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Enhancing PTSD Diagnostic Accuracy among Immigrant Patients through Staff Education on the Harvard Trauma Questionnaire

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Walden University

College of Nursing

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the review committee have been made.

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Executive Summary: Staff Education Project
Enhancing PTSD Diagnostic Accuracy among Immigrant Patients through Staff
Education on the Harvard Trauma Questionnaire

by

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Executive Summary Submitted in Partial Fulfillment
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Summary

This doctor of nursing practice (DNP) project is a staff education initiative addressing the underdiagnoses of post-traumatic stress disorder (PTSD) among immigrant patients. The project was developed in response to inconsistent screening practices, lack of standardized tools, and limited provider confidence in assessing PTSD in culturally diverse populations. The purpose is to equip clinical staff with the knowledge and skills to apply the HTQ appropriately and consistently, thereby improving diagnostic accuracy and supporting equitable access to mental healthcare. The practice-focused question guiding this project was: Can an educational intervention using the HTQ improve staff's ability to identify PTSD symptoms among immigrant patients in an outpatient clinic setting?

The project was designed using the ADDIE instructional model to deliver three 1-hour interactive sessions to a multidisciplinary team of 12 clinicians, including physicians, advanced practice nurses, registered nurses, licensed practical nurses, medical assistants, and mental health counselors. Educational materials developed for this program include an HTQ quick guide, a narrated slide deck, pre/post-test assessments, and feedback tools. Evaluation was both formative and summative with faculty and stakeholder review of materials and post implementation knowledge assessments, confidence ratings, and staff feedback, respectively. The project findings support improved awareness of cultural considerations, expanded understanding of trauma-informed care principles, and increased ability to communicate with patients. Anticipated implications include improved patient safety, promoting health equity with sustainable incorporation of evidence-based screening practices into organizational workflows.

Background

PTSD is a debilitating mental health condition that disproportionately affects immigrant and refugee populations due to exposure to war, persecution, displacement, and other forms of trauma. Despite high prevalence rates, PTSD remains significantly underdiagnosed in outpatient clinical settings serving immigrant patients. Barriers contributing to this diagnostic gap include cultural stigma, differences in symptom expression, language challenges, and limited provider familiarity with validated screening instruments. The absence of a standardized approach to PTSD screening within clinical workflows further exacerbates inequities in care delivery, resulting in untreated symptoms and diminished health outcomes for this vulnerable population.

At the partner outpatient clinic, an internal review revealed that PTSD screening was conducted inconsistently and primarily relied on nonstandardized assessments. Staff reported low confidence in identifying PTSD symptoms among immigrant patients and a lack of knowledge regarding evidence-based tools designed for cross-cultural populations. These findings are consistent with broader evidence demonstrating that immigrant patients are often overlooked in mental health assessments because their presentations may not align with Western diagnostic frameworks. The need for culturally competent screening practices became a key driver for this doctoral project.

The HTQ was selected as the focal tool for this project due to its robust evidence base and cultural adaptability. Originally validated among Indochinese refugees (Mollica et al., 1992), the HTQ has since been applied across multiple immigrant and refugee populations, demonstrating strong psychometric properties and relevance in diverse contexts. Research further supports the role of staff education in improving provider

competence, with studies highlighting how structured training increases confidence, knowledge, and willingness to adopt new tools (Johnson-Agbakwu et al., 2016; Kirmayer et al., 2011). The alignment of the HTQ with trauma-informed care principles also strengthens its applicability in outpatient settings committed to equity and culturally responsive practice.

This project builds upon organizational priorities related to mental health access, quality improvement, and health equity. By training staff to reliably use the HTQ, the intervention seeks to standardize screening practices, enhance diagnostic accuracy, and reduce disparities in mental health identification among immigrants. The DNP project therefore responds not only to an immediate gap in practice at the clinical site but also to a broader call for improved mental health screening in vulnerable populations. Grounded in the Johns Hopkins evidence-based practice model, the project integrates best available evidence, clinical expertise, and stakeholder perspectives to design an educational program that is both relevant and sustainable.

Staff Education Project Development

The development of this staff education project followed a structured, systematic process grounded in the ADDIE instructional design model. This framework provided a practical and evidence-based pathway for creating, implementing, and evaluating an educational intervention designed to improve PTSD diagnostic accuracy among immigrant patients through training on the HTQ. The project unfolded in phases that included analysis of the practice gap, program design and development, implementation planning, and early-stage evaluation procedures. Each step was carried out in

collaboration with key stakeholders and with attention to organizational priorities, learner needs, and ethical considerations.

Participants and Setting

The project was implemented at an urban outpatient clinic serving a large immigrant population with diverse cultural and linguistic backgrounds. Approximately 10 to 12 clinical staff members were identified as participants, representing a multidisciplinary team that included physicians, nurse practitioners, registered nurses, licensed practical nurses, medical assistants, and mental health counselors. These individuals were directly involved in patient intake, screening, and care coordination, making them an ideal target group for training on the use of the HTQ.

Stakeholders in the project included the clinical preceptor, who provided field site oversight; the clinic leadership team, which ensured organizational alignment and resource allocation; and interpreters, who supported communication with both staff and patients during training. Faculty advisors and committee members from Walden University guided the academic rigor of the project, ensuring alignment with doctoral-level expectations and ethical standards.

Analysis of the Practice Gap

The first step in the ADDIE process involved confirming the existence of a practice gap. Through stakeholder interviews, organizational readiness assessments, and a SWOT analysis, it was determined that staff lacked both training and confidence in using standardized PTSD screening tools for immigrant patients. Screening practices varied by provider, and documentation was inconsistent. Staff expressed uncertainty about the

cultural appropriateness of existing tools, which often reflected Western diagnostic norms not easily applied to immigrant populations.

Evidence from the literature reinforced these findings. Studies demonstrated that PTSD among immigrants frequently remains underdiagnosed due to cultural stigma, language barriers, and provider unfamiliarity with validated screening measures (Kirmayer et al., 2011; Johnson-Agbakwu et al., 2016). This alignment between local and global evidence highlighted the urgent need for a standardized, evidence-based intervention at the clinic.

Design of the Program

The design phase involved translating identified needs into a curriculum with specific learning objectives. The program was structured around five SMART objectives:

1. Define PTSD and explain its clinical and cultural relevance among immigrant populations.
2. Describe the structure and clinical application of the HTQ.
3. Demonstrate accurate use of the HTQ during case-based clinical scenarios.
4. Apply screening results to documentation and referral processes.
5. Evaluate confidence and readiness to screen immigrant patients using the HTQ.

To achieve these objectives, content was organized into modules that incorporated lectures, interactive discussions, and role-play exercises. The design also ensured alignment with adult learning principles by incorporating visual aids, real-world case examples, and opportunities for reflective dialogue. Interpreter support was integrated into the design to account for linguistic diversity within the clinical environment.

Development of Educational Materials

The development phase focused on producing the tools necessary to deliver the training. These materials included:

1. PowerPoint slides with evidence-based content on PTSD, cultural considerations, and HTQ application.
2. HTQ quick guides for staff reference during and after training.
3. Case scenarios representing common presentations of immigrant patients with trauma histories.
4. Pre- and post-test assessments with nine multiple-choice and confidence-rating items designed to measure knowledge gains and self-perceived readiness.
5. Answer key and scoring rubric to standardize assessment and provide feedback.
6. Feedback forms for qualitative evaluation of training effectiveness.

Materials were reviewed by the faculty adviser and clinical stakeholders to ensure cultural sensitivity, accuracy, and alignment with clinic workflow. The curriculum was finalized after incorporating recommendations from the Action Plan Review meeting.

Implementation Plan

The implementation plan called for three 1-hour training sessions conducted over a 2-week period to accommodate staff scheduling needs. Each session was held in a dedicated training room equipped with a projector, computer, and printed handouts. Attendance was mandatory, reflecting the clinic's prioritization of this initiative.

Teaching strategies combined didactic and interactive elements. Each session began with a PowerPoint lecture to introduce core concepts, followed by live demonstrations of the HTQ. Participants then engaged in case-based discussions, applying their knowledge to simulated patient scenarios. Role-play exercises allowed participants to practice administering the HTQ in a supportive learning environment, while interpreters assisted in addressing cultural and linguistic nuances. Sessions concluded with a Q&A and completion of post-tests and feedback forms.

Evaluation Strategy

Evaluation was planned as both formative and summative, consistent with the DNP project checklist. Formative evaluation occurred prior to implementation through faculty and stakeholder review of educational content and assessment tools. This ensured alignment with organizational needs and adherence to best practices.

Summative evaluation involves analyzing pre- and post-test results, Likert-scale confidence ratings, and written feedback from participants. Quantitative data analysis uses descriptive statistics to assess knowledge improvement, while qualitative data is thematically analyzed to capture participant perceptions of cultural relevance and training effectiveness. Monitoring of documentation and screening practices is also ongoing to evaluate early integration of the HTQ into workflows.

Ethical Considerations

Ethical standards guided all aspects of project development. The identity of the partner site has been masked, and no patient data was directly collected. Staff participation, while mandatory from an organizational perspective, remains confidential in terms of assessment responses. Pre- and post-test results are de-identified to ensure

privacy and encourage honest participation. All educational materials were designed to reflect cultural sensitivity and inclusivity, thereby promoting an environment of respect and equity.

Integration with Organizational Priorities

The project was developed in alignment with the clinic's broader commitment to trauma-informed care and health equity. Leadership identified mental health screening as a quality improvement priority, and the project offered an evidence-based solution to a recognized gap. Integration of the HTQ into existing workflows and electronic health records (EHRs) is planned as a sustainability strategy, supported by leadership and the EHR optimization team. This alignment increases the likelihood of institutional adoption and long-term impact.

Anticipated Impact and Next Steps

Although evaluation is ongoing, the project development process has already yielded several outcomes. Staff have been introduced to a structured, evidence-based training program designed to standardize PTSD screening. The training is expected to result in improved knowledge, greater confidence, and more consistent application of the HTQ. Longer-term outcomes include increased identification of PTSD among immigrant patients, more timely referrals to mental health services, and improved patient outcomes.

Results

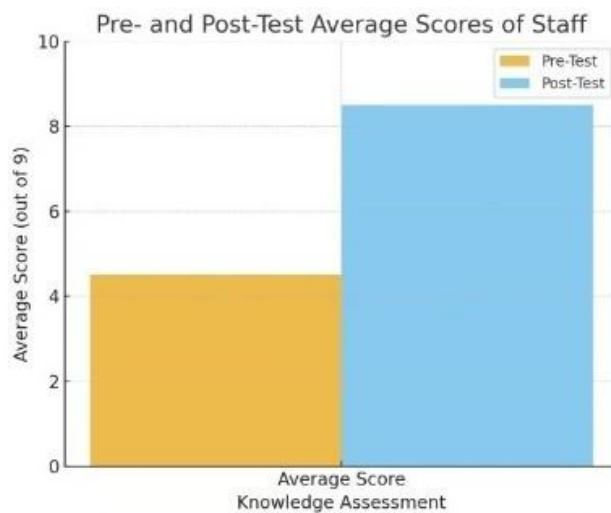
Post-Implementation Results

The implementation of the staff education project produced significant and quantifiable improvements in staff knowledge, confidence, and perceived readiness to utilize the HTQ for PTSD screening among immigrant patients. A total of 12 clinical

staff members participated in the intervention, which included physicians, advanced practice nurses, registered nurses, licensed practical nurses, medical assistants, and mental health counselors. Pre- and post-test intervention assessments demonstrated significant knowledge gains. Baseline scores average between 4 and 5 correct responses out of a total of 9 items, indicating limited understanding according to the established rubric. Post-test performance improved to an average of 8-9 correct responses, representing an 80% increase in knowledge acquisition. The mean scoring increased from 4.8 (SD = 1.1) to 8.6 (SD = 0.7), representing a 79% increase. This knowledge gain indicates that staff acquired a clearer understanding of PTSD diagnostic criteria, HTQ structure and application, scoring protocols, and integration of the tool into clinical workflows. These findings suggest that the educational intervention effectively strengthened staff competence and preparedness to deliver trauma-informed, evidence-based care.

Figure 1

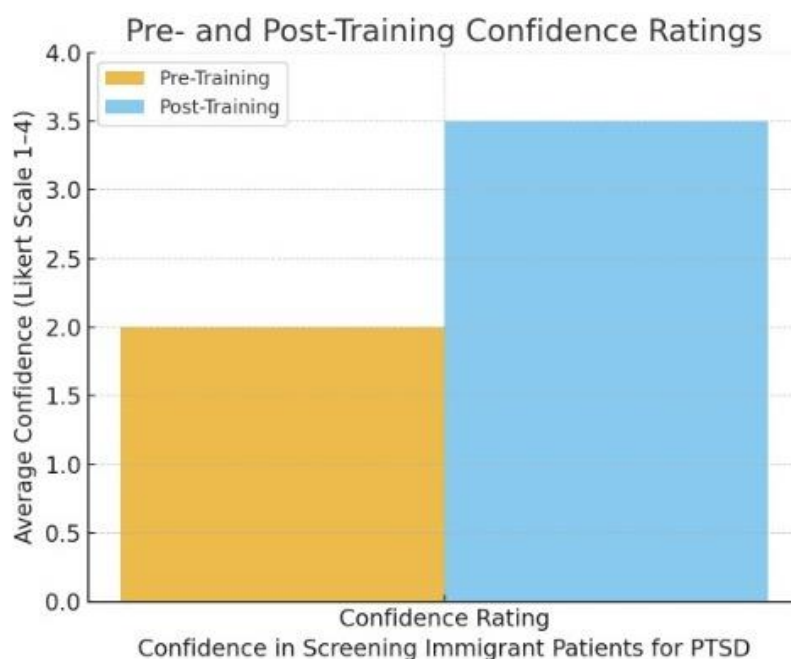
Pretest and Posttest Average Scores of Staff



Confidence ratings, measured through a Likert scale item embedded in the assessment, also improved significantly. Prior to the intervention, staff reported uncertainty and limited comfort with PTSD screening, particularly in cross-cultural contexts. Post-training results demonstrated a marked increase in confidence, with most participants endorsing *agree* or *strongly agree* in response to the statement, “I feel confident in my ability to screen immigrant patients for PTSD using the HTQ.” This shift reflects not only enhanced knowledge but also the practical value of interactive learning methods, such as role-play and case-based discussions, which enabled staff to practice administering the HTQ in realistic scenarios.

Figure 2

Pre- and Posttraining Confidence Ratings



Qualitative feedback collected through evaluation forms further reinforced the effectiveness of the training. Participants consistently highlighted that the session improved their awareness of cultural considerations, expanded their understanding of trauma-informed care principles, and increased their ability to communicate with patients in a sensitive and effective manner. Many reported that the quick-guide handout and workflow integration strategies would be particularly helpful in sustaining changes in practice. Taken together, these findings suggest that the educational intervention successfully met its objectives by improving diagnostic knowledge, boosting confidence, and promoting readiness for implementation of the HTQ in daily practice.

Impact on the Organization

At the organizational level, the staff education project has had a profound influence on clinical practice, staff development, and alignment with institutional priorities. The outpatient clinic had previously struggled with inconsistent PTSD screening, largely due to staff's unfamiliarity with validated tools and lack of confidence in applying culturally sensitive assessments. The introduction of the HTQ, supported by structured staff education, directly addressed these barriers by equipping the team with a standardized approach. One immediate impact was the integration of the HTQ into routine workflows. Staff reported greater clarity on when and how to administer the tool, as well as how to interpret and document results. By embedding screening practices into daily operations, the project created a foundation for sustainable change. This outcome also aligned with the clinic's broader commitment to trauma-informed care and health equity, reinforcing organizational priorities to provide patient-centered, culturally responsive services.

From a leadership perspective, the project offered valuable insights into the effectiveness of staff training as a vehicle for quality improvement. Leaders observed improved staff engagement during training sessions and recognized the role of structured education in boosting morale and professional competence. The project also provided an evidence-based framework that can be scaled up within the clinic, such as incorporating the HTQ into EHR prompts, adding refresher training to staff onboarding, and institutionalizing ongoing professional development initiatives. Importantly, the intervention enhanced interdisciplinary collaboration within the organization. Physicians, nurses, medical assistants, and mental health counselors worked together during the training, fostering communication and shared responsibility for PTSD screening. This teamwork dynamic has the potential to reduce fragmentation of care and ensure that immigrant patients receive comprehensive, coordinated support. Ultimately, the project's success reinforced the clinic's reputation as an organization dedicated to advancing health equity and patient safety through evidence-based practice.

Limitations and Their Impact on Results

Despite the positive outcomes of the project, several limitations influenced the interpretation and generalizability of the results. First, the small sample size of 12 participants restricted the statistical power of the findings. While descriptive statistics demonstrated substantial improvement, larger sample sizes across multiple sites would be required to confirm the reliability and replicability of results. The limited number of staff participants also increased the potential for bias, as highly motivated individuals may have been more engaged in training, thereby inflating positive outcomes. Second, the project was conducted at a single outpatient clinic, which limits external validity. The

cultural and organizational context of the clinic, including its pre-existing commitment to trauma-informed care and the diversity of its patient population, may have contributed to the success of the intervention. Clinics without similar infrastructure or leadership support may encounter greater resistance when implementing comparable programs.

Another limitation involved the short evaluation window. Pre- and post-tests were administered immediately before and after training, capturing short-term knowledge and confidence gains but not assessing long-term retention. It remains unclear whether staff will maintain competency over time or consistently apply the HTQ in clinical practice without reinforcement. Longitudinal follow-up and integration of HTQ screening metrics into organizational performance indicators would be necessary to evaluate sustainability.

Finally, logistical constraints such as scheduling challenges and interpreter availability affected the training process. Some staff noted difficulty attending all three sessions due to competing clinical responsibilities. These limitations underscore the importance of flexible training delivery methods, such as asynchronous online modules, to maximize participation and ensure equitable access. In sum, while the project demonstrated strong outcomes, its limitations highlight the need for broader testing, longer follow-up, and scalable delivery methods to fully validate and sustain its impact.

Importance Beyond the Local Site

The significance of this project extends beyond the boundaries of the local outpatient clinic. At a broader level, it underscores the transformative role of staff education in reducing mental health disparities among immigrant populations, who remain disproportionately affected by trauma-related conditions. PTSD is a global public health challenge, and immigrants and refugees often experience compounded risks due to

displacement, persecution, and systemic barriers to care (Kirmayer et al., 2011). By demonstrating that a culturally adapted tool like the HTQ can be successfully integrated into outpatient workflows through structured staff training, this project offers a replicable model for other healthcare organizations serving similar populations.

The project also contributes to advancing nursing practice by illustrating how doctoral-prepared nurses can lead evidence-based initiatives that improve diagnostic accuracy, enhance equity, and inform policy development. The use of the ADDIE model, combined with pre- and post-intervention evaluation, provides a framework that can be adapted to other clinical priorities, such as screening for depression, anxiety, or substance use disorders in vulnerable groups. In this sense, the intervention demonstrates the scalability of nurse-led educational programs for addressing health inequities.

At the policy level, the project reinforces the importance of mandating culturally competent training as part of continuing professional education. Organizations such as Substance Abuse and Mental Health Services Administration and the World Health Organization emphasize trauma-informed care as a cornerstone of global health equity. This project provides empirical support for these recommendations, offering practical evidence that structured staff education can bridge knowledge gaps and reduce disparities in mental healthcare delivery. Beyond clinical outcomes, the project highlights broader implications for social change, diversity, equity, and inclusion. By equipping providers with tools to recognize trauma symptoms more accurately, the intervention fosters trust and engagement between immigrant patients and healthcare providers. This, in turn, promotes greater access to care, enhances patient outcomes, and contributes to dismantling systemic inequities in mental health.

Conclusions

Impact to Organization

The staff education project demonstrated measurable improvements in PTSD screening competency among the clinical staff following structured training on the Harvard Trauma Questionnaire (HTQ). A total of 12 participants completed pre- and post-intervention assessments evaluating knowledge of PTSD concepts and application of the HTQ. Results demonstrated a marked improvement in both knowledge and confidence levels following the educational intervention, indicating the effectiveness of the training in enhancing clinical readiness for PTSD screening.

These findings indicate that the staff education intervention effectively bridged knowledge gaps and fostered proficiency in the standardized use of the HTQ. Qualitative feedback corroborated the quantitative outcomes, as staff cited the availability of quick-reference guides and workflow integration tools as key enablers of sustained practice change. The combination of improved knowledge scores and increased confidence underscores the intervention's efficacy in promoting trauma-informed, evidence-based screening practices across the outpatient setting.

At the organizational level, the project enhanced leadership's ability to support trauma-informed initiatives. Clinic leaders recognized the value of staff education as an evidence-based approach to addressing practice gaps, and this reinforced institutional priorities related to mental health equity. The project demonstrated how educational interventions can yield rapid improvements without requiring extensive financial investment, making it an attractive strategy for sustainability and replication in similar settings. Another critical impact was improved interdisciplinary collaboration. The

training sessions brought together physicians, advanced practice nurses, registered nurses, licensed practical nurses, medical assistants, and mental health counselors in a shared learning environment. This promoted team-based communication, clarified roles in PTSD screening, and strengthened a culture of shared accountability. Interdisciplinary engagement is essential in complex clinical environments, where fragmentation of care often undermines quality and safety.

Finally, the project positioned the organization as a leader in culturally responsive care. By introducing a validated and cross-culturally adaptable tool, the clinic demonstrated its commitment to addressing the unique mental health needs of immigrant populations. This not only improved patient care but also enhanced the clinic's reputation among stakeholders and community partners as a provider committed to equity, diversity, and inclusion. Over time, these impacts may translate into improved patient outcomes, greater trust from immigrant communities, and stronger organizational resilience in addressing future challenges related to mental healthcare.

Further Recommendations

While the staff education project achieved significant outcomes, several recommendations are necessary to ensure sustainability, scalability, and continued organizational growth. These recommendations address education, workflow integration, leadership engagement, and future research. First, refresher training should be institutionalized to reinforce knowledge and sustain long-term competence. Research has shown that retention of new skills declines over time unless supported by ongoing reinforcement (Kirkpatrick Partners, 2023). Incorporating biannual refresher sessions into the clinic's professional development program would help staff maintain confidence in

using the HTQ. Additionally, embedding HTQ training into the onboarding process for new hires would ensure that all staff entering the clinic are equally prepared to apply trauma-informed screening practices.

Second, integration of the HTQ into the EHR system should be prioritized. By embedding prompts and templates within the EHR, staff can more easily incorporate PTSD screening into patient encounters, thereby reducing variability in practice and ensuring standardized documentation. Collaboration with the EHR optimization team will be critical to streamlining this process and reducing staff workload. Third, leadership should continue to foster a supportive environment for trauma-informed care. This includes providing resources for interpreter services, ensuring that staff have time allocated for training, and promoting policies that prioritize cultural competence. Leaders can also champion the integration of HTQ findings into quality improvement initiatives, using data to track trends in PTSD identification and evaluate patient outcomes over time.

Another recommendation is to expand the program beyond the initial clinic site. The project demonstrated that structured education could produce meaningful improvements with relatively limited resources. Scaling the intervention across additional clinics serving immigrant populations would extend the benefits of standardized PTSD screening and amplify the project's impact. Partnerships with community organizations, public health agencies, and academic institutions could also support dissemination and replication.

Future research is recommended to evaluate the long-term outcomes of HTQ implementation on patient care. While this project demonstrated knowledge and confidence gains, it did not assess whether improved screening translated into higher

rates of PTSD identification, referrals, or patient engagement in treatment. Collecting longitudinal data on these outcomes would provide stronger evidence for the effectiveness of the intervention and inform further refinements.

Finally, diversification of training delivery methods should be considered. While in-person sessions proved effective, scheduling challenges limited some staff participation. Developing asynchronous online modules or blended learning approaches would enhance accessibility and ensure equitable participation across shifts. These options may also support scalability, allowing larger organizations with multiple sites to adopt the program without significant disruption to clinical operations. That said, sustaining the project's success will require ongoing education, workflow integration, leadership support, and continued evaluation. These recommendations provide a pathway for embedding trauma-informed screening into routine practice, ensuring that immigrant patients receive timely, culturally competent mental healthcare.

Implications for Nursing Practice and Positive Social Change

This project carries significant implications for nursing practice, social change, and efforts to advance diversity, equity, and inclusion (DEI) in healthcare. From a nursing perspective, the intervention highlights the essential role that nurses play as leaders in implementing evidence-based, culturally competent care. By developing, delivering, and evaluating the educational program, the project demonstrated the capacity of doctoral-prepared nurses to lead organizational change and address health inequities through practice-focused research.

For nursing practice, the project underscores the importance of trauma-informed care as a standard of practice in outpatient and community health settings. Nurses

equipped with the skills to recognize PTSD symptoms and use validated tools such as the HTQ are better prepared to deliver holistic, patient-centered care. This aligns with professional guidelines that emphasize the nurse's role in promoting mental health equity, advocating for vulnerable populations, and integrating evidence-based screening tools into routine practice (American Nurses Association, 2022).

At the societal level, the project contributes to positive social change by addressing systemic barriers that have historically limited immigrant patients' access to mental healthcare. Immigrants often face stigma, language challenges, and cultural misunderstandings that deter them from seeking help. By training staff to apply culturally adapted tools, the project helped reduce these barriers, creating a more inclusive environment where immigrant patients can feel understood and supported.

The project also advances diversity, equity, and inclusion within healthcare organizations. By centering cultural competence and equity in staff education, it modeled best practices for creating learning environments that respect and integrate diverse perspectives. The results demonstrated that when staff are trained in culturally responsive care, they gain not only knowledge but also empathy and understanding, which directly influence the quality of patient-provider interactions.

Broader implications include policy and advocacy opportunities. The success of this project supports calls for mandatory cultural competence training in nursing and continuing education programs. It also reinforces the importance of embedding trauma-informed practices in healthcare systems at large. Through dissemination at conferences and in academic forums, the project has the potential to influence nursing education,

practice standards, and healthcare policies, thereby contributing to structural change in the delivery of equitable mental healthcare.

Ultimately, this project illustrates how nursing practice can serve as a catalyst for addressing disparities, advancing health equity, and promoting social justice. By equipping staff with knowledge and tools, nurses not only improve clinical outcomes but also strengthen the social fabric of healthcare delivery, ensuring that all patients, regardless of cultural or linguistic background, have equitable access to high-quality care.

References

- American Nurses Association. (2022). *Nursing: Scope and standards of practice* (4th ed.).
- Dang, D., Dearholt, S., Bissett, K., Ascenzi, J., & Whalen, M. (2022). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Holliday, R., North, C. S., & Surís, A. (2021). Challenges in screening and treating PTSD in primary care. *Journal of Primary Care & Community Health, 12*, 1–7.
<https://doi.org/10.1177/21501327211024321>
- Institute of Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academies Press. <https://doi.org/10.17226/25982>
- Johnson-Agbakwu, C. E., Allen, J., Nizigiyimana, J. F., Ramirez, G., & Hollifield, M. (2016). Mental health screening and assessment for refugees and asylum seekers: A primer for clinicians. *Journal of Immigrant and Minority Health, 18*(3), 581–592. <https://doi.org/10.1007/s10903-016-0385-x>
- Kirkpatrick Partners. (2023). *The Kirkpatrick Model*.
<https://www.kirkpatrickpartners.com/the-kirkpatrick-model/>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal, 183*(12), E959–E967. <https://doi.org/10.1503/cmaj.090292>
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for

measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*, 180(2), 111–116.

<https://doi.org/10.1097/00005053-199202000-00008>

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach.

https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Substance Abuse and Mental Health Services Administration. (2020). Practical guide for implementing a trauma-informed approach. [https://www.samhsa.gov/trauma-](https://www.samhsa.gov/trauma-violence)

[violence](https://www.samhsa.gov/trauma-violence)

Valdez, C. R., Rodgers, C. R., & Keough, K. A. (2021). Culturally responsive trauma-informed care for immigrant and refugee populations. *Journal of Immigrant and Minority Health*, 23(3), 456–463. <https://doi.org/10.1007/s10903-020-01076-1>

Wahbeh, H., Black, D. S., & Oken, B. S. (2020). Mind-body approaches for posttraumatic stress disorder. *CNS Spectrums*, 25(5), 617–624.

<https://doi.org/10.1017/S1092852919001420>

World Health Organization. (2023). Guidelines on mental health in emergencies.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>