The Therapeutic Compass

From Weekly Debrief to Meaningful Clinical Work



A compass offers direction without dictating the route. These five movements are clinical touchpoints, not mandatory stages: revisit, reorder, or linger according to the client, modality, safety needs, and phase of treatment.

01

CONNECT

Establish presence; assess immediate needs, safety, functioning, and the state of the relationship.

Clinical question: What is the client bringing into the room today?

“Before we dive in, how have things been sitting with you since we last met?”

02

NOTICE

Listen beneath events for patterns, exceptions, emotions, protective responses, and changes over time.

Clinical question: What is repeating, shifting, or asking for attention?

“I’m noticing a similar thread in a few of these situations. Does that fit for you?”

03

NAVIGATE

Collaboratively choose a meaningful focus; link the client’s priorities to formulation and treatment goals.

Clinical question: What matters most to work with today?

“We could stay with what happened, or explore the pattern underneath it. What feels useful?”

04

EXPLORE

Use clinically appropriate interventions, including processing, skills, experiential work, or relational inquiry.

Clinical question: What might deepen understanding or expand capacity?

“As you recall that moment, what happens in your body, thoughts, or urge to respond?”

05

INTEGRATE

Reflect on response and movement; consider how learning, support, or observation continues outside session.

Clinical question: What shifted, and what should we carry forward?

“What feels important to remember from today, even if nothing needs to be solved yet?”

Remember: Stabilization, grief, silence, and relational repair can be purposeful work. The compass supports clinical intention, not productivity for its own sake.

Finding Your Way Back

The question is not “Did we follow an agenda?” It is “Can I recognize the clinical purpose of what we are doing, and does it remain responsive to this client?”

CONVERSATIONAL BRIDGES

From events to patterns

“Across these different stories, I’m hearing a familiar fear of disappointing people. What do you make of that?”

From insight to experience

“You understand why this happens. What do you notice inside when it happens in real time?”

From discussion to possibility

“If this situation came up again, what response might better reflect what matters to you?”

From a plateau to collaboration

“We’ve been circling this for a few weeks. How is our approach landing, and what might we try differently?”

ONE STORY, MANY CLINICAL DOORWAYS

A client repeatedly agrees to requests and later feels resentful. The clinical focus can remain coherent while the intervention changes with the modality.

CBT	Examine feared predictions; consider a behavioral experiment.
ACT	Notice fusion with rejection fears; practice values-consistent choice.
DBT	Trace the behavioral chain; rehearse interpersonal effectiveness.
IFS	Explore the protective response that works to prevent disapproval.
Psychodynamic / attachment	Explore learned relational expectations and patterns in connection.
Jungian / narrative	Explore roles, imagery, and stories shaping the client’s sense of agency.
EMDR	Use current triggers to inform target planning and phase-appropriate work.

THE BETWEEN-SESSION REFLECTION
What did we address? Why this intervention, for this client, now? What response or change did I observe? What needs attention next?