

THE ADDICTION SPECIALTY NURSING KNOWLEDGE AND SKILLS COMPETENCY FRAMEWORK

**A competency framework for nurses
working in the addiction specialty**

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DRAFT

Citation

Draft Addiction Specialty Nursing Knowledge and Skills Competency Framework (2010)
Developed for Matua Raki under DANA professional nursing organisation
by Daryle Deering and National Nursing Reference Group

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1.0 INTRODUCTION

1.1 Background

The development of the first draft of the *Addiction specialty nursing knowledge and skills competency framework* arose out of the 2008 Matua Raki report: *Development of the advanced practice nursing strategy for the addiction treatment sector: a discussion document* (Deering 2008). A key recommendation in this report was the need to develop addiction speciality advanced practice nursing standards. For the 2009/10 Matua Raki Project, the development of standards and competencies more broadly for addiction speciality nursing practice became the focus, with the overall aim being to describe the continuum of nursing practice and the role of the Specialist level nurse.

The background document (Deering 2009) identified several key considerations that were taken into account in the development of the draft *Addiction specialty nursing knowledge and skills competency framework*. These considerations are listed in Appendix 2.

1.2 Professional Nursing Umbrella

Acknowledging cultural and other contextual differences, discussions regarding the possibility of a congruent New Zealand/Australian framework led to the Drug and Alcohol Nurses of Australasia (DANA) providing the professional nursing umbrella under which the framework would be developed. A Standards and Competency Expert Reference Group comprising New Zealand and Australian DANA members was formed to oversee this work. The Matua Raki Project Co-ordinator and North Island DANA representative were members of this group. The North and South Island DANA representatives supported the Matua Raki Co-ordinator with the development of the New Zealand draft *Addiction specialty nursing knowledge and skills competency framework*. Appendix 3 provides an overview of the New Zealand development process.

1.3 Terminology

Addiction treatment is positioned within the mental health and addiction sector in New Zealand and, in the broadest sense, may refer to public health, primary and secondary care (District Health Board (DHB) and non-government organisation (NGO) services. Therefore, the term addiction was used in the draft *Addiction specialty nursing knowledge and skills competency framework* in preference to Alcohol and other Drugs (AOD) or Alcohol, Tobacco and other Drugs (ATOD). This terminology is consistent with the Drug and Alcohol Practitioners Association of Aotearoa New Zealand (DAPAANZ) *Addiction intervention competency framework* (in press 2011). The use of the term addiction also recognises that problems related to substance use (including nicotine) and co-existing behavioural addictions such as gambling impact on the lives of many individuals (Adamson et al. 2006) and their significant others, families and whānau.

1.4 Standards and/or Competency Framework

A key question remains as to whether the final *Addiction specialty nursing knowledge and skills competency framework* will comprise a standards and/or competency framework. To align with national nursing discussions on thresholds and criteria for developing standards and competency frameworks (Appendix 4), the New Zealand framework is titled *Addiction specialty nursing knowledge and skills competency framework*. For nurses in Aotearoa New Zealand who work in the mental health and addiction sector this will allow for alignment with the *Standards of practice for*

mental health nursing in New Zealand (Te Ao Maramatanga NZCMHN 2004) (see 3.0) which are currently under review.

Of interest in this regard is that competence standards have been defined as "...the resultant products of combining competency units and elements (Australian Nursing and Midwifery Council 2005 p8) i.e. the combination of a specific function or functional area that a registered nurse may perform with competency sub-unit components.

1.5 Consistency with Nursing Council of New Zealand Domains of Practice

The Nursing Council of New Zealand defines competency as a defined area of skilled performance and competence as the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (Nursing Council of New Zealand 2007).

The competencies that comprise the *Addiction specialty nursing knowledge and skills competency framework* build on the competencies for registered nurses (Nursing Council of New Zealand 2009) and are organised under the Nursing Council of New Zealand's four domains of practice:

1. Professional responsibility
2. Management of nursing care
3. Interpersonal relationships
4. Inter-professional health care and quality improvement

Management of nursing care is the first domain in the *Addiction specialty nursing knowledge and skills competency framework* highlighting the primary role of direct client care.

2.0 THE ADDICTION SPECIALTY NURSING COMPETENCY FRAMEWORK

2.1 Overview

The competencies contained in the *Addiction specialty nursing competency framework* are designed to be:

- Accessible: supported by a range of available education/training pathways
- Assessable: it must be possible to demonstrate or provide evidence of competency. This requirement is met by means of the performance indicators.

The *Addiction specialty nursing knowledge and skills competency framework* is not designed to be a performance management tool. It is a professional nursing framework designed to provide:

- Guidance on the clinical career pathway for nurses working in the Addiction Speciality from Foundation to Advanced Specialist
- A description of the levels of practice of nurses working in the Addiction Speciality
- Clarification of the Specialist level nursing practice within the Addiction Speciality for nurses, other professionals, peer support workers, consumers, consumer advisors, employers, funding and planning personnel
- Guidance for education providers in designing curricula
- Information for effective nursing workforce development
- The potential to develop a process for endorsement

The *Addiction specialty nursing knowledge and skills competency framework* stands alongside the relevant nursing and other professional codes of ethics e.g. DAPAANZ, legislative and policy frameworks and accepted best practice guidelines.

The *Addiction specialty nursing knowledge and skills competency framework* and the developmental clinical pathway from registered nurse to nurse practitioner are shown in Figure 1.

Figure 1: The Addiction Specialty Nursing Competency Framework: the developmental clinical pathway from registered nurse (RN) to nurse practitioner (NP)



2.2 Relationship to Professional Development and Recognition Programmes

In respect to alignment with New Zealand employer based Professional Development and Recognition Pathways (PDRPs) (National Nursing Organisations 2004/05), it is expected that a Specialist level nurse would be at the level of Proficient/Expert on a PDRP and an Advanced Specialist level nurse be at the level of Expert or above on a PDRP.

2.3 Levels of Practice: Foundation to Advanced Specialist

2.3.1 The Foundation Level Nurse

The Foundation level nurse is likely to enter the Addiction Specialty via two main pathways:

1. New Zealand new graduate registered nurses who are completing or who have completed a postgraduate entry to Specialty Practice Programme in Mental Health and Addiction.
2. Registered nurses who have varying levels of experience in other areas of nursing, including overseas nurses, but who are new to working in the Addiction Specialty in New Zealand. In order to meet the requirements for a Specialist level nurse, such nurses would be required to undertake addiction related postgraduate programmes of study combined with formal/informal experiential learning.

2.3.2 The Specialist Level Nurse

Nurses who *choose* to become Specialist level nurses in the Addiction Specialty will develop specialist capabilities through clinically focused addiction related postgraduate programmes of study (diploma level or working towards) combined with formal/informal experiential learning.

2.3.3 The Advanced Specialist Level Nurse

Nurses who are Advanced Specialist level nurses will have completed clinically focused Masters level programmes (or be on the Pathway) together with formal/informal experiential learning. The advanced level competencies will articulate with the Nursing Council of New Zealand advanced competencies and provide guidance for nurses on the Nurse Practitioner Pathway (Nursing Council of New Zealand 2007).

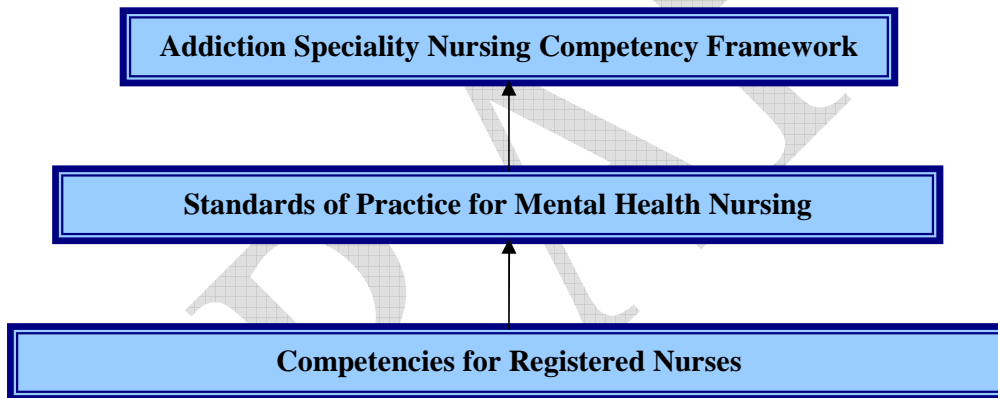
3.0 RELATIONSHIP TO OTHER FRAMEWORKS

3.1 Standards of Nursing Practice

The *Addiction specialty nursing knowledge and skills competency framework* should complement standards of practice for broader areas of nursing: for example, the *Standards of Practice for Mental Health Nursing in New Zealand* (Te Ao Māramatanga NZCMHN 2004). The importance of linking *Addiction Specialty Nursing Competencies* with these Standards was expressed by Addiction Specialty nurses who responded to a 2009 survey undertaken as an initial step in the review of the Standards of Practice for Mental Health Nursing (Berry 2009).

The relationship of the *Addiction specialty nursing knowledge and skills competency framework* to the *Standards of practice for mental health nursing in New Zealand* and Nursing Council of New Zealand *Competencies for registered nurses* is shown in Figure 2.

Figure 2: *The relationship of the Addiction Specialty Nursing Competency Framework to the Standards of Practice for Mental Health Nursing and Nursing Council Competencies for registered Nurses.*



3.2 Generic competency frameworks and guidelines

There are a number of generic competency frameworks and guidelines that are relevant to addiction treatment and support. These are listed in the references under the heading: Standards and competency frameworks and practice guidelines. Of particular importance for Addiction Specialty nurses working within the mental health and addiction treatment sector are the following frameworks and practice guidelines.

3.2.1 *Let's Get Real: Real Skills for real people working in mental health and addiction and Real Skills Plus competency frameworks*

Let's get real describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services in Aotearoa New Zealand (Ministry of Health 2008). Undergraduate educational programmes including nursing are expected to be informed by the knowledge, skills, values and attitudes described in the *Let's Get Real* competency framework.

Real skills plus seitapu is "...intended as a companion document to the *Let's get real framework* ...and presents a framework of the essential and desirable knowledge, skills and attitude attributes

for any person in the mental health and addiction workforce who is working with a Pacific person, people or their families” (Le Va Pasifika 2009, p7).

Real skills plus CAMHS (Child, Adolescent Mental Health Service) is a competency framework that describes the knowledge, skills and attitudes that a practitioner needs in order to work with infants, children and young people who have moderate to severe mental health and/or alcohol or other drug (AOD) difficulties, their whānau and their community (Werry Centre 2008). *Real skills plus CAMHS* is for all practitioners who provide direct services to infants, children and young people with mental health/AOD difficulties and their whānau.

It is expected that the practice of Addiction Specialty Specialist and Advanced Specialist level nurses who provide child and youth interventions as the primary focus of their work would reflect the *Real skills plus CAMHS* competencies at the appropriate level (Practitioner-Core or Practitioner-Specialist).

3.2.2 The Addiction Intervention Competency Framework

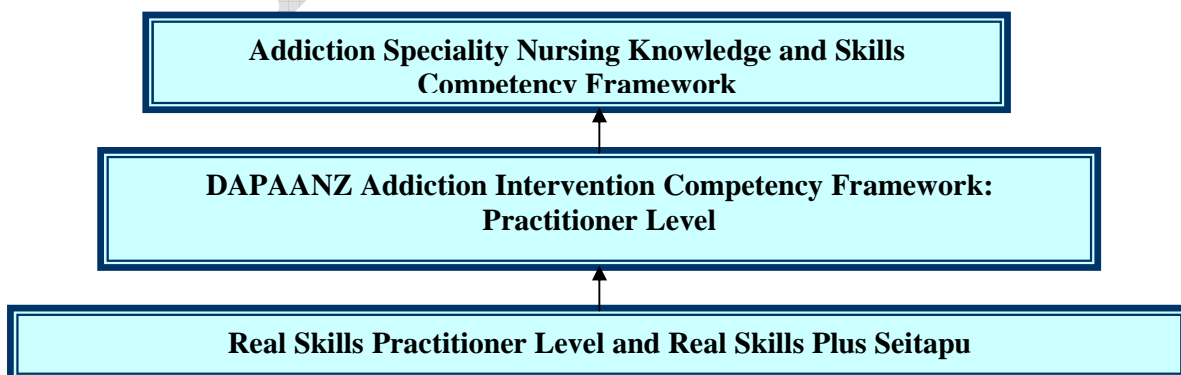
The *Addiction intervention competency framework* (DAPAANZ in press 2011) reflects the beliefs, knowledge and skills required by professionals providing specialist interventions to assist people to address problem gambling, tobacco, alcohol and/or other drug addiction.

Essential level practitioner competencies apply to all professionals working to address gambling, alcohol, tobacco and/or other drug addiction as the primary focus of their role. Additional practitioner level competencies (AOD, problem gambling, and smoking cessation) apply to those professionals providing AOD, gambling or smoking cessation interventions as the primary focus of their work.

The draft *Addiction specialty nursing knowledge and skills competency framework* is congruent with the *Addiction intervention competency framework*. It is expected that the practice of Addiction Specialty Specialist and Advanced Specialist level nurses would reflect the Essential level AOD practitioner competencies and, as relevant to the primary focus of their work, the additional AOD, Problem Gambling and Smoking Cessation Practitioner competencies.

The relationship of the *Addiction specialty nursing knowledge and skills competency framework* to the *Real skills and Real skills plus seitapu competency frameworks* and the *Addiction intervention competency framework* is shown in Figure 3.

Figure 3: *The relationship of the draft Addiction Specialty Nursing Knowledge and Skills Competency Framework to: Real Skills and Real Skills Plus Seitapu Competency Frameworks and the DAPAANZ Addiction Intervention Competency Framework*



3.2.3 Practice Guidelines for Opioid Substitution Treatment in New Zealand

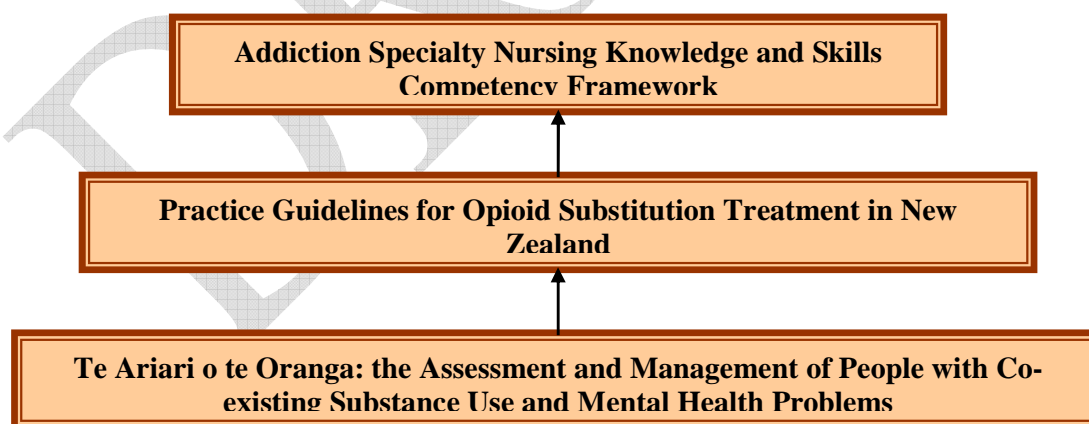
The practice guidelines for opioid substitution treatment in New Zealand (Ministry of Health 2008) define the treatment objectives for opioid substitution treatment and are in accordance with the *New Zealand National Drug Policy* of harm minimisation (Ministerial Committee on Drug Policy 2007). The Guidelines provide evidence-based advice for clinicians on best practice for the assessment and management of opioid dependence. It is expected that the practice of Specialist and Advanced Specialist level nurses who work with clients receiving opioid substitution treatment, and their significant others, families and whānau, will be in accordance with the Guidelines.

3.2.4 Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Substance Use and Mental Health Problems

Te Ariari o te Oranga: The assessment and management of people with co-existing substance use and mental health problems (Todd 2010) addresses the generic aspects of care for tangata whaiora with co-existing substance use and mental health problems. The practice of Specialist and Advanced Specialist level nurses working with clients who have co-existing substance use and mental health problems, and their significant others, families and whānau, is expected to reflect these guidelines.

The relationship of the draft *Addiction specialty nursing knowledge and skills competency framework* to the *Practice Guidelines for Opioid Substitution Treatment in New Zealand* (Ministry of Health 2008) and *Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Substance Use and Mental Health Problems* (Todd 2010) is shown in Figure 4.

Figure 4: *The relationship of the draft Addiction Specialty Nursing Knowledge and Skills Competency Framework to: The Practice Guidelines for Opioid Substitution Treatment in New Zealand and Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Substance Use and Mental Health Problems*



4.0 UNDERPINNING VALUES, ATTITUDES, PRINCIPLES

4.1 Values and Attitudes

The values and attitudes identified in *Let's get real* (Ministry of Health 2008) are expected to underpin effective mental health and addiction services in Aotearoa New Zealand.

4.1.1 Values

- Respect:** Clients are the focus of our practice. We respect the diversity of values of all clients. The values of each client and of their community are the starting point of all of our work.
- Human rights:** We strive to uphold the human rights of clients and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent, and the right to receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user.
- Service** We are committed to delivering an excellent service for all. This includes client partnerships at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.
- Recovery:** We believe and hope that every client can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.
- Communities:** We value communities, the many places in which we all live, move and have our being, as pivotal resources for the effective delivery of services and support for client and their families/whānau.
- Relationships** We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities, and clients and their families/ whānau.

4.1.2 Attitudes

People working in addiction services strive to be:

- Compassionate and caring: sensitive, empathic
- Genuine: warm, friendly, fun and have aroha and a sense of humour
- Honest: have integrity
- Non-judgemental: non-discriminatory
- Open-minded: culturally aware, self-aware
- Innovative: creative, positive risk takers
- Optimistic: positive, encouraging, enthusiastic
- Patient: tolerant, flexible
- Professional: accountable, reliable and responsible
- Resilient
- Supportive: validating, empowering, accepting
- Understanding

N.B. In respect to upholding the human rights of clients this includes upholding the *Code of health and disability services consumers' rights* (Health and Disability Commissioner 1996) and the broader *New Zealand health and disability services standards* (2008) which incorporate standards pertaining to mental health and addiction. The standards are mandatory for providers of health care services that are subject to the Health and Disability Services (Safety) Act 2001.

4.2 Principles

The seven principles underpinning *Te Ariari o te Oranga: The assessment and management of people with co-existing substance use and mental health problems* informed the development of the draft *Addiction Specialty Nursing Competency Framework*.

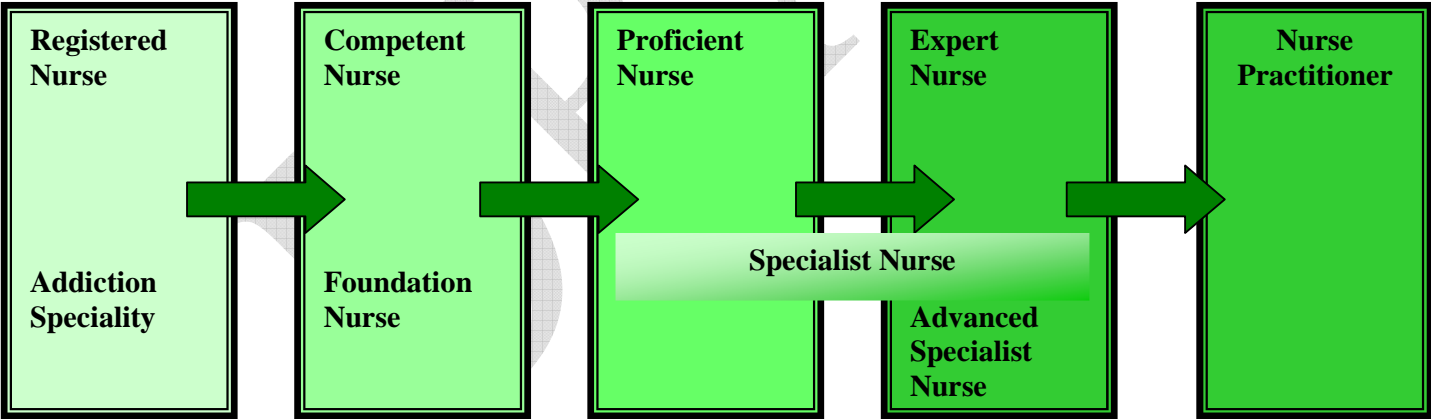
1. **Cultural Considerations:** Consider the cultural needs and values of all tangata whaiora throughout the treatment process
2. **Well-being:** Take a well-being perspective by considering problems as barriers to well-being and seeing a state of positive well-being as the key outcome variable rather than the absence of dysfunction
3. **Engagement:** Actively incorporate strategies to increase and maintain engagement with the clinical case manager, the management plan and the service
4. **Motivation:** Actively incorporate strategies to enhance motivation including, but not limited to, co-existing problems-adapted motivational interviewing techniques
5. **Assessment:** Screen all tangata whaiora presenting in mental health and alcohol and drug services for co-existing problems and where they screen positive undertake a comprehensive assessment that gives equal weight to diagnoses, individualised problems and an integrated aetiological or causal formulation
6. **Management:** Use clinical case management to deliver and co-ordinate multiple interventions appropriate to the phase of treatment
7. **Integrated Care:** Integrate care by placing the needs of tangata whaiora first and deliver care driven by the integrated formulation in a single setting and ensuring close linkages between all services and workers involved

6.0 DRAFT ADDICTION SPECIALTY NURSING KNOWLEDGE AND SKILLS COMPETENCY FRAMEWORK

The draft *Addiction specialty nursing knowledge and skills competency framework* reflects the clinical practice of registered nurses working in the Addiction Specialty from Foundation to Advanced Specialist. The competencies relate to practice along the addiction intervention continuum from health promotion to providing interventions for people with high and complex needs. The Framework is a developmental tool and is not intended for managing performance, although it may inform performance management processes. As such, it provides a guide for nurses *seeking* to become Specialist and Advanced Specialist level nurses. The Framework also offers a guide to educators, employers, other professionals, peer support workers, cultural health workers, consumers, planners and funders as to the knowledge and skills required by nurses to work in the Addiction Specialty.

6.1 Relationship to Professional Development Recognition Programmes (PDRP)

As noted above, the *Addiction specialty nursing knowledge and skills competency framework* is congruent with District Health Board (DHB) PDRPs. The diagram below shows how the skill levels set out in the *Addiction specialty nursing knowledge and skills competency framework* sit across the levels of practice covered by PDRPs.



The levels are developmental. Foundation knowledge and skills build on the registered nurse competencies and are inherent in the Specialist level. Specialist level knowledge and skills are inherent in the Advanced Specialist level. The nurse practitioner role with an addiction related scope of practice will build on the capabilities of the Advanced Specialist nurse. The expected levels of knowledge and skills at each level are:

Foundation level nurse: A foundation level nurse will develop the specific knowledge and skills required for practising in the addiction specialty. She/he will participate in health promotion, education and clinical management with individuals with addiction problems, significant others, families and whānau within a multidisciplinary team context. This knowledge and related skills will occur within the context of formal/informal experiential learning related to the addiction specialty and are to be reflected in a professional development plan.

Specialist level nurse: A specialist level nurse uses a systems approach to care in working with clients, their families and whānau and other support networks. She/he provides assessments and interventions for a diverse range of clients with addiction problems including co-existing mental health problems, and is a source of expert clinical advice, She/he influences addiction specialty nursing and treatment practices at the local level.

This knowledge and related skills are reflected in completed postgraduate addiction related clinically focused courses (at diploma level or working towards) combined with formal/informal experiential learning.

Advanced specialist level nurse: An advanced specialist level nurse provides nursing expertise across multiple populations and settings, providing leadership and consultation. She/he influences the development of addiction specialty nursing and treatment at local and national levels.

This knowledge and related skills are reflected in Masters level clinically-focused education preparation that includes addiction related papers, combined with formal/informal experiential learning.

6.1 Performance indicators

The following tables set out the performance indicators for each level of expertise in addiction nursing. There are many definitions of performance indicator, but in short, they are the aspects of performance against which we may be measured (Crampton et al. 2004; Lawrence & Olesen 1997; Nursing Council of New Zealand 2009).

MANAGEMENT OF NURSING CARE

Foundation level nurse: Demonstrates and develops the knowledge, skills and attitudes required for addictions nursing, by:

- Working in partnership with a diverse range of clients with addiction problems, their families and whānau, to promote recovery and well-being
- Fostering the engagement of the client, their family and whānau and chosen support networks in recovery
- Incorporating health promotion and harm reduction principles into practice
- Delivering screening, brief assessments and interventions

- Participating in comprehensive assessments, treatment planning, evidence-based interventions (inclusive of risk assessment and management) and discharge planning, for clients with complex addiction problems

MANAGEMENT OF NURSING CARE

Specialist level nurse: Displays the knowledge, skills and attitudes required of a specialist addictions nurse, by:

- Using a systems approach to care (inclusive of family, whānau and support networks) within clinical management for a diverse range of clients with complex addiction related treatment needs
- Working collaboratively across multiple settings with health and other professionals, cultural and peer support services and other community groups
- Providing expert addiction-related clinical advice for health and other professionals, community groups and clients and their families and whānau
- Contributing to strategies to reduce harm from substance use/addictions and promote healthy lifestyles and environments
- Undertaking comprehensive, multidimensional assessments and treatment planning with a diverse range of clients with co-existing substance use/addiction, mental health and physical health problems, incorporating (with client consent) information from multiple sources

MANAGEMENT OF NURSING CARE

Advanced specialist level nurse: Displays the knowledge, skills and attitudes required for advanced clinical and professional expertise in addictions nursing, by:

- Providing contemporary, evidence-based addiction nursing expertise along the care continuum, in diverse settings
- Demonstrating clinical and professional leadership across diverse settings
- Providing consultancy and collaboration in practice across diverse settings

- Delivering autonomous and collaborative practice, including in services outside the addictions sector

- Actively engaging with others to formulate strategies to reduce the harm from substance use/ addictions and promote community well-being

- Applying advanced clinical reasoning and judgement within the scope of practice, to provide expert assessment, treatment planning and integrated interventions for a diverse range of clients

Management of nursing care (contd)

Foundation level nurse: Develops and displays an understanding of addiction and the addiction treatment context across the areas listed below;

- Theoretical models
- Epidemiology and patterns of use
- Bio-psycho-social impacts across the lifespan
- Socio-political context
- Public health and harm minimisation approaches including safe injecting practices
- Continuum of use and diagnostic systems
- Motivating behaviour and lifestyle change
- Levels of assessment and interventions
- Assessment and management of co-existing substance use and mental health problems
- Assessment and management of behavioural addictions (e.g. gambling)
- Assessment and management of risk
- Co-existing physical health problems including blood borne diseases and nursing interventions
- Evidence-based psycho-social interventions and treatment models (individual, family and whānau, group and community)
- Pharmacotherapies
- Models of care
- Case management/key working (principles, strategies and approaches)
- Consumer participation
- Accessing resources, referral pathways
- Accessing a range of addiction-related clinical guidelines and research, participating in discussion forums

Management of nursing care (contd)

Specialist level nurse: Displays the knowledge, skills and attitudes of a specialist nurse across addiction specialty nursing, and demonstrates this by:

- Employing a wide range of contemporary, evidence-based interventions, including medication management, to meet the needs of a diverse range of clients with addiction problems
- In consultation with clients, facilitating access to traditional health and healing practices
- Taking a leadership role within a multidisciplinary context in managing crises and high risk situations involving clients with addiction problems
- Critically reviewing addiction related research findings and initiating discussion forums

Management of nursing care (contd)

Advanced specialist nurse: Displays the knowledge, skills and attitudes of an advanced specialist nurse, in promoting and supporting the role of the addictions specialty nurse, by:

- Mobilising and co-ordinating resources to meet the needs of a diverse range of clients with addiction problems
- Providing leadership in managing addiction-related clinical crises and high-risk situations
- Leading the transition and integration of addiction-related research findings into practice

Professional responsibility and leadership Foundation level nurse: Displays the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty, by:	Professional responsibility and leadership Specialist level nurse: Displays the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addictions nurse by:	Professional responsibility and leadership Advanced specialist nurse: Displays the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist nurse, by:
<ul style="list-style-type: none"> ➤ Developing, with collegial support, addiction treatment related cultural links and networks ➤ Seeking appropriate cultural guidance in order to meet the addiction related treatment needs of and promote resilience and wellbeing for: <ul style="list-style-type: none"> ○ Maori clients and their whānau ○ Pacific clients and their families ○ Asian and other clients of diverse cultural and ethnic backgrounds ○ Clients with sexual or gender diversity ○ Clients who identify as part of a particular culture (e.g Deaf culture) ➤ Incorporating gender responsive practices and practices to meet the needs of diverse cultural groups into addiction treatment practice ➤ Displaying an understanding of consumer participation in the context of addiction treatment ➤ Displaying an understanding of common ethical dilemmas which impact on nursing practice and treatment in the addiction specialty 	<ul style="list-style-type: none"> ➤ Acting as a role model for responsive practice for clients with addiction problems and their families and whānau from diverse cultural backgrounds ➤ Role modelling and supporting others in strengthening gender and/or diversity-responsive practices for clients with addiction problems ➤ Challenging addiction treatment practices that are not gender responsive or responsive to the needs of culturally diverse clients ➤ Demonstrating the application of consumer participation in the context of addiction treatment ➤ Reaching ethical decisions and balancing therapeutic risk in the context of challenging health and behavioural issues through a process that: a) is client centred and involves input from the client, their family and whānau; and b) considers the balance between the individual client's treatment rights and potential harm to others 	<ul style="list-style-type: none"> ➤ Actively engaging in the development of partnerships and collaborative models of care to improve treatment responsiveness for clients with addiction problems from diverse cultural backgrounds and their families and whānau ➤ Actively engaging with others to develop gender responsive models of care and practices to meet the addiction treatment needs of culturally diverse client groups ➤ Actively engaging with others to develop models of care that are inclusive of consumer participation at all levels of addiction treatment service delivery ➤ Contributing to resolutions of complex ethical issues surrounding addiction treatment practice, in accordance with clients' rights, codes of ethics and relevant legislation

Professional responsibility and leadership contd Displays an understanding of New Zealand drug policy and underlying principles, addiction-related legislation, standards, and codes of ethics, by:	Professional responsibility and leadership contd Applies an in-depth knowledge of addiction related national legislation, policy, standards, and codes of ethics, by:	Professional responsibility and leadership contd Demonstrates leadership in the application, discussion and revision of relevant legislation, policy, standards and codes of ethics, by;
<ul style="list-style-type: none"> ➤ Demonstrating an understanding of the relevance of these to practice ➤ Demonstrating in practice an understanding of the impact of stigma and discrimination associated with addiction and addiction treatment on individuals affected by addiction, and their families and whānau ➤ Displaying understanding of relevant nursing standards, mental health and addiction standards and competency frameworks, codes of ethics and their relationship to the Addiction Specialty Nursing Framework ➤ Developing and using strategies to manage his/her own safety and well-being and that of his/her colleagues within the addiction treatment specialty ➤ Critically reflecting on nursing care with peers and with her/his clinical supervisor ➤ Attending addiction-related training and conferences 	<ul style="list-style-type: none"> ➤ Contributing to consultation processes related to legislative/regulatory reviews ➤ Providing leadership in challenging discriminatory practices and attitudes towards clients with addiction-related problems and their families/ whānau ➤ Upholding expectations that relevant practice standards and codes of ethics are met ➤ Providing interventions for nurses and other health professionals with addiction problems, within established guidelines and protocols ➤ Providing and participating in clinical supervision ➤ Providing opportunities for nurses and others who work with clients with addiction problems to critically reflect on their practice ➤ Providing education and presentations designed to promote the addiction specialty nursing role ➤ Supporting and mentoring students, addiction specialty nurses and other staff 	<ul style="list-style-type: none"> ➤ Leading debate on reviews of addiction-related national policies and legislation, and co-ordinating feedback ➤ Advocating for at-risk populations affected by addiction-related health and social problems ➤ Addressing breaches of relevant practice standards and codes within addiction treatment ➤ Providing leadership in developing guidelines and intervention systems for nurses and other staff with addiction problems ➤ Advocating for and providing leadership in developing supervision processes for nurses and other staff who work with clients with addiction problems ➤ Advocating for and widely promoting the addiction specialty advanced specialist nursing role ➤ Providing addiction related input to post-graduate courses and training ➤ Supporting and mentoring students, specialist nurses and other staff working with clients with addiction problems

Interpersonal relationships Foundation level nurse: displays and develops the knowledge, skills and attitudes in interpersonal relationships expected within the addiction treatment specialty, by:	Interpersonal relationships Specialist level nurse: displays the knowledge, skills and attitudes in interpersonal relationships expected of a specialist addictions nurse, by:	Interpersonal relationships Advanced specialist nurse: displays the knowledge, skills and attitudes in interpersonal relationships expected of an advanced specialist addictions nurse, by;
<ul style="list-style-type: none"> ➤ Incorporating into her/his nursing practice an understanding of the theories pertaining to motivation, engagement, therapeutic relationships and other specialist skills ➤ Presenting and supporting the views of clients and their families and whānau in team decision-making processes ➤ Demonstrating in practice an understanding of potential conflict situations and their management in the context of addiction treatment, impacts on therapeutic relationships, team functioning, and collaborative working arrangements 	<ul style="list-style-type: none"> ➤ Role modelling an effective range of communication and interpersonal skills to promote behavioural and lifestyle change and support recovery and well-being with a diverse range of clients and their families and whānau ➤ Participating in negotiated clinical decision-making within teams and across settings ➤ Role modelling effective negotiation, conflict resolution and delegation skills to enhance working relationships within the team and across service/sector settings 	<ul style="list-style-type: none"> ➤ Using advanced communication and interpersonal skills to initiate, develop and discontinue therapeutic relationships with a diverse range of clients with addiction problems and their families and whānau ➤ Leading clinical decision-making processes within teams and across settings ➤ Applying leadership, team building, negotiation and conflict resolution skills to manage and/or resolve conflict situations that arise within teams and across service/sector settings

<p>Inter-professional Health Care and Quality Improvement</p> <p>Foundation level nurse: displays and develops the knowledge, skills and attitudes required to contribute to inter-professional health care and quality improvement in the addiction specialty, by:</p> <ul style="list-style-type: none"> ➤ Using local networks within addictions, mental health, primary care, other sectors and the community to facilitate co-ordinated, integrated and continuous care for clients with addiction problems and their families and whānau ➤ Participating in team and service level nursing and addiction treatment policy development, audits and other quality improvement activities ➤ Participating in routine outcome monitoring with clients with addiction problems ➤ Using outcome data to inform treatment planning and clinical decision-making ➤ Participating in the development and review of nursing and addiction treatment standards, guidelines and protocols ➤ Participating in research and evaluation activities relevant to addiction specialty nursing and the field in general 	<p>Inter-professional Health Care and Quality Improvement</p> <p>Specialist level nurse: displays the knowledge, skills and attitudes required to establish effective inter-professional relationships and contribute to quality improvement in the addiction specialty, by:</p> <ul style="list-style-type: none"> ➤ Maintaining and developing a range of collaborative working relationships within and external to the addiction specialty, to enhance care for clients and their families and whānau ➤ Contributing to leadership in the development of nursing and service level addiction treatment policies, audits, adverse event reviews, and other quality improvement activities ➤ Using outcome monitoring data to identify addiction related trends and inform treatment planning and clinical decision-making at a client and team/service level ➤ Contributing to/initiating the development and review of nursing and addiction treatment standards, guidelines and protocols ➤ Supporting and contributing to research and evaluation relevant to addiction specialty nursing and the field in general 	<p>Inter-professional Health Care and Quality Improvement</p> <p>Advanced specialist nurse: displays the knowledge, skills and attitudes required to fulfil a leadership role in inter-professional relationships and quality improvement in the addiction specialty by:</p> <ul style="list-style-type: none"> ➤ Building multi-disciplinary team, agency, cultural and other community partnerships to improve the quality of care and address gaps/barriers to access and treatment for people with addiction problems and their families and whānau ➤ Leading and engaging in a range of local and national nursing and addiction treatment related quality improvement activities ➤ Using outcome monitoring data to influence the quality of addiction treatment and inform local and national practice trends ➤ Participating in local and national nursing and addiction-related advisory and other groups; ➤ Initiating public health and clinical research and evaluations relevant to addiction specialty nursing and the field in general ➤ Consulting and collaborating with a wide range of stakeholders to address the socio-political determinants that contribute to addiction-related problems
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GLOSSARY OF TERMS

Addiction	Addiction is inclusive of alcohol and other drugs including nicotine (tobacco) and behavioural addictions such as gambling.
Client	An individual, family, group or community that is receiving an addiction treatment or support service. This term may be inclusive of the following terms: tangata whaiora, consumer, service user, tangata kaupapa, whānau, patient.
Clinical case management	The nurse clinical case-manager/key worker coordinates care and also delivers specific interventions that include a combination of psycho-social, cultural and pharmacotherapy interventions (refer to Todd 2010).
Co-existing mental health problems	Other terms include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders, co-occurring disorders. The word <i>problems</i> has been preferred over disorders recognising that significant substance use and mental health symptoms may occur at levels that do not meet criteria for disorders (Todd 2010).
Co-existing problems	A broad term pertaining to problems co-existing with substance use experienced by a person which may occur across a range of health related domains e.g. mental health, physical health, social and cultural, spiritual, and disabilities e.g. physical and intellectual.
Collaborative working across systems	Many clients with addiction problems, particularly those with co-existing mental health and physical health problems, require assistance from multiple health and disability services. In order to meet the needs of such clients and their significant others, families and whānau, Addiction Specialty nurses need to establish and maintain collaborative working relationships across service and sector settings.
Culture	The set of shared attitudes, values, goals, and practices that characterizes an institution, organization or group (Wikipedia, 2011)
Cultural (health) worker	A worker who has specific cultural knowledge and skills and is employed to work alongside health and other professionals, or within a specific service e.g. Kaupapa Māori, Pacific health service, to meet the cultural needs of individuals with addiction problems within a family and whānau and broader cultural health context.
Ethnicity	Ethnicity is a broad concept that includes elements of race, language, religion, customs and tradition as well as geographic, tribal or national identity. Ethnic group affiliation is self determined. (Office of Ethnic Affairs, Department of Internal Affairs, <i>Ethnic Perspectives in Policy: a Resource</i> , 2002).
Family	Relatives, whānau, partners, children, as nominated by the client. Family includes relatives, partners, children and other individuals (significant others) who are part of the chosen support networks for a person with addiction problems (Mental Health Commission).

Intervention	A generic term including treatment, support and care. These terms are frequently used interchangeably.
Multidisciplinary team	The Addiction Specialty setting comprises a mix of e.g. health and other professionals (including addiction practitioners), consumer advisors, peer support workers, cultural health workers, youth workers, managers and administration staff.
Peer support worker	An addiction professional with their own lived experience of recovery, providing support aimed at assisting people in their recovery towards well-being. Peer support workers assist others in initiating recovery, maintaining recovery, and enhancing the quality of life in recovery (refer to White 2009; UK Drug Policy Commission Consensus Group. Retrieved June 2008. Developing a vision of recovery – a work in progress (www.ukdpc.org.uk/). “Peer” is defined by the person using the service.
Specialty and ‘specialist’	Area of nursing practice i.e. addiction, and ‘specialist’ means level of nursing practice.
Support worker	A person providing support work in the mental health and addiction field, broader health and social service sector. Other terms used interchangeably with support worker include kai tautoko, kai manaakitangi and kai awhina.
Systems approach	A systems approach requires systems thinking: an approach to problem solving by viewing “problems” as parts of an overall system or multiple systems e.g. person within their social and cultural context; adolescent within school, family, peer etc systems. Systems thinking is not one thing but a set of practices within a framework that is based on the belief that individuals can be helped best in the context of relationships.
Practitioner	An addiction professional qualified to provide interventions and/or treatment within the addiction sector.
Professional	A broad term pertaining to persons (including addiction practitioners) employed in the health or other sectors such as justice, corrections, welfare and education to provide direct intervention (including support and treatment) to individuals, families and whānau.
Health professional	A broad term pertaining to professionals working in the health field. May also refer to clinicians (health professionals) who are covered by the Health Practitioners Competency Assurance Act (2003).
Recovery	Recovery is a process of building a satisfying and meaningful life, as defined by the client. It involves the accrual of positive benefits as well as the reduction of harms. Recovery includes a movement away from addiction and the associated problems towards health, well-being and participation in society. Aspirations and hope, both from the client, their families and whānau and those providing services and support, are vital to recovery.
Significant others	A broader term inclusive of others with significant involvement in the person’s life as perceived by the client: may be a friend or helping person e.g. mentor, peer support worker, sponsor, pharmacist, probation officer, cultural

health worker, teacher, minister.

Well-being

A concept that incorporates the positive aspects of a person’s life similar to the term quality of life. Well-being is a state or goal that is self-determined and dynamic. The concept of well-being shares many similarities with those of strengths and recovery. Recovery can be considered to capture the process of change as experienced by a person towards a self determined goal or state of well-being” (from Todd 2010).

A well-being approach allows for “...treatment of problems as well as for enhancing positive attributes and through the field of positive psychology is developing an emerging evidence base for effective interventions aimed at enhancing subjective well-being (Todd 2010 p5).

Whānau:

Traditionally a domestic group interconnected by kinship that lived and worked as a social/economic unit on a daily basis. More recently whānau also describes groups with no kinship ties who come together for shared purposes (Metge, 1995), and includes support networks such as recovery whānau.

Whānau ora

Māori families achieving their maximum health and well-being.

Nursing Council terminology

The Nursing Council of New Zealand (2009) provides the following terminology, often used in the wider nursing context:

Benchmark	Essential standard
Competency	A defined area of skilled performance
Domain	An organised cluster of competencies in nursing practice
Indicators	Key generic examples of competent performance
Performance Criteria	Descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance

APPENDIX 1

In addition to input from the National Nursing Reference Group, feedback on a first draft of the *Addiction Specialty Nursing Knowledge and Skills Competency Framework* was received from the following individuals and groups.

Lyn Dawson	The Werry Centre for Child and Adolescent Mental Health Workforce Development
Linda Downey	Manakau Institute of Technology, Bachelor of Nursing Degree; Tiaho mai, Mental Health Inpatient Unit, Middlemore Hospital, Counties Manakau DHB; National Clinical Co-ordinator for Te Orange Ake, Urban Māori Authority
Dr Bronwyn Dunnachie	Senior Advisor, The Werry Centre for Child and Adolescent Mental Health Workforce Development
Professor Charlotte de Crespigny (Co-chair) Janice Ough	Drug and Alcohol Nurses of Australasia Standards and Competency Expert Reference Group Prof
Vicky Kiddell	Aotearoa New Zealand Alcohol and Other Drug Consumer Network
Assoc. Prof. Brian McKenna	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
Anne McDonald	Clinical Project Lead – Nursing, Te Pou, The National Centre of Mental Health Research, Information and Workforce Development
Anthony O’Brien	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
Moira O’Shea	Nurse Educator, Mental Health and Addiction Service, Waikato District Health Board
Paula Parsonage	Project Manager, Review of DAPAANZ Addiction Sector Competencies Project
Robert Pearce	Acting Clinical Leader, Alcohol, Tobacco & Other Drugs, Clinical Leader Mental Health Teams North, Hawkes Bay District Health Board
Sheridan Pooley	Chairperson, Aotearoa New Zealand Alcohol and Other Drug Consumer Network
Rhonda Robertson	Matua Rāki National Addiction Workforce Development Centre Consumer Project Leader

Te Ao Maramatanga New Zealand College of Mental Health Nurses Practice Board

Kaye Carncross (Chair), Dr Frances Hughes, Stuart Gray

David Warrington

Nurse Consultant, Mental Health & Addiction Services, Hawke's Bay DHB

John White

Associate Director of Nursing, Mental Health Services, MidCentral Health

Māori Nursing Consultation via Te Kaunihera O Nga Neehi Māori O Aotearoa, National Council of Māori Nurses New Zealand, facilitated by Maria Baker, Te Rau Matatini, Aotearoa Māori Mental Health Workforce Development Centre with:

- Northern Region Māori Mental Health and AOD nursing leadership group: Māori nurses in leadership roles employed in mental health and addiction services from Northland, Auckland, Waitemata and Counties Manukau District Health Boards (DHBs); Te Awhi Whānau Non Government Organisation (NGO), Tu Te Wehi Primary Mental Health Service, Ora Toa Primary Health Organisation
- Central Regional AOD forum hui: Māori mental health nurses employed with Mason clinic; Nelson/Marlborough DHB, Lakes DHB, Auckland DHB, Taiwhenua ki Heretaunga (NGO), and Southland DHB

Pacific Consultation*

- Genevieve Tогiасo, Adult Mental Health Service Nurse Clinician/Quality Co-ordinator, Mental Health, Addictions and Like Minds Like Mine Service.
- Mark Esekiel, Service Manager Mental Health, Addictions and Like Minds Like Mine Service
- Norman Vaele, AOD Practitioner Mental Health, Addictions and Like Minds Like Mine Service.

*All work for Pacific Trust Canterbury

APPENDIX 2

Considerations taken into account in the development of the draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework*

- Recognition of Māori as tangata whenua and Te Tiriti o Waitangi as the nation's founding document and recognition of the associated health sector obligations
- Underpinned by values, attitudes and principles including those related to Te Tiriti o Waitangi (partnership, protection, and participation and tino rangatiratanga – self determination)
- Inclusion of Foundation, Specialist and Advanced Specialist levels of practice with clear articulation between developmental levels
- Consistent terminology
- Future focused
- Application to nurses working in a range of settings and across settings and along the addictions continuum – from health promotion to working with people with complex issues including co-existing substance use and mental health problems
- Reflection of the skills, knowledge and attributes required in the workplace
- Relevance for curricula development
- Reflection of the relationship between nursing work and work done by other workers
- Meeting requirements for criteria for national specialty nursing standards and competency framework development
- Reflection of contemporary health related concepts and nursing and health care approaches
- Consistent with national sector standards, consumer rights legislation and national drug policy
- Reflection of relevant best practice guidelines
- Reflecting outcome domains for contemporary addiction treatment
- Inclusion or exclusion of nicotine, gambling, youth
- Alignment/articulation with:
 - ♦ Nursing Council competency domains for registered nurses
 - ♦ Nursing Council domains of competence for advanced practice and nurse practitioner
 - ♦ Standards of Practice for Mental Health Nursing
 - ♦ Employer Professional Development and Recognition Programme frameworks
 - ♦ Let's Get Real: Real skills for real people working in mental health and addiction (Ministry of Health 2008) and Real Skills Plus competency frameworks
 - ♦ Drug and Alcohol Practitioners' Association of Aotearoa New Zealand Addiction Intervention Competency Framework
 - ♦ Australian Alcohol, Tobacco and Other Drug Nursing Standards and Competency frameworks

APPENDIX 3

Overview of the development process for the draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework* (October 2009 – August 2011)

Step 1: Preparation

- Contact established with the Project Manager and Reference Group for the Review of Addiction Sector Competencies (ongoing contact with Project Manager)
- Establishment of the Drug and Alcohol Nurses of Australasia Standards and Competencies Expert Reference Group (SERG) and monthly – two monthly teleconferences
- Development of a Background Paper
- Teleconference with North Island and South Island DANA representatives and Project Co-ordinator to time-line activities
- Establishment of the National Nursing Reference Group

Step 2: Initial Consultation

- Initial consultation round on the development of an *Addiction specialty nursing knowledge and skills competency framework* and to seek feedback on the Alcohol, Tobacco and Other Drug Specialist Nursing Practice Drug and Alcohol Services South Australia Nursing Services (DASSA) nursing standards (DASSA 2007)
 - Feedback via focus groups facilitated by Nursing Reference Group members held in Auckland (11 attendees); Waikato (18 attendees); Wellington (three attendees); Christchurch (5 attendees)
 - Feedback from National Nursing Reference Group members not involved in focus groups

Step 3: First draft

- Development of first draft based on feedback on the DASSA Framework and in accordance with the proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand (Appendix 4). Draft competencies were organised under Nursing Council of New Zealand domains of practice for the registered nurse

Step 4: Second consultation round

- Second consultation round to seek feedback on the first draft of the *Addiction specialty nursing knowledge and skills competency framework* from National Nursing Reference Group members and key stakeholders
- Collation of feedback
- Teleconference with National Nursing Reference Group members in respect to key feedback points

Step 5: Development of second draft and further consultation

- Meeting with Nelson/Marlborough nurses facilitated by regional Nursing Reference Group member to assist with finalising second draft of the *Addiction specialty nursing knowledge and skills competency framework*
- Consultation with Project Manager, DAPAANZ for the Review of Addiction Sector Competencies

- Ongoing revision of the second draft in response to continuing discussions and consultation feedback
- Presentation by DANA SERG on the approach to the development of a congruent Australasian framework at the July 2010 DANA conference
- Meeting with the National Directors of Mental Health Nursing Group
- Completion of the final Draft

Step 6: Performance Indicators

- Formation of the performance indicator sub-group
- Draft of performance indicators developed and integrated into *Addiction specialty nursing knowledge and skills competency framework*
- Consultation with reference group and key stakeholders
- Amendments and final document

DRAFT

APPENDIX 4

Proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand

In 2009 the National Nursing Consortium (aka National Nurses Group) which is supported by the Chief Nurse and Nursing Council comprising the College of Nurses Aotearoa, Te Kaunihera O Nga Neehi Māori O Aotearoa, National Council of Māori Nurses, New Zealand Nurses' Organisation and Te Ao Maramatanga NZCMHN developed a draft document titled *Proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand* (National Nursing Consortium final draft, 9th October 2009).

The document states that "...The purpose of this proposal is to establish a mechanism by which nursing retains authority over specialty standards and competency frameworks developed within New Zealand. It is a collaborative, national process for overarching endorsement of specialty nursing standards and competency frameworks by the wider nursing profession in New Zealand. It does not replace the processes representative nursing organisations use for the development and approval of specialty standards and competency frameworks but is a validation from the wider nursing profession in New Zealand of standards meeting criteria set by the profession".

The stated rationale is "...currently a wide range of groups are developing specialty standards and competency frameworks. They include nursing organisations which have formalised processes for development and approval, informal nursing groups, and other health organisations. Many of the informal groups and external organisations "shop around" for endorsement by the nursing profession. Also a plethora of standards and competency frameworks are emerging and this consortium could provide guidance on future development. This may be a natural evolution once the endorsement process has been established. Also, there is an increasing expectation from the community that the internal processes used by specialty groups to develop and maintain such standards are open to review and scrutiny by others".

Draft criteria for endorsement

- The standards/competency framework has been developed by a national, not a local, constituted body
- There has been wide consultation within nursing, and with other relevant stakeholders
- The standards/competency framework includes knowledge, skills and attributes, and is not for a procedural activity
- Standards/frameworks which have been developed and approved through a formally constituted national nursing organisation with a defined document development process will be automatically endorsed by the national body, although the national body retains the right to raise additional points for consideration
- Where there is no national nursing body having jurisdiction over the development of the standards/competency framework, an outline of the development and consultation process followed should be provided along with evidence of engagement and support by specialty nurses
- Evidence of development and consultation with Māori is provided

- The standards/competency frameworks are developed according to the accepted processes within an organisation

Draft process for endorsement

- Information on the endorsement process and criteria is available on relevant websites
- Finalised documentation is presented with a letter of application for endorsement (a checklist will need to be developed)
- The collaborative national body reviews documentation against the criteria and either confirms or declines endorsement of the standards/competency framework (discussion will be by email and teleconference if required).
- A letter of decision is sent
- If the decision is to decline the application, rationale for the decision is provided to the applicant
- The decision is final
- Endorsed standards and competency frameworks carry the statement of endorsement (and possible logo)
- Endorsement is for a maximum of 5 years or earlier if there is a major review of the standards/framework, after which it lapses

Reference

National Nursing Consortium/National Nursing Organisations. October 2009. *A national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand*. Final Draft. National Nursing Organisations, New Zealand.