

# Aotearoa New Zealand Addiction Specialty Nursing Competency Framework

A knowledge and skills framework for nurses  
working in the addiction treatment specialty

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Aotearoa New Zealand addiction specialty nursing competency framework

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## 1.0 Introduction

### 1.1 Drug and Alcohol Nurses of Australasia

The Drug and Alcohol Nurses of Australasia Inc (DANA) is the professional body within which the *Addiction specialty nursing competency framework* was developed. DANA recognises that all nurses need the basic knowledge and skills to assess, identify and respond to people whose health and wellbeing is affected by drug and alcohol use and other addictive behaviours. However, the specialist addiction nurse is also required to have comprehensive leadership skills and in-depth and extensive knowledge and skills within this specialty. DANA has invested in the development, promotion and support of this specialty over the last three decades and is committed to ensuring this specialist workforce is well able to deliver safe, evidence based comprehensive nursing care to people adversely affected by addiction issues.

The DANA Standards Expert Reference Group (SERG) comprised DANA members from Australia and New Zealand. Appendix 1 provides a list of SERG members and acknowledgement of key contributors and funding support. The SERG was formed to oversee this trans-Tasman work which led to the development of the 2012 Aotearoa *Addiction specialty nursing competency framework*. The need for two separate but congruent frameworks became evident due to differing cultural requirements, domains of nursing standards, competencies and practice, health workforce organisational structures and particular requirements of the nursing and midwifery councils of both countries.

### 1.2 The Aotearoa New Zealand addiction specialty nursing competency (knowledge and skills) framework

*The Aotearoa New Zealand addiction specialty nursing competency framework* (2012) was developed with funding, resources and administrative support from Matua Raki by a National Nursing Reference Group. Appendix 2 provides the background to the framework development. Appendix 3 provides a list of the Reference Group members and a list of the individuals and groups external to the Reference Group who provided input. Special acknowledgement is made of the input of Klare Braye (Project Lead), Vanessa Caldwell (National Manager) and other Matua Raki staff who facilitated the development of the framework. Appendix 4 provides an overview of the development process.

### 1.2.1 The Aotearoa New Zealand addiction specialty nursing competency (knowledge and skills) framework (updated 2018)

The updated *Addiction specialty nursing competency framework* reflects changes that have occurred in legislation, policy, service provision, workforce development and nursing practice since 2012. The framework was updated by a subgroup of the original National Reference Group in consultation with addiction nurses and key stakeholders, many of whom provided input to the development to the 2012 Framework. Appendix 5 provides a list of the nurses who comprised the sub-group and individuals/groups who provided specific comments on the draft of the updated framework.

## 1.3 New Zealand context

### *Addiction treatment*

Specialist addiction treatment is positioned within the mental health and addiction sector in New Zealand. In the broadest sense interventions comprise public health, primary and secondary care/specialist level interventions and are undertaken within primary care, District Health Boards (DHB), non-government organisations (NGO), other sector and community organisation settings. The use of the term ‘addiction’ includes issues that may not reach criteria for a diagnostic disorder; recognising that use of substances (including nicotine) and behaviours such as gambling negatively impact on the lives of many individuals and their significant others, families and whānau. This terminology is consistent with the Addiction Practitioners Association of Aotearoa New Zealand (dapaanz) *Addiction intervention competency framework* (2011).

### *Cultural context*

Cultural safety, the Treaty of Waitangi and Māori health are aspects of nursing practice that are reflected in the New Zealand Nursing Council’s standards and competencies. As stated by Nursing Council (<http://www.nursingcouncil.org.nz/About-us/Treaty-of-Waitangi>): “Standards for the registration of nurses in all scopes of practice require the content of theory and practice related experience in nursing programmes to include cultural safety, the Treaty of Waitangi and Māori health. Competencies outlined in the scopes of practice for nurses require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice. These standards and competencies describe the requirements for cultural competence set by the Council under section 118(i) of the Act. In addition to this, the Nursing Council’s Code of Conduct for

Nurses also requires nurses to practice in a culturally safe manner, and practise in compliance with the Treaty of Waitangi.”

To be effective and relevant to Māori people, addiction services need to recognise and be influenced by cultural and clinical factors and processes that support positive attitudes aimed at improving tāngata whai ora (client) and whānau health and wellbeing. For example, in the implementation of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 mana and mana enhancing practice is specifically emphasised (Huriwai & Baker, 2016) (refer to glossary for explanation of terms).

### *Workforce development*

The updated framework reflects the Mental Health and Addiction Workforce Action Plan 2017–2021 (Ministry of Health, 2017). The plan “...sit(s) within cross-government strategies, including Whānau Ora and the Children’s Action Plan; and population and other health strategies, such as He Korowai Oranga: Māori Health Strategy (Ministry of Health, 2014), ‘Ala Mo’ui: Pathways to Pacific health and wellbeing (Ministry of Health, 2014), Healthy Ageing Strategy (Associate Minister of Health, 2016), Primary Health Care Strategy (Minister of Health, 2001), Rising to the Challenge: The Mental Health and Addiction Service Development Plan (Ministry of Health, 2012) and Living Well with Diabetes (Ministry of Health, 2015)” (p.6). The plan also reflects the Government’s 2015-2020 National Drug Policy (Inter-Agency Committee on Drugs, 2015) which specifies the overarching goals of minimising alcohol and other drug harm and promoting and protecting health and wellbeing.

The plan makes explicit the need for a partnership approach to address the social determinants of health in order to ensure equitable outcomes for all New Zealanders which requires a multidisciplinary approach across health, justice and social sectors. It highlights demographic population changes; the growing proportion of older people and the growing ethnic diversity of New Zealand’s population (e.g. increasing numbers of people born overseas and increasing proportions of Māori, Pacific and Asian peoples). Infant and childhood experiences significantly impact youth and adult mental health outcomes and the plan reflects a life course perspective. This is in accord with the Government priority on addressing the needs of children and youth at high risk of poor social outcomes. Addiction nurses need to have an understanding of relevant legislation (e.g. Vulnerable Children Act (2014, reprint July 2017) and to include in practice a focus on the needs of children of parents with addiction issues (refer guidelines: Supporting Parents Healthy Children (Ministry of Health, 2015). Addiction nurses also need to have a commitment to Whānau Ora, a joint Ministry of Health, Te Puni Kōkiri and Ministry of Social Development work programme. The Workforce Action Plan specifies that “...Whānau Ora places whānau at the centre of service delivery, supports knowledgeable whānau through health literacy and

addresses the determinants of health by working for a collective impact and collaborating across sectors, iwi and NGOs” (p.11).

Other key strategy areas include a focus on the interplay between physical health, mental health and addiction, requiring addiction nurses to develop and continue to enhance both clinical and psycho-social therapeutic skills.

The policies and procedures of all addiction treatment services need to reflect the requirements of the various relevant sector standards and the *Code of Health and Disability Services Consumer’s Rights 1996* (Health and Disability Commissioner, 1996). Thereby requiring that addiction nurses practice is congruent with these requirements.

## 1.4 Why a competency framework?

The Nursing Council of New Zealand under the Health Professional Competence Assurance (HPCA) Act (2003) defines the regulated standards for nursing practice in New Zealand as competencies. Specialty nursing practice competencies build on rather than replicate the registered nurse competencies. Such competencies relate to specific aspects of nurse’s practice linked to the area of specialty practice they work within. Specialty groups within the profession have the responsibility to clarify what a health consumer might expect in terms of practice to improve their health outcomes from a nurse recognized as having expertise within the specialty (Holloway, 2017).

### 1.4.1 Consistency with Nursing Council of New Zealand domains of practice

The *Addiction specialty nursing competency framework* builds on the competencies for registered nurses (Nursing Council of New Zealand, 2012, amended 2016) and is organised under the Nursing Council of New Zealand’s four domains of competence:

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 competency framework* highlighting the primary role of direct care.

## 1.5 Overview of the framework

*The Addiction specialty nursing competency framework* represents the continuum of interventions from health promotion to providing interventions for people with high and complex needs. Interventions are provided in the context of family and whānau, peer and

wider community, recovery and wellbeing support networks. The framework reflects the clinical practice of registered nurses working in the addiction specialty from foundation to advanced specialist.

While the framework may be utilised in a number of ways to meet local requirements, congruence with the levels of practice and domain content is expected.

The competencies 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 framework is not designed to be a performance management tool. It is a professional nursing framework designed to provide:

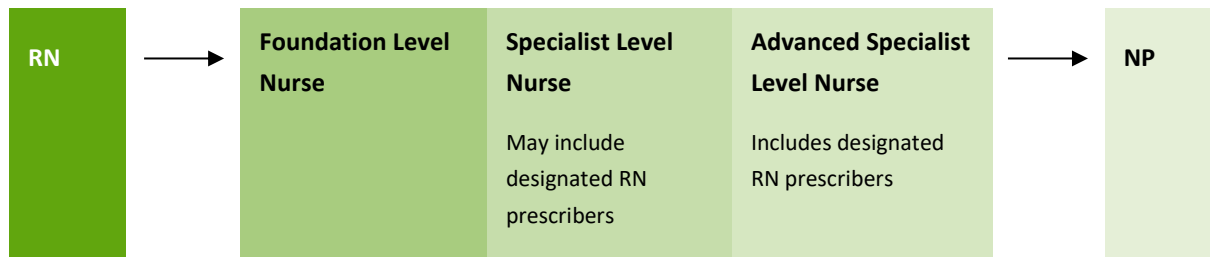
- guidance on the clinical pathway for nurses working in the addiction specialty from foundation to advanced specialist
- a description of the levels of practice of nurses working in the addiction specialty
- clarification of the specialist level nursing practice within the addiction specialty for nurses, other practitioners, consumers, consumer advisors, employers, funding and planning personnel
- guidance for education providers in designing curricula
- guidance for nursing workforce development
- The basis for application for DANA Advanced Certified Addiction Nurse (ACAN)

The *Addiction nursing specialty competency framework* stands alongside nursing and other practitioner codes of ethics (e.g. dapaanz), legislative and policy frameworks and accepted best practice guidelines.

Figure 1 (page six) illustrates the *Addiction specialty nursing competency framework* within the developmental clinical pathway from registered nurse to nurse practitioner.



**Figure 1: *The Addiction specialty nursing competency framework: the developmental clinical pathway from registered nurse (RN) to nurse practitioner (NP)***



### 1.5.1 Levels of practice: foundation to advanced specialist

#### *The foundation level nurse*

The foundation level nurse is likely to enter the addiction specialty via two main pathways:

1. New Zealand graduate nurses who are completing or who have completed a postgraduate entry to specialty practice programme in mental health and addiction.
2. Registered nurses (comprehensive education/mental health scope) who have varying levels of experience in other areas of nursing, including overseas nurses who are new to working in the addiction specialty in New Zealand. In order to meet the practice requirements for a specialist level nurse, such nurses would be required to undertake addiction related postgraduate programmes of study combined with experiential learning.

#### *The specialist level nurse*

The definition of a specialist nurse accepted by nursing leaders in New Zealand is that of the International Council of Nurses (Affara, 2009, cited by Holloway, 2009): “A nurse prepared beyond the level of a nurse generalist and authorised to practise as a specialist, with advanced expertise in a branch of the nursing field” (p. 270). Nurses who want to become specialist and advanced specialist nurses in the addiction specialty will need to develop competencies through clinically focused addiction-related postgraduate programmes of study combined with experiential learning.

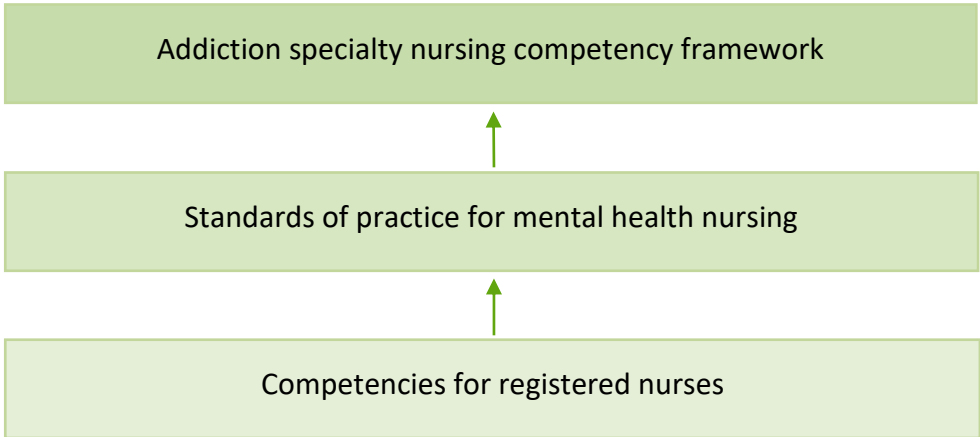
The *Addiction specialty nursing competency framework* provides guidance for those nurses seeking to become designated registered nurse prescribers and nurse practitioners. For these nurses, specific information on educational pathways and competencies for Registered Nurse Prescribing and the scope of Nurse Practitioner can be found at the New Zealand Nursing Council website (<http://www.nursingcouncil.org.nz>).

## 2.0 Relationship to other frameworks

### 2.1 Standards of practice for mental health nursing

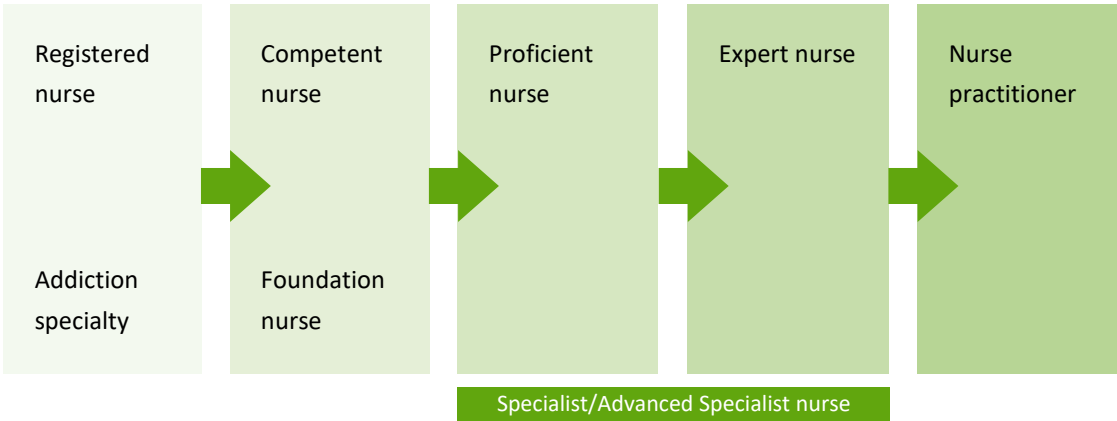
The *Addiction specialty nursing competency framework* complements the *Standards of practice for mental health nursing in New Zealand* (Te Ao Māramatanga NZCMHN, 2012). The relationship between these frameworks is shown in Figure 2.

**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.**



### 2.2 Relationship to professional development recognition programmes (PDRP)

The *Addiction specialty nursing competency framework* is congruent with DHB/NGO PDRPs and other congruent NGO, Primary Care and other sector nursing pathways. The diagram below shows how the skill levels set out in the *Addiction specialty nursing competency framework* sit across the levels of practice covered by PDRP or other congruent pathways.



## 2.3 Generic competency frameworks and guidelines

There are a number of generic competency frameworks and guidelines that are relevant to addiction treatment and support. Examples are listed in the bibliography 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.

### 2.3.1 *Let's get real: Real Skills for working with people and whānau with mental health and addiction needs and Real skills plus competency frameworks*

The *Let's get real* framework 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, refreshed version 2018 (in press)). The *Let's get real* framework is complementary to professional competency frameworks. It is expected that undergraduate nursing educational programmes are informed by the knowledge, skills, values and attitudes described in the *Let's get real* framework and that addiction nursing practice reflects these competencies.

*Real skills plus Seitapu* is part of the Ministry of Health's *Let's get real* framework. It is a Pacific cultural competency framework that people working with Pacific service users/consumers and their families can aspire to (Le Va Pasifika, 2009).

*Real skills plus ICAMH/AOD* describes the knowledge, skills and attitudes that a health or social services practitioner needs to work with infants, children and young people who have suspected or identified mental health and/or substance use concerns, their family and whānau and their community (Werry Centre, 2014). It is expected that the practice of specialist and advanced specialist level nurses reflect the *Real skills plus ICAMH/AOD* competencies as applicable to their work setting.

### 2.3.2 *The addiction intervention competency framework*

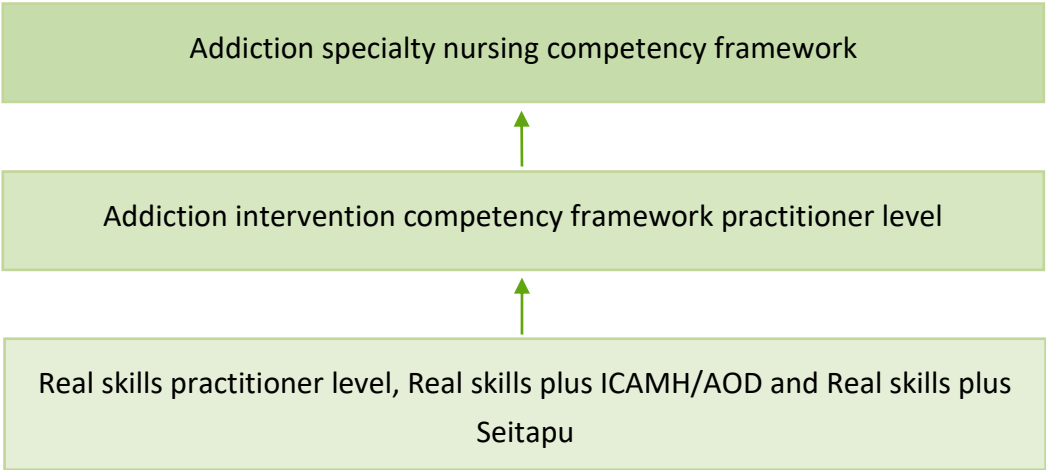
The *Addiction intervention competency framework* (dapaanz, 2011) reflects the beliefs, knowledge and skills required by practitioners providing specialist interventions to assist people to address gambling, tobacco, alcohol and/or other drug problems.

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

practice of Addiction specialist and advanced specialist level nurses would reflect the essential level alcohol and other drug practitioner competencies and, as relevant to the primary focus of their work, the additional alcohol and other drug, problem gambling and smoking cessation practitioner competencies.

The relationship of the *Addiction specialty nursing competency framework* to *Let's get Real*, *Real skills plus ICAMH/AOD* and *Real skills plus Seitapu* competency frameworks and the *Addiction intervention competency framework* is shown in Figure 3.

**Figure 3: The relationship of the Addiction specialty nursing competency framework to Let's get real, Real skills plus ICAMH/AOD and Real Skills plus Seitapu competency frameworks and the Addiction intervention competency framework**



## 3.0 Underpinning values, attitudes, principles

### 3.1 Values and attitudes

The values and attitudes described in the refreshed *Let's get real* framework are intended to express the fundamental shared values and attitudes that apply across all healthcare, regardless of context, organisation, role, or profession. Addiction specialty nursing practice is expected to reflect these values and attitudes listed below.

#### *Values*

- Respect:** We respect people and whānau who are accessing services, their world views, their values and the choices they make. We believe respect is fundamental to all human relationships.
- Manaaki:** We support, care, tend to, and show generosity to others in all that we do. We seek to uphold dignity and protect and enhance the mana of others through our work. We take time to know people and what is important to them and to establish positive and authentic relationships.
- Hope:** We believe that hope is fundamental to wellbeing. A life that has meaning and value for the person is always possible. We support people to have hope.
- Partnership:** We work in partnership with people and whānau who are accessing services, we listen, hear and respect. We support choice, shared decision making and equity. We value the strengths and expertise that people and whānau bring. We value the expertise of all colleagues, groups and services and work in collaboration to support people and whānau.
- Wellbeing:** Our focus on wellbeing encompasses all dimensions of health: tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual). We support wellbeing as a key part of recovery.
- Whanaunga:** We believe that a sense of connection and belonging is fundamental to wellbeing. We are in relationship with people and support their relationships with others to enhance a sense of belonging for all. We value communities and connections to communities.

### \*Manaaki

Huriwai and Baker (2016, p5) state “...underpinning the practice of manaaki is Mana. Mana is a concept or principle with many shades of meaning including prestige, authority, control, power, influence. There are various forms of mana none of which are independent from each other (Barlow, 1991; Shirres, 1997; Durie, 2001; Marsden, 2003; Royal, 2006). The four most common expressions of mana are Mana Atua, Mana tūpuna, Mana whenua and Mana Tangata.”

### Attitudes

People working in health are:

- compassionate: welcoming, supportive, caring, sensitive, empathic, understanding, patient, resilient, flexible, validating and empowering
- genuine: warm, friendly, self-aware, have aroha and a sense of humour
- honest: have integrity, professional, accountable, reliable, responsible and trustworthy
- open minded: accepting, non-judgemental, non-discriminatory, culturally responsive
- optimistic: hopeful, positive, encouraging, inspiring, enthusiastic, innovative, creative, positive risk takers.

## 3.2 Principles

People who experience addiction issues commonly experience co-existing mental health issues. The seven principles underpinning *Te Ariari o te Oranga: the assessment and management of people with co-existing substance use and mental health problems* (Todd, 2010) that informed the development of the Addiction specialty nursing framework are:

1. **Cultural considerations:** consider the cultural needs and values of all tāngata whai ora/clients throughout the treatment process.
2. **Wellbeing:** take a wellbeing perspective by considering problems as barriers to wellbeing and seeing a state of positive wellbeing 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 and adapted motivational interviewing techniques.
5. **Assessment:** screen all tangata whai ora/clients 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 tāngata whai ora/clients first and deliver care driven by the integrated formulation in a single setting and ensure close linkages between all services and workers involved.

*\*Adverse child experiences and trauma*

Many people who experience addiction issues have experienced adverse childhood experiences and trauma. The *Let's get real* framework and *Te Ariari o te Oranga* recognise the importance of trauma-informed care and it is expected that addiction specialty nursing practice reflects this approach (e.g. refer to Te Pou o te Whakaaro Nui website resources listed in Bibliography section).

The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) lists six key principles underpinning trauma informed care. These are:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender Issues

*\*Talking therapies, family and whānau and group approaches*

Motivational interviewing, cognitive behavioural therapy, brief intervention, community reinforcement, therapeutic community and 12-step approaches (often in combination with pharmacotherapy) are commonly used approaches in addiction treatment. Provision of these therapies are underpinned by key principles that include demonstrating competence in the approaches used (Te Pou o te Whakaaro Nui, 2010). Family and whānau inclusive approaches (Kina Trust, 2005, Te Pou o te Whakaaro Nui, 2010) and group approaches (e.g. Center for Substance Abuse Treatment, 2005) are also core interventions. These approaches are underpinned by principles congruent with the values and attitudes of *Let's get real* and the principles of *Te Ariari o te Oranga* listed above. It is expected that addiction specialty nurses develop competence in the use of these and other evidence-informed approaches relevant to working with people affected by addiction issues.

## 4.0 Aotearoa New Zealand Addiction Specialty Nursing Competency Framework

The levels of practice 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.

As well as developing and enhancing specific clinical nursing skills, nurses working in the addiction specialty are expected to gain and continue to enhance their competencies (knowledge, skills, attitudes) in a range of contemporary psychosocial approaches including approaches for people who have experienced adverse childhood events and trauma.

Registered nurses who are designated registered nurse prescribers will meet the education and competency requirements specific to this role. The nurse practitioner role will build on the competencies 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, skills and attitudes required for practising in the addiction specialty. They will participate in health promotion, clinical management and community interventions related to people with addiction problems, significant others, families and whānau and other support networks. It is expected that they practice within an integrated care team in a range of settings/across settings. Competencies will be developed through a range of learning opportunities and experience related to the addiction specialty.

### ***Specialist level nurse:***

Specialist level nurses work in a variety of settings. They use a systems approach to care in working with individuals, families and whānau and other support networks. They provide/facilitate comprehensive assessments and interventions for a diverse range of people with complex addiction and related problems including co-existing mental and physical health problems. They are a source of expert addiction related clinical advice. They provide and receive clinical supervision. They influence addiction specialty nursing, treatment practice and support systems, particularly at the local level.



Competencies are developed through postgraduate addiction/co-existing disorders related clinically focused courses (at diploma level or with a certificate and working towards) combined with experiential learning. They may be designated registered nurse prescribers.

***Advanced specialist level nurse:*** Advanced specialist level nurses work in a variety of settings. They provide addiction nursing expertise across multiple populations and settings. They may be designated registered nurse prescribers. They provide leadership, specialist consultation, and supervision to other practitioners. They influence/lead local and national developments in addiction nursing, treatment and broader interventions and policy development, with the goal of improving health outcomes for people affected by addiction.

Competencies are reflected in Master's level (or higher) clinically focused education preparation that includes addiction and co-existing disorders related papers, combined with experiential learning.

### *Performance indicators*

The following tables set out the performance indicators for each level of expertise in addiction nursing. The indicators are not prescriptive or exhaustive. They provide key examples of competence performance for nurses to evaluate their practice against.

## Management of nursing care

**Foundation level nurse:** develops and demonstrates the knowledge, skills and attitudes required for addiction nursing by:

- engaging and establishing therapeutic relationships with individuals, families and whānau, cultural, support and recovery networks
- demonstrating in practice principles of trauma-informed care
- demonstrating in practice understanding of the impact of stigma and discrimination
- participating in screening, brief assessments and interventions
- developing competence in comprehensive assessments (including of risk), treatment planning, interventions, risk management, discharge planning, for people with complex addiction and co-existing issues
- developing competence in core clinical skills and interventions; talking therapies, family and whānau inclusive interventions, group-based interventions
- developing competence in pharmacotherapy management
- incorporating health promotion and harm reduction principles into practice

## Management of nursing care

**Specialist level nurse:** demonstrates the knowledge, skills and attitudes required of a specialist addiction nurse by:

- using a systems approach to provide person, family and whānau centred care for a diverse range of people with complex addiction and co-existing healthcare needs
- demonstrating trauma-informed care
- Providing expert addiction related clinical advice
- employing contemporary, evidence-based interventions to meet the needs of a diverse range of people
- facilitating/providing withdrawal and other pharmacotherapy management
- working collaboratively across settings with health and other practitioners including cultural workers, peer support workers, consumer advisors, community support systems to promote integrated care, recovery and wellbeing
- taking a leadership role within health care/other sector team contexts in managing crises and high-risk situations
- participating in health promotion and harm reduction strategies

## Management of nursing care

**Advanced specialist level nurse:** demonstrates the knowledge, skills and attitudes required of an advanced specialist addiction nurse by:

- providing addiction nursing expertise along the care continuum through autonomous and collaborative practice, across a wide range of settings
- providing leadership in trauma-informed care
- providing consultancy for people with complex health needs across diverse settings
- applying advanced clinical reasoning and judgement to provide expert assessment, treatment planning and interventions
- providing mentoring and leadership for others in developing core clinical skills and psychosocial interventions
- actively engaging with key stakeholders including service users, consumer advisors and networks to formulate strategies to reduce the harm from substance use/addiction and promote community well-being
- mobilising and co-ordinating resources to best meet health care needs

<p><b>Management of nursing care (contd.)</b></p> <p><i>Foundation level nurse: develops and demonstrates an understanding of addiction and the addiction treatment context:</i></p> <ul style="list-style-type: none"> <li>• accessing clinical guidelines, workforce development resources and research, participating in discussion forums</li> </ul> <p><i>Demonstrating a developing in-depth understanding of:</i></p> <ul style="list-style-type: none"> <li>• substance use categories; gambling and other behavioural addictions</li> <li>• neurobiology of addiction</li> <li>• theoretical models, epidemiology</li> <li>• socio-political and cultural context and influences; historical influences specifically in relation to Māori</li> <li>• public health approaches/harm minimisation</li> <li>• models of care</li> <li>• concepts of recovery and wellbeing; whānau ora; mana enhancing practice; family and whānau inclusive practice; wellbeing of children</li> <li>• impact of adverse childhood events and trauma</li> </ul>	<p><b>Management of nursing care (contd.)</b></p> <p><i>Specialist level nurse: demonstrates the knowledge, skills and attitudes required of a specialist addiction nurse by:</i></p> <ul style="list-style-type: none"> <li>• critically reviewing addiction related research findings and initiating discussion forums.</li> </ul>	<p><b>Management of nursing care (contd.)</b></p> <p><i>Advanced specialist nurse: demonstrates the knowledge, skills and attitudes required of an advanced specialist addiction nurse by:</i></p> <ul style="list-style-type: none"> <li>• leading the application of addiction related research findings into practice.</li> </ul>
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## Management of nursing care (contd.)

*Foundation level nurse: develops and demonstrates an understanding of addiction and the addiction treatment context:*

- continuum of use, patterns of use/other addictive behaviours
- co-existing problems
- interplay between mental health and physical health and social determinants of health
- levels of assessment including physical health screening
- core psychosocial interventions; individual, family and whānau, group, fellowship and other self/mutual help support systems
- core clinical nursing procedures/interventions
- risk assessment and management
- factors that influence engagement and therapeutic relationships – individuals, family and whānau
- strengths based and systems oriented case management/key working
- active consumer participation, role of peer support within systems of care

## Professional responsibility and leadership

**Foundation level nurse:** demonstrates the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty by:

- developing addiction treatment related cultural links and networks
- continuing to develop/enhance own cultural competencies in responding to Māori people; Pacific and Asian peoples, people of other cultures and people with sexual orientation/and or gender diversity
- incorporating age and gender responsive practices
- actively involving consumers in treatment and intervention processes and developing peer and other support network linkages
- demonstrating the application of codes of ethics and consumer rights in practice
- demonstrating an understanding of the application in practice of drug policy, legislation including competencies relevant to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017; best practice guidelines – e.g. treatment for methamphetamine, opioid dependence

## Professional responsibility and leadership

**Specialist level nurse:** demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addiction nurse by:

- role modelling culturally responsive processes and practices and ongoing cultural competency development
- advocating for cultural and gender responsive practices
- demonstrating an empowerment approach
- demonstrating expert clinical reasoning in situations that take into account ethics and risk
- contributing to consultation processes related to legislative/regulatory and practice guideline reviews

## Professional responsibility and leadership

**Advanced specialist nurse:** demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of an advanced specialist addiction nurse by:

- demonstrating professional addiction nursing leadership in diverse settings
- actively engaging in the development of partnerships and collaborative models of care to improve culturally responsive processes and practices
- actively engaging with others to develop gender responsive addiction models of care and practices
- actively engaging with others to develop models of care that are person centred, family and whānau recovery and wellbeing oriented
- providing leadership in resolving complex ethical and risk issues
- leading/influencing reviews of addiction related national policies, legislation, practice guidelines, and co-ordinating feedback
- working with consumer leadership in planning, implementation and evaluation of service delivery

### Professional responsibility and leadership (contd.)

**Foundation level nurse:** demonstrates the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty by:

- developing an in-depth understanding in practice of the impact of stigma and discrimination associated with addiction and addiction treatment
- developing and using strategies to manage personal safety and wellbeing
- critically reflecting on nursing care with peers and in clinical supervision
- taking opportunities for addiction related professional development and participating in addiction and more broadly focussed nursing forums
- participating in clinical supervision
- participating in a professional body

### Professional responsibility and leadership (contd.)

**Specialist level nurse:** demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addiction nurse by:

- providing leadership in challenging discriminatory practices and attitudes towards people affected by addiction
- upholding expectations that practice standards and codes of ethics are met
- providing interventions for nurses and other practitioners with addiction problems, within established guidelines and protocols
- providing clinical supervision
- providing opportunities for nurses and other practitioners to critically reflect on addiction related practice
- providing input to addiction related education/training forums; presentations that promote the addiction specialty nursing role
- supporting and mentoring students, addiction specialty nurses and other practitioners
- contributing to a professional nursing body and addiction related nursing and other networks

### Professional responsibility and leadership (contd.)

**Advanced specialist nurse:** demonstrates the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist addiction nurse by:

- advocating for at-risk and vulnerable populations
- taking a proactive approach to concerns about addiction treatment practice
- providing leadership in raising awareness, developing guidelines and interventions for nurses and other practitioners with addiction problems
- providing leadership in advocating for and developing addiction related supervision processes for nurses and other practitioners
- advocating for addiction specialty nursing
- providing addiction related input to post-graduate courses, training, clinical supervision systems
- Taking a leadership role in addiction mentoring/support systems
- Taking a leadership role in addiction nursing and other networks and a professional nursing body

<p><b>Interpersonal relationships</b></p> <p><i>Foundation level nurse: develops and demonstrates the knowledge, skills and attitudes in interpersonal relationships expected within the addiction treatment specialty, by:</i></p> <ul style="list-style-type: none"> <li>• demonstrating in practice an understanding of theories pertaining to motivation, engagement and therapeutic relationships</li> <li>• presenting and supporting the views of individuals, families and whānau in team decision-making processes</li> <li>• demonstrating effective communication and interpersonal skills in practice with a diverse range of people</li> <li>• developing an understanding of potential conflict situations and their management in the context of addiction treatment e.g. impacts on therapeutic relationships, team functioning, and collaborative working arrangements</li> </ul>	<p><b>Interpersonal relationships</b></p> <p><i>Specialist level nurse: demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of a specialist addiction nurse, by:</i></p> <ul style="list-style-type: none"> <li>• demonstrating the ability to engage and maintain therapeutic relationships with a diverse range of people with addiction issues, families and whānau</li> <li>• effectively participating in clinical decision-making within teams and across care settings</li> <li>• role modelling effective negotiation, conflict resolution and delegation skills to enhance working relationships within teams and across care settings</li> </ul>	<p><b>Interpersonal relationships</b></p> <p><i>Advanced specialist nurse: demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of an advanced specialist addiction nurse, by:</i></p> <ul style="list-style-type: none"> <li>• effectively establishing, maintaining and discontinuing therapeutic relationships in complex clinical situations</li> <li>• leading clinical decision-making processes within teams and across care settings</li> <li>• applying effective leadership skills including in conflict situations that arise within teams and across care settings.</li> </ul>
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## Inter-professional health care and quality improvement

**Foundation level nurse:** *develops and demonstrates the knowledge, skills and attitudes required to contribute to inter-professional health care and quality improvement in the addiction specialty by:*

- developing a range of networks to facilitate person-centred, integrated and continuous care and support for people with addiction problems, families and whānau
- participating in nursing and addiction treatment quality improvement activities
- participating in routine outcome monitoring with individuals with addiction problems, their families and whānau
- 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.

## Inter-professional health care and quality improvement

**Specialist level nurse:** *demonstrates the knowledge, skills and attitudes required to establish effective inter-professional relationships and contribute to quality improvement in the addiction specialty by:*

- maintaining and developing a range of collaborative working relationships
- contributing to leadership in the development of nursing and service level policies and other quality improvement activities
- using outcome monitoring data to identify trends and inform treatment planning and clinical decision-making
- contributing to/initiating the development and review of nursing and addiction treatment standards, guidelines and protocols
- supporting and contributing to nursing and addiction related research and evaluation
- Contributing to reviews of addiction treatment at a local/national level

## Inter-professional health care and quality improvement

**Advanced specialist nurse:** *demonstrates the knowledge, skills and attitudes required to fulfil a leadership role in inter-professional health care and quality improvement in the addiction specialty by:*

- building cultural and other community partnerships to improve the quality of care and address gaps/barriers to access and treatment
- 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 practice trends
- participating in local and national nursing and addiction related advisory and other groups
- initiating 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 social determinants of health and contribute to broader health policy



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## Glossary of terms

<i>Addiction</i>	The use of the term addiction recognises that problems related to substance use (including nicotine) and behavioural addictions such as gambling impact in various ways on the lives of many individuals and their significant others, families and whānau.
<i>People affected by addiction issues</i>	A number of terms are used to refer to people who are affected by addiction issues. For example; client, tangata whai ora, consumer, service user, patient, significant other(s), family, whānau.
<i>Clinical case management</i>	Involves both co-ordination of care, delivering and facilitating interventions (combinations of psycho-social, cultural and pharmacotherapy interventions) according to a person's identified needs (refer to Todd, 2010).
<i>Co-existing mental health problems</i>	Other terms include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders, co-occurring disorders. The word <i>problems</i> recognises that significant substance use and mental health symptoms may occur at levels that do not meet criteria for disorders (Todd, 2010).
<i>Co-existing problems</i>	A broad term pertaining to problems co-existing with substance use experienced by a person. These include a range of potential problems such as mental health, physical health, social, cultural, spiritual, other disabilities.
<i>Collaborative working across systems</i>	Addiction specialty nurses need to establish and maintain collaborative working relationships across service and sector settings in order for people affected by addiction and related issues to access the help and support they need.
<i>Culture</i>	The set of shared attitudes, values, goals, and practices that characterises an institution, organisation or group.
<i>Cultural (health) worker</i>	A worker who has specific cultural knowledge and skills and who may work alongside health and other practitioners, or within a specific service e.g. Kaupapa Māori, Pacific health service, to meet the cultural needs of people affected by addiction.
<i>Ethnicity</i>	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).
<i>Family</i>	Relatives, partners, children, friends nominated by the person as part of their support network.
<i>Intervention</i>	A generic term including treatment, support and care.

<i>Mana</i>	As described by Huriwai and Baker (2016) “Mana is a concept or principle with many shades of meaning including prestige, authority, control, power, influence. There are various forms of mana none of which are independent from each other (Barlow, 1991; Shirres, 1997; Durie, 2001; Marsden, 2003; Royal, 2006). The four most common expressions of mana are Mana Atua, Mana tūpuna, Mana whenua and Mana Tangata” (p.5).
<i>Mana enhancing practice</i>	As described by Huriwai and Baker (2016) “Important components to ‘mana enhancing practice’ is the recognition of historical relationships particularly in the context of Te Tiriti o Waitangi, the valuing of cultural identity, and the elements to Māori wellbeing (Ruwhiu,2009)” (p.6).  “Mana enhancing practice is not the same as strengths based practice as its origins emerge out of Māori ways of doing, thinking and feeling (Ruwhiu & Ruwhiu, 2005). Mana enhancing and mana maintaining approaches encourage practitioners to reflect on the therapeutic relationship and the factors that construct this relationship” (p.6 ).
<i>Multidisciplinary team</i>	A multi-disciplinary team is recognised as important in the delivery of service in the addiction specialty. Includes consumer advisor and peer roles and other practitioners.
<i>Peer support worker</i>	“Peer” is defined by the person using the service. The peer support person works with individuals with whom they share a lived experience of addiction. Refer to the Matua Raḷi (2010) document <i>Consumer and peer roles in the addiction sector</i> .
<i>Specialty and ‘specialist’</i>	Area of nursing practice i.e. specialty of addiction; ‘specialist’ refers to the level of nursing practice.
<i>Systems approach</i>	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. Such an approach is based on the belief that individuals can be helped best in the context of connections and relationships.
<i>Practitioner</i>	An addiction professional qualified to provide interventions within the addiction sector.
<i>Professional</i>	A broad term pertaining to persons employed in the health or other sectors such as justice, corrections, welfare and education to provide direct interventions (including support and treatment) to individuals, families and whānau. Also refers to a person working in a health promotion related field.
<i>Health professional</i>	A broad term pertaining to professionals working in the health field. May also refer to clinicians who are covered by the Health Practitioners Competency Assurance Act 2003.

<i>Recovery</i>	Recovery is a process of building a satisfying and meaningful life, as defined by the person. It involves the accrual of positive benefits as well as the reduction of harms. Recovery includes a transition away from addiction and associated problems towards health, wellbeing and participation in society. Aspirations and hope are vital to recovery journeys. Hope is held by individuals, families and whānau and those providing services and support.
<i>Significant others</i>	A broader term inclusive of others with significant involvement in the person's life as perceived by the individual: may be a family or whānau member, friend or helping person e.g. mentor, peer support worker, sponsor, pharmacist, probation officer, cultural health worker, teacher, minister, pastor.
<i>Wellbeing</i>	<p>A concept that incorporates the positive aspects of a person's life similar to the term quality of life. Wellbeing is a state or goal that is self-determined and dynamic. The concept of wellbeing 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 wellbeing (from Todd, 2010).</p> <p>A wellbeing 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 wellbeing" (Todd 2010, p5).</p>
<i>Whānau</i>	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.
<i>Whānau ora</i>	Whānau Ora puts whānau and families in control of the services they need to work together, build on their strengths and achieve their aspirations. <a href="http://www.tpk.govt.nz/en/whakamahia/whanau-ora">http://www.tpk.govt.nz/en/whakamahia/whanau-ora</a>

## Nursing Council terminology

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

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



# APPENDIX 1: DANA Standards Expert Reference Group

## Members and acknowledgements

The following members oversaw the development of the congruent Australian and New Zealand drug and alcohol specialty nursing frameworks:

- Rosalyn Burnett .....Victoria
- Prof Charlotte de Crespigny ..... South Australia
- Dr Daryle Deering ..... New Zealand
- Tonina Harvey ..... New South Wales
- Margo Hickman ..... Queensland
- Louise Leonard ..... New Zealand
- Janice Ough ..... South Australia

DANA nurses’ continued commitment to quality care is evident by the many contributions to this project, through focus groups, workshops and teleconference meetings. While not all have been individually named their input is equally appreciated. In particular, DANA wishes to thank the following for their contribution: Peter Athanasos, Dr Janette Curtis, Kt Harvey and Lynda Scott.

In addition, DANA would like to formally acknowledge and thank Reckitt Benckiser and Drug and Alcohol Services of South Australia (DASSA) in Australia, and Matua Ra*k*i National Addiction Workforce Development Centre in New Zealand for supporting and funding the development the Australian and New Zealand documents. Both documents have drawn on the previous contributions of Drug and Alcohol Services of South Australia (DASSA) ATOD Specialist Nursing Standards document (2007).

## APPENDIX 2: Background and considerations

The development of the Aotearoa New Zealand addiction specialty nursing competency (knowledge and skills) framework arose out of the 2008 Matua Rāki 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 specialty advanced practice nursing standards. In 2009/10 Matua Rāki undertook a project, in which the development of competencies for addiction specialty nursing practice became the focus, with the aim being to describe the continuum of nursing practice and the role of the specialist level nurse. The background document, Matua Rāki nursing project 2009-2010: the development of standards and competencies for AOD/addiction nursing: background and context (Deering 2009) identified several key considerations that were taken into account in the development of the framework. These considerations are listed below:

### Considerations

The following considerations were taken into account in the development of the *Addiction specialty nursing competency (knowledge and skills) framework*:

- recognition of Māori as tangata whenua and Te Tiriti o Waitangi as the nation's founding document and recognition of 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 addiction 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: National Nursing Reference Group and individuals and groups external to the Reference Group who provided input to the 2012 Aotearoa New Zealand addiction specialty nursing competency (knowledge and skills) framework**

### **National Nursing Reference Group members**

Dr Daryle Deering .....	Project Co-ordinator
Steph Anderson .....	Nelson/Marlborough
Emma Black .....	Hawkes Bay
Tony Braam .....	Otago
John Caygill .....	West Coast
Michelle Fowler .....	Canterbury, South Island DANA
Peter Freeman .....	Canterbury representative
Julie Galloway .....	Lakes/Rotorua
Claire Gilbert .....	Canterbury
Moira Gilmour .....	Wellington
Louise Leonard .....	Waikato, North Island DANA representative
Rachel McDowell .....	Southland
Virginia Maskill .....	Canterbury
Lorelie Olafson .....	Wairarapa
Shonagh Paterson .....	Mid-Central
Jewell Reti .....	Northland
Elly Richards .....	Auckland
Marylou Sloane .....	Wellington
Karin Spannagl .....	Taranaki
Dr Helen Warren .....	Auckland
Maryann Wilson .....	South Canterbury

### **Assistance with feedback analysis and developing the framework**

Sharon Gould .....	Canterbury
Michelle Fowler .....	Canterbury, DANA South Island Representative

## Performance Indicator Development sub-group

Dr Daryle Deering ..... Project Co-ordinator  
Catherine Coates ..... Policy expertise  
Steph Anderson ..... Nelson/Marlborough, South Island DANA representative  
Melanie Boortman ..... Auckland  
Michelle Fowler ..... Canterbury, South Island DANA representative  
Moirra Gilmour ..... Wellington  
Louise Leonard ..... Waikato, DANA International Vice President  
Elly Richards..... Auckland, North Island DANA representative  
Wendy Tait ..... Wellington  
Raine Berry ..... Wellington

In addition to the input of the National Reference Group and related focus groups and individual nurses (refer Appendix 4 for development process) feedback on a first draft of the *Addiction nursing competency (knowledge and skills) framework* was received from individuals and groups listed below. Special acknowledgement is also made of the input of Klare Braye (Project Lead), Vanessa Caldwell (National Manager) and other Matua Rāki staff who facilitated the development of the framework document.

<i>Lyn Dawson</i>	The Werry Centre for Child and Adolescent Mental Health Workforce Development
<i>Linda Downey</i>	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
<i>Dr Bronwyn Dunnachie</i>	Senior Advisor, The Werry Centre for Child and Adolescent Mental Health Workforce Development
<i>Prof Charlotte de Crespigny</i>	(Co-chair) Drug and Alcohol Nurses of Australasia Standards and Competency Expert Reference Group
<i>Janice Ough</i>	Member Drug and Alcohol Nurses of Australasia Standards and Competency Expert Reference Group
<i>Vicky Kiddell</i>	<i>Aotearoa</i> New Zealand Alcohol and Other Drug <i>Consumer Network</i>
<i>Assoc Prof Brian McKenna</i>	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
<i>Anne McDonald</i>	Clinical Project Lead – Nursing, Te Pou, The National Centre of Mental Health Research, Information and Workforce Development
<i>Anthony O’Brien</i>	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
<i>Moira O’Shea</i>	Nurse Educator, Mental Health and Addiction Service, Waikato District Health Board
<i>Paula Parsonage</i>	Project Manager, Review of dapaanz addiction sector competencies project
<i>Robert Pearce</i>	Acting Clinical Leader, Alcohol, Tobacco and Other Drugs, Clinical Leader Mental Health Teams North, Hawkes Bay District Health Board
<i>Sheridan Pooley</i>	Chairperson, <i>Aotearoa</i> New Zealand Alcohol and Other Drug <i>Consumer Network</i>

<i>Rhonda Robertson</i>	Matua Raḷi Consumer Project Leader
<i>Te Ao Māramatanga</i>	New Zealand College of Mental Health Nurses Practice Board
<i>Kaye Carncross</i>	(Chair), Dr Frances Hughes, Stuart Gray
<i>David Warrington</i>	Nurse Consultant, Mental Health and Addiction Services, Hawke's Bay DHB
<i>John White</i>	Associate Director of Nursing, Mental Health Services, MidCentral Health
<i>Māori Nursing Consultation</i>	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: <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>
<i>Pacific Consultation*</i>	*All work for Pacific Trust Canterbury <ul style="list-style-type: none"> <li>• Genevieve Togiaso, Adult Mental Health Service Nurse Clinician/Quality Co-ordinator, Mental Health, Addictions and Like Minds Like Mine Service</li> <li>• Mark Esekielu, Service Manager Mental Health, Addictions and Like Minds Like Mine Service</li> <li>• Norman Vaele, AOD Practitioner Mental Health, Addictions and Like Minds Like Mine Service</li> </ul>

In addition to input from the National Nursing Reference Group and related local focus groups/individual nurses and the trans-Tasman DANA Standards and Competencies Expert Advisory Group (SERG), feedback/confirmation of no further feedback on the final draft of the Addiction Specialty Nursing Competency (Knowledge and Skills) Framework with performance indicators included was received from the following individuals and groups:

<i>Maria Baker</i>	Te Rau Matatini on behalf of Māori nurses
<i>Sarah Barkley RN</i>	Lakes District Health Board Methadone Treatment Service
<i>Kaye Carncross</i>	Chairperson, Practice Board, Te Ao Māramatanga NC College of Mental Health Nurses
<i>Dr Bronwyn Dunnachie</i>	Senior Advisor, The Werry Centre for Child and Adolescent Mental Health Workforce Development
<i>Tanya Ewart</i>	On behalf of NZNO Mental Health Nurses Section
<i>Anne McDonald</i>	Clinical Project Lead – Nursing, on behalf of Te Pou, The National Centre of Mental Health Research, Information and Workforce Development
<i>Assoc Prof Brian McKenna</i>	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
<i>Gina Mitchel</i>	RN, St Marks Alcohol and Other Drug (AOD) Addiction Residential Treatment Centre
<i>Anthony O'Brien</i>	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
<i>Sheridan Pooley</i>	Chairperson, <i>Aotearoa</i> New Zealand Alcohol and Other Drug <i>Consumer Network</i>
<i>Sione Vaka</i>	Aotearoa Tongan Health Workers Association (ATHWA) Manukau Institute of Technology
<i>Grace Wong</i>	Director, Smokefree Nurses Aotearoa/New Zealand



## APPENDIX 4: Overview of the development process

Overview of the development process for the *Addiction specialty nursing competency (knowledge and skills) framework* (October 2009 – December 2011)

### Step 1: Preparation

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

### Step 2: Initial consultation

- Initial consultation round on the development of an addiction specialty nursing 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 (five 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. 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 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 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 the 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 the Addiction specialty nursing framework
- Consultation with reference group and key stakeholders
- Amendments and final document

## **APPENDIX 5: The Aotearoa New Zealand addiction specialty nursing competency (knowledge and skills) framework (updated 2018)**

The updated *Addiction specialty nursing competency framework* reflects changes since 2012 that have occurred in legislation, policy, service provision and nursing practice. The following nurses, a sub-group of the former National Reference Group were involved in developing a draft updated document for consultation.

- Dr Daryle Deering, RN (ACAN)
- Louise Leonard, NP (ACAN)
- Moira Gilmour, RN Addiction Specialist and DANA representative
- Steph Anderson, RN Clinical Nurse Specialist and former DANA representative

The following individuals and groups are acknowledged for their specific input on the draft updated framework widely circulated for comment:

- Raewyn Birkett RN, Withdrawal Management Nurse, Alcohol and Other Drug Services, Christchurch City Mission
- Heather Casey RN, Nurse Director, Mental Health, Addictions and Intellectual Disability Service, Southern District Health Board, Dunedin
- Laura Hay RN, Case Worker/Public Health Promoter Salvation Army, Oasis, Christchurch
- Melanie Boortman RN, Associate Clinical Charge Nurse and Rachel Penny, Acting Associate Clinical Charge Nurse, Opioid Treatment Service, Community Alcohol and Drug Services, Waitemata District Health Board, Auckland
- Suzette Poole RN, President Te Ao Māramatanga New Zealand College of Mental Health Nurses on behalf of Te Ao Māramatanga New Zealand College of Mental Health Nurses
- Sheridan Pooley, Regional Community Advisor, Community Alcohol and Drug Services, Waitemata District Health Board, Auckland
- Elly Richards, Clinical Nurse Educator (RN RM), Medical Detoxification Services, Community Alcohol and Drug Services, Waitemata District Health Board, Auckland
- Rhonda Robertson, National Consumer Advisor, The Salvation Army Addictions, Supportive Accommodation and Reintegration Services, Auckland
- Jan Spence RN, Manager Alcohol and Other Drug Services, Christchurch City Mission
- Maryann Wilson RN, Lecturer, Nursing Lecturer, Senior Academic Staff Member, Nursing, Midwifery and Allied Health, Ara Institute of Canterbury, Christchurch

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