



Supervision & Clinical Support Guide

Strengthening the Container to Support Engagement and Sustainability

How to Use This Guide

This guide is not meant to be implemented all at once. It's a reference you can return to over time. Even one or two shifts can meaningfully change momentum and sustainability.

You don't need to address everything here. Choose what feels most alive or relevant right now.

The scripts included are offered as language supports. Use what fits your voice, adapt freely, or let them inspire your own wording.

Jen Hyatt, LMFT

Licensed Marriage and Family Therapist #99355

www.stormhavenwellness.com | www.thenerdietherapist.com

Succinct Focus Areas

- **How the work is held**
 - Clarity of frame
 - Phase naming
 - Structure vs flexibility, especially early on
 - **Momentum and frequency**
 - Weekly vs bi-weekly decisions
 - Consistency of sessions
 - Whether the work stays “warm” between meetings
 - **Comfort with scope**
 - Timing of referrals
 - Confidence holding stabilization and transitional phases
 - Differentiating ethics from discomfort
 - **Scheduling containment**
 - Standing times vs floating schedules
 - Boundary clarity
 - Calendar as a regulatory container, not logistics
 - **Caseload shape and energy math**
 - Mix of weekly/bi-weekly clients
 - Intensity clustering
 - Therapist nervous system sustainability
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1. How the Work Is Held

Why this matters

This area focuses on the overall container of therapy and how clearly it's being offered and revisited over time.

Key elements

- **Clarity of frame**

How clearly the purpose, direction, and structure of therapy are named and revisited.
- **Phase naming**

Whether the therapist is naming what phase of work the client is in (orientation, stabilization, integration, maintenance).
- **Structure vs flexibility, especially early on**

Where flexibility supports safety versus where it may be diluting containment or momentum.

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Underlying orienting question

Do clients know what they're doing here, and where they are in the work?

Early sessions are often fragile. A clearer frame helps clients feel oriented enough to return.

Supervisor scripts

- “If a client were asked why they're here and what you're working toward together, what do you imagine they'd say?”
- “What phase would you say this client is in right now?”
- “How often do you name that phase out loud with the client?”
- “Where does structure feel supportive, and where might flexibility be making the work harder to stay oriented to?”

Therapist scripts

- “Let's pause and name what this work is in service of so it doesn't feel vague.”
 - “Right now, I'd name this phase as stabilization and orientation. We're building safety and understanding.”
 - “We may move through different phases over time. I'll name them so you're not guessing where you are.”
 - “Early on, a bit more structure can help things feel steadier. We can loosen it later.”
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2. Momentum and Frequency

Why this matters

This is about rhythm and continuity, not pressure or productivity.

Key elements

- **Weekly vs bi-weekly decisions**
Whether frequency matches the phase of work.
- **Consistency of sessions**
Whether sessions build or feel stop-and-start.
- **Keeping the work “warm”**
Whether insight and connection remain active between sessions.

Underlying orienting question

Does this pace support the nervous system staying engaged between sessions?

Frequency is a clinical support choice. When it fits the phase of work, momentum builds more naturally.

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Supervisor scripts

- “How are you deciding between weekly and bi-weekly right now?”
- “What do you hope the chosen frequency is supporting?”
- “Does the work feel like it’s building, or restarting each session?”
- “When sessions are spaced out, what happens to momentum?”

Therapist scripts

- “At this stage, weekly sessions often help build momentum. We can reassess later.”
 - “Bi-weekly can work well once things are more stable.”
 - “Consistency helps the work build instead of restarting.”
 - “There’s a thread here we can come back to next time.”
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3. Comfort With Scope

Why this matters

This area is about confidence, not ethics.

Key elements

- **Timing of referrals**
What prompts referral decisions.
- **Holding stabilization and transitional phases**
Comfort supporting early or preparatory work.
- **Differentiating ethics from discomfort**
Clarifying when work is outside scope versus simply complex.

Underlying orienting question

Is this client outside my scope, or inside a phase that feels complex or unfamiliar?

Staying a little longer with support can prevent clients from leaving therapy entirely while searching for a perfect fit.

Supervisor scripts

- “What signals to you that it’s time to refer out?”
- “Is that signal about scope, or about discomfort?”
- “What feels hardest about holding stabilization phases?”
- “If we separate ethics from discomfort, what falls where?”

Therapist scripts

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- “We don’t have to decide everything right now.”
 - “This phase is about helping you feel steadier and resourced.”
 - “Complexity doesn’t automatically mean referral.”
 - “We can go slowly without abandoning the work.”
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4. Scheduling Containment

Why this matters

The calendar itself is part of the therapeutic container.

Key elements

- Standing times vs floating schedules
- Boundary clarity
- Calendar as a regulatory container

Underlying orienting question

Does the schedule help clients feel held, or does it unintentionally signal optionality?

Predictable scheduling often reduces anxiety and supports engagement.

Supervisor scripts

- “How many clients have a standing day and time?”
- “What happens when scheduling is renegotiated each week?”
- “How does it feel to hold time boundaries?”
- “What does a consistent time communicate to the nervous system?”

Therapist scripts

- “A consistent time can help therapy feel more solid.”
 - “Consistency isn’t rigidity. It’s part of care.”
 - “The schedule itself can be grounding, not just practical.”
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5. Caseload Shape and Energy Math

Why this matters

This area zooms out to sustainability and nervous system capacity.

Key elements

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- **Mix of weekly and bi-weekly clients**
- **Intensity clustering**
- **Therapist nervous system sustainability**

Underlying orienting question

Does the way this caseload is built support both effectiveness and endurance?

Not all sessions cost the same energy. Caseload design is nervous system math, not personal weakness.

Supervisor scripts

- “What proportion of your caseload is weekly versus bi-weekly?”
- “Are high-intensity cases clustering on certain days?”
- “How does your week feel in your body, not just on paper?”

Therapist scripts

- “The rhythm of sessions matters for both of us.”
- “Not every session needs to be heavy to matter.”
- “Sustainability helps me show up fully for you.”

Two Anchors to Return To

- **Attendance is information, not a report card**
- **Clients stay for meaning, not likability**

One Integrative Question (Use Anytime)

“What would make therapy feel meaningful to you right now?”

This question can quietly guide:

- pacing
- frequency
- retention
- structure
- clinical focus

It centers meaning, reduces pressure, and helps the container hold.

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