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GAD-7 Screening Tool Implementation

CHARITY ALLWELL
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Charity Allwell

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. Jill Walsh, Committee Chairperson, Nursing Faculty
Dr. Susan Fowler, Committee Member, Nursing Faculty

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

Walden University
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Executive Summary: Staff Education Project

GAD-7 Screening Tool Implementation

by

Charity Allwell

MS, Walden University, 2022

BS, Coppin State University, 2012

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Summary

The purpose of this doctor of nursing practice (DNP) project was to provide a staff education program to improve staff knowledge about the use of the GAD-7 screening tool. Generalized anxiety disorder (GAD) remains an underdiagnosed condition, often due to inadequate use of standardized tools in clinical settings, leading to delayed treatments and suboptimal outcomes for patients experiencing anxiety disorders. The identified gap in practice necessitated an educational intervention to equip healthcare providers with the skills to effectively use the GAD-7 screening tool. To address this gap, a 2-hour staff education program was delivered via in-person sessions and online modules. The practice-focused question guiding this project was: What is the effect of implementing a staff education program to improve staff knowledge to effectively implement changes that affect the use of the GAD-7 screening tool to identify, measure, and track treatment progress and outcomes for patients with GAD? A pretest/posttest design was used for this project. Findings were analyzed using descriptive statistics and a Wilcoxon signed-rank test, which showed a significant difference ($p < .05$) between the pretest and posttest evaluation of knowledge scores. These findings show that educating staff could improve their knowledge of the use of the GAD-7 screening tool to improve outcomes. Implementation of GAD-7 education is recommended and emphasizes the importance of standardized screening in improving mental health outcomes, mental health diagnoses, and care. By promoting evidence-based screening practices, the project fosters an inclusive environment and prioritizes all patients' mental well-being regardless of background or circumstances.

Background

GAD affects millions globally, often presenting with symptoms that significantly impair quality of life. Patients with GAD frequently experience persistent worry, restlessness, fatigue, and difficulty concentrating, which can severely impact their personal and professional lives (Javaid et al., 2023). The economic burden of untreated anxiety disorders, including GAD, is also significant, contributing to increased healthcare costs and reduced workplace productivity (Collins et al., 2023). Despite its prevalence, GAD remains underdiagnosed, partly due to the lack of consistent use of screening tools like the GAD-7. Studies indicate that many healthcare providers are unfamiliar with the GAD-7 tool or lack the confidence to administer it accurately (Szuhany & Simon, 2023). This underutilization of evidence-based tools prevents timely diagnosis and effective management of anxiety disorders. At the project site, limited staff knowledge about the GAD-7 tool was identified as a critical gap hindering effective anxiety management. Addressing this knowledge gap is crucial to improving the quality of mental health care and ensuring patients receive the comprehensive support they need.

The purpose of this project was to address this gap by designing and implementing an educational intervention targeting staff knowledge and competency in administering the GAD-7. The practice-focused question guiding this project was: What is the effect of implementing a staff education program to improve staff knowledge to effectively implement changes that affect the use of the GAD-7 screening tool to identify, measure, and track treatment progress and outcomes for patients with GAD? The intervention aimed to provide staff with the skills necessary to incorporate the GAD-7

into their routine clinical practice, ensuring more consistent screening for GAD. By equipping staff with these skills, the project sought to enhance diagnostic accuracy and patient care outcomes. Evidence from prior studies highlights that structured educational programs significantly enhance the adoption and proper utilization of clinical tools (Elendu et al., 2024; Marwaha et al., 2022). Such programs have been shown to increase staff confidence and competence, fostering a greater willingness to use these tools in practice (Mata et al., 2021). Additionally, education initiatives often result in improved patient–provider communication, enabling more collaborative care planning (Wilcha, 2021). The studies were predominantly Level III high-quality non-experimental studies. These findings underscore the need for a targeted intervention at the project site. By leveraging evidence-based strategies, this project has the potential to establish a new standard of care for anxiety management within the organization, ultimately benefiting both staff and patients.

Staff Education Project Development

Participants and Procedures

Seventeen participants were recruited for this project, including nurses, physicians, and administrative staff. These participants represented a diverse range of clinical and administrative roles, ensuring that the educational intervention addressed the needs of various stakeholders within the organization. Their inclusion was strategic, as each role plays a critical part in the implementation and sustainability of new clinical practices. The educational intervention consisted of a 2-hour education program delivered via in-person sessions and online modules, supplemented by a PowerPoint presentation

(see Appendix A), handouts, and interactive role-playing scenarios. This format was chosen to accommodate different learning styles, ensuring all participants could engage effectively with the material. The workshop included a combination of theoretical instruction and practical demonstrations to create a well-rounded learning experience. Role-playing scenarios were particularly valuable, allowing participants to practice administering the GAD-7 tool in a controlled, supportive environment.

The program content focused on understanding GAD, the structure of the GAD-7 tool, its administration, interpretation of results, and integration into care plans (see Appendix B). Each module was designed to build progressively on the previous one, enabling participants to develop a comprehensive understanding of the tool. For instance, the first module introduced the theoretical basis of GAD and the importance of standardized screening, while subsequent modules delved into practical applications. Interactive elements like group discussions and case studies encouraged participant collaboration and knowledge sharing. Handouts and supplementary materials served as reference guides, ensuring participants had ongoing access to key information. These resources were tailored to address common challenges in administering the GAD-7, such as time constraints and patient communication barriers. The comprehensive approach aimed not only to increase knowledge but also to instill confidence in the participants' ability to apply what they learned in their daily practice.

Collection and Analysis of Evidence

Data collection involved administering identical pretest and posttest assessments to measure knowledge gains. This eight-question assessment included questions designed

to evaluate participants' understanding of GAD, the structure and purpose of the GAD-7 tool, and its practical application in clinical settings (see Appendix C). Administering identical assessments ensured consistency in measuring changes in knowledge and eliminated potential biases. Descriptive statistics provided insight into performance trends, highlighting areas of strength and opportunities for improvement among participants. For instance, average scores and standard deviations allowed a detailed understanding of group performance. The Wilcoxon signed-rank test assessed the significance of score improvements, offering a robust method for evaluating the effectiveness of the intervention in a small sample size. Participant feedback on the program's effectiveness was collected via a Likert-scale survey and open-ended comments, providing both quantitative and qualitative data (see Appendix D). These surveys measured participants' satisfaction with the program and offered valuable insights into perceived barriers and areas for enhancement. The inclusion of open-ended comments allowed participants to share detailed feedback, enriching the evaluation process with diverse perspectives.

Evaluation Process

The evaluation process focused on analyzing pretest/posttest data to determine knowledge improvement. A comparative analysis of the pretest and posttest results revealed significant increases in participants' understanding and confidence in using the GAD-7 tool. This evidence demonstrated the immediate impact of the educational intervention on staff knowledge. Feedback surveys assessed participants' perceptions of the program's relevance and impact on their practice, highlighting its practical

application in clinical settings. The surveys were designed to gauge participants' confidence in implementing the GAD-7 tool and their intent to integrate it into patient care plans. A high level of positive feedback indicated that participants found the program highly beneficial and applicable to their professional roles. Additionally, the evaluation process included analyzing qualitative feedback for recurring themes, such as challenges in administering the tool or suggestions for future training. This qualitative data provided more profound insights into the program's effectiveness and areas for potential refinement. Overall, the evaluation process was critical in validating the success of the educational intervention and guiding recommendations for broader implementation.

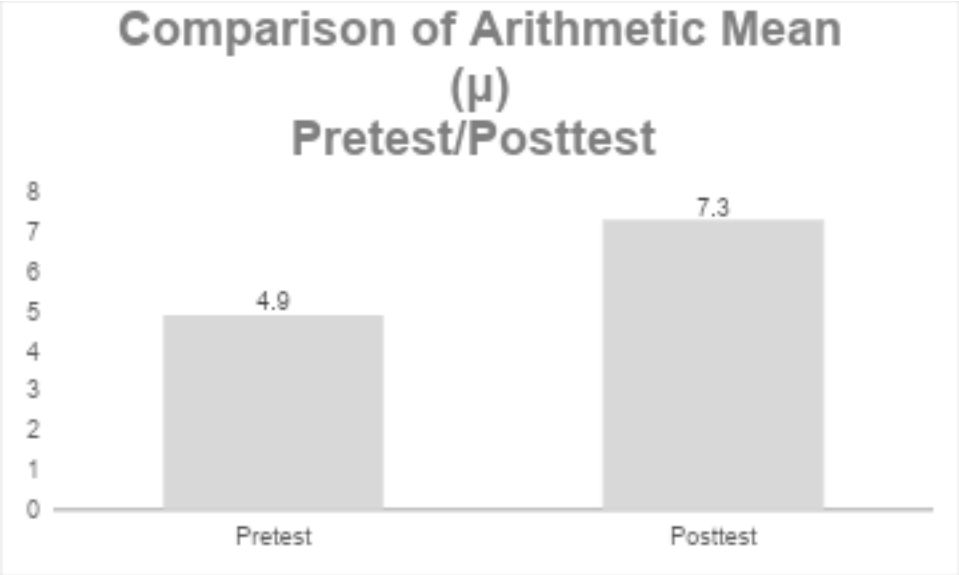
Results

Pretest/Posttest Analysis

Participants' performance on the pretest indicated baseline knowledge gaps, with no perfect scores achieved, as shown in Figure 1.

Figure 1

Comparison of Arithmetic Means Pretest/Posttest



Note. Standard deviation, σ: 1.2

Participants' performance on the pretest highlighted the need for targeted education to address these deficiencies and equip staff with the necessary knowledge and skills. The majority (65%) scored 63%, while a smaller portion (18%) scored 75% and 50%, reflecting varying levels of baseline understanding among the participants. These results underscored the importance of designing the educational intervention to cater to a range of knowledge levels and learning needs. Posttest results demonstrated significant improvements: 35% of participants achieved perfect scores, and 65% scored 87%. This marked improvement validated the effectiveness of the educational program in enhancing participants' understanding of the GAD-7 tool.

The comparison of arithmetic means underscored a substantial knowledge gain, with the posttest mean significantly higher than the pretest mean. This improvement

indicates increased knowledge and suggests that participants felt more confident in applying what they learned. Such outcomes are critical in fostering the consistent use of the GAD-7 tool in clinical practice. These findings further support the use of structured educational interventions as an effective method for bridging knowledge gaps in healthcare settings.

Wilcoxon Signed-Rank Test Results

The Wilcoxon signed-rank test was employed to compare the pretest and posttest responses to assess whether there was a significant improvement in participants' knowledge after the educational intervention. The decision to use this nonparametric test was based on the small sample size ($N = 17$), as traditional parametric tests, such as the paired *t*-test, are typically not appropriate for smaller groups with non-normally distributed data. The Wilcoxon signed-rank test is designed to evaluate whether there are differences between paired observations, making it ideal for comparing pretest and posttest results in educational assessments. This test is particularly effective when dealing with ordinal data or when the assumption of normality is unmet. In this case, the pretest and posttest scores from the participants were paired, allowing for a direct comparison of knowledge improvement. Each participant's pretest score was compared to their corresponding posttest score, which allowed for the calculation of rank differences and the *W* statistic.

The test results revealed a significant difference between the paired test scores, indicating that the educational program was effective in improving participants' knowledge. The *W*-value obtained from the Wilcoxon signed-rank test was 0, which is

below the critical value of 34 for a sample size of 17 at the 0.05 significance level ($p < .05$). This result confirms that the improvements observed in the posttest scores were statistically significant, providing strong evidence that the educational intervention had a meaningful impact on participants' understanding of the GAD-7 screening tool. The *p*-value of less than 0.05 further supports the rejection of the null hypothesis, positing no difference between pretest and posttest scores. This finding highlights the effectiveness of the training program in increasing staff competence and confidence in using the GAD-7 tool. The statistical significance of the results indicate that the education provided resulted in measurable and meaningful improvements in knowledge.

Program Evaluation

The educational program was meticulously designed to address key areas of knowledge for staff members regarding the GAD-7 screening tool. The primary objective was to enhance staff understanding of the importance of utilizing the GAD-7 tool in clinical practice, emphasizing its value in identifying and tracking GAD in patients. In addition to the tool's significance, the program aimed to improve the participants' competence in administering the GAD-7 accurately and interpreting its results effectively. By providing a comprehensive overview of the tool's scoring system and its application in real-world clinical settings, the program sought to equip staff with the knowledge needed to incorporate the GAD-7 into their routine practice confidently. Participants were also taught how to use the GAD-7 tool to monitor patient outcomes and adjust treatment plans accordingly. This holistic approach was designed to ensure that

staff understood the theoretical aspects of the GAD-7 and felt confident in using the tool to enhance patient care.

Participants evaluated the overall educational quality of the program positively, with an average rating of 3.7 out of 4, indicating high satisfaction with the program's content and delivery. Feedback further indicated that the participants found the program both informative and highly relevant to their professional development, with an impressive average score of 4.65 out of 5. This high rating suggests the staff perceived the training as valuable and directly applicable to their clinical roles. Moreover, 100% of the participants expressed a commitment to changing their practice behaviors based on the knowledge gained through the program. This strong indication of intent to apply the learning in their day-to-day work underscores the program's effectiveness in inspiring behavioral change among staff. Participants demonstrated a clear understanding of the GAD-7 tool's value, as reflected in their positive feedback and the strong desire to implement the tool more consistently in clinical practice.

In addition to the quantitative feedback, participants also expressed a high confidence level in their ability to make changes to improve GAD screening practices. On average, participants rated their confidence at 4.7 out of 5, signaling they felt well-prepared to integrate the GAD-7 tool into their clinical workflows. This boost in self-efficacy is an important outcome, as it directly correlates with the likelihood of sustained change and the long-term success of the intervention. Although feedback was overwhelmingly positive, some participants did mention potential barriers to implementing the changes in their practice. For instance, concerns were raised about time

constraints and the pressure of managing busy caseloads. One participant commented that the tool's implementation might be challenging without sufficient time allocated during patient visits. Another participant noted that while the GAD-7 tool is beneficial, there might be resistance from staff less familiar with mental health assessments. These insights are valuable for further refining the program and addressing these barriers in future training sessions.

Organizational Impact and Limitations

The educational intervention had a significant positive impact on the project site by equipping staff with the essential tools to improve the diagnosis and treatment of anxiety disorders, particularly GAD. The GAD-7 screening tool, as introduced through the training, is now viewed as a valuable asset for identifying patients at risk of GAD and monitoring their progress throughout treatment. This enhanced capability among staff to utilize a standardized screening tool can lead to more accurate and timely diagnosis, ultimately improving patient care and outcomes. By fostering a deeper understanding of GAD and how to administer and interpret the GAD-7 tool correctly, the project also contributes to a more comprehensive approach to mental health care within the organization. The program's success has set the foundation for a culture that prioritizes evidence-based practices, improving staff competency and benefiting the patients who receive care at the project site. This has far-reaching implications, as it can help reduce the long-term burden of untreated anxiety on individuals and the healthcare system.

Despite the positive outcomes, the project faced some limitations that may affect the generalizability of the results. One significant limitation was the small sample size,

restricted to just 17 participants. While the Wilcoxon signed-rank test demonstrated a statistically significant improvement in knowledge, the small sample size makes it challenging to apply these findings to a larger population. Smaller sample sizes are often less representative of the broader healthcare staff population; thus, the results may not fully reflect the challenges or success factors a larger group faces (Hennink & Kaiser, 2022). Additionally, time constraints posed challenges in the implementation of the educational program. With staff members managing busy clinical schedules, scheduling the training sessions without disrupting daily operations was difficult. These limitations must be considered when assessing the program's broader applicability. Nonetheless, the results of this study suggest the intervention was well-received and effective within the context of the current sample, indicating that a similar approach could be successful in larger, more diverse settings.

Despite these limitations, the project's success at the project site provides a valuable model for broader implementation across other healthcare settings. The program demonstrates that structured educational interventions can significantly improve staff knowledge and confidence in using standardized screening tools like the GAD-7, which can be pivotal for improving mental health diagnoses and treatment outcomes. Future implementations could benefit from expanding the sample size and providing additional time and resources to ensure broader participation and engagement. The positive outcomes from this project suggest that other organizations could replicate the intervention, with the potential to create systemic change in how anxiety disorders are diagnosed and treated. By refining the program to address identified limitations, such as

sample size and time constraints, and by using the lessons learned here, the model can be expanded to improve mental health care across multiple sites, contributing to more consistent and equitable care delivery.

Conclusions

This project underscores the transformative potential of targeted educational interventions in addressing practice gaps, particularly in the context of mental health care. By equipping healthcare providers with the necessary knowledge and skills to effectively use the GAD-7 screening tool, the project directly contributes to improved patient outcomes. Staff members gained a deeper understanding of how to identify and monitor GAD, which in turn enables them to provide more accurate diagnoses and tailored treatment plans. This shift enhances clinical practice and promotes a culture of continuous learning within the organization. The program's success highlights the importance of ongoing education and training in closing knowledge gaps and fostering a proficient workforce in evidence-based practices. Furthermore, the findings support scaling initiatives similar to those in other healthcare settings to improve mental health care delivery. Expanding such educational programs can ensure that mental health screening tools like the GAD-7 are consistently and effectively implemented, ultimately leading to better patient care. Additionally, promoting standardized practices across diverse healthcare settings can contribute to more significant equity and inclusion, addressing disparities in mental health diagnosis and treatment and ensuring that all patients receive the highest standard of care.

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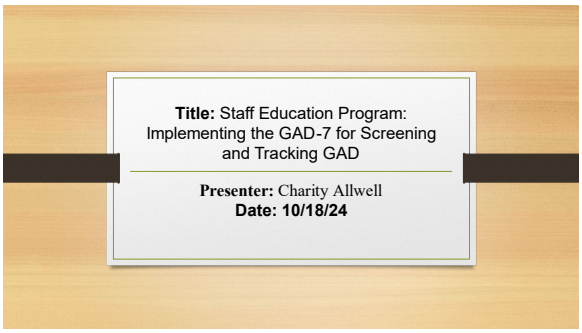
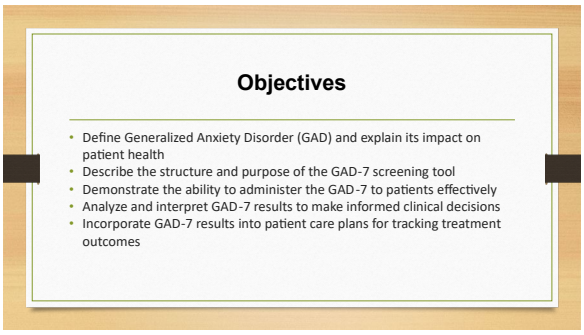
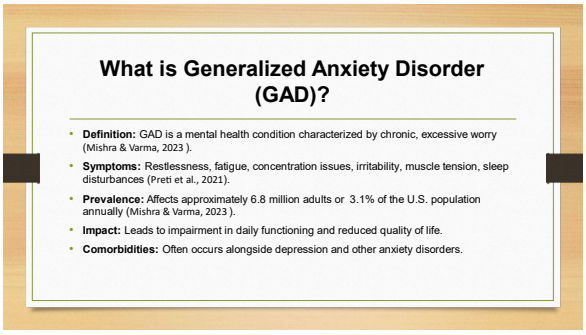
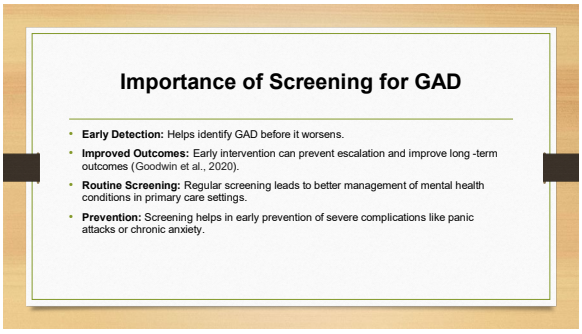
Appendix A: Education Program PowerPoint Presentation









Introduction to the GAD-7 Tool

- **Purpose:** A 7-item self-report tool used to assess the severity of Generalized Anxiety Disorder (Sapra et al., 2020).
- **Items:** Each item measures symptoms over the last two weeks (e.g., feeling nervous, unable to control worry).
- **Scoring:** Simple scoring based on frequency of symptoms (0 = Not at all, 3 = Nearly every day).
- **Accessibility:** Can be administered in both digital and paper formats.

Why Use the GAD-7 in Clinical Practice?

- **Validated Tool:** Backed by research as an effective measure for GAD (Dhira et al., 2021).
- **Easy to Use:** Can be completed by patients in less than 5 minutes.
- **Objective Tracking:** Allows clinicians to track symptom changes over time and monitor treatment efficacy.
- **Cost-Effective:** A simple, non-invasive, and affordable way to monitor anxiety levels.

How the GAD-7 is Structured

- **7 Questions:** Each assessing a key aspect of GAD symptoms (Moriana et al., 2022).
- **Score Range:** 0-21.
  - 5-9: Mild Anxiety
  - 10-14: Moderate Anxiety
  - 15-21: Severe Anxiety
- **Cut-off Scores:** A score of 10 or above suggests a potential anxiety disorder requiring further evaluation.
- **Follow-Up:** Based on score, determine the frequency and intensity of follow-up care.

Administering the GAD-7

- **Step 1:** Explain the purpose of the tool to the patient.
- **Step 2:** Ensure patients answer based on their experiences over the last two weeks.
- **Step 3:** Allow patients to complete the form independently but offer assistance if needed.
- **Step 4:** Collect and review the results for immediate interpretation.
- **Step 5:** Document the results in the patient's health records for future reference.

(Child Outcomes Research Consortium, 2024)

Scoring and Interpretation

- **Manual Scoring:** Add up the scores for all 7 questions.
- **Cutoff Points:**
  - **Mild:** 5-9 (Monitor and reassess)
  - **Moderate:** 10-14 (Consider treatment, possibly psychotherapy or medication)
  - **Severe:** 15-21 (Recommend active intervention and follow -up)
- **Follow-Up Actions:** Based on the score, recommend specific interventions or refer for further evaluation.
- **Clinical Judgment:** Always use clinical judgment to complement the GAD -7 results.
- (Child Outcomes Research Consortium, 2024)

How to Incorporate GAD-7 into Clinical Practice

- **Initial Screening:** Administer GAD-7 during the first visit for patients reporting anxiety symptoms.
- **Regular Monitoring:** Use the tool during follow-up appointments to track treatment progress.
- **Integration into EMR:** Record scores in the Electronic Medical Records system for easy access and tracking.
- **Routine Check-Ins:** Consider routine screening for high-risk patients during each visit.
- (Ridout et al., 2022; Sapra et al., 2020)

Case Study: Screening with GAD-7

- **Patient Example:** A 35-year-old female presents with sleep disturbances and constant worry.
- **GAD-7 Score:** 13 (Moderate anxiety).
- **Action Plan:** Referral to therapy, initiation of medication, follow -up in 2 weeks.
- **Outcome:** After 6 weeks, GAD -7 score reduced to 6, showing treatment progress.
- **Team Involvement:** Multidisciplinary collaboration improved the patient's outcome.

Benefits of Using GAD-7 for Treatment Monitoring

- **Objective Measurement:** Provides measurable data on the severity of anxiety.
- **Treatment Efficacy:** Helps determine whether the current treatment plan is working.
- **Continuous Tracking:** Allows for timely adjustments to treatment if the patient's condition worsens or improves.
- **Patient Empowerment:** Engages patients in their care, allowing them to track their own progress.

Example of GAD-7 in Treatment Progress

- **Initial GAD-7 Score:** 18 (Severe anxiety).
- **After 4 Weeks of Treatment:** Score reduces to 10 (Moderate anxiety).
- **Action Taken:** Continue medication and psychotherapy, schedule another follow -up.
- **Review:** Regular review of the score and corresponding treatment ensures ongoing improvements.

Integrating GAD-7 into the Multidisciplinary Team

- **Team Approach:** Involvement of physicians, nurses, psychologists, and social workers.
- **Communication:** Share GAD-7 results with all members of the care team.
- **Collaborative Planning:** Use the tool to inform shared decision -making about treatment plans.
- **Documentation:** Ensure the scores and actions are clearly documented for all team members.
- (Child Outcomes Research Consortium, 2024)

Common Barriers to Using GAD-7

- **Patient Resistance:** Some patients may not be comfortable discussing anxiety.
- **Time Constraints:** Staff may feel the tool adds to their workload.
- **Training Gaps:** Some staff may need additional training on interpreting scores.
- **Perceived Stigma:** Patients may feel anxious about the stigma associated with mental health screening.
- (Blanco et al., 2021)

Solutions to Overcome Barriers

- **Patient Education:** Explain the importance of the tool in improving their care.
- **Time Management:** Integrate GAD -7 into routine workflows to minimize disruption.
- **Staff Training:** Ensure all clinical staff are confident in using and interpreting the GAD -7.
- **Addressing Stigma:** Normalize the use of GAD -7 as part of holistic care for all patients.
- (Blanco et al., 2021)

Monitoring and Evaluating GAD-7 Implementation

- **Regular Audits:** Review how often the tool is being used in practice.
- **Patient Outcomes:** Track patient improvement based on GAD -7 scores over time.
- **Staff Feedback:** Collect feedback from clinical staff on their experience with the tool.
- **Outcome Tracking:** Ensure improvements in patient outcomes are linked to GAD -7 usage for data validation.

Impact of GAD-7 on Patient Care

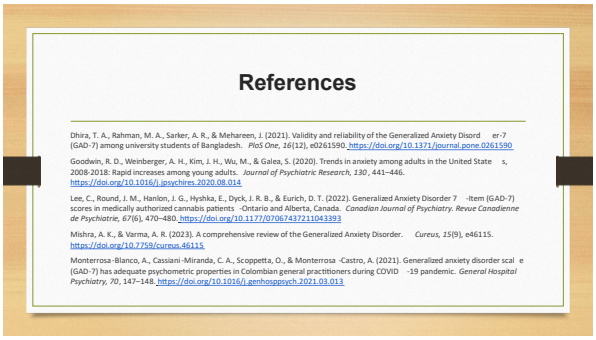
- **Better Diagnosis:** More accurate identification of anxiety disorders.
- **Enhanced Treatment:** Tailored treatment plans based on symptom severity.
- **Patient Engagement:** Patients feel more involved in their care when they see measurable progress.
- **Improved Mental Health:** Earlier interventions lead to better long -term mental health outcomes.

Ongoing Education and Support

- Training Updates: Provide refresher courses on the GAD -7 tool as needed.
- **Clinical Resources:** Ensure staff have easy access to GAD -7 resources and support materials.
- Peer Support: Encourage staff to share best practices for using GAD -7 effectively.
- **Continuous Improvement:** Regularly update staff on new guidelines or studies regarding GAD-7 use.

Conclusion and Next Steps

- **Key Takeaways:** The GAD-7 is an effective tool for screening and tracking Generalized Anxiety Disorder.
- **Importance:** Early identification and ongoing monitoring of GAD leads to better patient outcomes.
- **Next Steps:** Incorporate the GAD -7 into regular clinical workflows and train staff on its proper use.
- **Commitment:** Let's ensure that all patients with anxiety receive the appropriate care and support by utilizing the GAD-7 tool.



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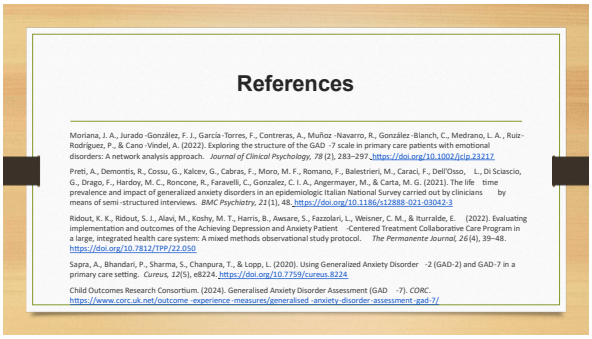

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Appendix B: Pretest/ Posttest

Code_____

Pretest / Post-test

GAD-7 Screening Tool Education

Presenter: Charity Allwell, DNP Student, Walden University

Instructions:

Please use the same unique code you selected on both the pretest and post-test to compare your scores. Answer each question by marking the appropriate choice.

1) **Which of the following best describes the importance of screening for Generalized Anxiety Disorder (GAD)?**
    A) It helps identify individuals who may benefit from early intervention and treatment
    B) It is required by law for all primary care visits
    C) It can completely prevent the development of anxiety disorders
    D) It is only necessary for patients with a family history of anxiety
    E) I am not sure
2) **Which of the following best describes the primary reason for using the GAD-7 in clinical practice?**
    A) It is a mandatory screening tool required by all healthcare facilities
    B) It provides a comprehensive diagnosis of all mental health disorders
    C) It is a valid and efficient tool for screening and assessing the severity of Generalized Anxiety Disorder

D) It can only be administered by licensed psychiatrists

E) I am not sure

3) **Which of the following best describes the correct procedure for administering the GAD-7 screening tool?**

A) Only psychiatrists should administer the GAD-7 in clinical settings

B) Provide the questionnaire, explain instructions, collect responses, score, and interpret results

C) Administer the GAD-7 once and use that score for all future treatment decisions

D) Use the GAD-7 as a standalone diagnostic tool without any additional assessment

E) I am not sure

4) **Which score range on the GAD-7 indicates moderate anxiety?**

A) 0-4

B) 5-9

C) 10-14

D) 15-21

E) I am not sure

5) **How should clinicians interpret and use GAD-7 scores to track treatment outcomes for patients with anxiety?**

A) A 1-point change in GAD-7 score is considered clinically significant

B) GAD-7 scores should only be used for initial diagnosis and not for tracking progress

C) A reduction of 5 or more points on the GAD-7 indicates meaningful change, and a score below 5 represents remission

D) GAD-7 scores are not sensitive to changes in anxiety symptoms over time

E) I am not sure

6) **A patient scores 12 on the GAD-7 screening tool. What is the most appropriate next step?**

A) Immediately prescribe anti-anxiety medication

B) Dismiss the result as a false positive

C) Conduct further assessment, including a diagnostic interview, to confirm the presence of an anxiety disorder

D) Recommend the patient seek emergency psychiatric care

E) I am not sure

7) **How can GAD-7 tool be effectively integrated into a multidisciplinary team approach for managing anxiety disorders?**

A) By having only psychiatrists administer and interpret the GAD-7

B) By using GAD-7 scores to replace clinical judgment in treatment decisions

C) By incorporating GAD-7 results into team discussions and treatment planning across disciplines

D) By limiting GAD-7 use to initial screening and discontinuing its use during treatment

E) I am not sure

8) Which of the following best describes how the GAD-7 questionnaire enhances communication between patients and healthcare providers?

A) It provides a standardized framework for discussing anxiety symptoms and bridging communication gaps.

B) It allows providers to track blood pressure changes over time.

C) It helps patients articulate their physical health concerns more clearly

D) It focuses solely on diagnosing generalized anxiety disorder

E) I am not sure

Appendix C: ADDIE Education Plan

Learning Objective	Detailed Course Content	Sources of Evidence	Delivery Method(s)	Assessment Tools and Method(s)
Define Generalized Anxiety Disorder (GAD) and explain its impact on patient health.	Introduction to GAD: Overview of the disorder, its prevalence, and impact on patients.	Mishra & Varma, 2023; Preti et al., 2021	Presentation: PowerPoint presentation with audio for in-person or virtual delivery.	Pre- and Posttest
Describe the structure and purpose of the GAD-7 screening tool.	GAD-7 Overview: Breakdown of the GAD-7, its scoring system, and how it identifies levels of anxiety.	Goodwin et al., 2020; Sapra et al., 2020; Dhira et al., 2021; Moriana et al., 2022	Presentation: PowerPoint presentation with audio for in-person or virtual delivery. Interactive Discussion: Group discussion on how the GAD-7 tool can be incorporated into their practice and encourage questions about the scoring system.	Pre- and Posttest
Demonstrate the ability to administer the GAD-7 to patients effectively.	Administering the GAD-7: Step-by-step instructions for conducting the assessment with patients.	Child Outcomes Research Consortium, 2024	Presentation: PowerPoint presentation with audio for in-person or virtual delivery. Interactive Learning: Role-playing and case studies for staff to practice administering the GAD-7.	Role-Play Observation Checklist
Analyze and interpret GAD-7 results to make informed clinical decisions.	Interpreting Scores: Guidelines for interpreting GAD-7 scores and determining the severity of anxiety.	Child Outcomes Research Consortium, 2024; Lee et al., 2022	Interactive Learning: Role-playing and case studies for staff to practice interpretation of GAD-7 results.	Pre- and Posttest
Incorporate GAD-7 results into patient care plans for tracking treatment outcomes.	Implementing GAD-7 Results in Care Plans: How to integrate assessment results into ongoing patient care and treatment plans to monitor progress.	Ridout et al., 2022; Sapra et al., 2020; Monterrosa-Blanco et al., 2021	Presentation: PowerPoint presentation with audio for in-person or virtual delivery. Group Discussion: Group discussion about the importance of using GAD-7 scores not just for diagnosis but for tracking patient progress over time and making adjustments to treatment.	Care Plan Worksheet

Appendix D: Evaluation of the Educational Program

Staff Education Program: Implementing the GAD-7 for Screening and Tracking GAD

2024

Presenter: Charity Allwell, DNP Student, Walden University

1. On a scale of 1 to 4, how would you rate the overall educational quality of this education program? Please circle your response

Poor	Okay	Good	Excellent
1	2	3	4

Please briefly describe why you selected your response.

2. The content of this program is useful for my practice or professional development. Please circle your response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. As a result of your participation in this educational program, do you intend to make changes in your practice behaviors?

   Yes No Please circle your response.

4. If yes, what changes do you intend to make in practice and performance?

5. I am confident that I can make changes in my practice to improve the use of GAD screening.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Please identify any barriers you perceive in implementing these changes.