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Site Supervisor Roles and Responsibilities: Counseling Programs' Written Expectations

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Abstract

Site supervisors play a vital role in training clinical mental health counseling (CMHC) students during their field work. While clear roles and responsibilities for site supervision is a professional and ethical requirement, its scope remains ambiguous. This article provides baseline empirical data on the expectations of sites and site supervisors communicated through field experience handbooks of CACREP-accredited CMHC programs. The authors completed a qualitative content analysis that resulted in three key categories including site and site supervisor administrative expectations, clinical supervision, and site–program interaction. Implications for counseling programs and future research are discussed.

Significance to the Public

Site supervisors play a prominent role in the training of clinical mental health counseling (CMHC) students. The present study examines the roles and responsibilities of site supervisors in CACREP-accredited CMHC programs. The results extend the existing literature of professional expectations of site supervisors beyond clinical supervision and highlight potential gaps that could pose unwarranted risks to trainees and their clients.

Keywords: site supervisor, counselor education, supervision

Clinical mental health counseling (CMHC) programs are the largest specialty area accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), whose graduates enter a growing workforce spanning multiple industries and organizational settings (U.S. Bureau of Labor Statistics, 2021). This upward trajectory is projected to persist, driven by technological advancements in service delivery (Alvarado, 2021), innovative models for integrative care (SAMHSA, 2023), greater access to third-party payers (American Counseling Association, 2023), and licensure portability across states (Counseling Compact, 2023). Consequently, the need for effective preparation of CMHC students within these complex and diverse environments has never been greater.

Counselor educators play a vital role in preparing CMHC students to practice within a wide range of settings to include hospitals, correctional facilities, educational institutions, community mental health centers, private practices, and those operated by nonprofit, for-profit, and governmental entities throughout the United States (American Mental Health Counselors Association, 2021; CACREP, 2023). These organizations can vary in terms of services offered, populations served, technology modalities, staff composition, accreditation status, and safety and quality improvement practices (SAMHSA, 2023). Despite this, surprisingly little is known about the practicum and internship environments that reflect these highly variable settings (CACREP, 2023, Section 4), and where faculty are seldom present. Moreover, as the primary liaison between the clinical site and

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counseling program, site supervisors play a crucial yet often overlooked role that is largely absent in the literature.

CACREP (2023) prescribes the minimum field experience requirements that include hours of client contact, regular supervision, opportunities to observe and evaluate students, and supervisor qualifications. Written supervision agreements must also delineate the roles and responsibilities of site supervisors (CACREP, 2023, 4.H.), yet the actual nature of these duties is unclear. For example, clinical supervision by the site is integral to the practicum and internship experience, often shaping its outcomes. Best practices and professional guidelines in clinical supervision offer great value (AMHCA, 2021; Borders et al., 2014) but do not always address the unique context of site supervision and its interplay with the counseling program. Considering the professional and ethical obligation to define the roles and responsibilities of sites and site supervisors (ACA, 2014; AMHCA, 2021; Association for Counselor Education and Supervision, 2011; CACREP, 2023; National Board for Certified Counselors, 2023), a deeper understanding of these clinical, administrative, and collaborative duties is warranted.

Practicum and Internship Settings

During practicum and internship, CMHC students complete a minimum of 700 clock hours at their placement site, with at least 280 hours of direct service with clients (CACREP, 2023). In 2021 there were 11,138 graduates of CACREP-accredited CMHC programs (CACREP, 2022), which translates to 7,796,600 hours dedicated to the CMHC field placement. Conversely, it cannot be determined what number of hours site supervisors and relevant staff devote to the field experience or the associated responsibilities. Additionally, several authors have reported that supervisees experience a lack of accessibility, attentiveness, and support from site supervisors (Chircop Coleiro et al., 2023; McNamara et al., 2017; Storlie et al., 2017).

The limited information is especially concerning given the higher risk associated with CMHC settings, where "the health care and social service industries experience the highest rates of injuries caused by workplace violence and are 5 times as likely to suffer a workplace violence injury than workers overall" (U.S. Bureau of Labor Statistics, 2018). Several authors have documented the safety concerns in field placement settings for CMHC trainees as well as related fields (Walker et al., 2022; Graj et al., 2019; Sheen et al., 2020). While behavioral health care accreditation bodies (e.g., The Joint Commission) require safety and quality assurance mechanisms, not every CMHC placement site is accredited. This risk is compounded by the heightened state of anxiety and vulnerability that typifies novice trainees (Kocyigit, 2023; Rønnestad et al., 2018). The previous findings underscore the need for close supervision and oversight at placement sites.

Site Supervisor Roles in the Literature

As the designated individual affiliated with the placement setting, site supervisors play a prominent role in supporting CMHC students during off-campus field experiences. Curiously, the current definition of site supervisor is absent from the literature. In fact, one must refer to the 2001 CACREP standards to find the following definition: "a qualified individual within a setting who is responsible for supervising a student's work at that setting" (p. 105). Other authors have noted the dearth of research focused on site supervisors (Kemer et al., 2017). Nevertheless, some agreement can be reached. Ethical codes require site supervisors to be qualified to provide supervision in their respective formats (ACA, 2014; NBCC, 2023). CACREP requires these qualifications to include a master's degree and credentials, 2 years of experience, knowledge of the program's expectations, and training in counseling supervision (CACREP, 2023, 4.P.).

The most identifiable responsibility for site supervisors is the provision of clinical supervision, which some have hailed as the signature pedagogy of the profession (Borders et al., 2023). In studying the cognitions of expert site supervisors providing clinical supervision, Kemer et al. (2017) found key

areas to include the supervisory relationship, the conceptualization of supervision, and assessment of supervisees. However, it is unclear how frequently counselor education and supervision programs require clinical site supervision, what duties they are assigned, and how they are differentiated from clinical supervision by faculty. This can create confusion for supervisees about which tasks are shared and distinct between supervisors (Deane et al., 2018; Forrest et al., 2022; Walker et al., 2022).

Consulting and collaborating with program faculty is a frequently cited task for site supervisors (ACES, 2011; CACREP, 2023; NBCC, 2023). While the importance of program-site communication is supported in the literature (Carter & Duchac, 2013; McKibben, George, et al., 2022; Tribitt & Moody, 2021), few studies identify any site-based responsibility, but instead note the program's duties to the site (McKibben, George, et al., 2022). Other authors have identified challenges due to a lack of communication between faculty and site supervisors (Alessi et al., 2022; Dean et al., 2018; Walker et al., 2022). In studying gatekeeping practices, Dean et al. (2018) reported a lack of consistent policies to address problematic trainee behaviors in concert with site supervisors. Walker et al. (2022) reported CMHC interns received conflicting directives from their university and site supervisor. Similarly, Alessi et al. (2022) noted the tendency for role confusion to occur within the placement site itself and between the agency staff.

Administrative tasks also frequently accompany site supervision. Kemer et al. (2017) identified a prominent focus of expert site supervisors was the training of supervisees on administrative elements such as agency policies and procedures, as well as overseeing clinical documentation and caseload management. Other tasks identified in the literature include interviewing prospective trainees and providing a site orientation and policy manual (Carter & Duchac, 2013). Conversely, the separation of administrative and clinical supervision roles among different site personnel has also been observed. Indeed, researchers have reported supervisees' negative experiences with site supervisors serving dual roles of administrative and clinical supervisor (Chircop Coleiro et al., 2023; McNamara et al., 2017; Sabella et al., 2022).

It is evident that great heterogeneity exists in CMHC field experiences across placement settings, program policies and practices, and supervisory arrangements. The complexity of these relationships calls for a professional consensus of roles and responsibilities expected of sites and site supervisors. Neither the minimal accreditation standards nor aspirational best practices currently address this. Therefore, a necessary starting point is the standard practices within CACREP-accredited CMHC programs. This leads to the purpose of the current study undertaken. More specifically, the authors investigated the written program expectations for site supervisors contained in program and field handbooks of CACREP-accredited CMHC programs.

Method

The purpose of our study was to determine existing messages university counseling training programs convey to field placement sites regarding supervision of their counselors-in-training. The research question posed was: *What is the content and frequency of formal, written requirements provided to field site supervisors for CMHC counselors-in-training?* Content analysis was chosen as the best method to answer this question. Content analysis is a flexible methodology where researchers can examine trends in various communication modalities (McKibben, Cade, et al., 2022). Researchers in the counseling field utilize content analysis across settings and specialties to address a variety of research questions, to identify trends in publications, and to uncover gaps related to critical issues facing clients, counselor education, and the counseling profession (McKibben, Cade, et al., 2022).

Content analysis enables closeness to data due to direct examination of communication using text, is an unobtrusive means of analyzing interactions, and allows both inductive and deductive approaches for exploratory and inferential study of messages

(Krippendorff, 2018; Neuendorf, 2017). With the deductive approach, the researchers define parameters based on existing theoretical and conceptual frameworks and classify the content into categories following a specific coding procedure. Deductive elements include reliability, validity, generalizability, and hypothesis testing (Krippendorff, 2018; Neuendorf, 2017). For the inductive approach, new themes emerge from messages in contrast to coding categories defined a priori. During the coding process, a category can be created, defined and coded deductively if clear patterns emerge, allowing researchers to plan, execute, report, reproduce, and critically evaluate the analysis (Krippendorff, 2018).

We approached this design in a mixed fashion where both inductive and deductive techniques were used. We began with a structure that defined codes in three key categories of site supervision requirements: (1) site logistics and environment hosting interns, (2) supervision structure, and (3) university-site relationship. Our initial coding began with a small subset of the data where codes were solidified in each area. Once a code book was established for each key category, deductive analysis ensued to determine frequency of the themes. As the deductive coding was completed, the analysts maintained an open posture to determine if any new themes developed as a greater number of samples were evaluated.

Unit Characteristics

Of the 50 units selected, all were CACREP-accredited. All Association for Counselor Education and Supervision (ACES) regions were represented in the sample. Eighteen were from SACES, 13 were from NCACES, 10 were from NARACES, 6 were from WACES, and 3 were from RMACES. Institutionally, 32 were designated as public institutions and 18 were private. Some programs offered a separate student handbook and clinical manual that provided field experience information while other programs offered one handbook that includes clinical experience. The clinical mental health counseling specialty was targeted but the institutions housed additional specialized practice areas, including 35 school counseling, 4 college counseling and student affairs, 4 marriage couple and family counseling, 5 clinical rehabilitation counseling, 3 addiction counseling, 2 rehabilitation counseling, and 2 career counseling.

Procedures

We followed the steps outlined in McKibben, Cade, et al. (2022), including unitizing data, determining sampling units, recording categories, and reducing units into categories. Unitizing data consists of identifying what is being analyzed with the goal to understand the context of the communication (McKibben, Cade, et al., 2022). We established written, departmental communications in the form of program handbooks (program or fieldwork) containing information regarding field experiences to be our focus. If programs did not have a separate handbook for field experiences, we utilized the program handbook for our analysis. Handbooks provide written agreements between programs, field placement sites, and students. Our initial search consisted of all CACREP-accredited clinical mental health counseling programs published on the CACREP Directory (https://www.cacrep.org/). At that time the current study commenced, CACREP (2023) listed 375 clinical mental health counseling programs. From the directory, a hyperlink to each program's website was reviewed, resulting in handbooks from 165 of those programs.

McKibben, Cade, et al. (2022) noted that determining the sampling units is a systematic process and should be randomized. Of the 165 universities with program information available, we randomly selected five programs to establish a preliminary code book. Programs that have on-campus training clinics and do not use community or similar agencies were excluded from the study. Each of the first three authors were assigned one of the key categories of site supervision for counselors-in-training. We held a coding meeting after coding the five programs to discuss initial categories in each dimension that would make up the code book and delineated nuanced differences between the key categories. Coding consisted of identifying key elements associated with each of the

categories. Early analysis included adding new codes as different program handbooks included additional areas relevant to the categories. If a handbook included information relative to a specific code, it would be noted such that a percentage of handbooks with a given code could be tallied. With our key categories and code books established, another five programs were randomly selected to ensure code book subcategories were stable and consensus was achieved with the differences that define the key categories. We found that only a few additional subcategories emerged that would be added to the code books and we had well-defined key categories.

The final coding step consisted of at least two individuals coding each key category across a total of 50 randomly selected units. The three researchers who developed the key categories and code books from the initial ten completed the coding in the same dimensions for the remaining 40 units and the secondary coders reviewed all 50 units at this time. Final coding reflected the same process as earlier coding without adding in additional codes. Again, if a handbook contained information relative to a code, it was denoted. Each unit was reviewed and applicable codes were tallied by each coder to determine frequency across all of the handbooks reviewed. Upon coming to consensus with coding, a final meeting was held between the initial three coders to review findings across the key categories.

Researcher Positionality

All authors have had interactions working with master's students and site supervisors throughout practicum and internship experiences. The first author has served as clinical director in two CACREP-accredited clinical mental health counseling programs and has regularly taught field experience courses. In working with faculty, site supervisors, and students, they regularly encountered role confusion by all parties. This often involved a misinterpretation of each one's responsibilities, in both its scope and function. The second author serves as a tenured faculty member in a CACREP-accredited rehabilitation counseling program, regularly teaches the practicum course, and has served as the fieldwork coordinator for the program. In the coordinator position and instructor position, the second author worked with site supervisors, faculty, and university officials to ensure a safe and productive learning environment for all students. While serving in these roles, the second author noted a wide range of implementation and interpretation of the practicum requirements among site supervisors.

The third author has held various positions associated with field experiences including being an internship instructor and coordinator. In the coordinator position, the third author worked with faculty and site supervisors to create positive learning experiences for students. During this time, it was evident that sites were dealing with varied criteria based upon the university a counseling student was attending.

The fourth author has experience working with master's students as a doctoral-level instructor supervised by faculty at the university and as a site supervisor at a counseling clinic. For both positions, the fourth author worked with students and faculty members to ensure proper training and client care, monitoring the development and application of counseling skills of students.

Reliability and Validity

Krippendorff (2018) wrote that research techniques are expected to be reliable and should result in results that are replicable. McKibben, Cade, et al. (2022) noted that interrater reliability is an important factor in the validity of conclusions that can be pulled from research. To help with the reliability of our study, a secondary coder was assigned to each key dimension using the same code books that were initially established in the initial coding stage. After both individuals of each key category completed coding, any discrepancies were discussed and resolved prior to coming to consensus on the final frequency of coded subcategories across the entire sample. Correspondence occurred between each coding dyad to ensure agreement of results.

Validity is the extent that the methodology produces data that represents the intended concept in the study (Neuendorf, 2017). Krippendorff (2018) breaks down the validation efforts of content analysis into face validity, social validity, and empirical validity. Empirical validity may have evidence based on content, internal structures, and relationships to other variables. Our research question is focused on specific written language being provided to field supervisors and sites regarding the supervision of counselors-in-training. Our answer lies in the direct language being used in the handbooks. We are not looking to develop any correlative or predictive hypotheses with the data. With that, we have determined that key elements of validity for this study are face validity and empirical validity with evidence based on content.

Face validity was addressed through multiple coding meetings where key dimensions and categories were developed and reviewed after final data collection. Throughout these meetings, CACREP standards (2015) were referred to and compared with what different programs were providing to their field placement sites. Empirical validity based on content includes sampling and semantic validity (Krippendorff, 2018). Krippendorf (2018) wrote that evidence of sampling validity is the accuracy that the sample texts reflect the population and semantic validity determines the extent to which the categories correspond to the meaning of the text. Sampling validity was established by pulling only from CACREP-accredited programs and then randomly selecting the sample from the population of programs that had their handbooks publicly available. As there were only 165 of 375 handbooks available, there is a small subset of the population where the sample may not be representative. Semantic validity was addressed through multiple means. The first was through viewing the language of the handbooks through established supervision literature and the CACREP standards. The profession of counselor education has established core elements of meaning structure within supervision. Second, using multiple coders required that the meaning of the categories be understood between more than one individual. The definitions of categories were evaluated to ensure the correct meaning was being drawn upon. An example of this was the subtle language within the handbooks where differences between requirements were directly conveyed or were indirectly assumed through nondirect language.

Results

Content analysis of the handbooks resulted in three categories: site and site supervisor administrative expectations, clinical supervision, and site–program interaction. Each category contained eight or nine subcategories, with the frequency and percentages of each detailed in Tables 1, 2, and 3.

Site and Site Supervisor Administrative Expectations

The site and site supervisor administrative expectations category encompassed those requirements by the site and/or site supervisor that occurred beyond clinical supervision and site–program interaction. These opportunities, resources, and processes were deemed essential to a successful field experience. A total of nine subcategories emerged from this category. The most frequently observed subcategories were identified in 74%–98% of the programs and included recording and/or live supervision (N = 49), assigning a qualified site supervisor (N = 47), appropriate clinical activities (N = 40) and appropriate nonclinical activities (N = 37). The least frequently included subcategory, selection of student trainee (N = 22), appeared in 44% of the programs' materials. The remaining subcategories appeared in 52%–60% of field experience handbooks. These subcategories included orienting of student (N = 30), oversight and availability (N = 29), provision of physical resources (N = 27), and ethical and legal conditions (N = 26).

Clinical Supervision

This category included roles and responsibilities of the site supervisor associated with the provision of clinical supervision. Although administrative

Table 1

Site and Site Supervisor Administrative Expectations (N = 50)

Name	Frequency, [%]	Description
Assigning a Qualified Site Supervisor	47 [94%]	The site's responsibility to assign a qualified supervisor, especially with respect to CACREP standards (CACREP, 2023, 4.P.) and possessing time and interest in supervising trainees.
Oversight and Availability	29 [58%]	The site and/or supervisor's responsibility for the immediate oversight of the student and availability to them. This ranged from the site supervisor's physical presence whenever supervisee was providing services to availability for consultation.
Ethical and Legal Conditions	26 [52%]	The site and/or site supervisor's ethical and legal responsibilities beyond clinical supervision. This often included their explicit adherence to the ACA code of ethics, knowledge of state regulations, informing clients of supervisees' status, and avoiding dual relationships with trainees.
Selection of Student Trainee	22 [44%]	The site's responsibility and right to screen and select student trainees based on a range of criteria. This often included the use of interviews, resumes, and background and/or substance use screenings.
Provision of Physical Resources	27 [54%]	The site's provision of physical resources to the student in order to fulfill their field experience requirements. This often included a professional and confidential workspace (office, desk, phone, etc.) and access to other pertinent facilities.
Recording and/or Live Supervision	49 [98%]	The site's responsibility to provide opportunities for the student to audio/video record and/or receive live supervision of students' interactions with clients (CACREP, 2023, 4.C.).
Appropriate Clinical Activities	40 [80%]	The site's responsibility to provide appropriate and sufficient clinical activities for students, especially with respect to minimum direct contact hours (CACREP, 2023, 4.R., 4.V.). This occasionally included the specifier of counseling "diverse clients" and "appropriate to the educational level and ability of student."
Appropriate Nonclinical Activities	37 [74%]	The site's responsibility to provide appropriate and sufficient nonclinical activities for students, especially with respect to minimum total hours (CACREP, 2023, 4.Q., 4.U.). Common activities included record-keeping, participation in staff meetings, and attending in-service trainings and professional development workshops.
Orienting of Student	30 [60%]	The site's responsibility to orient students to the organization and field experience requirements. Frequent topics included the mission, goals, and objectives of the site, internal operating procedures, and introducing trainees to staff members.

Table 2

Clinical Supervision (N = 50)

Name	Frequency, [%]	Description
Complete Written Documentation Associated With Supervision	43 [86%]	The site supervisor's responsibility for completing written evaluations of the student, verifying time logs, and/or other written evidence of supervision with the student.
Conduct Supervision Sessions	43 [88%]	The site supervisor's role in facilitating supervision sessions. This ranged from requiring 1 hour of weekly supervision to detailed descriptions of the process (e.g., preparation for sessions, conduction of session, follow-up from session).
Conduct Ongoing Evaluation of Student and Provide Feedback to Student	49 [98%]	The site supervisor's role in conducting ongoing evaluation of the student, including the provision of feedback. This ranged from merely requiring feedback to detailed descriptions of how and when observation, evaluation, and feedback would occur.
Gain and Maintain Supervisor Competence	5 [10%]	The site supervisor's responsibility to gain and/or maintain competence beyond minimum requirements (CACREP, 2023, 4.P.). This ranged from referencing best practices of supervision to detailed expectations (e.g., multicultural competency of supervisors, utilization of supervision models).
Participate in Gatekeeping or Remediation	28 [56%]	The site supervisor's responsibility to participate in gatekeeping and remediation as outlined by the program as needed.
Provide Information and Direction to the Student	33 [66%]	The site supervisor's responsibility to provide information and direction to student necessary to function in their role during the clinical experience beyond the initial orientation. This ranged from requiring regular communication to detailed descriptions for how and when communication would occur.
Assign Case Loads and Activities	26 [52%]	The site supervisor's responsibility in assigning caseloads and activities to meet student needs beyond direct hour requirements (CACREP, 2023, 4.R.). This ranged from stating that the supervisor would assign clients and activities to detailed descriptions of how and why these would be assigned.
Serve as a Professional Role Model for the Student	24 [48%]	The site supervisor's responsibility to serve as a professional role model for the student. This ranged from a stated expectation for the supervisor to model professional and ethical conduct, to assisting the student to develop a professional identity and providing professional development.
Facilitate Goal Setting	38 [76%]	The site supervisor's responsibility to facilitate goal setting and/or self-reflection. Examples included helping the student set goals for the clinical experience, to assisting the student to improve self-awareness in counseling practice.

Table 3

Site–Program Interaction (N = 50)

Name	Frequency, [%]	Description
Regular Communication	46 [92%]	Establishing the criteria for communication through the internship. This ranged from occasional check-in guidelines to more formal collaborative relationships between the site supervisor and university representatives.
Maintain Affiliation Agreement/MOA	15 [30%]	A legal agreement between the university and agency where internships occur.
Attend University Internship Fair	3 [6%]	An event sponsored by the university counseling program that is used to connect students with potential sites.
Initial Site and Supervisor Agreement Forms	44 [88%]	Initial documentation outlining roles and responsibilities of all parties involved with the internship.
Host Site Visit	27 [54%]	Site instructed to provide opportunities for the university counseling program's representative to visit the agency.
Honorarium or Compensation for Supervisor	6 [12%]	Any form of compensation provided to the site supervisor for their work as a supervisor for the university. This ranged from money to free continuing education credits.
Site Evaluation of the University Counseling Program	8 [16%]	At the end of a semester, the site supervisor is asked to review and provide feedback about the counseling program.
Site Supervisor Attend Orientation/ Training	23 [46%]	Scheduled meetings where site supervisors participate in formal training or orientation and are provided information about the university and the responsibilities and requirements associated with site supervision for that program.

expectations and site–university interaction can influence the relationship between a site supervisor and student, we defined this category to be activities directly associated with the tutorial and mentoring relationship between a member of the counseling profession (on-site supervisor) and one counseling student (individual supervision), two counseling students (triadic supervision), or more than two counseling students (group supervision).

A total of nine subcategories emerged from the handbooks related to the site supervisors' roles and responsibilities within clinical supervision. The most frequently observed subcategories were identified in 76%–98% of the programs and included conduct ongoing evaluation of student and provide feedback to student (n = 49), conduct supervision sessions (n = 43), complete written documentation associated with supervision (n = 43), and facilitate goal setting (n = 33). The least frequently included subcategory appeared in 10% of the program's materials. The least frequently included subcategory was gaining and maintaining supervisor competence (n = 5). The remaining

subcategories appeared in 48%–56% of program manuals. These moderately occurring subcategories included participate in gatekeeping and remediation (n = 28), assign caseload and activities (n = 26), and serve as a professional role model (n = 24).

Site–Program Interaction

The site–program interaction category includes requirements that define the working relationship between the university and the field experience site. The category ranges from completing formal documentation to establishing communication expectations between the site and university. Eight subcategories emerged. The most frequently occurring subcategories were regular communication (n = 46) and initial site and supervisor agreement forms (n = 44). Three subcategories were in less than 20% of the handbooks. These included site evaluation of the university counseling program (n = 8), honorarium or compensation for supervisor (n = 6) and attend university internship fair (n = 3). The remaining two subcategories were between 30%–55%. These were maintain affiliation agreement/MOA (n = 15) and host site visit (n = 27).

Discussion

Our analysis of 50 randomly selected handbooks from CACREP-accredited clinical mental health counseling programs yielded valuable information regarding current trends of how the roles and responsibilities of sites and site supervisors are described by programs. The categories and subcategories that emerged from the analysis provide a look into the range of expectations held by programs for sites and site supervisors. The frequencies of each subcategory that emerged from the analysis allow for discussion and analysis of trends, gaps, and future directions regarding the role of site supervisors in the training of clinical mental health counselors.

Across all three categories, the most frequently identified subcategories aligned directly or indirectly with CACREP requirements for clinical experiences. This is not surprising, and in fact, the recently endorsed CACREP 2024 standards require programs to provide a fieldwork handbook that includes relevant CACREP standards (CACREP, 2023, 4.G.). Yet greater consideration should be given to how the less frequently identified subcategories not associated with a CACREP standard influence the quality and safety of clinical experiences. For example, the site's responsibility for the immediate oversight and orientation of the student were both present in little more than half of the programs studied. Neither of these subcategories are direct CACREP standards yet are arguably fundamental to any field experience. While these might be included elsewhere or simply assumed by the program, such inconsistencies can subject site supervisors, students, and clients to unnecessary risk and confusion.

Clinical supervision is a site supervisor role that has the potential to influence the quality and safety of the clinical experience. While many programs in the study provided detailed descriptions of the tasks associated with clinical supervision, several of the subcategories appeared in the handbooks infrequently or moderately. About half the programs described the site supervisor's role in participating in gatekeeping and remediation, assigning caseload and activities, and serving as a professional role model. Greater consensus is needed on those functions deemed most critical to clinical site supervision. For example, assigning a trainee's caseload requires knowledge of the program's expectations, the trainee's level of development, and the appropriate clients at the site. Improper case assignments may be detrimental to the learning, safety, and well-being of both trainee and client.

Compared to the other two categories, site–program interaction was rather limited in terms of frequency and level of detail. Given the concerns identified in the literature associated with poor communication between the program and site (Carter & Duchac, 2013; McKibben, George, et al., 2022; Tribitt & Moody, 2021), greater attention to this role is warranted. Beyond the CACREP-

required supervision agreements (CACREP, 2023, 4.H.), few subcategories reached 50% or higher in frequency. Particularly surprising was that only 16% of programs included the site supervisor task of providing feedback about the counseling program. Indeed, continuous quality improvement requires ongoing feedback on the effectiveness of the field experience.

Even when the subcategory was present, the analysis revealed great ambiguity in the activities required. For example, while 80% of programs identified appropriate clinical activities, this was often limited to the minimum number of direct contact hours required by CACREP (2023, 4.R., 4.V.). Beyond this, poorly defined language was used such as "appropriate and sufficient clinical activities," and at times, listing examples (e.g., intake assessments) but ostensibly leaving it to the site to ultimately decide. Additionally, the use of "recommended" vs. "required" was observed. For example, in several handbooks, subcategories of orienting of students and provision of physical resources were identified, but only "recommended" and not "required." In such instances, the program was not included in the results. Lastly, it should be noted that great variation existed regarding the location and organization of the subcategories within handbooks. At times, the site supervisor expectations were clearly listed in a dedicated section. At other times these expectations were scattered throughout the handbook. The combination of ambiguous language and inconsistent organization of site supervisor requirements may lead to inaccurate inferences drawn by all parties, which can negatively affect the quality and safety of the clinical experience.

Limitations

Authors implemented significant efforts to increase trustworthiness through the use of independent coders and cross-checking categories and subcategories. However, threats to reliability and validity can only be minimized in content analysis studies and can never be completely eliminated. Since this study was intended to provide a baseline to identify how site and site supervisor roles are described by programs, we used publicly available handbooks containing information about field experiences as our source for the data. As a result, data from other written program materials (e.g., websites, non–publicly available documents, site affiliation agreements, site supervisor training and orientation materials, etc.) were not included in the study. This limited our sample size to 165 out of a possible 375 CACREP-accredited programs, and so cannot be generalized to the entire population. It is also possible that some programs specified additional roles in other materials (e.g., affiliation agreement) than those included in program handbooks. Lastly, researchers used frequencies only to examine the data and not inferential statistics. This further limits the conclusions that can be drawn from the data.

Implications

The results of this study offer several important implications in establishing expectations for field placement sites and site supervisors. First, the preliminary list of commonly accepted roles and responsibilities for sites and supervisors serves as an initial reference point for program faculty, addressing a previously existing gap in the literature. Counseling programs can utilize the categories and subcategories to review and enhance their own field experience policies, based on their unique organizational context and composition of field placement sites. One aspect of this review could include an audit to ensure clarity and specificity in the descriptions of site supervisor roles and associated tasks. This review might involve external community partners, such as alumni, site supervisors, and community mental health administrators. Through reviewing these results, program faculty may identify responsibilities that were previously assumed, poorly defined, and/or unrealistic, and revise them accordingly.

A more extensive review could then include the corresponding roles of program faculty and students for each category. For example, while sites may be responsible for selecting student trainees, program responsibilities might include ensuring that only

qualified students that have met predetermined requirements are applying for these positions. Likewise, student responsibilities might include following the designated process (e.g., preparation of requisite materials, such as application, cover letter, and resume). Moreover, the interrelationships of each party across each category are worth consideration. For example, when site supervisors play the predominant role in clinical supervision, the format and frequency of communication between the site and program may differ compared to situations where both program faculty and site supervisors share supervisory responsibilities.

Programs might also wish to review these categories in terms of the appropriate scope of authority and decision-making. For example, while site supervisors may assign caseloads to their trainees, program faculty are generally most knowledgeable about the optimal learning environment (i.e., caseload size and type) to promote trainee growth while meeting the minimum program and accreditation requirements. Establishing hard lines of authority may not be practical or even desirable, yet calling attention to this crucial issue may serve as the impetus for constructive dialogue between programs and sites in determining their own solution. Another important issue arises when clarifying the scope and role of trainee evaluations by site supervisors and program faculty. Relevant factors may include the frequency and scope of evaluations (formative and summative); the roles played by site supervisor, program faculty, and student trainee in the evaluation process; and the potential outcomes of evaluations (e.g., failing an internship course).

Risk management may be another useful lens to examine the three categories of site expectations. Risk assessment often includes determining the potential risk associated with a situation, evaluating its scope, and deciding whether to accept the risk, or mitigate or avoid it (The Joint Commission, 2021). For example, when viewing the degree of site supervisor oversight, programs may consider the level of risk they are willing to accept and adjust the requirements by factors such as service modality (e.g., home-based counseling, intensive outpatient, etc.), client severity (e.g., schizophrenia, severe trauma, etc.), and student developmental level (e.g., practicum/internship) The same factors may be applied when determining the frequency and formats of clinical site supervision and communication required by the site.

Lastly, programs may benefit from an honest appraisal of the expectations placed on sites and supervisors, in terms of time (e.g., weekly supervision, orienting student, communicating with program, evaluations, etc.) and physical resources (e.g., adequate workspace, access to electronic healthcare platform, orientation and training materials, additional staff support, etc.). At a minimum, this process would provide prospective site supervisors with the information needed to make an informed decision about the feasibility of taking on one or more student trainees. This effort could also yield data that enable program faculty to either recalibrate these expectations or advocate for additional resources to administration (e.g., site supervisor compensation, additional personnel to assume one or more responsibilities), given the number of student placements required.

Future Research

This study used field experience handbooks to identify the roles and responsibilities of site supervisors during clinical experiences and the results help inform future research on the topic. Future research could incorporate perspectives from multiple community partners on this issue. To capture site supervisor perspectives, future research could build on previous research regarding site supervisor perceptions of needs and barriers while in the site supervisor role (DeKruyf & Pehrsson, 2011; Landon et al., 2020). Studying site supervisor perspectives could assist programs to revise and clarify roles and expectations that more accurately reflect the needs and constraints in community mental health agencies, and in turn, enhance student learning and satisfaction.

To capture student perspectives, the quality and consistency of site supervision could be studied in relation to the rigor of these responsibilities outlined

in handbooks. Data could be collected on site supervisor activities during practicum and internship as well as feedback received and overall satisfaction with the supervision received and analyzed in relation to the rigor of the handbook. The perspective of the fieldwork coordinator would also be an important aspect of future research. Fieldwork coordinators are often the most familiar with the process of revising, communicating, and enforcing site supervisor requirements, but also how site supervisor roles and responsibilities are playing out during practicum and internship. Given the limited amount of research that has been done focusing on fieldwork coordinators, a survey or perhaps mixed method study to capture their perspectives would be helpful to move the field forward.

The results of this study highlight the current practice for site supervisor roles and responsibilities, not its effectiveness. Therefore, a Delphi study could be used to obtain consensus from experts in the field on baseline elements that are key in establishing roles and responsibilities for practicum and internship sites. Such a study may also call attention to the limited available research on the intended outcomes of site supervision, especially outside of clinical supervision (i.e., site and site supervisor administrative expectations, and site–program interaction).

A comprehensive examination of site supervisor roles and responsibilities cannot be undertaken without similar attention to the roles of faculty supervisor and student (CACREP, 2023, 4.W.). Future research should provide a similar examination of these important roles as well as the field experience coordinator. Collectively, these roles can be examined in their totality to better determine the appropriate allocation of roles and responsibilities measured against desired outcomes. Finally, similar studies can be undertaken across other specialized practice areas (e.g., school counseling, rehabilitation counseling, etc.), given the unique contexts, traditions, and practices within each. Such efforts may lead to an understanding of roles and responsibilities that are both common across and distinct within each specialized area.

Conclusion

Practicum and internship are foundational components of training clinical mental health counselors and occur in an increasingly complex and heterogenous range of settings. Site supervisors have long played a significant yet poorly defined role in overseeing trainees in collaboration with program faculty. The results of this study draw us a step closer toward a common understanding of these roles and responsibilities as defined by counseling programs. Beyond its practical significance, the greatest value of these results can be fully realized only when future research is undertaken. The counseling profession has a responsibility to develop field experience policies and practices that are informed by evidence, not merely maintained by tradition. Such efforts will better equip counseling programs to cultivate strong community partnerships to facilitate the safe and effective training that our student trainees deserve.

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