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CLINICAL MODULES

Couples Dialogue and Assessment Activities Clinical Practice Workbook

A clinical reference for adult partners exploring relationship patterns, strengths, needs, and shared direction

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Relationship Story and Strengths

2 · Family, Culture, and Relationship Learning

3 · Attachment, Emotional Safety, and Support

4 · Communication, Conflict, and Repair

5 · Daily Life, Roles, and Mental Load

6 · Boundaries, Trust, Privacy, and Digital Life

7 · Money, Work, and Resources

8 · Parenting, Caregiving, and Family Decisions

9 · Affection, Sexuality, and Physical Intimacy

10 · Identity, Values, Faith, and Social World

11 · Play, Friendship, and Shared Meaning

12 · Future, Commitment, and Ongoing Review

How to use this workbook

CLINICAL ORIENTATION

- Select prompts collaboratively; this is a menu, not a sequence that every couple must complete.
- Each partner may pass, pause, request clarification, or answer later without penalty.
- Use short rounds: one partner speaks, the other reflects what was heard, then the speaker corrects or confirms before roles switch.
- End each activity with synthesis and one small, mutually agreed experiment rather than forcing immediate agreement.
- Use writing separately before discussion when partners need more time to identify their own views.

Clinical considerations

- Do not use conjoint disclosure exercises when either partner fears retaliation or when coercive control, stalking, active violence, or unsafe surveillance is present. Prioritize individual safety assessment and appropriate specialist support.
- Consent to a relationship does not imply consent to sex, touch, disclosure, shared accounts, parenthood, marriage, or any particular activity.
- Avoid assuming monogamy, marriage, shared housing, heterosexuality, binary gender, parenthood, shared faith, financial merging, or equal social power. Clarify agreements and context.
- Trauma, grief, disability, neurodivergence, culture, racism, migration, faith, class, and minority stress may shape interaction patterns; do not reduce contextual adaptations to personal deficits.
- If discussion escalates, stop content work, orient to safety, separate if needed, and follow the couple's crisis or de-escalation plan.

Relationship Story and Strengths

Clinical aim: Elicit the couple's shared and differing narratives while identifying resources for change.

Partners often remember the same relationship differently. Curiosity matters more than establishing one official version.

Dialogue Prompts

Choose five to eight prompts. Take turns and reflect before responding.

How did you first understand what this relationship could become?

What initially drew you toward your partner?

Which early memory still captures something important about the two of you?

When have you felt most like a team?

What challenge have you handled better than you expected?

What quality in your partner do you respect?

What quality does your partner bring out in you?

Which ordinary ritual matters more than it may appear?

When have you recently felt appreciated?

What do you think your partner is proud of in the relationship?

Which relationship value has remained stable?

Where has the relationship changed in a healthy way?

What has helped you reconnect after distance?

Who or what has supported the relationship?

What do you hope never becomes invisible through familiarity?

If this chapter had a title, what would it be?

What would you like the next chapter to contain?

Shared Timeline

Complete separately, then compare without debating memory.

Period/event	Partner A meaning	Partner B meaning	Strength or unfinished need
Beginning			
Important transition			
Current chapter			

Where do your meanings overlap?

Which difference deserves more curiosity?

Family, Culture, and Relationship Learning

Clinical aim: Explore inherited relationship templates and contextual influences without blaming families or cultures.

Ideas about love, conflict, roles, privacy, and belonging are learned across families, communities, identities, and experience.

Dialogue Prompts

Choose prompts that fit; partners may decline family-history disclosure.

What did care look like in the household or community where you grew up?

How did adults handle disagreement?

What happened after someone caused harm?

How were affection and praise expressed or withheld?

What messages did you receive about dependence and independence?

How were household responsibilities divided?

What did you learn about gender and partnership?

How did your family approach money or scarcity?

What did you learn about privacy and secrets?

How were sex and bodies discussed?

What did you learn about asking for help?

Which family tradition would you like to continue?

Which pattern would you like to change?

How do race, ethnicity, faith, migration, class, disability, or community shape your expectations?

Where do you feel welcomed by each other’s important people?

Where do loyalty conflicts arise?

What boundary with relatives or community would support the relationship?

Inherited Messages Checklist

Mark messages that shaped either partner, then discuss their present usefulness.

- ☐ Keep conflict private at all costs
- ☐ One person should lead
- ☐ Love means anticipating needs without being asked
- ☐ Money should be fully combined
- ☐ Family obligations come before the couple
- ☐ Strong people manage alone
- ☐ Affection should be spontaneous
- ☐ Forgiveness means no longer discussing harm

Message	Keep	Revise	Release	Our current agreement

Attachment, Emotional Safety, and Support

Clinical aim: Clarify cues of connection, disconnection, vulnerability, and effective support.

Safety grows when partners can signal needs, respond predictably, and repair missed bids without demanding mind reading.

Dialogue Prompts

Use a slow pace and focus on present needs rather than proving intent.

When do you feel emotionally closest to me?

What helps you know that I am available to you?

What tends to make you feel alone in the relationship?

How do you signal that you need comfort?

How might I miss that signal?

When distressed, do you usually seek closeness, space, solutions, reassurance, or something else?

What kind of reassurance feels genuine?

What response feels dismissive even when it is well intended?

What makes vulnerability easier?

What makes it risky?

How do you prefer to reconnect after time apart?

What does dependable support look like during an ordinary week?

How should we respond when one person cannot provide support immediately?

What personal space supports closeness rather than threatening it?

Which small bid for connection would you like me to notice?

What appreciation have you wanted to express?

What is one emotional need you can state as a request rather than a criticism?

Support Menu

Each partner completes a row, then negotiates signals and limits.

Situation	What I feel/need	Helpful response	Unhelpful response	Signal I can use
Stress				
Sadness or loss				
Overload				
Need for space				

Communication, Conflict, and Repair

Clinical aim: Identify interaction cycles and build safer starts, pauses, accountability, and repair.

The cycle is the shared problem. Understanding it does not erase responsibility for harmful behavior.

Dialogue Prompts

Discuss a lower-intensity recurring conflict first.

What topic most reliably pulls us into a negative cycle?

What do you notice in your body when conflict begins?

What story do you tell yourself about my behavior in that moment?

What do you do next to protect yourself?

How does that response affect me?

What are you hoping I will understand beneath your complaint or withdrawal?

What kind of opening helps you stay engaged?

Which words, tones, or behaviors cross a line?

How can either person request a pause without abandoning the issue?

How much time is usually needed before returning?

What would make the return predictable?

How do you know an apology is sincere?

What makes an apology harder to receive?

What repair have we done well?

What unresolved impact still needs acknowledgment?

How can we disagree without recruiting allies or using private disclosures as weapons?

What one conflict habit are you personally willing to change?

What shared signal could interrupt escalation?

Cycle Map and Repair Plan

Map sequence, not blame. Stop if fear or intimidation appears.

- ☐ No threats or intimidation
- ☐ No insults or contempt
- ☐ No blocking exits or following during a pause
- ☐ No property destruction
- ☐ Return time is specific
- ☐ Either partner may seek outside support

Trigger	Partner A protection	Partner B interpretation/protection	Escalation	Underlying needs	Interrupt/repair

Daily Life, Roles, and Mental Load

Clinical aim: Make visible labor, standards, routines, autonomy, and practical requests.

Fairness is negotiated in context and may not mean identical tasks, time, or capacity.

Dialogue Prompts

Answer concretely and avoid global terms such as always or never.

Which daily routine helps you feel grounded?

Which routine causes friction?

What standard of cleanliness or organization matters to you?

What does 'done' mean for recurring household tasks?

Who notices, plans, remembers, and follows up on tasks?

Which invisible responsibility feels heavy?

Which responsibility do you prefer to own?

What task do you want redistributed?

How should paid work, caregiving, health, and available energy shape the division?

What alone time does each person need?

How should shared time be protected?

How do sleep schedules affect connection?

What does a workable weeknight look like?

How should guests and social plans be decided?

What technology boundary would improve daily life?

Where do accessibility or executive-function supports belong?

How can we raise a task concern without becoming manager and employee?

What experiment in workload would we test for two weeks?

Responsibility Inventory

List ownership from noticing through completion, not only task execution.

0

1

2

3

4

5

6

7

8

9

10

No strain

Unsustainable strain

5: Manageable strain

Responsibility	Notice/plan	Execute	Follow up	Current strain 0–10	New agreement
Meals					
Cleaning/home					
Scheduling/admin					
Caregiving					

Boundaries, Trust, Privacy, and Digital Life

Clinical aim: Clarify relational boundaries and rebuild trust through observable agreements rather than surveillance.

Privacy supports personhood; secrecy conceals information that violates an agreement or materially affects consent.

Dialogue Prompts

Define terms before negotiating. Transparency must not be coerced.

What does trust mean behaviorally to you?

What is the difference between privacy and secrecy in our relationship?

Which information materially affects the other person's choices or consent?

What expectations apply to phones, passwords, and messages?

How should contact with former partners be handled?

What boundaries apply to flirting or emotionally intimate friendships?

How do we define fidelity or exclusivity, if relevant?

What counts as changing an agreement?

How should a desired change be discussed before action?

What information about the relationship may be shared with friends or family?

What belongs only between us?

How should social-media posting and tagging be negotiated?

What location-sharing practices are truly voluntary?

How do we respond to jealousy without controlling behavior?

What action has strengthened trust?

What rupture still affects trust?

What would accountable trust-building look like without indefinite punishment or monitoring?

What boundary will each person state and uphold?

Agreement Audit

Each partner first records current understanding; differences reveal ambiguity, not automatic betrayal.

Area	Partner A understanding	Partner B understanding	Shared agreement	Review date
Privacy/devices				
Outside relationships				
Digital/public sharing				
Disclosure				

Money, Work, and Resources

Clinical aim: Explore financial meanings, power, risk, labor, and transparent decision-making.

Money conversations involve safety, identity, opportunity, and unequal access—not only budgeting skill.

Dialogue Prompts

Use approximate ranges if exact disclosure is not yet mutually safe; material facts affecting joint decisions require honesty.

What did money represent in your early life?

When do you feel financially secure?

What triggers financial fear or shame?

Do you tend toward saving, spending, avoiding, or close monitoring?

What purchases require consultation?

What amount can each person spend autonomously?

What debt, obligation, or risk affects shared planning?

What financial information should be routinely visible?

How should joint and individual accounts function?

What does a fair contribution mean given income, unpaid labor, disability, or caregiving?

How do career decisions affect both partners?

What work sacrifice has gone unrecognized?

How much emergency reserve would feel adequate?

How should support for relatives be decided?

What are your priorities for housing, travel, retirement, or education?

How would job loss or reduced capacity change the plan?

What financial boundary protects each person from control?

What is one money meeting practice you can sustain?

Shared Priorities

Rank separately, then allocate a hypothetical 100 points together.

Priority	Partner A points	Partner B points	Shared points	Next action
Current needs				
Emergency security				
Debt/obligations				
Future goals				

Parenting, Caregiving, and Family Decisions

Clinical aim: Clarify desires, limits, roles, and values around children and other dependents.

Do not assume a couple wants, can have, or should have children. Caregiving may include relatives, chosen family, pets, or community.

Dialogue Prompts

Acknowledge that some differences involve grief and may not have a compromise.

What are your current hopes or uncertainties about having or raising children?

What meanings shape that position?

What fertility, adoption, fostering, or reproductive-health information affects shared decisions?

How would you respond if circumstances changed?

What parenting values matter most?

What discipline practices are acceptable or unacceptable?

How should cultural, racial, faith, or family traditions be passed on?

How would caregiving and mental load be divided?

What childcare or community support would be needed?

How should work change, if at all?

What boundaries with extended family would protect the household?

How should disagreements about a child be handled away from the child?

What are your views on privacy, technology, and social media for children?

How would you support a child whose identity, needs, or abilities differ from expectations?

What responsibilities do you have toward aging or ill relatives?

What role do pets or other dependents play?

Which caregiving limit needs explicit respect?

What decision requires more information rather than immediate agreement?

Caregiving Capacity Map

Name actual resources and limits without moral judgment.

Possible responsibility	Desire/willingness	Capacity	Needed support	Nonnegotiable limit
Children				
Relatives/chosen family				
Pets/dependents				

Affection, Sexuality, and Physical Intimacy

Clinical aim: Support explicit consent, nonjudgmental communication, pleasure, boundaries, and adaptation.

Desire and capacity fluctuate. Intimacy includes many forms of affection and connection; no activity is owed.

Dialogue Prompts

Use only when both partners freely consent to the discussion. Either may pass without explanation.

What forms of nonsexual affection help you feel connected?

What touch feels comforting, neutral, or unwelcome when stressed?

How do you prefer to initiate affection?

How can a partner decline without being punished or pressured?

What helps a ‘yes’ feel freely chosen?

What contexts support desire or openness?

What contexts reduce desire?

How do stress, medication, pain, disability, hormones, sleep, body image, or trauma affect intimacy?

How should differences in desire be discussed?

What does satisfying physical intimacy mean to you now?

What would you like more of that does not require sexual activity?

What sexual-health information should partners share?

What safer-sex or contraception agreements are relevant?

What words feel respectful when discussing bodies and preferences?

What boundaries or activities are off limits?

What curiosity might you share without creating an expectation?

How should consent be checked during an activity?

When would professional medical or sex-therapy support be useful?

Yes, No, Maybe, and Context

Complete privately, then share only what each person chooses. A maybe is not consent.

Form of connection	Yes	No	Maybe/context	How to ask/check
Everyday affection				
Comforting touch				
Sexual connection				
Conversation only				

Identity, Values, Faith, and Social World

Clinical aim: Explore meaning, difference, belonging, and external stress while protecting each partner's autonomy.

Compatibility does not require sameness. Respect requires room for identity, conscience, and honest impact.

Dialogue Prompts

Speak from personal experience rather than debating whose worldview is objectively correct.

Which values most guide your decisions?

What does a meaningful life look like to you?

Which parts of your identity feel especially important now?

Where do you feel most fully yourself?

Where do you experience pressure to hide or perform?

How do social power and discrimination affect you or the relationship?

What do you need from a partner when identity-based harm occurs?

What political or ethical difference can you hold respectfully?

What difference would affect safety or core values?

What role do faith, spirituality, ritual, or nonbelief have in your life?

How should holidays or observances be approached?

What community involvement matters to you?

How do friendships support individual and relational wellbeing?

What boundaries with friends protect autonomy and trust?

How much social time and solitude does each person need?

How can each partner remain curious about identities they do not share?

What shared value can guide a current disagreement?

Where do you need acceptance rather than persuasion?

Values-to-Action Table

Select three individual values and three shared values.

Value	What it means	Current evidence	Small aligned action	Difference to respect

Play, Friendship, and Shared Meaning

Clinical aim: Strengthen friendship and positive connection without using play to bypass unresolved harm.

Novelty, humor, affection, and ritual can replenish a relationship when participation is mutual and accessible.

Dialogue Prompts

Mix reflective and light prompts; passing is welcome.

What reliably makes you laugh?

What activity helps you lose track of time?

What simple date or shared activity fits our current resources?

What interest would you enjoy teaching me?

What would you like to learn from me?

Which place holds a good relationship memory?

What song, meal, object, or tradition feels like ‘us’?

How do you prefer to celebrate milestones?

What makes leisure feel restorative rather than obligatory?

How much planning versus spontaneity do you enjoy?

What accessible adventure could we try?

What separate interest helps you return refreshed?

Which friendship quality would you like more of between us?

What compliment would feel especially meaningful?

What playful challenge would feel connecting rather than competitive?

What shared contribution to others would feel purposeful?

What new ritual could mark the end of the workday or week?

What enjoyable plan can we place on the calendar now?

Connection Jar

Each partner contributes low-cost, realistic options across categories. Draw only when both consent and allow a redraw.

- ☐ No sexual or physical task without fresh consent
- ☐ No humiliation or surprise disclosure
- ☐ Budget and accessibility agreed
- ☐ Either partner can redraw or postpone
- ☐ Debrief what felt connecting

Category	Partner A idea	Partner B idea	Access/cost needs	Chosen option
10-minute connection				
At-home activity				
Out-of-home activity				
Kind gesture				

Future, Commitment, and Ongoing Review

Clinical aim: Clarify the relationship each person is choosing and create reviewable commitments.

Commitment is defined by the partners and may include marriage or another form. Honest uncertainty is more useful than pressured certainty.

Dialogue Prompts

Distinguish hopes, assumptions, agreements, and decisions still under consideration.

What does commitment mean to you in behavior?

What are you choosing about this relationship today?

What uncertainty needs room rather than pressure?

How do you imagine the next year?

What major transition may affect the relationship?

Where would you prefer to live, and what shapes that preference?

How should career or education opportunities be weighed?

What does marriage mean to each of you, if relevant?

What legal or practical protections should be considered?

What individual goal deserves relationship support?

What shared goal feels energizing?

What sacrifice would be too costly or breed resentment?

How will decisions be revisited when circumstances change?

What warning sign means we need help sooner?

What maintenance conversation should happen monthly?

How will we recognize and celebrate progress?

What agreement from this workbook matters most?

What is one action each person freely commits to before the next review?

Relationship Review

Complete monthly or quarterly; ratings are discussion aids, not grades.



Not working or unsafe

Working very well

5: Mixed/needs attention

Area	Partner A rating	Partner B rating	What is working	One request/experiment
Emotional safety				
Communication/repair				
Daily partnership				
Affection/intimacy				
Trust/boundaries				

Which rating difference needs curiosity?

What experiment is specific, mutual, and time-limited?

When will you review it?

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No standalone DSM-5-TR diagnosis under the workbook title · educational/contextual topic unless a separately assessed disorder applies
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under the workbook title · educational/contextual topic unless another coded condition is established
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Use Couples Dialogue and Assessment Activities material to support assessment or intervention planning, not to assign a diagnosis. Evaluate duration, severity, clinically significant distress or impairment, developmental and cultural context, medical/substance causes, exclusions, and relevant differentials.

Document-specific corrections

- Keep Couples Dialogue and Assessment Activities explicitly non-diagnostic; its exercises organize experience and goals but do not establish a mental disorder or causal explanation.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Clinically review medical or treatment statements on pages [19, 44]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2, 35, 37] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63] contain named, implied, or author-created screening/rating content; extracted candidate names include: Dialogue and Assessment . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- Use Couples Dialogue and Assessment Activities activities as psychoeducation and structured reflection, not diagnosis or a stand-alone treatment plan. Adapt or stop any exercise that worsens distress, functioning, conflict, pain, or dissociation, and escalate care according to the actual presentation.

Crisis and current resources

- For Couples Dialogue and Assessment Activities, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services. · Verify all topic-specific agencies and links at publication.

Authoritative references

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- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://988lifeline.org/>