KARUNA HEALING

Tipsa Betrayal Trauma Assessment

Welcome to your Karuna Healing report assessing PTSD in Betrayal Trauma. In this report we will provide an overview of the causes and treatment for trauma, as well as give your specific scores, charts, and graphics from your assessment results. The goal is for you to come away from this report with a customized, achievable plan how to heal from the trauma you've experienced in your relationship.

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About the Modified TIPSA

Betrayed partners can experience significant trauma. The assessment you took is a modified version of the TIPSA (Trauma Inventory for Partners–Sex Addiction), originally created by Kevin Skinner, Shondell Knowlton, and Jill Manning in 2017 to assess PTSD symptoms in women who experience trauma due to their husbands' betrayal due to sexual compulsivity, excessive pornography, or infidelity.

PTSD

Post-Traumatic Stress Disorder is diagnosed according to the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders—the official mental health diagnosis system in the United States) by evaluating five criteria. The 40 questions in the modified TIPSA were designed to cover each of these five categories. In this report, you will see your results compared to the Betrayed Partner sample in total and in each of these five DSM criteria categories.

PTSD in Betrayed Partners

The old model for treating partners of clients with compulsive sexual behavior, porn addiction, or chronic infidelity was to label them as codependent. This is wrong for many reasons. It pathologizes the partner unnecessarily and treats the wrong problem. It also often adds therapeutic trauma to the already overwhelming trauma the betrayed partner is experiencing.

The newer, better approach is to acknowledge that betrayed partners experience trauma, often to the same or higher levels as war veterans. Understanding this decreases shame and helps clinicians treat betrayed partners more effectively.

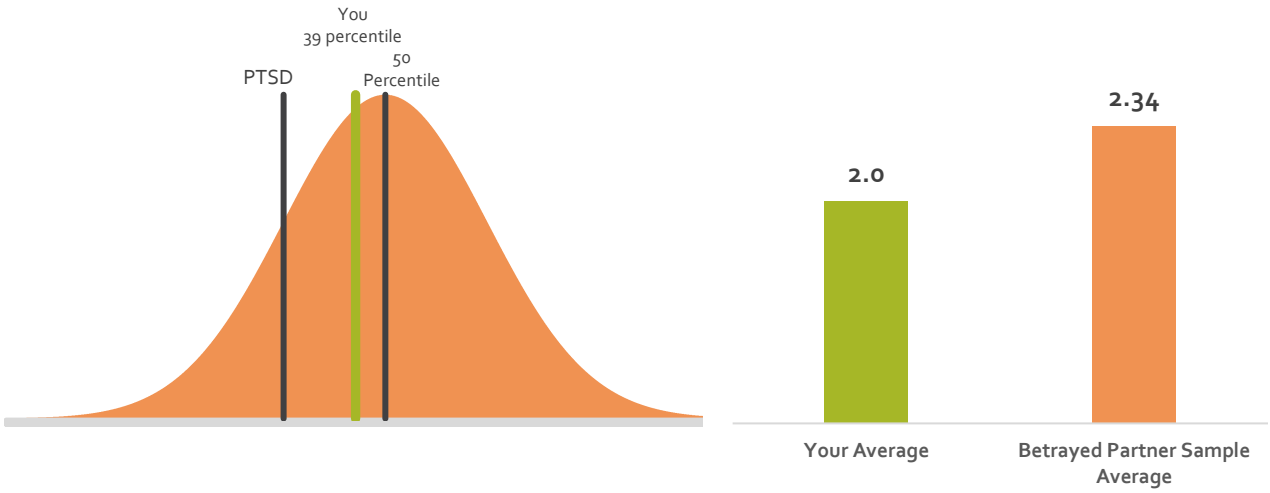
Interpreting your results

Your results are compared to a sample taken in a research study of over 1,000 betrayed partners. Keep in mind, if your results show you are average, that means you are average compared to the betrayed partner sample NOT that you are average compared to the rest of the non-betrayed population.

In this study, the betrayed partners were given the TIPSA and the traditional assessment for PTSD, the PCL-5. They scored an average of 49.6 on the PCL-5, much higher than the score of 35 which is considered the threshold for probable PTSD.

Your results will include your result, the average for the betrayed partner sample, and the equivalent level that compares to a probable diagnosis of PTSD.

Your Results:



These are your results in total. The average score is calculated by averaging the answers you provided for the 40 questions after translating them to numeric values: none (0), rarely (1), sometimes (2), often (3), always (4).

Your results in this report are compared to the 1,000+ sample of betrayed partners.

The next five pages show your result for each category.

Criteria A: Exposure to a traumatic event

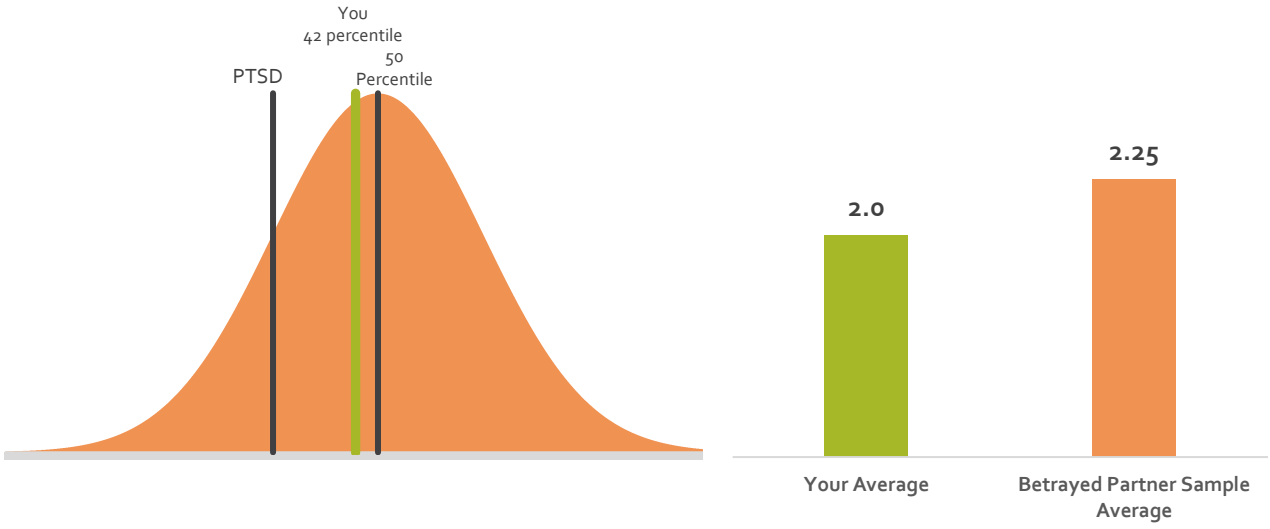
DSM Criteria

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Questions in this category assess for Criteria A of the PTSD diagnosis. This category is a bit controversial in the mental health world. Trauma is seen as related to one major life-threatening event. However, repeated relationship trauma that creates a pervasive negative environment with one's primary caretaker or romantic partner through betrayal, abuse, or neglect can be as severe or worse than a one-time life-threatening trauma. Clinicians are petitioning for a new diagnosis of CPTSD, "complex" PTSD, sometimes called "relational trauma". CPTSD is treated in a similar way as PTSD but with more of an attachment emphasis. That said, many betrayed partners meet the criteria A qualification by the threat of death due to STI's or suffering physical or sexual violence.

Your results:

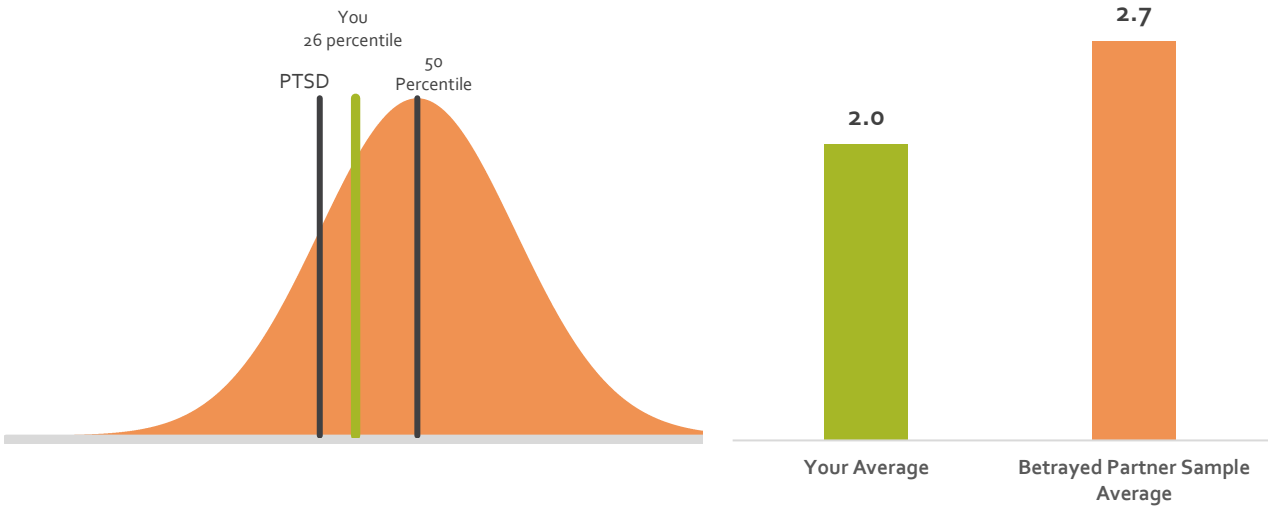


Criteria B: Intrusion symptoms

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Questions in this category assess for Criteria B of the PTSD diagnosis. It's very common for betrayed partners to have painful dreams, memories, and flashbacks. You might be at the grocery store and suddenly feel like falling to your knees in tears as a terrible memory flashes in your mind. You might wake up in a terror from a nightmare. You likely have intrusive thoughts about your partner having sex with an affair partner or images of the pornography he watched or women he lusted after. These intrusive thoughts can be debilitating. These are all normal reactions. And there can be healing.



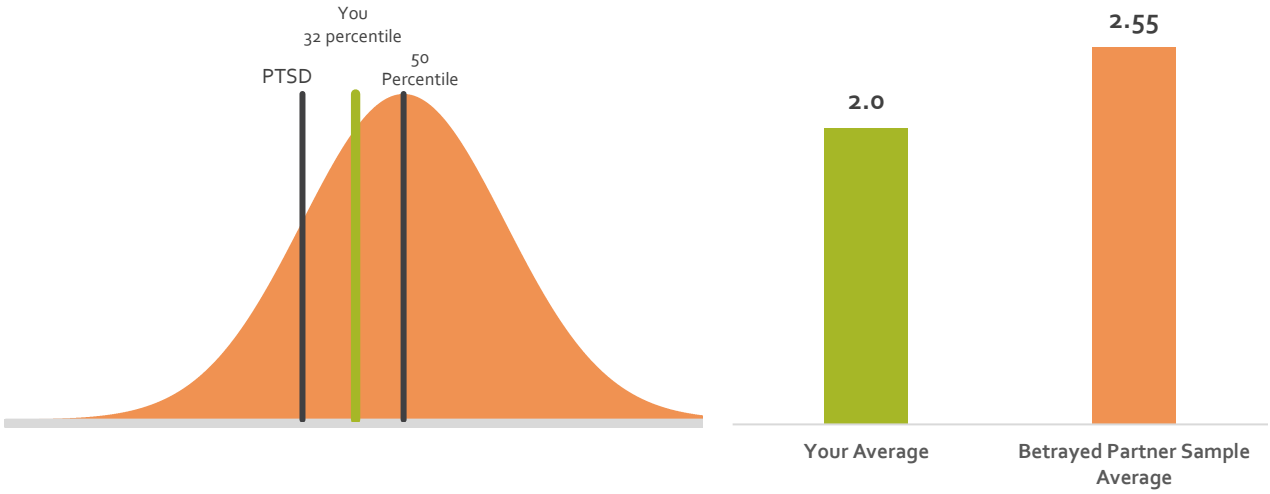
Criteria C: Avoidance of stimuli related to the traumatic event

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Questions in this category assess for Criteria C of the PTSD diagnosis. Because the images, memories, and flashbacks are so painful, betrayed partners commonly go to great lengths to avoid experiencing these. You might be avoiding social situations. It might feel difficult to leave the house. Things you used to enjoy you may not even want to do anymore.

You might have started using an escape strategy to escape from this pain. Escape strategies like sleeping, overworking, alcohol or prescription drug abuse. You might be overeating or starving yourself. You might have shut down your sexual response or you might be feeling hypersexual. You might be sleeping to avoid or having trouble sleeping. All this is normal.

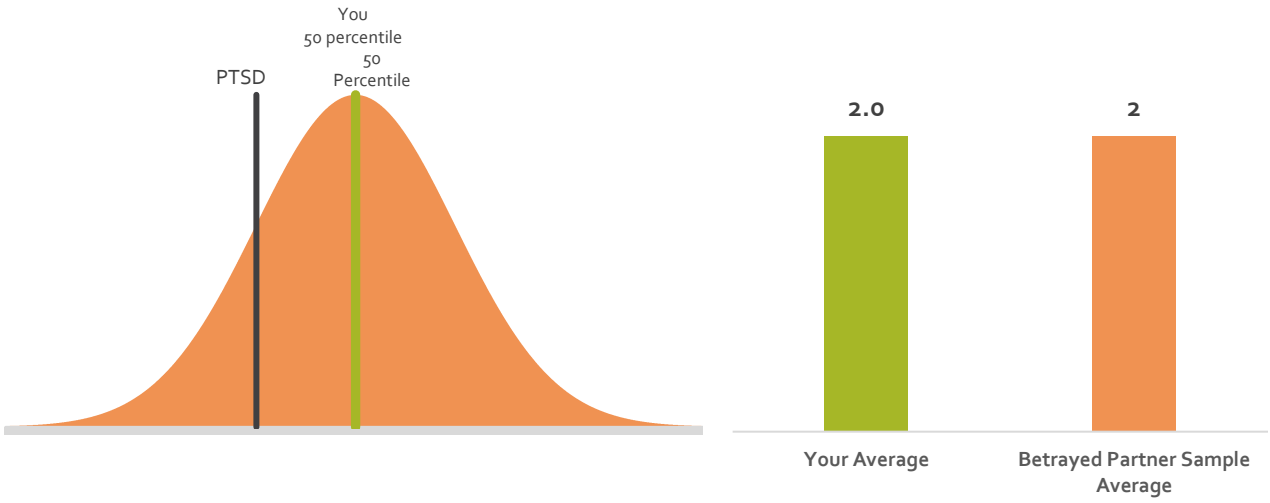


Criteria D: Negative alterations in cognition and mood

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Questions in this category assess for Criteria D of the PTSD diagnosis. Our brains do whatever they can to cope with trauma. One method is to blame ourselves. We may have a harsh inner critic voice that suddenly becomes very active. We may sink into depression, isolating from others. It's very common to be angry. You may feel angry not just at your husband, but at your kids, your mom, your friends, you don't even know why sometimes. Trauma causes disassociation, and with that comes occasional memory loss, confusion, and inability to think through things clearly that you used to do easily. It feels like you're going crazy. You're not crazy. Healing is possible. Self-awareness and education is the first step.



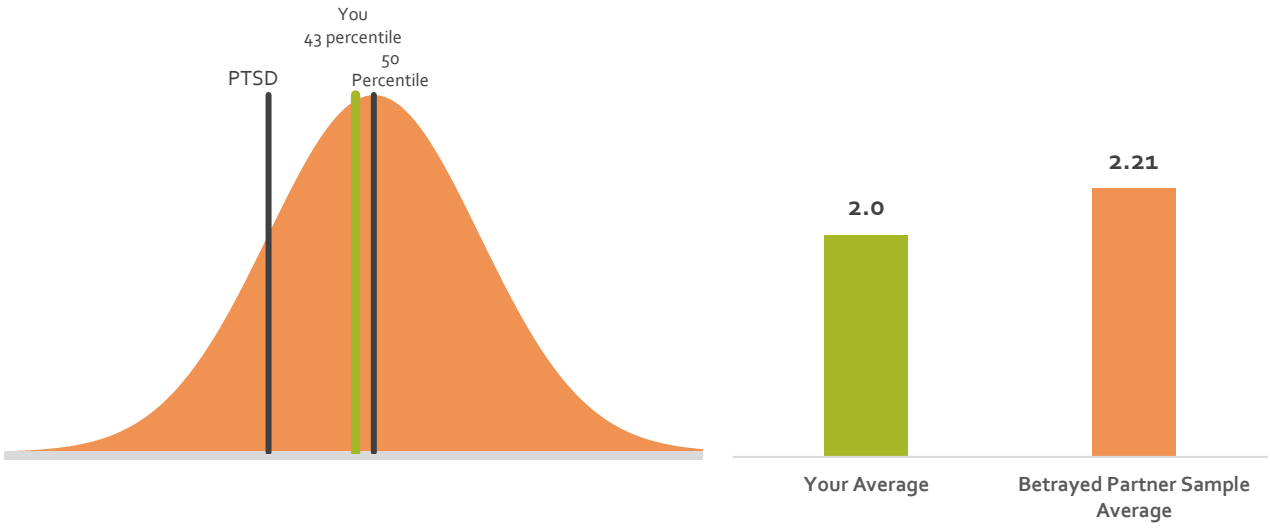
Criteria E: Alterations in arousal and reactivity

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Questions in this category assess for Criteria E of the PTSD diagnosis. Trauma causes our nervous system to be extra-sensitive. Little things might trigger anger. Little things might trigger sadness and tears. We get overwhelmed easily.

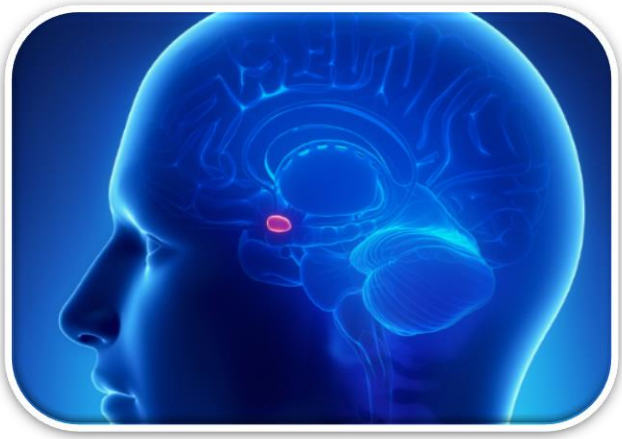
Hypervigilance, ie "safety seeking" is one of the very most common symptoms in betrayal trauma. It's natural for us to want assurance from our partner that the acting out has stopped. If our partner accuses of us of being controlling, this is a challenging situation. On one hand, his behavior is what has caused this trauma in us, and it makes perfect sense for us to put in controls to limit this from happening again. On the other hand, it's very common for trauma to cause us to be so hypervigilant that it becomes counter-productive in our recovery, or our partner or our relationship. Talking this through with someone experienced in betrayal trauma, whether it be a trusted friend or a therapist can be very helpful.



Overview of causes, treatment, and healing of betrayal-related PTSD

"Psychological trauma is the unique individual experience of an event, a series of events, or a set of enduring conditions, in which the individual's ability to integrate his or her emotional experience is overwhelmed and/or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity." Karen Saakvitne

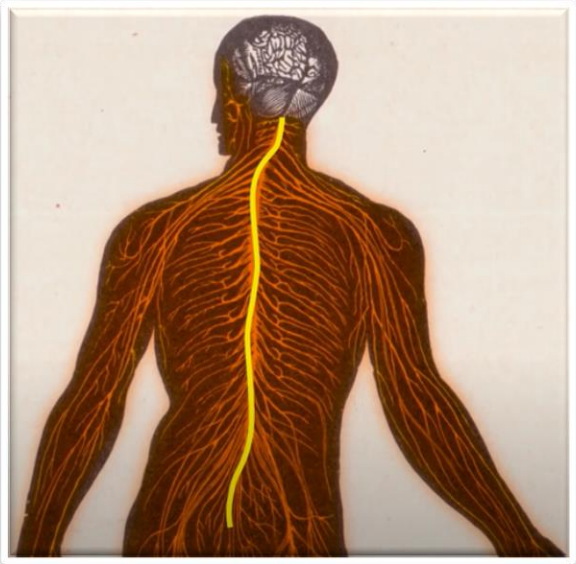
Amygdala Response



The amygdala, a small almond-shaped structure located within the brain's limbic system, plays a crucial role in processing emotions and is particularly involved in the response to trauma. It is responsible for scanning the environment for potential threats and, upon detecting them, sends a fight-flight-freeze response to the parasympathetic nervous system via the vagus nerve. This rapid response system is essential for survival, but it can also lead to a negativity bias, wherein individuals tend to overreact to perceived threats and under-prioritize positive experiences. This bias can result in a heightened focus on negative aspects of a situation, leading to a skewed perception of reality.

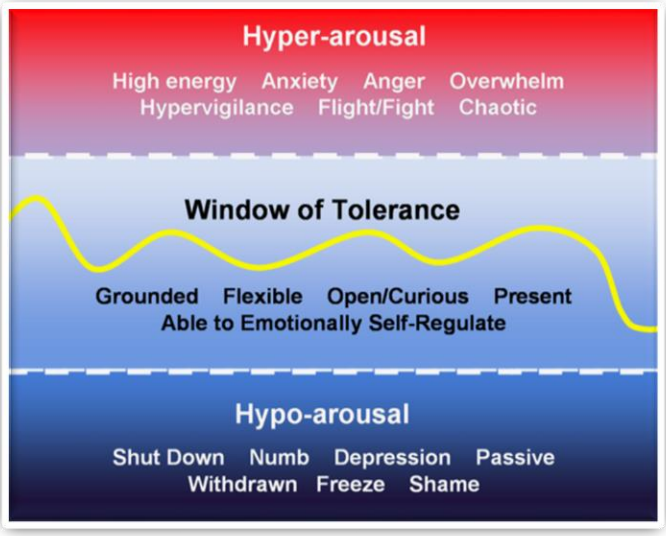
In the context of betrayal trauma in women whose partners exhibit sex addiction or chronic infidelity, the amygdala response can significantly impact their emotional well-being and ability to cope with the situation. The constant perception of threat and betrayal can cause the amygdala to shut off access to the prefrontal cortex, which is responsible for higher cognitive functions such as decision-making, reasoning, and emotional regulation. This disruption of neural pathways can lead to increased anxiety, depression, and difficulty in processing the traumatic experiences, ultimately affecting the individual's overall mental health and ability to heal from the betrayal.

The vagus nerve is the essential connector between the amygdala and the parasympathetic nervous system, responsible for regulating the fight-flight-freeze response and influencing emotional well-being in betrayal trauma.

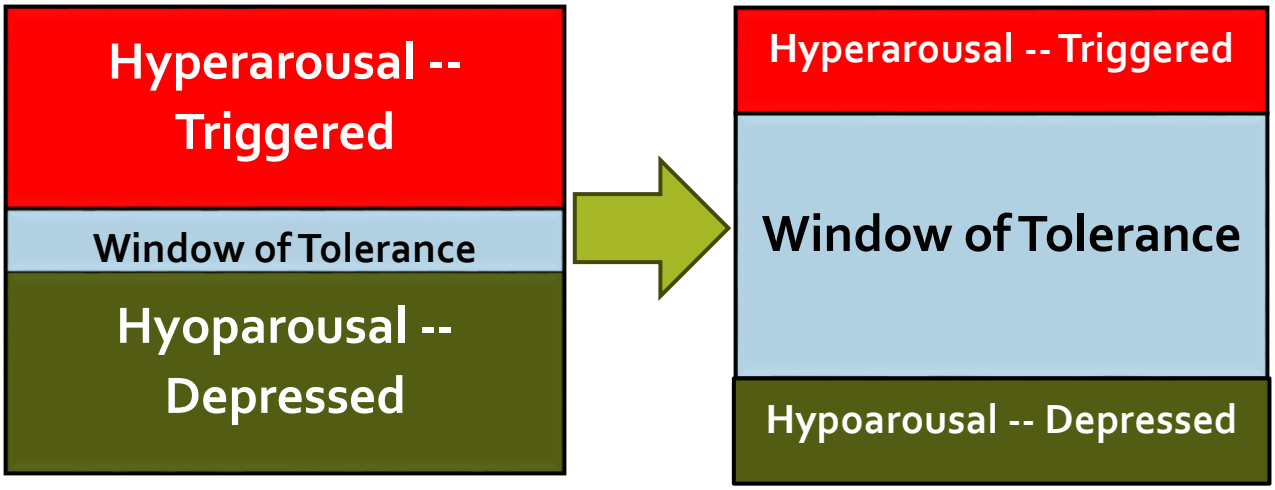


Window of tolerance

The window of tolerance is a psychological concept that refers to an individual's ability to cope with and process various stressors and emotional experiences. Within this window, a person can effectively manage and integrate their emotional responses, allowing them to remain in a balanced and regulated state. When stressors and emotions fall within the window of tolerance, an individual can utilize healthy coping mechanisms to process and respond to these experiences. However, when stressors or emotions fall outside of this window, a person may become overwhelmed, leading to dysregulation and maladaptive responses such as fight, flight, or freeze reactions.



Trauma causes one to have a comparatively narrow Window of Tolerance, making the trauma sufferer appear highly sensitive, highly triggered. Seemingly little things can kick a betrayed partner out of the Window of Tolerance and into a fight-flight-freeze response. Healing is possible! The goal of recovery is to expand the window of tolerance, allowing the individual to better manage the intense emotions and stressors that accompany betrayal trauma. This expansion of the Window of Tolerance can help to reduce the likelihood of entering into fight or flight responses, which can further exacerbate the trauma and hinder the healing process. Through continued work in recovery, individuals can cultivate resilience and emotional regulation, ultimately fostering a greater sense of safety and stability in their lives.



Healing Betrayal Trauma

Overcoming betrayal trauma is a complex and challenging process, but the brain's incredible neuroplasticity gives us hope for healing and change. Neuroplasticity is the idea that our brains have a built-in capacity to change and heal by building new neural pathways.

In the short term, stabilizing relationship issues and practicing mindfulness and acceptance are crucial for regulating emotions and building a strong foundation for recovery.

In the long term, processing the trauma, healing toxic shame, improving our attachment security, and integrating our parts are essential steps in the journey towards healing betrayal trauma.

Psychoeducation:

Understanding betrayal trauma and what you are going through is the first step towards healing.

1. Label the symptoms as "symptoms:". You might be experiencing symptoms like poor judgment, impulsivity, self-loathing, and self-neglect. This is not who you are. These are normal symptoms of trauma the scientific community understands very well.
2. Normalize these feelings and behavior. You are likely feeling intense shame about these experiences. I hope you can reframe them as ingenious attempts to cope. And now it is time to do something that works better.
3. Increase awareness of post-traumatic triggering and habitual triggered survival responses. "Getting" the logic of trauma decreases shame and increases understanding of cause-and-effect.
4. Encourage curiosity and compassion: "That makes sense," "Of course I feel trapped," "No wonder I felt like I had to cut (or drink or otherwise act out)—I was trying to get some relief!"

Mindfulness:

The power of mindfulness in betrayal trauma recovery cannot be overstated. It serves as a vital tool in helping individuals regain control over their thoughts and emotions. Mindfulness is a building block for all good therapeutic interventions. By practicing mindfulness, we become self-aware of our internal state. Without mindfulness, we go from an intrusive thought, to a body sensation like tightness in the chest and elevated heartbeat, to ruminating on the thought, to acting out with anger or escape…all in about three seconds flat. With mindfulness, we start to be aware of what's going on, allowing us more options in how to consciously deal with this.

Mindfulness contributes to the development of new neural pathways, which helps us break free from destructive patterns of thoughts and behavior. Scientific research has shown that

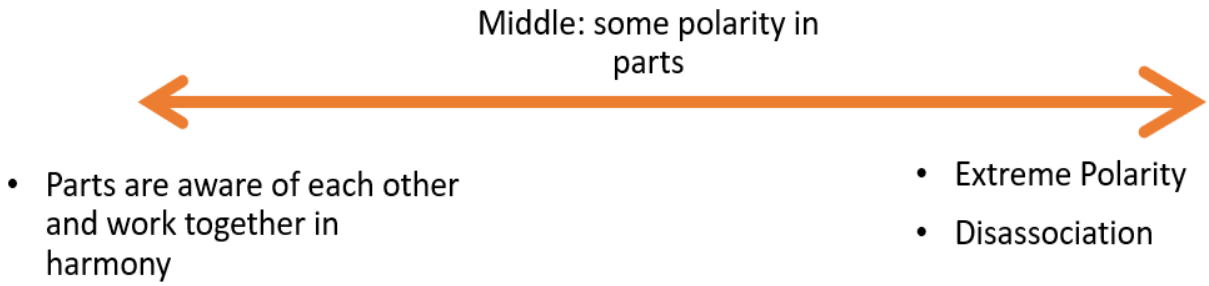
mindfulness practices can decrease activity in the amygdala, while increasing activity in the pre-frontal cortex, giving us more access to higher-order cognitive functions such as decision-making and self-regulation.

In addition to fostering self-awareness and promoting neurological growth, mindfulness also plays a crucial role in enhancing mental health by calming the sympathetic nervous system, which is responsible for the body's fight-or-flight response. Being able to calm our nervous system allows us to stay in the "Window of Tolerance". Mindfulness practices have been linked to a myriad of other mental health benefits, such as reduced anxiety and depression, improved focus and concentration, and increased overall well-being. By incorporating mindfulness techniques into their daily lives, individuals recovering from betrayal trauma can harness the transformative power of self-awareness and conscious presence, ultimately paving the way for a more resilient and empowered future.

Parts Work:

In Bessel van der Kolk's great book "The Body Keeps the Score", he mentions two powerful therapy modalities for processing trauma. IFS for parts work and EMDR for trauma processing. Trauma causes dissociation. You likely are not experiencing dissociation to the point of being diagnosed with DID, Dissociative Identity Disorder, but you are very likely experiencing some dissociation in terms of feeling intense inner conflict between parts of yourself. Internal Family Systems (IFS) is a very effective therapy for this inner conflict.

According to IFS therapy, the human psyche is comprised of different parts. We intuitively have this idea. We use parts terminology often in everyday life dialogue. "Part of me wants to eat this piece of chocolate cake." "Part of me is more worried about the calories I'll have to burn tomorrow if I eat it."



With trauma, our parts become polarized. Instead of them working together in harmony, they are split off, compartmentalized, and at war with each other. You likely have a very harsh inner critic that sends you condemning messages, blaming you for this mess. You might have a part that wants to escape the situation through a variety of behaviors ranging from mild to very harmful. Part of you might hate your husband for what he's done to you. Part of you might feel desperately in love and wanting to hold onto this. IFS therapy helps us heal and

integrate these parts, reducing the inner conflict, and allowing us to live a Self-driven life according to our values.

Processing Trauma:

When trauma becomes locked in our body and subconscious brain, we have highly sensitive nervous systems. Our Window of Tolerance is narrow. We store sub-conscious negative cognitions like "the world is not safe". Processing trauma in therapy can help us unravel this effect.

This may seem a daunting task. You might have even felt like you talked through trauma in the past with a therapist, and it didn't go anywhere. We sometimes have the idea that "processing trauma" is a magic eraser that erases all the bad memories and makes them all better. It's not that. But it is important to process our trauma to the point where, according to trauma therapist Susan Brown, our "past becomes tolerable".

EMDR (Eye Movement Desensitization and Reprocessing) is effective in undoing trauma because it addresses the root of the problem by targeting the unprocessed memories associated with the traumatic event. EMDR therapy utilizes bilateral stimulation, such as eye movements, tapping, or auditory tones, to activate both hemispheres of the brain, allowing the individual to process and integrate the traumatic memories in a more adaptive manner. This process helps to reduce the emotional distress and physiological arousal associated with the memories, leading to a decrease in trauma-related symptoms. Moreover, EMDR therapy also strengthens the individual's adaptive beliefs and coping mechanisms, promoting resilience and enhancing overall mental well-being. The effectiveness of EMDR in treating trauma is supported by numerous research studies and has been recognized as an evidence-based treatment for PTSD and other trauma-related disorders.

Healing Attachment Insecurity:

Many trauma therapists have the position that it's not important to process trauma as much as it is to heal the effects and symptoms of the trauma. Let's do both!

Attachment insecurity is considered the primary effect of trauma. Attachment theory is a psychological framework that posits the importance of early emotional bonds between a child and their primary caregiver in shaping an individual's emotional and social development. According to this theory, the quality of attachment established in early childhood has a profound impact on an individual's ability to form secure

relationships, regulate emotions, and cope with stress throughout their life. In relation to trauma, attachment theory suggests that individuals with secure attachment styles are more resilient and better equipped to deal with traumatic experiences, whereas those with insecure attachment styles may struggle with emotional regulation and have a higher risk of developing trauma-related disorders, such as post-traumatic stress disorder. Consequently, understanding and addressing attachment-related issues can be crucial in the prevention and treatment of trauma-related psychological difficulties.

As humans, we are social animals. We are made to co-regulate our emotions. As babies and children, we do that with our parents. As we move from childhood to adult, we take with us the attachment security we formed with our parents, but that is replaced by the attachment security we experience with our partner. That becomes the primary relationship where we co-regulate to manage negative emotions.

Betrayal Trauma is a double whammy because it not only is a traumatic event it severely damages our attachment security. Betrayal Trauma often moves us into insecure attachment, even if we entered the relationship as secure. In order to truly heal, if we are experiencing insecure attachment, we can do work to move to earned secure attachment.

A note on codependency: We are strongly AGAINST the codependency model. The codependency model is the perspective of labeling the partner of an addict as a codependent or co-addict. The model suggests the partner's addiction is to some degree the fault of the partner, ie somehow because of her actions her partner developed or worsened his addiction. This perspective is pathologizing and shaming of the partner. And wrong!. We reject this model in favor of the betrayed partner trauma model, ie that a partner's addiction causes trauma which causes the partner to act with common PTSD symptoms. That said, codependency as described as "maladaptive relationship patterns such as using anxious or avoidant strategies to fix relationship attachment ruptures" is a useful idea that we can use in healing. We view this as attachment insecurity, which we sometimes have going into adulthood but is almost always exacerbated by relational trauma.

Fix the relationship:

Finally, betrayal trauma is relational. It will be imperative to fix the problems in the relationship that created the betrayal trauma you experienced. You don't need to do anything right away. It's usually best to go slow, especially if it's a long-term relationship where children are involved.

You need to be safe. If the betrayal is ongoing, you need to make decisions how to put boundaries in place to protect yourself. We don't believe in any "absolutes" when it comes to relationships. ie "you must divorce or

separate in this situation" or "you must give him a chance in this situation". Every situation is unique. But you generally need to move in a direction to create safety for yourself (and children if children are involved—they experience trauma as well). You can heal regardless of whether your partner takes the right action. That's important to know. You're in control of your own healing, and you are going to do it!

Your partner's actions will likely determine if you can stay in the relationship. If the betraying partner is not being proactive enough in his recovery and relationship repair work, then we empower the betrayed partner in moving towards separation or divorce. If the betraying partner is putting strong effort into his recovery and repair efforts, it might be safe for the betrayed partner to take appropriate emotional risks.

It's highly advisable to take a family systems approach where you and your husband each have therapists, you also have a couples therapist, and these therapists consult with each other. In the past, it's not been advised to do couples therapy until both individuals have done their own individual work, but the new best practice is that couples therapy should start immediately IF (and only if) you can find a good therapist who will use an "early couples recovery" approach favored by a CSAT or APSATS therapist. The danger of not doing it this way is that a traditional marriage therapist might start blaming the betrayed partner and asking what she did to cause the affair. A CSAT or APSATS trained therapist won't do that. This type of approach done in a certain way might be fruitful, but it's way, way down the road after significant recovery and the betraying partner has demonstrated significant recovery and repair effort.

Conclusion

Betrayal trauma can have a significant impact on an individual's mental health and emotional well-being. However, there is hope for healing through understanding the trauma, expanding the window of tolerance, and utilizing therapeutic interventions such as mindfulness, parts work, EMDR, and attachment-focused therapy.

By addressing the root causes of the trauma and working towards healing both individually and within the relationship, betrayed partners can cultivate resilience and emotional regulation, ultimately fostering a greater sense of safety and stability in their lives. The brain's incredible neuroplasticity offers hope for change, and with the right support and therapeutic interventions, healing from betrayal trauma is possible.

About the Author

Julie Terry is the co-founder of Karuna Healing, counseling and coaching services for sex addiction and betrayal trauma recovery.

Julie's trainings include APSATS, EMDR, and IFS. She has personal experience of recovery from betrayal trauma. Julie provides hope and healing for individuals and couples with therapy (within the state of Utah) and coaching (outside Utah and all over the world).

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