The University of Texas at El Paso Doctor of Nursing Practice

MINDFULNESS STRENGTH COACHING TO COMBAT ACUTE ANXIETY IN VETERANS 25-45 YEARS OF AGE

11TH ANNUAL DNP PROJECT SYMPOSIUM

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COHORT XI

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“Mindfulness Strength Coaching to Combat Acute Anxiety in Veterans 25-45 Years of Age”

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DNP Program

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DNP Quality Improvement Project

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Abstract:

EPVAHCS health care teams consist of various medical professionals that are highly experienced and place focus on the needs of veterans and those caring for them. There are currently 7 locations in the El Paso/Las Cruces area and there are still plans to expand in years to come. They provide quality evidence-based health care to thousands of qualified veterans. VA health care has evolved tremendously over the past few years. VA has greatly improved by translation of the knowledge into a patient centered practice and resulting in improved veteran outcomes. Since working at one of these locations for over 8 years now, I have seen many changes and an abundance of soaring advancements. Therefore, it was important to implement a project that would serve a good cause and add to the considerable growth. The goal of this project was to provide initial mindfulness training to veterans reporting acute anxiety and who meet the required qualifications.

Mindfulness based interventions have been researched, developed, applied, and much more utilized in application with positive results. Veterans have reported that MBI are helpful and gain a benefit from it. Promoting wellness and self-empowerment assists a person in feeling more in control of their being. Many of my patient population possess vast mental health illnesses and have experienced traumatic events, so this application was quite useful. There is high affirmation and extensive evidence to show that this simple action can be very beneficial and should remain a measure taken primarily.

Introduction:

Empowering this particular group of patients, veterans (men and women, 25-45 years of age) with initial mindfulness coaching to combat acute anxiety until psychotherapy is available or an SSRI became effective was my goal. The selected group of patients received weekly check ins by telephone: to receive motivation, support, and answers to their questions. This process fostered a sense of autonomy, direction, and stability in the patients. The close communication between provider and patient served as a bridge in the initial stages of treatment. Acute anxiety has recently become more prevalent in our communities, particularly among our veterans, many internal and various external factors. I will pay closer attention to this struggling population with stable acute anxiety, until further treatment if needed is available.

The veteran participants reported a decrease in acute anxiety, expressed a higher satisfaction in their daily lives, and remained in stable condition for the 6 weeks. I began by reviewing clinical practice guidelines, documenting, and reflecting upon the clinical needs assessment from my current practice, the El Paso VA. Next, I completed a 10-day practicum log on patient appointments scheduled for that time frame. Initially, 3 opportunities were identified for potential improvement in the care that I currently provided to my patients, so I then formed 3 PICOT questions. Out of these 3, I selected the 1 PICOT question for basing my evidence-based project on. A comprehensive literature review followed. My basis was the PDSA healthcare model for problem solving and QI model for practice quality improvement were utilized. Next, I met with my DNP Chair and discussed the selected best option for the practice improvement project. A practice improvement proposal was presented to my employment for approval, then the proposed practice improvement project was submitted to Institutional Review Board Office. Reflecting, after the completion of a 10-day PAL (Practice Assessment Log) at my current workplace for years, it became evident that mental health, particularly acute anxiety, was found to be a major concern. This finding strongly influenced my decision to make it a top priority in

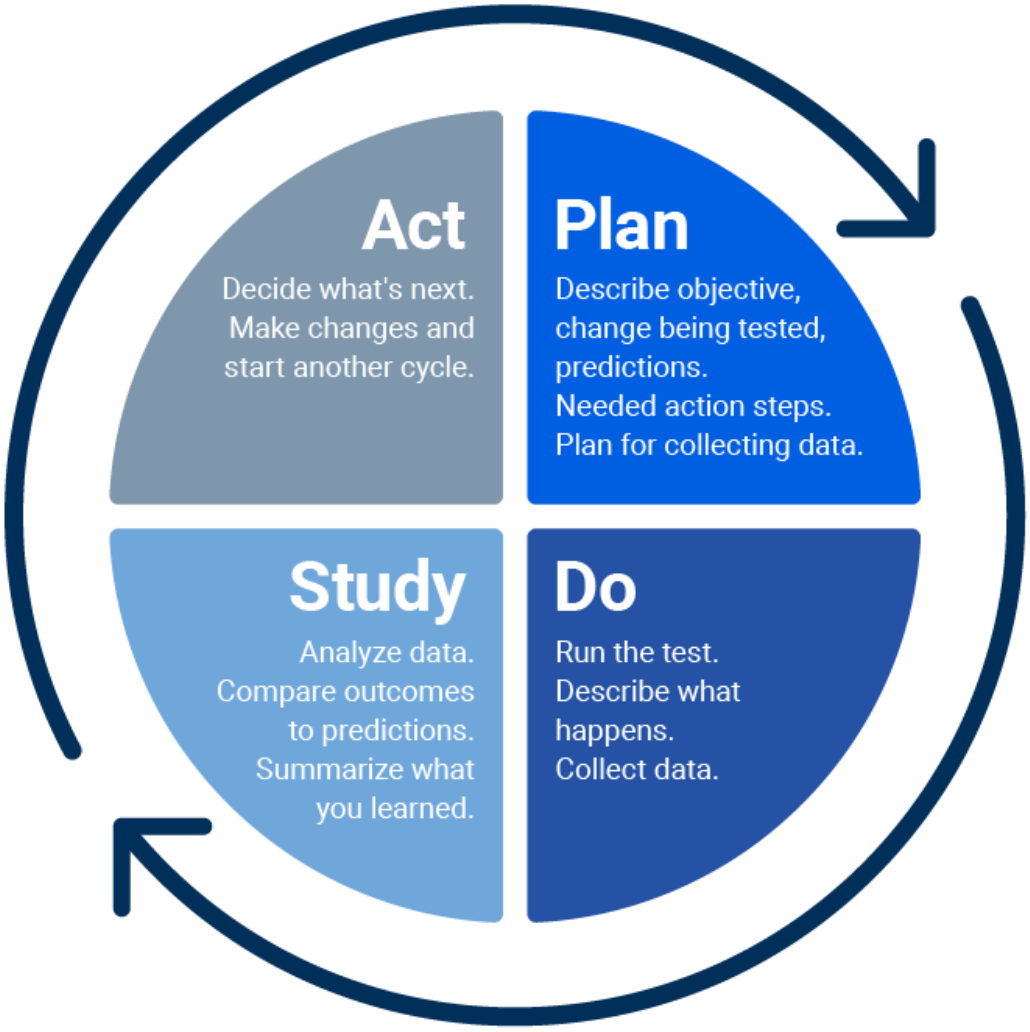
my practice and in this project. The American Psychiatric Association defines anxiety as strong emotion with feelings of tension, worried thoughts, and physical changes in health such as elevated blood pressure. The Diagnostic and Statistical Manual (DSM-5) defines anxiety as excessive worry and apprehensive thoughts, occurring more often than not for at least 6 months, during various events or tasks, such as life, work, school, or social activities. People with anxiety disorders usually experience recurring intrusive thoughts or concerns. Most people normally experience some form of mild anxiety at some point in their lives. Acute anxiety can be triggered by stress or traumatic events and can worsen over time, and potentially include experiencing panic attacks. Military service members may experience mental health disorders during or after completion of their assigned duty. The level of work required, difficult situations, traumatic experiences, and potentially the uncertainty experienced upon separation can trigger these psychiatric disorders. Morever, the recent Covid-19 pandemic, has escalated these conditions. The growing prevalence of acute anxiety in this population group is becoming increasingly apparent. At the VA treatment options are currently available, yet I wanted to provide immediate assistance to these patients. My goal was to provide them with an initial plan of care as they are awaiting for further services to be provided or treatment to become available. After an SSRI is prescribed, the treatment nay not become effective for 2 weeks, and the waiting list for therapy services is ever growing. A shortage of mental health providers, both prescribers and therapists, currently exists, and adequate mental health care has become a major issue, even among non-veterans. This mental health crisis has become a substantial burden on the nation as a whole. A thorough literature review of data supporting my DNP project shows that this is indeed an area that must be explored further and provided much attention. The data supports the concept that mindfulness-based interventions is no doubt an evidence-based technique utilized in health care. Studies have focused on examining the veterans' perceptions or interests in mindfulness coaching. The findings have strongly indicated the benefits of an educational outreach approach in treating this growing population group. There were studies conducted specifically on veterans. A survey of 185 veteran patients at the Salt Lake City, Utah, 55% stated that they were interested in learning more about the approach, 58% wanted to know how it could help them specifically, and 75% reported benefiting from MBI in the past. A national survey conducted of veterans portrayed that this area of interventions are widely accepted by the majority. Mindfulness utilization frequency of use rates are significantly higher than most other CIH practices. Effective ratings more so than in the general population, which shows that veterans may be a population of high interest in mindfulness. Research has indicated that this practice may be beneficial for many psychiatric conditions. A national survey of data analysis in evaluating mindfulness utilization has recognized effectiveness among veterans. Resulting with 18% reported using MBI, 78% used it only outside the VHA. They were unaware of it being offered at the VA. Rated at a mean score of 3.18 out of 5 in effectiveness. Lack in availability of mindfulness programs available and or minimal awareness must be improved. A systematic review and analysis of the literature on mindfulness-based interventions for military veterans in Complementary Therapies in Clinical Practice reveals positive results. MBIs in the current literature show vast improvement of quality of life, reflects a significant reduction in negative symptoms. This treatment shows promise as a complementary intervention or as monotherapy in certain clinical situations. Mindfulness displays positive hope for various psychiatric disorders. The systematic literature review conducted concluded with 27 out of 88 articles chosen after screening inclusion criteria. 3 of these used qualitative methods, 24 used quantitative methods. The study's purpose was to review, summarize literature available within a 5-year time frame, and evaluate MBI use in

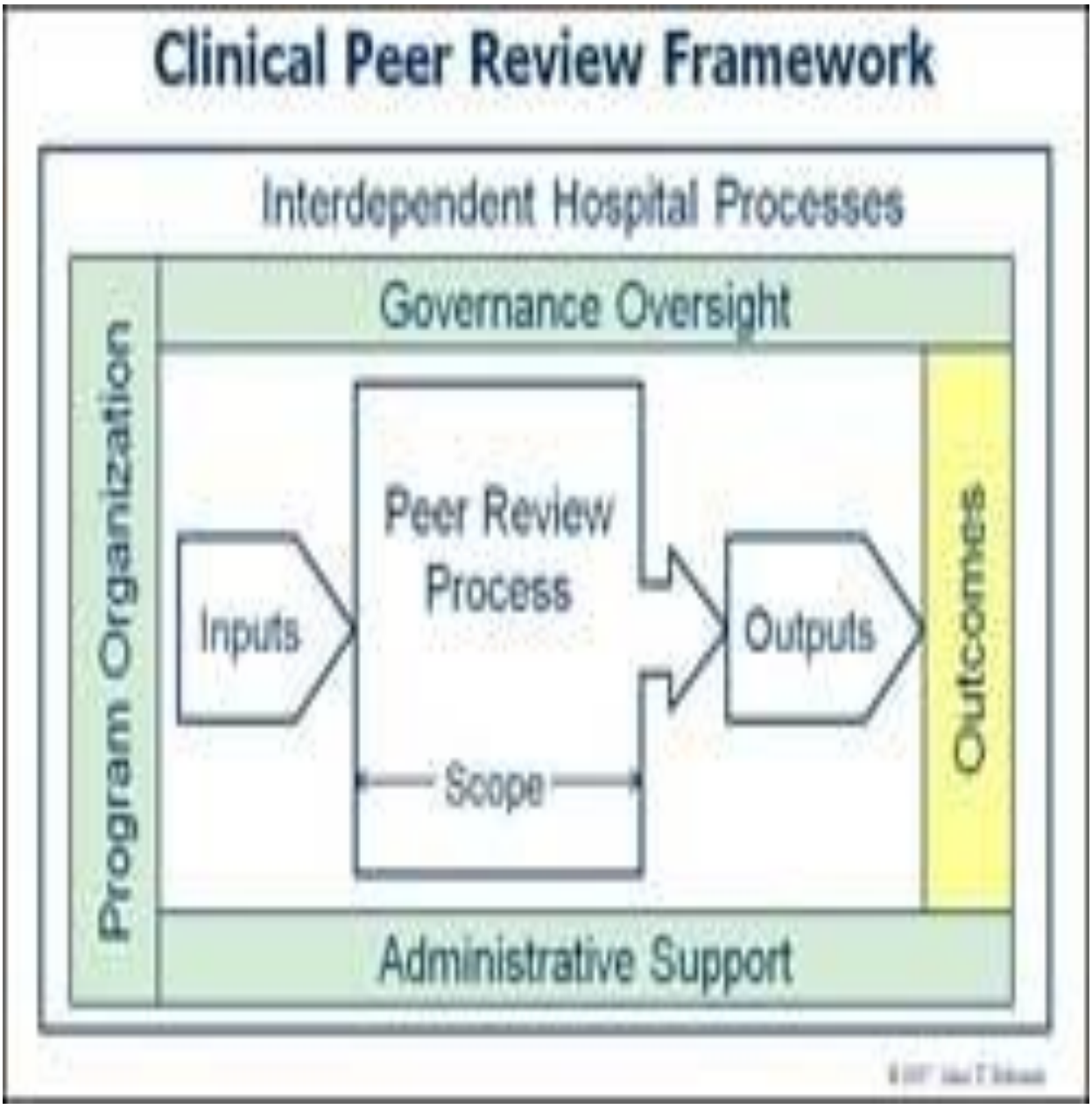
veterans. This provides guidance in leading the clinical care and directing much needed future research. The research recommends for the field of mindfulness based cognitive therapy to advance further in being an available treatment option. Selected veteran patients reported a positive impact of the provided initial mentoring. The main treatment goal is for veterans to express a satisfaction with the guidance and support provided to them. My ultimate aim for this project was for the patients to gain skills necessary for lifelong success, with a focus on their strengths, and a development of techniques for managing stressful situations. Mindfulness strength coaching to combat acute anxiety in veterans 25-45 years of age has great potential to be a highly effective and valuable practice.

Method:

Before being initiated, the project facilitator discussed the process with workplace personnel the project. The project manager addressed all concerns and answered any questions staff had. The project implementation procedures were discussed in detail the day prior before actually the project started. An ethical dilemma to be addressed was that coworkers felt that it would further delay them and add more to their workload for the day. Team members had already become accustomed the current procedure of doing things “the way it has been done.” The project leader explained that it would actually lessen their responsibility and make the process run more smoothly. The team members remained somewhat hesitant, but were willing to try because of the prospects for improving patient outcomes, given that they had seen firsthand that acute anxiety has become more common. They believed that project might alleviate the patient from their suffering sooner by providing this care. It was a smoother process all around as they did not have to contact anyone else for warm hand off or to wait for request to start assistance process. The process for non-emergent patients is usually a phone call as soon as possible or a virtual meeting with a psychologist or social worker via a tablet. As briefed preceding, day one began by the assigned primary care team LVN completing patient intake, if any patient reported symptoms of acute anxiety, then immediately (project facilitator) was notified to take further action. The practitioner further evaluated and provided immediate Mindfulness Based Interventions therapy to the patient. MBI therapy consists of together reviewing the pillars of mindfulness, teaching breathing exercises, assigning MBI activities and practices for self-help, providing useful assistive techniques of empowerment, teaching guided meditation scripts, sharing a list of resources, and gifting a goody bag with items to facilitate self-guided relaxation and improvement. The pamphlets package provided included positive thoughts and affirmations lists with calendar, positive psychology, self-esteem journal, whole health power of the mind, whole health mindful awareness, whole health mindful awareness practice in daily living, whole health seated meditation. Education given on identifying triggers, developing self-care time out, eating healthy, getting regular exercise, minimizing alcohol use, time management, express gratitude, and planning pleasant activities. This particular mission was quite significant as there are currently delays in the present plan of action and these new actions can foster mental well-being and set stability for countless individuals. The veteran patient population is important to me as many of my own family members and friends are veterans, or even oneself. Project plan was for the project implementor to call them by telephone on a weekly basis to check on them. During this interaction they were provided with motivation, support, and any questions were answered or directed. The act of a patient being empowered in this way resulted in the their gaining autonomy, provides a sense of direction, and fosters stability. This close communication among primary care provider and veteran patient is the bridge in the initial stages of this MBI

treatment. The Knowledge to Action Framework was the framework used to help facilitate the research and translate it into practice. The framework assisted in identifying the problem, adapting the knowledge, assessing the barriers, implementing the process change, monitoring the results, evaluating the progress, and sustaining the positive changes. The problem identified was that acute anxiety was growing in the frequency of this patient population, with delays in the plan of care. My research on the benefits of mindfulness coaching was beneficial for improving care. The barriers were in getting staff on board for the process change. The process facilitator maintained close contact with the subjects to evaluate their progress weekly after the initiated coaching session. It was my goal to continue to provide this excellent service and continue to see the constructive growth. The Plan Do Study Act (PDSA) cycle and QI model guided in managing the entire process from beginning to end. It highlighted the focus on change that is continuous for ongoing improvements by accepting feedback from internal (staff) and external participants (veteran patients & family). The Beck Anxiety Inventory Scale was the tool used for collecting the data and evaluating the acquired information during the initial visit and follow up communication following. The Beck Anxiety Inventory has very high marks for the on point degree of validity and reliability. As well, the retest correlation remains consistent over time, which makes it a good tool for utilizing.




Clinical Peer Review Framework
Interdependent Hospital Processes
Program Organization
Governance Oversight
Peer Review Process
Inputs
Outputs
Outcomes
Scope
Administrative Support

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	☐	☐	☐	☐
Feeling hot	☐	☐	☐	☐
Wobbliness in legs	☐	☐	☐	☐
Unable to relax	☐	☐	☐	☐
Fear of worst happening	☐	☐	☐	☐
Dizzy or lightheaded	☐	☐	☐	☐
Heart pounding/racing	☐	☐	☐	☐
Unsteady	☐	☐	☐	☐
Terrified or afraid	☐	☐	☐	☐
Nervous	☐	☐	☐	☐
Feeling of choking	☐	☐	☐	☐
Hands trembling	☐	☐	☐	☐
Shaky / unsteady	☐	☐	☐	☐
Fear of losing control	☐	☐	☐	☐
Difficulty in breathing	☐	☐	☐	☐
Fear of dying	☐	☐	☐	☐
Scared	☐	☐	☐	☐
Indigestion	☐	☐	☐	☐
Faint / lightheaded	☐	☐	☐	☐
Face flushed	☐	☐	☐	☐
Hot/cold sweats	☐	☐	☐	☐

Results:

The project was projected to begin 1/13/23, but actually began on 1/12/23. It lasted for 6 weeks, ending on 2/24/23. The start date changed as it made more sense to explain and answer questions prior to the actual starting day. There was more down time for discussion on that day as a couple of patients cancelled or did not show up for scheduled appointment towards the end of the day. It was visible that staff became more engaged when they saw with their own eyes first-hand the positives of these efforts. It was evident in seeing the patient's willingness to participate that their hope of starting the healing recovery path quickly was necessary. There were 9 patients (5 men, 4 women) that were selected for starting the new intervention on. The process began during the highly detailed intake provided by the LVN working with the project initiator. These direct questions alerted staff to any patients experiencing acute anxiety and who would benefit from the mindfulness coaching if they were in the preferred age group. Once identified, the patients were walked over to the practitioner implementing this change, and then received the MBI mentoring session, supplied a packet of pamphlets/activities for home reference, and given a self-care gift. They were then told to be expecting a weekly follow-up telephone call or to contact the team if they required sooner assistance. During these communications, reinforced coaching is completed, and re-assessment of their anxiety levels were completed. The Beck Scale rating scale was as follows: 0-21 low anxiety, 22-35 moderate anxiety, and 36+ potentially concerning levels of anxiety. In week #1: 9 patients reported the highest levels of anxiety. In week #2: 7 patients stated remaining at the same level of high anxiety, and 2 had moderate anxiety levels. In week #3: 5 patients still had high anxiety levels, 2 had moderate anxiety levels, and 2 had low anxiety levels. In week #4: 3 patients reported high anxiety levels, 3 patients stated they had moderate anxiety levels, 3 patients said they had the lowest anxiety levels. In week #5: 2 patients had high anxiety, 2 had moderate anxiety, and 5 had low anxiety. In week #6: Zero patients had high anxiety, 1 patient had moderate anxiety, and 8 patients reported a low anxiety rating at the completion of the project. A significant improvement was observed in stress levels and weekly progression was reported. The results were not influenced by age or gender. One lesson learned after project completion was the need to be better prepared and to invest more time in the planning stage. An additional lesson was not to expect the process to proceed as planned or as smoothly as desired. Make room for adjustments or changes as may be required. An unexpected shortcoming was that the actual number of willing participants was lower than expected. Internal feedback is highly important because it provides insight regarding resistance that may be in place and provides an opportunity for additional people to see the problem from a different angle and help in finding solutions jointly together. This project paved the way to a smoother transition with warm hand-off, decreased the workloads and stress for all staff involved in assisting the veterans throughout the process because a set plan was in place. Enhances collaboration among all professionals providing health care to the patient. The partnership fosters teamwork and a network of support for the veteran. The evidence-based impact that mindfulness has on veteran patients are the following: increases open communication, shows empathy/compassion, builds trust, grows patient/provider relationship, displays positive

impact, helps in functional limitations, shows an overall better quality of life, and even improves their physical health. Among patients, it resulted in better sleep for patient, reduced anxiety/depression/stress levels, controlled pain, decreased blood pressure, and alleviated gastrointestinal issues. Although the findings were not unexpected, the ease of patient motivation was enlightening. The patients remained invested and looked forward to achieving improvements and to their weekly calls. Evidence based research indicated that the effects of MBI coaching in this population were reflected in better health and an overall improved quality of life. "Over the past decade, mindfulness-based interventions (MBIs) have experienced exponential growth in terms of development, application, and research. There has been innovation as well as increased utilization. However, there has also been apprehension that widespread media coverage has established mindfulness as a panacea at the same time that dramatically increased scientific interest has resulted in an abundance of lower-quality studies on MBIs. There have been a number of review articles on mindfulness and its applications to specific presentations or capacities, but fewer studies examining its implementation and efficacy in particular populations as opposed to diagnoses." Marchand, W. R., Sandoval, K., Lackner, R., Parker, S. C., Herrmann, T., Yabko, B., ... & Butler, J. (2021). Mindfulness-based interventions for military veterans: a systematic review and analysis of the literature. *Complementary therapies in clinical practice*, *42*, 101274.

Discussion:

The findings revealed an abundance of evidence-based research indicating that MBIs are highly successful and should be utilized more often. In my practice, MBI was clearly quite helpful to those patients that benefited. The findings were quite positive and achieved the desired results, according to the initial project goals. The strengths were that it worked out really well and the Beck Anxiety Inventory tool was easy to use for ratings. The weaknesses were the not enough participants than initially anticipated and would have liked to have been included. Mindfulness can help the greater population in addition to not only veterans. However, this project reflected the results produced by the other studies conducted on the subject of examining mindfulness and specifically in veterans. Processes will continue to change, grow, and evolve along with health care over time. This is simple to use action can be extremely beneficial and is not expensive. It is my hopes that this program will continue to be used and implemented to improve the well-being of our veteran patients. In the future it may potentially be modified by contacting patients before their first appointments and setting up group sessions for coaching. One factor affecting the study, was that, for the study purposes, the project timeline was set for 6 weeks, which after do feel that it requires more time invested in reviewing the research and results. This mindfulness strength coaching to combat acute anxiety in veterans 25-45 years of age was a positive, eye-opening experience. I am truly appreciative of the great support in conducting this valuable project. My vision is for MBI to be continued to be used in the distant future for the course of time. A large portion of the patients have acute anxiety requiring timely mental health, before the anxiety escalates. If it escalated can become a major problem for the person as it can be crippling, debilitating, and hinder progression. MBI is an amazing possibility that can provide immediate assistance and relief to an individual. There are 8 Essentials of Doctoral Education for Advanced Nursing Practice, this project incorporated all of these throughout the process and established a foundation for future practice scholarship.

The Essentials of Doctoral Education for Advanced Nursing Practice

I	Scientific Underpinnings for Practice
II	Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III	Clinical Scholarship and Analytical Methods for Evidence Based Practice
IV	Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V	Healthcare Policy for Advocacy in Health Care
VI	Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII	Clinical Prevention and Population Health for Improving the Nation's Health
VIII	Advanced Nursing Practice

Source: AACN, 2006.

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References:

Barr, N., & Kintzle, S. (2019). Can mindfulness help to predict veterans' mental health service utilization?. *Social Work*, *64*(4), 329-338.

Bravo, A. J., Witkiewitz, K., Kelley, M. L., & Redman, J. C. (2019). Prevalence of mental health problems and willingness to participate in a mindfulness treatment: An examination among veterans injured in combat. *Mindfulness*, *10*(5), 953-963.

Goldberg, S. B., Zeliadt, S. B., Hoggatt, K. J., Simpson, T. L., Fortney, J. C., & Taylor, S. L. (2019). Utilization and perceived effectiveness of mindfulness meditation in veterans: Results from a national survey. *Mindfulness*, *10*, 2596-2605.

Herrmann, T., Marchand, W. R., Yabko, B., Lackner, R., Beckstrom, J., & Parker, A. (2020). Veterans' interests, perceptions, and use of mindfulness. *SAGE open medicine*, *8*, 2050312120938226.

Kachadourian, L. K., Harpaz-Rotem, I., Tsai, J., Southwick, S., & Pietrzak, R. H. (2021). Mindfulness as a mediator between trauma exposure and mental health outcomes: Results from the National Health and Resilience in Veterans Study. *Psychological trauma: theory, research, practice, and policy*, *13*(2), 223.

Marchand, W. R., Klinger, W., Block, K., VerMerris, S., Herrmann, T. S., Johnson, C., ... & Yabko, B. (2019). Mindfulness training plus nature exposure for veterans with psychiatric and substance use disorders: a model intervention. *International Journal of Environmental Research and Public Health*, *16*(23), 4726.

Marchand, W. R., Sandoval, K., Lackner, R., Parker, S. C., Herrmann, T., Yabko, B., ... & Butler, J. (2021). Mindfulness-based interventions for military veterans: a systematic review and analysis of the literature. *Complementary therapies in clinical practice*, *42*, 101274.

Marchand, W. R., Yabko, B., Herrmann, T., Curtis, H., & Lackner, R. (2019). Treatment engagement and outcomes of mindfulness-based cognitive therapy for veterans with psychiatric disorders. *The Journal of Alternative and Complementary Medicine*, *25*(9), 902-909.

Murray-Swank, N. A., Dausch, B. M., & Murray-Swank, A. B. (2020). The implementation of a mindfulness-oriented retreat intervention for rural women veterans. *Mindfulness*, *11*, 333-349.

Richter, P., Werner, J., Heerlein, A., Kraus, A., & Sauer, H. (1998). On the validity of the Beck Depression Inventory. *Psychopathology*, *31*(3), 160-168.

Serpa, J. G., Bourey, C. P., Adjaoute, G. N., & Pieczynski, J. M. (2021). Mindful self-compassion (MSC) with veterans: A program evaluation. *Mindfulness*, *12*, 153-161.