# Readiness and Safety First - Clinician dialogue

Guide a collaborative conversation about readiness and safety first while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: A fictional person worries that an honest answer could lead to punishment at home.

### Invite and obtain permission

Offer: "Would it be useful to explore readiness and safety first 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: Joint vulnerability work depends on safety and voluntary participation. Ask what fits and what does not.

### Guide the task

Privately discuss with a clinician whether fear, coercion, violence, or retaliation makes joint exercises unsuitable; do not share this worksheet with an unsafe partner. Ask for permission before giving an example. Use this fictional illustration if useful: A fictional person worries that an honest answer could lead to punishment at home.

### Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What assessment or individual support is needed before any joint work? 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

Joint exercises require private safety assessment, voluntary participation, and appropriate EFT training. Do not invite joint vulnerability, enactments, or disclosure where coercion, violence, fear, or retaliation may be present. Use individual support and appropriate referrals instead. This collection concerns attachment-based Emotionally Focused Therapy, not tapping or Emotional Freedom Techniques.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: What is EFT?. Full source links and scope: library.morethantherapy.org/approaches/resources/EFT-A20-3