sessions
  - The need to establish or relying on support systems to help make up the deficit of other impairments
  - The need to reiterate the need to avoid impulsive decisions and the involvement of others in the knowledge of the affair
  - Consider an assessment for medication support
  - Highly recommend engaging in individual counseling to help provide an outlet for emotional processing outside the couple’s session
  - Establish and enforce strong boundaries regarding seeking more information about the details of the affair
Love Triangles:

- Clinical challenges:
  - Questionable Motivation for treatment:
    - Guilt
    - Consequences of Divorce
    - Unavailability of the Third Party
    - To say I tried
  - Ambivalence about repairing the relationship
  - Apathy and disinterest in the therapeutic process
  - Difficulty in closing the door to the third party and keeping it closed during the therapy process
UNIQUE CASES

Love Triangles:

- Clinical challenges:
  - Exacerbating the comparison trap:
    - More damaged to self-worth and self-esteem for the betrayed
    - Making changes for the wrong reason
  - More difficulties in reestablishing trust
  - Future hypervigilance about the third party influencing the unfaithful’s decision
  - Tendency to minimize the responsibility of the unfaithful
  - Questioning the legitimacy of genuine past, current, and future feelings and gestures

- Things to Consider in Clinical Settings:
  - Highlighting the appropriate motives for treatment
  - Rule out secondary motives and eliminate motivation for it
  - Help the unfaithful resolve their ambivalence about the third party

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Love Triangles:

Things to consider in clinical settings:

- Make sure that the door to the third party is closed for the right reason.
- Reiterate that reopening the door to the third party is considered infidelity and will impact the therapeutic outcome.
- Encourage accountability and engagement in the therapeutic process and address lack of follow through.
- Help the betrayed make a distinction between emotional attachment that the unfaithful has to third party and the emotional attachment that the unfaithful has to the betrayed.
- Reframe that the use of similar words and gestures that the unfaithful used in the affair is not a reflection of uniqueness but rather an exercise of general skill set.
- Create a safe environment that allows for a healthy grieving process of the third party while maintaining respect and sensitivity to the betrayed.