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Development of an Evidence-Based Educational Intervention to Increase Correctional Nurses' Knowledge of Mental Health Crisis Management

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Walden University

College of Nursing

This is to certify that the doctoral study by

Jacqueline Parrish

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and that any and all revisions required by
the review committee have been made.

Review Committee

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Walden University
2025

Executive Summary: Staff Education Project
Development of an Evidence-Based Educational Intervention to Increase Correctional
Nurses' Knowledge of Mental Health Crisis Management

by

Jacqueline Parrish

MS, Walden University, 2022

BS, Walden University, 2025

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

Walden University

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Summary

This Doctor of Nursing Practice educational intervention targeted correctional nurses and was aimed at enhancing their knowledge of mental health crisis management. Correctional environments often lack training for managing mental health emergencies, which can negatively impact safety. The goal of this project was to increase correctional nurse knowledge of mental health emergency management. The guiding question was whether an educational intervention would increase correctional nurses' knowledge of mental health crisis management by a minimum of 20% following a structured, evidence-based educational session. I employed a pre- and posttest design in the project.

A total of 20 participants completed a pretest, posttest, and program evaluation. I analyzed the collected data using descriptive statistics and normalized gains. Participants' mean scores increased from 47.68 on the pretest to 67.68 on the posttest, representing a 39% gain and exceeding the 20% objective. Project results confirmed that an educational intervention can enhance nurse knowledge of crisis management. These results aligned with evidence from similar interventions, such as basic mental health education for nurses, which has shown meaningful competency gains in pre- and posttest designs.

Based on these outcomes, I recommended that the correctional institution incorporate the training through regular, structured modules and integrate it into onboarding programs to strengthen nurse readiness, promote organizational safety, and enhance equitable mental health care for incarcerated individuals. The project's outcomes support positive social change by fostering a safer correctional environment; advancing equitable access to quality mental health care; and promoting a culture of diversity, inclusion, and respect within nursing practice.

Background

Correctional nurses provide care within one of the most complex and challenging healthcare environments, where the intersection of mental illness, trauma, and systemic constraints creates unique demands on clinical practice. Rates of mental illness among incarcerated populations are markedly higher than those observed in the general community, with nearly 20% of incarcerated individuals in the United States carrying a diagnosed mental health condition (Torrey et al., 2014). Crisis episodes, including acute psychosis, self-harm behaviors, and suicidal ideation, occur with alarming frequency in correctional settings, further amplifying the intensity of care required (Bronson & Berzofsky, 2021; Fazel, 2021).

Despite this well-documented prevalence, many correctional healthcare systems continue to face significant gaps in the training and preparation of nursing staff to effectively manage mental health crises. Inconsistent or inadequate education on de-escalation strategies, trauma-informed care, and evidence-based interventions contribute to variability in practice and increases both clinical risk and occupational stress among nursing personnel (Boch et al., 2023; Price et al., 2024). The absence of structured, ongoing professional development in this area can compromise patient outcomes and heighten safety concerns for staff and inmates alike (World Health Organization, 2021). Therefore, addressing these deficits through targeted mental health crisis management training is essential to strengthening correctional nursing practice, promoting safer environments, and improving the overall quality of mental health care in correctional institutions.

To directly address this gap, this project's guiding question was: Does an evidence-based educational session improve correctional nurses' knowledge of mental health crisis management? The project's purpose was to design and deliver a staff education program and evaluate participants' knowledge improvement using pre- and posttests, with a targeted minimum of 20% increase in nurse knowledge.

Nurses play a pivotal role in crisis management regardless of the setting. They are integral in responding to acute and ongoing crises, promoting public health, and supporting communities (Al-haji et al., 2024), and the correctional setting is no different (Schultz, 2025). Evidence supports the use of structured educational interventions in improving nurses' confidence and crisis response skills. Kieft et al. (2022), Alzahrani (2023), and Labrague et al. (2023) found that short, focused education sessions significantly enhanced nurses' mental health competencies, especially in high-stress settings. Similarly, training interventions have been shown to reduce stigma and improve care strategies among correctional staff, suggesting that knowledge-focused initiatives can lead to sustainable practice improvements (Martin et al., 2023).

The strength of this evidence lies in its consistent findings across multiple settings, with both quantitative and qualitative studies supporting education as a driver for improved outcomes. Applying this evidence to correctional nurses has strong potential to narrow the knowledge gap and foster safer, more effective crisis management within the correctional healthcare systems.

Staff Education Project Development

This project stemmed from recognizing a major organizational gap involving the lack of standardized evidence-based training for mental health crisis management in the

project site facility. Although a considerable proportion of the prison population suffers from mental illness, the nursing staff at the project site did not have formal training in psychiatric de-escalation and crisis intervention. This gap in training and professional development contributed to feelings of being unprepared and, possibly, unsafe among the staff. This, in turn, adversely affected the quality of mental health care in this complex and unique clinical setting and may have compromised the safety of patients and the mental health of staff.

I conducted a strengths, weaknesses, opportunities, and threats analysis and identified a number of pivotal elements. The major strengths were the motivated nursing staff and the encouraging clinical leaders. The key weakness, however, was the absence of organized training materials and the limited instructional time. Important opportunities were the prospects of improving professional staff collaboration and raising the standard of care of the facility. The greatest threat identified was the high turnover rates of the staff within the organization, which undermined the project's educational impact and sustainability. This required urgent attention in terms of training and onboarding integration.

Organizational readiness contributed to the understanding of the facility's capacity and willingness to perform this educational project. This readiness analysis indicated the significant agreement among the facility leadership regarding the need for the training. The director of nursing's approved the project proposal, particularly because it related to alignment with the improvement of patient and staff safety and its other goals. The analysis also established the configuration of supportive logistical resources,

including room and time for the session, encouraging the adoption of the proposed evidence-based intervention.

Through stakeholder analysis, I identified key individuals essential to the project's success, including the director of nursing, the correctional administrator, and the lead mental health social worker. The director of nursing and the administrator ensured the training aligned with institutional operations and security protocols, while the social worker provided clinical expertise and educational resources to integrate the program with existing behavioral health services. Early engagement of these stakeholders was critical to securing organizational buy-in; identifying gaps in current practice; and promoting a collaborative, interdisciplinary approach to implementation.

I conducted the project at a correctional facility using a convenience sample of 20 nurses who provide direct patient care to incarcerated individuals. The intervention consisted of a 1-hour, evidence-based educational session on mental health crisis management tailored to the correctional environment. The PowerPoint presentation covered recognizing psychiatric decompensation, applying de-escalation techniques, and initiating appropriate safety and referral protocols. The session was interactive, and participants received educational materials, including slides and a resource handout.

I measured knowledge acquisition using a pretest and posttest. A 15-item multiple-choice questionnaire, adapted from validated crisis management tools, was administered immediately before and after the intervention. I then analyzed the test scores of the 20 participants. This approach is widely recognized as an effective way to measure the impact of nursing education interventions (Alenezi et al., 2022).

I developed a posttest questionnaire to evaluate training effectiveness, participants' perceived ability to apply learned concepts, and achievement of the objectives. The posttest also included open-ended questions to identify the most valuable aspects of the training, areas needing improvement, and participant suggestions (see Appendix D). Integrating quantitative and qualitative data enhanced the evaluation by capturing both measurable outcomes and participant perspectives (see Polit & Beck, 2021). This dual-method approach demonstrated participant knowledge gains while assessing the perceived relevance of the education to their daily correctional nursing practice.

Participation was voluntary and limited to licensed nursing staff in the correctional health unit. Individuals identified their own six-digit number that was used for the pre- and posttest identification to maintain confidentiality and anonymity. I reported the results with no identifying information and in summative format.

The primary evaluation metric was the percentage change in pre- and posttest scores, with success defined as a minimum of 20% improvement in mean posttest scores. I used Hake's (1998) normalized gain formula to identify the proportion of potential improvement achieved from the pretest to the posttest. The formula of the posttest score minus the pretest score divided by the highest possible score, which was 100 for this project, minus the pretest score multiplied times 100 was used for gain calculation.

Results

The participants consisted of 20 registered nurses who worked in a correctional institution. I used pre- and posttest scores were used to compute normalized gain. The pretest score mean was 47.68% (min = 40; max = 53.3). The posttest score increased to a

mean of 67.68% (min = 60; max = 80). The normalized gain was 39%, which exceeded the 20% increase objective. The gain for each participant varied (see Figure 1).

Figure 1

Participant Mean Scores and Normalized Gains

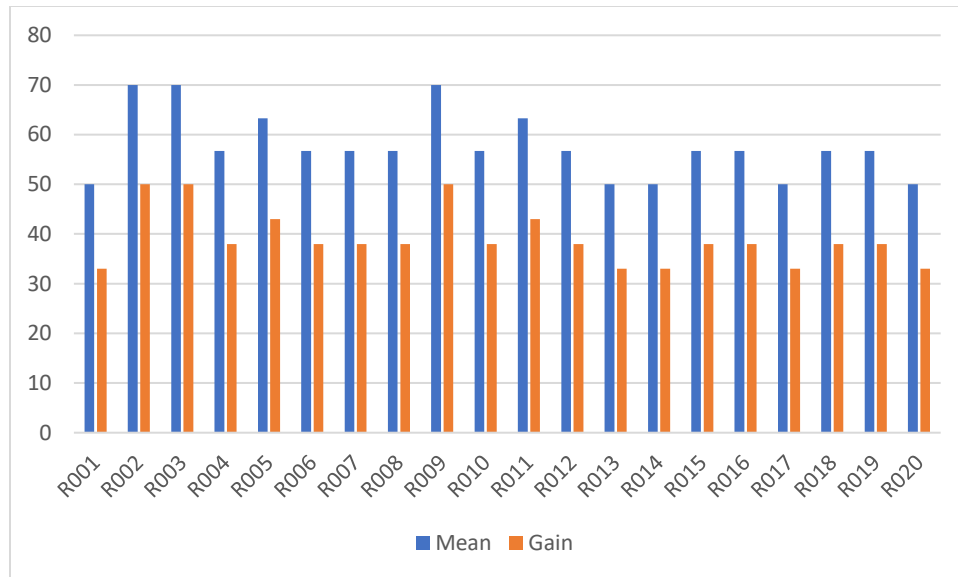


Table 1: Participant Scores and Gains

Participant	Pretest score	Posttest score	Normalized gain (g)	Percent
001	40	60	0.333	33.3
002	60	80	0.5	50
003	60	80	0.5	50
004	46.7	66.7	0.375	37.5
005	53.3	73.3	0.429	42.9
006	46.7	66.7	0.375	37.5
007	46.7	66.7	0.375	37.5
008	46.7	66.7	0.375	37.5
009	60	80	0.5	50
010	46.7	66.7	0.375	37.5
011	53.3	73.3	0.429	42.9
012	46.7	66.7	0.375	37.5
013	40	60	0.333	33.3

Participant	Pretest score	Posttest score	Normalized gain (g)	Percent
014	40	60	0.333	33.3
015	46.7	66.7	0.375	37.5
016	46.7	66.7	0.375	37.5
017	40	60	0.333	33.3
018	46.7	66.7	0.375	37.5
019	46.7	66.7	0.375	37.5
020	40	60	0.333	33.3
Mean	47.68	67.68	0.389	38.9

Table 2: Post-educational Evaluation

Section 1: Content Evaluation		Section 2: Learning Application	
Item	Mean	Item	Mean
1. The training content was relevant to my work responsibilities.	3.6	6. I feel more confident responding to mental health crises in the correctional setting.	3.7
2. The materials provided (slides, handouts) were helpful.	3.55	7. I can identify signs of escalating mental health behaviors.	3.65
3. The session improved my understanding of mental health crisis management.	3.55	8. I can apply de-escalation techniques learned during the session.	3.95
4. The presenter demonstrated expertise on the topic.	3.9	9. I understand when to refer individuals to mental health professionals.	3.3
5. The duration of the session was appropriate for the content covered.	3.7	10. I intend to apply what I learned in my daily responsibilities	3.35

The minimum gain for each participant was 0.333 (33%), and the maximum gain was .50 (50%). All participants individually met the objective.

In the posteducational evaluation, participants self-reported having improved understanding of mental health crises at a mean of 3.55 on the 5-point Likert scale. Self-reported learning application resulted in a mean of 3.95 on the same scale, regarding their ability to apply de-escalation techniques learned during the session, which was the highest area reported. Results indicated that staff had a moderate level of certainty that they could successfully address crises situations in the correctional facility.

Qualitative analysis of open-ended feedback revealed two main themes. Participants reported increased confidence in recognizing early warning signs and initiating de-escalation. They also valued the interactive, case-based learning format and recommended incorporation into orientation and annual education. The project meaningfully impacted the correctional facility by enhancing nurses' knowledge in managing mental health crises, improving staff competency, strengthening communication, promoting timely crisis intervention, and creating a safer environment. The structured educational framework also established a foundation for ongoing professional development and standardized crisis management training within the organization.

Several limitations influenced the results. The small sample size ($N = 20$) limited generalizability beyond the local site. Pre- and posttest questionnaires that I developed were used in the project. There was no long-term follow up, preventing assessment of knowledge retention or translation into clinical practice. External factors, such as shift

schedules and limited time for training, could have affected participation and concentration levels.

This project holds relevance beyond the local correctional facility because mental health crises are prevalent in correctional settings nationwide. Findings underscore the value of evidence-based educational interventions in addressing this critical gap. Implementing similar programs across correctional systems could enhance nurse preparedness; reduce crisis-related injuries; and promote equitable, trauma-informed care for incarcerated populations. The project advances nursing practice by demonstrating how targeted education can strengthen safety; uphold ethical standards; and foster social justice through diversity, equity, and inclusion in correctional healthcare.

Conclusions

Implementation of the evidence-based educational intervention demonstrated that targeted training effectively enhanced correctional nurses' knowledge of mental health crisis management. Posttest scores exceeded the 20% improvement benchmark, confirming achievement of the project's objective to strengthen nurses' ability to recognize, respond to, and de-escalate psychiatric crises. Organizationally, the impact was twofold: (a) increased clinical knowledge supported safer, more effective care and reduced adverse event risk and (b) improved crisis management competency fostered a more secure environment for both patients and staff, aligning with the correctional system's mission of safety and rehabilitation

My future recommendations include offering the educational session as part of routine orientation for new hires and scheduling periodic refresher courses to reinforce knowledge retention. Expanding the program to include interprofessional staff, such as

correctional officers and social workers, may further enhance collaboration in crisis management and extend the benefits of the intervention. The implications for nursing practice extend beyond the local setting. By addressing gaps in mental health crisis training, the project supported the advancement of correctional nursing as a specialty practice area and highlights the role of continuing education in promoting evidence-based care.

On a broader level, the intervention reflected a commitment to positive social change by promoting equitable access to mental health support for incarcerated individuals, a population that often faces stigma and limited healthcare resources. Integrating such programs into correctional health systems also aligns with principles of diversity, equity, and inclusion, ensuring that vulnerable populations receive safe, dignified, and competent care.

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Appendix A: Educational PowerPoint


Mental Health Crisis Management in Correctional Facilities

JACQUELINE PARRISH
STAFF EDUCATION PROGRAM

Objectives

Following completion of this presentation you will be able to:

- ▶ Identify the signs of a mental health crisis.
- ▶ Implement appropriate strategies for management of a mental health crisis.
- ▶ Understand trauma informed care as it relates to mental health crises.



Understanding the Mental Health Crisis in Correctional Facilities

- ▶ • High prevalence of mental illness among inmates
- ▶ • Unique stressors of incarceration
- ▶ • Impact on nursing care and safety

Trauma Informed Care (TIC)



The diagram consists of three rounded rectangular boxes. The top-left box is orange and contains the definition of TIC. The top-right box is yellow and lists key principles. The bottom box is red and describes the shift in focus. The boxes are connected by thin lines forming a partial circle.

What is it? A care approach that recognizes the impact of trauma & understands how it can affect individuals, families & communities.

Key Principles: Safety; Trustworthiness & Transparency; Peer support; Collaboration & Mutuality; Empowerment; Voice & Choice; Cultural, Historical & Gender Issues.

TIC shifts the focus from "what's wrong with you?" to "what happened to you?" and then to "what's strong with you?".

Recognizing a Mental Health Crisis

- ▶ • Sudden mood changes
- ▶ • Aggression or withdrawal
- ▶ • Suicidal ideation
- ▶ • Psychosis or hallucinations



De-escalation: The First Line of Defense

- ▶ • Remain calm and non-threatening
- ▶ • Use clear and simple language
- ▶ • Keep safe physical distance
- ▶ • Offer choices and control



Legal and Ethical Considerations

- ▶ • Duty to protect and provide care
- ▶ • Informed consent
- ▶ • Confidentiality
- ▶ • Documentation standards

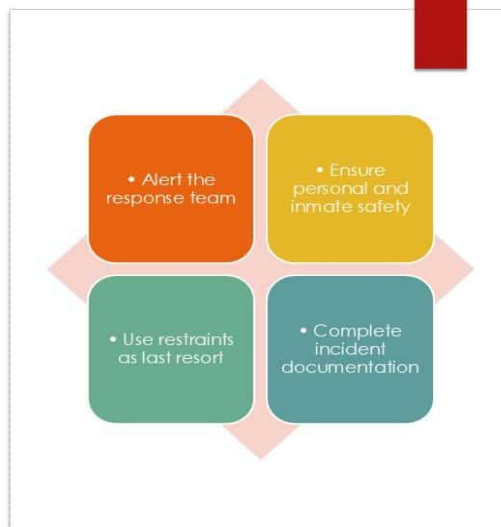


Barriers to Crisis Intervention

- ▶ Limited resources and staffing.
- ▶ Overcrowding and confinement.
- ▶ Stigma and discrimination.
- ▶ Inadequate training and awareness.
- ▶ Lack of continuity of care.
- ▶ Perceptions of care quality and distrust.
- ▶ Elevated suicide risk.
- ▶ Re-incarceration and recidivism.



Responding to Psychiatric Emergencies



Nurse Well-being and Support Systems

- ▶ • Stress management strategies
- ▶ • Peer debriefing and support
- ▶ • Seeking mental health resources
- ▶ • Maintaining boundaries



Signs of Escalation in Inmates

- ▶ Recognizing early signs of agitation or emotional distress is critical in preventing mental health crises. Look for increased pacing, loud or rapid speech, clenched fists, or withdrawal from others.

De-escalation Strategies

01

Use calm voice, non-threatening body language, and maintain safe distance.

02

Avoid arguing or challenging the inmate.

03

Redirect conversation and offer choices to empower decision-making.

Legal & Ethical Responsibilities

- ▶ Correctional nurses must understand their duty to provide care without discrimination, respect patient rights, and adhere to HIPAA even in the jail environment.



Collaboration & Support

- ▶ Effective crisis management involves team communication. Know how and when to involve mental health specialists, custody staff, or emergency responders.



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Thank You

Appendix B: Educational Pretest

PRETEST: Development of an Evidence-Based Educational Intervention to Increase Knowledge of Mental Health Crisis Management by Correctional Nurses

Purpose: This questionnaire aims to assess your current knowledge level.

Confidentiality: Your responses will be kept confidential and anonymous.

Time: The questionnaire should take approximately 10 minutes to complete.

Identification Number: Please place a six-digit identification number on this test that you will remember as you will need to use it again following the presentation. Do not use consecutive numbers. Use a unique string of numbers (e.g., 357834). Only place the number on the test – not your name or any other personal information.

Six Digit Identification Number: _____

After completing the pretest, return it to the designated collection point.

Directions: Please select the correct response to each of the following items by circling your selection. There is only one correct response for each item.

1. What is the primary goal when managing a mental health crisis in a correctional setting?
 - A. To ensure inmate punishment is enforced
 - B. To maintain safety and de-escalate the situation
 - C. To restrain the inmate as quickly as possible
 - D. To involve law enforcement immediately

2. Which of the following is a common early sign of a mental health crisis?
 - A. Increased cooperation
 - B. Withdrawal or isolation
 - C. Improved appetite
 - D. Elevated mood

3. When communicating with an inmate experiencing a mental health crisis, what approach is recommended?
 - A. Use a firm, loud voice
 - B. Avoid all eye contact
 - C. Speak calmly and clearly
 - D. Stand very close to assert dominance

4. Which mental illness is most commonly associated with hallucinations?
 - A. Depression
 - B. Generalized anxiety disorder
 - C. Schizophrenia
 - D. Bipolar II disorder

5. What is the first step in a de-escalation strategy?
 - A. Use restraints in order to manage the patient successfully
 - B. Establish a physical barrier between you and the situation
 - C. Introduce yourself and express willingness to help
 - D. Ask for backup

6. Which of the following best defines 'de-escalation'?
 - A. Ignoring the situation until it resolves
 - B. Using force to stop crisis behavior
 - C. Intervening to reduce the intensity of a situation
 - D. Removing the individual immediately

7. What should be documented following a mental health crisis?
 - A. Only type and severity of physical injuries observed
 - B. Only the time of incident and persons who witnessed it
 - C. Objective observations, actions taken, and outcomes
 - D. Personal opinions

8. Which is a potential barrier to crisis intervention in correctional facilities?
 - A. Adequate staff training
 - B. Strong mental health policies
 - C. Stigma around mental illness
 - D. Clear communication channels

9. What is the purpose of conducting a mental health screening at intake?
 - A. To evaluate physical strength
 - B. To assess criminal history
 - C. To identify existing mental health needs
 - D. To judge cooperation level

10. Why is trauma-informed care important in corrections?
 - A. It emphasizes punishment for past behaviors
 - B. It focuses on quick medication use
 - C. It recognizes the effects of trauma and promotes safer care
 - D. It discourages open communication

11. Which of the following is a component of effective team communication during a crisis?
 - A. Delayed response to avoid crowding
 - B. Blaming the inmate
 - C. Using standardized hand-off tools
 - D. Avoiding feedback

12. What role does active listening play during a crisis?
 - A. It makes the inmate feel challenged
 - B. It builds trust and helps de-escalate
 - C. It allows staff to be passive
 - D. It prolongs the crisis

13. What is a risk factor for mental health deterioration in correctional settings?
 - A. Access to exercise and activities
 - B. Supportive counseling by therapists
 - C. Isolation or solitary confinement
 - D. Positive social interactions

14. In a mental health emergency, what is the nurse's legal and ethical responsibility?
 - A. To notify the media
 - B. To document the inmate's criminal behavior
 - C. To ensure safety and provide appropriate intervention
 - D. To ignore unless there's a medical emergency

15. Which nursing intervention is most appropriate when an inmate reports auditory hallucinations?
 - A. Encourage the inmate to act on the voices
 - B. Acknowledge the experience and offer support
 - C. Argue that the voices aren't real
 - D. Leave the inmate alone to process

Appendix C: Educational Posttest

POST TEST: Development of an Evidence-Based Educational Intervention to Increase Knowledge of Mental Health Crisis Management by Correctional Nurses

Purpose: This questionnaire aims to assess your knowledge level after the presentation.

Confidentiality: Your responses will be kept confidential and anonymous.

Time: The questionnaire should take approximately 10 minutes to complete.

Identification Number: Use your six-digit identification number created for the pre-test as your identification– not your name or any other personal information.

Six Digit Identification Number: _____

After completing the pretest, return it to the designated collection point.

Directions: Read each item carefully. Please select the correct response to each of the following items by circling your selection. There is only one correct response for each item.

1. What is the primary goal when managing a mental health crisis in a correctional setting?
 - A. To ensure inmate punishment is enforced
 - B. To maintain safety and de-escalate the situation
 - C. To restrain the inmate as quickly as possible
 - D. To involve law enforcement immediately

2. Which of the following is a common early sign of a mental health crisis?
 - A. Increased cooperation
 - B. Withdrawal or isolation
 - C. Improved appetite
 - D. Elevated mood

3. When communicating with an inmate experiencing a mental health crisis, what approach is recommended?
 - A. Use a firm, loud voice
 - B. Avoid all eye contact
 - C. Speak calmly and clearly
 - D. Stand very close to assert dominance

4. Which mental illness is most commonly associated with hallucinations?
 - A. Depression
 - B. Generalized anxiety disorder
 - C. Schizophrenia
 - D. Bipolar II disorder

5. What is the first step in a de-escalation strategy?
 - A. Use restraints in order to manage the patient successfully
 - B. Establish a physical barrier between you and the situation
 - C. Introduce yourself and express willingness to help
 - D. Ask for backup

6. Which of the following best defines 'de-escalation'?
 - A. Ignoring the situation until it resolves
 - B. Using force to stop crisis behavior
 - C. Intervening to reduce the intensity of a situation
 - D. Removing the individual immediately

7. What should be documented following a mental health crisis?
 - A. Only type and severity of physical injuries observed
 - B. Only the time of incident and persons who witnessed it
 - C. Objective observations, actions taken, and outcomes
 - D. Personal opinions

8. Which is a potential barrier to crisis intervention in correctional facilities?
 - A. Adequate staff training
 - B. Strong mental health policies
 - C. Stigma around mental illness
 - D. Clear communication channels

9. What is the purpose of conducting a mental health screening at intake?
 - A. To evaluate physical strength
 - B. To assess criminal history
 - C. To identify existing mental health needs
 - D. To judge cooperation level

10. Why is trauma-informed care important in corrections?
 - A. It emphasizes punishment for past behaviors
 - B. It focuses on quick medication use
 - C. It recognizes the effects of trauma and promotes safer care
 - D. It discourages open communication

11. Which of the following is a component of effective team communication during a crisis?
 - A. Delayed response to avoid crowding
 - B. Blaming the inmate
 - C. Using standardized hand-off tools
 - D. Avoiding feedback

12. What role does active listening play during a crisis?
 - A. It makes the inmate feel challenged
 - B. It builds trust and helps de-escalate
 - C. It allows staff to be passive
 - D. It prolongs the crisis

13. What is a risk factor for mental health deterioration in correctional settings?
 - A. Access to exercise and activities
 - B. Supportive counseling by therapists
 - C. Isolation or solitary confinement
 - D. Positive social interactions

14. In a mental health emergency, what is the nurse's legal and ethical responsibility?
 - A. To notify the media
 - B. To document the inmate's criminal behavior
 - C. To ensure safety and provide appropriate intervention
 - D. To ignore unless there's a medical emergency

15. Which nursing intervention is most appropriate when an inmate reports auditory hallucinations?
 - A. Encourage the inmate to act on the voices
 - B. Acknowledge the experience and offer support
 - C. Argue that the voices aren't real
 - D. Leave the inmate alone to process

Appendix D: Instructional Evaluation

Development of an Evidence-Based Educational Intervention to Increase Knowledge of Mental Health Crisis Management by Correctional Nurses

Posteducation Evaluation Questionnaire

Thank you for participating in the staff education session on Mental Health Crisis Management. Please complete the following questionnaire to help us assess the effectiveness of the training and identify areas for improvement.

Please place an X in the box of the number that corresponds to your selection.

Section 1: Content Evaluation

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. The training content was relevant to my work responsibilities.	1	2	3	4	5
2. The materials provided (slides, handouts) were helpful.	1	2	3	4	5
3. The session improved my understanding of mental health crisis management.	1	2	3	4	5
4. The presenter demonstrated expertise on the topic.	1	2	3	4	5
5. The duration of the session was appropriate for the content covered.	1	2	3	4	5

Section 2: Learning Application

Item	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
6. I feel more confident responding to mental health crises in the correctional setting.	1	2	3	4	5
7. I can identify signs of escalating mental health behaviors.	1	2	3	4	5
8. I can apply de-escalation techniques learned during the session.	1	2	3	4	5
9. I understand when to refer individuals to mental health professionals.	1	2	3	4	5
10. I intend to apply what I learned in my daily responsibilities	1	2	3	4	5

Section 3: Overall Feedback

11. What did you find most valuable about this session?

12. What areas do you feel need improvement?

13. Do you have any other comments or suggestions?
