

# Guidebook for Clinical Supervision in Nebraska



# GUIDEBOOK FOR CLINICAL SUPERVISION IN NEBRASKA

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# Supervision in Nebraska

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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 webpage 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.

## What is supervision?

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 that 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, accomplished 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 professional. High-quality client care should remain in mind for both supervisor and supervisee throughout the supervision process.



# How Does it Work?

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## Supervisory Alliance

Viewed by many as the most important part of the supervisory process, the relationship between the supervisor and supervisee is critical to the supervision experience (Watkins, 2014, 2018).

- Supervisory alliances are a strong predictor of successful supervision.
- It is only within a safe and trusting relationship that disclosure of the supervisee's challenges will occur.
- A robust supervisory alliance will reduce defensiveness and increase the likelihood for the supervisee to implement corrective feedback and articulate when support is needed.
- A solid 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.

## Functions of supervision

A helpful way to conceptualize the supervisor's tasks is to break the tasks into three domains: administrative, educational, and supportive (Kadushin, 1976). 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, which include facilitating self-care activities and continuing education to reduce the risk of burnout and vicarious trauma.

## How supervisees develop over time

Supervisees' skills develop over time, and thus, they have different needs at different stages. It is helpful for supervisors and supervisees to consider supervisee stages of development to best tailor supervision practices to meet the current needs. Supervisee development generally occurs within three stages.

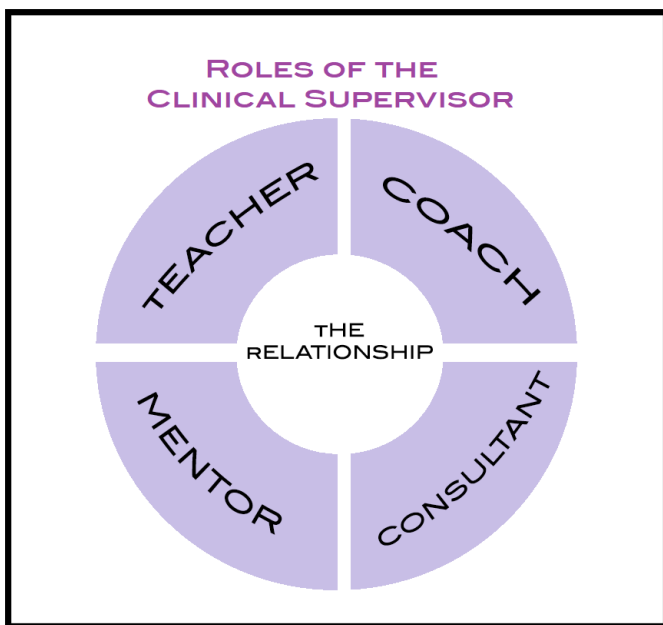
- Stage 1: The supervisee may be anxious and worried about their performance, including about 'saying the right thing' or causing harm to their clients.

Supervisees at this stage need support, significant feedback, and praise. A directive approach to supervision helps guide the supervisee.

- Stage 2: The supervisee's proficiency has increased with changing motivation and confidence levels. At this stage, the supervisee's self-assessment of their client's performance may be linked to their own emotions or mood after sessions.
- Stage 3: Supervisees are primarily autonomous, stable in motivation and mood, and 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 supervisees to lead supervisory sessions (Stoltenberg, 1981; Stoltenberg & McNeill, 2010).

## Roles and Responsibilities of Supervisors

Supervisors wear many hats and juggle numerous responsibilities. It is helpful to conceptualize the hats that supervisors wear by considering the multifaceted nature of the supervisory relationship. Supervisors act as gatekeepers to clinically licensed practice; thus, evaluating the power dynamic between the dyad is critical. Supervisors must be mindful of boundaries and transference issues within the relationship. Although many aspects of supervision overlap with aspects of psychotherapy, the supervisor must be aware of places where the supervisee may need additional therapeutic work and refer out for treatment (Kadushin, 1976, 2002; Tsui, 2005; Englebrecht, 2019). Clinical supervisors teach skills, coach, consult, and mentor. Knowing what the supervisee needs at any given time is a struggle many supervisors report. Open communication assists with transparency and a positive supervisory experience for both parties. The roles of the clinical supervisor are conceptualized below.



(SAMHSA, 2009)

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

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

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

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

## Supervisor Responsibilities

Supervisors are responsible to the supervisee, the

organization, the social work profession, and most importantly, the client. The responsibilities below are an evidence-based starting point for quality supervision. New graduates or individuals new to supervision can utilize this information to help assess their progress (Sewall, 2017).

- Uphold ethical guidelines established by the 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 the 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

# Best Practice

Research findings indicate that positive supervision outcomes contain several highly effective components for teaching, supporting, and interacting with the supervisee. Best practice activities are listed below to provide ideas on how to structure supervision. An evidence-based supervision approach includes all of the following components.

## 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

It is essential to highlight cultural identities throughout the supervision process. Cultural differences between supervisor and supervisee are very sensitive and, when not recognized, can be one of the leading causes of negative experiences for the supervisee. Supervisors who pay special attention to power dynamics when the supervisee has a marginalized identity are more likely to support the supervisee's development (Tugendach et al., 2022; Bogo & McKnight, 2014; O'Donaghue et al., 2018).



## Creating a Supervision Agreement

One of the most important supervision practices is for the dyad to collaboratively create a written agreement or contract that outlines both parties' expectations. Supervision agreements must include information such as when the sessions will be, the cost, if any, how cancellations will be handled, and other such expectations. A good agreement will also include information about the supervisor's teaching style or philosophy, how the supervisee should prepare for sessions, what information to bring, and how the supervisor will review the supervisee's caseload. Below is a template to aid in creating a supervision agreement that new graduates can bring into a supervisor if the supervisor does not already use one. This template below is adaptable and contains the recommended topics (Milne, 2009; NASW, 2013; Sewall, 2019).

Based on the context, the supervisor should delineate power imbalances in the relationship. Supervisors who highlight how the supervisory relationship works in between a student/teacher and a therapist/client can help

supervisees feel comfortable discussing this dynamic as things arise. The Nebraska regulations (172 NAC 94) specify that supervisory relationships must be differentiated from therapeutic ones. While not required in Nebraska, it would greatly benefit supervisors and supervisees to attend multicultural training in the historical context of mental health, critical consciousness, bias, and privilege. Cultural awareness enriches the supervisory experience and helps the supervisor and supervisee maintain awareness of systemic oppression (Chernsky, 1986; Englebrecht, 2019). Regularly consult your professional code of ethics, state regulations, and agency policy.

## Instructions for Supervision Agreement

The Supervision Agreement Form template below outlines written expectations for both participants by providing a collaborative space to document expectations relevant to individual circumstances. While a written supervision agreement form is not required in Nebraska, it can clarify the supervision process. This form is a starting point. Space is provided to individualize the agreement.

### PLMHP Supervision Agreement Form

Today's Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Agency \_\_\_\_\_

Supervisee \_\_\_\_\_

\_\_\_\_\_  
Agency \_\_\_\_\_

We will meet regularly on \_\_\_\_\_day at \_\_\_\_\_(time). In Nebraska, the supervision requirement for LMHP is one hour per week. The supervision requirement for LIMHP is 2 hours of supervision per 15 hours of contact with clients diagnosed with major mental disorder. In addition, for a LIMHP license, the supervisee cannot accrue more than 45 hours of contact with clients with major mental disorder without having supervision.

This supervision format will be conducted in (circle) group | individual | both format; and (circle) in person | over zoom. If over zoom, include a stable link here:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cancellation policy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Supervisor Introduction and Reflection

Introduce yourself below to the supervisee. Describe your experience, the modalities you practice, and any

[illegible]

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)

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## 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:*

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*How will client records be reviewed?*

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*How will provisionally licensed hours be tracked and reviewed? How will supervisory sessions be documented?*

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*How will ethics and relevant laws and regulations be incorporated into supervision? (required by regulation):*

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*How often will the accompanying Goals and Competencies Worksheet:*

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*Other considerations: will the sessions include board examination preparation, education, case consultations, or other multidisciplinary partners:*

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## 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?

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

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## Signatures

Supervisor\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Agency or Practice

Supervisee \_\_\_\_\_

\_\_\_\_\_Date\_\_\_\_\_

Agency or Practice



# Incorporating Regulations

Understanding the relevant state licensing regulations is critical to good clinical practice and adequate clinical supervision. Regulations should be a part of the conversation when constructing the supervisory relationship and an ongoing part of the supervision process. Consider including components of regulation in the supervision agreement.

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



# Competencies and Goals Worksheet

Like working with client systems, supervision that includes written goals with corresponding developmental competencies are effective in building skills and abilities. The Goals and Competency Worksheet below provides a method to evaluate the developmental competencies of PLMHP or PCMSW over time. It also assists the supervisor and supervisee in determining strengths and growth areas. The worksheet is broken into two areas: foundational skills and therapeutic skills. The therapeutic skills area may or may not be relevant for individuals seeking CMSW and should be discussed in supervision. Developed from best practice guidelines in counseling, marriage and family therapy, social work, and other behavioral health professions, this worksheet provides scaffolding for developing supervision plans that support the supervisory process.

Date \_\_\_\_\_

Supervisee \_\_\_\_\_

Agency \_\_\_\_\_

Supervisor \_\_\_\_\_

Agency \_\_\_\_\_

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 CARE

Ethics, Professionalism, Standards of Care

Competence  
Independence

Diversity and Cultural Competence

Competence  
beyond race

Reflective Practice, Self-Care, Self-Assessment

Competence  
Supervision

Systems, Referrals, Interdisciplinary Collaboration

Competence  
handle referrals

Technology and Documentation

Competence  
below.

Confidentiality

Competence

Boundaries

Competence

Collegiality

Competence  
Supervision

Lifespan Career Development, Continuing Education

Competence  
correspondence

## Therapeutic skills

## STANDARDS OF CARE

Assessment Skills  
(Conceptualizing and diagnosing)

Compe  
criteria

Treatment Planning

Compe  
model t

Use of Interventions

Compe  
below.

Empathetic understanding and Positive Regard

Compe  
listenin

Collaboration with Client (e.g., goal setting) and Therapeutic alliance

Comp  
identi

Non-verbal Skills

Comp  
appropri

Verbal Communication skills

Comp  
conver

Emotional Attunement

Trauma Informed Care

Crisis Intervention

Specialized Practice Skills | EBP

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 Dr. Susan Reay, Ed.D, LICSW, at [sreay@unomaha.edu](mailto:sreay@unomaha.edu).  
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# Links to Further Examples

Nebraska Professional and Occupational Licensure: [172 NAC 94 \(nebraska.gov\)](https://nebraska.gov/172-NAC-94)

## More Sample agreements

[Sample Agreement with Supervisee Expectations](#), by Issy Kleiman, MA, LMFT

[Social Work Supervision Contract](#) from the Virginia Department of Health Professions, Board of Social Work

[Supervision Agreement](#), by Robin Friedman, LCSW

[Counseling Supervision Contract](#), from Hopeful Counseling, LLC

[MFT Supervision Contract](#), from Foundationsoft

[Sample Supervision Contract](#), from County of Santa Clara Behavioral Health Sciences

## more competency and goal examples

[Supervision Goals Example](#) (p. 2-3) from Saskatchewan College of Psychologists

[Australian sample agreement](#) (p. 1) adapted from Queensland Centre of Mental Health Learning by McNamara

[Nova Scotia Example Goals \(very long, but good\)](#) from the  
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