



Thrivemind

Counseling & wellness, pllc

Dear colleague,

These are examples of how to document integrated interventions in clinical practice. These examples are not meant to replace thorough clinical documentation, but rather they are intended to provide you with some ideas for how to document mindfulness-based movement and breathing interventions that you integrate in your practice.

Mindful Movement:

Client entered a freeze response/dorsal-vagal shutdown when/triggered by [insert topic, prompt, or trigger]. Clinician taught/demonstrated/engaged client in slow, mindful movement for neuro-muscular integration to assist the client in resuming baseline functioning.

Client presented with heightened anxiety as evidenced by _____. Clinician taught/demonstrated/engaged client in mindful movement to engage the orienting response to assist the client in resuming baseline functioning/reducing nervous system reactivity that could lead/led to experiencing a panic attack.

Client presented with heightened anxiety/motor-restlessness as evidenced by _____. Clinician taught/demonstrated/engaged client in bilateral/cross-lateral/contralateral movement to engage the orienting response to assist the client in resuming baseline functioning/reducing nervous system reactivity that could lead/led to experiencing a panic attack/prevent a dissociative state.

Breathing techniques:

Client presented with heightened anxiety as evidenced by rapid/shallow breathing. Clinician taught/demonstrated/engaged client diaphragmatic breathing to stimulate the parasympathetic response and reverse nervous system reactivity.

Clinician demonstrated to client diaphragmatic breathing to stimulate the parasympathetic response and reverse stress response/nervous system reactivity; assigned as homework for daily practice for 5 min.

Clinician demonstrated to/taught client techniques for building/increasing awareness of attentional instability/ruminative thoughts/impulsive behaviors.

Clinician provided psychoeducation on how the slowness of movement engaged with full attention and paired with the breath can minimize motor restlessness/ruminative worry while engaging the relaxation response.

Mindfulness Meditation:



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Clinician utilized/taught/demonstrated/provided psychoeducation on mindfulness-based skill of non-judgmental observation of internal states aimed at improving distress tolerance/reducing negative-self-talk/reducing engagement in distressing thoughts and feelings.

Clinician utilized/engaged the client in mindfulness-based imagery exercise/practice to engage relaxation response/reduce intensity and frequency of ruminative thinking.

Clinician demonstrated to client a guided mindfulness meditation aimed at increasing self-compassion to address negative self-talk.

Treatment Planning Objectives Using Mindfulness-Based Interventions:

Teach client mindfulness skills of “noticing” to improve awareness of negative emotional states that emerge from interaction with spouse/parenting difficulties/etc.

Teach client mindfulness skills of “observing” internal processes to improve affective regulation/reducing anger and reactivity expression/improving interpersonal communication/reduce negative self-talk.

Teach client and assign as homework mindfulness skills for improved interoceptive awareness/emotional awareness and insight.

Demonstrate and practice with client mindful breathing activities to reduce nervous-system reactivity and motor restlessness.