Guidebook for Clinical Supervision in Nebraska

By Susan Reay
Ed.D., LICSW

Author's note: Supervision in Nebraska

Supervision is required for Provisionally Licensed Mental Health Practitioners (PLMHP) or Provisionally Certified Master Social Workers (PCMSW) in Nebraska. Unlike some surrounding states, Nebraska only licenses at the clinical level and offers associated certifications. Licensure in Nebraska follows a composite licensure framework, meaning many disciplines, such as social work, counseling, marriage, and family therapy, etc., may be eligible for the same license type. Supervisors and supervisees are encouraged to view the Nebraska Health and Human Service, Mental Health, and Social Work Practice website and contact state licensing officials with any questions. Please note: the information in this guidebook is for supervision best-practice reference purposes. Much of the information provided in this guidebook is not required in Nebraska.

Guidebook for Clinical Supervisors

Supervision in Nebraska

What is it?

Clinical supervision is its own process, with its own theories, methods, and research. In Nebraska, 172 NAC 94.009.01 defines general supervision as a process which is distinguishable from personal psychotherapy, consultation, or didactic instruction, which focuses on raw data from the supervisee's clinical work and includes: discussing ethics; discussing the supervisee's cases; evaluating the supervisee; and providing the supervisee with oversight and guidance.

Why do we do it?

The purpose of supervision is to provide the supervisee with guidance on client safety and care, which is achieved in the present by having more experienced eyes on the supervisee's caseload. Quality client care is achieved through the careful development of the supervisee into a competent independent therapist. High quality client care should remain in mind for both supervisor and supervisee throughout the supervision process.

In developmental models of supervision, supervisees go through three developmental stages as they begin clinical practice. Supervisors should consider the stage the supervisee is in and adjust supervision strategies accordingly. Consistency between the goals established in the Goals and Competencies Worksheet and the stage of the supervisee increases the likelihood of a positive supervision experience for both parties.

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- Stage 1: The supervisee may be anxious and worried about their performance including 'saying the right thing' or causing harm to their clients. Supervisees at this stage need support, significant feedback, and praise. A directive approach to supervision is helpful to guide the supervisee.
- Stage 2: The supervisee's proficiency has increased with changing levels of motivation and confidence. At this stage, the supervisee's self-assessment of their performance with clients may be linked to their own emotions or mood after sessions.
- Stage 3: Supervisees are mostly autonomous, stable in motivation and mood, and are competent in Use-of-Self as a therapeutic tool. At this stage, supervisors should encourage supervisee autonomy by assigning more difficult cases, using less direct observation and allowing supervisee to lead supervisory sessions.

How does it work?

Supervisory Alliance

Viewed by many as the single most important part of the supervisory process, the relationship between the supervisor and supervisee is critical to the supervision experience.

- Supervisory alliances are a strong predictor of successful supervision.
- It is only within the context of a safe and trusting relationship that disclosure of the supervisee's challenges will occur.
- Strong supervisory alliance will reduce defensiveness and increase the likelihood for the supervisee to implement corrective feedback and articulate when support is needed.
- A strong supervisory alliance makes it easier for the supervisor to be allowed "in" to the delicate parts of the supervisee/client relationships. This process is connected to improvements in client care.

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Functions of Supervision

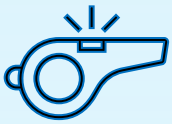
A helpful way to model the tasks of supervision, used by both the NASW and SAMHSA, is to break them into three domains: administrative, educational, and supportive. The supervisor is responsible for attending to all three.

- ***Administrative functions*** ***include day-to-day tasks, managing workload, facilitating paperwork, scheduling, and other necessary tasks.***
- ***Educational functions*** include providing verbal and written feedback on case notes and treatment planning, assistance with conceptualizing cases, role playing, and giving corrective feedback.
- ***Supportive functions*** include helping the supervisee cope with the inherent difficulties of the job, facilitating self-care and continuing education activities, and reducing the risk of burnout and vicarious trauma.

Roles and Responsibilities of Supervisor

Clinical supervisors teach, consult, coach, and mentor with awareness of individual identities and intersectionality.

Teachers facilitate learning and developing supervisees' competencies through activities focused on skill development and theoretical knowledge base.



Coaches provide support and encouragement. They model and assess strengths and growth areas of the supervisee. The coaching role helps prevent burnout.

Consultants provide case reviews, collaborate on treatment plans and conceptualizations, and oversee the supervisee's performance

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Mentors use role modeling to teach, guide, and promote the supervisee's overall development as a professional.

Supervisor Responsibilities

- Uphold ethical guidelines established by profession
- Oversee supervisee's cases to ensure client welfare
- Model ethical and professional behavior and competencies
- Aid in developing case formulations, treatment plans, and monitoring intervention efficacy
- Monitor and support supervisee's growth and development as a clinician
- Help the supervisee achieve their goals as listed on the competency form
- Tie clinical work to theory
- Be culturally sensitive and competent; seek supervision or consultation, as necessary
- Take time to care for themselves; this task is significant

Best Practice

Research findings indicate that positive supervision outcomes contain several components which are highly effective for teaching, supporting, and interacting with the supervisee. Keep in mind, the cultural differences between supervisor and supervisee can be sensitive, and are one of the main causes of negative experiences for the supervisee. The supervisor needs to pay special attention to power dynamics when the supervisee has a marginalized identity which the supervisor does not share.

Best Practice Activities

- A clearly defined supervision agreement
- Setting an agenda for each session
- Goal setting
- Collaborative case conceptualization
- Incorporating evidence-based practice interventions
- Consistent case review
- Corrective feedback
- Role playing
- Live (in-session) corrective feedback
- Modeling (live or video)
- Attention to the supervisee's emotions and self-regulation
- Monitoring supervisee stress levels and providing referrals for self-care
- Praise and empathy
- Direct observation of supervisee's sessions with clients, as appropriate (live or recorded)
- Instruction and teaching skills

Sample Supervision Agreement

Supervisor Introduction and Reflection

Introduce yourself below to the supervisee. Describe your **experience**, the **modalities** you practice, and any **supervision philosophies** or practices you would like the supervisee to know about. Reflect on what the supervisor will bring to the supervision session. Helpful details to include might be **attitudes** and philosophies about the supervision process, particular **skills** that can benefit the supervisee, **teaching style**, **traits**, and **personality information**. For an example see: Supervision Agreement

Supervisee Introduction and Reflection

Introduce yourself below. Describe your **experience**, your **attitudes** about supervision, how you **learn** best, your **traits** and **personality information**. Describe what you bring to supervision and what you want to get out of supervision. Sample Agreement with Supervisee Expectations (p3)

Sample Supervision Agreement

Structure of Supervision Sessions

Supervision is more successful when sessions are structured clearly and both participants know exactly what to expect. The content covered in supervision sessions will be unique, depending on the participants knowledge, desires, theoretical orientation and the content of the work the supervisee is doing. This section is to help guide you to create the structure (not content) of the supervisory sessions, such as when, where, record keeping, timing of evaluations and other regulatory concerns.

Date and time of sessions is:
How will client records be reviewed?
How will provisionally licensed hours be tracked and reviewed? How will supervisory sessions be documented?
How will ethics and relevant laws and regulations be incorporated into supervision? (required by regulation)
How often will the accompanying Goals and Competencies Worksheet
Other considerations: will the sessions include board examination preparation, education, case consultations, or other multidisciplinary partners:

This space is provided to include anything else you think is helpful, such as roles and responsibilities:

_____

_____

_____

_____

Sample Supervision Agreement

Structure of Supervision Sessions

Note: Nebraska supervisor regulations require that the supervisor have direct access to client records, either case notes or audio or video recordings of sessions and other. (172 NAC 94 (nebraska.gov))

Nebraska regulations require the following (paraphrased):

172 NAC 94.008	Qualified supervisor must (A) hold a current active credential and (B) not been disciplined in the last year
172 NAC 94.009.01.A	Supervision must focus on raw data of supervisee's clinical work (recordings or case notes)
172 NAC 94.009.01.B	Be distinguishable from personal therapy, didactic teaching, and consultation
172 NAC 94.009.01.C	Must include periodic evaluations of supervisee's therapeutic process and treatment goals
172 NAC 94.013.10.A-H	Ethical treatment of supervisees by supervisors, such as avoiding exploitation; awareness of the power imbalance; no dual relationships including a therapeutic relationship; maintaining supervisee confidentiality

Discussion Points

Many view supervisors as the gatekeepers of clinical practice and control if the supervisee will obtain licensure. Open communication is critical. Discuss the following:

- After supervision has concluded, what is the process for completing the state-mandated affidavit of hours?
- Where will the supervisee's clinical hours log sheet be located, and with what frequency will it be reviewed?
- What is the arrangement for the supervisee's affidavit of hours to be signed should either party leave their current employment?
- Does the supervisor require that the supervisee arrange to complete the state-mandated affidavit of hours by a specific time after supervision is terminated?

Sample Supervision Agreement

Discussion Points regarding the Supervisory Relationship

Based on the context, the supervisor must delineate how this relationship has a power imbalance. Supervisors who highlight how the supervisory relationship walks in between a student/teacher and a therapist/client can help supervisees feel comfortable discussing this dynamic as things arise. Note that the NE regulations (172 NAC (nebraska.gov) specify that supervisory relationships must be differentiated from therapeutic relationships. Additionally, multicultural training for supervisors related to the historical context of mental health, critical consciousness, bias, and privilege enriches the supervisory experience and helps both the supervisor and supervisee in awareness of systemic racism. Consult your professional code of ethics, state regulations, and agency policy regularly as part of the teaching process.

Additional sample discussion points:

- Social Work Supervision Contract
- Counseling Supervision Contract
- MFT Supervision Contract
- Sample Supervision Contract

Signatures

Supervisor _____

Supervisee _____

Goals and Competency Worksheet

For Provisionally Licensed Mental Health Practitioners (PLMHP) seeking a Mental Health or Independent Mental Health License in Nebraska.

Date _____

Supervisee _____ Agency _____

Supervisor _____ Agency _____

The Goals and Competency Worksheet provides a method to evaluate developmental competencies of PLMHP over time and assist the supervisor and supervisee with determining areas of strength and areas of growth. The worksheet is broken into two areas: foundational skills and therapeutic skills. Developed from best practice guidelines in the disciplines of counseling, marriage and family therapy, social work, and other behavioral health professions, this worksheet provides scaffolding from which supervision plans can be developed that support the supervisory process. This worksheet is not required for PLMHP in Nebraska. However, it may be helpful too in supervision.

Using the chart below, develop goals that align with the standards of practice identified on the left. Each standard has corresponding competencies listed on the right. Example goals are provided in each area. Review periodically to update goals and progress.

Foundational Skills

Standards of Practice	Goals and Competencies
Ethics, Professionalism, Standards of Care	*Competency: Independently integrates ethical standards and demonstrates ethical decision making using an established ethical decision-making model; monitors and resolves difficult ethical situations, including properly documenting their decision-making process. Independently seeks supervision/consultation. Independently demonstrates professional conduct. Example Goal 1: Discuss six ethical dilemmas by x date.*

Goals and Competency Worksheet

Foundational Skills

Standards of Practice	Goals and Competencies
Diversity and Cultural Competence	*Competency: Applies knowledge of dimensions of diversity and intersectionality in all areas of practice. Demonstrates cultural humility and use of cultural opportunities when working with clients. Displays knowledge of diversity beyond racial and ethnic diversity. Example Goal 1: Locate materials to become more culturally competent for a specific culture (chosen depending on context.)*
Reflective Practice, Self-Care, Self-Assessment	*Competency: Demonstrates ability to self-reflect in professional context, enabling use-of-self as a therapeutic tool; assesses and monitors self-care needs; demonstrates accurate self-assessment of competency in all areas of practice.* *Example Goal 1: Identify uncomfortable feelings from a session and discuss in supervision why those may have arisen. Develop a self-care plan.*
Systems, Referrals, Interdisciplinary Collaboration	*Competency: Demonstrates knowledge of how systems affect clients and how to maneuver in relevant systems. Demonstrates ability to support effective interdisciplinary collaboration, including knowing when and how handle referrals for other services. Demonstrates strong understanding of role in interdisciplinary collaborations by clearly staying within the bounds of professional expertise.* *Example Goal 1: Identify the components of a successful referral for services and make x number of successful referrals.*
Technology and Documentation	*Competency: Independently applies knowledge of ethics in tele-therapy and technology required for practice. Maintains documentation in accordance with ethical, legal, and agency standards.* *Example Goal 1: Complete a training on best practices in tele-health.*

Goals and Competency Worksheet

Foundational Skills

Standards of Practice	Goals and Competencies
Confidentiality	*Competency: Demonstrates advanced understanding of professional, legal and agency standards of confidentiality and independently behaves accordingly. Demonstrates thorough understanding of laws that may limit or impact client confidentiality and ability to effectively communicate those limits to clients in a developmentally appropriate way.* *Example Goal 1: Review the code of ethics and discuss client confidentiality in the context of supervision.*
Boundaries	*Demonstrates advanced knowledge of and independently maintains appropriate professional boundaries with supervisor, colleagues, and clients.* *Example Goal 1: Monitor and discuss situations that present challenges to appropriate boundaries.*
Collegiality	*Competency: Develops and maintains professional relationships, manages own affective emotions and difficult communication with colleagues. Demonstrates general goodwill for other professionals.* *Example Goal 1: Meet everyone! Establish baseline connections.*
Lifespan Career Development, Continuing Education	*Competency: Demonstrates curiosity and understanding that professional development is ongoing, along with knowledge of community resources for continuing education.* *Example Goal 1: Discuss opportunities for CE within agency context. Attend x number of CE trainings per (time period).*

Goals and Competency Worksheet

Therapeutic Skills

Using the chart below, develop goals that align with essential therapeutic practice skills. The skills are identified on the left and the corresponding competencies are on the right. Examples are provided in each area. Feel free to edit the list as appropriate. Review periodically to update goals and progress.

Standards of Practice	Goals and Competencies
Assessment Skills (Conceptualizing and diagnosing)	*Competency: Demonstrates accurate case conceptualization skills. Applies knowledge of theoretical frameworks in assessment. Independently understands and applies knowledge of appropriate assessment tools and diagnostic criteria.* *Example Goal 1: Complete three case conceptualizations by (date.)*
Treatment Planning	*Competency: Independently plans culturally responsive interventions specific to each case, developing goals collaboratively with clients. Demonstrates ability to connect presenting concern and treatment interventions to a theoretical model to ensure continuity throughout treatment.* *Example Goal 1: Write full treatment plan with client and review in supervision.*
Use of Interventions	*Competency: Independently implements agreed upon treatment plans and goals according to empirical models. Recognizes and demonstrates flexibility when plans need modification.* *Example Goal 1: Shadow clinician in session to observe interventions being effective (or not.)*
Empathetic understanding and Positive Regard	*Competency: Demonstrates unconditional positive regard for clients, independently monitors self and seeks supervision for difficult cases. Demonstrates accurate empathy through warmth, acceptance, responsiveness, and careful listening.* *Example goal 1: Discuss a client who is difficult to empathize with or is frustrating. Find some strengths.*

Goals and Competency Worksheet

Therapeutic Skills

Standards of Practice	Goals and Competencies
Collaboration with Client (e.g., goal setting) and Therapeutic alliance	*Competency: Independently develops effective working relationships with a broad range of clients. Maintains alliance and utilizes it to collaborate with clients in all aspects of treatment.* *Example goal 1: Role play or discuss a few trust building strategies.*
Non-verbal Skills	*Competency: Demonstrates consistent mastery of nonverbal communication skills to convey empathy and warmth, including open and relaxed posture, appropriate eye contact, and standing at culturally appropriate distance.* *Example Goal 1: Review some cultural differences regarding nonverbal communication relevant to context.*
Verbal Communication skills	*Competency: Consistently and independently demonstrates ability to communicate effectively with a broad range of clients, colleagues, and other professionals. Independently manages difficult conversations by applying knowledge of a wide array of communication skills.* *Example Goal 1: Review a difficult conversation in supervision, clarify alternate responses.*
Emotional Attunement	*Competency: Accurately assesses client's emotional state from verbal and nonverbal cues. Independently utilizes self-awareness and emotional self-regulation to be emotionally present with a broad range of client emotions.* *Example goal 1: Practice assessing unstated emotions in supervision.*

Goals and Competency Worksheet

Therapeutic Skills

Standards of Practice	Goals and Competencies
Trauma Informed Care	*Competency: Consistently and independently applies knowledge of trauma and the prevalence of trauma, especially early trauma, to respond to clients in a way that creates safety, trust, and empowerment.* *Example Goal 1: Keep trauma history in mind when assessing new clients. Consider that some clients will not disclose trauma in intakes.*
Crisis Intervention	*Competency: Independently assesses level of risk, intervenes to deescalate crises and chaotic situations to enhance safety of clients and others.* *Example Goal 1: Learn tactics for de-escalation appropriate to context.*
Specialized Practice Skills | EBPs	*Competency: Independently identifies appropriate cases for the use of evidence-based modalities and applies knowledge and skills of evidence-based practices or specialties to client treatment. Effectively uses specialized skills specific to client population.* *Example Goal 1: Identify a client who could benefit from an EBP and explain it to them.*

The foundational skills and therapeutic skills outlined in the Goals and Competency Worksheet are distilled from standards of practice statements, competency statements, and codes of ethics of the American Counseling Association, American Psychological Association, National Association of Social Workers, American Association for Marriage and Family Therapists, Association for Counselor Education and Supervision, and Council on Social Work Education.

Additional examples: Supervision Goals Example (p. 2-3); Australian sample agreement (p. 1); and the very long but good Nova Scotia Example Goals.

For questions, comments, or feedback please contact Susan Reay, Ed.D, LICSW, at sreay@unomaha.edu.

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References

American Association for Marriage and Family Therapists (2004). *Marriage and family therapy core competencies.* https://www.aamft.org/Documents/COAMFTE/Accreditation%20Resources/MFT%20Core%20Competencies%20(December%202004).pdf

American Association for Marriage and Family Therapists (2019). Approved supervision designation: Standards handbook. https://www.aamft.org/documents/Supervision/2020_AS_Documents/ASHandbook02-2020edits.pdf

American Counseling Association (2014). *ACA code of ethics*. https://www.counseling.org/docs/default-source/default-documentlibrary/2014-code-of-ethics-.pdf?sfvrsn=96b532c_2

Association for Counselor Education and Supervision Taskforce on Best Practices in Clinical Supervision. (2011). *Best practices in clinical supervision.* https://acesonline.net/wp-content/uploads/2018/11/ACES-Best-Practices-in-Clinical-Supervision-2011.pdf

American Psychological Association (2012). *Readiness to enter practice level rating form*. https://www.apa.org/ed/graduate/benchmarks-evaluation-system

Bradley, W. J. & Becker K. D. (2021). Clinical supervision of mental health services: a systematic review of supervision characteristics and practices associated with formative and restorative outcomes. *The Clinical Supervisor (40)*1, 88-111, doi: 10.1080/07325223.2021.1904312

Chirop Coleiro, A., Creaner, M., & Timulak, L. (2022). The good, the bad, and the less than ideal in clinical supervision: A qualitative meta-analysis of supervisee experiences. *Counselling Psychology Quarterly*. https://doi-org.leo.lib.unomaha.edu/10.1080/09515070.2021.2023098

Council on Social Work Education. (2022). Educational policy and accreditation standards for baccalaureate and master's social work programs, draft #2. https://www.cswe.org/accreditation/standards/2022-epas/

Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. Washington, DC: American Psychological Association

References

Kangos, K. A., Ellis, M. V., Berger, L., Corp, D. A., Hutman, H., Gibson, A., & Nicolas, A. I. (2018). American psychological association guidelines for clinical supervision: Competency-based implications for supervisees. *The Counseling Psychologist, 46*(7), 821–845. https://doi.org/10.1177/0011000018807128

Kring, M., Cozart, J. K., Sinnard, M. T., Oby, A., Hamm, E. H., Frost, N. D., & Hoyt, W. T. (2022). Evaluating psychotherapist competence: Testing the generalizability of clinical competence assessments of graduate trainees. *Journal of Counseling Psychology, 69*(2), 222–234. https://doi-org.leo.lib.unomaha.edu/10.1037/cou0000576

Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V., (2008). How does clinical supervision work? using a "best evidence synthesis" approach to construct a basic model of supervision. *The Clinical Supervisor, 27(2)*, 170-190, doi: 10.1080/07325220802487915

National Association of Social Workers (2005). *NASW standards for clinical social work in social work practice.* https://www.socialworkers.org/LinkClick.aspx?fileticket=YOg4qdefLBE%3d&portalid=0

National Association of Social Workers (2013). *NASW best practice standards in social work supervision.* NASW Standards in Social Work Supervision (socialworkers.org)

Poncy, G. (2020). Skillful use of developmental supervision. *Journal of Psychotherapy Integration, 30*(1), 102–107. https://doi-org.leo.lib.unomaha.edu/10.1037/int0000162

Substance Abuse and Mental Health Services Administration (2013). *Quick guide for clinical supervisors.* Quick Guide for Clinical Supervision

Smith, K. L., (2009). *A brief summary of supervision models.* [Unpublished paper]. Marquette University.

Tugendrajch, S.K., Kaitlin M. Sheerin, K. M., Jack H. Andrews, Rachel Reimers, Brigid R. Marriott, Evelyn Cho & Kristin M. Hawley (2021) What is the evidence for supervision best practices? *The Clinical Supervisor, 40*(1), 68-87, doi: 10.1080/07325223.2021.1887785

Watkins, C.E., (2014). The supervisory alliance as quintessential integrative variable. *Journal of Contemporary Psychotherapy 44*, 151–161. https://doi-org.leo.lib.unomaha.edu/10.1007/s10879-013-9252-x

About the Author

Susan Reay is the Director of the Grace Abbott School of Social Work in Omaha, Nebraska. Dr. Reay received both her bachelor's and master's in Social Work from the University of Nebraska at Omaha. She received her Doctorate in Education from the College of Saint Mary. For 25 years Dr. Reay practiced as a clinical social worker in the role of non-profit clinical director and administrator of multiple behavioral health education programs. Dr. Reay served on the Nebraska Board of Mental Health Practice and held leadership positions for nine of her 13 years on the board. Dr. Reay was the Training and Technical Assistance Project Coordinator for the Nebraska System of Care SAMHSA grant and coordinator for a $1.3 million HRSA grant for social work education. Dr. Reay specializes in ethics, licensure, and children's mental health, including evidence-based mental health practices for treating youth psychopathology. She writes exam questions for the Association of Social Work Boards exam, used across North America. Dr. Reay frequently speaks on ethics in behavioral health, regulation, wellness, and eating disorders. She provides clinical and programmatic consultation for providers supporting individuals with developmental disabilities and outpatient mental health therapy services focusing on eating disorders and women's issues. Dr. Reay lives in Omaha, Nebraska with her 17-year-old son.