AN EDUCATIONAL PROGRAM OF PSYCHOSOCIAL INTERVENTIONS FOR MENTAL HEALTH NURSES IN ACUTE CARE IN JORDAN

By

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AN ABSTRACT OF THE PROJECT OF

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The function of psychosocial interventions was presented to help nurses improve the quality of care for mentally ill patients and achieving therapeutic outcomes. These interventions reduce the environmental stress, and provide knowledge and the necessary structured psychological management. They are considered important tools for helping mentally ill patients overcome their symptoms and prevent future complications and relapse. A need assessment was carried out through several reports (e.g., WHO-AIMS report) that assessed the mental health system in Jordan and presented the importance of the need of such training program in mental health settings and evaluate its effectiveness for psychiatric nurses. The purpose of the project is to develop an educational psychosocial interventions training program for mental health nurses in Jordan. These interventions help nurses to improve their knowledge and skills to deal with vulnerable population to improve mental health management and outcomes.

A literature review correlated to developing psychosocial interventions program and evaluating its effectiveness reported that psychosocial interventions affect both the patient and mental health nurses positively. They improve the initial assessment, treatment process, & medication management, preventing complications and relapses, and shortening recovery time, and they also improve self-accomplishment and job satisfaction of mental health nurses.

The project is designed to provide psychosocial interventions, suitable for Jordanian nurses that consider tools that nurses can use to improve the quality of care for mentally ill patients. The project represents the post certificate program which includes the theoretical framework, learning outcomes, and psychosocial strategies. In addition, the implementation of the program is discussed, and the evaluation processes are addressed.
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CHAPTER I

INTRODUCTION

A. Background

In the nursing profession, mental health settings differ from other health settings in terms of the nature of patients. Mental health patients specifically have difficult and challenging behaviors that mental health nurses should deal with on regular basis. Because of increasing mental health admission rates and prolong length of stay, mental health nurses are working in increasingly complex environments, focusing on "crisis management rather than planned treatment, including physical, psychological, and therapeutic aspects of care", which is considered as therapeutic and preventative strategy for acute and crisis management (Richards et al, 2004).

In acute inpatient settings, the population with severe mental illness has significantly increased. The majority of them "have a diagnosis of schizophrenia, and 60% of them stay in the hospitals more than six months" (Baker, 2000, p.95). In these settings, challenges that nurses deal with can increase the probability of nurses suffering from lack feeling of work accomplishment and dissatisfaction in their work, which lead to retention and recruitment problems, especially that the acute inpatient setting is characterized as hard, hectic and stressful place (Mullen, 2009). There is growing body of research on mental health nurses in the Western countries that examine the level of job satisfaction and personal accomplishment among mental health nurses, determine associated factors, and plan for needed management strategies (Burston& Stichler, 2010; Knight& Sherring, 2009; Jenkins, 2004). One factor that affects nurses' level job satisfaction and low level of personal
accomplishment is the level of education. Studies showed that nurses with a high degree of education (highly qualified) have lower levels job dissatisfaction than those with a low degree of education (low qualified) (Knight & Sherring, 2009). These studies suggest that when nurses suffer from high level of job dissatisfaction and low level of personal accomplishment, they will not be motivated for patient care and job accomplishment. Consequently, both nurse and patient satisfaction will suffer (Burton & Stichler, 2010; Knight & Sherring, 2009; Jenkins, 2004). Therefore, achieving both patient and nurses satisfaction can be done by rewarding effective practice and high quality of care (Evans & Spencer, 2003) done by improving nurses' knowledge and skills.

Many studies apply and evaluate psychosocial interventions courses for mental health nurses in the west. The training programs of psychosocial interventions, which are provided to nursing staff and other health professional, has become an important concern in recent years (Baker, 2000). These interventions are considered important that help patients to overcome their symptoms and prevent future complications and relapse. They help nurses more in improving the quality of care for mental ill patients, and so achieving health outcomes.

B. Psychosocial interventions:

The literature provides several definitions for psychosocial interventions for nurses. They are specified according to the purpose, nurses' background, and needs (Baker, 2000; Dagnan, 2007). In this project PSIs is defined as noninvasive and therapeutic intervention skill and providing education that helps improve the quality
of care. As a result, this decreases patients' level of distress and improve their functioning at personal and social level.

The nature of the patient's illness in acute settings creates a critical environment, which needs reducing the environmental stress, encouraging and providing the necessary structured psychological management. So, implementing psychosocial interventions, in acute inpatient settings enables the services to provide better and more effective care, and to improving the patient's mental status. Therefore, there is need to a well trained, knowledgeable and skillful nursing staff to provide psychosocial interventions in order to improve the quality of care and achieve the therapeutic outcomes (Baker 2000, Mullen 2009).

C. Mental Health System in Jordan

A national report on mental health system and services in Jordan was done in collaboration between the national mental health team and the higher council for science and technology in 2010, in order to assess the quality of mental health services in three areas: inpatient mental health services, outpatient mental health services, and primary health care physicians and mental health services. By focusing on inpatient mental health services and nurses working in it, the report recorded detailed information that required for evaluating the quality of care for mental health patients. It supported the information by using a project done by the team which examined the patients experience during they stay in the hospital, especially in acute settings. According to this report, the number of registered nurse in each sector consisting: 83 in Ministry of Health, 23 in royal military services, 11 in universities, and 27 in AL-Rashid hospital. It mentioned that most of the patients"95%" take
medication as part of their treatment, and only "22.1%" were provided information about the purpose of medication from nurses, and "12.4" being given complete information about the side effects. Approximately "40.3%" were involved in decision making process regarding their treatment. In addition, about "85%" reported that they were not provided information which needed to help them in crisis and urgent situations. For discharge planning, "45.2%" of patients reported that nurses take into consideration the family and home environment in discharge planning. Regarding talking therapy, more than half of patients need talking therapy, though, only "16.8%" received it. However, the majority of patients evaluated the quality of service as "very good" and "excellent", and only "5%" reported that the quality of services are "very poor".

Furthermore, the World Health Organization (WHO) published a report on the assessment of the mental health system in Jordan by using Assessment Instrument for Mental Health System (AIMS), in 2011. The report mentioned that mental health services in Jordan are provided by the government (Ministry of Health), military, private sector and universities. There are four hospitals in Jordan: two hospitals managed by the Ministry of Health (National Center for Mental Health (NCMH) and AL-Karama), a royal medical Services hospital, and a private hospital (AL-Rashid). There are no psychiatric wards in university hospitals and general hospitals and all include 463 beds. The number of patient receiving mental health services, mainly in Ministry of Health, is 45 per 100,000 populations, "and the average length of stay is 47 days". About 56% of patients are staying in the hospital more than 10 years (especially in AL-Karama). The report also mentioned that "the most common diagnosis at admission is schizophrenia and related disorders (49%) and mood
disorders (35%). The number of admissions has increased, and the total occupancy rate across all four hospitals is 97%" (WHO, 2011).

The total number of health professionals working in mental health hospitals is "6.2 per 100,000 populations", divided as follows: "61 psychiatrists, 30 medical doctors (not specialized in psychiatry), 221 nurses, 15 psychologists, 17 social workers and 5 occupational therapists. According to this report, there are few training programs on psychosocial interventions for health professionals. "Only 3% of psychiatrists, 7% of medical doctors, and 23% of nurses have received at least two days training programs in this area. As a result, a small group of patients (1-20%) do receive any psychosocial interventions during their staying in the hospital "(WHO, 2011).

At the end of the report, WHO documented several recommendations in order to enhance and strengthen the mental health system in Jordan. One of them is increasing the number of mental health professionals working in the mental health system and enhancing training programs. Other one is providing Evidence-based psychosocial interventions to the health professionals, including nurses, in order to enhance the provision of psychosocial interventions for the patients at both outpatient and inpatient settings, and so improve the quality of mental health care (WHO, 2011).

The information mentioned above was supported by the interview done with the head nurse and the manager of in-service education center at NCMH. The report of the interview showed that mental health nurses have not been provided training programs, which includes psychosocial interventions to help improve patients' mental health status. The training programs that they are provided focuses on the mental illness, mental status examination, medication, ethical and legal issues, and documentation (for details, see appendix IV).
D. The aim of the project:

This project aims to develop an educational training program for mental health nurses in Jordan. This program includes psychosocial interventions, suitable for nurses, in order to improve their knowledge and skills. These interventions help them deal with vulnerable population, so, as to improve mental health management and outcomes.
CHAPTER II

REVIEW OF LITERATURE

A number of studies examined the effectiveness of psychosocial interventions in mental health settings in the West. However, no specific model of psychosocial interventions was examined. However, all the evidence levels consider the psychosocial interventions as evidence based (Mullen, 2009). Examples of these interventions are: Therapeutic alliance; Biopsychosocial assessment; Cognitive behavioral therapy; Psychoeducation and relapse preventions; stress management and problem solving; medication adherence strategies; coping skills and others (Baker, 2000; Mullen, 2009; Richard, 2004). All these studies have the same goal, which is improving the quality of care and achieving the patient's outcomes. Psychosocial interventions showed their positive effect on several mental problems and level of intellectual abilities. They improve with various types and forms in reducing symptoms and improving the quality of life among patients with depression, anxiety, psychosis, compulsions, substance use, eating disorders, and anger problems (Hatton, 2002).

A. Psychosocial Interventions Programs:

Baker (2000) published two studies to confirm the need of developing psychosocial interventions in inpatient care units, apply and evaluate the short course, a three- day's educational package containing psychosocial interventions administered to acute inpatient staff. In the first study, He reported that the staff in acute settings
lacks knowledge and skills in applying psychosocial interventions for their patients. The author developed the training package based on the need of staff and clinical experience, and identified the most important areas of topics which must be included in the program. He used the stress- vulnerability model to support his intent. This model suggests that schizophrenic patients have intrinsic vulnerability to stressors that leads to increase in the level of stress and the occurrence of relapse. Therefore, decreasing the environmental stress can decrease the psychotic states, and so prevention of relapse. These concepts support the development of psychosocial interventions. The development and implication of psychosocial interventions has the potential to significantly decrease these environmental stressors for the patient. Baker (2000) also suggested that these concepts can be used for other severe mental illnesses. He argued that the full assessment is crucial to determine the specific areas of needs and develop targeted interventions.

In the second study, Baker (2000) applied and evaluated some elements of psychosocial interventions, which are: medications, cognitive behavioral therapy, coping strategies enhancement and education. The author used several teaching methods and philosophies (e.g., Rogers 1994) in order to provide information effectively to the staff. The author used several evaluation tools to provide valid and reliable information for future development, including peer review, self-evaluation, questionnaires and directed group discussion. The results showed that these interventions positive effect for the patients. The results revealed that cognitive behavioral interventions for schizophrenic patients decreased acute psychosis both in negative and positive forms, accelerated recovery, reduced times to discharge, and left the patient with lower levels of residual psychosis. Encouraging using coping
strategies and reducing the environmental stress of the ward were enhanced the
patients (with various mental problems) to be able to cope with psychotic symptoms.
Moreover, interventions providing knowledge about the illness, and the effect and
side effect of medication can help the patient and family deal with the illness and cope
with it in an effective way, and so decreasing stress and symptomology. In addition,
the overall feedback from the staff and teacher was positive. The author also noticed,
after the training program, that the staff looked for more information about
psychosocial interventions, taught the patients and other staff and engaged in further
training programs. Still, as the study was done on a small sample size, the validity and
reliability of this program should be evaluated by using a large sample size in order to
evaluate the effect of care given to the patient (Baker, 2000).

Another study was done to apply and evaluate 18- days' educational
interventions for staff in acute mental health settings. The purpose of this study was
improving the quality of patient care. The educational program was centered on
"service user views, nursing attitudes, assessment and engagement skills, care
planning, medication management, risk assessment, observation and de-escalation"
(Bee et al, 2005). The results showed that there were " statistically significant
improvements observed in the quality of care planning, initial assessment and
provision therapeutic care, but not in risk assessments, medication management or
external agency involvement" since the organizational policies and rules limit the
nursing roles, which focus on 'nursing duties" approach rather than on patient-
centered goals. The authors recommended that educational programs must be
developed in conjunction with organizational changes. These changes include: developing rules and policies to maximize the implementation of new skills and be apart in development educational programs for nurses (Richards et al, 2005).

In addition, a review of literature examined the effectiveness of psychosocial interventions in acute inpatient settings. It revealed that these interventions affect both the patient and mental health nurses positively. The most important effect is improving the therapeutic relationship between the nurse and the patient by enhancing the patient's involvement and interaction within the treatment process, and also a sense of responsibility. Such interventions provide a balance between managing of safety and independency of patients, which leads to improving the treatment process, preventing complications and relapses and shortening recovery time. In addition, they improve self-accomplishment and job satisfaction of mental health nurses (Mullen, 2009).

However, nurses lack therapeutic interaction with the patient and focus on administrative duties and doing "custodial care", as protocol for risk prevention. Such narrow focus leads to mismanaging the patient's condition and education, which is a needed skill to overcome future distress and improve self-management. In addition, nurses deal and react with the immediate situations and environments and ignore the patients’ individualized needs. Furthermore, most literature reports that medication is a first line therapy in acute settings. Nurses prefer to use PRN medications for acute
conditions (e.g., agitation), rather than using noninvasive treatment. However, authors criticized using PRN medications and ignoring other strategies that nurses can use, and recommended using PRN medication only when noninvasive strategies fail. Moreover, nurses resort such practices due to lack of knowledge and skills (Mullen, 2009).

Furthermore, there are problems that prevent nurses from delivering effective care including psychosocial interventions to the patients. These psychiatric settings have staff shortage and poor recruitment and retention due to lack of postgraduate training and education programs provided by institution. There is also poor collaboration and multidisciplinary work and communication that enhance support, and this is needed for "high-stress incidents" in order to improve health care in high-stress incidents (Jones & Lowe, 2001, Thurston et al, 2003).

To overcome these obstacles, literature recommended that an improvement in the nursing quality of care can be achieved by training and using evidence-based practice, with systematic support and evaluation done by the organization and multidisciplinary work in order to enhance collaborative work and provide opportunities for practice and skill development (Thurston et al, 2003).

B. Mental Health Nursing in Jordan:

Hamaideh (2011) revealed that Jordanian nurses have a lower level of job
satisfaction, social support, and staffing. They complain of shift work, case load, violence at workplace, lack of knowledge and skills, and poor coping styles. This study reinforces the concern with the level of knowledge and skills that the Jordanian mental health nurses need. Working on this issue can improve the quality of care in mental health services and achieve patient and nurse satisfaction.

Currently, no research was found in Jordan that applies or evaluates a model of psychosocial interventions for patients and nurses working in mental health hospitals. According to previous research in Jordan, the National report, and the recommendation of WHO, it is very important to provide a such training program in mental health settings and evaluate its effectiveness on a sample of psychiatric nurses in Jordan.
CHAPTER III

DEVELOPMENT OF THE PROGRAM

This program will be introduced to the mental health nurses working in acute inpatient settings. Mental health nurses in Jordan have deficit not just theoretical knowledge, but also experience and skills to deal with mentally ill patients. As a result, the design of this program aims to improve and elucidate the connection between theoretical knowledge and practice.

A. Theoretical Framework:

The framework of this program is developed for mental health nurses, who are considered adult learners. It is based on Knowles' (1968) adult learning for the training plan; and Rogers' (1983) experiential learning theories accounting for nurses’ experiences; both theories inform educational approaches with adult learners.

Knowles described adult learners as self-directed learners. He developed "andragogy (adult learning) and self-directed theory," which create the knowledge of adult learning (Sharan, 2001, p.3). He attributed four characteristics to adult learners: "(1) adult learners are self-directed and wish to be self directed, (2) adults bring life experience to their learning, (3) adults’ readiness to learn is associated with social and occupational role competencies, and (4) adults take more immediate, problem-solving approaches to their learning" (McMillan et al, 2007, p.88). These theories focus on the learner-centered approach that encourages learners to work and master the skills necessary to achieve goals. The educator has several roles during the
program; he/she acts as facilitator, trainer, or teacher depending on the type of the educational session. During the session, the educator try to involve students in most aspects of learning process in order to help them achieve their learning goals that they have set for themselves. The learner is described as one who is "autonomous, free, self- directed, and growth- oriented" (Sharan, 2001, p.7). They are given the opportunity to input, generate ideas, set goals, and create activities to achieve outcomes. They share their experience through discussion of their views related to the situations. The educator encourages learning through creating an environment conducive to learning and providing activities to help the learners find out what they need to know and what strategies ought to be used to obtain the knowledge. Learning material, procedures, and tools should be organized, applicable, and arranged for enhancing the learner's readiness to learn. Still, the educator should firstly help learners develop building blocks composed of theories, facts, and analytical strategies and issues that encourage them to engage in discussion at a higher level of knowledge, analysis and investigation (McMillan et al, 2007).

As cited in Burnard (1988), Carl Rogers also focused on the learner-centered approach by developing the experiential learning theory, which addresses the highest levels of education including personal involvement at both the affective and cognitive levels. Burnard (1988) defined experiential Learning as “any learning activity which facilitates the development of experiential knowledge […] The experiential domain of knowledge is gained through direct personal encounter with a subject, person or a thing” (p. 128). Experiential knowledge can be gained through relationship and communication between individuals. The learners are involved in discussion, encounter, analysis, or counseling with each other. Therefore, the learners can change or modify their views and practices in consideration of others' experiences. For
example, during the discussion of a certain situation, each learner provides his/ her reflection about that situation based on past experience, which leads to acquiring new knowledge (theories, models ...etc) and skills, and applying them in future, real situations. Kolb (as cited in Burnard, 1988) developed an experiential learning cycle based on Roger’s, as shown in figure (1), that clarifies experiential learning from different phases that the learners go through. Firstly, the learners are engaged in an experience, such as a case study or a role-play. Then, they are encouraged to provide their reflection regarding the experience according to their knowledge that they have. Finally, upon the discussion, the experience will develop a new knowledge and theories that will be examined by application in the real situation.

In addition, the educator should facilitate and encourage the learners to share, criticize, and explore their own perceptions of experiences that they encounter in order to transfer new ideas for application in future situations (Burnard, 1988). This can be achieved by creating group discussion (McMillan et al, 2007).

![Figure (1): An experiential learning cycle (Burnard, 1988)](image)

Regardless of the approach adopted, it is very important to promote a safe learning environment, characterized by encouragement, value, and appreciation of students' rights. When students feel safe, they are less inhibited about raising questions and comments, and are more open to thinking critically. On the other hand,
students must demonstrate a strong sense of responsibility, accountability for their own learning, professional performance in such clinical settings, working with others, and practicing in legal/ethical standards of nursing.

B. Description of the Program:

This is a post certificate program for registered nurses working or preparing to work in acute inpatient department at NCMH. The program will be conducted over a period of one week, and repeated four times over one month in order to give a chance for all nurses to attend the program according to their duties. The program will provide psychosocial interventions that consider tools that nurses can use in order to improve the quality of care for mentally ill patients. Throughout the program, the nurses will identify concepts, goals, strategies, and skills of psychosocial interventions. Furthermore, they can conceptualize the models of care that help them deal with their patients and achieve the treatment outcomes. Following are the program learning outcomes.

C. Learning outcomes:

The general aim of this program is providing qualified mental health nurses to improve the quality of care for mentally ill patients. At the end of this program mental health nurses will be able to:

1. Recognize the effect of psychosocial interventions in the quality of care of mental health patients.
2. Demonstrate responsibility for applying psychosocial interventions for mental ill patients.

3. Apply psychosocial intervention techniques competently in the acute inpatient settings.

For such learning outcomes to be achieved educational strategies have to be selected appropriately to fit the outcomes and serve to achieve them. The following section addresses educational strategies deemed suitable for the program and its learning outcomes.

D. Psychosocial intervention strategies:

The program will include the following strategies, that each will be delivered in one day. The following is a general description of the content:

1. *Therapeutic alliance*

   Therapeutic relationship is described as "a human relationship with goals defined by patient's needs"(O'Brien, 2001, p.133). Recent studies show that the therapeutic relationship is considered an important aspect of mental health nurses' perceptions of their care to the mentally ill patients (O'Brien, 2001). Therefore, this element was included in psychosocial interventions programs that were provided to mental health nurses (Mullen, 2009)

   This strategy includes interpersonal communication techniques that are considered a basic tool through which nurses can establish a therapeutic relationship and collect information from the patient, and engage him in an effective treatment plan. It explains the conditions essential to the development of a therapeutic
relationship, boundaries in the nurse-client relationship, and phases of a therapeutic nurse-client relationship. During the course, the nurses will recognize the difference between therapeutic and nontherapeutic communication techniques, including verbal and nonverbal (Townsend, 2008).

During the session, the learners will achieve the following:

- Identifying the essential requirements of a therapeutic relationship.
- Applying therapeutic communication techniques effectively.
- Analyzing the connection between verbal and nonverbal communication in the therapeutic relationship.

2. **Psychosocial assessment**

In this strategy, the nurse comprehensive assessment to the patient includes: "physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and life style" (Townsend, 2008, p.117). During the assessment interview, the nurse demonstrates effective communication skills and closed observation in order to do comprehensive assessment, doing clinical diagnosis, and planning effective interventions (Townsend, 2008). Baker (2000) and Mullen (2009) included this strategy in the psychosocial interventions programs that were provided to mental health nurses as an essential component that the nurse should apply to develop psychosocial interventions according to the patient case.

The learners should achieve the following outcomes during the session:

- Recognizing the components of the comprehensive psychosocial assessment.
• Discussing the application of the assessment in treatment process.

• Applying comprehensive assessment for mental ill patients competently.

3. Psychoeducation

This element provides education to the nurses about best approaches to enhancing learning of patients, caregivers, and families, based on the psychopathology of the patient's illness, stress and potential relapse, and the effect and side-effect of medication. It also provides strategies that help the patient to deal with his/her illness effectively, cope and decrease the stress level, prevent relapse, and improve psychological status (Baker, 2000). The nurse uses an effective way, according to the level of education of the patients and their families to provide the information that helps patients and their families understand their illness process.

The learners can achieve the following outcomes after they attend to this session:

• Identifying the items that the patient has to know about his illness correctly.

• Showing responsibility for demonstrating Psychoeducation to the patients and their families.

• Demonstrating teaching strategies and techniques for each item effectively.
4. **Coping strategies enhancement:**

   This element is not only beneficial to patients, but also to nurses in order to help them use effective coping strategies. It highlights the positive characteristics that the individual can use to deal with situations and conditions in a helpful way. The types of coping strategies are explained and discussed for problem solving and reducing stress in the individual's life (Carver et al, 1989; Jenkins & Elliott, 2004). Several studies used this element in their educational programs delivered for mental health nurses (Baker 2000; Mullen 2009).

   The following outcomes can be achieved by the learners at the end of the session:

   - Recognize the different types of coping strategies.
   - Demonstrate assessment skills to identify how the patient copes with stress.
   - Differentiate between adaptive and maladaptive coping strategies.
   - Apply knowledge of effective coping strategies suitable to the patient.

5. **Cognitive-behavioral therapy (CBT):**

   This element aids the nurses acquire knowledge in ways that help patients to recognize their emotional status, behavioral problems, and cognitive process, including distorted and unrealistic thoughts. It is considered both educational and skill building, providing techniques (behavioral and cognitive) to change distorted and negative thoughts, which lead to behavioral changes, and so the improvement of emotional status (Wheeler, 2008). As a result, the CBT mostly was included in psychosocial interventions programs that enhance the mental health nurses'
performance in providing care to their patients (Baker 2000; Mullen 2009; Richard 2004).

During the session, the learners can demonstrate the skills mentioned above in order to achieve the following outcomes:

- Recognizing the effect of CBT in improving the quality of care and care outcomes.
- Applying cognitive and behavioral techniques in an effective way.
- Using appropriate cognitive/behavioral techniques according to the patient condition.

6. Medication adherence therapy:

As medication is considered an important element in educational programs of psychosocial interventions, this strategy will be included in this project (Baker 2000; Mullen 2009). This strategy is designed to enhance compliance regarding taking prescribed medication, which helps improve the psychopathological status and prevent relapse. It provides several techniques that nurses use for encouraging patients, helping them take their medications, and overcoming associated problems (e.g., side-effects complains, forgetting taking medications…etc.) (Staring et al, 2010).

Through education of this strategy, the learners can achieve the following outcomes:

- Recognize the importance of medication in the treatment process.
• Identify the problems of medication adherence that the patient may encounter.

• Discuss the effective strategies for each problem, which help the patient adhere to the medication.

The content of the program and the planned outcomes are designed according to the need assessment that will be described in the next.

E. Needs Assessment

The educational needs of mental health nurses in Jordan were addressed by WHO based on results of assessment study of the quality of mental health service in Jordan, and the recommendations that were found at the end of the report. WHO (2010) reported that few nurses (only 23%) had received training programs regarding noninvasive interventions for caring mentally ill patients. They recommended, at the end of the report, improving training programs and workshops in evidence-based psychosocial interventions for the nurses to enhance the use of psychosocial interventions for the patients at both outpatient and inpatient settings. In addition, the report of the interview done at The NCMH confirmed the need of training programs in psychosocial interventions provided for mental health nurses working in the center.

The nurses who participate in this program should fit the following requirements.

F. Selection criteria

Registered nurses with BSN who are already working or panning to work in
acute psychiatric patient settings, at the NCMH, will be recruited to attend in this program. The years and the types of experience are not required in the selection criteria.

**G. Program Implementation**

The purpose of implementing of the psychosocial intervention program is based on the need of mental health nurses at the NCMH in order to improve the mental health services. The program will be coordinated and applied by an instructor (PI of this project) working in the Faculty of Nursing and holding a master degree in psychiatric mental health nursing. Other facilitators including a team of instructors from the faculty of nursing, at JUST University, will be asked to help in conducting the program.

The program will be completed in one week (7 days) and will be repeated four times over a month period to ensure that all nurses have opportunity to participate in this program. The contents will be divided in 7 sessions during the week which will include the introduction of the program and the exam. Each session will be 5 hours per day.

At the beginning, the program will be introduced to participants; hard copies include: program's goals, polices, requirements, contents, procedures, and evaluation. Learners' assessment and expectations regarding the program will be asked and discussed in order to apply modification of the program if the need arises. In addition, the resources and materials that may help the learner during the entire program will be identified.
During each session the educator will introduce the strategy that will be discussed in the session as described next.

Firstly, the educator will ask questions related to the strategy to evaluate the level of knowledge and skills that the mental health nurses have. This is in concordance with Knowles' theory (1968) which stipulates that adult learners "bring life experience to their learning". Then, the educator will request the nurses to write their own learning outcomes on a paper and ask them to evaluate the outcomes at the end of the session in order to encourage them to engage in the learning process (McMillan et al, 2007).

Secondly, as emphasized in Knowles' theory regarding the role of educator in building basic knowledge (McMillan et al, 2007), the educator will provide handouts to the learners and use PowerPoint presentation addressing the psychosocial intervention. During the session, the educator will use videos and case scenarios to promote the understanding of the material of the session. For example, the educator addresses a patient with specific disease and he has certain symptoms, and asks the learners how they can use the psychosocial intervention appropriately to the patient. The learners will be allowed to provide their comments and reflections regarding the material, and engage in an open discussion.

Thirdly, by using Kolb's experiential learning cycle which is based on Roger’s theory (Burnard, 1988), the educator will divide the learners into groups (two or more) and give a case scenario, a problem, or a topic, and ask each group to provide their reflections, interventions, and strategies to deal with the case. This promotes understanding of the new theories that the learners can use in real situations. In addition, this helps the educator in the assessment of the level of knowledge gained in
comparison of basic knowledge reflected the initial assessment. Furthermore, the educator can use a role-play method to evaluate the level of competence of the learners in providing psychosocial intervention.

Finally, each learner will be asked to submit a formative evaluation including assessment his/her own outcomes and his/her reflection.

During and after the program's sessions, the educator uses several evaluation processes in order to evaluate the level of the learners' knowledge and skill and the effectiveness of the program. The following are the suggested evaluation strategies.

H. Evaluation

1. Formative evaluation

Formative evaluation will be driven from several class activities, such as group discussion, role-play practice, and reflection. These activities though relate to teaching and reinforcing new concepts, however, the educator can assess to what extent participants grasped the new concepts. In addition, she can evaluate the effect of the session (including educator's competency, teaching methods, material, environment…etc) to achieve the outcomes. This leads to ensure the program's effectiveness or improvement of the program instructions or outcomes before the program is completed (Billings & Halstead, 2009).

2. Summative evaluation

After the completion of the required hours of the program, a practical/clinical exam will be provided to the learners in an acute inpatient setting. This evaluation will be conducted depending on the Kolb's experiential learning cycle, previously
mentioned, that illustrates how the learners demonstrate new ideas for application in future situations. The exam will be scheduled according to the convenience of the learners, the exam team, and the availability inpatient setting. A member of the exam team will assess the performance of a learner by asking him/her to address selected areas of psychosocial assessment and provide care based on the new learned strategies that fit the patient’s case. The duration of the exam is 1 hour, and the grade will be provided according to specific criteria in the form of checklist in order to evaluate the knowledge and performance of the learner (Appendix I).

In addition, the learners will be requested, to complete the "attitude scale" which evaluates their attitude regarding issues related to the program (Appendix II). The learners can access this evaluation and complete it manually at the office of the nursing administration, in NCMH. The results of this evaluation will be observed after finalizing the grades of the learners.

3. The Evaluation of the Program

Before providing the certificate, the learner will be asked to complete the form program evaluation (Appendix III), which is prepared in order to assess the quality of the program and the effectiveness of all its elements. This helps in future improvement. As the attitude scale, the form will be found in the nursing administration office and the learners will be asked to pass by the office and complete the form manually. The following items will be included in the program evaluation form (Billings & Halstead, 2009):

- The achievement of program's goals and outcomes
- The level of knowledge and experience of the educator
- The availability of teaching materials and other resources
• The efficiency of teaching methods (PowerPoint presentation, group discussion, role-play, case scenarios and videos)
• The usefulness of assessment and evaluation tools (self-report, group discussion, practical exam, attitude scales, and program evaluation form)
• Time frame (the time for the whole program, the time for each session, and limited-time for the practical examination)
• The environment (classroom's conditions and exam conditions)
• Future recommendations
CHAPTER IV

CONCLUSION AND RECOMMENDATIONS

The mental health system needs well trained mental health nurses to work in acute psychiatric settings and deal with mentally ill patients who have special needs. This project aims to improve mental health nurses' knowledge and skills in psychosocial interventions. This project discusses the importance of psychosocial interventions in promoting mental health nurses' performance in their workplace to improve their attitudes and satisfaction. It also discusses the strategies that mental health nurses use when dealing with mentally ill patients in order to improve their mental health status and prevent further relapse and hospitalizations.

In order to implement this project in an organized and systematic manner and ensure the success of the project to get preferred results, the following recommendations should be taken into consideration:

• The proposal of this project will be presented to JUST University administration as the project will be implemented in their Faculty of Nursing. In addition, the financial analysis report will be offered to the university administration which includes time-frame of the project, material and resources needed, number of full-time and part-time faculty members, and number of nurses attending. Another significant content of the report relates to including cost saved with quality care provided since well trained and competent nurses would be able to provide cost-effective care (Tri-Council for Nurses, 2010).
This helps get the acceptance from the administration of the university to implement the project.

- The proposal will be presented to the Jordanian Nursing Council (JNC) and Ministry of Health (MOH). We will demonstrate the importance of the project in improving the performance of mental health nurses and the mentally ill patients' health status. In addition, we will show how the aim of the project fits the mission of MOH that confirms maintaining the health "by providing high quality and equitable preventive and curative health services by optimizing utilization of resources, technology advances and active partnership" (MOH, Jordan). The proposal emphasizes that the program meets the WHO goals in improving the mental health system in Jordan and confirms with its recommendations regarding nurses' performance in relation to the patient's care and the importance of training programs.

- It is recommended that a mutual coordination in the form of agreement or memorandum of understanding among JUST University, JNC and MOH will take place. The purpose is to organize the implementation of the program for mental health nurses and to issue certificates approved by the three agencies.

- A pilot trial of the program will be done with a small group of mental health nurses in order to evaluate the potency, the limitations of the project and its applicability. The project can be modified according to the results of the pilot trial.

- The presence of workplace clinical supervisors in the acute mental health settings is recommended during the psychosocial interventions
training. The supervisors' role is significant for enhancing the level of knowledge and skills of mental health nurses. The qualified supervisors provide support to the trainee during the program and facilitate the structured implementation of psychosocial interventions in the acute inpatient settings (Bradshaw et al., 2007). In addition, the role of the supervisors does not stop at the end of the program; they will evaluate the mental health nurses' performance at 6 and 12 months after the program and provide support, knowledge and skills if the need arises.

The project will be carried out for nurses working in NCMH as a first step taken towards improving the role and performance of mental health nurses at a national level in Jordan. The project aims to deliver the training program to all mental health nurses in Jordan, everywhere, to provide high quality care to mentally ill patients. Finally, we would appreciate administrative support from JNC and MOH to help mental health nurses practice their role effectively in a safe and comfortable environment.
REFERENCES


McMillan, D., Bell, S., Benson, E., Mandzuk, L., Matias, D., McIvor, M., & ... Wilkins, K. (2007). Educational innovations. From anxiety to enthusiasm:
facilitating graduate nursing students' knowledge development in science and theory. *Journal of Nursing Education, 46*(2), 88-91.


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http://psycnet.apa.org/journals/psp/51/6/1257.html


http://psycnet.apa.org/journals/psp/51/6/1257.html


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APPENDICES
APPENDIX A

ASSESSMENT REPORT OF THE NATIONAL CENTER FOR MENTAL HEALTH

Through meeting the head nurse and the manger of in-service education center at NCMH, the following information was obtained:

The NCMH, located in Fahais, Amman, is considered the biggest institution which provides mental health services in Jordan. It has 8 departments divided into acute and chronic departments, i.e. 4 departments for males, 3 departments for females, and one department for mental retarded patients. The hospital employs 93 registered nurses (50 males and 43 females), 23 practical nurses (16 males and 7 females), and 26 assistant nurses (9 males and 17 females). It also includes the in-service education center which provides education and training mental health programs. The manager of the center is a registered nurse holding master’s degree in behavioral analysis. She is the only one operating this center. However, sometimes, other nurses working in the units help her in providing training programs to their colleagues.

The following training programs for mental health nurses are being provided:

1. Orientation program for newly graduated nurses hired in NCMH. It is provided in three days, and includes the following topics:
   - mental health and mental illness
   - concepts, such as anxiety, stress, and psychosis
• Mental disorders (schizophrenia, mood disorders, anxiety disorders),
definition, psychopathology, DSM IV criteria, nursing diagnosis, and
treatment modalities for them.
• client- nurse relationship
• de-escalation techniques
• ethical and legal issues

2. Advanced psychopharmacology (classification, mechanism of action, and side
effects)

3. Mental status examination and mini-mental status examination

The nurses have limited scope of practice which focuses on observing the
patients, giving medication, and Psychoeducation regarding the illness process
and medication (the purpose and side effects) for the patients and their families.
However, Jordanian Nursing Council (JNC) provides a nine months training
program for nurses regarding mental health services. The program includes
mental health disorders and treatment modalities, medication (classifications,
mechanism of action, side effects), procedures and policies, and documentation.
The program is divided into two parts: 4-6 weeks theoretical and 8months
training at the hospital.

Furthermore, there is a new unit which has been established three years ago, in
coordination between MOH, WHO and JNC, which is called the Pilot Unit,
considered an acute unit. The purpose of this project is establishing a high quality
mental health service which will be expanded in all general hospitals. This unit
has a capacity for 28 patients: 14 males and 14 females. However, the males’
patients are only found in the unit; the females will be included within next two
months. The mental health services provided to the patients is based on Milieu
Therapy that focuses on manipulating patient's environment to enhance the effectiveness of care. The environment promotes open communication, social skills, and involvement in the treatment. The nurses had a training program to deal with the patients in the unit. Every nurse is responsible in the shift for two patients. The assignments (breakfast, laundry, observation every one hour…etc) will be divided amongst nurses in every shift. During the shift, the nurses do the following practices:

- Psychosocial assessment and doing nursing care plan
- Suicidal prevention
- Establishing therapeutic relationship with the patient and the family
- Psychoeducation according to patients needs for the patients and their families
- Relaxation techniques.
- Exercises in the morning and the evening
- Art activities

All above mentioned training programs do not focus on the psychosocial interventions, which considered an effective treatment that mental health nurses provide to the patients. The manager of in-service education center reported that these interventions are not practiced in the units. The manager of in-service education center recommended that there is need for workshops and training programs for mental health nurses to improve the mental health services provided to the patients by the nurses. In addition, she also proposed coordination between JNC, MOH and universities to provide nurses with high quality of mental health services.
APPENDIX B
CORSE SYLLEBUS

Jordan University of Science and Technology (JUST)/ Faculty of Nursing

Psychosocial interventions for mental Health Nurses, in Acute Care

Ms. Hanan AL-Faraj, Course Coordinator

halfaraj@just.edu.jo

Telephone: 00962-7201000

Extension: 23715

Office hours: Wednesday, 10-11:30 am

**Course title:** Psychosocial Interventions for Mental Health Nurses, in Acute Care

**Location:** The conference room in N1 building, at faculty of nursing, JUST

**Course Description:**

This is a post certificate program for registered nurses who work or willing to work in an acute inpatient department at NCMH. It prepares nurses to provide psychosocial interventions using appropriate tools in order to improve the quality of care for mentally ill patients. Throughout the program, the nurses will identify concepts, goals, strategies, and skills of psychosocial interventions. Furthermore, they can conceptualize the models of care that help them deal with their patients and achieve the treatment outcomes. The course will employ interactive teaching learning methods.
Timing: The program will be conducted over a period of one week, and repeated three more times over one month period in order to give a chance for all nurses to attend the program taking into considerations their duty hours.

Pre-requisites: Registered nurses (BSN) who are hired or willing to work in the acute patient settings, at NCMH, can attend the program sessions.

Required Readings:
Required readings will be assigned daily and learner’s attention will be brought to the reading requirements at the beginning of the course.
Handouts will be provided to learners in each session.

Recommended Textbook:

Learning Outcomes:
Upon completion of the course, the learner will be able to:

- Recognize the effect of psychosocial interventions on the quality of care of mental health patients.
- Assume responsibility for applying psychosocial interventions for mentally ill patients.
- Apply psychosocial intervention techniques competently.

Course Content Outline:
Session 1: Therapeutic alliance
1. The definition and the purpose of therapeutic nurse-client relationship
2. Conditions essentials to development of a therapeutic relationship
3. Professional boundaries in the nurse-client relationship
4. Phases of a therapeutic nurse-client relationship
5. Nonverbal communication
6. Therapeutic and non-therapeutic communication techniques

Session 2: Psychosocial assessment
1. The definition and the purpose of psychosocial assessment.
2. Comprehensive psychosocial assessment components
3. Mental status examination

Session 3: Psychoeducation
1. Definition and the purpose of Psychoeducation
2. Psychoeducation components and topics

Session 4: Coping strategies enhancement
1. The role of coping strategies in improve patient's life
2. Advanced research
3. Types of coping strategies

Session 5: Cognitive-behavioral therapy (CBT)
1. CBT and guiding principles
2. Cognitive conceptualization
3. Cognitive behavioral assessment
4. Cognitive techniques
5. Behavioral techniques
6. Cognitive model on common Psychiatric Disorders (MDD. Anxiety, personality disorders, and substance misuse)
Session 6: Medication adherence therapy

1. The definition and the purpose of adherence therapy

2. Evidence-based techniques of adherence therapy:
   - Motivational interviewing
   - Medication optimization
   - Behavioral training

Session 7: The practical exam (will be mentioned later)

**Teaching Methods:**

This course will be offered with a case study/scenarios, group discussion, website review (videos), and role-play.

**Assessment of learning outcomes:**

- Attendance and participation: 10%
- Group work: 30%
- Practical exam: 60%

**Description of assignments:**

**Attendance and participation:**

The attendance will be checked during the course days. Candidate who fail attend at least 10% of course hours will be not received a certificate upon completion. The participation will be also evaluated during the course sessions.

**Group work:**

Learners will be divided into groups (3-4 learners in each group). They will be given a case scenario or a real case in order to assess their acquired knowledge and critical thinking about how important aspects of a psychosocial intervention applied in the case.
Practical exam:

At the end of the program, each learner will do an actual interview with a client in an acute mental health setting in order to do the practical exam. The exam will be scheduled based on the number of the learners and members of the exam team and the availability of time for each learner; each learner will be asked about the suitable time during which he/she can take for the exam. A member of the exam team will examine the performance of a learner by asking him/her to assess selected areas of psychosocial assessment and use the learned strategies according to the patient's case. The duration of the exam is 1 hour, and the grade will be provided according to certain criteria in the form of a checklist in order to evaluate the knowledge and performance of the learner (Appendix I). If the nurse meets 80% of the criteria then s/he passes the exam.

Class policies:

- Attendance is mandatory in order to earn the certificate. Candidate who does not attend at least 90% of course hours will not receive a certificate upon completion.

- All absences must be made up for the completion of the course.

- Absence from the exam prevents earning of the certificate unless a legitimate excuse for absenteeism (e.g., sick leave report) is presented. The make up for the exam will be scheduled within one week.

- The lowest passing grade of the course is 75%.

Rules of conduct and professional behavior:

The learners should follow the following rules of conduct during the entire program:
1. The learners should respect each other, aware of individual rights to learn, and follow the policies of the program.

2. The learner should respect and advocate the patients, and keep privacy unless the information should be disclosed for human safety.

3. The learner should keep the material and resources intact during the period of the program.
APPENDIX C

PERFORMANCE EVALUATION BY EVALUATOR

Kindly rate the following according to the scale:

0: the action is not observed       3: the action is done completely
1: the action is inconsistent to the situation  4: the action exceeds the minimum requirements
2: the action is done but not completely

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<thead>
<tr>
<th>Action</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>comments</th>
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<tbody>
<tr>
<td>Preparing the environment for the interview</td>
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<td>Introducing self and the purpose of the interview to the patient</td>
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<td>Performing assessment in the requested areas as follows:</td>
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<td>Physical</td>
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<td>Psychological</td>
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<td>Sociocultural</td>
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<td>Spiritual</td>
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<td>Cognitive</td>
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<td>Functional abilities</td>
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<td>Developmental</td>
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<td>Economic</td>
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<td>Life style</td>
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<tr>
<td>Using therapeutic communication techniques during the interview</td>
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<tr>
<td>Identifying patients needs</td>
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</table>
Identifying the psychosocial strategies relevant to patient's needs

Demonstrating ability to apply the above, identified strategies competently and safely without putting patient at risk

Name of learner:                                           Signature of learner:
Name of Evaluator:                                      Signature of evaluator:
Date of evaluation:                                   Place of evaluation:
APPENDIX D
THE ATTITUDE SCALE BY THE LEARNER

Kindly rate the following according to the below scale:

<table>
<thead>
<tr>
<th>Attitudes: As a learner, I believe that</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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</thead>
<tbody>
<tr>
<td>I was involved in the classroom discussions most of the time</td>
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<tr>
<td>I was comfortable when sharing my reflections or experiences in the classroom</td>
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<tr>
<td>The lecturer was helpful and flexible in promoting knowledge and skills regarding psychosocial interventions</td>
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<td>The level of expertise of the presenters are suitable to meet my knowledge and practice needs</td>
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<td>The teaching material and resources help improve my knowledge regarding psychosocial interventions.</td>
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<tr>
<td>The teaching strategies provide opportunities to carry out the new skills and promote advanced level of practice.</td>
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<td>The formative evaluation strategies that were used helped promote the effectiveness of the program and performance of learners</td>
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<td>The psychosocial interventions are valuable for promoting treatment process and achieving</td>
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</table>
the intended outcomes.

<table>
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<tr>
<th>The program achieved my goals</th>
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</table>

| Attitudes: As a learner, I believe that |
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |

<table>
<thead>
<tr>
<th>The design of the program took into account the nature of the students' shift duties</th>
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<table>
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<tr>
<th>I recommend the program for other mental health nurses</th>
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</thead>
</table>

Notes/Recommendations:

Student's name & signature:

Supervisor's name & signature:

Date:
APPENDIX E

PROGRAM EVALUATION BY THE LEARNER

Kindly rate the following according to the associated scale:

<table>
<thead>
<tr>
<th>Programs contents</th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>The relevance of the goals and outcomes of the program to professional practice was</td>
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<tr>
<td>The relevance of program's contents to professional practice was</td>
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<tr>
<td>Handouts content and clarity were</td>
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<td>The usefulness of recommended textbooks was</td>
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<td><strong>The instructor</strong></td>
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<td>The instructor's knowledge and expertise of subject matter was</td>
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<td>The instructor's motivation and enthusiasm was</td>
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<td>Instructor’s caring about learner's goals and outcomes was</td>
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<td>The instructor’s ability to explain the ideas and the topics clearly was</td>
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<td>The instructor’s availability outside the session to answer questions was</td>
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<td>The instructor’s ability to encourage learner's participation was</td>
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<td>The instructor’s ability to evaluate the learner's progress</td>
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<tr>
<td><strong>Teaching methods and assessment tools</strong></td>
<td>Poor</td>
<td>Fair</td>
<td>Average</td>
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<td>Excellent</td>
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<td>Role- play effectiveness was</td>
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<td>Case- scenarios effectiveness was</td>
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<td>Website links usefulness was</td>
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<td>The usefulness of the practical exam to evaluate gain in knowledge and skills was</td>
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<tr>
<th><strong>The setting</strong></th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tr>
<td>the duration of the program was</td>
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<td>The physical conditions of the conference room were</td>
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<tr>
<td>The presence of respect and support among the learners were</td>
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</table>

**Comments and recommendations:**

**Learner's name & signature:**

**Date:**
Cognitive Behavioral Therapy (CBT)

Presented by
Hanan AL-Faraj
MSN, RN

Objectives

- Recognize the effect of cognitive and behavioral techniques in improving the patient outcomes.
- Recognize the role of cognitive model on Psychiatric Disorders.
- Use appropriate cognitive and behavioral techniques according to the patient condition.

Outline

I. Role of behavior
II. Role of cognition
III. CBT and guiding principles
IV. Cognitive conceptualization
V. Cognitive behavioral assessment
VI. Cognitive techniques
VII. Behavioral techniques
VIII. Evidence-based research
IX. Cognitive model for depression
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Role of Behavior

Behavior is any observable, recordable, and measurable act, movement, or response. A behavior is accurately described before it can be measured.

Role of Behavior - Cont’d

Increasing Behavior:
- Reinforcers are anything that increases the frequency of a behavior.
- Positive reinforcement
- Negative reinforcement

Decreasing Behavior:
Three techniques: punishment, response cost, and extinction.

Cognition and Cognitive therapy

- Cognition is the act or process of knowing.
- Cognitive therapy proposes that it is not the events themselves that cause anxiety and maladaptive responses but rather people's expectations, appraisals, and interpretations of these events.
Cognitive-Behavioral Therapy (CBT)

- CBT is the most widely researched psychotherapeutic model, which has demonstrated effectiveness in the treatment of a wide range of emotional and behavioral problems.
- CBT is based on treatment plans that are clearly conceptualized and on tested theories that guide the clinician through each action, session, and overall plan of care.

Guiding Principles

Cognitive therapy “is a collaborative process of empirical investigation, reality testing, and problem solving between the therapist and the client.” (Beck & Weishar, 1998, p.43)

CT also often referred to as Cognitive-Behavior Therapy (CBT).

CBT evolved primarily from the work of Aron T. Beck in the early 1960s.

Guiding Principles- Cont’d

The CBT model posits that dysfunctional thoughts relating to self, the world, or others are rooted in irrational or illogical assumptions.

The cognitive model proposes that distorted or dysfunctional thinking (which influences the person’s behavior and mood) is common to all psychological disturbances.

Core Beliefs

- Core beliefs underlie and produce automatic thoughts.
- These assumptions influence information processing and organize understanding about ourselves, others, and the future.
- These core beliefs remain dormant until activated by stress or negative life events.

Negative Automatic Thoughts

- Negative interpretations of what happens around us or within us.
  - They are taken as obviously true, especially when emotions are strong.

Cognitive Conceptualization

Current Situation → Automatic Thoughts → Behavior

Physiology → Feelings → Behavior

Childhood And Early Life Events → Underlying Assumptions and Core Beliefs
Example

Situation
Disappointing exam result

Automatic Thoughts
"I am not going to get through this program - I'm not as smart as everyone else. People will discover this and I will be humiliated."

Physiology
Stomach contractions
Dry mouth

Feelings
Worry, shame, Disappointment
Humiliation.

Behavior
Use alcohol, Procrastinate with homework

Childhood Adversities
Parental standards reinforce academic achievement

Underlying Assumptions
"If I don't excel in school, I'm a total failure"

Characteristics of Cognitive Behavioral Therapy

1. evidence-based mode of therapy
2. Goal oriented
3. Collaborative
4. Structured and directive
5. Homework
6. Short term (The average number of sessions clients receive is only 16)

Cognitive Behavioral Assessment

Cognitive behavioral therapists assess the patient's actions, thoughts, and feelings in particular situations.
- What is the problem?
- Where does it occur?
- When does the problem occur?
- Who or what makes the problem occur?
- What is the feared consequence related to the problem?
- The therapist can assess the frequency, intensity, and duration of the problem.

Cognitive Techniques

Idiosyncratic Meaning:
- The therapist assists the patient to clarify statements and terms used so that both have a clear understanding of perceived reality.
- For example: patient said "when she makes those little faces, it just puts me out!" The therapist responded "I don’t know what you mean. Please explain what you mean by ‘puts"

Labeling of Distortions:
- Individuals are helped to identify automatic thoughts that are "dysfunctional or irrational" as a type of self-monitoring.
- The patient is asked to notice what has been said and encouraged to reframe the information.
- Examples:
  ✓ All or nothing: “I’m either a success or a failure.”
  ✓ Overgeneralization: “everything always goes wrong for me”

Advantages and Disadvantages:
- It examines of the advantages and disadvantages of certain situations help the individuals to develop alternative perspectives.
- Examples??

Cognitive Techniques- cont’d

Cognitive Techniques- cont’d
Cognitive Techniques- cont’d

- **Turning Adversity to Advantage:**
  - Patients are helped to identify how they can use what appears to be a negative situation to their advantage.
  - For example, being turned down for a job may open up more attractive possibilities that had not been investigated previously.

Cognitive Techniques- cont’d

- **Questioning the Evidence:**
  - This method investigates whether the individual’s information based on facts or assumptions.
  - The therapist helps the patient to review the basis for his/her conclusion.
  - Examples???

Cognitive Techniques- cont’d

- **Automatic Thought Records:**
  - The patient is asked to complete columns identifying a troubling situation and resulting emotion and thoughts associated with both.
  - Then, the patient tries to clarify and develop the rational responses in order to challenge the original reaction.

Cognitive Techniques- cont’d

- **Thought Stopping:**
  - The patient interrupts her/his stream of thoughts with a sudden stimulus, such as snapping a rubber band on the wrist and saying “stop it” out loud. Then reports what the thought is after the stimulus, so the patient realize that this simple technique is effective.

Behavioral Techniques

- **Graded Task Assignment:**
  - It is applied in series steps that become increasingly more complex or difficult as a mean of desensitizing fear or anxiety-producing threats.
  - For example: A person with a fear of attending classes may begin with driving around the school and then gradually moving on to touring a classroom, empty or filled, before signing up for and attending a class.

Automatic Thought Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation</th>
<th>Emotion</th>
<th>Automatic thoughts</th>
<th>Rational response</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/23</td>
<td>Going on vacation—Ask a colleague to help take care of the kids.</td>
<td>Anxiety (50%) Sadness (20%)</td>
<td>She will say... I’m not doing a good job, the boss feels I take too much time off.</td>
<td>I haven’t taken a day off in a... the work is a mess, so it’s time for her to take the samples.</td>
<td>Anxiety (50%) Guilt (30%) Relief (10%)</td>
</tr>
<tr>
<td>3/16/23</td>
<td>Going on vacation—Ask a colleague to help take care of the kids.</td>
<td>Guilt (40%)</td>
<td>She will say... I’m not doing a good job, the boss feels I take too much time off.</td>
<td>I haven’t taken a day off in a... the work is a mess, so it’s time for her to take the samples.</td>
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</tr>
</tbody>
</table>
Contingency Management:
- An undesirable behavior is more likely to recur if it is immediately followed by some kind of reinforcer that is pleasurable.
- The reinforcer should be valued by the patient.
- For example, in substance misuse settings, reinforcement usually takes the form of vouchers for goods.

Bibliotherapy:
- CBT-based self-help books and other materials can be given to the patient as an adjunct to in-session work.

Guided Relaxation and Meditation:
- These techniques aim at reduction of automatic nervous system responses to anxiety.
- Includes deep breathing exercise, meditation, relaxation training, and other exercise.
- Help the patients distract themselves from upsetting thoughts and increase awareness of conscious control over manifestations of anxiety.

Exposure or Prolong Exposure:
- Exposure involves the ongoing systematic activation of the fear response until extinction occurs.
- The process can be linked to watching a scary movie over and over again, until it no longer creates hyperarousal or fear. At each time, the patient is desensitized to the fear through the use of the coping technique.

Shame-Attacking Exercises:
- The therapist engages patients in exercises that emphasize their concern for what others think of them.
- For example: A person who is afraid of drinking soup in public areas may be assigned the task of going to a restaurant with a friend, ordering soup, and drinking it while the friend makes note of how many people are really interested in what they are doing.

Homework:
- Activities, some of which have been described previously, are designed within the therapy session to be carried outside and practiced in between sessions.
- Homework allows individuals to “try on” and experiment with new skills and then give feedback to the therapist about which techniques worked and which did not. Then, they can be modified or discarded.

Cognitive therapy has been extensively tested since the first outcome study was published in 1977.
- Controlled studies have demonstrated its efficacy in the treatment of MMD, GAD, panic disorder, social phobia, substance abuse, eating disorders, couple problems, and inpatient depression.
- It has been modified for group therapy, couples problems, and family therapy.
Evidence-Based Research - cont'd

- Cognitive therapy is being applied around the world as the sole treatment or as adjunctive therapy for other disorders (e.g., PTSD, OCD, and schizophrenia).
- Persons, Burns, and Perloff (1988) have found that the cognitive therapy is effective for patients with different levels of education, income, and background.
- It has been adapted for working with patients at all ages from preschool to the elderly.

Cognitive Model for Depression

- According to the cognitive model of depression, individuals develop and then maintain a negative view toward themselves, the world, and the future.
- The individuals identify themselves “as worthless, abandoned, and inadequate”.
- CBT focuses on altering the person's view of themselves, their situations, and resources around them.

Cognitive Model for Depression

- Patients are taught to take specific steps to combat their depressive views:
  - Identifying and monitoring automatic thoughts
  - Critical examination of evidence.
  - Substitution of subjective interpretations for their negative or dysfunctional attributions.
  - Recognition of connections between thoughts and feelings.

Case study

Muna is a 40-year-old single woman, who was recently admitted to the acute inpatient setting. Muna had felt a change for the worse in her mood during the few weeks before the admission, and her mood has markedly become downward. In the unit, Muna is unkempt and untidy. She stays on her bed all the day, and she doesn't talk to anyone. She looks sad, tired, and powerless. She cries most of the time. She says “I think no one loves me or cares, and I’m alone in this world.” Then she starts crying, and she can’t stop herself. She continues “I’m just a selfish person...and I think I do not deserve to be alive.”

Muna talked about her relationship with her family, and she expressed of feelings of guilt about the bad relationship with her parents and siblings. She considered herself a worthless person as she fired from her work.

Case Study/Group Work

- Identify the distortion thoughts that the patient has.
- Identify the appropriate cognitive techniques that fit this case and discuss how applying them.

References

APPENDIX G

SESSION CONTENT

Conditions Essential for Therapeutic Relationship

Objectives

- At the end of this session you will be able to:
  1. Identify essential conditions for a therapeutic relationship to occur.
  2. Recognize the strategies being used to provide these essential in client-nurse relationship.
Conditions essential to development of a therapeutic relationship

- The following concepts are greatly important as therapeutic tool in interpersonal relationship development:
  1. Rapport
  2. Trust
  3. Respect
  4. Genuineness
  5. Empathy

\(\text{Townsend, 2008}\)

Rapport

- Rapport implies special feelings on the part of both the client and the nurse.
- It is based on acceptance, warmth, friendliness, common interest, a sense of trust, and nonjudgmental attitude.
- Establishing rapport may be accomplished by discussing non-health-related topics.

\(\text{Townsend, 2008}\)

Trust

- Trust refers to “feeling confidence in that person’s presence, reliability, integrity, and sincere desire to provide assistance when requested”.
- Trustworthiness is demonstrated through nursing intervention that conveys a sense of warmth and caring to the client.
- These interventions are initiated simply and concretely, and directed toward activities that address the client’s basic needs.

\(\text{Townsend, 2008}\)
Trust

- Examples of nursing interventions that promote trust in an individual:
  - Keeping promises
  - Simply and clearly providing reasons for certain policies and rules
  - Being honest
  - Ensuring **confidentiality**: what is discussed will not be repeated outside the boundaries of the health care team
  - Others???

(Townsend, 2008)

Respect

- Respect is "to believe in the dignity and worth of an individual regardless of his or her unacceptable behavior".
- With unconditional regard, the client is accepted and respected that he/she is considered to be a worthwhile and unique human being.
- With unconditional respect, the client can elevate feeling of self-worth and self-respect.

(Townsend, 2008)

Respect

- The nurse can convey an attitude of respect by:
  - Calling the client by name
  - Allowing for sufficient time to answer the client’s questions and concerns
  - Taking client’s ideas and preferences into consideration when planning care
  - Others???

(Townsend, 2008)
Genuineness

- Genuineness refers to “the nurse’s ability to be open, honest, and real in interaction with the client.
- The congruence between feelings and expressions.
- A quality of “Humanness” is discovered to the client.

Caution: “when the nurse uses self-disclosure, care must be taken to avoid transposing the roles of nurse and client”.

Genuineness

- When the nurse does not bring the quality of genuineness to the relationship, a reality based for trust cannot be established.
- Genuineness is essential for the client to be realized and for change and growth to occur.

(Townsend, 2008)

Empathy

- Empathy “ is a process wherein an individual is able to see beyond outward behavior and sense accurately an other’s inner experience at a given point in time.” (Travelbee, 1971).

- With empathy, the nurse can accurately perceive and understand the meaning and relevance of the client’s thoughts and feelings.

(Townsend, 2008)
The Importance of Empathy in Nurse-Client Relationship

- Accurate empathic perceptions assist the client to identify feelings that may have been suppressed or denied.
- The nurse is able to maintain sufficient objectivity to allow the client to achieve problem resolution with minimal assistance.

(Townsend, 2008)

Empathy vs. Sympathy

- The major difference is that with empathy the nurse "accurately perceives or understands" what the client is feeling. With sympathy the nurse actually "shares" what the client is feeling.

(Townsend, 2008)

Case Scenario

- Mrs. A. F. is a client in psychiatric unit with a diagnosis of major depressive disorder. She has been overweight all her life. It is her first day on the unit, and she is refusing to come out of her room. When she appeared for lunch following admission, she was embarrassed when several clients laughed and out loud and call her "fatso".

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Case Scenario

a. Sympathetic response: “I can certainly identify with what you are feeling. I've been overweight most of my life, too. I just get so angry when people act like that. You have a right to want to stay away from them.

b. Empathetic response: “You feel angry and embarrassed by what happened at lunch yesterday”. The nurse then encourage her to cry if she feels like it and to express her anger at the situation.

Exercise

- Two of members do a role-play; one of them will be a patient and other one will be a nurse. They create a conversation between them, and the nurse starts taking history and performs psychosocial assessment for the patient.

- Other members divides into two groups and discuss how the nurse developed the relationship with client regarding the conditions previously discussed.

References