# Reducing Vulnerability Realistically - Clinician dialogue

Guide a collaborative conversation about reducing vulnerability realistically while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Taylor's irregular shift makes standard sleep advice difficult to use.

### Invite and obtain permission

Offer: "Would it be useful to explore reducing vulnerability realistically using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

### Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: Daily care is shaped by health, resources, and access. Ask what fits and what does not.

### Guide the task

Map feasible supports for rest, nourishment, prescribed care, and manageable routines without setting medical or exercise prescriptions. Ask for permission before giving an example. Use this fictional illustration if useful: Taylor's irregular shift makes standard sleep advice difficult to use.

### Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What adaptation fits your actual conditions? Avoid assigning motives or interpreting silence as agreement.

### Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

### Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

### Reflection

What would tell me to adapt, stop, or seek supervision?

### Scope and adaptation

These are selected DBT-informed educational exercises, not comprehensive DBT, phone coaching, or crisis care. Use individualized clinical assessment and existing care plans. No cold-water immersion, breath holding, intense exercise prescriptions, exposure assignments, or risk scoring are included. Behavior chains and opposite-action decisions need clinician guidance when risk or complexity is present.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Dialectical Behavior Therapy Skills Training: Fundamentals. Full source links and scope: library.morethantherapy.org/approaches/resources/DBT-A15-3