



Humor Appropriateness Rubric (Clinician Use)

Here's a quick, trauma-informed rubric you can drop into practice. Use a 1–4 scale per row; total score guides whether to use humor now.

Domain	1 – Not Appropriate	2 – Caution	3 – Appropriate w/ Guardrails	4 – Actively Beneficial
Assess Client Sensitivity	Acute distress/dysregulation; shame spikes; recent crisis/trauma disclosure; asks for seriousness.	Variable affect; mild hyperarousal; ambivalent about tone.	Regulated enough to engage; states openness to lighter tone “a little.”	Signals readiness; uses lightness spontaneously; stable window of tolerance.
Use Appropriate Humor	Sarcasm, superiority, or target-based humor required to “work.”	Risk of misunderstanding (cultural, spiritual, identity cues unclear).	Neutral, gentle, self-referential ; checks consent.	Client-led humor; affiliative, warm, shared language/culture.
Therapeutic Anecdotes	Anecdotes would distract, minimize, or center clinician.	Short anecdote might help but content is close to client’s wound.	Brief, relevant, de-shaming story; ends with skill/choice.	Client invites/requests examples; anecdotes reliably unlock insight/action.
Humor in Perspective	Client equates humor with dismissal; black-and-white thinking.	Some fear humor = invalidation; needs explicit framing.	Understands “both/and”: pain is real <i>and</i> lightness can help.	Articulates humor’s purpose (distance, defusion); uses it to reframe.
Acknowledge Any Humor Expressed	Client’s humor is defensive (mocking self/others) or trauma-avoidant.	Mixed: jokes + signs of avoidance; needs gentle reflection.	Humor expresses resilience; clinician mirrors lightly and validates.	Humor marks growth; clinician reflects impact and links to values/skills.

Scoring & Decision

- **5–8 → Do not use humor now.** Prioritize safety/validation/regulation.
 - **9–13 → Maybe later.** Stabilize first; reassess with explicit consent.
 - **14–17 → Use with guardrails.** Keep it brief, client-led, consented, and skill-linked.
 - **18–20 → Go ahead.** Integrate naturally; still check-in and tether to goals.
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Guardrails (when Score ≥ 14)

- **Consent line:** “Would a little lightness be okay here, or keep it straight?”
- **Purpose line:** “Using a bit of humor to get a tiny bit of distance—then we’ll add a skill.”
- **Stop rule:** If affect drops, dissociation cues, or client goes quiet → name it, pause.

Quick Do / Don’t

- **Do:** Prefer affiliative, self-deprecating (clinician-self), culturally aware, brief.
- **Don’t:** Punch down, sarcasm at client/identities, humor during acute grief/flashbacks, or to dodge hard content.

Documentation Snippet

Humor used with consent to support cognitive defusion and reduce shame. Client remained within window of tolerance; humor immediately linked to [skill]. No signs of minimization; client reported increased psychological distance and readiness to act.

Sample Phrases (Levels 3–4)

- “Thanks, Brain—**notes taken.**”
- “Great sales pitch... **terrible product.**” (*tiny smile, then skill*)
- “Can we give that thought a silly nickname so we can talk back to it?”

This keeps humor intentional: **client-led, consented, brief, and skill-anchored.**