Distressing Thoughts Conversation - Session activity

Facilitate a structured practice of distressing thoughts conversation with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Casey feels unsafe after a confusing interaction and wants help discussing it.

0-5 min | Agree on purpose and fit

Explain the educational scope. Ask what would be useful, check readiness and access needs, and establish choices to observe, adapt, or pass. Use an ordinary example; do not solicit trauma narratives.

5-10 min | Orient with an example

A clinician can explore distress without arguing about beliefs or endorsing unverified interpretations. Fictional example: Casey feels unsafe after a confusing interaction and wants help discussing it. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Describe the distress, impact on daily life, and support wanted; do not investigate or act on a feared explanation during the exercise. Offer quiet individual work, a supported conversation, or an observing role. Compare two possible responses without evaluating people as right or wrong.

20-25 min | Reflect on meaning

What would help you feel heard while uncertainty is explored safely? Ask what fit, what did not fit, and how culture, power, disability access, or external conditions affect the options.

25-30 min | Integrate and close

Invite one optional next step or support request. Orient to the current setting, allow an unfinished question to remain unfinished, and agree how to revisit it. End early or adapt if activation increases.

Adaptations

For a group, use fiction and no compulsory round-robin disclosure. For remote use, allow off-camera reflection and private notes. For brief use, keep one example and one question while retaining opening and closing choices.

Reflection

What adaptation or follow-up is needed?

Scope and adaptation

Original IMR-informed companion exercises, not the official IMR manual, fidelity assessment, or complete IMR program. Use collaborative clinical assessment and existing care plans. Do not change medication independently, challenge distressing beliefs through confrontation, or use worksheets to determine urgency. Increased or concerning symptoms need appropriate clinical assessment.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Illness Management and Recovery Evidence-Based Practices KIT. Full source links and scope: library.morethantherapy.org/recovery/resources/IMR-A10-4