The Utilities of Daily Care - Session activity

Facilitate a structured practice of the utilities of daily care with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Riley's irregular work hours make routine care harder.

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

Daily needs depend on resources and health as well as habits. Fictional example: Riley's irregular work hours make routine care harder. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Map supports for rest, nourishment, prescribed care, and manageable routines without offering medical instructions. 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

Which practical support is missing from the design? 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

An original DBT-informed house metaphor for educational reflection, not an official standardized DBT assessment, diagnostic drawing test, or comprehensive DBT. The maker defines meanings. Offer another metaphor if housing is sensitive, and allow omissions or fiction. Do not interpret rooms, colors, or omissions as evidence of pathology or safety.

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/recovery/resources/DBH-A17-4