Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2022

Staff Education on Psychosocial Rehabilitation Management of Individuals Diagnosed with Severe Mental Health Illness

Evarist O. Oguguo
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Psychiatric and Mental Health Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Evarist O. Oguguo

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Barbara Barrett, Committee Chairperson, Nursing Faculty
Dr. Courtney Nyange, Committee Member, Nursing Faculty
Dr. Margaret Harvey, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Staff Education on Psychosocial Rehabilitation Management of Individuals Diagnosed with Severe Mental Health Illness

by

Evarist O. Oguguo

MS, Walden University, 2020

BS, Coppin State University, 2017

BS, Strayer University, 1999

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2022

Abstract

Serious mental illness (SMI) is common in America and is associated with behavioral and emotional conditions that can lead to serious functional impairment and interfere with a person's decision making and general life activities, negatively impacting themselves and their caregivers, families, and communities. Psychosocial rehabilitation (PSR) is one evidence-based, person-centered approach known to be effective in helping individuals diagnosed with SMI manage their symptoms and improve their daily functioning. To effectively participate in providing PSR, caregivers must have special PSR knowledge. A staff education program was developed to educate and increase staff knowledge about PSR. The purpose of the project was to determine if an evidence-based staff education program would increase staff knowledge about PSR. The Iowa model of evidence-based practice was the theoretical framework that guided the project. Thirty direct-care staff participated in the staff education program. An assessment of participants' knowledge was performed before and after the education intervention using a pretest-posttest design. Findings were compared using descriptive statistics. Participant scores on the 10-item pretest assessment ranged from 10% to 92 % with average of 61.5%. Participant scores on the posttest assessment ranged from 78% to 100% with an average of 95.1%. The findings revealed that the staff education program was effective in improving the knowledge of PSR staff. The increase in staff knowledge can lead to performance improvement and ultimately yield safer and more efficient PSR care to patients diagnosed with SMIs that can enhance patient recovery and positively impact social change.

Staff Education on Psychosocial Rehabilitation Management of Individuals Diagnosed with Severe Mental Health Illness

by

Evarist O. Oguguo

MS, Walden University, 2020

BS, Coppin State University, 2017

BS, Strayer University, 1999

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2022

Dedication

I wholeheartedly dedicate this work to my sweet and loving wife Dr. Nneoma Oguguo whose unconditional love, support, encouragement, and prayers made it possible for me to achieve my dreams and reach one of the biggest milestones of my life. With profound gratitude, I also dedicate this work to my wonderful children: Ezinne, Amarachi, Tochi, Kamsi, and Obiuto, whose presence, cheers, and reassurance gave me the strength to persevere. You are all indeed treasures given by God. Lastly, I dedicate this work to God Almighty, the ultimate source of wisdom, guidance, power of the mind, protection, and the zeal used to complete this work.

Thank you all.

Acknowledgments

I express my deep and sincere gratitude to my committee Chair, Dr. Barbara Barrett, PhD, DNP, APRN-BC., and the committee members, Dr. Courtney Nyange (Hines), DNP, MSN, RN and Dr. Margaret Harvey, PhD, DNP, MSN., for their exemplary guidance, attention to details, and reassurance. You have all been instrumental to every step of this journey, and I thank you for all you do. I also take this opportunity to express a profound appreciation to Rev. Dr. Christopher Opara PhD., Dr. Alphonsus Korie, High Chief James Odimegwu, and all my relatives, friends and others for their cordial support, invaluable advice, and encouragement. With due regards, I express my sincere gratitude to all.

Table of Contents

List of Tables iii

Section 1: Nature of the Project 1

Problem Statement 2

Purpose Statement 4

Nature of the Doctoral Project 5

Significance 6

Summary 7

Section 2: Background and Context 8

Concepts, Models, and Theories 9

Definition of Terms 11

Relevance to Nursing Practice 12

Local Background and Context 14

Role of the DNP Student 16

Summary 17

Section 3: Collection and Analysis of Evidence 18

Practice-Focused Question(s) 18

Sources of Evidence 19

Evidence Generated for the Doctoral Project 20

Participants 20

Procedures 21

Protections 22

Analysis and Synthesis 23
Summary 24
Section 4: Findings and Recommendations 25
Findings and Implications 26
Definition of Terms 29
Unanticipated Limitations or Outcomes 30
Implications 31
Content Expert Report 31
Recommendations 32
Strengths and Limitations of the Project 33
Summary 35
Section 5: Dissemination Plan 36
Analysis of Self 36
Summary 37
References 38
Appendix A: Iowa Model of Evidence-Based Practice 43
Appendix B: Pretest and Posttest Questionnaire 45
Appendix C: Program Evaluation 48
Appendix D: Content Expert Program Evaluation Report 4949
Appendix E. Pretest/Protest Content Expert Validation Form 500
Appendix F: PowerPoint Presentation Delivered to PSR Staff 511

List of Tables

Table 1: Alignment of Learning Outcomes with Iowa Model 22

Table 2: Pretest and posttest results 28

Table 3: Paired Two Samples for Means using *t*-Tests 29

Section 1: Nature of the Project

Mental illness is common in America with approximately 51.5 million adults affected (NIMH, 2020). According to the American Psychiatric Association (APA) (2020), mental illness affects not just how an individual thinks, feels, or acts, but also influences one's decision making, coping style, relationship with others, and general life activities. Serious mental illness (SMI) can be more severe and incapacitating, making social engagement, employment, and career growth things of the past. SMI encompasses behavioral or emotional conditions that can lead to serious functional impairment, which may interfere with or limit one or more activities of daily living (NIMH, 2020). In other words, SMI can lead to disability as many individuals suffering from such condition often have problems performing day-to-day activities. The National Institute of Mental Health's (NIMH) statistical data reveals that SMI is the leading cause of disability among Americans ages 15 to 44 (NIMH,2020). According to Centers for Disease Control and Prevention (CDC), one in 25 Americans suffer from an SMI such as schizophrenia, bipolar disorder, or major depression (CDC, 2020). Additional statistical data from the Substance Abuse and Mental health Services Administration (SAMSHA) showed an estimated 13.1 million adults aged 18 or older, in the United States, live with an SMI(SAMHSA, 2020).

Individuals suffering from SMI often need help in different aspects of their lives including employment, coping, social skills, and learning skills that can help them live and work in their communities as independently as possible (APA, 2020). While some may need assistance with various activities of daily living due to their mental disability,

others may only need social support that range from accessing or coordinating resources to identifying employment and educational opportunities in their communities. One evidence-based and person-centered approach proven to be effective in helping individuals with SMI manage their symptoms and improve functioning is psychiatric rehabilitation also known as psychosocial rehabilitation (PSR; Vita & Barlati 2019). PSR involves services aimed at accelerating opportunities for persons with SMI to reach their optimal level of independent functioning in society and for improving their quality of life (Saha et al., 2020). To improve care quality and deliver safer and holistic care that can ultimately improve the lives of individuals suffering of SMI, providers must have the skills training and development relevant to psychosocial recovery practices (AbuRuz et al., 2017). To address this need, I created a staff education program aimed at helping an organization's workforce gain new competencies and utilize evidence-based practices required for the successful management of clients who are diagnosed with SMI. This project has the potential to benefit nursing practice because it will address the learning needs of the staff taking care of SMI clients, which can ultimately improve satisfaction, promote speedy recovery, and most importantly, lead to safer and superior quality of care that can positively impact social change (Cook et al., 2016).

Problem Statement

SMIs such as schizophrenia, bipolar disorder, and or major depressive disorder can be incapacitating and inhibiting to social engagement, employment, and career growth. There was a need for therapeutic competency training for psychosocial rehabilitation staff who provide care for clients diagnosed with SMI at the project site.

The practice site organization is a community mental health enterprise that provides PSR services to persons diagnosed with SMI. The goal of the PSR model is to help clients with behavioral health issues recover and bounce back from their disability by assisting them to function as independently as possible in the community. The program engages clients with activities such as coping skills, social skills, and occupational preparation, budgeting, time management, and even managing their prescribed medications, which are necessary to support their recovery process and normal functioning. However, providing safe and effective care for clients diagnosed with SMIs requires special competencies and therapeutic skills that include communication skills, empathy, a nonjudgmental approach, and building client rapport (Vita & Barlati 2019).

Unfortunately, not many staff have the skills or adequate training required to provide the well-deserved, quality services for these clients. The lack of staff training, and recommended learning needs were highlighted and confirmed in interviews with several of the institution's administrators and in meetings with the institution's management team. Moreover, the rapidly expanding evidence-based treatment practices make it even more important to regularly update healthcare professionals' skills. An evidence-based staff education project is as an effective approach to enhance skill acquisition, and ultimately improve patient care (Saha et al., 2020). To assist staff in providing effective rehabilitation care for clients diagnosed with SMI, the management gave me the permission to implement an evidence-based staff educational training that can address the knowledge deficit about therapeutic rehabilitation. The aim of the doctoral project was to address the knowledge gap among the staff who provide direct

services to clients seeking PSR care. Having specific competencies and understanding the concepts of behavioral management as it relates to a PSR program were pivotal to meeting clients' needs. This evidenced-based staff educational training addresses the clinical gap in practice by providing staff with the PSR skills and competencies for managing SMI clients and assisting them to achieve optimal outcomes.

Purpose Statement

The goal of this doctoral project was to address the gap in practice knowledge among the staff who provide direct services to clients seeking PSR care. Special competencies and therapeutic skills such as communication skills, empathy, good judgment, and interpersonal skills were essential elements for providing effective rehabilitation care (Vita & Barlati 2019). To address staff's knowledge gap, nurses and client-care providers must learn and regularly enhance their skills through evidence-based practices that can serve to promote quality and safe care delivery. According to Hsieh and Chen (2020), evidence-based staff education is an effective approach to enhance skill acquisition, and ultimately improve patient care. Hence, this evidenced-based staff education project was aimed at addressing the current clinical gap in practice by providing staff with the PSR skills and competencies required for managing SMI clients and assisting them to achieve optimal outcomes.

The guiding practice-focused question for this doctoral project was: Can an evidenced-based staff education module focused on the PSR of clients diagnosed with SMI improve staff knowledge about PSR? This question addressed the gap in the practice and supported the initiation of an evidence-based staff education program to help equip

staff with pertinent information and skills for effective and proper management of SMI clients (Chen, 2020).

Nature of the Doctoral Project

The Doctor of Nursing Practice (DNP) project was conducted to develop and deliver an evidence-based staff education program to equip rehabilitation staff with the competencies needed to provide optimal care for their clients. The doctoral project was guided by the Walden University manual for Staff Education. Current evidence-based literature and practice guidelines were used to develop a project curriculum aimed at improving staff knowledge about mental health rehabilitation services in this facility.

Sources of evidence for this project included de-identified organizational data. Other sources of evidence came from evidence collected from professional organizations such as the American Psychiatric Nurses Association (APNA), American Psychiatric Association (APA), National Institute of Mental Health (NIMH), and National Survey of Drug Use and Health (NSDUH). An extensive search for current evidence and review of literature on PSR within the last five years was carried out using major databases such as CINAHL, Medline, PubMed, and ProQuest Nursing & Allied Health Source.

The Iowa model of evidence-based practice was the conceptual framework that guided the planning, assessment, and development of an effective training program to address the practice-focused question for the project (DNP Program Guide, 2019). Learning goals and objectives were developed to support the training curriculum. A group of three upper-level managers served as content experts who reviewed the learning module and provided feedback before delivery. A 60 to 90-minute staff education

training module was then conducted. The educational training module incorporated a pretest and posttest design to measure participants' baseline knowledge and post training knowledge and the impact of the educational session. Participants also completed a program evaluation to assess the training program.

Significance

To meet the challenges of the present-day demand for high quality care, healthcare professionals must enhance their practice skills and demonstrate the ability to find and translate best evidence from research into clinical practice. The stakeholders involved in this doctoral project included rehabilitation staff whose competencies for providing optimal care to persons diagnosed with SMI required improvement. Other stakeholders comprised of professional development team, program director, rehabilitation specialists and the information technology (IT) team.

Clinical care supported with best available evidence is known to be effective, especially for complex disorders such as mental health (Curtis et al., 2017). Recognizing the staff knowledge gap about PSR care and the consequent ineptitude in caring for these clients, an evidence-based staff training module was necessary to enhance staff knowledge that can ultimately improve performance. This doctoral project was developed in accordance with the community health organization's mission statement, which calls for a high-quality, client-centered, care approach for promoting clients' recovery.

Providing evidence-based staff education training can enhance the knowledge of the organization's workforce about caring for clients who are receiving rehabilitation services and enhance nursing practice. Direct caregiving staff who benefited from the

training module can become more proficient in managing clients with SMI seeking rehabilitative care. The American Association of Colleges of Nursing (AACN; 2006) upholds that DNP prepared nurses are leaders and change agents who can address complex practice problems and impact healthcare outcomes by creating and sustaining positive change (Zaccagnini & White, 2017). Increasing the knowledge of caregivers can also lead to job satisfaction, promote speedy client recovery, and most importantly, can lead to safer and superior quality of care that can positively impact social change (Cook et al., 2016). According to Huston (2017), positive social change plays a pivotal role in social and performance improvement, and this project is a response to the organizations' need for change.

Summary

Knowledge deficit related to PSR care among staff was the driving force behind this project. Evidence-based literature showed that staff training, and development can yield greater knowledge and positive care outcomes. Knowledge and skills are pivotal to creating positive change and improving patient outcomes. Hence, this DNP project incorporated evidence-based interventions to enhance knowledge and competencies that are critical to providing safe, high-quality care for patients, families, and communities (AACN, 2006). Section 2 provides a comprehensive literature review and explores the Iowa model of evidence-based practice, the theoretical framework that guided this staff education program (Walden University, 2019). The project relevance to nursing practice, the local background, and my role as a DNP student are also discussed.

Section 2: Background and Context

The DNP project site organization is a community mental health enterprise that provides PSR services to persons diagnosed with SMI. PSR helps clients with behavioral health issues recover and bounce back from their disability so that they can function as independently as possible in the community (Vita & Barlati, 2019) To improve care quality and to deliver safer and holistic care that can ultimately improve the lives of individuals suffering of SMI, nurses and all care providers must have the skills training and competencies relevant to psychosocial recovery practices (Jormfeldt et al., 2018). The nursing practice problem identified at this setting was the lack of knowledge among the staff who provide direct services to clients seeking PSR care. The rapidly expanding evidence-based treatment practices called for staff nurses and other care givers to regularly update their professional skills. According to Saha et al. (2015), an evidence-based staff education module is an effective approach to enhance skill acquisition and ultimately improve patient care. Inadequacies in staff knowledge can negatively impact patient outcomes. The purpose of this project was to implement an evidence-based staff education module to enhance staff knowledge about therapeutic rehabilitation for persons diagnosed with SMI.

The guiding practice-focused question for this doctoral project was: Can an evidenced based staff education module focused on the PSR of clients diagnosed with SMI improve staff knowledge about PSR? This question addressed the practice gap by initiating an evidence-based staff education program to help equip staff with pertinent evidence-based information and skills for effective and proper management of patients

receiving PSR care. It is best practice to develop staff training modules that keep providers' competencies up-to-date and help them utilize current and available evidenced-based resources for best practice outcomes (Vita & Barlati, 2019). Section 2 expands on these concepts, models, and theories, and incorporates additional literature to enhance the relevance to nursing practice and the local background/context. Section 2 also addresses the role of the DNP student in this project.

Concepts, Models, and Theories

Concepts, theorical frameworks, and models guide project leaders and explains the need and relevance for conducting a clinical project (Cherry & Jacob 2017). The Iowa model of evidence-based practice was used to frame this doctoral project. The model is a widely used framework that can effectively identify and define a process that facilitates change or resolve obstacles that prevent or inhibit EBP change (Lloyd et al., 2016). The authors explained that the framework improves not just the nurses' EBP competency for delivering high-quality care, but also promotes a strategic approach to practice change and underscores the need for involving all stakeholders in organization. The Iowa model uses the concept of triggers to determine where an EBP change is necessary, implement the change, and evaluate outcome (Buckwalter et al., 2017). The Iowa model was used to facilitate problem identification, guide practice decisions, and formulate solutions. The steps of the Iowa model are as follows: (a) identifying the practice problem or trigger where EBP is warranted, (b) forming an interdisciplinary team (c) determining priority of practice problem for the organization (d) gathering of the research evidence (e) critiquing, synthesizing and critical analyzing the selected research to determine quality,

strength, weakness, and relevance to practice change (f) evaluation, and (g) implementation and dissemination of the EBP practice change material (Buckwalter et al., 2017). The Iowa model guided the planning, collection of evidence, development, evaluation, and translation of the PSR staff education program. The seven steps of the Iowa model were used as the building blocks for problem identification, guiding practice decisions, and formulating solutions for the practice-focused question in this project (Buckwalter et al., 2017). The project incorporates the Iowa model's concept of triggers at the early stage of this project to integrate evidence that support the need to proceed with the project. Permission to use the Iowa Model was granted by University of Iowa Hospitals and Clinics to review and/or reproduce the Model. The Iowa model is reflected in Appendix A.

Melnyk & Fineout-Overholt's hierarchy model was used to determine the selection of the hierarchy or levels of evidence from systemic reviews to expert opinions and background information (Polit & Beck, 2017). The Melnyk level of evidence helped to ensure that the evidence was credible and appropriate for inclusion into the study (Polit & Beck, 2017). The Melnyk model incorporates a hierarchy of evidence to illustrate study strengths and types from the highest to the lowest level on the pyramid. For example, the Systematic Reviews and Meta-Analyses at the top level are considered the highest quality of evidence for clinical decision-making. Hence, researchers are obliged to use the Systematic Reviews and Meta-Analyses above other study types (Ahn & Kang, 2018).

Definition of Terms

The following words or phrases are defined for this DNP project.

Caregivers: For this project, caregiver means counselors, therapists, nurse practitioners, registered nurses, and client care coordinators.

Evidence-based practice (EBP): the use of systematic and research findings as the basis for nursing intervention to guide PSR practices (Cherry & Jacob, 2017).

Iowa model of evidence-based practice: a widely used framework developed by Marita G. Titler to translate evidence into practice, facilitate change, and resolve obstacles that may inhibit EBP clinical change in practice (Lloyd et al., 2016).

Pretest-Posttest: an evaluation tool designed as a before and after assessment to measure participants' baseline knowledge and the impact of the learning outcome (Tayyaba, 2019)

Psychosocial Rehabilitation also termed psychiatric rehabilitation (PSR): an evidence-based and person-centered approach to assist persons dealing with SMI manage their symptoms and improve functioning (Vita & Barlati 2019).

Serious mental illness (SMI): encompasses behavioral or emotional conditions that can lead to serious functional impairment, which may interfere with or limit one or more activities of daily living (NIMH, 2020). Persons suffering from SMI often need help in different aspects of their lives including employment, coping, social skills, and learning skills that can help them live and work in their communities as independently as possible (APA, 2020).

Relevance to Nursing Practice

This DNP project has the potential to benefit nursing practice because it addressed PSR care and effective management of patients diagnosed with SMI. The project addressed the educational needs of the PSR staff who are taking care of clients diagnosed with SMI. The ability of the health care professional team that includes nurses, doctors, therapists, psychiatrists, counselors, and social workers to provide the well-deserved quality care for SMI clients is an important issue for patients, families, healthcare institutions, and the healthcare team providing the services (NIMH, 2020). SMI affects the way a person thinks, feels, or acts and influences one's decision making, coping style, relationship with others, and general life activities (APA, 2020). SMI can be incapacitating, and can make social engagement, employment, and career growth things of the past. SMI is associated with high care costs, increased health service utilization, comorbidity, mortality, and poor overall health outcomes (Ronaldson et al., 2020). PSR is an EBP approach known to be effective in helping individuals diagnosed with SMI manage their symptoms, improve independent functioning, and enjoy quality of life (Vita & Barlati 2019). To meet the complex health care needs of these individuals seeking PSR services, nurses must have adequate knowledge and EBP skills for managing the illness (Young, 2018). In addition to skill training, care providers must use a holistic care approach to address the various elements that contribute to overall mental and physical well-being (Saha et al., 2020). For example, different clients may come in with different disorders and must have their needs met in various ways. Some may be hungry and need food, some may be homeless and need a place to live, and others may need just clothes or

a little emotional support to function effectively in the community and live productive lives. But to really assess client's mental capacity and assist in enhancing their quality of life in a holistic manner, the basic needs of these individuals must be addressed (Shafran et al., 2017). According to Maslow's hierarchy of needs, it is difficult to survive without the basic physiological needs of food and water, clothing, and shelter (Desmet & Fokkinga, 2020).

Just as diabetes can affect how the body uses blood glucose and cause serious health issues, mental illness can disrupt a person's thinking, emotion, mood, relationships, and daily functioning (APA, 2020). It is important that the nurse understands the client's disease processes including the ability to anticipate, recognize, and intervene with signs and symptoms of potential mental health emergencies such as acute psychosis, intoxication, withdrawal, aggression, and suicidal behavior (Zonana et al., 2018).

Young (2018) recommends that nurses who care for SMI patients must have essential skills that places emphasis on compassionate and patient-centered care, learning, growth, healing, and therapeutic alliance. Therapeutic alliance consists of core qualities that include trust, empathy, respect, authenticity, seeking clarity, and active listening (Kornhaber et al., 2016). Therapeutic connection can have positive influence on patients, promotes the sharing of information and can lead to excellent patient outcomes (Kornhaber et al., 2016). Therefore, implementing an EBP education program was necessary to increase staff knowledge and help people with SMI live as independently as possible and to become fully integrated into their communities. This DNP Staff Education program was aimed at helping the organization's workforce gain new

competencies and increase their utilization of evidence-based practices required for the successful management of patients who are diagnosed with SMI. Hence, filling the gap in practice, specifically the lack of staff knowledge about the PSR care of clients diagnosed with SMI.

Local Background and Context

The doctoral project site is a local community mental health facility located in the Southeastern region of the United States. The organization provides psychosocial rehabilitation services to 240 clients diagnosed with SMI. A review of the organization's mission statement reflects a client-centered care approach with compassionate, high-quality services aimed at promoting self-esteem, recovery, independence, and community integration. The facility is staffed with a nurse practitioner (NP) who serves as the program director, six licensed clinical professional counsellors (LCPC) who serve as rehabilitation specialists/counselors, and two registered nurses (RN) supervising twenty-four field client-care coordinators. The doctoral project was conducted for the purpose of developing an evidence-based staff education program to equip rehabilitation staff with the competencies needed to provide optimal care for their clients. The project adhered to the process specified in the Walden University Manual for Staff Education and utilized current EBP guidelines to improve staff knowledge on mental health rehabilitation services in this facility. The staff and management expressed readiness and support regarding the implementation of an evidence-based staff educational training project to address staff's knowledge deficit about therapeutic rehabilitation. Further inquiry revealed that other staff, direct care coordinators, also did not have adequate knowledge

and skills to provide satisfactory services that were highly needed for improving patient satisfaction and retention. The site was well equipped with the tools and the essential technology to support the successful implementation of this project.

To improve the safety and quality of care in an organization, nurses should conduct literature reviews and utilize current and relevant evidence-based tools to support their practice (AbuRuz et al., 2017). Based on AbuRuz et al.'s stance, developing an evidence-based staff training about PSR can enhance staff practice, which can positively enhance patient outcomes. A study by Saha et al. (2020) underscored the complex needs of clients who are diagnosed with SMI and maintained that the workforce must be adequately trained to provide suitable PSR services essential for their recovery. Another study conducted by Vita and Barlai (2019) established that PSR is evidence-based and person-centered approach, which has proven to be effective in assisting individuals diagnosed with SMI to manage their symptoms and to improve independent functioning and quality of life. Furthermore, Saha et al., 2020 explained that PSR is an important intervention for promoting independent functioning, community integration, and social skills development and recovery among individuals diagnosed with SMI.

In Maryland, the Department of Mental Health and Hygiene authorizes and regulates PSR services (MDH, 2021). Medicaid pays for PSR services and provides regulations to ensure that facilities accepting Medicaid payment for services are providing quality services that meet state and federal regulations (CMS, 2021). The Mental Health Parity and Addiction Equity Act of 2008 is a federal law that requires providers to treat mental illness the same as physical illness (Furman, 2018). In addition

to the parity law, other major federal regulations such as the Mental Health Reform Act and the Mental Health and Safe Communities Act of 2015 still apply till this day, and legislations require that PSR programs be evidence-based with focus on decreasing homelessness, imprisonment, and suicide among SMI individuals (Furman, 2018).

Role of the DNP Student

As a doctoral student, I understand the importance of my roles in areas of leadership, policy reform, advocacy, research, and education (AACN, 2017). I managed this project and assumed the responsibility for developing, defending, and conducting the staff education program at the mental health facility. I followed the Walden University DNP project process guidelines and ensured that this project was on time, and within the practice scope. As a change agent, it was my responsibility to obtain IRB approval, work closely with my preceptor, conduct a thorough literature review, and prepare an effective education program that could improve staff knowledge on the best evidence-based practices available about rehabilitation care. I have extensive experience in emergency medicine and crisis intervention. I have worked in a mental health setting for several years where I developed important therapeutic skills pertinent to nurse-client rapport. Currently, I practice as a board certified psychiatric mental health nurse practitioner (PMHNP-BC) which gives me the opportunity to assess, diagnose, treat, advocate, and educate my clients who have mental illness. My passion, experience, and skills in mental health are my motivators for this project. Potential bias can be associated with my implicit tendency to assume that a client may be poor based on their appearance.

However, I have learned to be more objective and to avoid unnecessary or biased stereotypes.

Summary

The inadequate staff knowledge about PSR care was the clinical gap-in-practice and focus of this doctoral project. To address the practice problem, an evidence-based staff educational approach was needed for the mental health facility. Because of the lack of PSR skills and EBP competencies among the nurses and other staff who care for SMI individuals that could lead to poor patient outcomes, the development of an evidence-based staff education program became the best option to enhance skill acquisition, and potentially improve patient care (AbuRuz et al., 2017; Saha et al., 2020). The Iowa Model of Evidence-Based Practice was the framework used to guide the development of this clinical project that has the potential to change staff practice. Nurses and other direct care givers must be able to understand a patient's disease processes, and anticipate, recognize, and intervene once signs and symptoms of potential crisis such as acute psychosis, intoxication, withdrawal, aggression, and suicidal behavior are identified (Zonana et al., 2018). The next section of this project expands on the practice-focused question, and the collection, analysis, and synthesis of the evidence.

Section 3: Collection and Analysis of Evidence

SMIs such as schizophrenia, bipolar, and or major depressive disorder can be incapacitating and inhibiting to social engagement, employment, and career growth. Providing safe and effective care for these clients require special competencies and therapeutic skills that involve communication skills, empathy, a nonjudgmental approach, and client rapport building (Saha et al., 2020). There was a need for therapeutic competency training due to inadequacy in staff knowledge about effective PSR care of clients diagnosed with SMI at the project site. This project was carried out to develop and deliver an evidence-based staff education program to equip rehabilitation staff with the competencies needed to provide optimal care for their clients. In this section, I address the practice-focused question, discuss the sources of evidence, data collection, analysis, and provide synthesis of the evidence collected.

Practice-Focused Question(s)

The inadequacy in staff knowledge about effective PSR care of clients diagnosed with SMI was the local practice problem. The guiding practice-focused question for this project was: Can an evidenced based staff education module focused on PSR of clients diagnosed with SMI improve staff knowledge? The purpose of the project was to address the practice gap by initiating an evidence-based staff education program that can equip rehabilitation staff with the competencies and skills needed to provide effective and proper care of their clients. Providing a staff training module that could increase staff's knowledge about current evidence on PSR was pivotal to improving their knowledge that

could result in ensuring safe and quality care of SMI clients as well as promoting patient satisfaction (Vita & Barlati, 2019).

Sources of Evidence

The inadequacy in staff knowledge about effective PSR of clients diagnosed with SMI was identified by the practice site's management as a major setback to providing well-deserved, quality services for clients. An evidence-based staff training about PSR could enhance staff practice, which could positively enhance patient outcomes (AbuRuz et al., 2017). Based on AbuRuz et al.'s stance, developing evidence-based staff training requires conducting a comprehensive literature review of current and relevant evidence related to the practice problem. The Walden University Staff Education Manual was used to guide this staff development project. The primary sources of evidence include de-identified organizational data. Other sources of evidence came from professional organizations such as the American Psychiatric Nurses Association (APNA), American Psychiatric Association (APA), Psychosocial Rehabilitation Association (PRA), National Institute of Mental Health (NIMH), and National Survey of Drug Use and Health (NSDUH). There was an extensive search of existing evidence and thorough review of the literature on PSR within the last five years using major databases such as CINAHL, Medline, PubMed, and ProQuest Nursing & Allied Health Source.

The key words and phrases used for searching and gathering evidence-based data related to PSR included *psychosocial rehabilitation* or *psychiatric rehabilitation* (PRP); rehabilitation barriers or challenges or issues related to treatment; *serious mental illness* (SMI) or *mental disability* or *mental health problems*; evidence-based staff *training*

program or *competencies* or *staff training* or *staff education* or *staff development; staff knowledge* and *quality of care* or *client outcome* or *patient outcome*; and *therapeutic interventions*. Other search terms included: *the Iowa model of evidence-based practice, quality improvement,* and *goals of a DNP project*. A search conducted using the term "psychosocial rehabilitation" populated 4,249 articles but after applying Boolean search strings such as "psychosocial rehabilitation AND staff training," the number reduced to 28 articles that were published in English language within the last five years. In this project, 18 full text articles were used to provide relevant evidence to address the PSR knowledge gap among the staff. The articles were selected in accordance with Melnyk & Fineout-Overholt's (2011) model for selecting the hierarchy or levels of evidence from systemic reviews to expert opinions and background information (Polit & Beck, 2017).

Evidence Generated for the Doctoral Project

Participants

The participants of the staff education program included 33 client-care providers from a small community mental health facility located in the Southeastern region of the United States. These caregivers consisted of the following staff including one NP, six LCPC, two RNs, and 24 field client-care rehabilitation counselors. All the 33 PSR staff were involved in various levels of direct care services to the 240 clients diagnosed with SMI receiving care at the facility. The main inclusion criteria for selecting a participant for this staff educational project was being a direct care provider for the clients. Clients and non-direct-care staff fall into the exclusion criterion for the project.

Procedures

In addition to the Walden University's DNP manual for staff education, the Iowa model of evidence-based practice was used to guide this project. The seven steps identified in the Iowa model became the building blocks for facilitating problem identification, guiding practice decisions, and formulating solutions for the practice-focused question in this project (Buckwalter et al., 2017). The PSR training curriculum was developed based on the project's learning goals and objectives (learning outcomes) and the Iowa model. The alignment of the learning outcomes with the Iowa model is reflected in Table 1. A group of three upper-level managers served as content experts reviewing the curriculum for the learning module and providing feedback before delivery. The 60 to 90-minute evidence-based staff education training module on effective PSR services was delivered using PowerPoint presentation and handouts. The presentation was approved by the project site representatives and Walden's Institutional Review Board (IRB; approval # is 06-24-21-0376154) and thereafter the presentation was conducted face to face. The educational training module incorporated a pretest and posttest design to measure participants' baseline knowledge and post training knowledge and the post training impact of the educational session. The pretest and posttest were administered to the participants as a paper and pen assessment. The pretest/posttest assessment is reflected in Appendix B. Participants also completed a program evaluation to determine if the program goals were met. The program evaluation is reflected in Appendix C.

Table 1

Alignment of Learning Outcomes with Iowa Model

	IOWA Model	Learning Objective	Goals
1	Identifying the practice problem	Care givers will recognize psychological and social aspect of mental health disability and demonstrate best practices in PSR	By identifying the practice problem, participants will have a clear direction and focus (Raible et al. (2016).
2	Forming an interdisciplinary team	Work as a team to ensure that the competency of all staff is assessed, maintained, demonstrated, and continually improved	Participant will benefit from exchange of ideas, pull talents together, and learn new skills to improve client care (Ross-Swain et al., 2017).
3	Defining priority of practice problem	Able to determine sensitive problems that need speedy attention. Know what can be done to fix the problem and recognize the consequences of inaction.	The aim to promote better use of limited resources and maximize patient outcomes
4	Gathering of the research evidence	Care givers develop the ability to conduct research, and search for evidence to back up or refute practice proposals	Participants will have access to current evidence to support their clinical practice
5	Critiquing, synthesizing, and analyzing selected research	Care givers will be better prepared to interpret evidence, connect multiple pieces of evidence, and translate and integrate current evidence to improve quality of care for SMI clients	The goal is to promote innovation, research, translation of evidence into practice and quality improvement for the organization (Zaccagnini &White, 2017).
6	Evaluation	Participants will be able to evaluate the program, reflect on their PSR practices, values, principles, and self-awareness to determine if learning goals are met	The program evaluation will help to determine what works well and what could be improved in the program.
7	Implementation and dissemination of the EBP practice change	Participants will be encouraged to incorporate the practice change and continue to apply new knowledge in clinical practice	The goal is to increase the reach and application of evidence on a broader scale

Protections

The participants in this DNP project include the rehabilitation staff whose competencies for providing optimal care for persons diagnosed with SMI required improvement. The project did not include clients, and, to maintain confidentiality, the

name of the organization of the project site was not provided. The DNP project was conducted in full conformity with all ethical principles as guided by Walden University's IRB. Participants were informed that participation was voluntary and that they could elect to leave the training at any time. Participants were informed that completion of the pretest/posttest would serve as consent for participation in the project. No participant names were used; however, an alpha or numeric coding system was used to align the pretest and the posttest of each participant. Project data was securely stored on my password-protected computer along with a password-protected cloud drive backup system used for data storage. Project data will be stored for five years. Prior to conducting this DNP project, an approval letter was obtained from the program director at the project site. The organization does not have an Institutional Review Board's (IRB) so I received approval to carry out the project from the Walden University's IRB before implementing this project.

Analysis and Synthesis

The educational training module included a pretest and posttest design to measure participants' baseline knowledge and post training knowledge and the impact of the educational training session. Participants evaluated the program to see if program goals were met. A Microsoft excel spreadsheet was used to record, organize, and reflect the project data from the pretest, posttest, and program evaluations. Findings were analyzed and synthesized using descriptive statistics. A PowerPoint presentation of the staff training program on effective PSR services, and the project findings will be presented to the organization at the completion of the project.

Summary

Knowledge and skills are essential elements for positive change, boosting safer and superior quality of care as well as patient outcomes (Cook et al., 2016). Providing safe quality care for SMI clients is an important issue for all the health care workers providing direct care (NIMH, 2020). Inadequacy in staff knowledge can lead to unexpected consequences, and therefore, caregivers must have adequate knowledge and relevant EBP skills for managing the overall mental and physical well-being of SMI clients (Saha et al., 2020). This DNP project aimed at providing an evidence-based staff education intervention to enhance staff knowledge about PSR care so that patients, families, and the community can benefit from safe, and high-quality care. This section presented the approach and rationale for delivering a staff training program that can enhance caregiver's performance and improve patient outcome. Learning goals and objectives for this project aligned with the Iowa model and provided a clear direction and focus for this DNP project (Raible et al., 2016). Section 4 focuses on the project findings and implications, recommendations to further address the gap in practice, and the strengths and limitations of this DNP project.

Section 4: Findings and Recommendations

The local problem addressed in this doctoral project was staff knowledge inadequacy about the effective PSR care of persons who are diagnosed with SMI. Administrative reports from the project site revealed that direct caregivers and care coordinators did not have adequate skills training and competencies required to deliver effective PSR services. This DNP project addressed the identified gap in practice by developing an evidence-based staff training program that increased caregiver's knowledge on PSR care and management. The project was designed to improve staff knowledge through staff education and training with the ultimate aim of improving current clinical practice and patient outcomes. To effectively address the complex needs of clients diagnosed with SMI and to help these clients recover successfully, organizations must provide employees with adequate and continuous training and education (Saha et al., 2020). The practice-focused question for this project was: Can an evidenced based staff education module focused on PSR of clients diagnosed with SMI improve staff knowledge about PSR? The purpose of the project was to address the practice gap by developing an evidence-based staff education program that can equip rehabilitation staff with the knowledge and skills needed to provide effective client care. Providing a staff training program that can increase caregiver's knowledge and keep them informed about current evidence on PSR is pivotal to ensuring safe and quality care of SMI clients as well as promoting patient satisfaction (Vita & Barlati, 2019).

This section presents the findings, implications, recommendations, project strengths and limitations, and contributions of the content experts. Participant selection

began after Walden University IRB approval of the project was granted. A convenience sampling method of selection was used for easy accessibility of the available staff. Invitations were distributed via emails and were posted in the lunchroom's education boards. My contact information was provided to the participants to facilitate communication as required by the facility. The pretest and posttest questionnaires were prepared based on the curriculum objectives and a thorough review of the existing literature, which included the standards specified by the Psychiatric Rehabilitation Association (PRA) for psychiatric rehabilitation workers. The data collection materials were distributed and collected at the end of the program. All participants started and completed the program and data collection materials provided. The data obtained from the pretest and posttest questionnaires and the program evaluation were tabulated on a Microsoft Excel spreadsheet. Descriptive statistics was used to analyze and synthesize the project results to determine whether the staff education program objectives met the intended goals and to answer the project question. A group of three upper-level managers who served as content experts reviewed and validated the learning curriculum objectives, program content evaluation (Appendix E), and pretest/posttest questionnaires (Appendix B).

Findings and Implications

There were 30 client-care providers involved in the staff education project of which three participants were also content experts. All 30 participants completed the 10-question pretest and posttest, which contained the same questions. The project lasted 90 minutes and included the data collection and the teaching presentation. The participant

pretest and posttest scores were calculated and converted to percentages. With the use of Microsoft Excel software, a paired sample *t*-test was performed to analyze the pattern of scores and to determine the relationship, if any between the preintervention assessment scores and the postintervention assessment scores.

The conversion of the participant's pretest and posttest scores to percentages is reflected in Table 2. The test questions on the pretest and posttest were numbered in ordered of increased complexity with questions 1 through 5 being the simplest and questions 8 through 10 being the hardest. Further analysis of specific test questions showed significant improvement in all 10 questions. However, the pre- and posttest score on Question 9 improved from 30% to 82% and question 10's score improved from 10% to 78%. Although participants' score generally improved across the board, the posttest scores for Questions 9 and 10 were relatively low, demonstrating the complexity of those questions, and the large improvement should be noted. In this participant sample (N = 30), the overall pretest average was 61.90%. The pretest scores showed that staff had some knowledge and skills about PSR care, but that knowledge was limited. However, the posttest scores after the staff training rose to 95.10%, which demonstrated significant increase in staff knowledge about PSR management. The improvement in pre- and posttest scores suggests the need for a continuous training to support and maintain staff knowledge and performance.

Table 2

Pretest and posttest results

Test Question	*N* = 30	Pretest Avg %	Posttest Avg %
1	30	92	100
2	30	90	100
3	30	87.5	100
4	30	78.5	100
5	30	70	100
6	30	68	99
7	30	54	97
8	30	39	95
9	30	30	82
10	30	10	78
OVERALL AVERAGE		61.9	95.1

A paired sample *t*-test was used to compare the means of two assessments (pretest and posttest from the same participants. The p value ranging from 0 to 1 (i.e., 0% to 100%) was obtained from the *t*-test. When the p value is within the lower range, the assumption is that the data results did not occur by chance but was statistically significant. Hence, the resulting *p* value of .05 (or 5%) meant that the data was statistically significant (Eddington, 2015). The percentage from each of the test questions were then used for the paired *t*-test (Table 3). The statistical analysis revealed that the educational intervention contributed significantly to improve test scores of the caregivers (t = -3.605691215, df = 18, p = 0.002021444). The p value of 0.002021444 in the analysis implied that the data results did not occur by chance, suggesting a solid relationship between the teaching intervention and increase in staff knowledge.

Table 3

Paired Two Samples for Means by t-Test

	Variable 1 (Pretest)	***Variable 2 (Posttest)***
Mean	61.9	95.1
Variance	780.8222222	66.98888889
Pretest/Posttest Questions	10	10
Pooled Variance	423.9055556	
Hypothesized Mean Difference	0	
df	18	
t Stat	-3.605691215	
P(T<=*t*) one-tail	0.001010722	
t Critical one-tail	1.734063607	
P(T<=*t*) two-tail	0.002021444	
t Critical two-tail	2.10092204	

Definition of Terms

The following words or phrases from this DNP project are defined to support the project findings.

t-*test:* a type of inferential statistics used to determine if there is a significant difference between the means of two groups and to see if the differences (measured in means) could have happened by chance (Liang et al., 2019). For this project, a paired *t*-test was used to determine whether there were significant differences between preintervention assessment scores (pretest) and postintervention assessment scores (posttest).

*The degrees of freedom (*df*)* represent the number of independent values that can vary in an analysis without breaking any constraints (Wicherts et al., 2016). It's not quite the same as the number of items in the sample. To get the df for these assessments, we

subtracted 1 from the number of questions from variables 1 and 2 (df = n – 1 or 10 -1 for both pretest and posttest questions which resulted to 18).

Mean: the mean is the average or the most common value in a collection of numbers.

A p-*value* is a measure of the probability that an observed difference could have occurred just by random chance (Eddington, 2015). The lower the *p*-value, the greater the statistical significance of the observed difference. If a *p*-value is under .01, results are considered statistically significant and if it's below .005 they are considered highly statistically significant (Nahm, 2017).

A content validity index (CVI) refers to the extent to which the items on a test reflect the entire domain the test seeks to measure (Zamanzadeh et al., 2015*).* A scaled content validity index S-CVI of 0.9 or higher is a accepted to be true representative of items being measured (Zamanzadeh et al., 2015).

Unanticipated Limitations or Outcomes

Despite social distancing and mask wearing, there was a perceived sense of urgency among some of the participants who wished to complete their pre and posttests within a short period of time to minimize their proximity with others to reduce the fear of contracting the coronavirus. Participants' rushing to complete the tests may have impacted the outcome of their test performance and results, which could have also impacted the overall project findings. The unexpected COVID-19 pandemic and the subsequent social distancing measures created unique challenges on completing this project. The fear of the unknown about the virus, was a concern for some participants and

the project site administrators; however, the COVID-19 mitigating factors were maintained in corroboration with the existing restrictions already in daily place across the project site. With proper planning and compliance with the organization's policies and CDC guidelines, the project moved forward. The project site administrators gave access to the facility's large ballroom to conduct the staff education program that allowed adequate space for social distancing.

Implications

Once the identified COVID-19 limitations were addressed, analysis of the project data revealed that the staff educational program effectively addressed the practice-focused question and increased staff knowledge. The increase in staff knowledge has the potential to improve patient care outcomes, which can boost staff confidence and enhance care improvement at the individual level. Such increase in staff knowledge and the potential improvement in patient care outcomes can provide the organization with a sustainable competitive advantage that could also have a positive impact at the institution, system, and community levels. Additionally, the positive impact of improved patient outcomes, at large, would also have a favorable impact on social change.

Content Expert Report

The content experts were provided a letter, which served as a guide to all the evaluation items (Appendix D). The content experts revalidated the curriculum learning objectives (Table 1) and completed the Content Expert Program Evaluation Report (Appendix E), the Pretest/Protest Content Expert Validation Form (Appendix F), the Pretest/Posttest Content Expert Validation Report (appendix G) and the staff education

program (Appendix H). The content expert program evaluation summary showed that all 3 content experts agreed that the curriculum objectives for this staff educational program were met (Appendix E) and that the pretest and posttest assessments were true representatives of the course objectives (Appendix G). The staff education intervention was effective in increasing caregivers' knowledge about evidence-based PSR care of SMI clients in the practice setting. A content validity index (CVI) refers to the extent to which the items on a test reflect the entire domain the test seeks to measure (Zamanzadeh et al., 2015). A scaled content validity index S-CVI of 0.9 or higher is accepted to be a true representative of the items being measured (Zamanzadeh et al., 2015). A CVI was obtained from the Pretest/Posttest. The CVI score measures the alignment of the test questions to the program curriculum content. The CVI score from the Pretest/Posttest Content Expert Validation Report (Appendix G) was S-CVI= .92, which indicated that the test questions were reflective of the objectives and overall program curriculum.

Recommendations

The recommendations drawn from this project are supported by the project findings. Based on the positive outcomes of this project, providing continuous education on PSR management focused on mental health recovery and wellness should be ongoing for staff. Nurses and other direct caregivers need periodic refresher courses on PSR related policies and procedures, therapeutic communication, resource allocation, crisis intervention, and ethical implications. It is integral that staff understand their roles in helping individuals reach their behavioral health goals through PSR management, which incorporates a holistic care management approach that includes care coordination, health

promotion, wellness and recovery, individual and family support, referrals to specialists and social outlets. Providing staff with regular training and access to current evidence on PSR concepts can be pivotal to improving their knowledge, improving retention, and maintaining the skills essential for providing the well-deserved care for individuals diagnosed with SMI, which can continue to reduce or eliminate the gap in practice. The facility administrators should implement changes to support PSR and evaluate those changes. With routine evaluation, the facility administrators can continue to develop relevant staff education to support any practice gap and share such knowledge and materials on a broader scale within or across practice settings.

Strengths and Limitations of the Project

The project's strength was highlighted through the clearly stated educational objectives and goals about PSR management. The project sites' management personnel offered tremendous support and encouraged staff to volunteer to participate in the project. Recruiting participants was effortless because email access and telephone numbers were provided and posters were allowed to be placed in various units, nursing stations, and break rooms to inform potential participants about the project. Another strength was that through this project and the associated problem, the institution now has a means, through continued use of the Iowa model, of mapping out how to move forward with the project and future ongoing staff education. This project and the process used can also serve as a means of identifying and addressing other practice problems. Another strength resulting from this project was the identification of the importance of staff education. Recognizing that support staff other than nurses who were included in the project could benefit from

this program and other potential education, especially education that supports client care. Another strength of the project was the pretest-posttest design, which helped me to determine the difference between the preintervention and postintervention scores and the amount of change between the pretest and the posttest, highlighting the successful impact of this type of project (Polit & Beck, 2017).

There were some limitations brought on by the uncertainty of the COVID-19 pandemic, limitations that included the uncertainties about the spread, vaccination rates and the resulting effectiveness, and the new COVID variants. These limitations were unanticipated and were discussed in the unanticipated limitations area earlier in this section. The limitations included some participants' hesitancy regarding the program delivery area despite successfully instituting social distancing. Additionally, all participants were required to wear a mask, and all complied. Despite social distancing and mask wearing, there was general fear of being in a closed setting that may have also impacted the outcome of the project because some staff who may have benefited from the staff education refused to participate in fear of contracting the COVID virus. Another limitation was the reality that this project was only the start to addressing the staff education problem. The facility administrators will need to continue the project with the implementation of the care practices taught during the training and perform assessments of the implementation, which can be conducted as a quality improvement initiative. In addition, there were other staff who could have possibly benefited from this education program but were not considered because they refused to take the COVID vaccine or follow the CDC guidelines.

Summary

Section 4 focused on the project findings, implications, the strengths and limitations and recommendations resulting from this DNP project. The evidence that was generated for this project included, pretest/posttest assessments, the program curriculum, and the program evaluation. The findings and implications suggested that the project objectives and goals were met, staff knowledge was improved, and the project was a success. Section 5 focuses on how this project can be disseminated to larger audiences of nurses and other care providers to continue to increase or enhance existing knowledge about PSR management. Section 5 also includes an analysis of myself as a practitioner, scholar, project manager, and any related challenges.

Section 5: Dissemination Plan

The dissemination goal for this project is to communicate the positive project outcomes, within and outside the organization's practice areas, especially with other psychiatric facilities and clinical practice settings. Initial dissemination of the project began with the PSR staff education program that was conducted at the community health center where the project was delivered. The project site also provides an annual competency course program, which involves staff enrollment within the organization, and the management has discussed incorporating this staff education module into the annual competency program. The project will be submitted to ProQuest for publication once approved by Walden's Chief Academic Officer. I also will submit an abstract to the healthcare facility where I work, as a podium presentation during Nurse's Week. As a member of the Psychiatric Rehabilitation Association (PRA), I will seek their permission to submit an abstract to their website's Knowledge Publication Center. I will also reach out to other PSR facilities and Outpatient Mental Health Centers (OMHCs) via emails to link them with information about this project.

Analysis of Self

As a board certified psychiatric mental health nurse practitioner who provides mental health and wellness services in a community setting, I have gained extensive knowledge and experience in managing persons with various mental health conditions to assist them to recover and live more fulfilling lives. Nevertheless, engaging in this project has helped to expand my knowledge, not just on recognizing a practice problem, but also on identifying steps to address the problem: steps that can lead to positive organizational

and social change. Based on the project findings, I am reassured that appropriate staff education and training about PSR care can increase nurse's and other staff's knowledge, which has the potential to improve care quality and care outcomes. As my knowledge and compassion increased during this project, my ability to therapeutically assess, advocate, educate, treat, and allocate resources to my clients and their families to meet their basic needs.

Summary

SMI influences a person's decision making, causes irrational thinking, affects coping style, relationship with others, and general life activities (NIMH, 2020). Individuals diagnosed with SMI often need help in different aspects of their lives including resource allocation, employment, coping, social skills, learning skills and activities of daily living. PSR is one evidence-based, person-centered approach known to be effective in helping SMI individuals cope with their illness and improve functioning (Vita & Barlati 2019). Ensuring that nurses and other direct-care staff are equipped with the theory and current evidence-based care practices is essential. Addressing the educational needs of nurses and other care providers is pivotal to meeting the basic needs of persons with a complex condition such as SMI (Cook et al., 2016). The findings and implications of this project reflect significant improvement in staff's knowledge who provide direct care to SMI clients. As a result of the project's success, the project can be shared, and the project site can develop steps to translate the knowledge gained into clinical practice.

References

Ahn, E., & Kang, H. (2018). Introduction to systematic review and meta-analysis. *Korean Journal of Anesthesiology*, *71*(2), 103–112. https://doi.org/10.4097/kjae.2018.71.2.103

American Psychological Association. (2020). Publication manual of the American Psychological Association (7th ed.). https://doi.org/10.1037/0000165-000

Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., & Tucker, S. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175- 182.

Centers for Medicare & Medicaid Services. (2021). Quality safety & oversight - guidance to laws & regulations. https://www.cms.gov/Medicare/Provider-Enrollment-andcertification/GuidanceforLawsAndRegulations/index?redirect=/GuidanceforLaws and Regulations/12_NHs.asp

Cherry, B., & Jacob, S. R. (2017). *Contemporary nursing: Issues, trends, & management.* (7th ed.). Mosby Elsevier.

Cook, S., Mundy, T., Killaspy, H., Taylor, D., Freeman, L., Craig, T., & King, M. (2016). Development of a staff training intervention for inpatient mental health rehabilitation units to increase service users' engagement in activities. *British Journal of Occupational Therapy*, *79*(3), 144–152. https://doi.org/10.1177/0308022615600175

Desmet, P., & Fokkinga, S. (2020). Beyond Maslow's pyramid: Introducing a typology of thirteen fundamental needs for human-centered design. *Multimodal Technologies and Interaction, 4*(3), 38. https://doi.org/10.3390/mti4030038

Hsieh, P. L., & Chen, S. H. (2020). Effectiveness of an Evidence-Based Practice Educational Intervention among School Nurses. International journal of environmental research and public health, 17(11), 4063. https://doi.org/10.3390/ijerph17114063

Huston, C. (2017). *Professional issues in nursing: Challenges and opportunities* (4th ed.). Wolters Kluwer.

Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175-182. https://doi.org/10.1111/wvn.12223

Jormfeldt, H., Doyle, L., Ellilä, H., Lahti, M., Higgins, A., Keogh, B., Meade, O., Stickley, T., Sitvast, J., Skärsäter, I., & Kilkku, N. (2018). Master's level mental health nursing competencies, a prerequisite for equal health among service users in mental health care. *International Journal of Qualitative Studies on Health and Well-Being, 13*(sup1), 1502013. https://doi.org/10.1080/17482631.2018.1502013

Kornhaber, R., Walsh, K., Duff, J., & Walker, K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care setting: an integrative review. Journal of multidisciplinary healthcare, 9, 537–546. https://doi.org/10.2147/JMDH.S116957

Liang, G., Fu, W. & Wang, K. (2019). Analysis of t-test misuses and SPSS operations in medical research papers. *Burn Trauma* 7, 31. https://doi.org/10.1186/s41038-019-0170-3

Lloyd, S. T., D'Errico, E., & Bristol, S. T. (2016). Use of the Iowa Model of Research in Practice as a Curriculum Framework for Doctor of Nursing Practice (DNP) Project Completion. Nursing education perspectives, 37(1), 51–53.

Maryland Department of Health. (2021). Psychiatric Rehabilitation Program (PRP). https://bha.health.maryland.gov/Pages/psychiatric-rehabilitation-program.aspx

Marquis, B. L., & Huston, C. J. (2017). Leadership roles and management functions in nursing (9th ed.). Lippincott Williams and Wilkins

McEwen, M., & Wills, E. M. (2019). Theoretical basis for nursing (4th ed.). Philadelphia, PA: Wolters Kluwer

Nahm F. S. (2017). What the P values really tell us. *The Korean journal of pain,* 30(4), 241–242. https://doi.org/10.3344/kjp.2017.30.4.241

National Institute of Health. (2020). Mental Illness: National Institute of Mental Health, U.S. Department of Health and Human Services. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Ronaldson, A., Elton, L., Jayakumar, S., Jieman, A., Halvorsrud, K., & Bhui, K. (2020). Severe mental illness and health service utilisation for nonpsychiatric medical disorders: A systematic review and meta-analysis. PLoS medicine, 17(9), e1003284. https://doi.org/10.1371/journal.pmed.1003284

Saha, S., Chauhan, A., Buch, B., Makwana, S., Vikar, S., Kotwani, P., & Pandya, A. (2020). Psychosocial rehabilitation of people living with mental illness: Lessons learned from community-based psychiatric rehabilitation centres in Gujarat. *Journal of family medicine and primary care*, 9(2), 892–897. https://doi.org/10.4103/jfmpc.jfmpc_991_19

Shafran, R., Bennett, S. D., & McKenzie Smith, M. (2017). Interventions to Support Integrated Psychological Care and Holistic Health Outcomes in Paediatrics. Healthcare (Basel, Switzerland), 5(3), 44. https://doi.org/10.3390/healthcare5030044

Tayyaba M (2019). Comparative Analysis Between Pre- test/Post-test Model and Post-test-only Model in Achieving the Learning Outcome Retrieved from: https://www.researchgate.net/publication/338478816_Comparative_Analysis_Between_Pre-_testPost-test_Model_and_Post-test-only_Model_in_Achieving_the_Learning_Outcomes

Walden University. (2019). DNP program guide. https://academicguides.waldenu.edu/researchcenter/osra/dnp

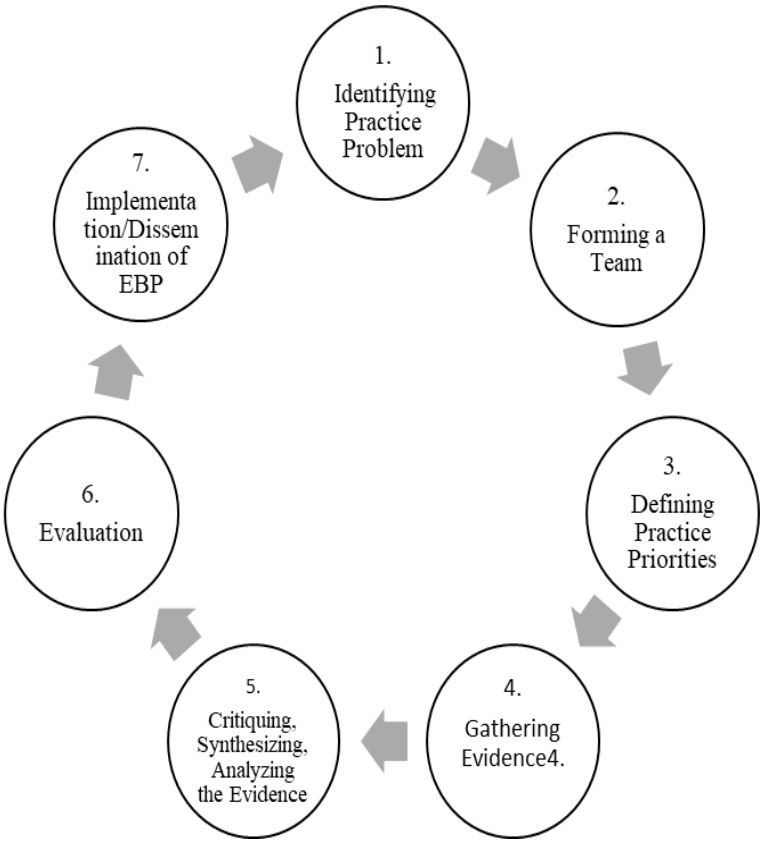
Wicherts, J. M., Veldkamp, C. L., Augusteijn, H. E., Bakker, M., van Aert, R. C., & van Assen, M. A. (2016). Degrees of Freedom in Planning, Running, Analyzing, and Reporting Psychological Studies: A Checklist to Avoid *p*-Hacking. *Frontiers in psychology*, *7*, 1832. https://doi.org/10.3389/fpsyg.2016.01832

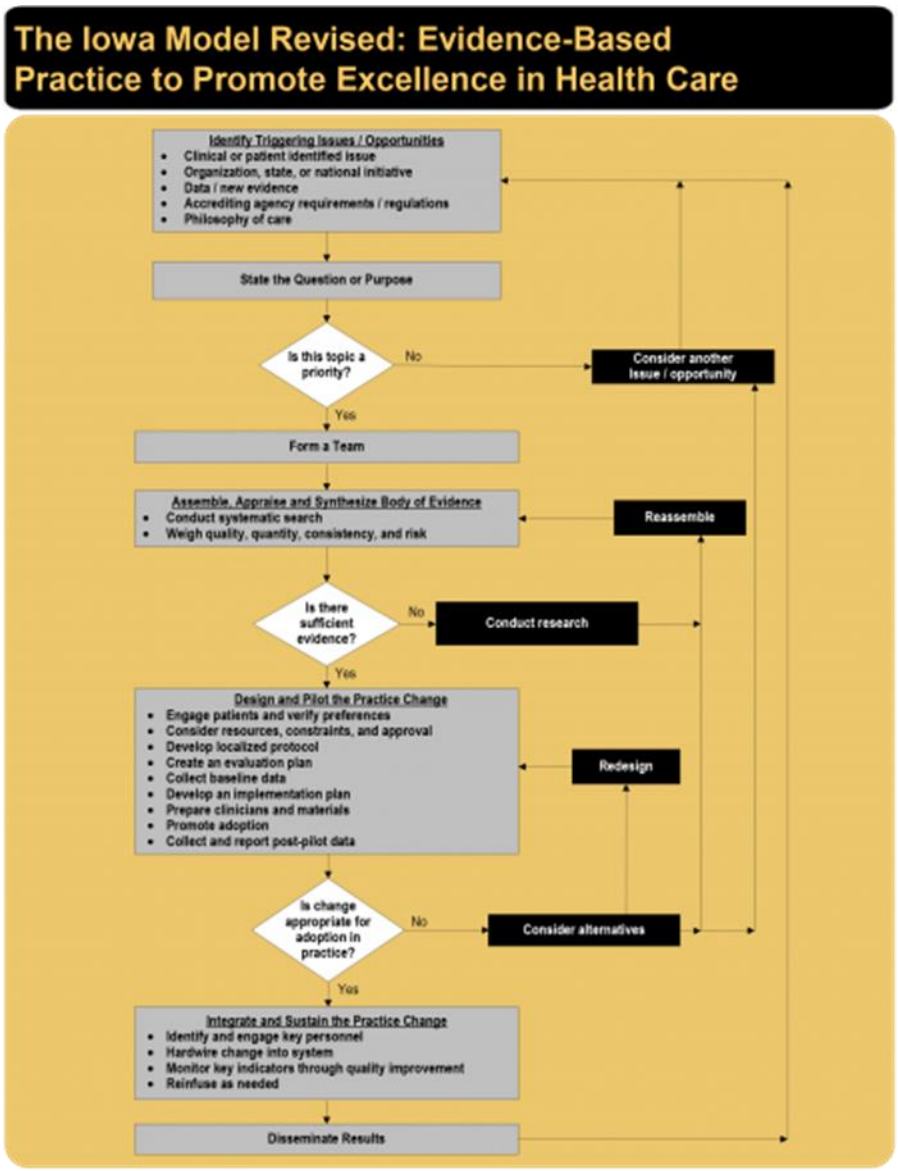
Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective factors in providing holistic care: a qualitative study. Indian journal of palliative

care, 21(2), 214–224. https://doi.org/10.4103/0973-1075.156506

Zonana J, Simberlund J, and Christos P (2018) The Impact of Safety Plans in an Outpatient Clinic. Crisis (2018),39(4): 304–309 Hogrefe Publishing https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000495

Appendix A: Iowa Model of Evidence-Based Practice





Permission granted by University of Iowa Hospitals and Clinics to review and/or reproduce *the Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care.*

Copyright is retained by University of Iowa Hospitals and Clinics.

Appendix B: Pretest and Posttest Questionnaire

Completion of this pretest/posttest will serve as your consent to participate in this educational training program. Your name is not required on this pre-posttest document. Each pre-posttest will be numbered; the identification number (IDN) will only be used for the purpose of aligning the participants' pre-test with their post-test. Thank you.

Date: _____ **Participant IDN: _____**

INSTRUCTIONS: Please complete each question by selecting the item that reflects the

most appropriate answer to the question

1. The overall goals of PSR are to:
    A. Promote recovery, community integration, and improve quality of life for persons coping with psychiatric disabilities
    B. Create mental health awareness
    C. Fight poverty
    D. End discrimination

2. All the following conditions are severe mental health illness (SMI) except:
    A. Severe depression
    B. schizophrenia
    C. Bipolar
    D. Mild anxiety

3. Psychiatric rehabilitation (PSR) focuses on managing patient deficits and helping them learn to live with their illness.
    A. True
    B. False

4. People with serious mental illness are at risk for multiple physical, emotional, and social problems: they are more likely to be victims of crime, be medically ill, die prematurely, be homeless, be incarcerated, be unemployed, or underemployed, engage in binge substance abuse, live in poverty, and report lower quality of life than persons without such illness.
    A. True
    B. False
5. Which explanation justifies the nurse cautioning the patient with a severe mental illness (SMI) regarding the potential for victimization?
    A. Individuals coping with SMI are violent

B. SMI is not a disability
C. SMI impairs judgement, putting a patient at risk of victimization.
D. None of the above

6. Which intervention supports the recovery model of care for patients with serious mental illness (SMI)?
   A. Assist patients in creating long-term educational goals
   B. Provide patients with choices regarding their employment needs
   C. None of the above
   D. All the above

7. How can a nurse advocate for consumers with serious mental illness in the community?
   A. Educating law enforcement and expanding community treatment
   B. Vital signs every four hours with mental health assessment
   C. Offer Antipsychotic medications
   D. None of the above

8. The nurse is caring for a patient with severe mental illness. What nursing interventions does the nurse follow to improve the patient's adherence to the treatment?
   A. Monitor the patient for side effects of medications
   B. Identify resources for financial support for the patient
   C. Engage the patient for a few minutes after administering the drug to ensure that the patient has swallowed the oral medications.
   D. All the above

9. A patient diagnosed with a serious mental illness lives independently and attends a psychosocial rehabilitation program. The patient presents to the emergency department seeking hospitalization. The patient has no acute symptoms but says, I have no money to pay my rent or refill my prescription. Select the nurse’s best action.
   A. Explain that one must have active psychiatric symptoms to be admitted
   B. Send the patient to a homeless shelter until housing can be arranged
   C. Arrange for a short in-patient admission and begin discharge planning
   D. Involve the patients case manager to provide crisis intervention

10. The nurse conducting a group session provides patients the opportunity to role play in a job interview situation. Which evidence-based treatment approach is the nurse using?
   A. Therapeutic communication training
   B. Social skill training

C. Continued education.
D. None of the above

Answer Key: Pretest-Posttest

1	**A**
2	**D**
3	**A**
4	**A**
5	**C**
6	**D**
7	**A**
8	**D**
9	**D**
10	**B**

Appendix C: Program Evaluation

Participant IDN: _____ **Date: _____**

Instructions: Please review the program evaluation and provide your answers. Indicate the extent to which the grogram met its goals and objectives. Your name is not required on this program evaluation. Each evaluation will be numbered; the identification number (IDN) will only be used for the purpose of aligning the participants project documents. Thank you.

Program Evaluation			
To what extent did the program meet its objectives and goals?		Not met	Met
I	The DNP student gave clear explanations of the topic	1	2
II	The program purpose and goals about PSR are relevant to my job	1	2
III	Therapeutic communication and management of SMI clients	1	2
IV	Recognizing the signs and symptoms of potential mental health crisis	1	2
V	Therapeutic interventions to deescalate, prevent harm and ensure client safety	1	2
VI	Understand the effects of SMI on patients, family, and community	1	2
VII	Demonstrate and apply the use of seven steps of the IOWA model of evidence-based practice	1	2
VIII	Use EBP approach in everyday clinical setting to promote recovery and improve overall wellbeing of clients diagnosed with SMI	1	2
IX	Educate about terminologies, definitions, policies, and procedures related to PSR	1	2
X	How can we improve this module or support you?		

Appendix D: Content Expert Program Evaluation Report

Objective Number		Evaluator 1	Evaluator 2	Evaluator 3	Average
I.	PSR was clearly explained	2	2	2	2
II.	The program purpose and goals are relevant to clinical practice	2	2	2	2
III.	Caregivers will utilize therapeutic communication	2	2	2	2
IV.	Caregiver will recognize the signs and symptoms of SMI crisis	2	2	2	2
V.	Caregiver will be able to deescalate and prevent harm	2	2	2	2
VI.	Understand the effects of SMI on patients and families	2	2	2	2
VII.	Apply the seven steps of the IOWA model of EBP	2	2	2	2
VIII.	Use EBP in clinical practice	2	2	2	2
IX.	Understand policies and procedures related to PSR	2	2	2	2

Appendix E. Pretest/Protest Content Expert Validation Form

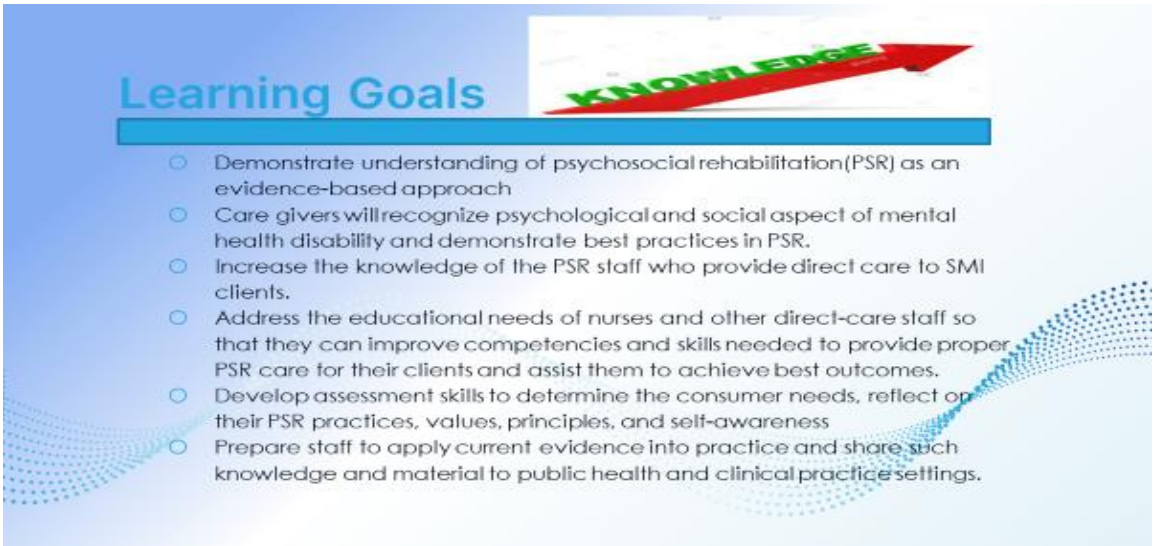
Instruction: Please check each item to see if the question is a representative of the course objective and the correct answer is reflected in the course content.

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
1	1	2	3	4
2	1	2	3	4
3	1	2	3	4
4	1	2	3	4
5	1	2	3	4
6	1	2	3	4
7	1	2	3	4
8	1	2	3	4
9	1	2	3	4
10	1	2	3	4

Appendix G: Pretest/Posttest Content Expert Validation Report

Item	Expert 1	Expert 2	Expert 3	I-CVI
1	4	4	4	1.2
2	3	4	4	1.1
3	4	2	4	1
4	4	4	4	1.2
5	3	3	4	1
6	1	2	1	.40
7	2	2	3	.70
8	3	3	3	.90
9	4	4	4	1.2
10	4	4	4	1.2
S-CVI				0.92

Appendix F: PowerPoint Presentation Delivered to PSR Staff



Overview

- Psychosocial Rehabilitation (PSR) can be defined as, "A therapeutic approach that encourages a mentally ill person to develop his or her fullest capacities through learning and environmental supports."
- The goal of PSR is to help persons with psychiatric disabilities to increase their ability to function successfully and to be satisfied in their environment of choice with the least amount of ongoing professional intervention
- Psychosocial rehabilitation (PSR) is one evidence-based and person-centered approach effective for individuals diagnosed with SMI.

Who Needs Psychosocial Rehabilitation?

The best way to start a discussion on PSR is by understanding the persons that need PSR services.

- First and foremost, they are persons who are diagnosed with serious mental illnesses (SMI).
- They are persons with the same breadth of life goals as others in their culture.
- Unfortunately, achieving these goals is undermined by disabilities that arise from SMI.
- Diagnoses that are the focus of PSR include; Schizophrenia, mood disorders such as Major Depressive Disorder (MDD) and Bipolar Disorder. Some anxiety disorders such as Post Traumatic Stress Disorder (PTSD) and Obsessive-Compulsive Disorder (OCD) and some Personality Disorders (PD).

Competencies for PSR Practitioners

- To ensure safe and optimum care of persons diagnosed with SMI
  - Practitioners must have both theoretical and practical knowledge skill for complete assessment of individuals seeking PSR services.
  - Practical knowledge includes the workings of the service system
    - Vocational Rehabilitation, Social Security Administration,
    - Medicaid, Public Housing, etc. and information about local community resources.
    - The practitioners must have fundamental set of skills involving empathetic listening and motivational interviewing.
    - They must have skills that facilitate positive, trusting relationships with clients in order to build effective therapeutic alliances.

Rehabilitation Assessment

- Assessment is the corner stone of all interventions for persons diagnosed with SMI.
- Understanding a person's needs is the first step towards identifying the areas that are most important to address, and in evaluating the success of PSR efforts.
- Because assessment is involved in all aspects of rehabilitation, practitioners must possess assessment skills as a prerequisite to effective PSR care.

Functions of Assessments

- Identification of treatment and rehabilitation needs.
- Assessment of the strengths and weakness of the individual, his or her family (broad social network), and environment.
- Developing a rehabilitation plan.
- Monitoring progress towards goals and altering the rehabilitation plan as needed

Assessment Areas

- signs and symptoms
- Social Functioning
- Role Functioning
- Independent Living
- Self-care Skills
- Support System
- Social Skills
- Substance Abuse
- Medication Adherence
- Side effects
- Cognitive Functioning
- Quality of Life
- Trauma, Aggression and Violence

8

Assessing and evaluating signs and symptoms:

- Including severity in order to determine whether a client needs help in managing a particular symptom and whether interventions are successful in reducing its severity
  - self-report instrument used to measure severity of mood problems in persons with psychiatric disabilities includes the (Beck Depression Inventory).

Social Functioning/Role Functioning:

- Improving social relationship is an important goal of PSR.
  - A good relationship with others may give consumers meaning in life, reasons to live, and motivation to take care of themselves.
  - Social support can help to reduce stress and improve functioning
  - Assessment Instruments include the Social Adjustment Scale II which provides subscale scores for measuring social functioning with family, extended family, friends, leisure/recreations.

Independent Living and Self-care Skills:

- Difficulty in caring for oneself and living independently is a major problem for many individuals diagnosed with SMI.
  - Therefore, improving self-care and independent living skills is an import priority of PSR programs
  - Assessment instrument; (Independent Living Skills Survey, the Social and Adaptive Functions Evaluation, and the Multnomah Community Ability Scale.)

Substance Abuse:

- Drugs and alcohol abuse is one of the common comorbid disorders among people diagnosed with SMI.
  - About 50% of SMI individuals experience problems related to substance use at some point of their lives.
  - Substance abuse has a wide range of effects including relapse and re-hospitalization, legal, economic, family problems and increased susceptibility to infectious diseases.
  - Therefore, substance abuse is an import focus of PSR care
  - Assessment Instrument include Screening, Diagnostic, and Descriptive Instruments.

Medical Adherence and Side Effects:

- Medication Adherence is a common problem
  - More than half of all consumers being non-adherent to medication at some point in their illness.
  - Non-adherence to medication is a contributor to relapse and re-hospitalization.
  - Hence, improving medication adherence and assessment of side effects is a common goal for PSR
  - Assessment Instrument: (Pill counts, Electronic medical cap devices)
  - Electronic cap devices record the number of times a cap is taking off a medication container (limitation is that the device is expensive.)
  - Direct interviews with consumers with clients about their use of medication are essential but their accuracy is often questionable.
  - Blood levels of some medication can also be determined for example, monitoring blood level of lithium regularly will check lithium blood level in order to prevent high toxic levels form developing. A low level of lithium can indicate non-adherence).

13

Cognitive Functioning:

- Impairment in cognitive functioning is common in persons with SMI and is associated with functional outcomes
  - Assessing cognitive function is of interest to PSR
  - Assessment Instrument: include (Halstead-Reiatann Neuropsychological Test Battery).

Other Areas of Assessment Include

- Quality of life
- Trauma and its consequences
- Aggression and violence

The Symptoms, Dysfunction, Course, and Prevalence of SMI

SYMPTOMS AND DYSFUNCTION					
Diagnosis	**Affect**	**Perception and Cognition**	**Motivation and Behavior**	**Interpersonal Functioning**	**Other**
Schizophrenia Spectrum	-Affect flattening -inappropriate affect -Emotional liability	-Hallucination -Delusions -Disorganized speech -Alogia -Poor attention, memory, executive function	-Grossly disorganized or cationic behavior -Avolition	-Unable to obtain social roles -Diminished Social skills	
Mood Disorders (MDD)	-Depressed mood -Anhedonia	-Ideas of worthlessness -Diminished concentration -Suicidal ideation	-Loss of energy -psychomotor agitation or retardation	-May Diminish interpersonal relationships	- Appetite Change - Sleep Change
Borderline Personality Disorder (BPD)	-Elevated mood	-Ideas of grandiosity -Racing thoughts -distractibility	-Pressured speech -Increase in goal directed activity -Pleasurable activity	- May Diminish interpersonal relationships	- Decreased need for sleep

16

Anxiety Disorders Agoraphobia	-Anxiety about being in multiple inescapable emotions		-Situations avoided or endured with marked distress	-May Diminish interpersonal relationships	
Obsessive Compulsive Disorder (OCD)	-Anxiety or distress that results from persistent thoughts or impulses	-Recurrent and persistent thoughts that are difficult to ignore or suppress	-impulses to perform ego dystonic actions	-Obsessions and concomitant distress may interfere with relationships	
Post-Traumatic Stress Disorder (PTSD),	-Intense distress and trauma cues -Restricted affect -Irritability	-Intrusive recollections of traumatic events -Recurrent distressing dreams -Inability to recall trauma -difficulty concentrating -Hypervigilance	-Persistent avoidance of trauma related thoughts, feelings, places	-Feeling estranged from others	-Difficulty in sleeping

17

CLOSING REMARKS

- This concludes my teaching presentation,
- Thank you so much for your attention!
- I will be glad to welcome your questions

REFERENCES

- Huston, C. (2017). Professional IssuesAmerican Psychological Association. (2020). Publication manual of the American Psychological Association (7th ed.). https://doi.org/10.1037/0000165-000 DNP program guide (2019). Retrieved from: https://academicguides.waldenu.edu/researchcenter/osra/dnp.
- Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., & Tucker, S. (2017). Iowa Model of Evidence-Based Practice: Revisions and Validation. Worldviews on Evidence-Based Nursing, 14(3), 175-182.
- Centers for Medicare & Medicaid Services. (2021). Quality safety & oversight - guidance to laws & regulations. https://www.cms.gov/Medicare/Provider-Enrollment-and certification/GuidanceforLawsAndRegulations/index?redirect=/GuidanceforLaws and Regulations/12_NHs.asp
- Cook, S., Mundy, T., Kilkaspy, H., Taylor, D., Freeman, L., Craig, T., & King, M. (2016). Development of a staff training intervention for inpatient mental health rehabilitation units to increase service users' engagement in activities. British Journal of Occupational Therapy, 79(3), 144–152 in Nursing: Challenges and Opportunities (4th ed.). Philadelphia. Wolters Kluwer.
- Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. Worldviews on Evidence-Based Nursing, 14(3), 175-182. doi:10.1111/wvn.12223
- Tayyaba M (2019). Comparative Analysis Between Pre- test/Post-test Model and Post-test-only Model in Achieving the Learning Outcome Retrieved from: https://www.researchgate.net/publication/338478816_Comparative_Analysis_Between_Pre-_testPost-test_Model_and_Post-test-only_Model_in_Achieving_the_Learning_Outcomes