LOVE

by Dr. Katina

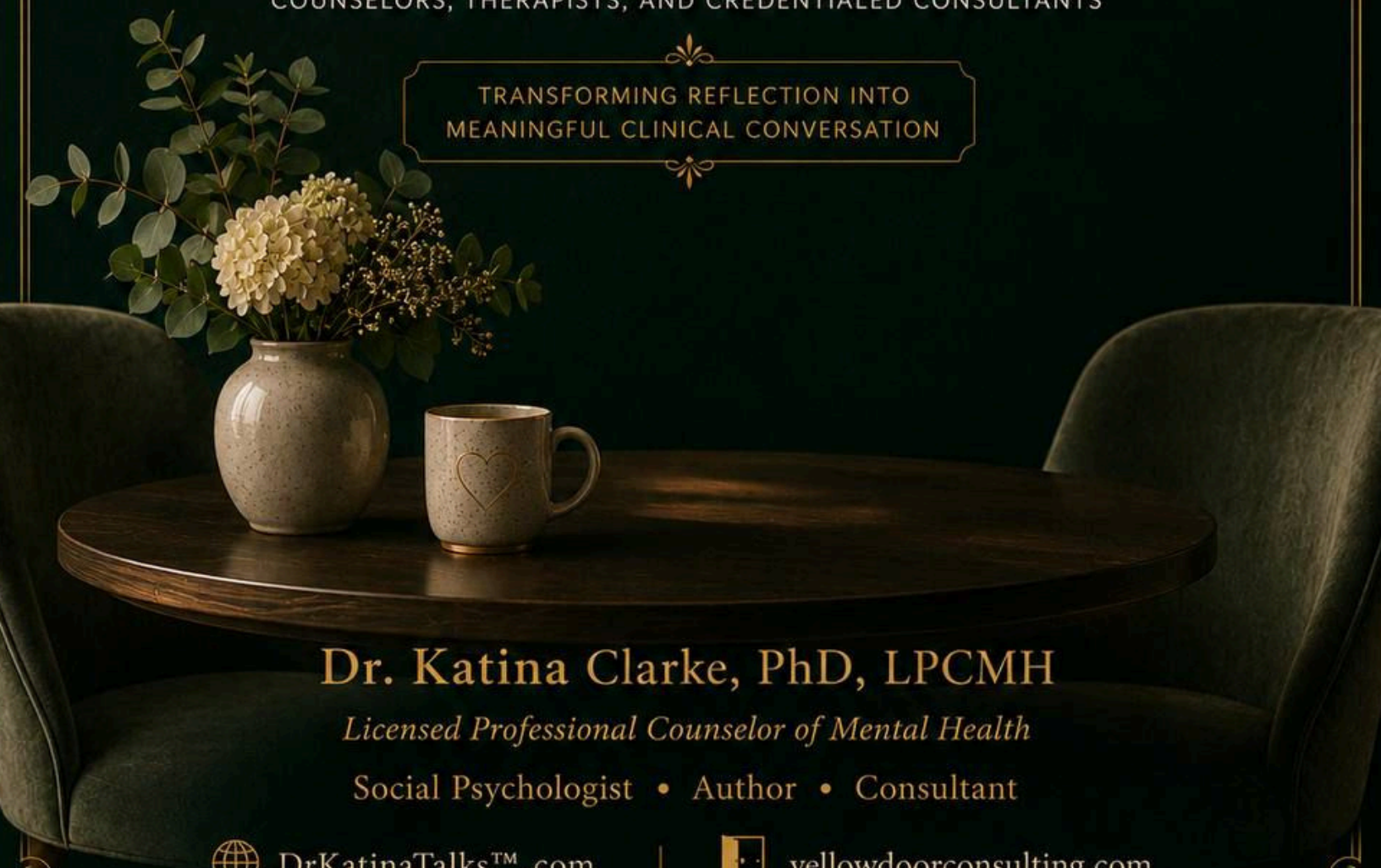
Clinician Companion Guide

Supporting Clients Through

Thirty Days to Know Yourself

A PROFESSIONAL RESOURCE FOR LICENSED CLINICIANS,
COUNSELORS, THERAPISTS, AND CREDENTIALED CONSULTANTS

TRANSFORMING REFLECTION INTO
MEANINGFUL CLINICAL CONVERSATION



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LOVE BY DR. KATINA

Thirty Days to Know Yourself

Clinician Companion Guide
For Licensed Clinicians and Credentialed Consultants
Using This Journal with Individual Clients

Developed by

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A NOTE TO THE CLINICIAN

Dear Colleague,

Thank you for choosing to use Love by Dr. Katina: Thirty Days to Know Yourself as a companion resource in your clinical or consulting work. This guide was created specifically for licensed professionals who want to support their clients through the journal experience with intentionality, clinical depth, and thoughtful conversation.

This journal grew out of two decades of clinical practice and a deep conviction that healthy love begins with self-knowledge. It is not a workbook. It is not a clinical protocol. It is a structured invitation for a client to sit across from themselves honestly, many of them for the first time.

When a client brings this work into the therapeutic space, something becomes possible that is difficult to reach through talk alone. The prompts surface patterns, unmet needs, relational fears, and inherited beliefs that often remain unnamed for years. Your role is not to interpret or direct. It is to hold space for what emerges and to follow your client into the material at the pace they can bear.

This guide gives you a clinical framework for each of the six journal weeks. Use it as a desk reference. Trust your instincts. And follow your client's lead above all else.

With respect for the work you do,

Dr. Katina Clarke, PhD, LPCMH

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About the Journal

Love by Dr. Katina: Thirty Days to Know Yourself is a guided journal organized into six weeks of structured self-reflection. Each week addresses a distinct layer of emotional and relational awareness. The journal moves from identity and self-examination through developmental origins, behavioral patterns, core beliefs, grief, and finally toward intentional readiness for healthy love.

The central metaphor is The Table. The client is invited to imagine sitting down for a first date only to discover that the person seated across from them is themselves. This framing invites honest self-examination before the client examines anyone else. It is the emotional anchor of everything that follows.

Three Client Profiles This Journal Serves

This journal is clinically useful across three distinct client presentations. Each week's companion notes include population tags indicating which profile benefits most from specific questions and considerations.

The Single Client Preparing for Healthy Love

This client is not in crisis. They are in a season of intentional preparation. They have often repeated relational patterns they want to understand before the next relationship begins. The journal gives them a structured framework for self-examination and pattern recognition before they bring unexamined material into a new dynamic.

The Client in a Relationship

This client is often a high-functioning individual who has grown significantly and feels a quiet gap between who they have become and the relationship they are in. They cannot change their partner. They can understand themselves well enough to name what they need and ask for it honestly. The journal helps them locate their own contribution to the dynamic without shame or self-blame.

The Client Navigating Loss or Transition

This client is moving through the aftermath of a significant relational experience. Divorce, betrayal, estrangement, or the end of a long-term relationship. The journal provides a structured container for grief, pattern examination, and intentional movement toward what comes next.

How to Use This Guide in Session

As Between-Session Work

Assign one journal week at a time between sessions. Ask the client to bring what surfaced into your next meeting. Use the session questions in this guide to open and deepen the clinical conversation. The prompts often surface material that might take months to reach through traditional talk therapy alone.

As a Session Anchor

Begin sessions by asking the client to share one prompt they worked through since you last met. Let their response guide the clinical direction. You are following what is alive in them, not covering content.

Processing Specific Weeks Together

If a client is moving through a particularly significant week consider working through some prompts together in session. Read the reflection aloud and invite the client to respond verbally before they write. This lowers resistance and deepens engagement especially for clients who struggle with written reflection.

As a Screening and Assessment Tool

The early weeks of the journal, particularly Weeks One and Two, surface attachment history, relational patterns, and childhood experiences that shape adult relationships. Client responses to these weeks provide valuable clinical information early in the therapeutic relationship.

Clinical Note: *Clients who are resistant to traditional talk therapy often respond well to journal-based approaches. The written format provides distance, privacy, and control which can lower defenses and increase honesty. Meeting clients where they are willing to go is always sound clinical practice.*

A Note on Scope

This guide is a clinical adjunct tool. It is designed to support your existing therapeutic or consulting framework, not to replace it. The journal is a companion for your client's process. You are the relationship. The questions offered here are starting points, not scripts. Trust your clinical instincts and follow your client's lead at all times.

This guide is appropriate for use by licensed mental health professionals within their scope of practice. It is also appropriate for credentialed life consultants using the journal in a consulting rather than clinical context, with the understanding that the session questions should be adapted to fit a non-clinical consulting frame as needed.

WEEK ONE

Meeting Yourself at the Table

Days 1 through 5 | The Table metaphor introduced. Identity, self-awareness, and honest self- examination.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKING THROUGH

This week invites the client to sit across from themselves honestly and examine what they find. The prompts focus on emotional habits, protective behaviors, recurring relational patterns, and the gap between who the client presents to the world and who they actually are in their closest relationships. Many clients find this week simultaneously liberating and uncomfortable. Both responses are clinically significant.

KEY THEMES

- Emotional self-awareness and honest self-examination
- Protective behaviors and emotional habits in relationships
- Recurring relational patterns across different relationships and partners
- The difference between the presented self and the authentic self
- Willingness to look at oneself as a participant in relational dynamics

CLINICAL CONSIDERATIONS

Week One is often where avoidance shows up most visibly. Clients may intellectualize, minimize, or deflect rather than sit with what the prompts are asking. Normalize discomfort. Reframe resistance as information. A client who cannot look at themselves in Week One is giving you clinical data about their defenses that will inform the work ahead.

Watch for the client who completes every prompt efficiently and presents their answers as resolved. Deep emotional honesty rarely arrives neatly packaged. Slow them down. Ask what they felt, not just what they thought.

Clinical Note: *The Table metaphor is powerful and worth spending time with in session. Read it aloud together if the client has not yet encountered it. Ask them to sit with the image before they speak. What do they see when they imagine sitting across from themselves? That single question can open significant material.*

Use Caution: *Clients with significant shame-based presentations or fragile self-esteem may find Week One destabilizing. Pace accordingly. The goal of Week One is not full disclosure. It is the beginning of willingness to look.*

SESSION QUESTIONS

1. When you imagined sitting across from yourself at The Table, what did you see? Not the version you want to present. What was actually there?
2. What emotional habit or way of protecting yourself has shown up most consistently across your relationships? Where do you think that came from?
3. Is there a pattern in your relationships that keeps appearing no matter who the other person is? What do you think that pattern is trying to show you about yourself?
4. What is one thing you already know about yourself in relationships that you have been reluctant to look at directly? What has made it hard to look there?
5. What would it feel like to stop performing in your closest relationships and simply be who you are? What feels risky about that?

DEEPENING MOVE

Use when the client is ready to go further.

What is the version of yourself that you are most afraid the people who love you will eventually see? What are you protecting them from? What are you protecting yourself from?

POPULATION-SPECIFIC ANGLES

Single or Preparing

Ask what patterns from previous relationships they most want to understand before the next one begins. Week One is where they begin to see themselves as participants in what has not worked rather than a recipient of other people's choices.

In a Relationship

Ask how the patterns they identified in Week One show up specifically in their current relationship. Gently explore the distinction between what their partner does and what they bring to the dynamic. Keep the focus on self-examination without dismissing the partner's role.

WEEK TWO

Where Your Needs Come From

Days 6 through 10 | Developmental origins of emotional needs.
Attachment history. Family of origin.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKING THROUGH

This week moves into developmental territory. The prompts ask the client to examine what they learned about love, emotional needs, and relational worth in their family of origin. Many clients have never connected their current relational patterns to their earliest experiences of being loved or not loved. This week begins to make that connection explicit.

KEY THEMES

- The developmental origins of emotional needs
- How early caregiving shapes adult attachment and relational expectations
- Unmet childhood needs and how they surface in adult relationships
- The pattern of overgiving and difficulty receiving that develops when needs are
- minimized
- Distinguishing survival responses from present-day truths

CLINICAL CONSIDERATIONS

This week often brings childhood material to the surface. Clients may encounter grief, anger, or sadness connected to early experiences where love was conditional, inconsistent, or absent. Create space for these feelings without rushing toward reframing or resolution. The goal is not to fix history. It is to name it.

High-achieving clients in particular often have deeply buried unmet needs. They learned early that having needs was a liability. They became competent and self-sufficient as a survival strategy. When the journal asks them to examine their needs directly, many of them encounter this history for the first time in a structured way.

Clinical Note: *Ask the client what message they received about having emotional needs as a child. Not what happened to them but what they concluded from it. The conclusion is often where the relational pattern lives. I learned not to need people. I learned that needing means weakness. I learned that love comes with conditions. These are the beliefs worth surfacing.*

Use Caution: *If a client discloses significant childhood neglect, emotional abuse, or early loss during this week assess carefully before proceeding with the journal. This material may require dedicated clinical attention before the client continues. The journal is a tool not a treatment plan.*

SESSION QUESTIONS

1. What did love look like in your home growing up? How was affection expressed, withheld, or demonstrated?
2. What did you learn about having emotional needs as a child? Were your needs welcomed, or were they treated as a burden?
3. In what ways do you see your early history showing up in how you love or struggle to be loved today?
4. Do you find it easier to give care than to receive it? What happens inside you when someone offers you genuine tenderness or support?
5. What unmet need from your history keeps surfacing in your adult relationships? What does it look like when it arrives?

DEEPENING MOVE

What did that child decide love was going to cost them?
And has the price changed?

POPULATION-SPECIFIC ANGLES

Single or Preparing

Ask how their family of origin's model of love has shaped what they have looked for in partners. Are they seeking what felt familiar even when familiar was not healthy? Are they avoiding what felt familiar even when it might be right?

In a Relationship

Explore how unmet childhood needs show up in their current relationship. Do they expect their partner to fill what was missing in childhood? Do they shut down when their partner cannot? This week often surfaces the source of relational disappointment that has felt inexplicable to both partners.

WEEK THREE
Reaction or Response

Days 11 through 15 | Emotional reactivity. Defensive patterns. The nervous system in relationships.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKING THROUGH

This week focuses on the gap between feeling and behavior. The prompts ask the client to examine their automatic defensive responses in relationships, where those patterns came from, and what it would cost them to pause and respond rather than react. For many clients this is where the work becomes most immediately applicable to their daily relational life.

KEY THEMES

- The difference between reacting from old wounds and responding from present awareness
- Primary defensive patterns including withdrawal, control, over-functioning, shutdown, and pursuit
- How triggers from the past distort perception of the present
- The nervous system's role in relational reactivity
- Building capacity for the pause between feeling and behavior

CLINICALCONSIDERATIONS

This week is where clients begin to see themselves most clearly as agents in their relational dynamics. The prompts are direct about behavioral patterns and some clients find this confronting. Frame the examination of defensive patterns as inquiry not indictment. These responses were adaptive once. They kept the client safe in environments where vulnerability was dangerous. The question is whether they are still serving the relationships the client actually wants.

Clinical Note: *Ask the client to identify their primary defensive move in relationships. Most people have one dominant pattern they return to under threat. Naming it explicitly and without judgment is often the most significant clinical movement of Week Three. Once a client can name their pattern they begin to have a choice about it.*

Use Caution: *Clients who have experienced domestic violence, coercive control, or chronic relational trauma may have highly sensitized threat responses. Normalize their reactivity as intelligent adaptation before inviting examination of what different choices might look like in a safer context.*
Never pathologize survival.

SESSION QUESTIONS

1. When conflict or tension arises in a relationship, what is your most automatic response? Pursue, withdraw, over-function, shut down, or something else?
2. What does that response protect you from? What would happen if you did not use it?
3. Can you identify a recent moment where you were reacting to an old wound rather than what was actually happening in front of you?
4. What has that protective pattern cost you in your most important relationships?
5. What would it require of you to pause between the feeling and the reaction? What makes that pause hard?

DEEPENING MOVE

If the person on the other side of your reaction could tell you what it feels like to receive it, what do you think they would say? And what would you want them to know about what was happening inside you in that moment?

POPULATION-SPECIFIC ANGLES

Single or Preparing

Ask how their primary defensive pattern has affected past relationships. Did it push people away? Did it attract people who reinforced the pattern? Understanding the relational consequence of the defense is often more motivating than understanding its origin.

In a Relationship

Ask what their partner's experience of their defensive pattern has been. Then explore what the client needs from their partner in order to feel safe enough to respond rather than react. This week often creates an opening for conversations about relational safety that the couple has never had explicitly.

WEEK FOUR

The Stories You Tell Yourself

Days 16 through 20 | Core beliefs. Narrative identity. The internal stories that govern relational choices.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKING THROUGH

This week addresses core beliefs. The internal narratives a client carries about who they are, what they deserve, and what love is supposed to feel like. These stories were built from experience, from the voices of significant others, and from conclusions drawn in moments of pain. They feel like the truth. They are not the truth. They are the first explanation that stuck and was never fully re-examined.

KEY THEMES

- Core beliefs about self-worth and lovability
- Narratives about what love is supposed to look and feel like
- Stories inherited from family of origin, culture, and past relationships
- How self-concept shapes partner selection and relational expectations
- Beginning to author a new story rooted in present truth rather than past conclusion

CLINICAL CONSIDERATIONS

Core beliefs can be deeply entrenched, and clients may resist examining them, particularly beliefs that feel like identity rather than story. Approach this week with patience. The work is not to challenge the belief directly but to create enough distance between the client and the belief that they can examine it as a story rather than a fact.

A useful clinical reframe is this: the story is not the truth. It is the first explanation your mind found when it needed one. That sentence alone can create the distance a client needs to begin examining what they have been carrying as settled.

Clinical Note: *Ask the client whose voice their core story carries. Most people can identify the origin of their deepest relational beliefs when asked directly. I sound like my mother when I think this. This was what my first relationship taught me. That origin does not invalidate the story but it does begin to loosen its grip.*

Use Caution: *Be attentive to clients who express absolute certainty about negative core beliefs such as I have always known I am not someone people stay for or I am fundamentally too much. These may reflect depression, significant attachment disruption, or unresolved trauma warranting direct clinical attention before proceeding.*

SESSION QUESTIONS

1. What is the core story you carry about yourself in relationships? Not the surface one. The one underneath that has been there the longest.
2. Where did that story come from? What experiences or voices built it?
3. Has that story ever been challenged by evidence? Did you let the evidence change the belief, or did you find a way to dismiss it?
4. What does that story protect you from having to hope for or try for?
5. What would change in your life and your relationships if you no longer believed that story?

DEEPENING MOVE

If the child you were first heard that story, what do you think they would want you to know right now about whether it is still true?

POPULATION-SPECIFIC ANGLES

Single or Preparing

Explore how their core story has influenced who they have chosen in the past. Did they choose people who confirmed the story? Did they choose people who seemed to challenge it but eventually confirmed it anyway? The pattern of partner selection often maps directly onto core belief.

In a Relationship

Ask how their core story shows up in how they interpret their partner's behavior. When their partner does something ambiguous, do they interpret it through the lens of the story? I knew they would eventually leave. I knew I was too much. Helping the client see how the story filters Perception is often the most significant clinical movement of this week.

WEEK FIVE

What Your Heart Still Carries

Days 21 through 25 | Grief, loss, unresolved pain, and forgiveness as a personal practice.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKINGTHROUGH

This is the most emotionally tender week of the journal. The prompts invite the client to examine what they are still carrying from past relationships, from losses, and from grief that was never given a proper space. The week moves toward forgiveness not as a permission slip for the person who caused harm but as a personal act of liberation for the client themselves.

KEYTHEMES

- Unresolved grief from past relationships, losses, and relational wounds
- The weight of carrying old pain into new or current relationships
- Forgiveness as a personal practice rather than an endorsement of harm
- Distinguishing between honoring an experience and being imprisoned by it
- Creating emotional space for new or deeper love by releasing what has been held too long

CLINICALCONSIDERATIONS

This week may activate significant grief responses. Create ample space for emotion in session and resist the urge to move clients toward resolution prematurely. Grief has its own timeline. Your job this week is not to help the client feel better. It is to help them feel.

Many high-achieving clients have become skilled at functional grief. They processed the loss enough to keep moving but not enough to fully release it. It lives in their body and their behavior even when they believe they have moved on. Week Five often surfaces that residual grief for the first time in a structured therapeutic context.

Clinical Note: *Ask the client what they are still carrying that they were never given space to put down. Not what happened. What are they still holding. The distinction between the event and the ongoing weight of carrying it is often clarifying for clients who believe they should be over something by now.*

Use Caution: *Clients who have experienced significant loss including the death of a partner, the end of a long-term marriage, betrayal trauma, or estrangement may find this week activating. Assess grief severity carefully. Consider whether additional sessions or grief-focused clinical work is warranted before the client continues.*

SESSION QUESTIONS

1. *W*hat from a past relationship are you still carrying that you have not fully put down? How does it show up in your life today?
2. Is there a loss in your relational history that you have not fully grieved? What has made it difficult to grieve?
3. What does forgiveness mean to you right now? Not for their sake. For yours, so you are not carrying someone else's harm in your body indefinitely.
4. What would it mean to set something down that you have been carrying? Not because you are over it. Because you are willing to stop letting it define what is possible for you.
5. If there were more room in you, less occupied by what you have been carrying, what would you want to fill that space with?

DEEPENING MOVE

What would it mean for you personally to give yourself permission to grieve this fully? Not to perform the grief for anyone. Not to resolve it quickly. To actually feel it without managing it.

POPULATION-SPECIFIC ANGLES

Single or Preparing

Explore whether unresolved grief from a past relationship is affecting how they approach new connections. Are they holding back? Are they choosing unavailable people to protect themselves from the risk of loss again? Week Five often reveals the protective logic behind current relational patterns.

In a Relationship

Ask whether they are bringing grief from outside the current relationship into it. Are they grieving a previous relationship, a lost version of themselves, or a version of their current relationship that no longer exists? Helping the client locate the source of their grief is often clarifying for both them and the therapeutic work.

WEEK SIX

Becoming Ready for Healthy Love

Days 26 through 30 | Readiness, intention, and the conscious choice to become.

Single	In a Relationship	Preparing Heart

WHAT THE CLIENT IS WORKING THROUGH

The final week of the journal is both a closing and a beginning. The prompts invite the client to define what healthy love actually looks like for them based on who they now know themselves to be, to name what they are taking forward, and to make a conscious commitment to themselves. Readiness in this framework is not a destination. It is a practice. It is a daily choice to show up honestly in relationship with themselves and others.

KEYTHEMES

- Defining healthy love based on values and self-knowledge rather than familiarity or history
- Identifying emotional readiness as an ongoing practice rather than a fixed state
- Understanding what the client has to offer in a relationship from a place of wholeness
- Setting conscious intentions for how they want to show up in love going forward
- Honoring the courage the work required

CLINICALCONSIDERATIONS

Week Six can bring up both hope and anxiety simultaneously. Some clients feel clear, energized, and ready. Others feel the weight of how far they still want to go or the grief of time spent in patterns they now understand. Validate both experiences as equally valid parts of the same process. Growth is not linear and completion is not the goal. Ongoing honest engagement with oneself is.

For clients who have used this journal as part of a healing process following betrayal, loss, or significant relational pain, Week Six may be a meaningful clinical milestone. Consider processing the full arc of their journal journey in session and honoring the courage that work required before moving to next steps.

Clinical Note: *This week is a natural clinical transition point. What does the client want to carry forward from this work? What ongoing support would serve them? Is this the natural close of a treatment arc or the beginning of a new one? Use Week Six as an opportunity to revisit treatment goals and to honor what has been accomplished while being honest about what still remains.*

SESSION QUESTIONS

1. Based on everything you have uncovered over these thirty days, what does healthy love actually look like for you now? How has your definition shifted?
2. What emotional qualities do you feel most ready to bring to a relationship at this point in your journey?
3. What boundaries or intentions do you want to carry forward from this work? Be specific.
4. What surprised you most about yourself through this process?
5. What do you want to say to yourself for having had the courage to do this work?

DEEPENING MOVE

If the version of you who began this journal on Day One could see you right now, what do you think they would say? And what do you want to say back to them?

POPULATION-SPECIFIC ANGLES

Single or Preparing

Help the client articulate what they are now looking for in a partner with greater specificity and self-awareness than they had before the journal. What qualities matter most? What patterns are they now able to recognize early? What do they know they need that they may not have been able to name before?

In a Relationship

Explore what the client wants to bring differently into their current relationship based on what the journal has clarified. This may be the moment to consider whether couples work would be a productive next step. The client has now done significant individual self-examination. That work often creates both the desire and the capacity for deeper relational work with their partner.

Closing Note to the Clinician

What happens when a client chooses to look honestly at themselves in the context of love is not small. It is the beginning of something that can change the entire trajectory of how they relate, choose, and receive.
Your presence as a skilled, attuned clinician makes that work safer and more sustainable. This journal is a tool. You are the relationship. And the relationship, as we know, is where healing lives.
If you are interested in additional resources, professional development opportunities, or consulting services related to this framework, please visit DrKatinaTalks.com.

Thank you for the work you do.
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