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## **Integrating Psychotherapy and Medication Management in a Primary Care Clinic**

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# Walden University

College of Nursing

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Executive Summary: Staff Education Project  
Integrating Psychotherapy and Medication Management in a Primary Care Clinic  
by  
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## Summary

A knowledge deficit in integrating supportive psychotherapy with medication management to treat patients' psychiatric challenges was identified in a primary care clinical setting. I developed a staff education project to close the knowledge gaps of nurses and nurse practitioners related to an evidence-based protocol that incorporated supportive therapy in individualized treatment plans. The project's aim was to develop, implement, and evaluate the staff education program. The focused project question centered on whether staff education would increase staff knowledge and drive increased supportive therapy orders at admission of patients. Clinical staff registered nurses and nurse practitioners ( $N = 5$ ) participated in the education session and completed pre- and posttest questionnaires and an evaluation survey. I analyzed the collected data from the questionnaires and survey using descriptive statistics and percentage knowledge gain calculations. The results demonstrated that average staff knowledge increased 25%, reflecting an increase in the average score of 7.2 correct answers on the pretest to 8.2 on the posttest. After the education, 80% of the participants reported on the evaluation survey that they felt comfortable integrating psychiatric treatment protocols into the initial care of their patients. Staff education on best practices for integrative psychotherapy and medication management increased participants' knowledge to deliver a combination of psychotherapy and medication treatment to psychiatric patients, including children. The project may lead to community social change by improving management of patients' mental health issues, promoting optimal outcomes, and lowering overall community healthcare costs.

## **Background**

By participating in this educational program, nurses were able to bridge the skills and knowledge gap in incorporating supportive therapy and medication management. Integrating psychiatric treatment protocols helps provide effective treatment tailored to individual-specific patient needs, thereby improving individuals' relationships, experiences, and quality of life (see Wu et al., 2018). Patient health outcomes can be significantly improved by providing treatment protocols tailored to patients' needs and preferences. As such, incorporating psychotherapy and medication management to patients with psychiatric issues can enhance the patient experience and the effectiveness of treatment, reduce costs in health care, and reduce the stress and burnout of providers and clinical staff (see Zarbo et al., 2016).

## **Gap in Practice**

The clinical staff training program conducted at the project site addressed the practice problem of a knowledge deficit in integrating supportive therapy with medication management to treat psychiatric challenges. The knowledge gap was identified through patient and staff feedback and a study of the clinic's treatment protocols. Integrating psychiatric treatment protocols into practice helps providers to follow best practices in effective treatment tailored to individual-specific patient needs, thereby improving individuals' relationships and experience of standard health, comfort, and happiness (see Zarbo et al., 2016).

## **Project Question and Purpose**

The project-focused question was: Will staff education in supportive therapy increase staff knowledge and drive an increase in supportive therapy orders at admission?

Primary care providers are essential to identifying and treating patients with psychiatric disorders; therefore, the purpose of the project was to develop and implement an educational program that improves nurses' knowledge and skills in integrating medication management with supportive therapy. This objective bridges the knowledge gap in the use of supportive therapy and medication management.

### **Supporting Evidence**

I conducted a literature review that included analysis of the topic under study and synthesis of the evidence so that I could apply the relevant evidence to address the clinical practice question in this project. Sources of evidence for this project included trustworthy professional and academic databases and search engines, such as MEDLINE, HealthSTAR, PubMed, and CINAHL. The databases provided cutting-edge and present, evidence-based information from several healthcare practices, such as nursing, psychiatry, biomedical, and life sciences (see Jones et al., 2020).

I conducted a thorough review of articles in support of the project and determined the quality and evidence level of these sources based on the Johns Hopkins nursing evidence-based practice standards (see Dang et al., 2021). The evidence gathered and synthesized indicated that an educational training program to provide performance support and improve the skillset among clinical staff in integrating medication management and psychotherapies to treat psychiatric patients improves patient outcomes and quality of life (see Wu et al., 2018). Evidence indicated that integrating treatment protocols enhances treatment adherence and fosters quick recovery, improved symptom management, increased treatment effectiveness, reduced risk of relapse, and improved mental health outcomes (see Zarbo et al., 2016).

### **Staff Education Development and Implementation**

A review of the clinic treatment processes at the project site demonstrated a lack of clear guidelines and treatment protocols for psychiatric patients, which could compromise the effective, safe, and patient-centered care that may be offered to individuals looking for mental health support. Meeting with stakeholders to address these challenges was imperative to gain support and approval for the proposed training program and possible changes. Stakeholders' responses were positive, and they welcomed the proposal for changes in treatment protocols and expressed commitment to improving the treatment plans and quality of care for patients with psychiatric challenges.

I conducted a strengths, weaknesses, opportunities, and threats analysis to identify the project purpose and evaluate the strengths, weaknesses, opportunities, and threats associated with the knowledge deficit in integrating psychiatric treatment protocols (see Aycock et al., 2017). The analysis showed that the project site's strengths include qualified nursing staff and the organization's readiness for the training program. The organization's weaknesses included a lack of knowledge and skills in integrating psychiatric treatment protocols and a lack of mechanisms to receive and acknowledge patient feedback. The strengths, weaknesses, opportunities, and threats analysis demonstrated opportunities for skills development following the staff education and training program. The analysis underscored the importance of the training program to address the knowledge deficit in integrating supportive therapy with medication management to treat psychiatric challenges. Potential for resistance to change, change in patient preferences, and competition within the geographic area in which the clinic is located were noted as threats in the analysis (see Appendix A).

The program participants included two staff nurses, two nurse practitioners, and the project manager. I developed a questionnaire to identify participants' knowledge gaps to ensure that the staff education program would close the knowledge gaps of the staff members who participated. Developing a project framework for the educational training project streamlined the individual tasks and enhanced the accomplishment of the project objectives (see Sipes, 2020). Breaking down the project into phases facilitated the effective and timely implementation of the training objectives to achieve the intended project outcomes (see Appendix B). In particular, the analysis stage of the model provided a thorough assessment of the clinic's treatment protocols to identify procedure gaps for the education program. Then, I created the educational content of the project based on the systematic literature review evidence-based practice quality improvement processes. The synthesized evidence supported integrating psychiatric therapies and medication management to treat individuals with psychiatric disorders and providing staff education to facilitate protocol adherence.

The project's goals necessitated using the Appraisal of Guidelines for Research and Evaluation II tool to scrutinize the existing protocols so that the educational materials were based on clear and locally applicable current evidence (see Hoffmann-Eser et al., 2017). The educational needs of the project site organization and the stakeholders' involvement in the project helped to establish a formal structure for creating the educational training project to bridge the knowledge and practice gap in integrating psychotherapies with medication management.

Following the needs assessment, the design phase was focused on developing specific objectives and material content to facilitate an effective learning environment.

The developmental stage involved the creation of PowerPoint presentation slides with significant participant engagement and an informative focus. Following the delivery of the training content, group discussions, and answering questions from participants, I administered the posttest questionnaire and the staff education evaluation survey to the participants (see Kreckova et al., 2022).

I determined project effectiveness by reviewing data from the posttest knowledge questionnaire (compared to the pretest) and the staff education evaluation survey. I reviewed information from patient charts 3 months before and 3 months after the staff education to determine if there was an increased staff adherence to combining medication management and psychotherapies, improved patient outcomes, reduced number of repeat patient appointments to seek care, and positive patient feedback following completion of the educational intervention. Only the changes related to the knowledge of staff members were reported for the project. The patient and staff behavioral data were used by the project site organization to further evaluate the impact of education on organization-specific metrics.

## **Results**

### **Pre- and Posttest Questionnaire Data Analysis**

Five clinical staff members took part in the training program to bridge the identified knowledge gap at the project site. Analysis of the results from their pre- and posttest questionnaires provided information related to learning gain outcomes (see Table 1). The following formula was used:

$$[(\text{posttest score}) - (\text{pretest score})] / (10 - \text{pretest score}) \times 100$$

**Table 1***Knowledge Gain Outcomes*

ID	Pretest score	Pretest %	Posttest score	Posttest %	% Knowledge gain
1	8	80	7	70	-50.0
2	7	70	9	90	66.7
3	7	70	8	80	33.3
4	8	80	8	80	0.0
5	6	60	9	90	75.0
<i>M score</i>	7.2	72	8.2	82	25.0

Following the training program, 3 of the 5 participants demonstrated increased knowledge of the integration of psychiatric treatment protocols with medication management to promote optimal patient outcomes, with pretest scores ( $M = 7.2$ ) increasing to posttest scores ( $M = 8.2$ ) for a knowledge gain of 25.0%. The overall increase in participant knowledge demonstrated that the education program enhanced their knowledge regarding integration of psychotherapy to improve patient management and promote patient outcomes. However, one participant's knowledge score decreased by 50.0% on the posttest and another participant showed no knowledge gain from the education. After the education, 80% (i.e., 4 of the 5 participants) reported comfort with integrating psychiatric treatment protocols with medication management in the care of patients. Results from future presentations of this education may help to clarify why the education was not helpful in improving knowledge for some of the participants.

**Impact on the Organization**

The project training program showed an average increase of 25.0% in staff knowledge following the training program, which may lead to better staff adherence to patient management protocols. Furthermore, the education program may help to ensure and promote better patient outcomes. The project helped the organization standardize its operations using evidence-based treatment strategies for its patients. Long-term effects of the project are expected to include a reduced number of patient appointments, improved patient care, and positive patient feedback on outcomes. While this project was carried out with a small staff population, there is the potential for positive patient outcomes when integrated psychiatric treatment protocols are followed by nursing staff.

**Project Limitations and Recommendations**

One limitation of this project was that the education was delivered to and evaluated by a small group of nurses. To realize practice change in the clinic, I recommend that all current nursing staff members and any new nursing staff be educated on the clinic's protocols related to integrating psychotherapy with medication management. Project limitations also included a lack of existing knowledge and skill about using psychotherapies and medication management to treat psychiatric patients. The knowledge gap regarding assessment, evaluation, and implementation of treatment protocols for psychiatric patients makes nurses feel unready and unqualified to address patients' psychiatric issues (see Kavanagh & Sharpnack, 2021). Additional education to supplement the focus on protocol adherence may be necessary to fully realize the potential positive outcomes presented by combining psychotherapy with medication

management. If nurses are not competent in various methods of psychotherapy, adherence alone will not improve outcomes.

Although the participants' immediate post education feedback reflected stakeholders' initial knowledge gains and favorable project perceptions, it did not guarantee whether the new skills or knowledge acquired will be retained or applied effectively in the long term. As a result, the success of the project may be overemphasized if I do not account for a possibility of knowledge decline in practice as time passes. The regular collection of data from patient charts will indicate the long-term effects of education. Finally, planning and conducting collaborative meetings was impacted due to the varying clinical staff schedules and a shortage of clinical staff to attend to patients while others were in training. The project site clinic may prioritize staff education and reimburse nurses for time spent in training.

### **Implications Beyond the Project Site**

The training program is significant beyond the clinical site because it can help to promote the quality of life of patients with psychiatric challenges in their communities. According to Kumar (2020), nursing practitioners are given authority to prescribe medications in all 50 states and the District of Columbia. Learning how to best combine supportive psychotherapy with medication management for better patient outcomes is crucial beyond the clinical site, and its implementations can improve the mental health care of people in dire need nationwide. The project's significance extends beyond the local clinical site due to its potential for replication in other primary healthcare settings. As demonstrated at the clinical site for this project, staff education on best, evidence-based practices in psychiatric and mental health care improved knowledge about quality-

of-care interventions to promote patient trust and adherence to treatment plans, improved patient outcomes and satisfaction with care, and created positive social change.

### **Conclusions**

I developed the education program in this project after a knowledge deficit in practice was identified at the project site. A systematic review of evidence-based research indicated the impact of this knowledge gap and how it affected patient outcomes and delivery of mental health services at the clinic. The practice problem was the staff's knowledge deficit in integrating supportive therapy with medication management upon admission of psychiatric patients. Supportive psychotherapy helps patients dealing with mental health issues to build their self-esteem and improve coping skills through emphatic listening and emotional support (see Hickey & Giardino, 2021). I evaluated the project by conducting a posttest questionnaire with specific open-ended questions for the trained clinical staff to collect their reactions and feedback. Their responses to the questions facilitated the improvement of the training program to address challenges and limitations.

Current evidence-based research has shown the effectiveness of integrating psychotherapy and medication management to treat psychiatric disorders (see Zarbo et al., 2016). The updated treatment protocol and education to ensure its adoption and adherence has the potential to significantly change outcomes for psychiatric patients. Therefore, the project site clinic must implement continuous staff education training programs to integrate treatment protocols and achieve organizational objectives. Achieving the project objectives was important for sensitization of the clinical staff to adhere to the new strategies and conform to standards of evidence-based practices that

incorporate supportive psychotherapy and subsequently address a serious gap in practice, promoting positive social change for patients and their families. The clinical staff is better informed and able to apply evidence-based psychotherapeutic interventions, such as cognitive behavioral therapy, psychodynamic psychotherapy, and talk therapy leading to better and improved outcomes, as a result of the project (see Hickey & Giardino, 2021). It is important that clinical staff be knowledgeable of potential discrimination and stigmatization and advocate for positive social change to improve patients' quality of life and integration into the society.

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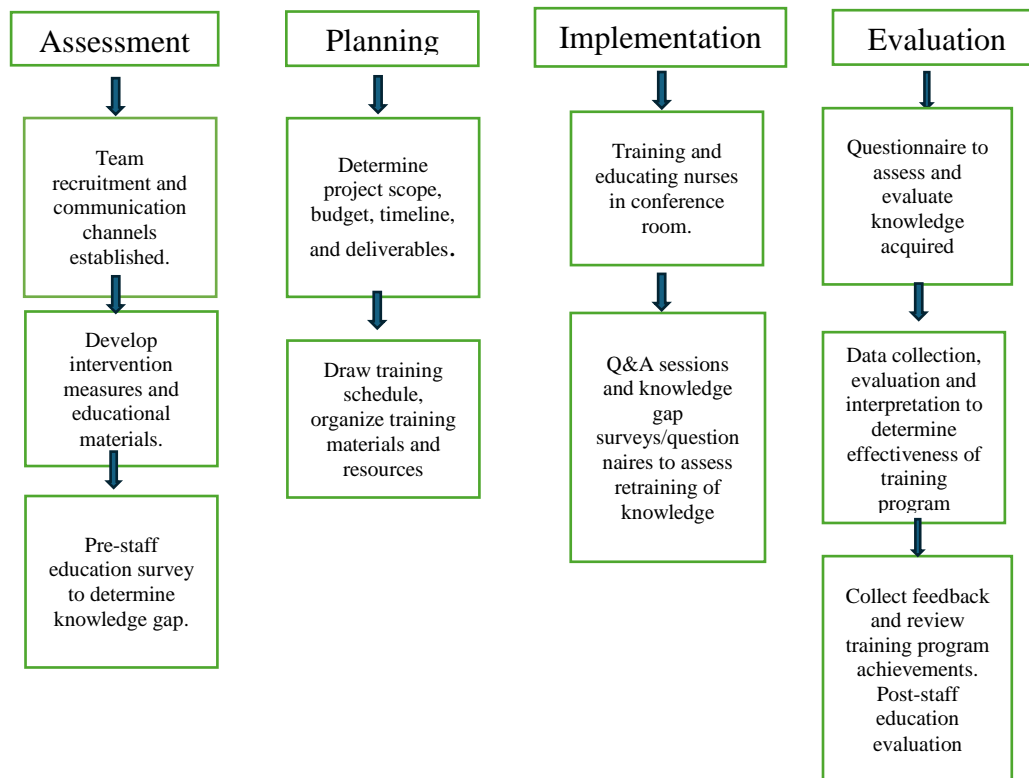
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**Appendix A: SWOT Analysis**

<b>Strengths:</b> <ul style="list-style-type: none"><li>• Qualified nursing staff</li><li>• Organization readiness</li></ul>	<b>Weaknesses:</b> <ul style="list-style-type: none"><li>• Skills gap</li><li>• Patient feedback</li></ul>
<b>Opportunities:</b> <ul style="list-style-type: none"><li>• Network of general care specialists</li><li>• Huge geographical area</li></ul>	<b>Threats:</b> <ul style="list-style-type: none"><li>• Competition</li><li>• Resistance to change</li><li>• Changing patient preferences</li></ul>

## Appendix B: Staff Education Program Phases



*Note.* Based on the staff education program framework of Marzlin (2011).