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Evidence-Based Alternative Therapy to Reduce Anxiety in Ambulatory Mental Health Patients

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Abstract

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MS, Widener University, 2013

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

A noted problem in the treatment of anxiety disorders has been the addictive effects of psychotropic medications such as benzodiazepines. Due to the potential for substance abuse among those suffering with anxiety, there should be apprehension in prescribing addictive anti-anxiety medication as the first-line treatment without the inclusion of non-pharmacological interventions. The purpose of this project was to develop an alternative to addictive psychotropics. The population of interest included established adult psychiatric patients diagnosed with anxiety and receiving treatment with benzodiazepines in an ambulatory mental health setting. Goals for this project were to consider available scholarly evidence that would support alternative therapies such as cognitive behavioral therapy and intercessory prayer as non-pharmacological interventions. The quality improvement initiative included an analysis of scholarly evidence on the effectiveness of cognitive behavioral therapy, spirituality, and prayer on individuals with anxiety and in substance abuse rehabilitation. The review included randomized control trials and descriptive cross-sectional studies on the therapeutic effects of cognitive behavioral therapy and intercessory prayer. The findings suggested that cognitive behavioral therapy is effective in treating anxiety and that spirituality has been shown to have a positive impact on those recovering from substance abuse. A program that incorporated these alternative treatment modalities was developed to be implemented in an ambulatory mental health setting. Social change would result from a reduction in the use of addictive anti-anxiety medications and substance dependence in the treatment of anxiety and in the empowerment of the patient in treatment.

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Dedication

This developmental project is dedicated to nurse practitioners and psychiatric mental health clinicians who are managing the care of patients with anxiety disorders, substance abuse, and drug-seeking behaviors. This is a complicated population, especially when previous clinicians have initiated treatment with controlled substances, leaving other practitioners with the ethical and practice burden of either titrating or maintaining their current dosing. Additional treatment options should be explored in to engage this patient population in expanding their consciousness through non-pharmacological methods that promote behavioral change.

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Section 1: Nature of the Project

In ambulatory mental health centers, there are patients with a high risk of dependence who are prescribed benzodiazepines for the treatment of anxiety disorders. Benzodiazepines are commonly used to treat anxiety and insomnia. Although they are relatively safe in the event of an overdose, the long-term use of benzodiazepines involves significant addictive potential (Long & Johnson, 2000). Individuals with substance abuse disorders take these medications in combination with other prescribed or non-prescribed substances. Due to the possibility of addiction, alternatives to benzodiazepines such as psychotherapy, antidepressants, anticonvulsants, buspirone, and newer neuroleptic psychotropic agents may be preferred. Long and Johnson (2000) emphasized that there should be caution when prescribing benzodiazepines to patients with a current or remote history of substance abuse.

Non-pharmacological treatment options should also be considered in conjunction with or to replace addictive psychotropics to control anxiety. Alternative treatment may include cognitive behavioral therapy (CBT). According to Hofmann and Smits (2008), multiple randomized control trials and other quantitative studies support the efficacy of CBT for the management of anxiety disorders. The purpose of this project was to review and synthesize evidence on intercessory prayer and CBT in order to reduce the use of benzodiazepines in the treatment of anxiety, improve quality of life, and incorporate these alternatives in community-based mental health centers.

The nature of this project stemmed from a noted practice problem, one in which mental health practitioners have prescribed addictive psychopharmacological agents to

treat anxiety among populations with a past or current history of substance abuse. I explored and synthesized the literature that supports the use of CBT and IP, and developed a plan that would incorporate these therapies in an ambulatory mental health setting for those suffering with anxiety.

Problem Statement

The problem addressed in this project was the lack of evidence-based non-pharmacological modalities for the treatment of anxiety integrated in ambulatory mental health centers, which may serve to reduce the prescribing of addictive psychotropic agents. Psychiatric patients in some mental health clinics report a wide array of anxiety symptoms to obtain a prescription for benzodiazepines (Marlatt & Donovan, 2005). The benzodiazepines of choice tend to be Alprazolam and Clonazepam. There has been an increase in the number of addictive anxiolytics prescribed for long-term use, without the integration of evidence-based non-pharmacological therapies. Subsequently, there has been an increase in physiological dependence evidenced by (a) patients' self -reports, (b) positive results for benzodiazepines in urine drug screenings without current prescription, (c) constant requests for increases in dosing, and (d) continuance of malingering drug seeking behaviors (Marlatt & Donovan, 2005). At times, benzodiazepines are used as monotherapy to treat anxiety amongst this population, which in turn reduces their receptivity to alternative therapies due to the physiological dependence (Longo & Johnson, 2000).

Purpose Statement

The purpose of this developmental project was to develop a treatment plan that would incorporate evidence-based, non-pharmacological alternatives to the prescribing of addictive anti-anxiety medications. The expectation of alternative interventions, such as CBT and IP, was to bring about an immediate impact on anxiety levels, which may serve to reduce the use of addictive anti-anxiety psychotropics. An evidence-based project that describes therapeutic alternatives that could be offered within a mental health ambulatory setting was provided to clinicians with additional treatment options when caring for individuals with anxiety disorders and substance dependence.

Goals and Objectives

This quality improvement project focused on the development of evidence-based non-pharmacological treatment options that could be used to reduce anxiety in ambulatory mental health patients in which treatment is sought for anxiety. The current clinical practice in some mental health settings is to prescribe benzodiazepines as first line therapy and in some cases the only treatment for poorly controlled anxiety. The main goal of this developmental project was to expand treatment options through evidence-based therapeutic alternatives to the practice of prescribing addictive anxiolytic agents such as benzodiazepines within a mental health clinical setting.

The main objectives were to ensure that the alternatives were the following:

1. Based on the best evidence and part of best practice;
2. Able to be offered within an ambulatory setting;
3. Within the scope of practice of the existing clinical staff.

Research Question

Addiction is a neurological and biological process that may require conscious changes in behaviors to reroute this dynamic process. Developing an evidence-based approach to treating anxiety may assist in rerouting certain physiological processes to promote changes in behaviors. The main research question of the study was the following: Does available scholarly evidence support the use of CBT and IP as an effective conjunctional or alternative therapy in the treatment of anxiety?

Theoretical Foundation

Patient-Centered Care

Patient-centered care is a theoretical approach that can operate between the relationship between the clinician and the patient diagnosed with anxiety and substance abuse disorders (Aragon, 2003). This model involves a partnership between the medical practitioner and the health care consumer. The patient's ethics, morals, motivations, and requirements are highly ranked and integrated into the plan of treatment or therapeutic intervention. Patient-centered care is a leading model for positive change in health care. Patients are encouraged to provide insight through their cultural views, which may assist the provider in creating the most appropriate treatment plan (Epstein et al., 2005). The patient-centered care system relies on communicating effectively with patients through the use of empathy. The practitioner's goal should be to develop a partnership with the patient and thereby improve health outcomes, increase patient satisfaction, and reduce healthcare cost. Doctors assist patients in complying with treatment programs and work collaboratively to manage chronic medical conditions (Aragon, 2003).

CBT is aimed at improving the functional and emotional well-being of patients through exploring their beliefs, feelings, and behaviors associated with their psychological disturbance (Jackson, Nissenson, Cloitre, Courtois, & Ford, 2009). This form of therapy allows patients to communicate their feelings of anxiety and ponder possible sources of their anxiety. There is a partnership established between patient and clinician that rely on patient's insight into his or her illness.

Doctors who do not participate in patient-centered care often order expensive tests or refer to other health care specialists as a poor substitute for not connecting with their patients (Epstein et al., 2005). Several studies indicated that a greater use of diagnostic tests, hospitalizations, prescriptions, and referrals occurred among doctors with poor communication skills (Aragon, 2003). Patient-centered care was associated with less hospitalization, fewer diagnostic exams, fewer specialty referrals, and an overall reduction in health care expenses (Aragon, 2003). The goal of patient-centered communication (PCC) is to help practitioners provide care that aligns with the patient's values, needs and preferences, and that allows patients to provide input and actively participate in judgments or determinations regarding their health care (Epstein et al., 2005).

Significance of the Project

The prescribing pattern of controlled substances in patients with a history of substance abuse should proceed with caution. Physicians tend to be concerned about regulatory inquiry and the possibility of investigation by supervisory agencies, which tend to disrupt their prescribing of opioid analgesics to manage pain. In fact, some state

medical boards have forbidden prescribing practices that are deemed appropriate by today's standards. The model guidelines developed by Joranson, Gilson, Dahl, and Haddox (2002) identify professional practice standards for the appropriate prescribing of opioid analgesics and other controlled pharmaco-therapeutics such as benzodiazepines. The model guidelines also address to the prescriber's fears of inquiry by governing authorities. Although most state medical boards are regulated and therefore adhere to some form of guidelines or policy declarations related to controlled substances, to date, ten boards have fully adopted the model guidelines (Joranson, et al., 2002). These guidelines are implemented to ensure the proper prescribing of controlled substances.

When controlled substances are prescribed carelessly, prescribers are at greater risk for scrutiny and for fostering substance abuse, which can lead to unsafe clinical practice. In addition, patients who are actively under the influence of controlled substances pose an increased risk of death by accidents and high-risk behaviors from the associated mental impairments (Paulozzi et al., 2012). Therefore, identifying patients with anxiety that appears to be dependent upon benzodiazepines is significant to practice because the combined use of prescribed and non-prescribed addictive substances can be fatal which can cause legal implications for the prescribing practitioner who is ethically required to do no harm. However, other clinicians such as social workers, therapists, physician assistants, primary care providers, and other advance practice nurses can participate in the process of preventing the dependence of benzodiazepines through counseling, monitoring, and collaborating with the interdisciplinary team of professionals who are involved in the patient's care. There is a relationship between substance abuse

and mental health disorders (Heinz, Epstein, & Preston, 2007).

Implications for Social Change in Practice

As substance abusers seek psychiatric care, the potential for substance abuse increases if Schedule II drugs are carelessly used to treat their underlying or subsequent psychiatric disorders (Jarusiewicz, 2000). There should be great caution when prescribing controlled substances to patients with a history of substance abuse. However, psychiatric practitioners who initiate treatment with a controlled substance in this population make it difficult for other practitioners to titrate dosing due to the increased likelihood of dependence. At this point, alternative and complimentary therapies may assist in reversing this process, as they promote a change in thought patterns and behaviors (Hofmann & Smits, 2008).

The concept of prayer is related to igniting a sense of hope, belief, and faith in a higher or spiritual power that may further assist in changing behaviors. The continued use of this intervention is expected to reduce the use of addictive anxiolytics such as benzodiazepines through behavioral change. If the dependence upon addictive anti-anxiety medications is interrupted, then the deleterious effects of substance dependence and anxiety may be managed more effectively.

The abuse of illicit drugs, whether prescribed or obtained from unprofessional sources, has plagued various aspects of U.S. society. Individuals under the influence of drugs are less likely to excel in educational pursuits, and are more likely to exhibit deficits in maintaining adequate job performance (Paulozzi et al., 2012). These individuals are prone to violence, high-risk sexual behaviors, spreading of contagious

diseases, increased criminal activity, and mortality. Although individuals with a history of illicit substance abuse may undergo several rounds of rehabilitation, receiving controlled substances via legal prescriptions is often inevitable. These individuals are more likely to suffer from depression, anxiety, and other psychotic symptoms, and are more likely to be prescribed psychotropics (Koob, 2006). Upon prescribing these drugs, prescribers must keep in mind the potential for dependence in order to reduce the cycle of addiction along with its debilitating effects (Koob, 2006). A paradigm shift should be promoted through health professionals deciding to initiate evidence-based non-pharmacological therapy and practice protocols. This may reduce the downward spiral of chemical dependence under the care of health care practitioners.

Definition of Terms

The following definitions were used to guide this project:

Anxiolytics: Chemical substances qualified to treat anxiety and related disorders. The exact role of anxiolytics in relation to other drug classes (e.g., antidepressants and antipsychotics) and other therapeutic approaches (e.g., psychotherapy, behavioral therapy, and relaxation therapy) needs further clarification (Allain et al., 2000).

*Anxiety***:** A natural emotion in the midst of burdensome or uncertain outcomes to a circumstance. The rule-of-thought is a cascade of chemical reactions in response to *fight or flight*, a neurobiological survival defense mechanism. Anxiety may manifest with a mild degree of worry, fear, apprehension, concern, nervousness, tension, and uneasiness (Stahl, 2013).

*Anxiety disorders***:** Characterized by excessive worry, hesitancy, apprehension,

and anticipated fear. Anxiety symptoms usually occur more days than not for a duration of 6 months. These symptoms usually interrupt the person's ability to perform activities of daily living such as work or school. The person may find it difficult to control the experience of worry. The anxiety indicators are usually associated with three or more of the subsequent six symptoms. Anxiety symptoms may include: agitation or feeling on edge, being easily exhausted, irritability, concentrating deficits or blanking out, muscle rigidity, and disturbances in the sleep-wake cycle (Clark & Watson, 2006). Anxiety is also an umbrella with a subset of disorders. Posttraumatic stress disorder, dysthymic disorder, generalized anxiety disorders, and major depression: disorders that have a major component of fear are agoraphobia, panic, specific phobias, and social phobia. The assignment of obsessive-compulsive Disorder (OCD) to either umbrella of the anxiety subtypes may be further clarified in the future. However, some categorize OCD as an anxiety spectrum disorder (Watson, 2005).

Cognitive behavioral therapy (CBT): CBT has a goal of enhancing purposeful and emotional quality of life through surveying one's feelings, cultural beliefs, and actions linked to the psychological commotion. After exploring the client's feelings, the therapy incudes performing an analysis that attempts to change negative thought patterns. Further exploration is attempted to promote a positive outlook on life and the achievement of life goals. CBT is spectrum or approach of psychotherapy. Personal relationships with others and expectancies are merged into psychotherapy and through the optimistic philosophy. CBT includes the idea that new ways of behaving, thinking, and feeling are possible, and the reversal of negative behaviors is possible (Jackson et al., 2009).

Benzodiazepines: Psychotropic drugs that have addictive potentials and are commonly used as hypnotic agents, anticonvulsants, anxiolytic, muscle relaxers, and mood stabilizers (Mohler, 2002). Benzodiazepines may regulate extreme output from the amygdala in response to fear in anxiety disorders. In theory, benzodiazepines also normalize this excessive output from worry circuits by boosting the action of inhibition in inter-neurons from the cortico-striato-thalamo-cortical (CSTC) circuits (Stahl, 2013).

Intercessory prayer (IP): One of the most common and established interventions used with the hope of relieving affliction and fostering health. IP is performed in various belief systems and may involve one individual or a group of individuals who submit petitions to a god for another person in need (Roberts, Ahmed, Hall, and Davison, 2009). The intercessor may make specific requests or petitions to a god or pray for the general good of those receiving IP.

*Addictive behaviors***:** Can appear in forms of manipulative notions and gestures which may include malingering symptoms, frequent requests for specific addictive substances, somatizations in order to receive a specific controlled substance, demand for higher doses of controlled substances, dramatizing symptoms, exhibited changes in personality, and depersonalization (Marlatt & Donovan, 2005).

Assumptions and Limitations

Assumptions

Assumptions are statements considered to be true, though they lack empirical evidence (Grove, Burns, & Gray, 2013). This developmental project included several assumptions for patients with anxiety disorders with a history of substance abuse.

1. CBT and IP should be a positive therapeutic intervention for patients currently in treatment for anxiety disorders.
2. The process in which the CBT and IP should encourage the eligible participant to reflect upon their negative behavioral patterns, life cycles, and poor outcomes.
3. CBT and IP should instill a sense of purpose through self-reflection and confronting poor choices thereby offering a sense of hope through the belief in a higher power. This concept may provide positive direction for those who believe.

Limitations

According to Groove, Burns, and Gray (2013), theoretical and methodological limitations are restrictions and shortcomings within a study that may decrease the generalizability of the findings. The limitations in my study includes the following:

1. The lack of receptivity to spirituality and cognitive therapy in patients who are currently addicted to a controlled anxiolytic to treat anxiety.
2. The lack of generalizability to other populations such as patients without a history of substance abuse.
3. Some participants may be under the influence of drugs during the intervention, and may not receive the intended therapeutic benefit.

Summary

Positive social change starts with innovative interventions within a community after the problem has been identified. In some mental health clinics, patients may present with anxiety symptoms and request a specific class of controlled substances such as benzodiazepines. If the patient is prescribed the requested controlled substance, the cycle

of addiction may succeed. This problem may stem from the prescriber's prescribing habits, and lack of policies or protocols to manage the patient's psychiatric care once the potentially addictive substance has been prescribed. The combined intervention of cognitive behavioral therapy and prayer was intended to disrupt the cycle of pharmaco-dependence in those with anxiety disorders, by confronting maladaptive behaviors, and offering positive behavioral change. In addition, the underlying causes of these addictive behaviors may be identified, including past trauma, physical abuse, or other stressors. Prayer may offer a sense of hope, support, and belief in a higher power to promote behavioral change. In the following section, I present a review of literature that provides evidence of the therapeutic effects of spirituality, prayer, and cognitive therapy in those suffering with anxiety and substance dependence.

Section 2: Review of the Scholarly Literature

The purpose of this quality improvement project was to develop an evidence-based alternative treatment method to the use of benzodiazepines in the care of patients with anxiety, and thereby provide a better quality of care that decreases immediate and overall levels of anxiety and improves the patient's quality of life. The scholarly literature review was intended to support the use of non-pharmacological, spiritual, and psychological therapies that provide evidence of efficacy and mental health stability. This section of the project addresses the literature of spirituality and the scholarly literature on evidence-based psychotherapy along with theoretical concepts to guide the development of this program.

Spirituality and Substance Abuse Rehabilitation

Researchers found that recovering addicted persons have statistically higher levels of faith and spirituality than those who relapse (Heinz, Epstein, & Preston, 2007). In addition, individuals during the course of relapse showed significantly lower levels of spirituality than those in recovery (Jarusiewicz, 2000). Piacentine (2013) described spirituality and religiosity among persons enrolled in methadone maintenance programs, and examined the association between: spirituality, religiosity, anxiety, depression, and drug-use consequences. Piacentine conducted a descriptive cross-sectional study of 108 participants who were asked to complete a questionnaire to assess the relationship between spirituality and recovery. Piacentine determined that spiritual involvement was similar in individuals during the substance abuse rehabilitation process, and lower in healthy non-addicted persons. Piacentine revealed that depression, religiosity, anxiety,

spirituality and negative drug- use consequences were prominent in individuals with addictions. Increases in anxiety levels were shown to be indicative of negative drug-use consequences (i.e., homelessness, poor health, chronic abuse, and overdose).

Religion and Recovery

Spirituality and religiosity have been related to those suffering from substance use and misuse (Mohr & Huguelet, 2004). There is a phenomenon of religious affiliation during hardships, substance abuse rehabilitation, emotional insecurity, illness, and being discontent with life (Pardini, Plante, Sherman & Stump, 2000). Spirituality has shown evidence to offer a sense of emotional support and comfort during challenging life experiences. Individuals who depended upon illicit substance abuse were likely to experience hardships, especially during the process of recovery. The subsequent recovery-related and drug–related emotional challenges tended to bring about humility and neediness, which allowed spirituality to instill a sense of hope and courage (Mohr & Huguelet, 2004).

Alcohol and drug-related problems were associated with a current lack of religious affiliation and involvement (Larson & Wilson, 1980; Hilton, 1991). Midanik and Clark (1995) concluded that individuals for whom religion was important were less likely to have drinking problems. This finding indicates that religious involvement or spirituality has been significant in the process of reducing the cyclical negative pattern of drug and alcohol addiction.

Addiction is a neurological and a biological process that may require conscious changes in behaviors, to reroute this dynamic process. Genes can modify behaviors and

behaviors can modify genes. Socio-economic factors can also modify genes and behaviors (Stahl, 2013). Genetic studies indicate that there are certain roles in which genes can encode the neuro-chemical elements involved in the brain's reward and stress systems. Molecular studies have indicated transduction and transcription factors that may mediate dependence-induced reward systems (Koob, 2006).

Cognitive Behavioral Therapy

According to Borkovec, Newman, Pincus, and Lytle (2002), clients with generalized anxiety disorder (GAD) in a private psychiatric practice received (a) cognitive therapy, (b) applied relaxation and self-control desensitization, or (c) a combination of these methods. Treatment resulted in major improvement in both anxiety and depression, which was maintained for a total of 2 years. This finding indicates that alternative therapies are helpful in treating anxiety, as well as providing at least a partial remission in symptoms. This evidence indicates the efficacy of cognitive behavioral therapy in patients with anxiety, and therefore should be a first-line consideration for all patients suffering with anxiety.

Hofman and Smits (2008) conducted a quantitative literature review of randomized placebo-controlled trials, which provided noteworthy support for the efficacy of CBT as an immediate intervention for adults suffering with anxiety disorders. According to Hofman and Smits's meta-analytical review, the efficacy of CBT was by more effective than a placebo for adults with anxiety disorders. Although, the results indicated the need for further improvement, CBT was highly supported as an effective therapy for an acute intervention.

Intercessory Prayer

According to Harris et al. (1999), intercessory prayer (IP) has been a common practice for centuries; however, it lacked supporting evidence. Harris et al. conducted a randomized controlled, double blind study on patients admitted to the critical care unit (CCU). After admittance to the unit, patients were randomly assigned to a group in which IP was performed daily for 4 weeks. These patients had no knowledge that anyone was praying for them. The chaplain received an update on newly admitted patients to the unit. These updates provided the chaplain with the amount of intercessors needed to cover the amount of new patients assigned to the prayer group.

The chaplain's secretary randomly appointed each patient to usual care or prayer group, based on the last digit of the patient's medical record. The even numbers were assigned to a prayer group, and the odd numbers were assigned to the usual care group. No additional information regarding the patient's demographics was shared with the prayer team. The intercessors were asked to pray daily for a "quick recovery without complications" (p. 2276) and anything else that seemed appropriate to pray for (Harris et al., 1999). The intercessors were expected to pray daily for 28 days. The specific petitions were for "a speedy recovery with no complications" and whatever the intercessor deemed to be appropriate. The 28-day period was selected to ensure that each patient received intercession for his or her entire hospitalization. Less than five percent of patients on the unit submitted a request for prayer or consultation from the hospital chaplain. According to the results, CCU patients who received intercessory prayer had a shorter hospital stay than those who did not receive intercessory prayer (Harris et al., 1999).

Cognitive Therapy and Anxiety

According to Olthuis, Watt, Mackinnon, and Stewart (2014), anxiety sensitivity (AS) was linked to depressive symptoms, and thereby the remission of depressive symptoms was expected to facilitate treatment outcomes. Olthuis, et al. tested the efficacy of telephone cognitive behavioral therapy (CBT) in reducing high anxiety sensitivity. Participants who met criteria for high AS were selected from the community and assigned randomly to a CBT group. In the CBT group, the therapy was completed via telephone conference for 8 weeks. Other participants were assigned to a waiting list group. Participants underwent diagnostic measures for anxiety and depression in pre-and post-treatment intervals. Intervals were 4 - 8 weeks of continued exposure. Results revealed that the treatment intervention was successful in lessening AS, social phobia, panic, and posttraumatic stress symptoms when compared to participants on the waiting list (Olthuis et al., 2014). Similarly, Mann, Mc Keown, Bacon, Vesselinov and Busch (2006) found that spirituality and religiosity were linked to a reduction in anxiety symptoms in pregnant women. However, additional investigation is warranted in to determine whether this link is instrumental for future implementation.

Psychiatric care usually involves a comprehensive approach. The bio-psychosocial model combines religion and spirituality in relation to psychological, social, and biological aspects of human existence. Research indicates that religion and spirituality are likely to be supportive for individuals with physical illnesses. For example, the prognosis of cancer patients has shown to be positively influenced by religious coping and involvement through an instillation of hope and a reduction in

subsequent anxiety (Huguelet & Koenig, 2009).

Mc Coubrie and Davis (2006) found that there was a relationship between spiritual welfare and anxiety in vulnerable adolescents. The State-Trait Anxiety Inventory; the Spiritual Well-Being Scale, a revised form of the Allport-Ross Religious Orientation Scale; and the Social Provisions Scale were administered to 45 male and female high school students who were considered to be at-risk. Mc Coubrie and Davis determined that greater spiritual welfare, religious well-being, and fundamental religious identity were demonstrated in males who exhibited lower anxiety levels. The female gender and spiritual welfare were found to be the greatest predictors of anxiety among the study population.

In a study of over 2,000 female–female twins, Kendler et al. (2003) reported that current drinking and smoking as well as lifetime risk for alcoholism and nicotine dependence were inversely associated with personal devotion (such as frequency of praying and seeking spiritual comfort, conservative religious affiliation, and Christian beliefs.

Spirituality and Addiction

Heinz, Epstein, and Preston (2007) assessed both spirituality and religiosity among opiate or cocaine users in rehabilitative treatment. Heinz et al. found that frequent time spent on religious and spiritual activities showed better outcomes in terms of subsequent drug use and treatment retention. This evidence implies that spirituality, which may involve intercessory prayer, may be effective in reducing the dependence upon addictive substances. However, in this instance the individual was beyond the stage

of contemplation and thus more prepared to seek treatment or refrain from abusing the addictive agent. Nevertheless, there is evidence that suggest a particular role in religion and spirituality on substance addiction.

Kendall, Hudson, Gosch, Flannery-Schroeder, and Suveg (2008) found that family cognitive therapy was more effective than individual cognitive behavioral therapy in children diagnosed with anxiety disorders. Epidemiological findings indicated that anxiety disorders are the most prevalent sect of mental health disorders. Numerous studies have indicated the efficacy of CBT for adult anxiety disorders. Various randomized placebo-controlled trials that yield to CBT as being efficacious for adult anxiety disorders. There is, however, significant room for development (Hofmann & Smits, 2008). Walkup et al. (2008) found increased effectiveness between CBT and Sertraline, in reducing the severity of anxiety in children.

These findings indicate a consistent therapeutic relationship between CBT and the improved prognosis in patients with anxiety disorders despite their substance abuse history. In children, CBT and non-addictive psychotropic drugs, such as Sertraline, have been effective, which suggest some level of consideration for the effectiveness of CBT in conjunction with anxiolytic agents that lack addictive potentials.

Summary

Evidence-based interventions will provide effective treatment when protocols and guidelines are developed. These protocols can provide the means to social change that impacts the health and well-being of individuals suffering from various health disorders. There is a link between mental health disorders, substance abuse, and addiction that can

be viewed as a multifaceted condition, due to many variables. However, when an individual with a mental health illness seeks psychiatric care from a healthcare professional and develops an addiction to the prescribed regimen, then the therapeutic agenda is compromised. Therefore, interventions are necessary to promote positive social change. CBT has been proven to be an effective treatment both as mono and adjunctive therapy in treating anxiety. The literature also indicates that individuals in the course of substance abuse rehabilitation are more spiritual, compared to healthy individuals who do not need additional support. This evidence leads to the consideration of combining IP and CBT in order to provide exceptional support for patients who are suffering from anxiety and are dependent upon benzodiazepines. The combined therapy of CBT and IP may be beneficial for patients who are addicted to controlled substances and suffering from anxiety. There is compelling evidence for social change due to the potential for reducing the cycle of negative behavioral patterns associated with substance abuse and anxiety. The following section will outline the interdisciplinary developmental process by which the project will be implemented.

Section 3: Methodology

The purpose of this quality improvement project was to develop evidence-based alternative treatments to the prescribing of addictive psychotropics that can be offered within an ambulatory mental health clinical setting. The project also needed to be designed in such a way to have the least impact on the clinic's administrative flow. In this section, I explained the leadership role in the project's development and describe the process by which the implementation and evaluation plan would occur for the pilot program.

Interdisciplinary Project Team

The interdisciplinary team members needed for this project were invited based on their knowledge and expertise regarding the existing patient caseload and work-flow. The team included medical secretaries, social workers, licensed therapists, nurses, psychiatrists, and other mental health clinicians. Involved parties must be facility-approved personnel who would provide care to the patient receiving the intervention. This section presents the steps of the intervention and the plan by which the implementation will occur. The DNP practitioner will:

1. Assemble a team of project stakeholders with the organization.
2. Guide the team members through a thorough review of the problem and the pertinent evidence-based literature supporting alternative treatments.
3. Submit to the external IRB for the review and approval if applicable to the organization.

4. Develop the draft of the clinical work flow into which the alternative treatment will occur.
5. Develop roles and responsibilities for conducting the alternative treatment.
6. Review and finalize the workflow and roles with all the stakeholders.
7. Develop educational modules to standardize the application of the alternative treatments.
8. Develop an implementation plan for pilot delivery of the alternative treatment.
9. Develop an evaluation plan for the pilot along with the stakeholders.

The interdisciplinary team meetings consisted of facility-approved professionals including medical secretaries, social workers, licensed therapist, psychiatrist, and mental health advance practice nurses. This team was led by the DNP project leader and assembled by the ambulatory clinical site. The team will be expected to attend scheduled meetings to review and synthesize literature that was pertinent to the proposed alternative therapy; its applicability to the patient-centered care model, and determine how the project would be integrated into the clinical setting. The DNP project leader presented the initial outline and format for the project's integration into the clinical setting, and made adjustments according to the recommendations from the team members. The evidence-based educational modules, prepared by the DNP team leader, were used to teach each member how to conduct the therapeutic session of CBT and IP. The DNP project leader then finalized the project flow.

Review of evidence. The quality improvement aspect of this project was in direct alignment with the organization's mission statement, goals, and structure of clinical practice. The interdisciplinary team was fully informed of the evidence-based literature pertaining to the development of this project. Each team member was provided with a review of the theoretical framework, and a concise summary of the literature related to the project.

Ethical considerations. I obtained necessary documentation from Walden University and the sponsoring mental health organization's internal review board prior to the development of this non-pharmacological therapeutic project. The necessary permission statements to use the patient-centered care model and Hamilton Anxiety Rating Scale were obtained.

Educational delivery system. I developed modules and case studies for on-site delivery and review. The interdisciplinary team was fully informed of the evidence-based literature that pertains to the development of this project. Each team member was provided with a review of the theoretical framework of choice and a concise summary of the literature, terms, and definitions relative to the project. The team was expected to attend scheduled meetings to review and synthesize literature that is pertinent to the proposed alternative therapy; identify its applicability to the patient-centered care model, and determined how the project will be integrated into the clinical setting. I presented the initial outline and format for the project's integration into the clinical setting, and made adjustments according to the recommendations from the team members. The evidence-based educational modules, prepared by the DNP team leader, were used to teach each

member how to conduct the therapeutic session of CBT and IP. I then finalized the project flow.

Develop Implementation Plan

The development of the implementation plan transpired after the interdisciplinary team members and I have communicated our thoughts, ideas, and considerations of the project components and areas for improvement. This deliberation required each member to analyze the process of administration and the potential impact on the flow of care within the clinical setting. Table presents the implementation plan and the starting point for discussing a site-based expanded implementation arrangement.

Table 1

Plan of Implementation

Meeting Week 1	Meeting Week 2	Meeting Week 3
Review of relative evidence	Review of evidence regarding CBT	Review of evidence regarding spirituality and IP
Review syllabus to training module	Teach content in training module	Complete training module
Review of roles and responsibilities of clinical staff	Review and refine roles of clinical and ancillary staff	Review and refine roles of clinical staff and administrative flow

Pilot Project

The project leader and the stakeholders: reviewed all evidence related to non-pharmacological alternatives, offered a training module related to the clinical use of IP and CBT, and finalized the roles and responsibilities of the clinical staff and workflow.

Evaluation Plan

The evaluation plan was discussed during the deliberation phase of implementation of the project. The project team collaboratively developed the final implementation plan after the development of the projected framework, its various components, and the expected administrative flow. Team members considered the necessary methods of evaluating the project thereby developing a plan of action. The projects evaluation was based on the Hamilton Anxiety Rating Scale (HAM-A), and the satisfaction questionnaire of the therapeutic intervention. The HAM-A is a well-recognized and certified tool to measure the severity of a patient's anxiety. The value of the HAM-A was in assessing the patient's response to their current treatment versus simply being a diagnostic or screening tool. By running this assessment tool consecutively, a clinician can document that the results either confirmed or denied the efficacy of the psychotropic or behavioral intervention (Schneider, Esbitt & Gonzalez, 2013).

The scale was composed of 14 elements, each described by a sequence of symptoms, and measures mental distress, psychological distress, and physical complaints related to anxiety. Each specific item on the HAM-A is scored on a scale from 0 to 4. The 0 represented no anxiety while a 4 represents the maximum level of anxiety. An

entire score range was 0-56. A score of less than 17 represented a mild level of anxiety, a score of 18-24 suggested of mild to moderate severity, and a score greater than 25 suggested moderate to severe anxiety. In the HAM-A there were several variables that were measured, including the patient's anxious mood or appearance, nervousness or fatigability, terrors, quality of sleep, concentration capacity, mood or awareness, muscle tightness or firmness, somatic or sensory symptoms, cardiac symptoms, respiratory symptoms, gastrointestinal symptoms, genitourinary symptoms, autonomic symptoms, and behavior during interview (Shear et al. 2001) as indicated in Appendix A.

Summary

Evidence-based interventions provide the evidence for the effectiveness of a treatment that may lead to safer clinical practices whilst improving the quality of healthcare. In addition, evidence-based interventions can provide the means to social change that may impact the health and well-being of a local community suffering from anxiety and substance abuse disorders. The literature also supports that individuals in the course of substance abuse rehabilitation are more spiritual, versus healthy individuals who do not need additional support. Therefore, the combined therapy of CBT and IP may be beneficial for patients who are addicted to controlled substances and suffering from anxiety, as there is propelling evidence for social change by reducing the cycle of negative behavioral patterns associated with substance dependence and anxiety. Literature provides support for the implementation of this project within a mental health setting as an alternative to prescribing antianxiety medications. Dissemination plans for this finding and plan will be presented next.

Section 4: Findings, Discussion, and Implications

The purpose of this quality improvement project was to develop an alternative to the use of addictive psychotropics in the treatment of anxiety, and thereby provide a more effective plan of care that decreases immediate levels of anxiety and improves the patient's overall quality of life. According to Harris et al. (1999), IP has been a common practice for centuries; however, it lacks supporting scientific evidence. According to Harris et al., patients on a critical care hospital unit who received intercessory prayer had a shorter hospital stay than those who did not receive intercessory prayer. The shorter hospital stay among the group of patients who received IP indicates some significance of spiritual phenomena in the process of recovery, and thereby necessitates further exploration.

Summary of Findings on Spirituality

The literature indicates that recovering addicted persons have statistically higher levels of faith and spirituality than those who relapse. In addition, individuals during the course of relapse showed significantly lower levels of spirituality than those in recovery (Jarusiewicz, 2000). Piacentine (2013) determined that spiritual well-being was similar among persons during the rehabilitation process of addictions, and lower in healthy persons. This indicates that addicted persons tend to yield or submit to spirituality more than healthy individuals who do not require psychiatric or emotional support. Most participants in Piacentine's study described themselves as spiritual or religious although religious participation was lower than in their past. Based on the evidence noted above, this developmental project was designed to explore the relationship between spirituality

and addicted persons, and was geared toward the patients to engage in the rehabilitative process of their own care through assessing their spiritual and psychosocial needs.

In regard to the spectrum of anxiety addressed in this project, Piacentine (2013) noted that increases in anxiety levels were shown to be indicative of negative drug-use consequences such as homelessness, poor health, chronic abuse, and overdose. Therefore, spirituality was indicative of producing a therapeutic effect in persons with anxiety and dependence on addictive substances. The developmental project's emphasis was the combined effectiveness on both anxiety and those addictions noted in the literature on spirituality. Because the populations addressed were patients dependent upon benzodiazepines for anxiety reduction, the project was expected to hinder the progression of the addiction and poorly controlled levels of anxiety.

Summary of Findings on CBT

There have been several randomized placebo-controlled trials that identify CBT as efficacious for adult anxiety disorders. This developmental project was designed to produce additional evidence of the effectiveness of CBT especially among those suffering with anxiety and treated with benzodiazepines. Hofmann and Smits (2008) conducted a quantitative review of randomized placebo-controlled trials, which provided noteworthy support for the efficacy of CBT as an immediate intervention for adults suffering with anxiety disorders. According to Hofmann and Smit's meta-analytical review, the efficacy of CBT was by far more prominent than a placebo for adults with anxiety disorders. Although the results imply that there is a need for further improvement, CBT was highly supported as an effective therapy for an acute

intervention. This developmental project included the Hamilton Anxiety Rating Scale that quantifies immediate levels of anxiety. As a result, this project provided additional evidence of the immediate impact of CBT for acute anxiety among patients who are treated with benzodiazepines.

Walkup et al. (2008) found increased effectiveness of CBT and Sertraline, in reducing the severity of anxiety in children. According to Olthuis, et al. (2014), anxiety sensitivity (AS) was linked to depressive symptoms, and therefore the remission of depressive symptoms was expected to facilitate treatment outcomes. Olthuis et al. tested the efficacy of telephone cognitive behavioral therapy (CBT) in reducing high-anxiety sensitivity. Results indicated that the treatment intervention was successful in lessening AS, social phobia, panic, and posttraumatic stress symptoms in participants receiving the treatment compared to participants on the waiting list (Olthuis et al., 2014). My developmental project was intended to determine whether a therapeutic alternative to benzodiazepines would reduce immediate levels of anxiety. The addictive potential of benzodiazepines can produce substance dependency and therefore further implications of this study may include the use of an anti-depressant such as Sertraline combined with CBT to replace addictive pharmacological treatment options.

Discussion

This quality improvement project was conducted to explore the evidence that supports the use of intercessory prayer combined with cognitive behavioral therapy among patients with anxiety disorders as an alternative to addictive psychotropic's such as benzodiazepines. The benefit of a developmental project is the allowance for revision

after multiple trials and observation of deficits revealed by stakeholders, team members, and participants. This project promotes social change by addressing a non-therapeutic approach and developing and alternative non-pharmacological approach to managing anxiety among patients who are prescribed benzodiazepines. This concept enables researchers and project developers to evaluate needs and propose necessary methods for implementation to counteract the identified problem in the community (Hodges & Videto, 2011). Literature findings indicate a benefit of spirituality and cognitive therapy for patients during the recovery phase and those with anxiety and depression. These findings suggest that spirituality and cognitive therapy are means to effective therapeutic interventions in the select population and should be further explored.

Policy Impact

As a nurse practitioner, I think that there should be more policies that govern the prescribing of controlled substances to individuals with a history of substance abuse. Due to the rising cost of treating addictions, there must be a closer eye on prescribing habits that encourage patients to abuse the health care system for the sake of feeding an addiction (World Health Organization, 2014).

Public policies under the spectrum of health care have the most obvious potential to secure and improve the health of communities. Together they embody social change and the importance of providing a balance between universal security and service delivery reforms. Regrettably, in many communities across the United States, this potential is largely untapped and fails to engage other sectors in accomplishing the goal of social change within healthcare. Due to challenges associated with the increasing

population of urbanization, addiction, and the various social determinants of health there should be greater efforts made within the health care system to reduce the incidents of tertiary medical complications. Therefore better healthcare policies that incorporates: healthy prescribing habits, improved quality of care measures, and the use of alternative interventions among those who have addictions and mental health issues, should be explored. Further examination of the effectiveness of alternative therapies among the population of patients addicted to controlled substances and diagnosed with anxiety disorders, even in a primary care setting, may provide the means for social change within the U. S. health care system (World Health Organization, 2014).

Clinical Practice

Clinical practice is the entity of health care that addresses the primary issue of the identified practice problem. This developmental project was expected to produce evidence that would encourage mental health practices to adopt a treatment model that incorporates alternatives to addictive anti-anxiety medications that haves the potential to induce substance dependency. If clinical practice is governed by evidence-based practice models, enhanced leadership, and a commitment to social change then there may be a reduction in improper prescribing, and patients who seek controlled substances to treat anxiety. In order to better manage patients with drug-seeking behaviors, this developmental project included an assessment tool to quantify anxiety levels, and acts as a communication among mental health clinicians to gauge the effectiveness of the current treatment (Chou et al., 2009).

Practitioners are able to design their own guidelines for managing patients with diverse conditions however, due the inconsistencies among health care providers, patients with addictions may "doctor shop" and continue to exhibit a vicious cycle of substance abuse by any means possible. Therefore, policies that provide statewide clinical practice guidelines that include alternative therapeutic measures as noted in this developmental project may reduce the abuse of controlled substances within the healthcare system and provide a means for social change within a community.

Research

Research indicates that treating addictions is one of the costliest medical disorders, with more than 500 billion dollars spent in the United States. In addition, there are relatively few effective treatments available for cocaine addiction and there are no pharmacological interventions approved by the US Food and Drug Administration (Potenza, 2009). As a result there is a greater need for research on the neurobiological process of addiction so that more effective treatment modalities, either pharmacological or non-pharmacological can be produced. Addictions and mental illnesses are both complicated processes, and etiologies may involve the interaction of genetic and environmental determinants. Therefore, the use of multiple approaches and disciplines, such as spiritual and psychological therapies may create inroads into the understanding of addictions and thereby translate into formal treatment options (Potenza, 2009).

Researchers found that recovering addicted persons have statistically higher levels of faith and spirituality than those who relapse. In addition, individuals during the course of relapse showed significantly lower levels of spirituality than those in recovery

(Jarusiewicz, 2000). Piacentine (2013) described spirituality and religiosity among individuals enrolled in methadone maintenance programs, and examined the association between spirituality, religiosity, anxiety, depression, and drug-use consequences. Individuals during the recovery phase tended to use spirituality as a mechanism to maintain sobriety. This evidence should prompt researchers into a more thorough analysis of the relationship between spirituality and substance abuse treatment.

Social Change

The abuse of controlled substances, whether prescribed or obtained from unprofessional dealers, has plagued various aspects of U.S. society. Individuals under the influence are less likely to excel in educational pursuits, and more likely to exhibit deficits in maintaining adequate job performance. These individuals are prone to violence, high-risk sexual behaviors, spreading of contagious diseases, increasing criminal activity, and mortality. The use of evidence-based therapeutic alternatives can initiate social change among this population, as there is potential for reduction in criminal activity and mortality due to adequate treatment amongst those with anxiety and dependence on addictive substances.

Although individuals with a history of illicit substance abuse may undergo several rounds of rehabilitation, the recurrence of exposure to drugs is almost inevitable. These individuals are more likely to suffer from depression, anxiety, and other psychotic symptoms, and are eventually prescribed addictive psychotropics such as benzodiazepines. Prescribers must keep in mind the potential for dependence, and should consider non-pharmacological therapies to reduce the debilitating effects of addiction

(Koob, 2006). Health professionals should contribute to shifting the negative societal effects of substance abuse through the use therapeutic interventions. By adopting the mechanism of treatment in this developmental project mental health providers may see a positive change in the downward spiral of chemical dependence and poorly controlled anxiety.

Project Strengths, Limitations, and Weaknesses

Project Strengths

This developmental project includes several strengths for patients with anxiety disorders, and a history of substance abuse.

1. CBT and IP should be a positive therapeutic intervention for patients currently in treatment for anxiety disorders.
2. The process by which CBT and IP are incorporated should encourage eligible participants to reflect upon their negative behavioral patterns, life cycles, and poor outcomes.
3. CBT and IP should instill a sense of purpose through self-reflection and confrontation of poor choices, thereby offering a sense of hope and encouragement through the belief in a higher power that supernaturally assists during hardship. This concept may provide positive direction for those who believe.

Project Limitations and Weaknesses

According to Groove, Burns, and Gray (2013), theoretical and methodological limitations are restrictions and shortcomings within a study that may decrease the generalizability of the findings. The limitations in the study include the following:

1. There may be a lack of receptivity or openness to spirituality and cognitive therapy in patients who are currently addicted to a controlled anxiolytic to treat anxiety.
2. There may be a lack of generalizability to other populations such as patients who do not have a history of substance abuse, or controlled anxiolytics.
3. Some participants may be under the influence during the intervention, and may not receive the intended therapeutic benefit.
4. Participants with substance abuse issues coupled with psychiatric issues such as anxiety disorders may not comply with the process of the project, which may limit project findings.
5. There may be difficulty finding or preparing qualified professionals to conduct the project.
6. There may be difficulty finding a balance between diverse denominations, religious practices, and belief systems.
7. There may be a lack of cohesiveness amongst team members due to their diverse spiritual backgrounds.

Recommendation for Remediation of Limitations

The development of a common spiritual ground among diverse backgrounds can be difficult. In order to find this happy medium, participants and team members will first be informed of their choice to participate. Team members and participants can opt out due to personal convictions and belief systems without retribution. After the nature of the project is thoroughly explained to each stakeholder then team members will have a chance to determine or examine whether their beliefs will allow them to accommodate implementing the necessary components to this project. The idea of a higher power will be universal versus a specific deity, although Christianity will be the founding principles used in the spiritual element of the developmental project. Clearly defining the religious views of the project's intent will give the participant the opportunity to commit or reject their involvement and thereby reduce future limitations and obstacles.

Analysis of Self

Scholar

The DNP process, as proposed by the guidelines of Walden University, has led me toward the path of producing and examining scholarly product. The professional recommendations, coaching, guidance, and leadership played a key role in scholarly development. The necessary and rigorous research that accompanied the doctorate process further refined my candidacy as a doctorate student-to-doctorate professional. In order to achieve and maintain the scholarship of a nursing entity, one must focus on the means to an end versus an end to learning. The means toward an end is a constant

movement that may never end, but start a new chapter. The means also empowers the nurse scientist, clinician, educator, and policy maker (Meleis, 2011).

Practitioner

As nurse practitioner, I gained a unique opportunity to actually impact my personal prescribing habits and treatment modalities through the acquisition of scholarly education and research. As a practitioner the influence of joining the doctorate territory almost immediately changed my style of practice and thus added clinical expertise by incorporating evidence-based knowledge in many aspects of patient care.

Project Developer

The resources and leadership offered at Walden University provided me with the tools, scholarly preparation and projections. The necessary research and the reiterative review of literature and near scholarly productions continue to add to my abilities in sustaining constant intellectual growth. This growth enabled me to move from the level of a student to a developer of academic material. This refining process provoked my patience, yet challenged me to move forward and acquire new skills that directed me to an expected completion of a developmental proposal and scholarly project.

Project Contributions for Future Professional Development

This developmental project will be a gateway to other creative scholarly adventures and productions. The door will be opened to initiate further research in identified gaps, and dissemination of findings to current knowledge and or evidence. Through the disseminations of findings and the impact on social change within a community, then other professional contacts or networking proceeds that will eventually

lead to: professional development, refining, self-analysis, and the acquisition of additional certifications or credentials if necessary.

Summary and Conclusion

Positive social change starts with innovative interventions within a community or practice, once the problem has been identified. In some mental health settings patients may present with anxiety symptoms, and request a specific class of controlled substances such as benzodiazepines. If the requested controlled substance is prescribed with the intended frequency of administration, then the cycle of addiction may succeed. This problem may be fueled by careless prescribing habits, and the lack of adhering to policies and practice protocols. This developmental project expects that the combined intervention of cognitive behavioral therapy and prayer to assist in rerouting the cycle of pharmaco-dependence in patients with anxiety disorders, by confronting maladaptive behaviors, and thus offering the means toward applying positive coping skills to stressors. In addition, the underlying cause to these addictive behaviors may be identified, whether it is past trauma, physical abuse, or other stressors, and thereby improve the quality of patient care. Prayer may offer a sense of hope, support, and belief in a higher power that is proposed to promote behavioral change that leads to one aspect of social change.

Evidence-based interventions will provide the evidence for potential effective treatment in which protocols and guidelines are derived. These protocols can provide the means to social change that can impact the health and well-being of a local community suffering from various health disorders. There is an obvious link between mental health disorders, substance abuse, and addiction. Addiction can be viewed as a multifaceted

condition, due to emotional and psychosocial factors. However, when an individual with a mental illness seeks psychiatric care through a medical professional and develops an addiction to a prescribed regimen, then the therapeutic milieu can be interrupted. Therefore, interventions are necessary in order to provide the evidence for the integration of protocols that will promote positive social change. CBT is proven to be an effective treatment both as mono and adjunctive therapy in treating anxiety. Combining IP and CBT may provide exceptional support for patients suffering with anxiety and those who are dependent upon benzodiazepines. This scholarly product must be disseminated among health care professionals so that social change may occur. The benefits of this product will have the potential to reduce substance dependence in mental health settings. The following section will discuss ways in which evidence-based material is socialized and viewed by the audience of interest.

Section 5: Scholarly Product

Social Media

I am expected to transform knowledge that will be readily available for the demands of health care consumers. This evidence-based knowledge must be disseminated in order to be adopted and thereby shorten practice gaps (AACN, 2006). In modern times, social media have become a priority agenda for many entrepreneurs, business executives, and academic enterprises. This method of communication can also be used to relay a volume of diverse topics to a mass audience, and thus promote or reject a wide array of topics and interests. Social media has connected the world into a global market or neighborhood and is one of the most effective methods for global communication and networking. Those in the role of making public decisions try to recognize ways to make profitable use of applications such as-: Wikipedia, YouTube, Facebook, Second Life, and Twitter (Kaplan & Haenlein, 2010).

Therefore, disseminating a scholarly project through social media such as will give worldwide access to viewers-, who may decide to implement the actual project and thus start the process of social change in their local community. This method of dissemination is a cost effective, accessible, and a user-friendly option that will expose this project to an inter-disciplined body of viewers. Subscribers are able to make comments or suggestions, and collaborate with the project developer to network or exchange project ideas. Creating a YouTube video of this developmental project produces a web address that can be shared at conferences and other forms of health presentations so that stakeholders can continue to view this study at a click of a button.

Social change can be easily achieved through sharing ideas, advocating the implementation of the project, and receiving feedback.

Scholarly Journal Submission

Dissemination is a necessary component to end product of a research study, to communicate findings. Submission to peer-reviewed scholarly journals will target the intended audience i.e. health care clinicians, who may apply the evidence to practice (Grove, Burns & Gray, 2013). This method of communication is similar to marketing or socializing a product that has the potential to immediately impact health care and clinical practice. Submitting to scholarly publications only represent the byproduct of a multipart process that involves manuscript preparation, submission, peer review, and revision. Published articles are targeted at the journal that would publish them and resubmissions eventually paid off to the health care community as findings are communicated and eventually adopted by a scholarly audience (Johnson & Green, 2009). Although this process may be rigorous, the final acceptance and translation of evidence into a scholarly network will further enhance my scholarly achievement.

A peculiar challenge at the forefront of health promotion is translating research findings into evidence-based clinical practices and public health that are disseminated and adopted. In spite of the efforts made to develop efficient disease prevention and maintenance programs, there has been little inquiry of qualified effective dissemination methods. This inquiry would include evidence-based programs, projects, or proposals that should be adopted by the community, public health, and clinical practice settings. Taking advantage of the opportunity to disseminate the literature that supports my

developmental project into a journal of interest would further target my selected audience and provide another means to disseminate the intervention of this project (Kerner, Rimer, & Emmons, 2005).

Publication Aspiration

The DNP project prompts researchers and doctoral students to promote social change by incorporating nursing literature, and evidence from scholarly products into an evidenced-based intervention (AACN, 2006). In order to expose the contents of this project to a specified nursing audience one must submit to a professional publication that is congruent with the theme of the project. This publication of choice would be the Journal of Christian Nursing (JCN), which integrates spirituality to various segments of nursing care. JCN is a qualified nursing quarterly prepared by nurses. *JCN* aims toward helping nurses experience nursing through the lens of faith and a Christian perspective. Themes and articles discuss current issues and trends in: nursing, ethics, spiritual care, values, wholeness and healing; psychology and religion; nursing education, and the voice of other nurses providing missionary work throughout the world. In order to submit a manuscript to JCN, one must complete a checklist that ensures the suitability of the scholarly product to the values of the journal. The preliminary submission for acceptance entails the following: a short biographical draft of each author, title page, contact information, and supplemental digital content (Schoonover-Schoffner, 2015).

Conclusion

Doctorate-prepared nurses are expected to contribute to the body of nursing knowledge with the intent to edify the practice of nursing through empirical-based studies

and evaluating the effectiveness of evidence-based practice. The fulfillment of these expectations will ultimately enhance patient care and the delivery of health care. In order to accomplish the destiny of the doctorate-prepared graduate nurse, the dissemination of findings must be socialized to the body of stakeholders to disperse the potentials of a scholarly product to a larger healthcare system. The doctoral project of combining intercessory prayer and cognitive behavioral therapy to patients who are diagnosed with anxiety and dependent upon benzodiazepines, will provide evidence to the body of nursing knowledge on the benefits of therapeutic non-pharmacological alternatives to the population. Social change has a potential success rate once this project is implemented and provides the evidence for its effectiveness in reducing the dependence upon addictive anti-anxiety medications such as benzodiazepines.

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Appendix A: Hamilton Anxiety Rating Scale

HAMILTON ANXIETY RATING SCALE (HAM-A)

Classification of symptoms: 0 - absent; 1 - mild; 2 - moderate; 3 - severe; 4 - incapacitating.

HAM-A score level of anxiety: < 17 mild; 18 - 24 mild to moderate; 25 - 30 moderate to severe.

Symptoms Date:_____

1. Anxious mood 0 1 2 3 4
   - worries
   - anticipates worst
2. Tension 0 1 2 3 4
   - startles
   - cries easily
   - restless
   - trembling
3. Fears 0 1 2 3 4
   - fear of the dark
   - fear of strangers
   - fear of being alone
   - fear of animal
4. Insomnia 0 1 2 3 4
   - difficulty falling asleep or staying asleep
   - difficulty with nightmares
5. Intellectual 0 1 2 3 4
   - poor concentration
   - memory impairment
6. Depressed Mood 0 1 2 3 4
   - decreased interest in activities
   - anhedonia
   - insomnia
7. Somatic complaints - Muscular 0 1 2 3 4
   - muscle aches or pains
   - bruxism
8. Somatic complaints - Sensory 0 1 2 3 4
   - tinnitus
   - blurred vision
9. Cardiovascular Symptoms 0 1 2 3 4
   - tachycardia
   - palpitations
   - chest pain
   - sensory of feeling faint
10. Respiratory Symptoms 0 1 2 3 4
    - chest pressure
    - choking sensation
    - shortness of breath
11. Gastrointestinal Symptoms 0 1 2 3 4
    - dysphagia
    - nausea or vomiting
    - constipation
    - weight loss
12. Genitourinary Symptoms 0 1 2 3 4
    - urinary frequency or urgency
    - dysmenorrhea
    - impotence
13. Autonomic Symptoms 0 1 2 3 4
    - dry mouth
    - flushing
    - pallor
    - sweating
14. Behavior at Interview 0 1 2 3 4
    - fidgets
    - tremor
    - paces

TOTAL SCORE: _____

Were you satisfied with this intervention? Yes or No

Appendix B: Walden IRB Approval

Dear Ms. Denobrega,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "Development of Evidence Based Alternative Treatment Options for Use in a Mental Health Setting to Reduce Anxiety," meets Walden University's ethical standards. Our records indicate that your project does not include the types of activities that require a traditional IRB review. This Confirmation of Ethical Standards (CES) has an IRB record number of 09-18-15-0468925.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the IRB materials that have been submitted as of this date. This includes maintaining your current status with the university and this confirmation of ethical standards is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your project, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for projects conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with these policies and proceduresrelated to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to you.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu:
http://researchcenter.waldenu.edu/Application-and-General-Materials.htm

Please note that this letter indicates that the IRB has approved your project. You may not move forward with your project, however, until you have received the **Notification of Approval to Conduct the Project** e-mail. Once you have received this notification by email, you may move forward with your project.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
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Email: irb@waldenu.edu
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Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:http://researchcenter.waldenu.edu/Office-of-Research-Ethics-and-Compliance-IRB.htm