

Supervisor's Guide for “A Day in the Life of a Therapist: A Choose-Your-Own-Adventure” Supervision Activity

Welcome to a supervision activity like no other. Instead of passively discussing therapy concepts, we’re diving into the real-world decision-making therapists face every day—with a little humor along the way.

Why This Works:

- It engages critical thinking, ethical reflection, and self-awareness in an interactive format.
- It allows pre-licensed therapists to explore their own styles, instincts, and blind spots.
- It highlights both the humor and complexity of therapy while reinforcing professional growth.

How to Use This Guide:

1. Each scenario mirrors a real-life moment in a therapist’s day. Supervisees will be given multiple options (A, B, C, or D) and must choose how they’d respond.
2. There is no single “right” answer. Instead, we’ll discuss the clinical, ethical, and personal implications of each choice.
3. Supervisors can choose between the expanded and condensed versions, depending on the time available.
4. Reflection questions will guide deeper discussion, helping supervisees explore their instincts, biases, and clinical growth.

Expanded vs. Condensed Versions: How to Use This Guide

This Supervisor’s Guide offers two formats to allow flexibility in supervision:

① Expanded Version – Provides full context, humor, and detailed discussion points for an immersive experience.

- Best for interactive group discussions and when you want to dive deep into clinical reasoning, ethics, and self-awareness.
- Encourages longer reflection and processing of decisions.

② Condensed Version – A streamlined approach that keeps key elements while reducing the amount of text.

- Best for time-limited supervision or when you need a quick but impactful activity.
- Focuses on key prompts and takeaways without sacrificing depth.

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✨ Plus, because therapy never follows a script, check out the bonus section with 10 extra wild-card scenarios to keep your supervisees on their toes.

These will challenge their ability to think fast, set boundaries, and navigate the unexpected—because as we all know, therapy is anything *but* predictable.

How to Choose:

- Use the expanded version when conducting longer discussions, especially with larger groups or newer therapists who benefit from detailed breakdowns.
- Use the condensed version when time is limited or if supervisees prefer a fast-paced, decision-making activity without too much setup.
- Mix and match! You can use the expanded version for complex scenarios and the condensed version for quicker check-ins.

Step-by-Step Supervisor Instructions

1. Introduce the Concept

- “Today, we’re going to run through a Choose Your Own Adventure style activity that mirrors a typical day as a therapist. Each scenario will have multiple choices, and I want you to think critically about what you’d do.”

- “There’s no single ‘right’ answer, but every choice has clinical, ethical, and personal implications. We’ll explore those together.”

2. Read Each Scenario Out Loud

- Let supervisees pick A, B, C, or D.
- Ask why they chose that option.
- Conduct group discussion if multiple supervisees are present.

3. Use the Follow-Up Questions (provided below each scenario) to deepen the discussion.

4. Tie Choices to Theoretical Approaches & Ethical Considerations

- How would different therapy modalities (CBT, ACT, IFS, Psychodynamic, etc.) approach this scenario?
- What ethical concerns arise?

5. Encourage Self-Reflection

- How does their own personality, values, or stress levels impact their choices?

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- What patterns do they notice in their decision-making?

Supervisor's Guide: Supervision Reflection Questions

7:30 AM – The Morning Ritual

 The day begins. How do you start?

- A. A mindful morning routine with yoga and a nourishing breakfast. → You feel centered. Until you open your inbox. The emails were waiting for you. Always watching.
- B. A slow start, savoring coffee and a good book. → You make it through two pages before remembering a great resource for a client. Now you're deep in clinical articles before your first session even begins.
- C. Hitting snooze one too many times. → No shame. Some days, you need the extra rest. You'll be fully present once you're caffeinated.
- D. Checking your schedule and pre-loading your mind with session prep. → Your brain is already in “shuttle up” mode, tracking last week’s themes and mapping out today’s interventions before you’ve even finished your first sip of coffee.

 **Bright Side Moment:** No matter how you start, the work ahead is meaningful, and there's a deep satisfaction in knowing you get to do something that truly matters.

Condensed Version

7:30 AM – The Morning Ritual

 The day begins. How do you start?

- A. Mindful morning routine
- B. Slow start with coffee & a book
- C. Hitting snooze
- D. Checking schedule & pre-loading session prep

Supervisor Prompts:

- How does your morning routine impact your clinical presence?
- If you were running late or started the day feeling scattered, how would you re-ground before the session?
- How does pre-loading session prep help or hurt your flexibility in session?

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- Self-care vs. preparation—where do you find the balance?

 **Key Takeaway:** Therapists have different rhythms. What matters is how we show up, regardless of how the day starts.

10:55 AM – The First Client Arrives

 Your first client settles in and says, “I don’t know what to talk about today.” What do you do?

- A. Ask, “What’s been on your mind lately?” → A casual check-in turns into a powerful session about unspoken fears and personal growth.
- B. Bring up a theme from last session. → They look surprised—“Oh wow, I didn’t even realize I do that.” You celebrate the moment of awareness together.
- C. Let the silence work its magic. → They take a deep breath and say, “Actually, I think I do know what I need to talk about.” Trusting the process pays off.
- D. Offer a reflection on patterns you’ve noticed. → Suddenly, their eyes widen—something clicks. They’re seeing themselves in a new light, and you just witnessed a breakthrough.

 Best part? That quiet moment where connection deepens, and real work begins.

Condensed Version

10:55 AM – The First Client Arrives

 Your first client says, “I don’t know what to talk about today.” What do you do?

- A. Ask a general check-in question
- B. Bring up a theme from last session
- C. Let the silence do the work
- D. Offer a reflection on patterns you’ve noticed

Supervisor Prompts:

- What therapeutic approaches align with each choice? (CBT, ACT, Psychodynamic, etc.)
- How do you decide whether to lead vs. let the client lead?
- If a client consistently struggles to engage, how would you explore resistance vs. executive functioning struggles?

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 **Key Takeaway:** Therapy is both science and art. Knowing when to guide and when to hold space is a skill therapists develop over time.

12:00 PM – You Need to Eat, But...

 It's technically lunchtime. How do you spend it?

- A. Eat a sandwich while writing notes. → Not glamorous, but you're caught up. Future-you will thank you.
- B. Take a mindful walk and reset. → The fresh air does wonders. You return with clarity and energy.
- C. Scroll mindlessly on your phone. → Oops. Time disappeared, but hey, that therapist meme hit a little too hard.
- D. Actually take a lunch break, no work involved. → You savor every bite, guilt-free. A rare but beautiful moment of balance.

 **Bright Side Moment:** Whether it's a five-minute deep breath or a full lunch break, every moment of self-care lets you be more present for your clients.

Condensed Version

12:00 PM – Lunch Break: Self-Care or Hustle Culture?

 It's technically lunchtime. What do you do?

- A. Eat while writing notes
- B. Take a mindful walk
- C. Scroll mindlessly on your phone
- D. Actually take a full break

Supervisor Prompts:

- How does hustle culture show up in therapy?
- Why do therapists struggle to take breaks?
- What do you notice about your own boundaries between sessions?

 **Key Takeaway:** Taking care of ourselves allows us to show up fully for our clients.

2:00 PM – The Client Who Hasn't Done Their Homework

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📖 You suggested an activity last session. Your client walks in and immediately says, "Yeah, I didn't do it." What now?

- A. Laugh and say, "That's okay, let's talk about what got in the way." → Instead of feeling guilty, they reflect on their resistance and discover something deeper.
- B. Ask, "How do you feel about not doing it?" → Turns out, they did the work mentally, just not on paper. The insight still came through.
- C. Do the activity together in session. → Collaborative problem-solving at its finest. You adapt, and progress is made.
- D. Gently challenge them: "What would help make this more manageable?" → They brainstorm, and now you have a tailored approach that actually works for them.

❤️ Best part? Growth isn't about perfection—it's about exploration, and you're honored to walk alongside your clients as they figure it out.

Condensed Version

2:00 PM – The Client Who Hasn't Done Their Homework

📖 You assigned an activity last session. They didn't do it.

- A. Laugh & explore what got in the way
- B. Ask how they feel about not doing it
- C. Do the activity in session
- D. Adjust the approach for next time

💡 Supervisor Prompts:

- How do different therapy styles (CBT vs. Psychodynamic vs. Humanistic) approach this?
- How do you decide if accountability or flexibility is the right call?
- What does this say about client autonomy vs. therapist structure?

💡 **Key Takeaway:** Meeting clients where they are is not the same as lowering expectations. Therapy is collaborative.

4:30 PM – The Client Who Drops a Bomb at the End of Session

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 With exactly two minutes left in session, your client casually says, "Oh yeah, something weird happened this week..." and proceeds to disclose something huge. What do you do?

- A. Acknowledge it and say, "Let's make sure we give this the time it deserves next session." → You create a safe container to hold it until next time.
- B. Ask a few grounding questions before wrapping up. → They leave feeling heard, and you ensure they have coping tools until next time.
- C. Internally scream but externally stay calm. → Let's be honest, we've all been there. You make a mental note to review next time.
- D. Offer a quick reflection and schedule a follow-up sooner if needed. → You adjust as needed, ensuring they don't feel left hanging.

 **Bright Side Moment:** Even in the unexpected moments, you trust the therapeutic process and know that healing happens in layers.

Condensed Version

4:30 PM – The Client Drops a Bomb at the End of Session

 With 2 minutes left, your client says, "Oh yeah, something weird happened this week..." and proceeds to disclose something massive. What do you do?

- A. Acknowledge & hold it for next session
- B. Ask grounding questions before wrapping up
- C. Internally scream but externally stay calm
- D. Offer a quick reflection & adjust scheduling if needed

Supervisor Prompts:

- How does time management play into ethical practice?
- What's the therapist's responsibility when a client opens something big at the last minute?
- How do we balance care with maintaining structure?

 **Key Takeaway:** Boundaries create safety. Leaving clients contained but not cut off is key.

6:00 PM – End of the Workday... Or Not?

 Your last session is done, but there's still work to do. How do you proceed?

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- A. Write all your notes now. → Not the most thrilling task, but finishing feels amazing.
- B. Answer emails first. → That “quick reply” turns into a 30-minute ethical consultation. Classic.
- C. Go home and pretend notes don’t exist. → You’ll regret it tomorrow, but tonight? You need the break.
- D. Do a post-session reflection, then ease into paperwork. → A balanced approach. Your notes are solid, and you decompress along the way.

 **Bright Side Moment:** No matter what, you remind yourself that you’re doing meaningful work—and even therapists need boundaries.

Condensed Version

6:00 PM – Notes, Emails, or Escape?

 Your last session is done, but there’s still work to do. What do you tackle first?

- A. Notes
- B. Emails
- C. Ignore everything & go home
- D. Post-session reflection, then notes

Supervisor Prompts:

- How do you avoid documentation burnout?
- How does this reflect your own work-life balance?
- What are some time management strategies for admin work?

 **Key Takeaway:** Paperwork is part of the job—but so is having a life outside of it.

8:30 PM – The Therapist Brain Won’t Shut Off

 The day is done, but your brain is still processing. What’s your go-to strategy?

- A. Journaling and reflection. → You put your thoughts down on paper, honoring the depth of today’s work.

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- B. A comforting show and snacks. → Something lighthearted keeps you grounded. Maybe some animal rescue videos for serotonin.
- C. Scrolling TikTok, accidentally finding therapy memes. → Oops. But at least you're in good company.
- D. Deep breathing and intentional unwinding. → You remind yourself that presence matters—for your clients and for you.

 **Bright Side Moment:** Therapists are human too. Recharging is part of the job.

Condensed Version

8:30 PM – Unwinding, or Therapist Brain Won’t Shut Off?

 The day is done, but your brain is still processing. How do you cope?

- A. Journaling & reflection
- B. Comfort show & snacks
- C. Scrolling therapy memes
- D. Deep breathing & unwinding

Supervisor Prompts:

- How do you know when you’re carrying too much home?
- What’s your personal way of transitioning out of therapist mode?
- What’s the balance between processing sessions and over-identifying with clients?

 **Key Takeaway: Self-awareness helps prevent burnout. Every therapist needs a transition ritual.**

The Balance of Therapy

Therapy is full of paradoxes: It’s emotionally demanding and deeply fulfilling. It requires immense patience while offering moments of profound transformation. Some days are heavy, others are light.

But at the end of it all, it’s a privilege.

Because in the therapy room, people let us see their real selves—messy, hopeful, grieving, growing. And we get to witness them change, heal, and find their way forward.

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So no, therapists don't just sit and talk all day.

We hold space for humanity.

And we wouldn't have it any other way.

Final Reflection for Supervisees:

1. What patterns did you notice in your decision-making?
2. How did your own values, personality, or stress levels influence your choices?
3. What will you take from this into your real therapy practice?

BONUS SCENARIOS: 10 More Real-World Therapy Scenarios – Because Therapy is Never Predictable

(Just when you think you've seen it all...)

Sometimes, therapy days don't fit neatly into a structured schedule. So, here's a bonus batch of unpredictable, totally relatable therapist moments to navigate with your supervisees.

9:15 AM – The No-Show That Might Not Be a No-Show

 You're 15 minutes into session, and your client hasn't shown up. Do you...

- A. Wait the full 10 more minutes and move on. (Maybe they forgot, or maybe traffic happened. Either way, you're not sweating it—until you get the 'Sorry, I'm running late!' text at minute 24.)
- B. Call or send a check-in message. (Because we all know that some clients think therapy operates on 'fashionably late' rules.)
- C. Use the time to catch up on notes. (A rare gift! You'll take it.)
- D. Internally celebrate the extra coffee break but also double-check the no-show policy. (Boundaries matter, even when cancellations work in your favor.)

Supervisor Prompts:

- How do you balance compassion with firm boundaries around no-shows?
- When do you check in vs. let it go?
- How do you handle chronic lateness in a way that supports the client's growth?

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 **Key Takeaway:** A missed session isn't always just a scheduling issue—it can reflect deeper patterns in a client's life.

11:30 AM – The “Are You My Friend?” Moment

 Your client asks, “Do you ever think of me outside of session? Be honest.”

- A. Gently reframe: “I think about my clients in the context of treatment planning and making sure we’re moving toward your goals.” (Truthful, professional, and still warm.)
- B. Say, “Of course! I think about how you’re progressing and what will best support you.” (Feels validating, but might blur some boundaries.)
- C. Evade with humor: “Only when I need to look up a great resource for you!” (You sidestep the intimacy, but did you really answer?)
- D. Internally panic while externally keeping your face neutral. (Classic therapist move.)

 **Supervisor Prompts:**

- How do you navigate transference and client attachment in a way that maintains trust and boundaries?
- When is it helpful to acknowledge the therapeutic relationship’s importance versus redirecting toward therapy goals?

 **Key Takeaway:** Clients seek connection and reassurance, but therapists must hold clear relational boundaries to ensure ethical care.

1:30 PM – The Deep Dive Into the Internet Diagnosis

 Your client comes in and says, “I was up all night researching and I think I have... [insert latest trending diagnosis here].”

- A. Validate and explore: “Let’s talk about what you read and what resonated with you.” (It’s always better to be curious than dismissive.)
- B. Say, “Let’s slow down—diagnosing yourself online can be overwhelming.” (True, but are they going to hear you or feel shut down?)
- C. Gently challenge: “Let’s compare the criteria to what we’ve been working on.” (Good middle ground—meets them where they are but adds clinical perspective.)
- D. Ask, “What led you to look this up?” (Because usually, it’s about more than just the symptoms.)

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 **Supervisor Prompts:**

- How do you help clients differentiate between self-awareness and self-pathologizing?
- What's your approach when a client's self-diagnosis doesn't align with clinical impressions?

 **Key Takeaway:** Curiosity first, correction later. Clients want to be heard, not dismissed.

3:45 PM – The “Wait... Who Else is in This Session?” Moment

 You're mid-session, and you hear a voice in the background. Your client forgot to tell you their partner/mom/best friend is listening in. What do you do?

- A. Ask who's present and clarify privacy expectations. (Because therapy should never feel like an impromptu group session.)
- B. Assume the other person is silently judging you and carry on. (Not ideal, but hey, maybe they're learning something?)
- C. Gently pause: “Hey, I hear another voice—can we talk about how you'd like to handle that?” (This way, you address it without making the client defensive.)
- D. Pretend you didn't hear it and hope for the best. (Spoiler: This will absolutely come up again later.)

 **Supervisor Prompts:**

- How do you navigate privacy in telehealth?
- When is it appropriate to allow a third party, and when does it become an ethical concern?

 **Key Takeaway:** If someone else is in the room, boundaries and confidentiality need to be addressed ASAP.

5:45 PM – The Email Dilemma

 You receive a long, emotionally charged email from a client between sessions. Do you...

- A. Reply briefly to acknowledge receipt and discuss it next session. (Simple, professional, but leaves them waiting.)
- B. Respond with thoughtful support. (But now you're essentially offering therapy over email.)

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- C. Ignore it until the next session. (Boundaries, yes—but will they feel abandoned?)
- **D. Set expectations upfront in therapy about email boundaries so this isn't a dilemma later. (Proactive for the win!)

 **Supervisor Prompts:**

- How do you balance client support with professional boundaries in between sessions?
- What's the best email policy for therapists to prevent burnout and ethical gray areas?

 **Key Takeaway:** Clear boundaries before the issue arises = less stress later.

More Bonus Scenarios (Quick Descriptions, Following the Same Format as Above)

6:00 PM – The Commitment Dilemma

 17 Client cancels three sessions in a row, but doesn't want to stop therapy. (How do you address commitment vs. client autonomy?)

- A. Address it directly: "I've noticed you've had to cancel a few times. Let's talk about what's getting in the way." → Creates space for a deeper conversation about readiness and barriers.
- B. Offer flexibility: "Would a different format or frequency of sessions be more manageable?" → Adapts to their needs without lowering accountability.
- C. Set a boundary: "Consistency is important in therapy. If cancellations continue, we might need to discuss pausing until you're able to commit." → Holds structure while prioritizing effective treatment.
- D. Internally panic about retention rates but externally stay professional. → Private practice struggles, anyone?

Condensed Version

 17 Client cancels three sessions in a row but wants to continue therapy. What do you do?

- A. Address it directly.
- B. Offer flexibility.
- C. Set a boundary.
- D. Internally panic but stay professional.

 **Facilitator Prompts:**

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- How do you balance client autonomy with the need for consistency?
- When does flexibility help vs. enable avoidance?
- What policies or agreements can help set clear expectations from the start?

 **Key Takeaway:** Commitment to therapy isn't just about attendance—it's about readiness for the work.

7:30 PM – The “I Have Something to Tell You...” Moment

 Client says, “I have something to tell you... but I can’t say it yet.” (How do you hold space without pushing?)

- **A.** Give them space: “That’s okay. We can talk when you’re ready.” → No pressure, just safety and support.
- **B.** Ask, “Is there something I can do to help make it easier to share?” → A gentle nudge that offers reassurance.
- **C.** Reflect: “It sounds like this is really important to you.” → Helping them recognize their own emotional weight in the moment.
- **D.** Jump to worst-case scenario in your mind, but keep a neutral face. → Classic therapist move.

Condensed Version

 Client hesitates before sharing something big. How do you respond?

- **A.** Give them space.
- **B.** Offer reassurance.
- **C.** Reflect on its importance.
- **D.** Internally panic, externally remain neutral.

Facilitator Prompts:

- How do you balance patience with helping a client open up?
- When does waiting become avoidance?
- What therapeutic interventions could help in this situation?

 **Key Takeaway:** Trust-building takes time. A client’s hesitation can reveal deeper themes in therapy.

1:30 PM – The Couple’s Session Turns Into a Shouting Match

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💔 A couple's therapy session turns into a shouting match. (When do you step in, and how do you de-escalate?)

- **A.** Interrupt with a structured pause: "Let's slow this down so we can all be heard." → Helps regulate the session before it spirals further.
- **B.** Let them vent for a moment and observe. → Sometimes, emotions need space before intervention.
- **C.** Call out the pattern: "This seems to be a recurring dynamic—what do you both notice happening?" → Insight-building in action.
- **D.** Try telepathically summoning a commercial break. → Maybe if you blink twice, time will slow down.

Condensed Version

💔 Conflict escalates quickly. What's your move?

- **A.** Interrupt to slow things down.
- **B.** Let them vent.
- **C.** Highlight the pattern.
- **D.** Blink twice and hope for divine intervention.

💡 Facilitator Prompts:

- When is it appropriate to let conflict play out, and when should a therapist intervene?
- What techniques help de-escalate heightened emotions in couples therapy?
- How can you help clients identify their patterns in real time?

💡 **Key Takeaway:** Conflict in therapy isn't necessarily bad—it's an opportunity for growth when managed well.

9:00 PM – The Boundary Test: A Client Texts Your Personal Phone After Hours

📱 It's late, and you get a text from a client on your personal phone. What's your move?

- **A.** Respond briefly: "I can't discuss this over text, but we can talk during our next session." → Sets a boundary while still acknowledging the client.
- **B.** Ignore it until your next working hours. → Boundaries exist for a reason, but will they feel abandoned?
- **C.** Text back and check in, just this once. → But where do you draw the line next time?
- **D.** Check your informed consent form and send a gentle reminder of your communication policy. → Best to address it proactively.

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Condensed Version

 Client messages you on your personal phone. What's your response?

- **A.** Acknowledge but set a boundary.
- **B.** Ignore until next workday.
- **C.** Respond but question if you should have.
- **D.** Remind them of your communication policy.

Facilitator Prompts:

- How do you balance accessibility with maintaining professional boundaries?
- When might an exception be appropriate (crisis situations, safety concerns, etc.)?
- How can therapists set clearer expectations about out-of-session communication?

 **Key Takeaway:** Clear policies upfront help prevent blurred boundaries later.

10:00 AM – The “Your Supervisor Disagrees With You” Moment

 You made a clinical decision that felt right, but your supervisor challenges it. Now what?

- **A.** Ask for clarification: “Can you help me understand your concerns?” → Opens the door for learning without defensiveness.
- **B.** Explain your reasoning: “Here’s why I made that call—let’s talk it through.” → Advocates for your clinical judgment while being open to feedback.
- **C.** Internally panic but nod professionally. → Imposter syndrome enters the chat.
- **D.** Get defensive: “I stand by my decision.” → Assertive... but maybe not the best approach for growth.

Condensed Version

 Your supervisor challenges a clinical decision. How do you handle it?

- **A.** Ask for clarification.
- **B.** Explain your reasoning.
- **C.** Internally panic but nod.
- **D.** Get defensive.

Facilitator Prompts:

- How do you handle professional feedback without taking it personally?
- What role does humility play in supervision?
- How can supervision be a space for collaboration rather than just correction?

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 **Key Takeaway:** Feedback isn't failure—it's an opportunity to sharpen your clinical skills.

Wrapping Up – The Adventure Never Ends

Therapy is never predictable, which means supervision shouldn't be either. These scenarios are here to help new therapists develop their instincts, clinical reasoning, and boundary-setting skills—all while keeping a sense of humor about it.

✨ Try these out in your next supervision session! And if you're feeling bold... ask your supervisees:

“What’s the wildest therapy moment you’ve had so far?”

(Just be ready for some stories.)

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