

School Mental Health Supervisor Strategies to Support Measurement-Based Care Implementation

About This Resource. Below is a list of 25 factors that can be barriers (negative; hinder implementation) or facilitators (positive; help implementation) to any new initiative or practice. This resource provides guidance to school mental health leaders and supervisors seeking to support measurement-based care implementation in school mental health. First, supervisors should ask clinicians to self-report which factor(s) they experience personally as a barrier and/or facilitator. Next, review which factor(s) your provider(s) report as barriers to measurement-based care. Finally, use the list below as a menu of strategies to use with your whole team or in supervision to support MBC implementation. Be sure to ask clinicians for more information about why they endorsed each factor (e.g., if they said “clarity” is a barrier, ask what is unclear so far; if they said “feasibility” is a barrier, ask what they experienced as not practical). By tailoring your implementation solutions to specific barriers, you will provide more targeted and effective support.

Category	Factor	Definition (when endorsed as a barrier)	Supervisor Strategies
MBC Factors	Quality of evidence	Low confidence that MBC is based in good science	Provide more information about MBC Arrange local consensus discussions about MBC Identify and prepare champions
	Strength of recommendation	Low confidence that MBC will help students more than it hurts them	
	Clarity	Lack of clarity about who MBC is for	Develop a “blueprint” or materials to clarify
	Cultural appropriateness	Poor fit between MBC and my students	Discuss with clinician and possibly student/caregiver what about MBC is not suitable and ways to adapt
	Feasibility	MBC is not practical in schools	Assess if this is a <i>perception</i> that keeps them from implementing or <i>experience</i> based on implementation Pilot test on a smaller scale Talk with clinicians implementing to gather more information about how they made it work
	Compatibility	Poor fit between MBC and school mental health interventions or requirements	Promote adaptability Arrange local consensus discussions about MBC
	Effort	Too much effort required to implement MBC	Understand what is most effortful and problem solve to increase efficiency, reduce effort, or add assistance

	Trialability	I can't really "try out" MBC before really implementing (e.g., practicing in training)	Pilot test on a smaller scale Add opportunities for practice in supervision or with a champion clinician
	Observability	Unable to really see and know that other clinicians are implementing MBC	Work with agency/school leaders to share clinician MBC practices (group supervision, staff meetings)
Individual Clinician Factors	Domain knowledge	Limited prior expertise about feedback-informed care before MBC training	Conduct dynamic educational meetings or training Tailor educational strategies to individual knowledge Build in opportunities for practice and feedback
	Skills	Limited skills to implement MBC	
	Expected outcome	Low confidence that MBC will work	Provide compelling evidence (from other cases, clinicians, champions and/or opinion leaders)
	Learning style	MBC training, supervision and ongoing supports don't fit well with my learning style	Ask about preferred learning style and tailor educational strategies accordingly
	Emotions	MBC makes me feel nervous, vulnerable, stressed, overwhelmed, judged, etc.	Validate clinician experience (e.g., new practices challenge everyone, MBC can raise questions about our effectiveness as clinicians, etc.) Address stress, compassion fatigue and/or burnout Provide ongoing consultation and support
	Capacity to plan change	Limited capacity to make changes in my schedule to provide MBC	Discuss specific examples of typical scheduling issues Problem solve solutions and clarify priorities
Professional Interactions	Team processes	My school team hasn't worked well together on MBC processes, procedures, implementation	Clarify roles and responsibilities of team members Conduct discussions about shared goals
Patient Factors	Student needs	Poor fit between MBC and student needs	Involve students/caregivers to obtain recommendations about MBC measures and processes Prepare students/caregivers to be active participants
	Student preferences	Poor fit between MBC and student preferences	
	Caregiver preferences	How well MBC fits with caregiver preferences	

School System or Agency Factors	Mandate	Agency requirement for me to use MBC	Increase transparency about why MBC is mandated and/or encouraged and by whom (school/agency leaders, IEP system, Joint Commission, the ASO, etc.)
	Capable leadership	Supervisor or administrator could better support my use of MBC	Assess how leaders could better support use of MBC and bring the recommendation to them
	Priority	MBC is not as high a priority as other new initiatives or requirements	Conduct local consensus discussions Alter incentives/recognition/reward structures
	Monitoring and feedback	My supervisors or administrators haven't collected information on my progress with MBC cases and provided feedback	Establish a plan to monitor MBC implementation and provide feedback in supervision
Incentives & Resources	Payment/reimbursement	Students' insurance or other funding sources didn't cover MBC	Alter incentives/recognition/reward structures
Legal Factors	Liability	Providing MBC introduced a possible liability concern for you, your agency, school or district. May include union issues for school systems	Provide accurate information to correct misperceptions Provide support to reduce the risk of inappropriate liability or union complaints

Development History. This list of barriers was adapted by Elizabeth Connors, PhD, from a review of factors influencing implementation published by Flottorp and colleagues' (2013) checklist for identifying determinants of practice and adapted to MBC in school mental health. Supervisor strategies were selected from <https://cfirguide.org/choosing-strategies/> for each factor and similarly modified for this practice and setting. This approach is consistent with implementation science methods to ensure implementation strategies (what we DO to help implementation along) are tailored to the specific factors (whether they are barriers or facilitators) that influence implementation success. This promotes a localized approach to supporting clinicians and their implementation practices. Importantly, not all supervisor strategies are at the clinician level, but instead at the student/caregiver, school/agency system or policy levels depending on what clinicians report.

Credits. This resource was developed by Elizabeth H. Connors, PhD, Associate Professor of Psychiatry (Psychology), Division of Prevention and Community Research at the Yale School of Medicine. This resource is intended to be free and publicly available; no modification, sale or commercial use is permitted. Please include proper attribution. This resource is licensed under the Creative Commons (CC BY-NC-ND 4.0) license. The terms and conditions are available at: <https://creativecommons.org/licenses/by-nc-nd/4.0/>. Email elizabeth.connors@yale.edu with any questions. For more information and related resources, visit: m.yale.edu/mbc. © 2024 Elizabeth H. Connors, PhD. All Rights Reserved.