



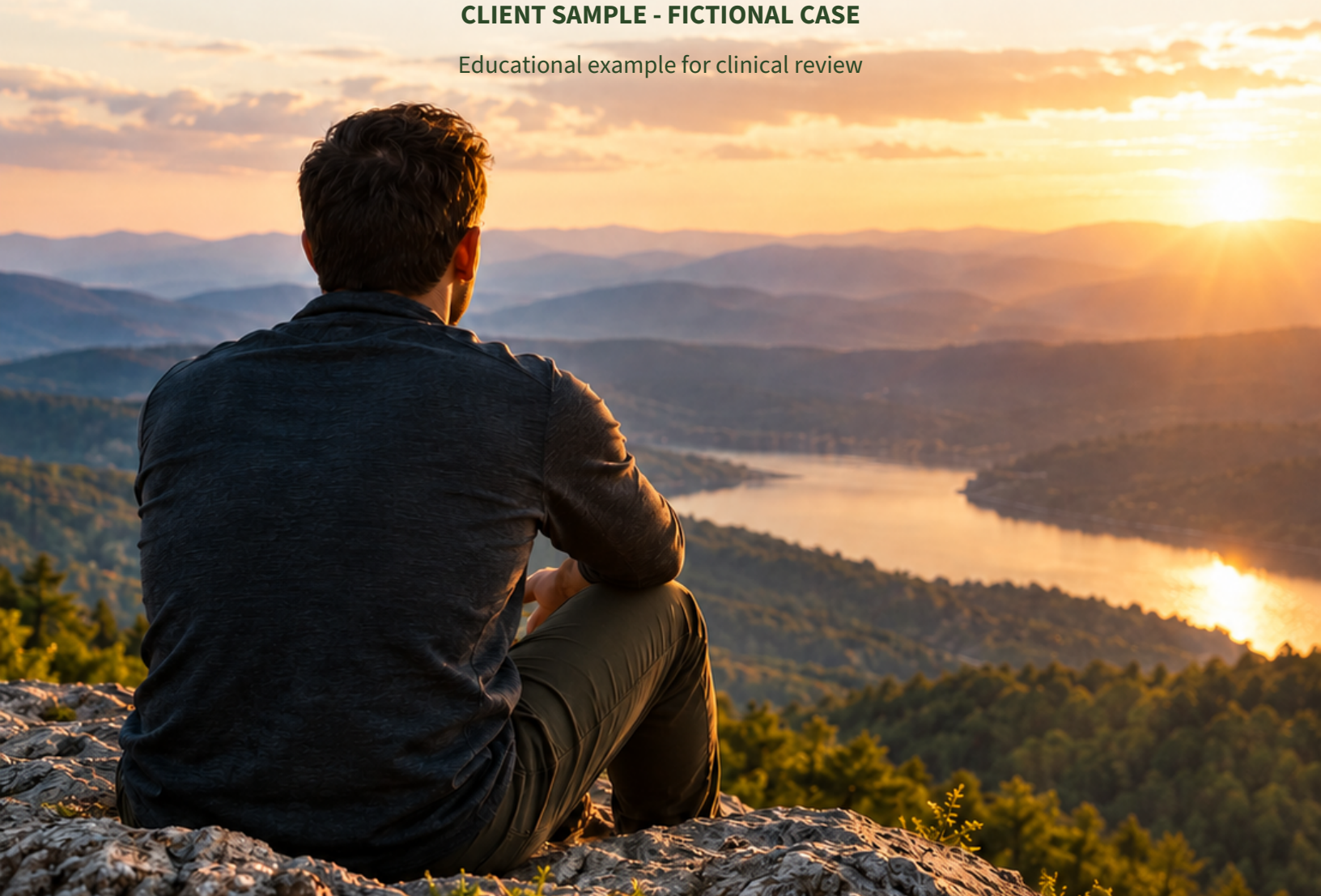
The Intimacy Repair Method

Healing | Accountability | Lasting Change

Your Personal Recovery Report

CLIENT SAMPLE - FICTIONAL CASE

Educational example for clinical review



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See how answers become areas for clinical work.

Fictional AOP client-report sample. All responses belong to an existing synthetic demonstration case, Client A. No real client information or partner assessment is included.

Notice the movement from exact answers to interpretation, reflection, and suggested recovery work. This is a client-facing example; it is not a therapist report or a determination of clinical safety.

Reference template v3.0 · AOP-FINAL-092326. This illustrates one report version and does not represent a new assessment administration.

Welcome

This report is designed to help you understand your recovery, the ways you respond to your partner's pain, and what may help you move forward. Your answers are a starting point for reflection and discussion. They do not tell us everything about you or determine what should happen in your relationship.

Your Report Is Designed to Offer

A clearer understanding of your strengths, the situations that remain difficult, and the skills that can make honesty, care, and repair more dependable.

1. Your Recovery Story

During the past six months, you selected Never for regretted behavior, concealment, using sexual behavior to cope, returning to behavior you had tried to stop, and continuing despite consequences. You also reported some urges or other assessed experiences, so those responses still deserve attention.

You agreed with taking responsibility for recovery or sustaining it independently of your partner's response. You agreed that your partner's emotional pain matters to you. You reported improvement in at least one behavior-management ability compared with six months ago. You reported specific repair actions or continued repair efforts Often or Almost always.

The important tension is that your partner's pain matters to you, yet you disagreed that you can listen without explaining or justifying yourself. Caring and listening are both visible in your answers, but they do not describe the same capacity.

You also endorsed an urge to withdraw when ashamed and apologizing before you have fully listened. Those responses suggest a question to explore: when a painful conversation becomes uncomfortable, does your response help you understand more, or does it move the conversation toward an early ending?

What We Will Help You Understand

How can concern become listening? What happens when shame rises? Where does honesty still need attention? What helps repair become dependable? And what would meaningful progress look like over the next 90 days?

Questions You Might Consider Based on Your Answers

1. Which part of this story fits your experience, and which part needs more context?
2. What do you most want to understand about your recovery right now?

2. What Has Changed — and What Still Needs Support

Your Responses

I engaged in sexual behavior that I later regretted.

“Never”

I felt a strong internal pull to engage in sexual behavior, even when I did not want to.

“Rarely”

My ability to manage my sexual behavior

“Better”

My ability to manage sexual urges when they occur

“A little better”

What We Notice

You reported improvement in 3 of the three behavior-management abilities. That is meaningful self-reported change to explore. Your behavior answers also describe a period without several of the listed behaviors.

Why This Matters

Behavioral change and relationship repair are different tasks. Your six-month comparison does not by itself establish how your partner experiences honesty, emotional presence, or safety. Occasional urges also deserve support even when behavior has not occurred.

Questions You Might Consider Based on Your Answers

1. What has helped you manage behavior or urges differently?
2. What support is still needed when difficult emotions or urges arise?

3. When Shame Gets in the Way of Accountability

Your Responses

I feel fundamentally flawed because of my sexual behavior.

“Agree”

When I feel ashamed about my sexual behavior, I have a strong urge to withdraw or shut down.

“Strongly Agree”

When my partner expresses pain about my behavior, I apologize before I have fully listened to and understood their experience.

“Agree”

I become defensive when my partner brings up my sexual behavior.

“Agree”

What We Notice

You endorsed withdrawing when ashamed and apologizing before fully listening. These answers can coexist with responsibility-taking. They invite a closer look at what happens between feeling shame and choosing your next response.

Why This Matters

Accountability is about acknowledging behavior and responding to its impact. Feeling fundamentally flawed may draw attention toward your distress; the recovery task is to recognize that experience while continuing to take responsibility. We cannot determine from these answers what causes a particular interaction.

Questions You Might Consider Based on Your Answers

1. When shame rises, what do you do next?
2. What might help you listen long enough to understand before apologizing or explaining?

4. Honesty, Concealment, and Repairing Shared Reality

Your Responses

I became less emotionally available to my partner while I was hiding my sexual behavior.

“Very true”

I tried to keep things feeling normal so my partner would not know about my sexual behavior.

“Very true”

I left out details to alter how my partner understood what happened.

“Slightly Agree”

When my partner sensed something was wrong, I told them everything was fine even when it wasn’t.

“Slightly Agree”

What We Notice

You endorsed at least one current statement about denial, omission, or a response that could interfere with your partner’s understanding. Your concealment answers refer to the earlier period of hiding behavior. Those timeframes should remain separate.

Why This Matters

Repairing shared reality includes accurate information, proactive correction, and acknowledging what remains uncertain. Earlier concealment can still be relevant to repair without being treated as proof that concealment is occurring now. Your answers cannot determine what your partner knows or needs.

Questions You Might Consider Based on Your Answers

1. What facts or omissions still need clarification?
2. What can you correct proactively rather than leaving your partner to discover or reconcile it?

5. From Understanding to Compassion

Your Responses

My partner’s emotional pain matters to me.

“Strongly Agree”

During difficult conversations, I regulate my emotions so I can stay engaged with my partner.

“Disagree”

I can listen to my partner’s pain without trying to explain or justify myself.

“Disagree”

I stay connected with my partner without trying to fix what they are feeling.

“Rarely”

What We Notice

You endorsed concern for your partner while reporting difficulty listening without justification or remaining regulated. The next task may be to make caring more usable in the moments when pain is hardest to hear.

Why This Matters

Understanding emotion is one part of recovery. Compassion also involves remaining present, responding with care, and following understanding with action. An intention to help does not tell us whether a response was experienced as helpful.

Empathy Skill	Your Response	What to Explore
Noticing emotion	“Slightly Agree”	How do you check whether you noticed accurately?
Understanding emotion	“Agree”	Can you understand why the feeling makes sense from their perspective?
Staying emotionally steady	“Disagree”	What helps you remain present when discomfort rises?
Taking perspective	“Agree”	Can you hold a perspective different from your own?
Caring about the pain	“Strongly Agree”	How does your concern become useful support?
Adjusting your response	“Slightly Disagree”	How do you learn what response is actually helpful?

A Practice to Discuss With Your Clinician

In a conversation that both partners freely agree to: pause and regulate; listen without defending; reflect what you understand; ask whether you understood accurately; then ask whether listening or a specific action would help. A pause should include an agreed return. Your partner is free to decline the conversation.

Questions You Might Consider Based on Your Answers

1. Which is hardest for you: noticing emotion, understanding it, staying steady, or responding usefully?
2. What does listening look like when you are not trying to explain, fix, or end the feeling?

6. Keeping Recovery and Repair Dependable

Your Responses

When I become overwhelmed during a difficult conversation with my partner, I can calm myself and return to the conversation.

“Disagree”

I take responsibility for keeping myself on track with my recovery.

“Strongly Agree”

My commitment to recovery does not depend on how my partner responds to my efforts.

“Agree”

I take specific actions to help rebuild trust with my partner.

“Often”

I make an effort to understand how my partner is doing in their healing.

“Sometimes”

What We Notice

Your answers distinguish recovery ownership from steadiness during difficult interactions. You report taking responsibility for recovery, while some regulation responses remain difficult. Those strengths and difficulties can coexist.

Why This Matters

Repair needs consistency as well as intention. Your partner does not need to offer reassurance, forgiveness, or a particular response for you to maintain recovery commitments. At the same time, dependable repair includes attention to whether an agreed action remains appropriate.

Questions You Might Consider Based on Your Answers

1. Which commitment can you track without asking your partner to remind you?
2. What would a mutually agreed pause-and-return plan look like when you become overwhelmed?

7. Is Your Relationship Becoming Safer?

Your Responses

My partner can rely on me to follow through on commitments I make.

“Agree”

My partner seems at ease when they are around me.

“Slightly Disagree”

My partner seems uneasy unless they know what I am doing.

“Agree”

I believe my partner feels safe bringing difficult concerns to me.

“Slightly Disagree”

Compared with three months ago, I believe my partner feels safer in our relationship now.

“Slightly Agree”

What We Notice

You report that your partner can rely on your commitments, while other answers describe less ease, openness, or confidence. Follow-through and perceived emotional safety are related, but your responses do not show that they are interchangeable.

Why This Matters

The AOP safety items are your perceptions, including what you believe your partner experiences. Your partner’s own report must remain separate. The three-month change response is also separate from current safety; it is not a repeated measurement of your partner’s experience.

Questions You Might Consider Based on Your Answers

1. What observable behavior supports your belief that your partner feels safer?
2. Where might your perception differ from what your partner says they experience?

8. Connection, Loneliness, and Support

Your Responses

I feel that I lack companionship.

“Often”

I feel isolated from others.

“Often”

I sometimes feel hesitant to open up emotionally to my partner.

“Agree”

I worry about losing my partner or being left.

“Agree”

I can talk about my problems with my friends.

“Strongly disagree”

What We Notice

You reported loneliness alongside limited friend support. That combination raises a practical question about where dependable support is available beyond your partner.

Why This Matters

Support can help you sustain accountability without asking your partner to carry your recovery. Attachment responses are interpreted as patterns of connection, holding back, or worry—not a fixed attachment type. You endorsed both holding back and worry about losing your partner. Those answers do not tell us whether you respond by seeking reassurance, becoming angry, withdrawing, or another way.

Questions You Might Consider Based on Your Answers

1. Which person or group could support both honesty and recovery ownership?
2. When connection feels uncertain, how do you respond—and what would you like to practice instead?

9. Your Current Recovery Context

Your Responses

You agreed with taking responsibility for recovery or sustaining it independently of your partner's response. You agreed that your partner's emotional pain matters to you. You reported improvement in at least one behavior-management ability compared with six months ago. You reported specific repair actions or continued repair efforts Often or Almost always.

What We Notice

Your responses identify specific moments where recovery may need more support. The barriers below are discussion points grounded in answers you provided; they are not conclusions about what causes your behavior.

Why This Matters

The purpose is to connect your strengths with the situations in which they are harder to use. More understanding is useful when it becomes a response you can practice and sustain.

Shame and withdrawal

You endorsed a strong urge to withdraw when ashamed.

An early end to listening

You endorsed early apologies or difficulty listening without justification.

Unclear or incomplete information

You endorsed a current reality-distorting response.

Overwhelm during difficult conversations

You disagreed with a steadiness or regulation statement.

A narrow support network

You reported loneliness and limited friend support.

Questions You Might Consider Based on Your Answers

1. Which part of this recovery context feels most accurate?
2. Which barrier or existing strength would make the biggest difference if you worked on it first?

10. What Comes Next

These possible starting points are linked to your responses. Choose the order with your clinician; they are not a ranking of severity or a prediction of your relationship's outcome.

1. Clarify and correct what remains uncertain

Why: Your answers include an endorsed reality-distorting response.

Focus: With your clinician, identify what is known, uncertain, or in need of correction. Plan an appropriate clarification without blaming your partner for needing it.

2. Let care become impact listening

Why: You report that your partner's pain matters while describing difficulty listening or early apologies.

Focus: Practice reflecting impact before explaining intent. Ask whether your understanding is accurate when your partner freely chooses to participate.

3. Stay accountable when discomfort rises

Why: You described difficulty with regulation or withdrawal when ashamed.

Focus: Develop a pause-and-return plan and use recovery support to manage your response. Do not make your partner responsible for settling your shame.

4. Broaden dependable support

Why: You reported loneliness alongside limited friend support.

Focus: Identify an appropriate person or group for a regular recovery check-in.

Questions You Might Consider Based on Your Answers

1. Which next step matters most to you, and what support would make it realistic?

11. Your 90-Day Recovery Direction

This is a proposed direction to discuss with your clinician, based on your current answers. It is not a deadline for your partner's healing or for reconciliation.

Days 1–30: Establish a Practice

Choose one starting point: clarify and correct what remains uncertain. Agree on a concrete practice and record a recent example. Keep individual recovery support active.

Days 31–60: Observe Consistency

You can name what needed correction and what you did, while keeping unresolved questions visible. You can describe the impact more clearly and identify occasions when you listened before explaining. You track the pause, the agreed return, and what helped you re-engage.

Days 61–90: Review What Has Changed

Review repeated examples of honesty, listening, regulation, and repair that are relevant to your starting point. If reassessment is useful, use the same assessment version and compare your own results over time. Keep your partner’s experience separate from your perception of it.

What Meaningful Progress Might Look Like

You can name what needed correction and what you did, while keeping unresolved questions visible. You can describe the impact more clearly and identify occasions when you listened before explaining. You track the pause, the agreed return, and what helped you re-engage.

Questions You Might Consider Based on Your Answers

1. If the next 90 days brought meaningful recovery, what would be different in how you respond—not just in what you intend?
2. What evidence would help you and your clinician distinguish consistent change from one good conversation?

Assessment Detail

The narrative above is organized around your experience. These descriptive results provide a reference for review with your clinician. They are not diagnoses or validated severity categories. Partial totals are prorated; incomplete totals are withheld. Unanswered items remain unknown.

Measure	Result	Answers / Status
Sexual Behavior Dysregulation (SBDS-10)	3 / 40	10/10 · complete
Behavioral Change Over Time (BCT-3)	5.67 / 7 (mean)	3/3 · complete
Sexual Shame (SSS-10)	54 / 70	10/10 · complete
Betrayal Defensiveness (BDS-8)	36 / 56	8/8 · complete

Measure	Result	Answers / Status
Relational Disconnection & Concealment (RDSC-4)	25 / 28	4/4 · complete
Reality Distortion (RDS-8)	26 / 56	8/8 · complete
Relational Empathy & Support (RESA-17)	79 / 119	17/17 · complete
Compassionate Presence (CPS-5)	15 / 25	5/5 · complete
Impact & Empathic Response Capacity (IERC-4)	13 / 28	4/4 · complete
Relational Regulation & Differentiation (RRD-7)	28 / 49	7/7 · complete
Repair Follow-Through (RFI-3)	11 / 15	3/3 · complete
PRSS Current Relationship Safety-9	36 / 63	9/9 · complete
Connection / Loneliness-3	8 / 9	3/3 · complete
Perceived Social Support-12	52 / 84	12/12 · complete

RESA-17 includes six domains; IERC-4 and RRD-7 remain separate. AOP self-report does not establish the betrayed partner's safety, disclosure completeness, or readiness for conjoint work. Private safety screening remains separate. Most items refer to the past 90 days; behavior refers to six months, shame to today, and concealment to the period of hiding behavior.

IRM AOP Personal Recovery Gold-Standard Template v3.0 · Final assessment AOP-FINAL-092326 · Exact quoted responses remain separate from interpretation. Educational feedback for clinician review; it does not determine factual truth, safety, or relationship outcome. Fictional sample data are used in the review case.