Questions with a Clinical Container - Clinician dialogue

Guide a collaborative conversation about questions with a clinical container while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Lee wants clarity about ongoing contact but does not want explicit imagery.

Invite and obtain permission

Offer: "Would it be useful to explore questions with a clinical container 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: Questions can be paced to reduce avoidable harm and preserve informed choice. Ask what fits and what does not.

Guide the task

With a qualified clinician, sort questions into practical information, relationship meaning, and potentially distressing detail; no graphic disclosure is required. Ask for permission before giving an example. Use this fictional illustration if useful: Lee wants clarity about ongoing contact but does not want explicit imagery.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What information supports decisions, and what might add distress without helping? 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 work requires private assessment of coercion, violence, fear, and retaliation. Do not require graphic disclosure, passwords, surveillance, reconciliation, forgiveness, or sexual contact. Accountability for deception is not assigned to the hurt partner. Support individual agency and appropriate medical, legal, or safety consultation without using this worksheet as professional advice.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Integrative Model of Affair Recovery. Full source links and scope: library.morethantherapy.org/recovery/resources/INF-A05-3