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Staff Education to Enhance Nursing Knowledge and Confidence in Withdrawal Management Using the Clinical Institute Withdrawal Assessment and Clinical Opiate Withdrawal Scale

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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
the review committee have been made.

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Walden University
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Executive Summary: Staff Education Project

Staff Education to Enhance Nursing Knowledge and Confidence in Withdrawal Management Using the Clinical Institute Withdrawal Assessment and Clinical Opiate Withdrawal Scale

by

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Summary

This quality improvement staff education project addressed the inconsistent use of the Clinical Institute Withdrawal Assessment (CIWA) and Clinical Opiate Withdrawal Scale (COWS) assessment tools among nursing staff in an adult psychiatric and addictions unit located in the Mid-Atlantic region of the United States. Inconsistent use of the CIWA and COWS tools may lead to unfavorable patient outcomes. The goal of this project was to enhance nursing familiarity, confidence, and sense of importance in using CIWA and COWS tools for assessing and managing withdrawal symptoms in patients with co-occurring depression and substance use disorders. A pre- and posteducation survey design was used to evaluate the impact of an evidence-based training session using a five-item survey. Data from three items, rated using a Likert scale (1 = *low* to 5 = *high*), demonstrated sizeable improvements in participants' self-reported familiarity and confidence from means 2.25 to 4.0, a 77.8 normalized learning gain, while sense of importance showed a lower gain (14.3) due to higher scores prior to education ($M = 3.5$). Qualitative responses from two open-ended items revealed posteducation themes, such as improved symptom recognition, appreciation for standardized tools, and increased accuracy in applying CIWA/COWS protocols. Staff expressed greater clarity in how to score and reassess symptoms, along with a commitment to integrating the tools into routine care. The results support the effectiveness of education in closing practice gaps and underscore the importance of structured assessment tools in ensuring consistent and safe withdrawal management. This initiative met its original objectives and lays the groundwork for sustainable improvements in clinical practice across psychiatric settings for patients experiencing withdrawal symptoms from substance use disorder.

Background

Withdrawal from alcohol and opioids presents critical challenges in psychiatric and addiction settings, particularly when compounded by co-occurring mental health conditions, such as depression. Inconsistent assessment and management of withdrawal symptoms can lead to increased morbidity, adverse patient outcomes, and safety concerns (see Korbonits, 2024). The CIWA and COWS are validated tools that guide evidence-based, standardized care. However, in the adult psychiatric and addictions unit at the project site, inconsistent use of these tools was identified as a problem due to limited staff knowledge and confidence. With this Doctor of Nursing Practice project, I aimed to address this practice gap by implementing a targeted staff education program focused on improving nursing knowledge and confidence in using CIWA and COWS.

Staff on an adult psychiatric and addictions unit provide care for a vulnerable population—patients often experiencing both psychiatric conditions and substance use disorders (SUDs). These individuals are at high risk for complications during alcohol or opioid withdrawal (see Korbonits, 2024). Accurate assessment and timely intervention are essential for patient safety and positive clinical outcomes. Despite institutional policies recommending the use of CIWA and COWS tools, staff adherence at the project site was inconsistent.

Literature Review

I used evidence from a review of previous research studies to support the development of the evidence-based education program for this project. Pribék et al. (2021) showed that clear, evidence-based protocols led to better patient engagement and symptom management. Glen (2024) and Larson (2022) underscored the importance of

structured implementation strategies. Williams et al. (2022) supported integrating assessment tools into electronic health systems, while Kitt-Lewis et al. (2025) advocated for aligning training with principles to reduce bias in clinical decision-making. Furthermore, Corrigan et al. (2018) emphasized the importance of reducing stigma associated with withdrawal through standardizing withdrawal assessment processes.

Multiple studies consistently demonstrated that targeted nurse education on CIWA and COWS protocols enhanced adherence, improved clinical outcomes, and sustained high standards of psychiatric care. Melkonian et al. (2019) found that nurse education programs improved adherence to CIWA protocols and reduced complications. Ugo et al. (2020) documented significant improvements in clinical outcomes following CIWA and COWS training. McManis (2023) and Mohan (2024) both highlighted the role of ongoing staff education in maintaining clinical excellence in psychiatric care.

Collectively, the literature supported the efficacy of structured staff education programs in improving use of withdrawal assessment tools and emphasized the relevance of standardized practices in psychiatric and addiction care settings. Evidence indicated that structured education can significantly enhanced the use of withdrawal assessment tools (Corrigan et al., 2018; Melkonian et al., 2019). Improving staff confidence and knowledge led to more consistent tool application and better symptom management (McManis, 2023; Ugo et al., 2020). The current project holds significance for the organization’s goal to deliver high-quality, safe, evidence-based care and aligns with broader efforts to reduce stigma and improve outcomes for patients with SUD.

Problem Statement and Project Question

A gap in practice was identified in the inconsistent use of CIWA and COWS among nursing staff in the project site adult psychiatric and addictions unit. Staff expressed uncertainty regarding how and when to apply the tools, leading to variability in withdrawal assessment and intervention. The evidence-based practice (EBP) question was: Does staff education on using evidence-based CIWA and COWS assessments in the adult psychiatric and addictions unit improve nursing knowledge and confidence in assessing and managing alcohol and/or opioid withdrawal symptoms in patients diagnosed with depression and undergoing SUD treatment?

Staff Education Project Development

Project Design and Implementation

This quality improvement project was guided by the Johns Hopkins evidence-based practice (JHEBP) model. The process began with the identification of a practice gap in the adult psychiatric and addictions unit at the project site, which aligned with Step 1 of the JHEBP model—defining the problem and developing the EBP question. The project team employed the JHEBP Individual Evidence Summary Tool to synthesize the literature and support the intervention's rationale.

Using JHEBP's practice, evidence, and translation approach, I developed the education intervention during the practice and evidence phases and implemented it during the translation phase. A staff education module was designed using evidence gathered from a comprehensive literature review and graded via the Johns Hopkins Research Evidence Appraisal Tool. The final educational materials included a curricular outline

(e.g., overview of withdrawal symptoms), structured training with simulation on using CIWA and COWS scoring procedures, clinical case scenarios, and assessment strategies.

I used a pre-/posteducational intervention design in the project. The target population included RNs in the adult psychiatric and addictions unit. A presurvey was used to assess participants' baseline familiarity and confidence in using CIWA and COWS and how important they perceived these tools to be in their practice. The education intervention included a single-session, interactive educational program incorporating:

- a lecture
- an overview of alcohol and opioid withdrawal
- step-by-step procedures for using CIWA and COWS
- interactive discussion
- printed and electronic resources for reference

After the training, the participants completed a postsurvey and an open-ended evaluation to measure change and capture qualitative insights. Staff participation was voluntary, and anonymity was preserved. This structured and evidence-driven approach ensured that the educational intervention remained consistent with the rigor and methodology promoted by the JHEBP framework to meet the identified educational needs (see Appendix A for the PowerPoint presentation).

An important component of project development involved a review of the educational content by a single expert panelist—a psychiatric nurse with years of experience, direct clinical knowledge of withdrawal protocols, and familiarity with the CIWA and COWS tools used in psychiatric and addiction care. She evaluated the

educational materials using a structured Content Expert Evaluation Form (see Appendix B). The reviewer rated the module as *strongly agree* (5 out of 5) across all eight criteria, which included content accuracy, clarity and organization, clinical relevance, appropriateness of teaching methods, and ethical considerations. The reviewer affirmed the module's alignment with project objectives and praised the relevance and effectiveness of the educational tools. She made a minor recommendation to review American Psychological Association citation formatting, which was addressed in the final version. This expert validation enhanced the rigor and credibility of the educational intervention and ensured that materials met high standards for clinical applicability and EBP.

Results

Evaluation methods included using descriptive statistics to analyze three Likert-scale items on pre-/posteducation surveys to assess staff's perceptions on their knowledge, confidence, and sense of importance on using the CIWA and COWS (see Table 1). I calculated a mean score for each item for pre- and postsurveys using descriptive statistics. I calculated the normalized learning gain using the formula by Hake (see Figure 1). Findings for the two open-ended questions are reported based on thematic analysis of qualitative feedback. See Figure 2 for the five-item presurvey and Figure 3 for the five-item postsurvey.

Table 1

*Findings on Pre- and Postsurvey Items (*N = *4)*

Items	Pre	Post	Change	Normalized gain
Q1: How familiar are you with the CIWA assessment tool?	2.25	4.0	1.75	↑ 77.8
Q2: How confident do you feel in assessing and managing patients with alcohol withdrawal symptoms?	2.25	4.0	1.75	↑ 77.8
Q4: How important do you think it is to use standardized assessment tools like CIWA and COWS in clinical practice?	3.5	4.0	0.5	↑ 14.3
M	2.7	4.0	1.0	48.1

Figure 1

Formula for Normalized Learning Gain

$$\langle g \rangle = \frac{\langle \text{post} \rangle - \langle \text{pre} \rangle}{100 - \langle \text{pre} \rangle}$$

Figure 2

Presurvey Questions

Question 1
How familiar are you with the CIWA assessment tool?
Scale: 1 = Not familiar at all, 2 = Somewhat familiar, 3 = Very familiar, 4 = Extremely familiar

Question 2
How confident do you feel in assessing and managing patients with alcohol withdrawal symptoms?
Scale: 1 = Not confident at all, 2 = Somewhat confident, 3 = Very confident, 4 = Extremely confident

Question 3
What challenges do you currently face when assessing and managing patients with substance withdrawal symptoms? (Open-ended question)

Question 4
How important do you think it is to use standardized assessment tools like CIWA and COWS in clinical practice?
Scale: 1 = Not important at all, 2 = Somewhat important, 3 = Very important, 4 = Extremely important

Question 5
What do you hope to learn or achieve from the upcoming education and training on CIWA and COWS assessment tools? (Open-ended question)

Figure 3

Postsurvey Questions

Question 1
How familiar are you with the CIWA assessment tool?
Scale: 1 = Not familiar at all, 2 = Somewhat familiar, 3 = Very familiar, 4 = Extremely familiar

Question 2
How confident do you feel in assessing and managing patients with alcohol withdrawal symptoms?
Scale: 1 = Not confident at all, 2 = Somewhat confident, 3 = Very confident, 4 = Extremely confident

Question 3
What strategies did you learn that will assist with any challenges you currently face when assessing and managing patients with substance withdrawal symptoms? (open ended question)

Question 4
How important do you think it is to use standardized assessment tools like CIWA and COWS in clinical practice?
Scale: 1 = Not important at all, 2 = Somewhat important, 3 = Very important, 4 = Extremely important

Question 5
What are one or two new pieces of information that you've gained from what you hoped to learn or achieve from the education and training on CIWA and COWS assessment tools? (Open-ended question)

Likert-Scale Item Findings

Postimplementation results showed a measurable improvement in nursing familiarity and confidence regarding withdrawal assessment. The mean normalized gain for the three items was 48.1 across all survey items, reflecting a significant increase with the highest mean normalized gain for the knowledge (i.e., familiarity) confidence of 77.8.

Open-Ended Item Findings

Presurvey Findings: Question 3 and 5

Question 3 asked participants what challenges they were faced with when assessing and managing patients with substance withdrawal symptoms. Thematic analysis about challenges prior to the education revealed that staff lacked confidence and sufficient knowledge to accurately assess and score withdrawal symptoms using the CIWA and COWS. The specific themes that emerged were expressing forgetfulness and intimidation when faced with complex or repeated patient presentations. Challenges reported included: “I tend to get intimidated when patients ask for more medications, especially when they are repeat patients,” and “remembering all the symptoms and how to accurately score them.”

Question 5 asked participants what they hoped to learn or achieve from the education on the CIWA and COWS assessment tools. Findings revealed that participants hoped to gain a clearer understanding of how to accurately assess, score, and apply the CIWA and COWS tools, ultimately increasing their confidence in identifying and managing withdrawal symptoms. A sample of responses included: “To recognize alcohol withdrawal stages,” and “familiarize and know about symptoms by heart to increase my confidence of taking care of patients detoxing.”

Postsurvey Findings: Question 3 and 5

Thematic analysis of Question 3 provided participants' reported strategies to address challenges faced in assessment and management of withdrawal symptoms reflected on ways to assess levels of anxiety, familiarize themself with the list of symptoms, reassess patients following medication administration, ask specific questions, stick to the assessment tool, and take time when completing an assessment and being as accurate as possible. These responses reflected the themes of a lack of confidence or a feeling of uncertainty in evaluating objective symptoms.

The participants' postsurvey responses to Question 5 about one or two new pieces of information that they hoped to learn from the education on the CIWA and COWS assessment tools revealed a common theme of increased clarity and confidence in using the CIWA and COWS tools. Participant responses suggest that they gained a deeper understanding of the importance of accurate and scoring, symptom recognition, timely use of the tools, and the critical role of standardized assessments in guiding patient care. Sample responses included: "Both CIWA and COWS assessments are very important for assessing patients and treating them based on the scores of the assessments," and "to be more confident in recognizing withdrawal symptoms."

Summary of Findings

The themes identified from the open-ended responses support the project's aim and directly reflect the original practice gap of nurses' reported challenges with confidence, knowledge, and consistency in using the CIWA and COWS prior to education. The participants' postintervention responses show that the training effectively increased their awareness, confidence, and ability to use the tools correctly. These

findings suggest that the educational intervention successfully addressed the EBP question and project purpose by equipping staff with the knowledge and confidence needed to assess and manage withdrawal symptoms in patients with co-occurring SUD and depression.

Limitations

Despite these successes, the project faced limitations. The small sample size (N = 4) restricts generalizability of the findings across broader clinical settings. Additionally, variations in prior experience among staff may have influenced learning outcomes. However, the qualitative feedback was robust and consistent, highlighting the intervention's practical relevance. Other limitations included a short follow-up period and reliance on self-reporting measures. While findings support that this education showed effectiveness on measures, further testing with a larger number of staff is recommended.

The importance of this project extends beyond the local site. With psychiatric units across the country encountering similar challenges in managing co-occurring SUD and mental illness, structured training on the CIWA and COWS serves as a replicable model for improving assessment accuracy and patient outcomes. This project contributes to the broader mission of delivering equitable, evidence-based care for individuals with complex behavioral health needs.

Recommendations

Future efforts should integrate CIWA and COWS education into onboarding processes and annual competencies. I recommend that the project site embed these tools into their periodic audits to assess for and sustain adherence. Expanding implementation and evaluation of this training to other psychiatric units could broaden its impact with

future findings validating its effectiveness in improving staff familiarity, confidence, and skills in using the CIWA and COWS.

Implications for Practice and Social Change

Improved use of the CIWA and COWS supports safer, more consistent patient care and reduces variability in withdrawal management. For the project site organization, this initiative strengthens alignment with evidence-based standards and quality benchmarks. From a social change perspective, standardizing care helps reduce disparities and stigma, ensuring all patients—regardless of background—receive equitable treatment.

Conclusions

This Doctor of Nursing Practice project demonstrated that targeted staff education on the CIWA and COWS tools can significantly improve nursing familiarity and confidence in assessing and managing withdrawal symptoms in patients with depression and SUDs. The findings support the integration of structured, evidence-based training to standardize practice; enhance clinical decision-making; and ensure safe, high-quality patient care. By addressing the previously identified practice gap, the intervention contributed to greater consistency in withdrawal assessments and strengthened staff capacity to deliver timely, appropriate care in the adult psychiatric and addictions unit. Continued support and reinforcement of these educational efforts are recommended to sustain improvements and foster a culture of EBP.

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Appendix A: PowerPoint Presentation

Enhancing Nursing Knowledge and Confidence in CIWA and COWS Application

Margaret Hector,
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Project Purpose

- Address nursing variability in CIWA and COWS tool usage
- Strengthen knowledge, confidence, and assessment accuracy
- Improve patient safety and outcomes through evidence-based education

Learning Objectives

- Understand withdrawal symptoms and assessment importance
- Demonstrate ≥90% accuracy in CIWA and COWS scoring
- Increase confidence in withdrawal assessments
- Apply best practices in withdrawal management

Overview of Substance Withdrawal Symptoms

- Alcohol Withdrawal: anxiety, tremors, seizures, delirium tremens
- Opioid Withdrawal: nausea, sweating, agitation, cravings, myalgias
- Importance of early recognition and intervention

Importance of Accurate Assessment

- Guides timely intervention
- Prevents severe complications
- Promotes patient safety
- Supports evidence-based care

CIWA-Ar Overview

- Clinical Institute Withdrawal Assessment for Alcohol, Revised
- Validated, standardized tool
- 10-item scale measuring severity of alcohol withdrawal

CIWA-Ar Scoring Components

- Nausea/vomiting
- Tremor
- Anxiety
- Agitation
- Paroxysmal sweats
- Orientation/clouding of sensorium
- Tactile disturbances
- Auditory disturbances
- Visual disturbances
- Headache

CIWA-Ar Scoring Interpretation

- 0-9: Minimal withdrawal
- 10-19: Mild to moderate withdrawal
- 20+: Severe withdrawal, risk for seizures or delirium tremens

COWS Overview

- Clinical Opiate Withdrawal Scale
- Validated tool for opioid withdrawal
- 11-item scale to assess withdrawal severity
- Guides medication-assisted treatment (e.g., Buprenorphine induction)

COWS Scoring Components

- Resting pulse rate
- Sweating
- Restlessness
- Pupil size
- Bone/joint aches
- Runny nose/tearing
- GI upset
- Tremor
- Yawning
- Anxiety/irritability
- Gooseflesh skin

COWS Scoring Interpretation

- 5-12: Mild withdrawal
- 13-24: Moderate withdrawal
- 25-36: Moderately severe withdrawal
- 37+: Severe withdrawal

Barriers to Consistent Use

- Lack of confidence
- Limited practice with tools
- Variability in scoring interpretation
- Fear of over- or under-medicating

Strategies to Build Confidence

- Simulation and role-play practice
- Regular competency assessments
- Access to quick reference guides
- Ongoing education and mentoring

Best Practices for Assessment

- Use tools as scheduled
- Collaborate with interdisciplinary team
- Reassess after each medication dose
- Document assessments consistently
- Report abnormal findings promptly

Summary

- CIWA and COWS are vital to safe withdrawal management
- Accurate use improves patient outcomes
- Education strengthens confidence and competence
- Ongoing practice and support are key

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The following references were used in the development of this PowerPoint presentation.

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Appendix B: Content Expert Evaluation Form

Content Expert Evaluation Form: Educational Module on CIWA and COWS Assessment Tools

Project Title:
Enhancing Nursing Knowledge and Confidence in the Accurate Application of CIWA and COWS Assessment Tools in an Adult Psychiatric and Addictions Unit

Instructions for Reviewer:
Please review the educational materials developed for this quality improvement project. Use the rating scale provided to evaluate each criterion. Additional comments and feedback are encouraged.

Evaluation Criteria	Rating Scale	Comments
1. **Content Accuracy** (Materials reflect current, evidence-based practice and clinical guidelines for CIWA-Ar and COWS use.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
2. **Clarity and Organization** (Content is well organized, easy to follow, and appropriate for nursing audience.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
3. **Clinical Relevance** (Material is relevant to the target audience and applicable to the clinical setting.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
4. **Appropriateness of Educational Methods** (Teaching methods used [PowerPoint Presentation, simulation,] are appropriate and effective.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	

Evaluation Criteria	Rating Scale	Comments
5. **Evaluation Tools** (Pre/Posttests, confidence survey, and competency checklists are appropriate for measuring learning outcomes.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
6. **Level of Difficulty** (Material is appropriate for the knowledge and skill level of the nursing staff.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
7. **Consistency with Project Purpose** (Content aligns with project's stated goals and objectives.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
8. **Ethical Considerations** (No patient identifiers or HIPAA violations present in teaching content.)	1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	

Comments / Recommendations:
(Provide specific feedback on strengths or areas for improvement.)

Date: _____