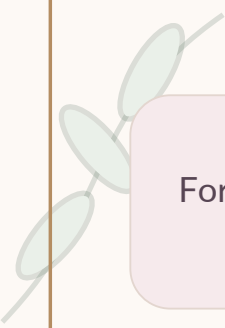


THE CLINICIAN'S Sidekick

BLOOM EDITION

A private, guided space to learn,
notice, ask, and grow.



For the beginning clinician who wants a thoughtful next question, not another blank page.

TAP TO ENTER YOUR CLINICAL LIBRARY

Your Clinical Library

HOME



One tap from your thinking pad to the explanation you need. Take what helps; stay present with the person in front of you.

START THINKING

What I notice → what I could ask next

DSM DETECTIVE

Disorders, duration, and what else to consider

MEDICATION LITERACY

Uses, class, common effects, scope of practice

TEACH SIMPLY

Psychoeducation in human language

ACTIVITY MATCHMAKER

Purpose, instructions, and age adaptations

I’M STUCK!

What to say when you need a next step

SOCRATIC QUESTIONS

Gentle inquiry without arguing

WRITE + REFLECT

Pencil-friendly pages for learning

How to Use Your Sidekick

GET STARTED



01 Start with curiosity

When something stands out, notice it without deciding what it means. You can be curious before you are certain.

MY TAKEAWAY • optional

02 Use the quick-access bar

The tabs at the bottom jump to DSM, medications, psychoeducation, activities, stuck moments, Socratic questions, and your writing pages.

03 Start with the person

Ask one clear question. Reflect the answer. Go back to the client rather than staying in the book.

MY TAKEAWAY • optional

04 Keep your learning private

No client names, dates of birth, appointments, identifying quotes, or official records. TherapyNotes remains your clinical chart.

05 Your Pencil is welcome

Write anywhere in Goodnotes. Duplicate the WRITE pages whenever you want another blank learning spread.

MY TAKEAWAY • optional

06 Understand the limit

This is educational guidance, not a complete DSM-5-TR, clinical judgment, prescribing advice, supervision, or an emergency protocol.

My 30-Second Clinical Reset

GET STARTED



NOTICE

What did I hear? What changed in tone, eye contact, energy, pace, or emotion? Describe it before interpreting it.

MY TAKEAWAY • optional

GET CURIOUS

“Can you tell me a little more about that?” is often the best next step. Ask one question, then give it room.

MY TAKEAWAY • optional

ASSESS

What is the onset, duration, frequency, intensity, impact, context, and possible alternative explanation?

MY TAKEAWAY • optional

CHOOSE

Do they need understanding, a question, a skill, a goal review, safety assessment, or supervision first?

MY TAKEAWAY • optional

CLOSE THE LOOP

What did I try? How did it land? What should I revisit, learn, or discuss in supervision?

MY TAKEAWAY • optional

What Am I Actually Noticing?

CLINICAL SKILLS



LOOKING DOWN

Could be concentration, culture, discomfort, fatigue, or their usual communication style. Try: “What’s going through your mind right now?”

FIDGETING OR SHAKING

Could be restlessness, anxiety, excitement, medication, or something else. Try: “What do you notice in your body?”

QUIET OR SLOW SPEECH

Describe volume and pace; do not assume sadness. Try: “How has your energy been lately?”

MY TAKEAWAY • optional

SMILING WITH A PAINFUL STORY

Smiling does not cancel distress. Try: “As you tell me this, what feelings are coming up?”

MY TAKEAWAY • optional

SUDDEN CHANGE IN TOPIC

May be a useful clue. Try: “I noticed we shifted away from that. Should we come back or leave it for now?”

MY TAKEAWAY • optional

YOUR CLINICAL LANGUAGE

Affect = observed emotional expression. Mood = emotion the client reports. Psychomotor activity = observable movement and energy.

A Diagnosis Is a Hypothesis

CLINICAL SKILLS



START WITH EXPERIENCES

Listen for fear, mood, attention, repetitive thoughts, trauma reactions, body symptoms, and functioning—not just disorder labels.

TIMING MATTERS

When did it start? How often? How long? Is there a clear stressor? Are symptoms episodic or longstanding?

MY TAKEAWAY • optional

CONTEXT MATTERS

Consider developmental stage, culture, school/work, relationships, medical conditions, substance effects, sleep, and safety.

WHAT SUPPORTS THE IDEA?

What does the person report? What have you observed? What information is still missing?

MY TAKEAWAY • optional

WHAT ELSE FITS?

Explore reasonable alternatives before ruling conditions in or out. Do not turn a checklist into a diagnosis.

MY TAKEAWAY • optional

CHECK THE ACTUAL CRITERIA

The DSM-5-TR includes full symptom and exclusion criteria, specifiers, and differential diagnosis. Confirm with the manual and supervision.

The Safety & Scope Reminder

CLINICAL SKILLS



TAKE CONCERNS SERIOUSLY

If someone expresses thoughts of suicide, self-harm, violence, abuse, inability to stay safe, or severe medical symptoms, follow site procedures promptly.

MY TAKEAWAY • optional

ASK DIRECTLY WHEN INDICATED

Safety questions should be clear and direct—not left to an automatic keyword tool.

MY TAKEAWAY • optional

FOLLOW YOUR SITE PROTOCOL

Use approved assessment, supervision, consultation, reporting, and emergency procedures. This book is not a crisis workflow.

MY TAKEAWAY • optional

MEDICATIONS

Ask about reported effects and encourage consultation with the prescriber. Do not recommend starting, stopping, or changing doses.

MY TAKEAWAY • optional

COUPLES

Screen privately and follow competent protocols for coercive control, interpersonal violence, and suitability for conjoint treatment.

MY TAKEAWAY • optional

DSM Detective • 1

DSM



Generalized Anxiety Disorder (GAD)	Bipolar I / II Disorders
Social Anxiety Disorder	Adjustment Disorder
Panic Disorder	PTSD
Agoraphobia	Acute Stress Disorder
Specific Phobia	Obsessive-Compulsive Disorder (OCD)
Separation Anxiety Disorder	Attention-Deficit/Hyperactivity Disorder (ADHD)
Major Depressive Disorder	Autism Spectrum Disorder
Persistent Depressive Disorder	Oppositional Defiant Disorder

DSM Detective • 2

DSM



Disruptive Mood Dysregulation Disorder	Substance Use Disorder
Conduct Disorder	Schizophrenia Spectrum / Psychosis
Anorexia Nervosa	Insomnia Disorder
Avoidant/Restrictive Food Intake Disorder (ARFID)	Prolonged Grief Disorder
Bulimia Nervosa	Somatic Symptom Disorder
Binge-Eating Disorder	Illness Anxiety Disorder
Borderline Personality Disorder	

Generalized Anxiety Disorder (GAD)

DSM



IN EVERYDAY LANGUAGE

Worry about several areas of life that feels difficult to control.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Listen for repeated what-ifs, reassurance seeking, tension or poor sleep.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

How many months? Multiple worries? Impact? Medical, substance or trauma explanations?

MY TAKEAWAY • optional

TEACH SIMPLY

“Sometimes the worry system stays switched on even when we want a break.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Generalized Anxiety Disorder (GAD).

MY TAKEAWAY • optional

Social Anxiety Disorder

DSM



IN EVERYDAY LANGUAGE

Strong fear of being judged, embarrassed, or rejected in social situations.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Watch for avoidance, over-rehearsing, fear of school presentations or conversations.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Which situations? Fear of negative evaluation? Duration and impairment?

MY TAKEAWAY • optional

TEACH SIMPLY

“Your mind may treat other people’s opinions like a major threat.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Social Anxiety Disorder.

MY TAKEAWAY • optional

Panic Disorder

DSM



IN EVERYDAY LANGUAGE

Repeated unexpected panic attacks with ongoing worry or behavioral changes afterward.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Sudden surges of fear, pounding heart, dizziness, fear of dying.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Unexpected vs situational? Persistent worry or avoidance? Rule out medical causes.

MY TAKEAWAY • optional

TEACH SIMPLY

“A panic attack is an intense false alarm in the body; symptoms deserve proper medical evaluation too.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Panic Disorder.

MY TAKEAWAY • optional

Agoraphobia

DSM



IN EVERYDAY LANGUAGE

Fear or avoidance of situations where escape or help might feel difficult.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Avoidance of transit, crowds, queues or leaving home.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Which situation types? What catastrophe is feared? How long and how impairing?

MY TAKEAWAY • optional

TEACH SIMPLY

“It can feel safer to avoid places where getting help seems difficult.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Agoraphobia.

MY TAKEAWAY • optional

Specific Phobia

DSM



IN EVERYDAY LANGUAGE

Marked fear linked to a particular object or situation.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Fear of needles, animals, heights, flying or vomiting.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Is fear persistent, disproportionate, and impairing?

MY TAKEAWAY • optional

TEACH SIMPLY

“Your alarm system reacts strongly to a particular trigger.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Specific Phobia.

MY TAKEAWAY • optional

Separation Anxiety Disorder

DSM



IN EVERYDAY LANGUAGE

Excessive fear about separation from important attachment figures.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Clinging, distress at school drop-off, worry about loved ones.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Developmental expectations, duration, impairment and safety?

MY TAKEAWAY • optional

TEACH SIMPLY

“Being apart can feel scary even when everyone is safe.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Separation Anxiety Disorder.

MY TAKEAWAY • optional

Major Depressive Disorder

DSM



IN EVERYDAY LANGUAGE

Episodes of low mood or reduced interest with accompanying changes in functioning.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Loss of pleasure, sleep/appetite change, guilt, low energy, slowing.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Two-week episode? Symptom number, functioning, mania history, medical causes, safety?

MY TAKEAWAY • optional

TEACH SIMPLY

“Depression can affect energy, motivation, sleep, thinking and enjoyment—not just sadness.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Major Depressive Disorder.

MY TAKEAWAY • optional

Persistent Depressive Disorder

DSM



IN EVERYDAY LANGUAGE

Long-lasting depressed or irritable mood with associated symptoms.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Client describes feeling down for a very long time.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Duration by age, symptom-free intervals, mania history, functioning?

MY TAKEAWAY • optional

TEACH SIMPLY

“Sometimes low mood becomes a long-running pattern, even when individual days vary.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Persistent Depressive Disorder.

MY TAKEAWAY • optional

Bipolar I / II Disorders

DSM



IN EVERYDAY LANGUAGE

Mood disorders involving episodes of mania or hypomania; depression may also occur.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Distinct periods of much less sleep with increased energy, unusual activity, impulsivity.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Episode duration, elevated/irritable mood, impairment, hospitalization, substances?

MY TAKEAWAY • optional

TEACH SIMPLY

“We look for clear changes in energy and mood across time, not ordinary ups and downs.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Bipolar I / II Disorders.

MY TAKEAWAY • optional

Adjustment Disorder

DSM



IN EVERYDAY LANGUAGE

Emotional or behavioral symptoms associated with an identifiable stressor.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Strong distress after a move, breakup, loss or life transition.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Onset within three months of stressor? Other disorder better explains it? Impairment?

MY TAKEAWAY • optional

TEACH SIMPLY

“Sometimes a major change overwhelms the ways we normally cope.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Adjustment Disorder.

MY TAKEAWAY • optional

PTSD

DSM



IN EVERYDAY LANGUAGE

A trauma-related disorder involving specific clusters of symptoms following qualifying exposure.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Intrusions, avoidance, mood/cognition changes, heightened arousal.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Qualifying exposure? Clusters, duration over one month, impairment, alternatives?

MY TAKEAWAY • optional

TEACH SIMPLY

“After trauma, the brain and body can stay on alert long after the event.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for PTSD.

MY TAKEAWAY • optional

Acute Stress Disorder

DSM



IN EVERYDAY LANGUAGE

Trauma-related symptoms occurring in the early period after qualifying exposure.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Distressing memories, dissociation, avoidance, arousal.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Timing 3 days to 1 month after qualifying exposure? Assess safety.

MY TAKEAWAY • optional

TEACH SIMPLY

“Some early trauma reactions are intense; we pay attention to timing and support.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Acute Stress Disorder.

MY TAKEAWAY • optional

Obsessive-Compulsive Disorder (OCD)

DSM



IN EVERYDAY LANGUAGE

Unwanted intrusive thoughts and/or repetitive behaviors or mental rituals.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Checking, counting, cleaning, seeking certainty or reassurance.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Time-consuming or impairing? Are thoughts intrusive? What rituals follow?

MY TAKEAWAY • optional

TEACH SIMPLY

“OCD can create a loop of unwanted thoughts and urges to do rituals for relief.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Obsessive-Compulsive Disorder (OCD).

MY TAKEAWAY • optional

Attention-Deficit/Hyperactivity Disorder (ADHD)

DSM



IN EVERYDAY LANGUAGE

Persistent attention and/or hyperactivity-impulsivity patterns affecting function.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Disorganization, distractibility, forgetfulness, impulsivity across settings.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Childhood onset? More than one setting? Development, sleep, anxiety and learning?

MY TAKEAWAY • optional

TEACH SIMPLY

“ADHD can make regulating attention and impulses harder, even with strong effort.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Attention-Deficit/Hyperactivity Disorder (ADHD).

MY TAKEAWAY • optional

Autism Spectrum Disorder

DSM



IN EVERYDAY LANGUAGE

Developmental differences involving social communication and restricted/repetitive patterns.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Developmental communication style, sensory needs, repetitive interests.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Developmental history, support needs, context and alternative explanations?

MY TAKEAWAY • optional

TEACH SIMPLY

“Different brains can communicate, connect and process sensory information differently.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Autism Spectrum Disorder.

MY TAKEAWAY • optional

Oppositional Defiant Disorder

DSM



IN EVERYDAY LANGUAGE

A sustained pattern of angry/irritable mood, arguing/defiance or vindictiveness.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Persistent irritability and conflict in interactions.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Frequency and duration by age? Across relationships? Stress, trauma, ADHD, environment?

MY TAKEAWAY • optional

TEACH SIMPLY

“When conflict keeps happening, we explore what is driving it and how to help.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Oppositional Defiant Disorder.

MY TAKEAWAY • optional

Disruptive Mood Dysregulation Disorder

DSM



IN EVERYDAY LANGUAGE

Persistent irritability with severe recurrent temper outbursts in children.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Intense outbursts plus irritability between episodes.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Age window, frequency, duration, settings and rule-outs?

MY TAKEAWAY • optional

TEACH SIMPLY

“Big outbursts and persistent irritability tell us a child needs more support.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Disruptive Mood Dysregulation Disorder.

MY TAKEAWAY • optional

Conduct Disorder

DSM



IN EVERYDAY LANGUAGE

Repeated behaviors violating others’ rights or important age-appropriate rules.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Aggression, destruction, deceit or serious rule-breaking.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Pattern, development, context, safety and traumatic experiences?

MY TAKEAWAY • optional

TEACH SIMPLY

“We look at patterns and context rather than labeling a child from one behavior.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Conduct Disorder.

MY TAKEAWAY • optional

Anorexia Nervosa

DSM



IN EVERYDAY LANGUAGE

Restrictive intake associated with significantly low body weight and related fears/beliefs.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Restrictive eating, weight/shape concerns, physical changes.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Medical urgency and nutrition assessment; do not assume anxiety-related nausea equals anorexia.

MY TAKEAWAY • optional

TEACH SIMPLY

“Eating problems involve both emotional and physical health; medical support matters.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Anorexia Nervosa.

MY TAKEAWAY • optional

Avoidant/Restrictive Food Intake Disorder (ARF...

DSM



IN EVERYDAY LANGUAGE

Avoidance or restriction of food not driven primarily by weight/shape concerns, with significant consequences.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Fear of choking/vomiting, sensory avoidance, limited interest in eating.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Weight, nutritional deficits, supplements, psychosocial impact, medical causes?

MY TAKEAWAY • optional

TEACH SIMPLY

“Eating can become difficult for reasons other than wanting to change body shape.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Avoidant/Restrictive Food Intake Disorder (ARFID).

MY TAKEAWAY • optional

Bulimia Nervosa

DSM



IN EVERYDAY LANGUAGE

Recurring binge eating and compensatory behaviors with undue weight/shape influence.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Binge/purge cycles, secrecy, distress, dental or medical concerns.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Frequency/duration, medical risk, other eating disorders?

MY TAKEAWAY • optional

TEACH SIMPLY

“A painful cycle of eating and compensating can become hard to interrupt.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Bulimia Nervosa.

MY TAKEAWAY • optional

Binge-Eating Disorder

DSM



IN EVERYDAY LANGUAGE

Recurrent binge eating with loss of control and associated distress.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Eating rapidly, feeling out of control or ashamed.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Frequency, distress, compensatory behaviors and differential?

MY TAKEAWAY • optional

TEACH SIMPLY

“Binge eating can be linked with distress and loss of control, not lack of willpower.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Binge-Eating Disorder.

MY TAKEAWAY • optional

Borderline Personality Disorder

DSM



IN EVERYDAY LANGUAGE

Longstanding patterns involving emotion regulation, relationships, self-image and impulsivity.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Intense relational distress, fears of abandonment, unstable self-image.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Pervasive and enduring pattern? Trauma context? Safety and developmental caution?

MY TAKEAWAY • optional

TEACH SIMPLY

“Some people experience emotions and relationships with exceptional intensity.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Borderline Personality Disorder.

MY TAKEAWAY • optional

Substance Use Disorder

DSM



IN EVERYDAY LANGUAGE

Problematic substance-use patterns causing impairment or distress.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Cravings, loss of control, consequences, increased use, withdrawal.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Which substance? Pattern, tolerance/withdrawal, impairment, safety and co-occurring conditions?

MY TAKEAWAY • optional

TEACH SIMPLY

“Substance use can become a cycle that affects health, relationships and choices.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Substance Use Disorder.

MY TAKEAWAY • optional

Schizophrenia Spectrum / Psychosis

DSM



IN EVERYDAY LANGUAGE

Experiences involving changes in perception, belief or thought organization.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Hallucinations, unusual fixed beliefs, disorganized speech or marked functioning change.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Medical/substance causes, mood episodes, onset, safety and urgent assessment needs?

MY TAKEAWAY • optional

TEACH SIMPLY

“Some experiences can change how a person perceives or interprets reality.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Schizophrenia Spectrum / Psychosis.

MY TAKEAWAY • optional

Insomnia Disorder

DSM



IN EVERYDAY LANGUAGE

Persistent difficulty sleeping with associated daytime distress or impairment.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Difficulty falling/staying asleep and daytime fatigue.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Sleep opportunity, duration, environment, substances, other sleep/mental health disorders?

MY TAKEAWAY • optional

TEACH SIMPLY

“Sleep problems can affect mood, focus and coping, and may need separate attention.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Insomnia Disorder.

MY TAKEAWAY • optional

Prolonged Grief Disorder

DSM



IN EVERYDAY LANGUAGE

Persistent intense grief exceeding cultural expectations and meeting specific duration/impairment criteria.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Strong yearning or preoccupation with the person who died.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Age-specific duration, impairment, culture, depression and PTSD differences?

MY TAKEAWAY • optional

TEACH SIMPLY

“Grief has no single timetable; when it remains overwhelming, support can help.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Prolonged Grief Disorder.

MY TAKEAWAY • optional

Somatic Symptom Disorder

DSM



IN EVERYDAY LANGUAGE

Distressing physical symptoms accompanied by disproportionate thoughts, feelings or behaviors regarding them.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Health worry and time spent focused on symptoms.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Medical evaluation, associated thoughts/behaviors, duration; symptoms are real.

MY TAKEAWAY • optional

TEACH SIMPLY

“Physical symptoms are real, and stress or worry can add another layer of distress.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Somatic Symptom Disorder.

MY TAKEAWAY • optional

Illness Anxiety Disorder

DSM



IN EVERYDAY LANGUAGE

High anxiety about having or developing serious illness, typically with few or mild physical symptoms.

MY TAKEAWAY • optional

WHAT I MIGHT NOTICE

Repeated checking or avoiding health care, reassurance-seeking.

MY TAKEAWAY • optional

ASK BEFORE ASSUMING

Duration, other conditions and actual medical assessment?

MY TAKEAWAY • optional

TEACH SIMPLY

“Sometimes fear of illness takes up a lot of mental space.”

MY TAKEAWAY • optional

DIAGNOSTIC THINKING

Explore duration, severity, functioning, developmental and cultural factors, safety, and other plausible explanations. Verify full DSM-5-TR criteria; do not diagnose from this summary.

GO DEEPER

Tap this card to open the client-friendly teaching page for Illness Anxiety Disorder.

MY TAKEAWAY • optional

Medication Library • 1

MEDICATIONS



Sertraline • Zoloft	Desvenlafaxine • Pristiq
Fluoxetine • Prozac	Bupropion • Wellbutrin
Escitalopram • Lexapro	Mirtazapine • Remeron
Citalopram • Celexa	Trazodone • Desyrel
Paroxetine • Paxil	Buspirone • BuSpar (historical brand)
Fluvoxamine • Luvox	Hydroxyzine • Vistaril / Atarax
Venlafaxine • Effexor XR	Alprazolam • Xanax
Duloxetine • Cymbalta	Lorazepam • Ativan

Medication Library • 2

MEDICATIONS



Clonazepam • Klonopin	Aripiprazole • Abilify
Propranolol • Inderal	Quetiapine • Seroquel
Methylphenidate • Ritalin / Concerta	Risperidone • Risperdal
Amphetamine / dextroamphetamine • Adderall	Olanzapine • Zyprexa
Lisdexamfetamine • Vyvanse	Lithium • Lithobid
Atomoxetine • Strattera	Lamotrigine • Lamictal
Guanfacine ER • Intuniv	Valproate / divalproex • Depakote
Clonidine ER • Kapvay	Prazosin • Minipress

Medication Library • 3

MEDICATIONS

Naltrexone • Revia / Vivitrol	Methadone • Methadose
Buprenorphine / naloxone • Suboxone	Disulfiram • Antabuse

Sertraline

MEDICATIONS



GENERIC & BRAND NAME

Sertraline • Zoloft

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression, OCD, panic, PTSD, social anxiety; other clinician-directed uses.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sleep changes, sexual side effects; monitor for new agitation or suicidal thinking, especially early in treatment.

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Fluoxetine

MEDICATIONS



GENERIC & BRAND NAME

Fluoxetine • Prozac

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression, OCD, panic and certain eating-related conditions.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

GI upset, sleep changes, activation, sexual side effects; serotonin-related interactions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Escitalopram

MEDICATIONS



GENERIC & BRAND NAME

Escitalopram • Lexapro

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression and generalized anxiety.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, headache, sexual side effects, sleep changes.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Citalopram

MEDICATIONS



GENERIC & BRAND NAME

Citalopram • Celexa

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sexual side effects; QT-prolongation cautions for some patients.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Paroxetine

MEDICATIONS



GENERIC & BRAND NAME

Paroxetine • Paxil

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression and several anxiety conditions.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, sexual side effects; discontinuation symptoms if stopped abruptly.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Fluvoxamine

MEDICATIONS



GENERIC & BRAND NAME

Fluvoxamine • Luvox

MY TAKEAWAY • optional

MEDICATION CLASS

SSRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

OCD; other clinician-directed uses.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sleep effects, important drug interactions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Venlafaxine

MEDICATIONS



GENERIC & BRAND NAME

Venlafaxine • Effexor XR

MY TAKEAWAY • optional

MEDICATION CLASS

SNRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression, generalized/social anxiety, panic.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sweating, possible increased blood pressure; discontinuation symptoms.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Duloxetine

MEDICATIONS



GENERIC & BRAND NAME

Duloxetine • Cymbalta

MY TAKEAWAY • optional

MEDICATION CLASS

SNRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression, anxiety and some pain conditions.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sweating, blood pressure or liver-related precautions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Desvenlafaxine

MEDICATIONS



GENERIC & BRAND NAME

Desvenlafaxine • Pristiq

MY TAKEAWAY • optional

MEDICATION CLASS

SNRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, sweating, blood pressure changes, discontinuation symptoms.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Bupropion

MEDICATIONS



GENERIC & BRAND NAME

Bupropion • Wellbutrin

MY TAKEAWAY • optional

MEDICATION CLASS

NDRI antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression, seasonal affective disorder; smoking cessation under a different brand.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Insomnia, agitation, decreased appetite; seizure risk, contraindicated in some eating disorders.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Mirtazapine

MEDICATIONS



GENERIC & BRAND NAME

Mirtazapine • Remeron

MY TAKEAWAY • optional

MEDICATION CLASS

Antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sleepiness, increased appetite and weight gain may occur.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Trazodone

MEDICATIONS



GENERIC & BRAND NAME

Trazodone • Desyrel

MY TAKEAWAY • optional

MEDICATION CLASS

Serotonin-modulating antidepressant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Depression; often used off-label for sleep.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, dizziness, low blood pressure; rare prolonged erection emergency.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Buspirone

MEDICATIONS



GENERIC & BRAND NAME

Buspirone • BuSpar (historical brand)

MY TAKEAWAY • optional

MEDICATION CLASS

Anxiolytic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Generalized anxiety.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Dizziness, nausea; not an as-needed rescue for acute panic.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Hydroxyzine

MEDICATIONS



GENERIC & BRAND NAME

Hydroxyzine • Vistaril / Atarax

MY TAKEAWAY • optional

MEDICATION CLASS

Antihistamine / anxiolytic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Anxiety symptoms, itching; sometimes sedation.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Drowsiness, dry mouth; caution with driving and some heart rhythm risks.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Alprazolam

MEDICATIONS



GENERIC & BRAND NAME

Alprazolam • Xanax

MY TAKEAWAY • optional

MEDICATION CLASS

Benzodiazepine

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Anxiety and panic disorders.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, dependence, withdrawal; serious risk with opioids or alcohol.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Lorazepam

MEDICATIONS



GENERIC & BRAND NAME

Lorazepam • Ativan

MY TAKEAWAY • optional

MEDICATION CLASS

Benzodiazepine

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Anxiety and other medical uses.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, falls, dependence; risk with opioids or alcohol.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Clonazepam

MEDICATIONS



GENERIC & BRAND NAME

Clonazepam • Klonopin

MY TAKEAWAY • optional

MEDICATION CLASS

Benzodiazepine

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Panic and seizure disorders.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, dependence and withdrawal risks.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Propranolol

MEDICATIONS



GENERIC & BRAND NAME

Propranolol • Inderal

MY TAKEAWAY • optional

MEDICATION CLASS

Beta blocker

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Cardiovascular conditions; sometimes off-label for performance anxiety physical symptoms.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Low pulse, dizziness; caution in asthma and other conditions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Methylphenidate

MEDICATIONS



GENERIC & BRAND NAME

Methylphenidate • Ritalin / Concerta

MY TAKEAWAY • optional

MEDICATION CLASS

Stimulant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD; some other indications.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Reduced appetite, sleep disturbance, elevated pulse/BP; misuse potential.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Amphetamine / dextroamphetamine

MEDICATIONS



GENERIC & BRAND NAME

Amphetamine / dextroamphetamine • Adderall

MY TAKEAWAY • optional

MEDICATION CLASS

Stimulant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD and narcolepsy.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Reduced appetite, insomnia, cardiovascular effects; misuse potential.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Lisdexamfetamine

MEDICATIONS



GENERIC & BRAND NAME

Lisdexamfetamine • Vyvanse

MY TAKEAWAY • optional

MEDICATION CLASS

Stimulant

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD and moderate-to-severe binge-eating disorder in adults.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Appetite loss, insomnia, cardiovascular effects; misuse potential.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Atomoxetine

MEDICATIONS



GENERIC & BRAND NAME

Atomoxetine • Strattera

MY TAKEAWAY • optional

MEDICATION CLASS

Nonstimulant ADHD medication

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea, appetite change, sleep or mood changes; important warnings for younger people.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Guanfacine ER

MEDICATIONS



GENERIC & BRAND NAME

Guanfacine ER • Intuniv

MY TAKEAWAY • optional

MEDICATION CLASS

Alpha-2 adrenergic agonist

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sleepiness, dizziness, low blood pressure.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Clonidine ER

MEDICATIONS



GENERIC & BRAND NAME

Clonidine ER • Kapvay

MY TAKEAWAY • optional

MEDICATION CLASS

Alpha-2 adrenergic agonist

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

ADHD.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, dizziness, low blood pressure; do not stop abruptly without prescriber.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Aripiprazole

MEDICATIONS



GENERIC & BRAND NAME

Aripiprazole • Abilify

MY TAKEAWAY • optional

MEDICATION CLASS

Atypical antipsychotic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar I, schizophrenia, adjunctive depression and some other indications.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Restlessness/akathisia, metabolic changes, movement side effects.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Quetiapine

MEDICATIONS



GENERIC & BRAND NAME

Quetiapine • Seroquel

MY TAKEAWAY • optional

MEDICATION CLASS

Atypical antipsychotic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar disorder, schizophrenia, and adjunctive depression in certain formulations.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, metabolic effects, dizziness.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Risperidone

MEDICATIONS



GENERIC & BRAND NAME

Risperidone • Risperdal

MY TAKEAWAY • optional

MEDICATION CLASS

Atypical antipsychotic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Schizophrenia, bipolar mania and irritability associated with autism.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Metabolic changes, prolactin elevation, movement side effects.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Olanzapine

MEDICATIONS



GENERIC & BRAND NAME

Olanzapine • Zyprexa

MY TAKEAWAY • optional

MEDICATION CLASS

Atypical antipsychotic

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar disorder and schizophrenia.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Weight/metabolic changes, sedation.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Lithium

MEDICATIONS



GENERIC & BRAND NAME

Lithium • Lithobid

MY TAKEAWAY • optional

MEDICATION CLASS

Mood stabilizer

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar disorder.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Requires blood level, kidney and thyroid monitoring; toxicity risk with dehydration or interactions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Lamotrigine

MEDICATIONS



GENERIC & BRAND NAME

Lamotrigine • Lamictal

MY TAKEAWAY • optional

MEDICATION CLASS

Anticonvulsant / mood stabilizer

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar I maintenance and epilepsy.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Rash warning including rare serious reactions; requires careful titration.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Valproate / divalproex

MEDICATIONS



GENERIC & BRAND NAME

Valproate / divalproex • Depakote

MY TAKEAWAY • optional

MEDICATION CLASS

Anticonvulsant / mood stabilizer

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Bipolar mania, seizures, migraine prevention.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Liver and pregnancy-related serious risks; blood monitoring may be needed.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Prazosin

MEDICATIONS



GENERIC & BRAND NAME

Prazosin • Minipress

MY TAKEAWAY • optional

MEDICATION CLASS

Alpha-1 blocker

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Blood pressure; sometimes used off-label for trauma-related nightmares.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Dizziness and low blood pressure especially when standing.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Naltrexone

MEDICATIONS



GENERIC & BRAND NAME

Naltrexone • Revia / Vivitrol

MY TAKEAWAY • optional

MEDICATION CLASS

Opioid antagonist

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Alcohol use disorder and opioid relapse prevention in selected patients.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Nausea; opioid treatment considerations and liver-related cautions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Buprenorphine / naloxone

MEDICATIONS



GENERIC & BRAND NAME

Buprenorphine / naloxone • Suboxone

MY TAKEAWAY • optional

MEDICATION CLASS

Medication for opioid use disorder

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Opioid use disorder.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, precipitated withdrawal if started incorrectly, interactions with sedatives.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.

Methadone

MEDICATIONS



GENERIC & BRAND NAME

Methadone • Methadose

MY TAKEAWAY • optional

MEDICATION CLASS

Full opioid agonist

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Opioid use disorder through authorized programs; also pain in other settings.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Sedation, overdose interactions and heart rhythm precautions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Disulfiram

MEDICATIONS



GENERIC & BRAND NAME

Disulfiram • Antabuse

MY TAKEAWAY • optional

MEDICATION CLASS

Alcohol use disorder medication

MY TAKEAWAY • optional

WHAT IT MAY BE USED FOR

Supports alcohol abstinence by causing aversive reactions with alcohol.

MY TAKEAWAY • optional

WHAT SOMEONE MIGHT REPORT

Alcohol reaction risk, liver cautions.

MY TAKEAWAY • optional

A NATURAL QUESTION

“How has that medication been going for you? Have you noticed anything different since starting or changing it?”

MY TAKEAWAY • optional

MY ROLE AS COUNSELOR

Gather history and observed effects, encourage discussion with the prescriber, and use updated drug references. Do not adjust treatment.



Teach Simply • 1

PSYCHOEDUCATION



Generalized Anxiety Disorder (GAD)	Bipolar I / II Disorders
Social Anxiety Disorder	Adjustment Disorder
Panic Disorder	PTSD
Agoraphobia	Acute Stress Disorder
Specific Phobia	Obsessive-Compulsive Disorder (OCD)
Separation Anxiety Disorder	Attention-Deficit/Hyperactivity Disorder (ADHD)
Major Depressive Disorder	Autism Spectrum Disorder
Persistent Depressive Disorder	Oppositional Defiant Disorder

Teach Simply • 2

PSYCHOEDUCATION



Disruptive Mood Dysregulation Disorder

Substance Use Disorder

Conduct Disorder

Schizophrenia Spectrum / Psychosis

Anorexia Nervosa

Insomnia Disorder

Avoidant/Restrictive Food Intake Disorder (ARFID)

Prolonged Grief Disorder

Bulimia Nervosa

Somatic Symptom Disorder

Binge-Eating Disorder

Illness Anxiety Disorder

Borderline Personality Disorder

Teach Simply: Generalized Anxiety Disorder (GA...

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Worry about several areas of life that feels difficult to control.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Sometimes the worry system stays switched on even when we want a break.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Social Anxiety Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Strong fear of being judged, embarrassed, or rejected in social situations.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Your mind may treat other people’s opinions like a major threat.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Panic Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Repeated unexpected panic attacks with ongoing worry or behavioral changes afterward.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“A panic attack is an intense false alarm in the body; symptoms deserve proper medical evaluation too.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Agoraphobia

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Fear or avoidance of situations where escape or help might feel difficult.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“It can feel safer to avoid places where getting help seems difficult.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Specific Phobia

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Marked fear linked to a particular object or situation.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Your alarm system reacts strongly to a particular trigger.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Separation Anxiety Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Excessive fear about separation from important attachment figures.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Being apart can feel scary even when everyone is safe.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Major Depressive Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Episodes of low mood or reduced interest with accompanying changes in functioning.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Depression can affect energy, motivation, sleep, thinking and enjoyment—not just sadness.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Persistent Depressive Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Long-lasting depressed or irritable mood with associated symptoms.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Sometimes low mood becomes a long-running pattern, even when individual days vary.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Bipolar I / II Disorders

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Mood disorders involving episodes of mania or hypomania; depression may also occur.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“We look for clear changes in energy and mood across time, not ordinary ups and downs.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Adjustment Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Emotional or behavioral symptoms associated with an identifiable stressor.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Sometimes a major change overwhelms the ways we normally cope.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: PTSD

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

A trauma-related disorder involving specific clusters of symptoms following qualifying exposure.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“After trauma, the brain and body can stay on alert long after the event.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Acute Stress Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Trauma-related symptoms occurring in the early period after qualifying exposure.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Some early trauma reactions are intense; we pay attention to timing and support.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Obsessive-Compulsive Disorder (OCD)

PSYCHOEDUCATION

FIRST, UNDERSTAND IT

Unwanted intrusive thoughts and/or repetitive behaviors or mental rituals.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“OCD can create a loop of unwanted thoughts and urges to do rituals for relief.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Attention-Deficit/Hyperactivity ...

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Persistent attention and/or hyperactivity-impulsivity patterns affecting function.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“ADHD can make regulating attention and impulses harder, even with strong effort.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Autism Spectrum Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Developmental differences involving social communication and restricted/repetitive patterns.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Different brains can communicate, connect and process sensory information differently.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.



Teach Simply: Oppositional Defiant Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

A sustained pattern of angry/irritable mood, arguing/defiance or vindictiveness.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“When conflict keeps happening, we explore what is driving it and how to help.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Disruptive Mood Dysregulation Di...

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Persistent irritability with severe recurrent temper outbursts in children.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Big outbursts and persistent irritability tell us a child needs more support.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Conduct Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Repeated behaviors violating others’ rights or important age-appropriate rules.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“We look at patterns and context rather than labeling a child from one behavior.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Anorexia Nervosa

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Restrictive intake associated with significantly low body weight and related fears/beliefs.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Eating problems involve both emotional and physical health; medical support matters.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Avoidant/Restrictive Food Intake...

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Avoidance or restriction of food not driven primarily by weight/shape concerns, with significant consequences.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Eating can become difficult for reasons other than wanting to change body shape.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Bulimia Nervosa

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Recurring binge eating and compensatory behaviors with undue weight/shape influence.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“A painful cycle of eating and compensating can become hard to interrupt.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Binge-Eating Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Recurrent binge eating with loss of control and associated distress.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Binge eating can be linked with distress and loss of control, not lack of willpower.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Borderline Personality Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Longstanding patterns involving emotion regulation, relationships, self-image and impulsivity.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Some people experience emotions and relationships with exceptional intensity.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Substance Use Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Problematic substance-use patterns causing impairment or distress.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Substance use can become a cycle that affects health, relationships and choices.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Schizophrenia Spectrum / Psychos...

PSYCHOEDUCATION

FIRST, UNDERSTAND IT

Experiences involving changes in perception, belief or thought organization.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Some experiences can change how a person perceives or interprets reality.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Insomnia Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Persistent difficulty sleeping with associated daytime distress or impairment.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Sleep problems can affect mood, focus and coping, and may need separate attention.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Prolonged Grief Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Persistent intense grief exceeding cultural expectations and meeting specific duration/impairment criteria.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Grief has no single timetable; when it remains overwhelming, support can help.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Somatic Symptom Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

Distressing physical symptoms accompanied by disproportionate thoughts, feelings or behaviors regarding them.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Physical symptoms are real, and stress or worry can add another layer of distress.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Teach Simply: Illness Anxiety Disorder

PSYCHOEDUCATION



FIRST, UNDERSTAND IT

High anxiety about having or developing serious illness, typically with few or mild physical symptoms.

MY TAKEAWAY • optional

A NATURAL WAY TO EXPLAIN IT

“Sometimes fear of illness takes up a lot of mental space.”

MY TAKEAWAY • optional

WITH A CHILD

Keep it short and concrete. Try a drawing or metaphor if the explanation fits. Ask: “Is any part of that like what you feel?”

WITH A TEEN

Keep it conversational, not lecture-like. Ask: “Does that sound familiar, or is your experience different?”

MY TAKEAWAY • optional

WITH AN ADULT / COUPLE

Connect it to the person’s experience and values. For couples, avoid explaining one partner’s experience as a label for the whole relationship.

CHECK UNDERSTANDING

“How would you explain that back in your own words?” Invite corrections. Don’t assume the explanation fits every person.

Activity Matchmaker

ACTIVITIES



Circle of Control	Behavioral Activation Ladder
Feelings Thermometer	Worry Detective
Thought–Feeling–Action Map	Values Compass
Strengths Shield	Grief Memory Box
Support Circles	Emotion Charades
Coping Menu	Repair Conversation

Circle of Control

ACTIVITIES



PURPOSE • WHY USE IT

Separate what can be influenced from what cannot.

MY TAKEAWAY • optional

INTRODUCE IT

“What part of this is yours to influence, and what isn’t?”

MY TAKEAWAY • optional

STEP BY STEP

Draw inner/outer circles; client chooses a current worry; sort controllable actions vs outside factors; identify one small next step.

MAKE IT AGE-APPROPRIATE

Child: draw/color two circles. Teen: school/social examples. Adult: work/relationships. Couples: individual vs shared control.

WHAT TO NOTICE

Watch for self-blame, rigid responsibility; avoid suggesting someone can control others or unsafe situations.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Feelings Thermometer

ACTIVITIES



PURPOSE • WHY USE IT

Identify emotional intensity early enough to choose a coping response.

MY TAKEAWAY • optional

INTRODUCE IT

“How do you know you’ve moved from a three to a seven?”

MY TAKEAWAY • optional

STEP BY STEP

Draw a scale 0–10; label body clues at low/mid/high levels; identify a useful response for each range; rehearse.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: faces/colors. Teen: emojis and body clues. Adult: triggers and early signs. Couples: pause signals.

MY TAKEAWAY • optional

WHAT TO NOTICE

Numbers mean different things to different people; let client define anchors.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Thought–Feeling–Action Map

ACTIVITIES



PURPOSE • WHY USE IT

Help understand connections without assuming thoughts caused everything.

MY TAKEAWAY • optional

INTRODUCE IT

“What went through your mind right before that feeling showed up?”

MY TAKEAWAY • optional

STEP BY STEP

Pick one recent situation; identify thoughts, emotions, body reactions, actions; explore alternatives and context.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: comic panels. Teen: group-chat example. Adult: work situation. Couples: map each perspective without blame.

WHAT TO NOTICE

Do not rush to challenge or correct a thought.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Strengths Shield

ACTIVITIES



PURPOSE • WHY USE IT

Help client identify skills, values, relationships and past successes.

MY TAKEAWAY • optional

INTRODUCE IT

“Which strength do you sometimes forget you have?”

MY TAKEAWAY • optional

STEP BY STEP

Draw four sections: strengths, hard things overcome, supporters, values; invite examples; choose one strength to use.

MAKE IT AGE-APPROPRIATE

Child: superhero shield. Teen: identity crest. Adult: strengths inventory. Couples: shared and individual strengths.

MY TAKEAWAY • optional

WHAT TO NOTICE

Avoid forced positivity; acknowledge real barriers.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional



Support Circles

ACTIVITIES



PURPOSE • WHY USE IT

Distinguish trusted support from people who are less safe or reliable.

MY TAKEAWAY • optional

INTRODUCE IT

“Who helps you feel heard without judging?”

MY TAKEAWAY • optional

STEP BY STEP

Draw concentric circles; identify who belongs where, what support they offer, and one safe way to reach out.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: trusted grownups. Teen: friends/school/family. Adult: community. Couples: shared vs individual supports.

MY TAKEAWAY • optional

WHAT TO NOTICE

Do not assume family members are safe or supportive.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Coping Menu

ACTIVITIES



PURPOSE • WHY USE IT

Build a small personalized menu of coping strategies for different situations.

MY TAKEAWAY • optional

INTRODUCE IT

“Which of these would you actually use on a hard day?”

MY TAKEAWAY • optional

STEP BY STEP

Explore what has helped; list body, mind, connection and action options; practice two; plan a real-world test.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: illustrated menu. Teen: phone-note menu. Adult: cue cards. Couples: co-regulation menu.

MY TAKEAWAY • optional

WHAT TO NOTICE

A coping skill may calm symptoms but not resolve the underlying problem.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Behavioral Activation Ladder

ACTIVITIES



PURPOSE • WHY USE IT

Reconnect actions with values and possible sources of accomplishment or pleasure.

MY TAKEAWAY • optional

INTRODUCE IT

“What would the smallest doable version look like?”

MY TAKEAWAY • optional

STEP BY STEP

Identify a valued activity; break into tiny steps; select feasible action; predict barrier; review what happened next time.

MAKE IT AGE-APPROPRIATE

Child: sticker staircase. Teen: activity tracker. Adult: values-based ladder. Couples: shared pleasant activity.

MY TAKEAWAY • optional

WHAT TO NOTICE

Assess energy, impairment and safety; avoid shaming inactivity.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Worry Detective

ACTIVITIES



PURPOSE • WHY USE IT

Explore predictions, evidence and uncertainty gently.

MY TAKEAWAY • optional

INTRODUCE IT

“What makes that outcome feel certain?”

MY TAKEAWAY • optional

STEP BY STEP

Name the worry; ask what outcome is feared; explore available evidence and other possibilities; choose tolerable response.

MAKE IT AGE-APPROPRIATE

Child: detective magnifier. Teen: worry vs facts card. Adult: probability and coping plan. Couples: clarify assumptions.

WHAT TO NOTICE

Do not provide endless reassurance in OCD or invalidate realistic threats.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Values Compass

ACTIVITIES



PURPOSE • WHY USE IT

Connect decisions and behavior with personally meaningful values.

MY TAKEAWAY • optional

INTRODUCE IT

“If this mattered to you, what might you do differently this week?”

MY TAKEAWAY • optional

STEP BY STEP

Choose 3–5 values; discuss what each looks like in action; identify one small aligned step.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: values pictures. Teen: identity collage. Adult: value sorting. Couples: shared/individual values.

MY TAKEAWAY • optional

WHAT TO NOTICE

Values come from client, not counselor.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Grief Memory Box

ACTIVITIES



PURPOSE • WHY USE IT

Create an optional way to remember someone and explore grief.

MY TAKEAWAY • optional

INTRODUCE IT

“What would you want people to remember about them?”

MY TAKEAWAY • optional

STEP BY STEP

Invite choice of drawing, object, memory or story; explore feelings; ask whether to pause; close with grounding.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: drawing box. Teen: playlist/memory card. Adult: letter or object. Couples: shared memories with consent.

MY TAKEAWAY • optional

WHAT TO NOTICE

Never force disclosure; adjust for cultural beliefs and readiness.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Emotion Charades

ACTIVITIES



PURPOSE • WHY USE IT

Practice naming and recognizing emotions in context.

MY TAKEAWAY • optional

INTRODUCE IT

“What clues helped you guess that feeling?”

MY TAKEAWAY • optional

STEP BY STEP

Create emotion cards; act or draw; discuss body cues, situations and useful responses.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Child: playful gestures. Teen: memes. Adult: optional situations-based version. Couples: emotion interpretation check.

WHAT TO NOTICE

Avoid treating facial expression as universal proof of emotion.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

Repair Conversation

ACTIVITIES



PURPOSE • WHY USE IT

Practice taking responsibility, listening and making a specific repair.

MY TAKEAWAY • optional

INTRODUCE IT

“What did you hear mattered most to your partner?”

MY TAKEAWAY • optional

STEP BY STEP

Set respectful rules; one person describes impact; other reflects; each names a need; agree on one repair attempt.

MY TAKEAWAY • optional

MAKE IT AGE-APPROPRIATE

Teen: friendship repair. Adult: relationships. Couples: structured, only if appropriate and safe.

MY TAKEAWAY • optional

WHAT TO NOTICE

Do not use conjoint repair work where coercive control or violence makes it unsafe.

MY TAKEAWAY • optional

CLOSE THE ACTIVITY

“What did you notice? What part felt useful, if any? Is there something you want to try before we meet again?”

MY TAKEAWAY • optional

I’m Stuck! • 1

I'M STUCK



Client says “I don’t know”	Client says they isolate
Long silence	Client seems annoyed with me
Client starts crying	An activity falls flat
Child refuses an activity	I don’t know which intervention this is
Client changes topics quickly	I’m unsure whether to explore more
I can’t think of a question	Client reports medication change
Client says “Nobody likes me”	Substance use comes up
Client mentions nausea before school	

I’m Stuck! • 2

I'M STUCK



Possible safety concern

Client asks “Do I have depression?”

Couple begins arguing

Client says “I don’t know”

I’M STUCK



A HUMAN RESPONSE

“That’s okay. We don’t have to figure it all out right now. Would it be easier to start with what happened?”

MY TAKEAWAY • optional

WHY IT HELPS

Offer choices, simplify, and allow silence.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Watch for overwhelm, uncertainty, developmental or language needs.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Long silence

I'M STUCK



A HUMAN RESPONSE

“We can take our time. What’s happening for you right now?”

MY TAKEAWAY • optional

WHY IT HELPS

Leave room before filling silence.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Silence may mean thinking, emotion, discomfort, or processing.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Client starts crying

I'M STUCK



A HUMAN RESPONSE

“I can see this is bringing up a lot. Do you want a moment, or would it help to keep talking?”

MY TAKEAWAY • optional

WHY IT HELPS

Be present; offer choice, not pressure.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Notice breathing and ability to stay engaged; avoid assuming why.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional



Child refuses an activity

I'M STUCK



A HUMAN RESPONSE

“That’s okay. We can try something different. What would feel better to do today?”

MY TAKEAWAY • optional

WHY IT HELPS

Offer two real choices and follow the child’s lead.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Explore whether the task felt boring, difficult, unsafe, or unclear.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Client changes topics quickly

I'M STUCK



A HUMAN RESPONSE

“I’m noticing a few important things coming up. Which one feels most important today?”

MY TAKEAWAY • optional

WHY IT HELPS

Collaboratively prioritize, don’t force a rigid agenda.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Note if topic shifts accompany distress, avoidance, excitement or attention needs.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

I can’t think of a question

I’M STUCK



A HUMAN RESPONSE

“Can you tell me a little more about that?”

MY TAKEAWAY • optional

WHY IT HELPS

Reflect the last meaningful phrase before adding a question.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Ask about emotion, meaning, impact or what happened next.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional



Client says “Nobody likes me”

I'M STUCK



A HUMAN RESPONSE

“What happened that left you feeling that way?”

MY TAKEAWAY • optional

WHY IT HELPS

Explore specifics before interpreting it as a thinking trap.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Listen for exclusion, bullying, depression or overgeneralizing.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Client mentions nausea before school

I'M STUCK



A HUMAN RESPONSE

“When you notice your stomach feeling that way, what usually happens just before?”

MY TAKEAWAY • optional

WHY IT HELPS

Explore body, context and functioning; do not assume anxiety is the cause.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Ask about medical evaluation, eating, fears and avoidance.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Client says they isolate

I'M STUCK



A HUMAN RESPONSE

“When you say you pull away, what does that look like for you?”

MY TAKEAWAY • optional

WHY IT HELPS

Clarify duration, reason, safety and consequences.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Could reflect coping, depression, anxiety, conflict or need for rest.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional



Client seems annoyed with me

I'M STUCK



A HUMAN RESPONSE

“I might be missing something. How is this conversation feeling to you?”

MY TAKEAWAY • optional

WHY IT HELPS

Invite feedback without defensiveness.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Check the relationship, fit and pacing.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

An activity falls flat

I'M STUCK



A HUMAN RESPONSE

“I’m not sure this is connecting for you. Would you rather talk it through or try another approach?”

MY TAKEAWAY • optional

WHY IT HELPS

Adapt or stop; completion is not the goal.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Watch for mismatch between intervention and client needs.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

I don’t know which intervention this is

I’M STUCK



A HUMAN RESPONSE

“Can we look at what felt most useful about that conversation?”

MY TAKEAWAY • optional

WHY IT HELPS

Name what you did after session: reflection, problem-solving, psychoeducation, practice.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

The purpose and client response matter more than labels.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

I’m unsure whether to explore more

I’M STUCK



A HUMAN RESPONSE

“Something you said stood out to me. Would it be okay if we stayed with that for a minute?”

MY TAKEAWAY • optional

WHY IT HELPS

Ask permission and follow the client’s priority.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Notice an emotion shift, contradiction, repeated theme or sudden withdrawal.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Client reports medication change

I'M STUCK



A HUMAN RESPONSE

“What have you noticed since the change, and have you shared that with your prescriber?”

MY TAKEAWAY • optional

WHY IT HELPS

Clarify timing, adherence and concerning effects; stay in counselor scope.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Do not recommend starting, stopping or adjusting medication.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Substance use comes up

I'M STUCK



A HUMAN RESPONSE

“What role has alcohol or another substance been playing for you lately?”

MY TAKEAWAY • optional

WHY IT HELPS

Ask neutrally about pattern, impact, safety and readiness.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Use direct assessment for withdrawal, overdose or intoxication concerns.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional



Possible safety concern

I'M STUCK



A HUMAN RESPONSE

“I want to check directly about your safety. Have you been thinking about hurting yourself or ending your life?”

MY TAKEAWAY • optional

WHY IT HELPS

Use site-approved risk assessment and promptly involve supervisor/emergency support when indicated.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Never substitute a script or checklist for a full assessment.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Couple begins arguing

I'M STUCK



A HUMAN RESPONSE

“I want to slow us down so I can understand each of you. Can we take turns for a moment?”

MY TAKEAWAY • optional

WHY IT HELPS

Maintain structure, screen for coercion or violence per training and policy.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Do not assume conjoint work is safe.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional



Client asks “Do I have depression?”

I’M STUCK



A HUMAN RESPONSE

“We can look together at what you’ve been experiencing. I wouldn’t want to jump to a label without understanding the full picture.”

MY TAKEAWAY • optional

WHY IT HELPS

Explore symptom duration, functioning, alternatives, and consult supervision.

MY TAKEAWAY • optional

LISTEN / LOOK FOR

Avoid diagnosing from isolated symptoms.

MY TAKEAWAY • optional

WHAT TO DO NEXT

Slow down. Reflect what you heard. Ask only one follow-up. If needed, check safety, seek supervision, or change course.

MY TAKEAWAY • optional

REMEMBER

You do not have to fill every silence, finish every activity, or fix every feeling. Be genuine and collaborative.

MY TAKEAWAY • optional

Socratic Questioning

SOCRATIC



Rejection / “Nobody likes me”

All-or-nothing / “I’m a failure”

Catastrophizing / “Something terrible will happen”

Helplessness / “Nothing matters”

Self-blame / “It’s all my fault”

Couples / “My partner never listens”

Rejection / “Nobody likes me”

SOCRATIC



1 UNDERSTAND AND VALIDATE

That sounds painful. What happened that left you feeling that way?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

When you say nobody, who comes to mind? Has anyone responded differently?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

What are some other explanations for what happened?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

What would you tell someone you cared about?

MY TAKEAWAY • optional

5 CHECK THE RESULT

What feels different, if anything, after looking at it together?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

Catastrophizing / “Something terrible will hap...

SOCRATIC



1 UNDERSTAND AND VALIDATE

That sounds scary. What are you most worried might happen?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

What makes that outcome feel likely right now?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

Could there be another possible outcome?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

If things got hard, what support could you draw on?

MY TAKEAWAY • optional

5 CHECK THE RESULT

What feels like one manageable next step?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

Self-blame / “It’s all my fault”

SOCRATIC



1 UNDERSTAND AND VALIDATE

That sounds like a lot to carry. What happened?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

Which parts were within your control?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

Were other people or circumstances involved?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

What would you say to a friend carrying the same blame?

MY TAKEAWAY • optional

5 CHECK THE RESULT

What feels like a fairer way to describe your part?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

All-or-nothing / “I’m a failure”

SOCRATIC



1 UNDERSTAND AND VALIDATE

I can hear this matters to you. What would a mistake mean about you?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

Are there times you made mistakes and still did something well?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

What would a more balanced description sound like?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

What expectation would feel fairer?

MY TAKEAWAY • optional

5 CHECK THE RESULT

What might change if you tried it?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

Helplessness / “Nothing matters”

SOCRATIC



1 UNDERSTAND AND VALIDATE

That sounds exhausting. What is the hardest part?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

Have there been small moments when anything helped?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

What part, if any, could you influence?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

Who could support you?

MY TAKEAWAY • optional

5 CHECK THE RESULT

What small experiment might be worth trying?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

Couples / “My partner never listens”

SOCRATIC



1 UNDERSTAND AND VALIDATE

Can you walk me through a recent moment you felt unheard?

MY TAKEAWAY • optional

2 EXPLORE THE EVIDENCE

What did each person say or do?

MY TAKEAWAY • optional

3 CONSIDER ALTERNATIVES

What might each have wanted the other to understand?

MY TAKEAWAY • optional

4 TRY A NEW PERSPECTIVE

What would listening look like in one specific exchange?

MY TAKEAWAY • optional

5 CHECK THE RESULT

Would you both be willing to practice slowing it down?

MY TAKEAWAY • optional

WHY THESE QUESTIONS?

Socratic questions invite the client’s own discovery. Reflect first. Never argue, rush to challenge a belief, or assume the thought is inaccurate.

My Live Thinking Pad

WRITE



Practice concepts only. Example: “feeling alone,” “nausea before school,” “sertraline.” Keep client records in TherapyNotes.

WHAT STOOD OUT?

Words • body language • emotion • change

ONE CURIOUS QUESTION

What could I ask without assuming?

WHAT SHOULD I LOOK UP?

DSM • medication • intervention • psychoeducation

MY NEXT MOVE

Reflect • clarify • collaborate • safety/supervision

My Skill Reflection

WRITE



Reflect on your learning, not individual client records. Duplicate freely in Goodnotes.

SKILL I PRACTICED

Listening • reflection • CBT • play • assessment

WHAT I LEARNED

A clinical term, pattern, or lesson

WHAT I WANT TO TRY NEXT

One manageable improvement

SUPERVISION QUESTION

What I want help understanding

Clinical Vocabulary Notes

WRITE



Collect terms you are learning: affect, rumination, hypervigilance, behavioral activation, and more.

TERM

Write a new word here

IN MY OWN WORDS

Explain what it means simply

WHAT IT MIGHT LOOK OR SOUND LIKE

Example from a fictional scenario

WHERE I COULD USE IT

Question • intervention • supervision

Activity Notes

WRITE



Use general learning reflections. Do not create a parallel client chart.

ACTIVITY + PURPOSE

Why would I use it?

HOW I WOULD INTRODUCE IT

Make the wording feel natural

WHAT I WOULD NOTICE

Engagement • emotions • response

WHAT I WOULD ADAPT

Child • teen • adult • couple