

12-24-2024

## Staff Education to Expand Clinicians' Knowledge of Standardized Screening Tools in Addiction Treatment

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# Walden University

College of Nursing

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2024

Executive Summary: Staff Education Project

Staff Education to Expand Clinicians' Knowledge of Standardized Screening Tools in  
Addiction Treatment

by

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Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

February 2025

## Summary

This Doctor of Nursing Practice (DNP) project is an evidence-based quality improvement initiative aimed at enhancing knowledge of clinicians working in addiction treatment regarding standardized screening tools for cooccurring mental health disorders. The project involves responding to identified inconsistencies in screening practices which lead to missed diagnoses of mental health conditions that are common in individuals undergoing addiction treatment. Using the PHQ-9 for depression, GAD-7 for anxiety, and MDQ for bipolar disorder is essential to provide comprehensive and consistent care for this population.

The primary practice-focused question guiding this project was: Will a staff education program on standardized screening tools improve clinicians' knowledge to promote consistency in screening for cooccurring mental health disorders in patients undergoing addiction treatment? The purpose of this project was to implement an educational intervention to enhance clinicians' understanding of standardized screening practices, thereby reducing variability in mental health assessments and improving patient outcomes. A pretest/posttest assessment ( $N = 5$ ) was used to measure changes in knowledge before ( $M = 4.0$ ;  $SD = 0.55$ ) and after ( $M = 6.0$ ;  $SD = 0$ ) educational teaching to evaluate effectiveness of the training program ( $p < .05$ ). These findings suggested success of educational intervention. The goal of findings is to show significant improvements in terms of clinician knowledge and confidence in order to apply these tools for the betterment of patients in addiction treatment settings.

## **Background**

The project involved addressing a critical gap in addiction treatment, where inconsistent use of standardized mental health screening tools often leads to undiagnosed or misdiagnosed cooccurring conditions, complicating patient treatment and recovery. Furthermore, it was developed to address inconsistencies in mental health screening practices among clinicians working in addiction treatment within a private addiction treatment clinic. Individuals undergoing addiction treatment frequently present with cooccurring mental health conditions such as depression, anxiety, and bipolar disorder. However, without a structured approach to screening and consistent and standardized screenings, these mental health disorders often go unrecognized, leading to fragmented care and higher relapse rates (Jones & Brown, 2018; Smith et al., 2020). Mental health symptoms in patients with substance use disorders (SUD) are associated with poorer treatment adherence and less favorable outcomes if left untreated (Robertson et al., 2018).

In practice, clinicians were found to rely on nonstandardized screening methods, resulting in missed or inaccurate diagnoses of cooccurring disorders. This emphasizes the need for a standardized approach to addiction treatment screening, as failure to accurately identify and treat mental health issues can hinder the recovery process and decrease the effectiveness of addiction interventions. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022), cooccurring mental health and SUDs require a comprehensive approach that incorporates validated screening tools to improve diagnostic accuracy and treatment outcomes.

The project question was formulated based on observed inconsistencies in current practices. To answer this question, a structured educational program was developed to introduce to clinicians to three validated screening tools: the PHQ-9, GAD-7, and MDQ. Each of these tools was widely used and validated for assessment of depression, anxiety, and bipolar disorder, respectively, and has been shown to improve diagnostic consistency and enhance clinical outcomes when used regularly in mental health settings (Kroenke et al., 2001; Spitzer et al., 2006). The project involved equipping clinicians with necessary skills and knowledge to use validated screening tools effectively. Evidence from peer-reviewed studies supports use of standardized screening tools to improve accuracy in diagnosing and outcomes among patients with cooccurring disorders, stressing the need for consistent application of these tools in clinical practice. Additionally, this project also includes findings from peer-reviewed studies and clinical practice guidelines, which emphasize the importance of standardized screening in terms of improving patient outcomes and ensuring continuity of care. Furthermore, recent studies emphasize the importance of regular clinician training for evidence-based screening practices, which promotes sustained competency and boosts confidence in mental health assessments. Finally, providing clinicians with necessary knowledge and tools to conduct standardized mental health screenings enhances patient outcomes and supports holistic care in addiction treatment settings, which is the main purpose of the project.

### **Staff Education Project Development**

The educational program was developed for a group of five clinicians working in an addiction treatment center, including case managers, nurse practitioners, and other clinical staff. The development phase began with a needs assessment, identifying a lack

of standardized screening knowledge and inconsistent use of the PHQ-9, GAD-7, and MDQ. Facility administrators and clinical managers participated in supporting and overseeing the project to ensure its successful implementation. Developing a project requires a thorough assessment to identify gaps in practice and expand clinicians' knowledge to consistently use screening tools while treating patients due to their cooccurring conditions. I developed course objectives, teaching content via PowerPoint (see Appendix B), and six multiple choice questions (see Appendix C). Teaching content was based on findings of the needs assessment. It includes evidence-based standardized screening tools to assess cooccurring disorders such as depression, generalized anxiety disorder and mood disorder. Tools are also used to equip staff with practical skills involving data collection, analysis, and interpretation related to screening practices and encourage use of data to inform clinical decisions and improve patient outcomes in terms of addiction treatment.

After obtaining Walden University approval, I presented teaching documents to three experts to evaluate information for content validity and usability. Experts determined that the topic was valid for providers and other clinical staff. It was also suitable for refresher purposes. It will help close the gap in practice and expand staff knowledge on standardized screening tools to combat cooccurring disorders in addiction medicine practice to enhance best practices and outcomes. Participants completed pretests before participating in the program to assess their knowledge regarding benefits of standardized screening tools prior to the education program, and posttests were completed to determine their understanding after the program.

PowerPoint was then designed to focus on how each tool is used to assess different mental health conditions which frequently cooccur in addiction settings, emphasize the role of each tool in developing a comprehensive care plan, and teach clinicians how to integrate these tools into regular patient assessments effectively.

I presented the education program to staff using PowerPoint in a conference room within the facility. I provided participants with time for questions and answers. The project included an interactive session with demonstrations and discussions on application of each tool, followed by a feedback discussion to gather insights regarding perceived value and effectiveness of training. Participants completed posttests after the educational session to evaluate knowledge. Data collection involved comparing pretest and posttest scores to quantify knowledge gains and analyze feedback to refine future training sessions. The evaluation process involved descriptive statistics, comparing average scores from pre- and posttests to assess improvement in terms of participants' knowledge and confidence in terms of using standardized tools.

### **Results**

The project demonstrated a significant improvement in clinician knowledge regarding use of standardized screening tools for cooccurring mental health disorders in addiction treatment settings. Pretests and posttests each consisted of six questions, with participants receiving one point for every correct answer. The average pre-test score for participants was 4.6, while the posttest average was 6.0, reflecting a notable increase in knowledge (see Table 1).



**Table 1***T-Test Results for Paired Pre and Posttest Scores*

Metric	Pre-test	Post-test
Mean Score	4.6	6.0
Standard Deviation	0.55	0.0
Variance	0.30	0.0
Observations	5	5
<i>t</i> -value (one-tail)	2.91999E-02	
<i>t</i> Critical (one-tail)	2.01505	
<i>p</i> value	< 0.05	

The *t*-test analysis yielded a statistically significant  $p < 0.05$ , confirming the educational intervention led to a substantial increase in knowledge regarding standardized screening tools among clinicians. This reflects the program's effectiveness in terms of closing identified gaps and equipping staff with essential tools to enhance patient assessments.

Reduction in standard deviation and variance from pretest to posttest indicated a more uniform level of understanding among participants following the intervention, suggesting the program not only improved knowledge but also decreased variability in clinician confidence and skill in terms of applying screening tools.

This project had several limitations. The small sample size limited generalizability of results to other addiction treatment settings. A larger-scale

implementation would strengthen findings and improve applicability across various healthcare contexts. Additionally, the intervention was limited to a single facility, which may affect generalization of results to other institutions. Short-term follow up also limits assessment of interventions and their long-term effects on screening practices.

Despite these limitations, the project has significant implications for addiction treatment. Standardized screening practices can enhance the diagnostic process for cooccurring mental health disorders, ultimately leading to better treatment outcomes and proper referral to patients. This project also supports diversity, equity, and inclusion by providing all clinicians with necessary training to deliver equitable care across diverse patient populations.

### **Conclusions**

Overall, this DNP project demonstrates the value of staff education and positive impact of structured staff education on consistent use of standardized screening tools for cooccurring mental health disorders in addiction treatment. The intervention successfully addressed clinicians' knowledge gaps and provided them with knowledge and tools for consistent application of evidence-based screening practices, leading to improved accuracy of mental health assessments, which is essential for comprehensive care in addiction settings.

I propose integrating the PHQ-9, GAD-7, and MDQ as mandatory components of the intake and assessment process for all patients in addiction treatment. Establishing these tools as standard practice will ensure cooccurring mental health conditions are consistently identified and treated.

I also suggest standardizing documentation practices by requiring clinicians to record screening tool scores and interpretations in patients' electronic health records. This practice will promote continuity of care and enable clinicians to track changes in patients' mental health over time, contributing to improved treatment planning.

Another recommendation was to encourage collaboration between addiction specialists, mental health professionals, and case managers to interpret screening results and develop integrated treatment plans. This collaborative approach can support a holistic view of patient health and ensure both addiction and mental health needs are addressed effectively.

Finally, I suggest regularly collecting feedback from staff on the effectiveness of screening tools in practice and use this information to refine screening protocols. Establishing a continuous quality improvement process will lead to practices based on evolving needs and advancements in addiction and mental healthcare.

The DNP project fosters a more comprehensive and standardized approach to patient assessment. It highlights the positive impact of staff education in terms of addressing practice gaps, which in turn shows positive results in terms of helping sustain sobriety, reduce relapses, and improve patient outcomes. Despite limitations such as small sample size and implementation at a single site, the project has broader implications for addiction medicine settings beyond the local facility. This includes enhancing diagnostic accuracy, continuity of care, and improved clinician competency in terms of handling complex cases of addiction with cooccurring mental health conditions. This project also contributes to positive social change, diversity, equity, and inclusion by

ensuring all clinicians, regardless of prior experience, knowledge, or training have access to standardized tools that support equitable patient care.

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