



The Ultimate Therapist's Cheat Sheet

Evidence-Based Interventions for Progress Notes

A clinical reference guide covering CBT, DBT, Somatic & Grounding interventions with ready-to-use phrasing for professional progress documentation.

CBT Cognitive & Behavioral	DBT Dialectical Behavior	Somatic Grounding & Regulation
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Cognitive Behavioral Therapy (CBT) Interventions

Evidence-based techniques for challenging maladaptive thought patterns

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| ◆ Cognitive Restructuring | Guide client to identify, challenge, and replace irrational or maladaptive thoughts with realistic, balanced alternatives. Use Socratic questioning to surface automatic thoughts. |
| ◆ Behavioral Activation | Schedule regular, meaningful activities to increase engagement and improve mood. Highly effective for depression — links action to emotional regulation. |
| ◆ Exposure Therapy | Create a hierarchy of feared situations and gradually expose the client while pairing with relaxation techniques. Monitor SUDS ratings throughout. |
| ◆ Thought Records | Have the client track specific situations, thoughts, emotions, and behaviors to actively identify cognitive distortions outside of session. |
| ◆ Activity Scheduling | Help the client organize a weekly schedule to ensure a healthy balance between work, self-care, and leisure activities. |
| ◆ Skills Training | Provide psychoeducation and role-play practice to develop specific skills — assertiveness, anger management, and effective communication. |
| ◆ The Cognitive Triangle | Utilize visual psychoeducation to help the client understand how a single negative thought directly triggers a negative emotion, which results in a maladaptive behavior. Draw the triangle (Thoughts → Emotions → Behaviors) and trace real examples from the client's week. |

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Dialectical Behavior Therapy (DBT) Interventions

Skills for interpersonal effectiveness, distress tolerance & emotional regulation

Communication & Interpersonal Effectiveness

◆ DEAR MAN	Describe facts, E xpress feelings, A ssert needs, R einforce outcomes, stay M indful, A ppear confident, N egotiate. Use for assertive requests.
◆ GIVE	Maintain relationships: be G entle, act I nterested, V alidate, use an E asy manner. Prioritizes relationship over objective.
◆ FAST	Maintain self-respect: be F air, avoid unnecessary A pologies, S tick to values, be T ruthful. Use when self-respect is the priority.
◆ Validation & Active Listening	Teach the client how to actively concentrate on a speaker and affirm their feelings at the appropriate level of validation (1–6).

Distress Tolerance Skills

◆ TIPP Skills	Quick physiological regulation: change T emperature, I ntense exercise, P aced breathing, P aired muscle relaxation. Use for crisis-level distress.
◆ STOP Skills	S top, T ake a step back, O bserve, P roceed mindfully. Prevents impulsive reactions in high-emotion moments.
◆ Radical Acceptance	Practice fully accepting the reality of a painful situation without judgment. Core phrase: 'It is what it is.' Reduces suffering caused by resistance.
◆ ACCEPTS (Distraction)	A ctivities, C ontributing, C omparisons, E motions, P ushing away, T houghts, S ensations. Shifts focus away from distress.
◆ IMPROVE the Moment	I magery, M eaning, P rayer/meditation, R elaxation, O ne thing at a time, brief V acation, self- E ncouragement.
◆ Self-Soothing	Use the five senses to physically comfort the nervous system. Ground the body before addressing cognitive content.

Advanced Somatic & Grounding Interventions

Body-based techniques for nervous system regulation and trauma processing

◆ 5-4-3-2-1 Grounding	Interrupt fear loops: identify 5 things seen, 4 felt, 3 heard, 2 smelled, 1 tasted. Anchors client in present sensory reality.
◆ Polyvagal Regulation	Teach somatic exercises — elongated exhales, vocal humming — to shift the nervous system into a parasympathetic (rest-and-digest) state. Based on Porges' Polyvagal Theory.
◆ Bilateral Stimulation (BLS)	Teach 'butterfly hugging' (alternating shoulder taps) as self-soothing. Rapidly decreases emotional flooding and can be used as an EMDR adjunct between sessions.
◆ Externalization	Shift language to separate identity from diagnosis: 'Anxiety is <i>visiting me</i> right now.' Reduces shame and opens space for agency (Narrative Therapy).
◆ The Categories Game	<i>(Mental Distraction)</i> To divert the brain from feelings of anxiety, have the client name as many items as possible within a specific category — e.g., states, animals, colors, or cities. Engages the prefrontal cortex and interrupts the anxiety loop.
◆ Finger Breathing	<i>(Tactile Grounding)</i> Teach the client to slowly trace their left fingers with their right index finger — breathe in while tracing up a finger, breathe out while tracing down. Synchronizes breath with touch to activate the parasympathetic nervous system.
◆ "Leaves on a Stream"	<i>(Cognitive Defusion)</i> Guide the client to visualize their anxious thoughts as leaves resting on a stream, allowing them to peacefully float away without judgment or attachment. Derived from Acceptance and Commitment Therapy (ACT) to create distance from distressing thoughts.
◆ "Dropping Anchor"	<i>(ACT)</i> Teach the client to acknowledge an emotional storm, come back into their body (pushing feet into the floor, straightening the spine), and engage with the present room. Grounds the client in the here-and-now without requiring the emotion to disappear first.

Struggling With a Complex Trauma Case?

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Progress Note Phrasing

Professional, documentation-ready language for common clinical interventions

Assessment & Safety Planning

- Administered standardized questionnaires to assess symptom severity and monitor progress.
- Assessed for current risk factors, including suicidal ideation, homicidal ideation, and substance use.
- Developed and reviewed a safety plan detailing how the client will cope with thoughts of self-harm.

Psychoeducation & Skill Building

- Educated the client on the concepts of codependency, enabling, and addiction.
- Taught and role-played assertive communication and conflict resolution skills.
- Introduced DBT distress tolerance concepts and guided the client in completing a related worksheet.
- Taught self-soothing and mindfulness techniques to combat insomnia and anxiety.

Modality-Specific Interventions

- Utilized EMDR/EFT to address specific trauma symptoms.
- Utilized art therapy techniques, prompting the client to draw or sculpt a specific stressor.
- Used motivational interviewing to explore ambivalence and strengthen commitment to change.

Homework & Care Coordination

- Assigned the client to maintain a daily journal tracking triggers to increase emotional awareness.
- Instructed the client to monitor negative self-talk and practice writing positive replacement affirmations.
- Obtained a release of information to coordinate care with the client's psychiatrist.
- Referred the client to an adjunct therapy group or specialized class.



Ready to Move Beyond Surface-Level Talk Therapy?

You've used this guide. Now imagine having a trusted clinical partner to guide your most complex cases.

Individual Therapy For clients seeking deep healing of attachment & relational wounds	Couples Therapy Rebuild trust, intimacy & emotional safety together	Trauma Therapy Certified CCTP using EMDR, EFT & IFS modalities
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◆ **Book a Free Consultation** ◆

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"The best therapist is that our unconscious is wiser than we are about everything."

— Scott Peck