



Models to Enhance Practicum Site Development and Supervision for Master-Level Behavioral Health Trainees

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Background

Practicum education is required across master's-level social work, counseling, and marriage and family therapy (MFT) programs in which students translate classroom learning into burgeoning clinical competence, ethical decision-making, and professional identity.¹⁻³ Practicum placement quality and the supervisory relationship strongly shape students' learning and readiness for independent practice.⁴⁻⁶ The prevailing practicum model depends on community organizations agreeing to host students and on agency-based clinicians taking on the time-intensive work of supervision, often without direct compensation or reduced workload.^{7,8} However, this model is increasingly strained by workforce challenges affecting placement sites and supervising clinicians, including workforce shortages, high turnover, burdensome administrative requirements, and increasing service demand.⁸⁻¹³ Behavioral health programs must also compete for a limited pool of qualified supervisors while navigating affiliation agreements, insurance requirements, and geographic barriers.^{3,7,14} Although some behavioral health programs have adopted virtual placements,¹⁵⁻¹⁷ employment-based models,¹⁸ and nontraditional sites,¹⁹⁻²⁶ little national evidence has described how programs sustain existing placements, recruit new placement sites, what incentives or support they offer to sites and supervisors, and which barriers most constrain expansion.

Research Aims

This study examined practicum site development and clinical supervision support across accredited U.S. master's-level programs in social work, counseling, and MFT, with the goal of identifying strategies that sustain site participation and supervisor engagement over time. Specifically, the study aimed to:

- Describe and assess the perceived effectiveness of strategies programs use to recruit new practicum sites and retain existing ones.
- Identify supports, incentives, and sources of funding provided to practicum instructors and practicum site organizations.
- Identify barriers and facilitators programs encounter in recruiting, retaining, and supporting practicum sites and supervisors.

Methods

An explanatory sequential mixed-methods design was used and involved a two-phase approach. First, quantitative data were collected and analyzed (Phase 1), followed by qualitative

data collection and analysis (Phase 2). Phase 1 involved the development and deployment of a national cross-sectional survey between October and December 2025. Publicly available data were used to identify discipline-specific accredited programs from the Council on Social Work Education (CSWE), the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). From each list, 100 programs were randomly selected using Microsoft Excel's random number generation function. Publicly available email addresses were used for participant recruitment. Individuals received a recruitment email containing a survey link that directed them to an informed consent page and, upon consent, to the quantitative survey. Descriptive statistics were used to summarize recruitment strategies, incentives, and barriers for practicum placements.

Phase 2 employed a qualitative descriptive design^{27,28} using semi-structured interviews conducted between October 2025 and February 2026. A semi-structured interview guide was developed in collaboration with practicum education stakeholders. Interviews lasted approximately 30 minutes and were recorded, transcribed, and audited for accuracy. Two researchers independently analyzed transcripts using Braun and Clarke's²⁹ six-phase reflexive thematic analysis process and reconciled coding differences through consensus.

Key Findings

Quantitative

A total of 68 practicum education leaders across 31 states and Puerto Rico completed the survey, representing social work (43%, $n=29$), counseling (34%, $n=23$), MFT (22%, $n=15$), and one fully online program offering all three disciplines. Programs reported using multiple strategies to recruit and sustain practicum placements. Student-initiated proposals and student geographic preferences (78%, $n=53$, each), alumni outreach (75%, $n=51$), student interest in specific practice areas (69%, $n=47$), and employment-based placements (50%, $n=34$) were identified as the most common and effective strategies.

Seventy-one percent of programs ($n=49$) did not provide material or financial incentives to hosting sites or practicum supervisors. Only 16% ($n=11$) provided resources directly to sites, and 18% ($n=12$) provided support to individual practicum supervisors. Among programs that provided direct support to organizations, the most commonly reported incentive was providing or identifying external supervision for students to reduce the burden on site staff (91%, $n=10$). Among programs providing direct support to individual supervisors, the most frequently reported incentives were continuing education units (CEUs), supervisor training resources, and faculty consultation for problem-solving support (67%, $n=8$, each).

Programs also reported that practicum expansion was constrained by multiple concurrent barriers, endorsing an average of six barriers. The most commonly reported barriers were no available supervisor at the site (74%, $n=50$), supervisor time constraints (63%, $n=43$), student travel distance (57%, $n=39$), lack of student stipends (51%, $n=35$), which made a limited number of sites more desirable, and a lack of community agencies willing to host students (46%, $n=31$).

Qualitative

A total of 24 practicum education leaders from accredited U.S. programs participated in interviews, including representatives from social work ($n=9$), counseling ($n=8$), and MFT ($n=7$). Interviews were audio-recorded, transcribed, and audited for accuracy.

Findings underscored that practicum development depended less on formalized infrastructure or material resources than on sustained relationship building between practicum education leaders and community partners. Participants described placement capacity as fundamentally relational, cultivated through alumni networks (Theme 1), intentional program and school investment (Theme 2), and long-standing community presence (Theme 3). Across all three themes, participants emphasized that practicum sites became vulnerable when these relationships were not actively maintained.

Programs consistently described alumni as their most reliable pipeline for new practicum placements. Participants characterized these relationships as reciprocal and self-renewing, with programs proactively reconnecting with alumni once they became eligible to supervise students and, increasingly, alumni initiating contact themselves. Participants also described intentional strategies for maintaining existing placements and recruiting new ones, including hosting virtual internship fairs to connect students and sites, intentional relationship-building and community visibility to strengthen site partnerships, and clearly articulated partnership values in increasingly competitive placement markets. Finally, participants identified long-standing institutional presence within a community as a stabilizing influence on practicum placement capacity. Table 1 summarizes the facilitators and barriers to practicum placement recruitment and retention identified by participants.

Policy Implications

Study findings indicate that the behavioral health training pipeline depends heavily on uncompensated labor by academic staff, agency leaders, and clinicians. Although relational strategies are valuable, relationships cannot substitute for financing, staffing, and administrative infrastructure. When agencies face funding cuts, turnover, and service demands, practicum education is easily deprioritized even when organizations remain committed to training future professionals.

A coordinated policy response should recognize practicum education as essential workforce infrastructure rather than an informal professional contribution. Dedicated funding streams are needed to compensate supervisors and host organizations for the labor and administrative costs of training students, while organizational policies should protect supervisor time through workload credits, reduced productivity expectations, or formal recognition of supervision as a core organizational responsibility. Expanding accessible, cross-disciplinary supervisor training, consultation, and mentoring can further strengthen the supervisory workforce by preparing clinicians to support student learning and evaluate competence.

Policies should also reduce administrative barriers that limit placement capacity by

streamlining affiliation agreements, risk management review, insurance requirements, and other processes that delay or prevent otherwise viable placements. In addition, supporting external, shared, and hub-and-spoke supervision models may help extend placement capacity in rural and resource-constrained settings. Investments in workforce retention at host organizations are equally important because placement capacity depends not only on organizational willingness, but also on stable staffing and qualified supervisors. Finally, increasing support for students through stipends, transportation assistance, and paid or employment-based placements can help ensure that geography and financial burden do not determine access to high-quality practicum experiences.

These reforms should be implemented collaboratively by universities, host organizations, accrediting bodies, professional associations, state licensing authorities, and public funders. Although academic programs can strengthen local partnerships, the most consequential barriers to expanding practicum capacity exceed the authority and resources of any single academic institution.

Conclusion

Practicum education is indispensable to behavioral health workforce preparation, yet the system supporting it remains precarious. This study demonstrates that programs sustain placements through alumni relationships, personal outreach, and professional goodwill, while direct compensation and formal infrastructure remain rare. Without structural investment, the same workforce shortages and organizational pressures that increase demand for behavioral health services will continue to erode the training capacity needed to grow the behavioral health workforce. As a result, strengthening practicum education is an essential component of expanding access to high-quality behavioral health care.

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Table 1. Facilitators and Barriers to Recruiting and Retaining Practicum Sites

Facilitators	Barriers
Paying Supervisors: <i>We do [pay] and isn't that a blessing? So, it's very nominal, right? It's like one date night, you know, but with our grant we had extra funding and so then it was significantly more... It's a small honorarium and we also try to find ways to appreciate them so ... it really is this sense of wholehearted collegiality. (MD)</i>	Funding Cuts: <i>Cuts to funding, that's why our agencies end up not being able to take students any longer. We're a very big refugee resettlement community...they all have been decimated. And they've all been incredible internships for our students in the past, and they're no longer able to even consider anything close to having a social work internship at this moment in time. (NY-1)</i>
Institutional Workforce Benefits: <i>At [name] we have remitted tuition benefits, which a lot of schools aren't able to offer, but when an agency takes a student for us, they get three credit hours. It depends on how many hours the student does, but three credit hours for every 250 hours [in internship]. So, if a student has a 500-hour internship, the [agency] gets six credit hours of University tuition that the organization, not the instructor, but the organization can choose to utilize to support their workforce. (NY-2)</i>	Insurance & Liability: <i>We are running into a lot of problems with insurance where now especially I feel like organizations that are merging and getting bigger and bigger and being bought up by national organizations are then having these very difficult insurance requirements...We've had that people require that our insurance covers if a student did an intentional act of harm and our university is like, we will not cover that. So, then you just kind of get into this place where you cannot have a practicum student in those settings. And that to me is so heartbreaking because it's bureaucracy and capitalism and risk. (MO)</i>
Streamlining Organization for Agency: <i>We also have a new online tracking system where we track hours and everything like that. Our old one didn't have a good sorting mechanism. This new system does. So that's been something we've pitch[ed] to agencies. 'Hey, if you have an active agreement, we can have your name be on our searchable database for students.' (ND)</i>	Duration of Legal Processes: <i>Part of the kind of hesitation you hear is that all our sites of course go through legal with our institution and that can just be a lengthy process, but because we are an in-person department. (MD)</i>
Created Regional Network for Programs: <i>We do joint practicum or field supervisor trainings. I work with the University of [A, B, C, and D]. We do those events together, so we offer them to all of the field or practicum supervisors at the same time. They're virtual usually. So that's a good partnership. We also ... partnered with University [E] who we're going to bring into that same group. (OH)</i>	Time Consuming: <i>Some of our sites are popular and so we'll have a site supervisor who has like 10 students. Then we request that they do things for us beyond just hosting...they must fill in logs, they have to do surveys. We ask their opinion, and they're like, 'well, I don't have time for all this kind of stuff!'...That has been a thorn in my side as far as trying to collect data for this program; it is very hard to do. (FL)</i>
Workforce Development and Pipeline: <i>[Home health] those ones at least are very excited to have interns because it is like a recruiting ground for them. Even some private practices, they like having our interns come in because they get to pick the interns, which ones they think will be a good match for them. And then they have a very clear vetting period during this interim period. At the end of the interim period, they can then decide whether they want to keep the student on. So that's the primary incentive that we provide I guess is that first pick of the up and comings. (LA)</i>	Quality of Supervision and Experience: <i>The supervision part is always a challenge for us. So, are the supervisors of high quality? Are they spending the time with the students? Do they know how to supervise, or are they just a really good clinician who gets this person put on their caseload and they don't realize that the student needs more help and training and teaching? And then how we provide that because there's so many sites and so many people and so many differences and how do you get people together and we are all busy. (NE)</i>

Note. Each header per box indicates a sub-theme that emerged. Direct quotes are in italics, followed by the state where the program was located.