

11-11-2025

Staff Education to Reduce Relapse Rates Among Individuals with Substance Use Disorders

Joyce Chioma Nwakor
Walden University

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



Part of the [Nursing Commons](#)

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

Walden University

College of Nursing

This is to certify that the doctoral study by

Joyce Nwakor

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. Kelly Fisher, Committee Chairperson, Nursing Faculty
Dr. Diane Whitehead, Committee Member, Nursing Faculty

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

Walden University
2025

Executive Summary: Staff Education Project
Staff Education to Reduce Relapse Rates Among Individuals with Substance Use
Disorders

by
Joyce Nwakor

Walden University, 2025

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

Walden University

November 2025

Summary

This Doctor of Nursing Practice (DNP) project was designed to lower relapse rates among substance use disorder (SUD) patients by educating the staff. The project filled in staff members' knowledge and confidence gaps about evidence-based relapse prevention techniques. Based on this, the key question informing this project was as follows: Will staff education involving the evidence-based relapse prevention techniques enhance the staff's ratings of their knowledge, confidence, and application of strategies for mitigating the relapse rates in SUD individuals?

Key data results ($N = 20$) suggested increased knowledge, confidence and application of strategies with a percentage point gain across all of the 6-items from pre- to posttest. Post-test results showed a 35-percentage point increase in staff confidence when discussing relapse prevention strategies and a 55-percentage point increase in being comfortable in connecting patients to community resources. Awareness of evidence-based approaches rose by 60 percentage points; conducting routine assessment of high-risk relapse factors improved by 75; understanding of co-occurring disorders and their role in relapse increased by 50; and viewing relapse as a common part of recovery increased by 55. Ninety-five percent of staff reported high satisfaction with the training, while 95% expressed a strong likelihood of applying the strategies learned in practice.

Evaluation of the staff members who took part in the education program before and after the intervention aimed to determine measurable outcomes and preserve them as the initial stages of staff development and improved patient treatment. This project has potential to promote effective implementation of sound relapse prevention practices, better patient outcomes, and enhanced success of the long-term recovery processes.

Introduction

Evidence-based solutions are required for SUDs, which continue to be a significant public health concern. The American Psychiatric Association (APA) describes SUD as a condition concerning an individual's recurrent alcohol use and/or drug use that results in clinically significant impairment or distress (Hasin et al., 2013). SUDs involve recurrent substance use leading to impairment with relapse—a return to use after abstinence—posing a major barrier to recovery (Kabisa et al., 2021). Relapses affect people, families, and society as a whole, emphasizing the necessity for medical professionals to implement efficient preventative measures. By providing Exodus Recovery Safe Landing staff with evidence-based relapse prevention techniques, this project filled in training gaps and raised the standard of care.

Background and Rationale

A needs assessment identified gaps in staff knowledge and confidence regarding relapse prevention strategies. The main problems demonstrated by the evaluation were the following:

Demographic and Psychosocial Influences

The review of the literature also demonstrated such demographic factors as age, stress level, and social support system that may significantly influence the susceptibility to relapse of individuals. These dynamics are essential to understanding the processes of interventions (Merikangas & McClair, 2012). To give an example, blocks of population can have a more prevalent level of stress, resulting in socio-economic difficulties, which have the potential to build the grounds to relapse unless it is actively and comprehensively covered in terms of care.

Effectiveness of Comprehensive Interventions

Studies indicate that comprehensive therapies, including motivational interviewing and cognitive-behavioral approaches, are effective intervention measures in the process of lowering the extent of relapse (Kayaoğlu & Şahin Altun, 2022). Nevertheless, these interventions are not fully used unless the staff have enough knowledge and can be trained. Such underutilization indicates an overall failure at the level of the provided framework of care, as the interactions with patients could be significantly enhanced through better training and knowledge of the staff.

Significance of Staff Education

The prevalence of staff education views among the staff in the clinical environment is also inconclusive, though indications are high that staff education is indeed a very crucial ingredient in the effective implementation of sound relapse prevention practices (Ramey & Regier, 2019). Correctly informed staff members are also more apt to use these methods, thereby having a greater involvement of the patients and better results of recovery. Training creates an enabling feeling among the employees, which is reflected in the fact that the employees become more confident in attending to patients. This empowerment should not be regarded only as another addition to the staff training but also as one of the pillars that enable healthcare professionals to serve their patients most beneficially.

This project was aimed at achieving a positive effect on the quality of care provided to people struggling with SUDs by providing the staff with quality training on the most up-to-date evidence-based strategies that will help develop better patient outcomes and enhance the success of the long-term recovery processes.

Staff Education Project Development

The structurization and the development of the educational program comprised a number of important stages that should be undertaken to meet the particular needs of the personnel, as well as the issues that could arise in the conditions of the recovery.

Needs Assessment for Project Development

A team of experts was utilized in developing the pre- and posttests since their review serves as a provision for face validity for the test as an evaluation tool. Participants in this preliminary step included staff (nurses) at the facility who received the pretest to identify knowledge gaps and develop the staff education program. The permission to do the research was given by all stakeholders who had to do with the research, that is, the site leader and project mentors were involved to ensure that the Walden University Ethics Pledge was materialized, and on-site policies were also adhered to. Consultation with stakeholders at each stage of a project makes them stronger accountable and proper ethical concerns are also tackled. Due to ethical issues and compliance protecting staff and patient confidentiality, all data used in the analysis were deidentified before analysis. This evaluation was used in many ways:

Determination of Knowledge Gaps

It showed that the main gap was in the knowledge of relapse prevention strategies among the staff, and also the factors that contribute to relapse. When the staff responded to questions concerning their opinion about well-received strategies, it was evident that most people were not ready to deal with the peculiar needs and complexities of patients. This revelation brought the need to seek training that was specific and not the kind that was going to gloss over fundamental ideas, but looked far beyond to practical examples and real-life situations.

Setting Up Educational Goals

Resting upon the identified gaps in knowledge, the educational goals were developed, and they will be aimed at providing the principles of successful relapse prevention, the principles of psychosocial assistance, and the skills of implementing different intervention strategies in practice. The objectives were not only to promote the increase in knowledge but also to develop critical thinking skills required to adapt to the strategies towards individual patients. These educational objectives would be accomplished with the help of an interesting course and a good organizational climate.

Curriculum Design

The design of the curriculum was the next step for the education program that was based on the following key elements:

1. Evidence- Ramped Prevention Strategies

The educational material proceeded with exploring in detail many evidence-based interventions that help reduce the risk of relapse. With the help of select literature and evidence, the curriculum gave an extensive background of motivational interviewing techniques, the cognitive-behavioral strategies, as well as how to use the available resources in the community. This knowledge base preconditioned the perception of the complex nature of SUDs and their treatment as a multidimensional approach (See Appendix A for a literature review matrix table).

2. What is Psychosocial Support?

Understanding the importance of psychosocial factors in the recovery process, the program comprised training on how to determine and manage the psychosocial needs of patients to create an atmosphere of support and understanding. The interdependence of the social, emotional, and mental aspects of the recovery was also emphasized, which brings to life the importance of addressing the entire individual as opposed to addressing his or her substance use.

3. Interactive Learning

It was used to enhance retention and engagement through the use of case studies, role-playing scenarios, and interactions during the curriculum. Such a practical work was supposed to enable its employees to train on the new methods with the support of a secure and friendly environment. Through role-playing activities, employees could imagine and practice several scenarios that they may encounter with the patients, and, besides, it increased confidence by instilling creativity in their attitude towards treatment.

Delivery Method

Those in charge of the educational program delivery included two face-to-face programs of 55 minutes in duration by the DNP student, with every effort to fit into the possible scheduling issues of the staff members. The program used PowerPoint, videos, and handouts to accommodate diverse learning styles, with interactive elements like case studies and role-playing. Moreover, visual aids were also used properly, and this contributed to the remembering of complicated ideas. The sessions had provisions for free discussion and queries that enabled staff to get nervous and ask questions on issues of concern. The team-based research discussions promoted the staff members' urge to exchange their personal experiences and interests, which

produced an atmosphere of community and unity in the learning process. This component of the training not only increases interest but also establishes a system of support among the employees.

Evaluation Tools

A complete evaluation plan was used to evaluate the effectiveness of the education program to fulfill the available information. The 6-item pretest was administered to the participants before the educational sessions to enable determination of a baseline for the levels of knowledge and confidence. Immediate knowledge acquisition and confidence were assessed with the use of a posttest, which was administered immediately after the training. This assessment was designed in such a way that it could present measurable information that may be analyzed to evaluate the overall effectiveness of the training as well as identify the areas that might need to be stressed more during the further sessions. The evaluation of the long-term knowledge and knowledgeability of applying the skills obtained during the training was achieved with a four-week follow-up questionnaire. The questionnaire would be used to collect data on issues that give a comprehensive picture of the effects of the program due to its incorporation of qualitative and quantitative measures.

Data Collection Method

Pretest/posttest questionnaires (see Appendix B and C) and follow-up surveys assessed knowledge, confidence, and application of strategies. The educational sessions were voluntary, and all the participants provided informed consent before involvement in the study. This ethical policy contributed to the development of trust between the DNP student and the participants, and this was an important key towards the development of a favorable research atmosphere.

The immediate effect of the educational interventions was evaluated by using the posttest. As stated, certain questions were implemented to gauge the confidence and knowledge of the participants concerning relapse prevention strategies efficiently. The Follow-Up Evaluation was done 4 weeks after the training and was aimed at determining the retention of knowledge and the frequency at which participants employed the skills they had learned in the course of training. Specific investigation on the behavioral changes, as well as the implementation of the strategy, enabled a judgment on the sustainability of the program in practice.

The questionnaire that followed had several open questions to gain qualitative opinions of the ideas about participants' experience, barriers they thought existed to implementation, and any future training that could be done (see Appendix D). I sought to elicit the views, that would not be presented in the conventional quantitative evaluation of the participants, by prompting them to comment on their training experience.

Results

The educational intervention demonstrated drastic positive gains in the knowledge of the staff, their confidence level, and the implementation of relapse prevention strategies. The data revealed ground-breaking changes that are essential for the overall well-being of staff interventions in the care of patients with SUDs. Pretest/posttest questionnaires were utilized in data collection as indicated in the Appendix B and C. The perceived confidence, competency, knowledge, and practice of nurses on relapse prevention strategies were measured with the help of these questionnaires in terms of a Likert scale, 1 = strongly disagree to 5 = strongly agree.

Analysis using descriptive statistics showed phenomenal growth in the level of knowledge and confidence levels as demonstrated in the results of the pre-and post-test. See Table 1.

Table 1

Mean Comparison of Knowledge and Confidence Levels

Posttest questions	Pre <i>n (%)</i>	Post <i>n (%)</i>	Change
I feel confident discussing relapse prevention strategies (e.g., coping skills, triggers) with individuals recovering from SUD. (Through the number who Agreed and Strongly Agree).	8 (40.0)	15 (75.0)	35
I am aware of evidence-based approaches (e.g., CBT, motivational interviewing, MAT) to reduce relapse risk.	6 (30.0)	18 (90.0)	60
I routinely assess patients for high-risk relapse factors (e.g., stress, social isolation, mental health).	4 (20.0)	19 (95.0)	75
I understand how co-occurring disorders (e.g., depression, anxiety) increase vulnerability to relapse.	10 (50.0)	20 (100.0)	50
I feel comfortable connecting patients to community resources (e.g., NA/AA, sober housing) for ongoing support.	5 (25.0)	16 (80.0)	55
I view relapse as a common part of recovery that requires a compassionate, non-punitive response.	6 (30.0)	17 (85.0)	55

Note. *N* = 20. SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree.

Table 2*Pre- and Post-Test Results*

Test	Mean score	Comfortable with relapse prevention strategies (%)
Pretest	6 out of 20	0 (0%)
Posttest	19.9 out of 20	19 (95%)

Note. $N = 20$.

Table 3*Satisfaction With Nurses' Education*

Evaluation Metric	Response
Satisfaction with the education program	95% reported high satisfaction
Likelihood of applying learned strategies	95% indicated a strong likelihood
Suggestions for improvement	Participants recommended a more detailed presentation to address other practice gaps noted in the facility.

Limitations

There were a few limitations in the project, though the results were encouraging enough to be used in such a project. One of the key limitations is that a small sample size was used. I implemented the program in the organization, and only 20 key respondents participated in the survey, thus limiting the generalizability and representativeness of the findings. Secondly, the unrealistic timelines that were initially established about the project were too lofty and, thus, they had to be revised to enable personnel enough time to digest and rehearse the information. These timelines do not usually take into consideration the complexities and nuances that the process of

learning entails, which vary depending on the participants. In addition, there were instances where some of the staff members were reluctant to embrace the new practices introduced, and this indicated the need to support and reinforce the training even as it concludes. When facing change, most people tend to attach some form of fear, especially in situations involving established healthcare facilities where the norms and procedures have been traditional. Finally, variability in staff learning preferences may have influenced engagement and retention.

Conclusions

The program created a more encouraging recovery environment by greatly increasing staff competency in relapse prevention. Staff reported having more conversations with patients about preventing relapses. These enhancements might result in lower relapse rates and better long-term recovery outcomes.

Importance of the Project Beyond the Local Site

Continuing the discussion on the success of the implementation and the results of this project, there are some recommendations for its future practice: Establishing organizational support for an environment of sustainable learning among the healthcare personnel and the climate of partnership may strengthen the supply of evidence-based practice in the daily interaction with patients.

Recommendations

Continuous evaluation and staff feedback will help refine the program. The use of feedback mechanisms prompts employees to share their experience, thereby providing quality information that helps the leadership in formulating future training programs.

Implications for Nursing Practice

A wider use of the education program can be useful to the other facilities in the organization, facilitating quality care of the organization in regards to relapse prevention. The program should be expanded to the allied health facilities so that the entire community has a guide to promote recovery.

References

- Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A., Compton, W. M., Crowley, T., Ling, W., Petry, N. M., Schuckit, M., & Grant, B. F. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry*, *170*(8), 834-851. <https://pubmed.ncbi.nlm.nih.gov/23903334/>
- Kabisa, E., Biracyaza, E., Habagusenga, J. D., & Umybyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy*, *16*(1), 1-12. <https://doi.org/10.1186/s13011-021-00347-0>
- Kayaoğlu, K., & Şahin Altun, Ö. (2022). The effect of combined cognitive-behavioral psychoeducation and music intervention on relapse rates. *Perspectives in Psychiatric Care*, *58*(3), 968-977. <https://pubmed.ncbi.nlm.nih.gov/34545636/>
- Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human Genetics*, *131*, 779-789. <https://pubmed.ncbi.nlm.nih.gov/22543841/>
- Ramey, T., & Regier, P. S. (2019). Cognitive impairment in substance use disorders. *CNS Spectrums*, *24*(1), 102-113. <https://pubmed.ncbi.nlm.nih.gov/30616680/>

Appendix A: Literature Matrix

Citation	Brief Description of the Study	Implications for this DNP Project
<p>Kabisa, E., et al. (2021). Determinants and prevalence of relapse among patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy, 16*, 1-12.</p> <p>(Kabisa et al., 2021)</p>	<p>A study examining factors contributing to relapse in patients with SUD. Found high relapse rates linked to poor social support, stress, and lack of access to continued care.</p>	<p>Highlights the need for interventions targeting relapse prevention, including psychosocial support and long-term follow-up care. Supports structured post-treatment programs.</p>
<p>Kayaoğlu, K., & Şahin Altun, Ö. (2022). The effect of combined cognitive-behavioral psychoeducation and music intervention on relapse rates. *Perspectives in Psychiatric Care, 58*(3), 968-977.</p> <p>(Kayaoğlu & Altun, 2022)</p>	<p>A randomized controlled trial testing cognitive-behavioral psychoeducation combined with music therapy for SUD patients. Showed a significant reduction in relapse rates compared to standard care.</p>	<p>Suggests that integrative, non-pharmacological interventions (CBT + music therapy) can enhance relapse prevention. Supports holistic approaches in SUD treatment.</p>

<p>Ramey, T., & Regier, P. S. (2019). Cognitive impairment in substance use disorders. *CNS Spectrums, 24*(1), 102-113. (Ramey & Regier, 2019)</p>	<p>A review exploring cognitive deficits (e.g., memory, executive function) in SUD patients and their impact on treatment adherence and relapse.</p>	<p>Emphasizes the need for cognitive screening and tailored interventions (e.g., cognitive rehabilitation) to improve treatment outcomes and reduce relapse risk.</p>
--	--	---

Appendix B: Pretest Questionnaire

Pre-test Questions	SD	D	U	A	SA
I feel confident discussing relapse prevention strategies (e.g., coping skills, triggers) with individuals recovering from SUD	1	2	3	4	5
I am aware of evidence-based approaches (e.g., CBT, motivational interviewing, MAT) to reduce relapse risk	1	2	3	4	5
I routinely assess patients for high-risk relapse factors (e.g., stress, social isolation, mental health)	1	2	3	4	5
I understand how co-occurring disorders (e.g., depression, anxiety) increase vulnerability to relapse.	1	2	3	4	5
I feel comfortable connecting patients to community resources (e.g., NA/AA, sober housing) for ongoing support	1	2	3	4	5
I view relapse as a common part of	1	2	3	4	5

recovery that requires a compassionate, non-punitive response					
COMMENTS:					

SD- Strongly Disagree

D- Disagree

U- Undecided

A- Agree

SA- Strongly Agree

Appendix C: Posttest Questionnaire

Post-test Questions	SD	D	U	A	SA
I feel confident discussing relapse prevention strategies (e.g., coping skills, triggers) with individuals recovering from SUD	1	2	3	4	5
I am aware of evidence-based approaches (e.g., CBT, motivational interviewing, MAT) to reduce relapse risk	1	2	3	4	5
I routinely assess patients for high-risk relapse factors (e.g., stress, social isolation, mental health)	1	2	3	4	5
I understand how co-occurring disorders (e.g., depression, anxiety) increase vulnerability to relapse.	1	2	3	4	5
I feel comfortable connecting patients to community resources (e.g., NA/AA, sober housing) for ongoing support	1	2	3	4	5
I view relapse as a common part of	1	2	3	4	5

recovery that requires a compassionate, non-punitive response					
COMMENTS:					

SD- Strongly Disagree

D- Disagree

U- Undecided

A- Agree

SA- Strongly Agree

Appendix D: Questionnaire

Question	Response
Satisfaction level with the education program	
Likelihood of applying the knowledge	
Suggestions to improve the delivery and content of the presentation for future use.	