

7-8-2023

## Guiding the Way to Clinical Licensure: Creating a Practical Framework for the Provision of Clinical Social Work Supervision

Susan Reay

*University of Nebraska at Omaha, sreay@unomaha.edu*

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

 Part of the [Social Work Commons](#)

Please take our feedback survey at: [https://unomaha.az1.qualtrics.com/jfe/form/SV\\_8cchtFmpDyGfBLE](https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE)

---

### Recommended Citation

Reay, S.R. Guiding the Way to Clinical Licensure: Creating a Practical Framework for the Provision of Clinical Social Work Supervision. *Clin Soc Work J* (2023). <https://doi.org/10.1007/s10615-023-00879-x>

This Article is brought to you for free and open access by the Grace Abbott School of Social Work at DigitalCommons@UNO. It has been accepted for inclusion in Social Work Faculty Publications by an authorized administrator of DigitalCommons@UNO. For more information, please contact [unodigitalcommons@unomaha.edu](mailto:unodigitalcommons@unomaha.edu).

# Guiding the Way to Clinical Licensure: Creating a Practical Framework for the Provision of Clinical Social Work Supervision

Susan R. Reay<sup>1</sup>

<sup>1</sup> Grace Abbott School of Social Work, University of Nebraska Omaha, 6001 Dodge St., CPACS 205, Omaha, NE 68182, USA Susan R. Reay [sreay@unomaha.edu](mailto:sreay@unomaha.edu)

## Abstract

This article aims to guide recent MSW graduates through the clinical supervision process. Frequently asked questions about supervision are addressed, including how to find a supervisor, the pros and cons of supervision inside or outside your organization, what the supervision will entail, and how supervision supports the supervisee in their work and professional development. This article also provides a best practices supervision framework with access to a Clinical Supervision Guidebook to demonstrate ways of implementing successful supervision that works for both the supervisee and supervisor. Located in the Appendix, the Guidebook outlines the relevant clinical supervisor and supervisee regulatory expectations in the state of Nebraska where it was developed. The Guidebook can be adapted to the regulatory expectations of other states and each individual's needs. Through a Creative Commons share-alike license, users can read, adjust, and adapt the Supervision Guidebook created by the authors to include the licensure rules in their state and to fit each social worker's specific supervisory expectations.

**Keywords** Supervision, Licensure, Ethics, Clinical practice, MSW

Securing supervision is often one of the first tasks of a recent MSW graduate. However, understanding the supervision process, finding supervision, and identifying a supervision framework can be confusing and overwhelming. This is particularly true in states that do not require supervision plans or do not require supervisors to complete supervision training. Because social work practice is exceptionally diverse, supervision

takes many forms and functions. At its core, supervision requires skills consistent across all social work settings and modalities. Similar to skills used in clinical mental health therapy, clinical social work supervision requires that both the supervisor and supervisee practice essential components of attending to the supervisory process, engaging as a dyad or group, and approaching each other with authenticity (Phillips, 2021). However, clinical social work supervision is a distinct discipline with its own research, theories, and requirements to help supervisors and supervisees through independent licensure and mastery of the supervisee's skills and competencies.

This article will guide recent MSW graduates through securing supervision, including the pros and cons of different supervision styles and formats. Five supervision components are outlined below, followed by a sample competencies and goals framework to assist the supervisee in successful supervision. Additional supervision resources are provided in the references, and a sample Supervision Guidebook is available in the Appendix.

### **What is Good Supervision?**

Good supervision helps form and restore supervisees while normalizing their uncomfortable feelings and insecurities (Proctor, 2010). Supervision is formative because it helps “form” you as a social worker and strongly influences your development over time. Formative supervision involves applying problem-solving skills based on sharing and conceptualizing case formulations as part of the supervision process. Good supervision is also restorative, meaning it helps restore you through support and increases your self- efficacy as a social worker. Supervision should also be normative because it normalizes the supervisee's experiences. Supervisors have walked in the shoes of the supervisee, and the supervisee should feel they can lean on them for advice and guidance. Practical in nature, good supervision is relevant to the struggles the supervisee faces daily. Supervision allows the supervisee to discuss the challenges they experience, whether for clinical guidance or processing feelings and emotions related to the supervisee's work. Good supervision provides structure and a safe place for a supervisee that is relevant to the day-to-day challenges of the life of a

clinical social worker.

### **What Do I Want Out of this?**

As a social worker, deciding what kind of supervision you want is important to your professional development. One way to determine this is by considering your preferred learning style. Do you learn best through didactic instruction or process-based learning? Additionally, you may consider the type of feedback you seek from supervision and your professional goals. For example, if you want to improve your ability to develop a case formulation or conduct a differential diagnosis, supervision from someone specializing in these areas will be important. Or if you want to master theoretical approaches and the management of transference and countertransference in clinical work to enhance your ability to provide care, you will want to seek supervision from someone adept at theoretical frameworks. By taking these factors into account, you can begin the process of seeking supervision with a clear idea of your expectations. Writing out your goals is one way to concretize your needs and wishes and make it easier to articulate to potential supervisors. An example format to write out your expectations is provided in the Supervision Guidebook accessible in the Appendix.

### **What is the First Step to Obtaining Supervision?**

Before a supervisee identifies a supervisor, they must learn the supervision licensing laws in the state where they seek licensure. All states have supervision requirements, with some states having more requirements than others. As the supervisee, the supervision belongs to you, and your future license and career depend on meeting the licensing requirements that lead to a successful supervision experience. The supervisee must ensure the supervisor has the appropriate credentials and licensure status to be their supervisor. If there are any questions about the supervision requirements, a supervisee should ask. Do not assume your supervisor will know the rules in your state. Laws change over time, and the regulations when the supervisor was licensed may differ from current regulations.

In many, if not all states, clinical social workers must be supervised by other social workers who are licensed at the highest, clinical level. Supervisors of social

workers cannot be licensed as counselors or psychologists if the supervisee intends to seek licensure as a clinical social worker. Additionally, many states have rules about individual vs. group supervision requirements. Each state has different standards about how many people can be in a supervision group and the frequency of individual vs. group supervision settings. In many states, but not all, supervisors must complete required training or have continuing education focusing on supervision. Licensing rules may differ for military personnel, their families or people working with service members. Supervisees can learn about licensing rules by becoming familiar with their state licensing webpage or communicating directly with state officials. In many cases, the social work program where the supervisee graduated, or their local NASW chapter may provide licensing guidance.

### **How Do I Find a Supervisor?**

Supervisees must have a supervisor before conducting clinical work. Therefore, it is often the first thing on the mind of a social worker after graduation. Many supervisees are automatically assigned a supervisor through their employer; but not always, and sometimes the supervisee will seek supervision from someone outside their organization. Supervision from someone outside of the supervisee's work setting sometimes occurs in cases where the supervisee seeks supervision to learn a specialized therapy modality that is not available within the organization or in cases where the supervisor at the place of employment does not have the correct credentials required according to state laws.

### **Pros and Cons of Supervision from Someone at the Organization**

There are many benefits of having a supervisor at the supervisee's place of employment but some drawbacks too. One of the benefits of being supervised by someone at the place of employment is the ease of access to a supervisor who may have an office in the same building or is in many of the same meetings. A supervisor employed at the same agency as the supervisee may be familiar with the supervisee's cases, and the dynamics of the work setting. Supervision through the supervisee's work setting is almost always free to the supervisee, which is an added benefit of this

supervision arrangement. However, there are some drawbacks of receiving supervision at the place of employment too, such as the dual role of a supervisor in many employment settings. A supervisor at the place of employment may be the direct administrative supervisor of the supervisee. Administrative supervisors complete employee evaluations and when necessary, discipline employees, adding an additional dynamic to the supervisory relationship. If a conflict arises between the supervisor and supervisee, it may impact the supervisee's employment status.

### **Pros and Cons of Supervision from Someone Outside of the Organization**

Much like receiving supervision from someone within the organization, supervision from someone outside the supervisee's employment has positive and negative factors to consider. As a positive, the relationship is based solely on supervision and does not necessarily factor in the issues of the employer. For example, if supervised by someone within the organization and the supervisee experiences a conflict with someone within the organization, it could impact the supervisory relationship. Additionally, if the supervisee resigns from their position within an organization while receiving supervision from someone inside the organization, it will impact the supervisory relationship. Those factors are not relevant when supervised by someone outside of your organization. Supervision from someone outside allows the supervision to focus solely on the supervisee and their development.

Alternatively, there are some drawbacks to receiving supervision from someone outside the organization. One drawback of supervision from someone outside of the organization is navigating client confidentiality issues during the supervision meetings and through supervisory record reviews. While these issues can be managed, supervision from someone outside the organization requires more formal agreements to review records and observe the supervisee with clients. Additionally, supervision from someone outside of the organization can be logistically more challenging for supervisees. When supervised by someone within the organization, there are naturally occurring points of contact within meetings and office space that are unlikely to occur from someone outside the organization. Additionally, an outside supervisor cannot conceptualize the complete picture of the system-wide dynamics that influence the

supervisee and their work in the same way as an onsite supervisor can, which could be a positive or a negative depending on the circumstances.

An additional drawback of supervision from someone outside the organization is the increased likelihood of fees associated with supervision. It is essential for the supervisee to determine what they can afford to pay for supervision. Rates for supervision are heavily driven by need and availability in your area and your expectations. Some supervisors provide the service at no cost to the supervisee because they view supervision as a mechanism for giving back to the profession. However, not all supervisors are fortunate enough to have the time and financial means to offer free supervision. Supervision is a professional skill, and supervisors should be compensated for their time accordingly and appropriately. One of the best ways to learn about how much supervision costs in your area is to connect with others who seek supervision and with potential supervisors. Social work social media groups are a great way to connect with others seeking supervision and with supervisors. Field placement supervisors are also an excellent way to establish networks. Remember, you are not alone in this process; many others are in the same position. Social workers must work together to identify resources for us and our clients.

### **How Do I Know if the Supervisor is Right for Me?**

A good match between supervisor and supervisee is built on trust and honest discourse. A supervisor relationship is created by both parties' willingness to understand each other's perspectives. Supervisory alliances strongly predict successful supervision (Watkins, 2014, 2018). It is only within the context of a safe and trusting relationship that disclosure of the supervisee's challenges will occur. A solid supervisory alliance will reduce defensiveness and increase the likelihood for the supervisee to implement corrective feedback and articulate when support is needed (Bradley & Becker, 2021). Supervisory alliance makes it easier for the supervisor to be allowed "in" the delicate parts of the supervisee/ client relationships. This process correlates to improvements in client care (Watkins, 2014). The supportive aspects of the supervisory relationship are critical to the supervision experience.

Another consideration in determining if the supervision is right for you is the

practical considerations of your work and life. Supervisors and supervisees are busy, and it is not uncommon for supervisors to assume supervision tasks in addition to their typically assigned duties. Because of this, the supervisor and supervisee must agree on dates and times to meet and have an identified plan for supervision. Nothing is worse for a supervisor or supervisee than to leave supervision feeling like they wasted an hour of their time. Clear communication is essential based on trust and mutually agreed-upon goals to prevent a breakdown in the relationship. In that regard, supervisees must have confidence that they can learn something from their supervisor. Supervisees make those determinations based on the alignment of the supervisor's past work experience as it relates to the supervisee's work, the supervisor's evidence-based practice specializations, professional integrity, and other factors generally related to the individual's circumstances. Supervisors with experience in the supervisee's area of work can provide the supervisee guidance based on lessons learned in their own practice.

### **Group or Individual Supervision?**

Some states mandate the frequency of group or individual supervision and the number of people within a supervision group. As previously stated and worth mentioning again, supervisees should learn the state-mandated supervision rules before approaching potential supervisors and determining if a group or individual supervision is best suited for them. Supervisees often default to group or individual supervision based on what is available and required. However, that does not mean that supervisees should go with whatever supervision they can find as long as it fits within the state-mandated requirements. Critically thinking about what works best for you and how supervision will influence your work and professional development is one of the best parts of life after MSW. As an MSW graduate, you have choices and are afforded the right to reflect on all supervision options before deciding on what is right for you.

Both group and individual supervision have their strengths and drawbacks. However, group supervision is generally less expensive than individual supervision as the supervisees in the group can share the cost of the supervisor's fees. Additionally, a significant amount of learning is possible through peers and the supervisor as part of



the group supervision process (Proctor, 2010). Group supervision can be more efficient for supervisors as they can teach skills to many supervisees at once rather than repeating things several times in individual sessions. Supervisors providing group supervision may set individual meetings with supervisees outside of the group supervision to address individual problems or concerns, even if state laws do not mandate it.

Individual supervision has strengths and weaknesses too. One strength is the ability to openly discuss matters that the supervisee does not feel comfortable sharing in a group and the ability to customize individual supervision based on the needs and desires of the supervisor and supervisee. Individual supervision may afford the supervisee more flexibility in meeting dates and times because only two people are scheduling rather than a group. Indeed, there is also the preference of the supervisor and the supervisee. It is through open communication between supervisors and supervisees that the best determination is made about the supervision structure.

### **What Happens During Supervision?**

Supervision for licensure has been addressed in the Best Practices in Supervision Standards developed jointly between the National Association of Social Workers (NASW) and the Association of Social Work Boards (ASWB) (NASW, 2013). The Best Practices in Supervision Standards view the supervisor as “the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee’s fitness to practice social work” (NASW, p 26, 2013). The Standards indicate that supervision must center on the contextual factors of the supervisee’s experience, evaluate conduct, and integrate legal, ethical, and technological elements of practice situations. The standards highlight the need for ongoing evaluation of the supervisory process. However, it does not appear that the Standards have been tested to determine the validity in increasing clinical social workers’ competencies, improving client outcomes, or preparing the supervisee for the clinical licensure process (Reay et al., 2022).

Additionally, the Standards do not appear to correlate with the Education Policy and Accreditation Standards (EPAS) competencies that many recent MSW graduates

are familiar with from their education (Apgar & Luquet, 2022). It may be challenging for a recent MSW graduate to understand the complexity of how the EPAS competencies translate to their clinical work after graduation as they seek supervision and licensure. Therefore, mutually agreed upon written goals established by the supervisor and supervisee in a supervision plan aligned with EPAS competencies may provide clarity and specificity that help bridge graduate school expectations with clinically supervised practice as outlined in a written supervision agreement between a supervisor and supervisee. An example of a supervision plan is available in the Supervision Guidebook created by the authors and available through the QR code included in the Appendix of this article.

### **Five Components of Successful Supervision Plans**

A successful supervision plan is grounded in relevant theoretical models, established with best practices, and mindful of applicable licensure laws (Sewell, 2021). Supervision plans are practical, relevant tools intended to assist recent MSW graduates and their supervisors with compiling information on supervision best practices with licensure-specific information. Viewed as a working document, supervision plans include the following five components.

#### **Component 1: Supervision Agreement**

Supervision plans include an explicit supervision agreement outlining the supervisor and supervisee's roles and responsibilities. All parties should state the expectations for the supervisor and supervisee (Sewell, 2021). Some expectations for a supervisor may include teaching, consulting, coaching, and mentoring with an ongoing awareness of individual identities and intersectionality (Tsui, 2021). As teachers, supervisors facilitate learning and develop the supervisees' competencies through activities focused on skill development and the theoretical knowledge base. As consultants, supervisors provide case reviews, collaborate on treatment plans, and oversee the supervisee's performance. Coaching and mentoring provided by the supervisor support and encourage the supervisee. Supervisors model social work behaviors and skills essential for optimal performance (O'Donoghue & O'Donoghue,

2019). The role modeling provided by the supervisor guides the supervisee and promotes the supervisee's overall development as a professional. The essential roles and responsibilities listed above are best outlined in a written format and discussed so there is clarity as to the process and expectations (Sewell, 2021).

There are responsibilities that both the supervisor and supervisee will conduct jointly, such as upholding ethical guidelines established by the profession, monitoring the supervision process, and discussing problems as they arise (NASW, 2021). Additionally, in the supervision plan supervisors and supervisees should commit to acting with cultural sensitivity and seek supervision and consultation as necessary (NASW, 2021). Knowing your limits and practicing regular activities that promote caring for one's personal needs are essential to the process. Topics of self-care should be discussed regularly at a frequency determined by the dyad or group and outlined in the plan.

### **Component 2: Address Bias and Power Dynamics**

Many view supervisors as the gatekeepers of clinical practice because of their ability to attest to the supervisee's clinical licensure hours, thus providing a gateway for the supervisee to obtain independent clinical licensure (CSWE, 2018; NASW, 2013). Because of this and the naturally occurring power dynamics in supervisory relationships, supervisors maintain significant control over the supervisee (Chernesky, 1986). Therefore, bias and power dynamics within the roles and responsibilities of the supervisory relationship must be explicitly recognized in the supervision plan. Multicultural training for supervisors focusing on 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 and power dynamics (Mainstone & Wonnacott, 2021). Consulting professional codes of ethics, state regulations, and agency policy as a regular part of the teaching process ensures that processes are based on sound, ethical practice that reflects the inherent power differentials that naturally occur in the supervisory relationship.

### **Component 3: Identify the Function of the Supervision**

Seen as a working written document, a supervision plan includes the why and how of the process by outlining the supervision’s purpose and function. Contextual factors such as the supervision setting, the nature of the supervisee’s tasks, and the supervisee’s needs are critical as the supervisory relationship is formed (Kadushin, 1976). These factors determine the tasks that are accomplished during the supervisory meeting. A solid supervision plan identifies the supervisor’s role in supporting the supervisee and if the supervision will be administrative, educational, supportive, or all three. Extensive literature is available on each supervision function, and supervisors and supervisees are encouraged to seek more information on this as it applies to their specific circumstances (Kadushin, 1976, NASW, 2013, SAMHSA, 2009).

**Component 4: Outline Competencies and Corresponding Goals**

Best practices in supervision indicate that a written plan must include competencies, goals, and evaluation methods. Some states do not require a written plan and neither does the supervisor. However, seen as a best practice, a written document can provide transparency and comfort to the supervisee by providing structure and a mechanism to determine goal completion. Supervisees should feel comfortable talking with the supervisor about how the supervisee’s progress in supervision will be determined. As conceptualized in Tables 1 and 2, goals set by the supervisee that correspond with competencies can assist in determining if supervision outcomes are met. Tables 1 and 2 contain embedded Council on Social Work Education, Education, Policy and Accreditation Standards (2021) competencies within each practice standard competency area.

**Table 1** Foundational skills

Practice standards	Competencies and goals
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 adequately documenting their decision-making process. Independently seeks supervision/ consultation and demonstrates professional conduct. Supervisee identifies the

	corresponding goal below
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. Supervisee identifies the corresponding goal below
Reflective practice, self-care, self-assessment	Competency: Demonstrates ability to self-reflect in a professional context, enabling use-of-self as a therapeutic tool; assesses and monitors self-care needs; demonstrates accurate competency self-assessment in all areas of practice. Supervisee identifies the corresponding goal below
Systems, referrals, interdisciplinary collaboration	Competency: Demonstrates knowledge of how systems affect clients and how to maneuver in relevant systems. Demonstrates ability to support effective advocacy and interdisciplinary collaboration, including knowing when and how to handle referrals for other services. Demonstrates strong understanding of role in interdisciplinary collaborations by clearly staying within the bounds of professional expertise. Supervisee identifies the corresponding goal below
Technology and documentation	Competency: Independently applies knowledge of ethics in teletherapy and technology required for practice. Maintains documentation in accordance with ethical, legal, and agency standards. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
Boundaries	Competency: Demonstrates advanced knowledge of and independently maintains appropriate professional boundaries with supervisor, colleagues, and clients. Supervisee identifies the corresponding goal below
Collegiality	Competency: Develops and maintains professional relationships, manages own affective emotions and difficult communication with colleagues. Demonstrates general goodwill for other professionals. Supervisee identifies the corresponding goal below
Lifespan career development, continuing education	Competency: Demonstrates curiosity and understanding that professional development is ongoing, along with knowledge of community resources for continuing education. Supervisee identifies the corresponding goal below

Developing written goals that correlate with foundational standards of practice and outline necessary competencies clarify the supervisory process and may help determine the supervisee's strengths and growth areas (Sewell, 2021). Supervisees who identify goals are likelier to connect the supervision's process-oriented activities with action-oriented social work functions (Mainstone & Wonnacott, 2021). As a best practice in supervision, written goals strengthen evaluation methods for developmental competencies observed over time (Sewell, 2021).

**Table 2** Therapeutic skills

Practice standards	Competencies and goals
Assessment Skills (Conceptualizing and Diagnosing)	EPAS Competencies : Demonstrates accurate case conceptualization skills. Applies knowledge of theoretical frameworks in assessment. Independently applies knowledge of appropriate assessment tools and diagnostic criteria. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
Use of interventions	Competency: Independently implements agreed upon treatment plans and goals according to empirical models. Recognizes and demonstrates flexibility when plans need modification. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
Collaboration 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. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
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. Supervisee identifies the corresponding goal below
Trauma informed care	Competency: Consistently applies knowledge of trauma Trauma informed care and the prevalence of trauma, especially early trauma, to respond to clients in a way that creates safety, trust, and empowerment. Supervisee identifies the corresponding goal below
Crisis Intervention	Competency: Independently assesses level of risk, intervenes to deescalate crises and chaotic situations to enhance safety of clients and others. Supervisee identifies the corresponding goal below
Specialized Practice Skills EBPs	Competency: Independently identifies evidence-based modalities, understands evidence-based practice as a process, and applies evidence-based practices or to client treatment. Supervisee identifies the corresponding goal below

## **Component 5: Review Relevant Laws**

As previously stated, state laws dictate the minimum expectations for the clinical licensure supervisory process. Frequency, length, and documentation of supervision are examples of state-specific, required regulatory requirements essential to recent MSW's supervision that can be embedded directly into a written document. A supervision plan that includes licensure requirements will alleviate confusion about mandated expectations for supervisors and supervisees. Knowing the minimum expectations identified by governing bodies reduces the risk of substandard care provided by the supervisee (NASW, 2013). The sample supervision plan included in the Supervision Guidebook provided through the Q.R. code in the Appendix outlines regulatory supervision requirements for the state in which it was developed, Nebraska, and serves as an example of how supervisees and supervisors can adapt the requirements to fit the relevant requirements to their state and practice needs.

## **Conclusion**

Life after MSW requires integrating knowledge from graduate school with an array of experiences and expectations. Clinical supervision is critical to developing a new social work paradigm focusing on work and professional development. This article aims to assist recent MSW graduates and their supervisors with mitigating supervision challenges by providing a comprehensive model for supervision that incorporates theoretical foundations with best practices and essential licensure requirements. Standards of practice linked to competencies from graduate school set the stage for developing written goals that guide a successful supervisory process and help recent MSW graduates in their quest for career advancement. Comprehensive supervision practices that are mindful of each individual's inherent bias provide a safe place for supervisees to grow and develop on their journey of social work discovery.

## **References**

Apgar, D., & Luquet, W. (2022). Linking social work licensing exam content to educational competencies: Poor reliability challenges the path to licensure. *Research on Social Work Practice, 33*(1), 66–75.

<https://doi.org/10.1177/10497315221116123>.

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.

<https://doi.org/10.1080/07325223.2021.1904312>.

Chernesky, R. (1986). A new model of supervision. In N. Van Den Bergh & L. Cooper (Eds.), *Feminist visions for social work* (pp. 128–148). NASW Press.

Council on Social Work Education (CSWE) (2018). Retrieved from

<https://www.cswe.org/education-resources/2015-epas-curricular-guides/>.

Council on Social Work Education 2022 EPAS (2021). [https://www.](https://www.cswe.org/Accreditation/Information/2022-EPAS)

[cswe.org/Accreditation/Information/2022-EPAS](https://www.cswe.org/Accreditation/Information/2022-EPAS).

Kadushin, C. (1976). *Supervision in social work*. Columbia University Press.

Mainstone, F., & Wonnacott, J. (2021). The Integrated Supervision Model. In K.

O'Donoghue & L. Engelbrecht (Eds.), *The Routledge International Handbook of Social Work Supervision* (1st ed., pp. 321–333). Routledge.

<https://doi.org/10.4324/9780429285943>

National Association of Social Workers (2013). *Best Practice Standards in Social Work Supervision*

<https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14Buwl%3D&portalid=0>.

National Association of Social Workers (2021). NASW code of ethics. Retrieved from [www.socialworkers.org](http://www.socialworkers.org).

O'Donoghue, K., & O'Donoghue, R. (2019). The application of ethics within social work supervision: A selected literature search and research review. *Ethics and Social Welfare, 13*(4), 340–360.

Phillips, K. (2021). Core elements of peer support. In K. O'Donoghue & L. Engelbrecht (Eds.), *The Routledge International Handbook of Social Work Supervision* (1st ed., pp. 187–199). Oxford: Routledge. <https://doi.org/10.4324/9780429285943>

Proctor, B. (2010). *Group supervision: A guide to creative practice*. Sage Publications.

Reay, S., D'Souza, H., Tevis, K., & Fleck, A. (2022). Start where the social worker is:

Social workers' perceptions of clinical licensure in Nebraska. *Research on Social*



*Work Practice*, 33(1), 132–142.

Sewell, K. (2021). *The SNAP model of supervision* the Routledge International Handbook of Social Work Supervision. *Routledge International*.  
<https://doi.org/10.4324/9780429285943>. 1st ed.

Substance Abuse and Mental Health Services Association (SAMHSA) (2009). *Quick guide for clinical supervisors based on TIP 52: Clinical supervision and professional development of the substance abuse counselor* U.S. Department of Health and Human Services. <https://store.samhsa.gov/>.

Tsui, M. (2021). The comprehensive model of social work supervision. In K. O'Donoghue & L. Engelbrecht (Eds.), *The Routledge International Handbook of Social Work Supervision* (pp. 309–320). Routledge.

Watkins, C. E. (2014). The supervisory alliance as quintessential integrative variable. *Journal of Contemporary Psychotherapy*, 44, 151–161.

Watkins, C. E. (2018). The supervisory alliance: A half century of theory, practice, and research in critical perspective. *American Journal of Psychotherapy*, 68(1), 19–55.

## Appendix



**Data Availability** The project outlined in this manuscript is in response to the call for

proposals requesting scholarly information and concrete, practical information for soon-to-be MSW graduates. All data information requests from this study should be directed to the corresponding author.

## **Declarations**

**Conflict of interest** The author has no known conflict of interest to declare.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.

**Susan R. Reay** is the Director at the Grace Abbott School of Social Work in Omaha, Nebraska, USA. Dr. Reay specializes in lifespan social work career development including board examination, supervision, and education.