My research agenda focuses on improving and sustaining service quality for people diagnosed with serious mental illness. My long-term goal is to advance knowledge of supervisory and organizational strategies for the implementation of theoretically grounded, recovery-oriented, evidence-based practices in behavioral health services by developing implementation studies related to strategies for quality improvement and workforce retention and development. In particular, my research has focused on the role of clinical supervision as an implementation strategy to support the realization of US policy mandates for equitable access and engagement in recovery-oriented, evidence-based practices in behavioral health services.

**Dissertation Research**

With the support of a NIMH Ruth L. Kirschstein National Research Service Award Pre-doctoral fellowship (1F31MH110120-01A1, 2016-2018, $65,542), the primary goal of my dissertation has been to advance knowledge of supervision as an implementation strategy to translate best practices into service delivery. Findings from this study can contribute to improve the effectiveness of existing behavioral health services with new knowledge of how supervision can be maximized as an already embedded strategy.

Substantial evidence supports the efficacy of psychosocial interventions for individuals with severe mental illness and considerable human and financial resources have been spent developing, testing, and training frontline providers in such evidence-based practices (EBP). Yet, the delivery of what works to service users has been stymied within real world mental health service settings. Failure to translate these efficacious interventions to community settings has resulted in limited access to quality care, service disengagement, and poor treatment outcomes. During translation efforts, individual providers make decisions to adopt a new practice into their work. Skepticism regarding EBP, perceptions of limited efficacy, and lack of availability of resources to support new learning have negatively influenced providers’ adoption of new interventions. Strategies are urgently needed to overcome these barriers and realize US policy mandates for equitable access to recovery-oriented, evidence-based, theoretically driven community mental health services.

Supervisors in community mental health settings provide both clinical practice and administrative oversight of frontline provider practice. Since they are already embedded within service contexts, they are uniquely positioned to be “EBP champions” and overcome daily, on-the-ground implementation challenges. In controlled EBP efficacy trials, supervision has been related to improved provider adherence and sustainability. In real world settings, however, clinical supervision and leadership quality can vary – leading to limited opportunities for providers to learn EBP, inadequate organizational social context for change, and poor service user outcomes. My dissertation has sought to gain insight into this key nexus between providers and their direct supervisors and how it drives their adoption of new practices in the context of a large-scale NIMH-funded *Person-Centered Care Planning and Service Engagement* (PCCP) trial. Embedded within the PCCP project, my sequential explanatory mixed methods study seeks to examine real world supervisory leadership and strategies for translating and improving provider adoption of PCCP, which is an emerging EBP. Phase #1 included a quantitative examination of the association between supervisory leadership, supervision process, and supervisees’ self-assessments of their adoption of PCCP, with specific attention to the alignment between supervisors’ self-assessments and supervisees’ ratings of their supervision.
In order to further uncover and interpret Phase #1 findings and to identify mechanisms of supervisory influence, Phase #2 involved a qualitative examination of provider perspectives of the role of supervisors in their adoption of PCCP using a grounded theory approach with multiple data sources (interviews and observation).

**Future Directions**

My next steps are to seek NIMH funding, potentially through the R34 mechanism, to develop and pilot test an implementation strategy targeting the supervisory mechanisms found to improve provider adoption of EBP in my previously NIMH funded research. By advancing theoretically grounded supervision implementation strategies, I believe my research has both academic and real world implications and will ultimately impact service user engagement in services and outcomes that people diagnosed with serious mental illness seek to change.