

2022

Guidebook for Clinical Supervision in Nebraska

Susan Reay

Sarah Guyette

Follow this and additional works at: <https://digitalcommons.unomaha.edu/socialworkfacbooks>

Please take our feedback survey at: [https://unomaha.az1.qualtrics.com/jfe/form/](https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE)

[SV_8cchtFmpDyGfBLE](https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE)

GUIDEBOOK FOR CLINICAL
SUPERVISION IN NEBRASKA

GUIDEBOOK FOR
CLINICAL
SUPERVISION IN
NEBRASKA

SUSAN REAY AND SARAH
GUYETTE

UNIVERSITY OF NEBRASKA PRESSBOOKS
OMAHA, NEBRASKA



Guidebook for Clinical Supervision in Nebraska by Susan Reay is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, except where otherwise noted.

CONTENTS

PART I. GUIDELINES FOR CLINICAL SUPERVISION

1. Supervision in Nebraska 1
 2. How Does it Work? 4
 3. Roles and Responsibilities of Supervisors 8
 4. Best Practice 12
 5. Creating a Supervision Agreement 14
 6. Incorporating Regulations 22
 7. Competencies and Goals Worksheet 24
- Links to Further Examples* 31
- References* 34

SARAH GUYETTE

1

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.

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

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.

SARAH GUYETTE

2

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.

FUNCTIONS OF SUPERVISION

A helpful way to model the tasks of supervision, used by both the NASW and SAMHSA, is to break them into 3 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.

HOW SUPERVISEES DEVELOP OVER TIME

- 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 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

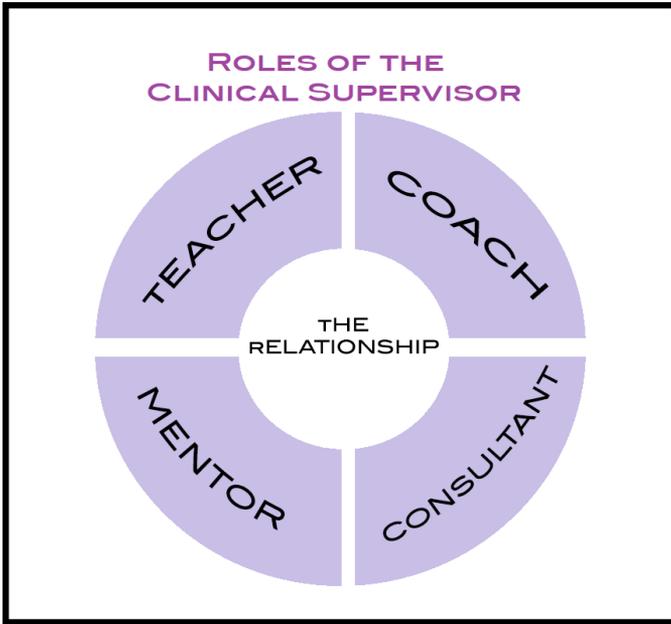
SARAH GUYETTE

cases, using less direct observation and allowing supervisee to lead supervisory sessions.

3

ROLES AND RESPONSIBILITIES OF SUPERVISORS

Another framework for thinking about supervision is in the roles the supervisor needs to play for the supervisee. Supervisors need to consider the power dynamic between the dyad. Supervision is a unique experience in clinical work because of the varying dynamic of the roles they fulfill. Note that none of these roles are of therapist. Although many aspects of supervision overlap with aspects of psychotherapy, the supervisor needs to be aware of places where the supervisee may need additional therapeutic work and refer out for treatment.



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 strengths and growth areas of the supervisee. The coaching role helps prevent burnout.

Mentors use role modeling to teach, guide, and

GUIDEBOOK FOR CLINICAL SUPERVISION IN NEBRASKA

promote the supervisee's overall development as a professional.

SUPERVISOR RESPONSIBILITIES

Supervisors have responsibilities to the supervisee, to the organization, to the social work profession and most importantly to the client. The responsibilities below are an evidence-based starting point to achieve adequate supervision. New graduates can utilize this information to help them assess how their supervision process is going.

- 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

4

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 are very sensitive and can be 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

5

CREATING A SUPERVISION AGREEMENT

One of the most important practices of supervision is for the dyad to collaboratively create a written agreement or contract that outlines all the expectations of both parties. Supervision agreements need to 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 and 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 completely adaptable and contains the recommended topics.

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 a 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.

INSTRUCTIONS FOR SUPERVISION AGREEMENT

The Supervision Agreement Form template below

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

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 for PLMHP in Nebraska, it can provide clarity to 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 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

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

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)

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 supervision

How will ethics and relevant laws and regulations be incorporated into supervision

How often will the accompanying Goals and Competencies Worksheet

Other considerations: will the sessions include board examination preparation, edu

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:

SARAH GUYETTE

SIGNATURES

Supervisor_____Date____

Agency or Practice _____

Supervisee_____Date_

Agency or Practice _____

6

INCORPORATING REGULATIONS

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

Nebraska regulations require the following (paraphrased):

SARAH GUYETTE

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

7

COMPETENCIES AND GOALS 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 the 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 a helpful tool.

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

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

STANDARDS OF CARE

Ethics, Professionalism, Standards of Care

Comp
includ
below.

Diversity and Cultural Competence

Comp
knowl

Reflective Practice, Self-Care, Self-Assessment

Comp
in all a

Systems, Referrals, Interdisciplinary Collaboration

Comp
includ
expert

Technology and Documentation

Comp
identif

Confidentiality

Comp
below.

Boundaries

Comp
below.

Collegiality

Comp
profes

Lifespan Career Development, Continuing Education

Comp
corres

SARAH GUYETTE

THERAPEUTIC SKILLS

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

STANDARDS OF CARE

Assessment Skills
(Conceptualizing and diagnosing)

Com
tools

Treatment Planning

Com
inter

Use of Interventions

Com
corre

Empathetic understanding and Positive Regard

Com
resp

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

Com
Sup

Non-verbal Skills

Com
cultu

Verbal Communication skills

Com
conv

Emotional Attunement

Com
broa

Trauma Informed Care

Com
emp

Crisis Intervention

Com

Specialized Practice Skills | EBPs

Com
eval

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.

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

For questions, comments, or feedback please
contact Susan Reay, Ed.D, LICSW, at
sreay@unomaha.edu. Sept 2022

LINKS TO FURTHER EXAMPLES

Nebraska Professional and Occupational
Licensure: 172 NAC 94 (nebraska.gov)

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

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

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 Nova Scotia Board of Examiners in
Psychology

SARAH GUYETTE

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](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*

GUIDEBOOK FOR CLINICAL SUPERVISION IN
NEBRASKA

approach. Washington, DC: American Psychological Association

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>

s10879-013-9252-x