

# Crisis Case Supervision & Clinical Reasoning Worksheet

Mentor Name: \_\_ Mentee Name: \_\_ Date: \_\_ Case Reference (Client Initials): \_\_

## Section 1: The Emotional Check-In (Mentee State)

*Before diving into the clinical data, address the practitioner's nervous system to re-engage the prefrontal cortex.*

1. On a scale of 1-10, how is your current anxiety regarding this case? [ \_\_\_\_ ]
2. What is the primary fear driving your "decision paralysis"?
3. ☐ Fear of harming the client
4. ☐ Fear of losing credibility/professional failure
5. ☐ Fear of legal/medical liability
6. ☐ Other: \_\_\_\_\_

## Section 2: The Data Drill (Facts vs. Assumptions)

*Strip away the "panic" to look at what is actually happening.*

The Client's Symptom	Mentee's Initial Assumption	Objective Data (Labs, Intake, Timeline)
<i>Example: Acute Joint Pain</i>	<i>"Protocol is toxic"</i>	<i>Started AIP 3 weeks ago; eating high-oxalate foods.</i>

**Key Question:** Is this a medical emergency requiring immediate ER/Specialist referral, or a clinical flare that requires protocol adjustment? - ☐ **Emergency Referral** (Red Flags present: Fever, inability to breathe, suicidal ideation, etc.) - ☐ **Clinical Calibration** (Yellow Flags: Flare-up, fatigue, digestive upset, Herxheimer)

## Section 3: The Mechanism Search (Socratic Reasoning)

*Use the Socratic Method to guide the mentee toward the physiological "Why."*

- **Mechanism A (Detox/Die-off):** Could this be a Herxheimer reaction or "dumping" (e.g., oxalates)? [ Yes / No ]
- **Mechanism B (Nutritional):** Are caloric intake or macronutrient ratios sufficient for the new protocol? [ Yes / No ]
- **Mechanism C (Interaction):** Is there a known interaction between new supplements and current meds? [ Yes / No ]
- **Mechanism D (Nervous System):** Is the client's panic exacerbating the physical symptoms? [ Yes / No ]

**Mentee's Realization:** "Based on the physiology, the most likely cause of this flare is: \_\_\_\_\_"

## Section 4: Protocol Calibration & Next Steps

**The Strategy Shift:** 1. **Immediate Action (Stop/Reduce):** \_\_\_\_\_ 2. **Supportive Action (Soothe/Regulate):** \_\_\_\_\_ 3. **Communication Strategy:** How will you explain this "layer of dysfunction" to the client to rebuild their confidence?

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## Mentee Growth Reflection

**Identify the "Teaching Moment":** What did you learn about your "Zone of Genius" or your clinical boundaries today?

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**Mentor Feedback:** - [ ] Process followed correctly - [ ] Clinical reasoning was sound - [ ] Emotional regulation achieved

**Next Supervision Date:** \_\_\_\_\_

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