Therapeutic interventions list

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HOW TO WRITE AN INTERVENTION

Verb + technique + what it targeted + goal link

Example: "Used cognitive restructuring to challenge the thought 'I always fail' (Goal 1: reduce anxiety at work)."

List only what you did in the session and are trained to do.

SUPPORTIVE AND RELATIONSHIP

Validated: acknowledged the client's feelings as understandable.

Normalized: explained that a reaction is common in the situation.

Reflected: repeated back the client's meaning or feeling to show understanding.

Summarized: drew together the main points of the discussion.

Explored: asked open questions to understand a topic in more depth.

Clarified: checked the meaning of something the client said.

Encouraged: supported the client to continue an effort or try a step.

Provided supportive listening: gave space for the client to talk through an event.

ASSESSMENT AND MONITORING

Assessed: gathered information about symptoms, risk or functioning.

Administered (name the measure): gave a standardized questionnaire and recorded the score.

Reviewed: went over homework, a log, a safety plan or progress toward goals.

Monitored: tracked a symptom or behavior over time.

COGNITIVE

Identified automatic thoughts: helped the client notice quick, habitual thoughts.

Challenged: helped the client test a thought against the evidence.

Reframed: offered or helped find another way to see a situation.

Cognitive restructuring: worked through replacing unhelpful thoughts with balanced ones.

Socratic questioning: used guided questions to help the client reach their own conclusions.

Thought record: used a written form to capture situations, thoughts, feelings and alternatives.

Decatastrophizing: helped the client weigh how likely and how bad a feared outcome really is.

BEHAVIORAL

Behavioral activation: planned and scheduled rewarding or meaningful activities.

Graded exposure: worked through feared situations step by step, from least to most difficult.

Role-played: rehearsed a situation with the clinician playing another person.

Rehearsed: practiced a skill or conversation ahead of a real situation.

Modeled: showed the client how to do a skill.

Problem-solving: defined a problem, listed options, weighed them and chose a step.

Goal-setting: agreed a specific, achievable step toward a treatment goal.

Assigned homework: set a task to practice between sessions.

SKILLS AND PSYCHOEDUCATION

Psychoeducation: explained a condition, symptom or treatment in plain terms.

Taught: introduced a new skill and explained how to use it.

Coached: guided the client while they practiced a skill.

Relaxation training: paced breathing, progressive muscle relaxation or guided imagery.

Grounding: used the senses or surroundings to help the client stay in the present.

Mindfulness: guided attention to the present moment without judgment.

Distress tolerance skills: ways to get through a crisis without making it worse.

Emotion regulation skills: ways to notice, name and manage emotions.

Communication and assertiveness skills: clear, respectful ways to state needs and limits.

Sleep hygiene education: habits that support regular sleep.

MOTIVATIONAL

Explored ambivalence: discussed the client's mixed feelings about change.

Elicited change talk: drew out the client's own reasons for change.

Decisional balance: weighed the pros and cons of changing and not changing.

Scaling: asked the client to rate importance, confidence or readiness from 0 to 10.

Affirmed: recognized the client's strengths and efforts.

SOLUTION-FOCUSED AND NARRATIVE

Exception questions: explored times when the problem was absent or smaller.

Miracle question: asked the client to describe life if the problem were solved overnight.

Externalized the problem: talked about the problem as separate from the person.

EMOTION-FOCUSED AND PROCESSING

Processed: helped the client talk through and make sense of an event or feeling.

Explored feelings: helped the client name and describe emotions.

Empty-chair work: invited the client to speak to an absent person or part of themselves.

FAMILY, COUPLE AND GROUP

Facilitated: guided discussion between family members or group members.

Genogram: mapped family relationships and patterns across generations.

Reviewed group norms: went over the agreed rules for the group.

Encouraged peer feedback: invited group members to respond to one another.

SAFETY AND RISK

Assessed risk: asked about thoughts of suicide, self-harm and harming others.

Completed or updated safety plan: written warning signs, coping steps, contacts and supports.

Provided crisis resources: gave contact details for urgent help.

Consulted: discussed the case with a supervisor or colleague.

COORDINATION AND CASE MANAGEMENT

Referred: arranged a connection to another service.

Coordinated care: shared information with other providers, with consent.

Advocated: spoke up for the client's needs with another service.

Provided resources: gave information about community supports.

Educational template, not medical or legal advice. Follow your employer and regulator rules.