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Staff Education Program on Utilizing Non-Pharmacological Interventions to Manage Aggression Among Psychiatric Patients

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects, and
that any and all revisions required by
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Executive Summary: Staff Education Project

Utilizing Non-Pharmacological Interventions to Manage Aggression Among Psychiatric Patients

by

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Summary

The staff education project aimed to address the gap in practice regarding the management of aggression in psychiatric patients at a local mental health clinic. Approximately 40% of the clinic's patient population exhibited aggressive behaviors, including verbal threats, and physical altercations. However, nurses primarily relied on pharmacological interventions and physical restraints to manage these behaviors, which failed to address underlying causes, such as psychiatric conditions and environmental stressors. A review of the literature demonstrated strong evidence supporting the effectiveness of non-pharmacological interventions, with studies highlighting how structured training programs significantly reduced aggression, and improved patient and staff outcomes. The project sought to improve nurses' knowledge on managing aggression using non-pharmacological interventions when providing care for patients in a mental health clinic. The education program used a pretest–posttest design and was created using resources from the Agency for Healthcare Research and Quality (AHRQ) to include a comprehensive module on effective interventios. Results demonstrated a significant improvement in knowledge, with mean pretest scores of 68% (SD = 3.5) increasing to a mean posttest score of 90.5% (SD = 2.8) after intervention. A paired t test confirmed statistically significant improvements in knowledge (t = 10.57, p < .0001). The findings highlight the importance of structured staff education programs to integrate evidence-based, non-pharmacological interventions into routine care, fostering positive social change in healthcare practices.

Background

Aggression in psychiatric patients is a significant concern that manifests as verbal or physical hostility, impulsivity, or threatening behaviors that disrupt daily life and care environments. Persistent aggression can be associated with underlying conditions such as schizophrenia, bipolar disorder, or personality disorders, thus it can be difficult to manage effectively (Weltens et al., 2021). It frequently coexists with other challenges, including emotional dysregulation, substance abuse, and trauma histories, which can complicate assessment and intervention efforts. This behavior poses risks to the safety of patients, staff, and others, leading to difficulties in maintaining therapeutic relationships and structured care (Weltens et al., 2021). Aggression can also result in significant barriers to social, occupational, and daily functioning, as patients struggle to manage interactions and responsibilities effectively. If left unaddressed, aggressive behaviors may escalate, leading to strained healthcare resources, increased hospitalization rates, and poor overall outcomes (Weltens et al., 2021). These challenges emphasize the critical need for early identification and implementation of tailored, evidence-based interventions to improve patient care and safety.

The gap in practice was identified among nurses managing aggression in psychiatric patients at a local mental health clinic. Approximately 40% of the patient population displayed aggressive behaviors such as verbal threats, physical altercations, and refusal to cooperate with care. Despite the prevalence of these behaviors, the clinic primarily relied on pharmacological interventions and physical restraints to manage aggression. These methods provided temporary control and failed to address the

underlying causes of aggression, including psychiatric conditions, environmental stressors, and communication barriers. These approaches were also associated with negative outcomes, increased patient distress, and emotional exhaustion among staff. Despite supporting evidence on non-pharmacological strategies like de-escalation techniques and therapeutic communication and environmental modifications, these interventions were underutilized due to a lack of structured training for nurses. Many nurses lacked the necessary knowledge and skills to implement alternative strategies effectively. This gap compromised patient outcomes and increased job dissatisfaction and burnout among staff. Addressing this issue through targeted education on evidence-based and non-pharmacological interventions was essential to improve patient safety, enhance care quality and foster a more supportive work environment for nurses in the clinic.

Somani et al. (2021) highlighted the effectiveness of non-pharmacological interventions in reducing aggression among mental health patients. Techniques such as de-escalation strategies, therapeutic communication, environmental modifications, and music therapy have demonstrated significant potential in mitigating aggressive behaviors. (Somani et al., 2021). For instance, de-escalation strategies focus on identifying early signs of agitation and employing calming techniques to prevent aggressive outbursts. Therapeutic communication fosters trust and rapport, enabling nurses to address the underlying causes of aggression effectively. Music therapy serves as a calming stimulus, thus reducing agitation by creating a soothing and familiar environment. These interventions can reduce reliance on restraints and sedation, leading to improved patient outcomes and a more supportive work environment for nurses. The staff education

program was designed to train nurses at the mental health clinic on evidence-based non-pharmacological interventions to manage aggression. Educational content was drawn from the AHRQ toolkit, which provided comprehensive guidelines for managing aggression in healthcare settings. This resource offered detailed instructions on implementing de-escalation techniques, therapeutic communication, and other non-pharmacological strategies, ensuring a structured and standardized approach to patient care. The program aimed to enhance nurses' knowledge in applying these interventions, thereby improving care quality and reducing aggressive incidents. The practice-focused question that guided this project was: Among nurses working at a mental health clinic, can a staff education program on managing aggression using non-pharmacological interventions improve their knowledge in providing care to these patients?

A thorough review of the literature supports the implementation of a staff education program focused on non-pharmacological interventions to enhance the management of aggression in psychiatric settings. Celofiga et al. (2022) provided strong evidence demonstrating that comprehensive de-escalation training significantly reduces aggression and minimizes the use of physical restraints in psychiatric wards, thereby promoting safer environments for patients and staff. Similarly, Somani et al. (2021) found that combining staff training with policy and environmental changes was the most effective approach to reducing workplace violence in healthcare settings thus emphasizing the importance of a multicomponent intervention framework. In addition, Hylén et al. (2019) highlighted the critical role of staff education in communication and de-escalation techniques, noting that improved staff–patient relationships led to a

significant reduction in violence in psychiatric environments. Pelto-Piri et al. (2020) also underscored the need for structured training, revealing that without it, staff often defaulted to reactive interventions during violent incidents. Khalil et al. (2019) demonstrated that educational programs significantly enhanced nurses' knowledge in managing aggression, while Binil et al. (2019) reported 100% post-training competency in handling aggression among psychiatric and emergency nurses through its Aggression Management and Violence Prevention (AMVP) program.

Furthermore, the AHRQ (2022b) emphasized the importance of staff education in communication and risk assessment, identifying these as key components for reducing aggression in mental health settings. Adam Searby et al. (2019) further supported the inclusion of aggression management training in nursing curricula, as it significantly improved nursing students' knowledge and ability to handle aggressive behaviors. Overall, the quality of the evidence was regarded as strong and compelling. The evidence included all levels (Levels I–V), thus consistently supporting the effectiveness of non-pharmacological interventions in managing aggression. The findings highlight the need for structured training programs to integrate evidence-based practices into routine care to ensure proactive aggression management, safer clinical environments, and improved patient outcomes.

Staff Education Project Development

A collaborative and comprehensive team effort was used to develop as well as implement the staff education program focused on managing aggression with non-pharmacological interventions. The project team consisted of the Doctor of Nursing

Practice (DNP) student, the nurse manager, and nursing staff. As the DNP student, I served as the project coordinator, and my role was to oversee all aspects of the initiative to ensure alignment with its objectives and timeline. The nurse manager provided ongoing support and guidance throughout the process. The participants included 26 nursing staff members from the selected mental health clinic, who completed an educational module designed to strengthen their knowledge and skills in applying strategies such as de-escalation techniques, therapeutic communication, and other evidence-based approaches. Educational materials were adapted from the AHRQ toolkit to deliver detailed guidance on incorporating standardized methods for addressing aggression in clinical practice (AHRQ, 2022a). These resources supported the creation of a structured teaching plan, which was used throughout the training sessions (see Appendix A). The program aimed to enhance nurses' skills in managing aggressive behaviors effectively and foster evidence-based care within the clinic.

The staff education program was conducted over a 3-hour session segmented into 2-day parts, with each session being 1 hour and 30 minutes. The session focused on non-pharmacological interventions for managing aggression in psychiatric patients. Baseline knowledge assessments were carried out first to evaluate nurses' understanding of these interventions. This was achieved using a pretest developed during the planning phase. The test consisted of 12 multiple-choice questions on de-escalation techniques, therapeutic communication, music therapy, and environmental modifications (see Appendix B). The nurse manager reviewed and approved the test for alignment with evidence-based practices. Each nurse completed the pretest individually within 20

minutes, using unique identification codes to ensure anonymity and confidentiality. The results were collected, and baseline scores were recorded to assess the initial knowledge levels of participants.

Nurses were then provided with pens, notebooks, and pamphlets to facilitate engagement throughout the program. The educational session was divided into three core segments detailed in a PowerPoint presentation (see Appendix C):

- **Overview of Non-Pharmacological Interventions:** A 30-minute lecture and PowerPoint presentation covered techniques such as de-escalation strategies, therapeutic communication, music therapy, and environmental modifications, emphasizing their benefits and evidence-based applications.
- **Detailed Techniques and Applications:** A 40-minute session provided an in-depth explanation of how to implement these interventions effectively. Case studies and examples illustrated key points.
- **Role-Playing Exercises:** A 60-minute role-play session allowed nurses to practice applying interventions in realistic scenarios. Participants alternated roles as caregivers and patients to build empathy and insight. Peer feedback was incorporated to enhance learning.

The program concluded with a 10-minute Q&A session for clarifications and a 20-minute posttest using the same questions as the pretest. Results were collected and compared with baseline data to evaluate knowledge improvements. The intervention aimed to equip nurses with the knowledge and skills needed to apply non-pharmacological strategies effectively in managing aggression.

Results

At baseline, the mean pretest score for the close-ended questionnaire assessing knowledge of non-pharmacological interventions for managing aggression was 68% (*SD* = 3.5) with a 95% confidence interval (CI) at [66.2, 69.8]. Following the educational session, the posttest scores showed significant improvement, with a mean posttest score of 90.5% (*SD* = 2.8, 95% CI [89.1, 91.9]), reflecting a knowledge gain of 22.5%. A paired *t* test was used to analyze the difference between pretest and posttest scores, as this method is appropriate for comparing paired data with a larger sample size. The results revealed a statistically significant difference between the two sets of scores ($t = 10.57$, $p < .0001$), confirming that the educational intervention significantly improved knowledge among the participating mental health nurses.

All participants completed an evaluation of the educational program (see Appendix D), which revealed overwhelmingly positive feedback. Participants emphasized the value of the content in enhancing their professional practice. Notably, 100% of participants reported that they intended to apply the knowledge gained in their clinical settings. Participant comments reflected high satisfaction, with one nurse stating, “The role-playing exercises helped me better understand how to de-escalate situations and communicate effectively.” Another participant noted, “Learning about environmental modifications and their practical application was incredibly useful – I now feel better equipped to create a calming space for patients.” This feedback highlighted the program’s success in addressing knowledge gaps and improving the nurses’ ability to manage aggression effectively. The staff education program positively impacted the organization

by enhancing the nurses' capacity to implement evidence-based interventions, resulting in a more consistent approach to aggression management and improved patient outcomes. The reduction in variability in care approaches supported better clinical practices for addressing aggression in psychiatric settings.

It is important to note that the staff education project had several limitations. The scope of the project was confined to a single mental health clinic with a relatively small sample size of 26 nurses, which may limit the generalizability of the findings to larger or more diverse healthcare settings. Even though the use of pretest and posttest assessments effectively measured immediate knowledge improvements, it may not have fully captured the long-term retention of knowledge or the sustained application of non-pharmacological interventions in managing aggression. In addition, the absence of follow-up evaluations made it difficult to determine whether nurses consistently implemented the learned techniques in their daily practice over time. Future initiatives would benefit from involving larger participant groups and incorporating follow-up evaluations to provide a more comprehensive assessment of the program's long-term impact.

Despite these limitations, the project demonstrated the effectiveness of a structured educational program within the local psychiatric clinic and offers a framework for broader application in mental health settings. This initiative highlights the importance of continuing education in improving the use of evidence-based non-pharmacological interventions for aggression management. By equipping nursing staff with the knowledge and skills needed to effectively manage aggression, such programs can contribute to safer care environments, reduced reliance on restrictive measures such as sedation and

restraints, and improved patient outcomes. The project highlights the value of empowering nurses through targeted education to standardize practices, enhance the quality of care, and address aggression in a more therapeutic and patient-centered manner. This education model can be adapted and scaled to fit other mental health facilities, providing an opportunity to promote evidence-based interventions on a larger scale.

Conclusions

In summary, the staff education project conducted at the mental health clinic significantly enhanced nurses' knowledge in utilizing non-pharmacological interventions to manage aggression among psychiatric patients. The initiative addressed the need for standardized approaches to aggression management, fostering safer and more therapeutic care environments. Through equipping nurses with essential skills in de-escalation techniques, therapeutic communication, and environmental modifications, the project promoted evidence-based practices that improved patient outcomes and supported more consistent care delivery. The statistically significant improvement in posttest knowledge scores demonstrated the effectiveness of structured educational programs in strengthening critical skills within mental health settings. This project emphasizes the importance of integrating training on aggression management into routine staff development to ensure high-quality and patient-centered care.

Recommendations include conducting follow-up evaluations to assess the sustained application of non-pharmacological strategies and their impact on reducing aggressive incidents and improving patient outcomes. Future initiatives should explore

scaling this educational program across diverse healthcare settings to determine its broader applicability and potential for addressing aggression in various clinical contexts. This project aligns with Walden University's mission to advance evidence-based practices and enhance patient care by serving as a replicable model for integrating effective aggression management strategies into clinical workflows, ultimately contributing to positive social change, improved safety, patient satisfaction, and operational efficiency in mental health care delivery.

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Appendix A: Teaching Plan

Presentation Title: *Enhancing Staff Knowledge on Non-Pharmacological Interventions for Aggression Management among Psychiatric patients.*

Total Time: 3 Hours **Audience**: Registered Nurses (RNs) at a psychiatric clinic

Objectives

1. To assess baseline staff knowledge in using non-pharmacological interventions for aggression management.
2. To introduce the types, benefits, and applications of non-pharmacological interventions in reducing aggressive behaviors.
3. To elaborate on de-escalation techniques, therapeutic communication, music therapy, and environmental modifications as effective interventions for managing aggression.
4. To conduct role-play exercises to reinforce learning by allowing nurses to practice the interventions.
5. To evaluate changes in staff knowledge on non-pharmacological interventions following the educational program.

Objective	Content	Delivery Method	Time	Evaluation
To assess baseline staff knowledge in using non-pharmacological interventions for aggression management using an anonymous pretest.	12 closed-ended questions with multiple choices.	The staff will do the tests individually and without consultation	20 min	Each question will be carefully marked and evaluated against the provided answer key.

To introduce the types, benefits, and applications of non-pharmacological interventions in reducing aggressive behaviors.	**Overview of non-pharmacological techniques:** De-escalation strategies, therapeutic communication, music therapy, and environmental modification. Discuss benefits and evidence base.	PowerPoint Lecture & Handouts	30 min	Pretest and Posttest questions
To elaborate on de-escalation techniques, therapeutic communication, music therapy, and environmental modifications as effective interventions for managing aggression.	**De-escalation Techniques**: Utilize calm, respectful language and non-threatening body language. Establish boundaries while offering choices to help patients feel in control. **Therapeutic Communication**: Use open-ended questions and reflective listening to allow patients to express emotions constructively. Reassurance. **Music Therapy**: Incorporate calming music to alleviate agitation and provide emotional relief. Tailor music choices to patient preferences. **Environmental Modifications**: Adjust lighting, minimize noise, and arrange spaces to be safe and calming. These adjustments can reduce sensory overload and reduces triggers for aggression.	PowerPoint lecture, case study review, & pamphlets.	40 min	Pretest and Posttest questions

Day 2 Content				
To conduct role-play exercises to reinforce learning by allowing nurses to practice the interventions.	**Practice Scenarios**: Nurses engage in realistic role-play scenarios to apply de-escalation, therapeutic communication, and environmental adjustments for managing aggression. **Role Alternation**: Nurses take turns as caregiver and patient to understand both perspectives, building empathy and insight into patient needs. **Feedback Sessions**: Peers and facilitators provide constructive feedback on performance, highlighting strengths and areas for improvement.	Role-playing Exercise, Peer Feedback	60 min	Observed interactions and peer feedback.
To conduct a Q & A session to allow nurses to make clarifications and fill in knowledge gaps	Nurses will be given the opportunity to ask questions related to all aspects of the staff ed program.	Open platform for asking questions. Any participant with a question will ask and it will be answered by the facilitator (DNP project student).	10 min	Observed interaction and feedback.
To evaluate changes in staff knowledge on non-pharmacological interventions following the educational program.	12 closed-ended questions with multiple choices.	The staff will do the tests individually and without consultation	20 min	Each question will be carefully marked and evaluated against the provided answer key.

Appendix B: Assessment Tool

Pretest–Posttest Questionnaire on Non-Pharmacological interventions for Managing Aggression

Instructions: Answer each question by selecting the BEST option.

Identification Code: _____

Date: _____

1. **What is the main purpose of de-escalation techniques in managing aggression?**

    a) To gain control over the patient

    b) To create a safe environment and reduce aggression

    c) To persuade the patient to take medication

    d) To minimize communication with the patient

2. **Which of the following is a key component of therapeutic communication?**

    a) Giving direct commands to the patient

    b) Using open-ended questions and reflective listening

    c) Ignoring the patient's emotions

    d) Speaking in a loud, authoritative voice

3. **Music therapy is used in aggression management primarily to:**

    a) Increase patient activity levels

    b) Serve as a distraction technique

    c) Soothe patients and reduce agitation

    d) Reinforce medical interventions

4. **What is a key benefit of using non-pharmacological interventions in aggression management?**

    a) Reduces the need for physical restraints and sedation

    b) Allows staff to avoid patient interaction

    c) Increases medication compliance

    d) Ensures quicker discharge from the facility

5. **Which of the following is an example of an environmental modification to reduce aggression?**

    a) Increasing lighting intensity

    b) Minimizing noise levels

    c) Limiting patient movement

    d) Closing all windows and doors

6. **During a de-escalation attempt, what type of body language is most effective?**

    a) Arms crossed and facing away

    b) Relaxed and open posture

    c) Hands on hips to show authority

    d) Standing close to the patient

7. **What is the primary purpose of role-playing exercises in this training?**

    a) To critique colleagues

    b) To practice and reinforce intervention techniques

    c) To entertain the staff

    d) To evaluate the patient's behavior

8. **Which approach is recommended when setting boundaries with a patient displaying aggression?**

    a) Being firm and clear, while offering choices

    b) Demanding compliance without explanation

    c) Ignoring the patient’s behavior

    d) Restricting their movement without communication

9. **What should be considered when selecting music for music therapy in aggression management?**

    a) Patient's preference and calming effect

    b) Loudness to command attention

    c) Fast-paced rhythms to increase alertness

    d) Music that staff enjoy

10. **Which of these is NOT an intended outcome of non-pharmacological interventions for aggression?**

    a) Reduced reliance on medication and restraints

    b) Improved communication and trust with patients

    c) Complete elimination of patient aggression

    d) Enhanced safety for staff and patients

11. **What is an effective response if a patient begins to display early signs of aggression?**

    a) Leave the room immediately

    b) Use de-escalation techniques and address their concerns

c) Demand that the patient stop their behavior

d) Ignore the patient until they calm down

12. **What is the rationale behind involving family members in aggression management strategies?**

    a) To provide additional authority over the patient

    b) To help identify potential triggers and support emotional regulation

    c) To ensure the patient takes medication as prescribed

    d) To offer a form of punishment or consequence for aggressive behavior

Answer Key

1. b) To create a safe environment and reduce aggression
2. b) Using open-ended questions and reflective listening
3. c) Soothe patients and reduce agitation
4. a) Reduces the need for physical restraints and sedation
5. b) Minimizing noise levels
6. b) Relaxed and open posture
7. b) To practice and reinforce intervention techniques
8. a) Being firm and clear, while offering choices
9. a) Patient's preference and calming effect
10. c) Complete elimination of patient aggression
11. b) Use de-escalation techniques and address their concerns
12. b) To help identify potential triggers and support emotional regulation

Appendix C: PowerPoint Presentation

Non-Pharmacological Interventions for Aggression Management

Welcome to our staff education program on non-pharmacological interventions for managing aggression. This comprehensive training will equip nurses with effective strategies to de-escalate aggressive behaviors and promote a safer healthcare environment.

by OLIVIA NGUH

Overview of Non-Pharmacological Techniques

1. **De-escalation Strategies**
   Employ calm language and non-threatening body language to diffuse tense situations (Price & Baker, 2019).
2. **Therapeutic Communication**
   Use open-ended questions and reflective listening to foster constructive emotional expression (Bowers, 2024).
3. **Music Therapy**
   Incorporate soothing music to alleviate agitation and provide emotional relief (Cheung et al., 2019).
4. **Environmental Modification**
   Adjust sensory stimuli to create a calming atmosphere and reduce aggression triggers (Ulrich et al., 2019).

De-escalation Techniques in Practice

1. **Establish Rapport**
   Introduce yourself calmly. Use a respectful tone to build trust (Bowers, 2024).
2. **Active Listening**
   Pay attention to the patient's concerns. Validate their feelings without judgment (Bowers, 2024).
3. **Offer Choices**
   Provide options to help patients feel in control. This reduces feelings of powerlessness (Bowers, 2024).
4. **Set Clear Boundaries**
   Communicate limits respectfully. Ensure patients understand expectations for behavior (Bowers, 2024).

Therapeutic Communication Strategies

Open-Ended Questions

Encourage patients to express themselves freely. "How are you feeling about your stay?" Price & Baker, 2019).

Reflective Listening

Mirror patient's emotions to show understanding. "It sounds like you're frustrated with the wait." Price & Baker, 2019).

Validation

Acknowledge patient's feelings without judgment. "It's understandable to feel anxious about the procedure." Price & Baker, 2019).

Implementing Music Therapy

Selection Process

Collaborate with patients to choose calming music they enjoy. Consider cultural preferences (Cheung et al., 2019).

Timing

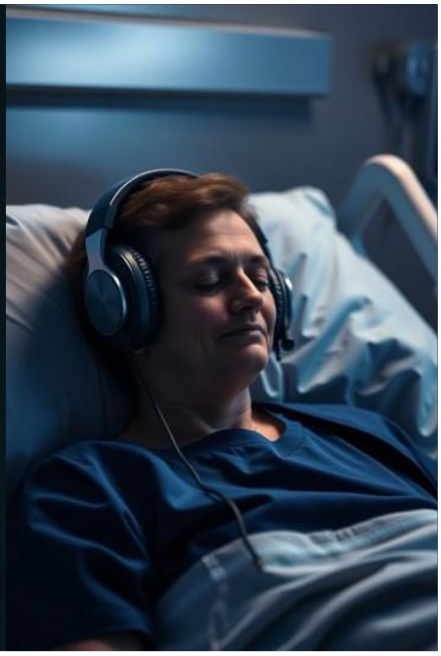
Introduce music during potentially stressful periods. Use it proactively to prevent agitation (Cheung et al., 2019).

Duration

Start with short 15-minute sessions. Gradually increase based on patient response (Cheung et al., 2019).

Monitoring

Observe patient reactions. Adjust volume or genre as needed for optimal effect (Cheung et al., 2019).



Environmental Modifications for Aggression Reduction

Lighting

Use soft, adjustable lighting. Avoid harsh fluorescents that can increase agitation (Ulrich et al., 2018).

Noise Reduction

Minimize unnecessary alarms and loud conversations. Provide quiet spaces for relaxation (Copolillo et al., 2010).

Furniture Arrangement

Create open spaces that don't feel confining. Ensure clear exit paths for safety (Shepley et al., 2017).

Color Scheme

Use calming colors like blues and greens. Avoid overstimulating bright colors (Dijkstra et al., 2008).

Role-Play Exercises: Putting Theory into Practice

1. **Scenario Setup**
   Present realistic aggression scenarios. Provide clear objectives for each role-play exercise.
2. **Role Alternation**
   Nurses switch between caregiver and patient roles. This builds empathy and diverse perspectives.
3. **Practice Interventions**
   Apply de-escalation techniques, therapeutic communication, and environmental adjustments during scenarios.
4. **Feedback and Reflection**
   Peers and facilitators offer constructive feedback. Discuss challenges and successful strategies.

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Appendix D: Summative Evaluation

Date:

Presenter: Olivia Nguh, 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 relevant and helpful for managing aggression in psychiatric patients within my professional practice.

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

3. After participating in this educational program, do you intend to make changes in your practice behaviors to better manage aggression using non-pharmacological interventions? Yes No Please circle your response.

4. If yes, what specific changes do you plan to implement in your practice?

_____

5. I feel confident in applying the knowledge gained from this program to use non-pharmacological techniques in managing aggression.

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

6. Please identify any barriers you anticipate in implementing these strategies in your practice.

Thank you for completing this evaluation.