

## **Supervision and Case Consultation Logs – Spring 2025 (De-identified)**

**Student:** Brooke Holloway

**Placement Site:** Compassion House

**Confidentiality:** De-identified. No client names/initials, DOBs, addresses, case numbers, school names, or identifying details included.

### **Log Entry 1**

**Date/Time:** Tuesday, March 11, 2025 | 9:00–9:30 AM

**Format:** Individual supervision

**Client System:** Client A (adolescent)

**Focus:** Ethical documentation + trauma-informed pacing

**Summary of case issue (de-identified):** Client reported doing better due to a recent transition but appeared emotionally distressed and avoided discussing a significant family-related topic.

**Supervision discussion:** I consulted on how to respect client autonomy while still supporting progress and documenting clinically and ethically when a client declines discussion.

**Guidance received:** Use trauma-informed pacing, avoid pressuring disclosure, document observable affect/behavior and client statements without assumptions, and focus on stabilization goals and readiness.

**Action steps implemented:** Continued grounding/regulation skills; planned consent-based check-ins for readiness; documented with objective language and a clear follow-up plan.

---

### **Log Entry 2**

**Date/Time:** Saturday, March 22, 2025 | 1:15–1:50 PM

**Format:** Case consultation (brief consult following session)

**Client System:** Client B (adolescent)

**Focus:** Safety planning + scope of practice + coordination

**Summary of case issue (de-identified):** Client presented tearful and overwhelmed due to escalating stress in the home environment related to caregiver substance use concerns and household instability.

**Consultation discussion:** I reviewed safety planning steps, appropriate boundaries, and how to document risk screening and next steps.

**Guidance received:** Prioritize stabilization and coping; document risk screening clearly; reinforce support systems and safe adults/resources; clarify when additional

supports/referrals should be considered if the situation escalates.

**Action steps implemented:** Updated coping/safety plan; reinforced grounding strategy; documented client report, observed affect, interventions used, and planned follow-up.

---

### Log Entry 3

**Date/Time:** Thursday, April 3, 2025 | 10:30–11:00 AM

**Format:** Individual supervision

**Focus:** Professional boundaries + clinical judgment + note quality

**Summary of practice issue:** I requested feedback on maintaining empathy while writing objective progress notes when client systems are chaotic or emotionally intense.

**Guidance received:** Use neutral, behavioral descriptions; include interventions + client response + plan; avoid speculating about third parties; maintain role clarity and document only what is relevant and observed/reported.

**Action steps implemented:** Standardized my note structure (presenting concern → interventions → response → plan) and strengthened professional tone and clarity in documentation.