Addiction specialty nursing competency framework for Aotearoa New Zealand
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Developed with funding and support from Matua Rākiri by Daryle
Foreword

The Drug and Alcohol Nurses of Australasia Inc (DANA) is the peak nursing body representing drug and alcohol nurses across Australia and New Zealand. 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. However, the specialist drug and alcohol nurse is also required to have comprehensive leadership, knowledge and skills of the field. 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 drug and alcohol issues.

DANA mission statement

DANA is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in Alcohol, Tobacco and Other Drugs (ATOD) issues. We aim for excellence and the ongoing improvement of quality care in nursing in all practice contexts.

DANA philosophy and values

As the peak alcohol and other drug specialist nursing organisation, DANA provides leadership to nurses and midwives with a professional interest in Alcohol, Tobacco and Other Drugs (ATOD) issues. DANA endeavours to enhance the capacity of ATOD specialist nurses to respond effectively to ATOD use in a culturally sensitive manner. We provide a mechanism for professional development and support for our members. DANA provides support and direction to key stakeholders, service providers and educational institutions on ATOD use and related policies and practices.

DANA Standards Expert Reference Group

The DANA Standards Expert Reference Group (SERG) comprises DANA members from Australia and New Zealand, and was formed to oversee this trans-Tasman work. Acknowledging cultural and other contextual differences between our two countries, discussions were held about, and agreement undertaken to, having a congruent Australian and New Zealand specialty drug and alcohol nursing 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 of the nursing and midwifery councils of both nations. DANA is the peak nursing body under which these Australian and New Zealand specialist standards and competencies are now auspiced.
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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 below, 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 Raki 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).

Margo Hickman
DANA President
Date: 21.12.2011

Louise Leonard
DANA International Vice President
Date: 23.12.2012
The National Nursing Reference Group

The Addiction specialty nursing competency framework for Aotearoa New Zealand was developed with funding, resources and administrative support from Matua Rāki by a National Nursing Reference Group. Appendix 1 provides an overview of the New Zealand development process.

The National Reference Group acknowledges individuals and groups external to the Reference Group who provided input to the development of the framework, particularly those individuals and groups listed in Appendix 2. Special acknowledgement is made of the input of Klare Braye and other Matua Rāki staff who facilitated the development of this document.

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### Performance Indicator Development sub-group (2011)

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<td>Catherine Coates</td>
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<td>Steph Anderson</td>
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<td>Louise Leonard</td>
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1.0 Introduction

1.1 Background
The development of the *Addiction specialty nursing competency framework for Aotearoa New Zealand* (*Addiction nursing framework*) arose out of the 2008 Matua Raí 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 Raí 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 Raí 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 in Appendix 3.

1.2 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 *Addiction nursing 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* (2011). The use of the term addiction also recognises that problems related to substance use (including nicotine) and behavioural addictions such as gambling impact on the lives of many individuals (Adamson et al., 2006) and their significant others, families and whānau.

1.3 Standards and/or competency framework
To align with national nursing discussions on thresholds and criteria for developing standards and knowledge and skills frameworks (Appendix 4), the New Zealand framework is referred to as a *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, 2012) (see 3.0)

1.4 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 nursing 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 nursing 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 nursing 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 nursing 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 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 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.

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 *Addiction nursing framework* stands alongside the relevant nursing and other professional codes of ethics e.g. dapaanz, legislative and policy frameworks and accepted best practice guidelines.

Figure 1 below illustrates the *Addiction nursing framework* within the developmental clinical pathway from registered nurse to nurse practitioner.
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/co-existing disorders related postgraduate programmes of study (diploma level or with a certificate and working towards a diploma qualification) 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 with an addiction/co-existing disorders specific component (or be on the pathway) together with formal/informal experiential learning. It is expected that the advanced specialist competencies are congruent with the Nursing Council of New Zealand advanced competencies. It is also expected that these competencies provide guidance for those nurses who are seeking to become nurse practitioners (Nursing Council of New Zealand, 2007) with an addiction related scope of practice.

3.0 Relationship to other frameworks

3.1 Standards of nursing practice

The Addiction nursing 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 2012). The importance of linking addiction specialty nursing competencies with these Standards was expressed by addiction specialty nurses who responded to the 2009 survey in the review of the Standards of practice for mental health nursing (Berry, 2009).
The relationship of the Addiction specialty nursing 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 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 CAMHS (Child, Adolescent Mental Health Service) is a competency framework that describes the knowledge, skills and attitudes 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 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).

The *Takarangi competency framework* was developed with the aim of contributing to enhanced engagement and outcomes for Māori accessing addiction and mental health services. For nurses working in the mental health and addiction treatment sector the framework provides a complementary framework to evidence Māori responsiveness requirements (Matua Raḵi, National Addiction Workforce Development, 2009).

### 3.2.2 The addiction intervention competency framework

The *Addiction intervention competency framework* (dapaanz, 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 *Addiction specialty nursing framework* is congruent with this framework. It is expected that the practice of 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 framework* to the *Real skills and Real skills plus Seitapu* competency frameworks and the *Addiction intervention competency framework* is shown in Figure 3.
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).

These 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 practice 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/clients with co-existing substance use and mental health problems. The practice of specialist and advanced specialist level nurses is expected to reflect these guidelines.

- The relationship of the Addiction specialty nursing 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.
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 and their family and whānau (consumers) 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 and whānau. 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 clients and their families and whānau.

**Service:** We are committed to delivering an excellent service for all. This includes consumer 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 clients and their families and 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 and whānau.

4.1.2 Attitudes

People working in addiction services strive to be:

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

N.B. In respect to upholding the human rights of consumers (clients, family and whānau) 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 that informed the development of the Addiction specialty nursing framework are:

1. Cultural considerations: consider the cultural needs and values of all tangata whaiora/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 whaiora/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 tangata whaiora/clients first and deliver care driven by the integrated formulation in a single setting and ensure close linkages between all services and workers involved.
5.0 The addiction specialty nursing competency framework

The Addiction specialty nursing competency framework for Aotearoa New Zealand 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.

5.1 Relationship to professional development recognition programmes (PDRP)

The Addiction specialty nursing framework is congruent with District Health Board (DHB) PDRPs. The diagram below shows how the skill levels set out in the Addiction specialty nursing 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. They 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: Specialist level nurses use a systems approach to care in working with clients, their families and whānau and other support networks. They provide assessments and interventions for a diverse range of clients with addiction problems including co-existing mental health problems, and are a source of expert clinical advice. They influence addiction specialty nursing and treatment practices at the local level.

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

Advanced specialist level nurse: Advanced specialist level nurses provide nursing expertise across multiple populations and settings, as well as leadership and consultation. They influence 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/co-existing disorders related papers, combined with formal/informal experiential learning.

5.2 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: develops and demonstrates 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
- delivering screening, brief assessments and interventions
- developing and demonstrating the knowledge and skills for providing access to over-the-counter pharmacotherapies for smoking cessation
- participating in comprehensive assessments, treatment planning, evidence-based interventions (inclusive of risk assessment and management) and discharge planning, for clients with complex addiction problems
- incorporating health promotion and harm reduction principles into practice.

#### Specialist level nurse: demonstrates 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
- 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
- contributing to strategies to reduce harm from substance use/addictions and promote healthy lifestyles and environments.

### Management of nursing care

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

- providing contemporary, evidence-based addiction nursing expertise along the care continuum through delivering autonomous and collaborative practice, in diverse settings within and external to the addiction sector
- providing consultancy and collaboration in practice across diverse settings
- applying advanced clinical reasoning and judgement to provide expert assessment, treatment planning and integrated interventions for a diverse range of clients
- actively engaging with others to formulate strategies to reduce the harm from substance use/addictions and promote community well-being
- 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.
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<td><strong>Foundation level nurse</strong>: develops and demonstrates an understanding of addiction and the addiction treatment context by:</td>
<td><strong>Specialist level nurse</strong>: demonstrates the knowledge, skills and attitudes required of a specialist addictions nurse by:</td>
<td><strong>Advanced specialist nurse</strong>: demonstrates the knowledge, skills and attitudes required of an advanced specialist addictions nurse by:</td>
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<td>• understanding the wide range of evidence based/best practice interventions as listed below:</td>
<td>• employing a wide range of contemporary, evidence-based interventions, including withdrawal and other medication management, to meet the needs of a diverse range of clients with addiction problems</td>
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<td>▪ neurobiology of addiction</td>
<td>▪ undertaking consultation with clients and facilitating access to traditional health and healing practices</td>
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<td>▪ theoretical models, epidemiology, patterns of use</td>
<td>▪ taking a leadership role within a multidisciplinary context in managing crises and high risk situations involving clients with addiction problems</td>
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<td>▪ bio-psycho-social impacts across the lifespan</td>
<td>▪ critically reviewing addiction related research findings and initiating discussion forums.</td>
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<td>▪ leading the translation and integration of addiction-related research findings into practice.</td>
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<td>▪ assessment and management of risk</td>
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<td>▪ physical health screening for co-existing physical health problems including blood borne diseases, and nursing interventions</td>
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- evidence-based psycho-social interventions and treatment models (individual, family and whānau, group and community)
- pharmacotherapies
- models of care
- case management/key working
- consumer participation
- accessing resources, referral pathways
- accessing a range of addiction-related clinical guidelines and research
- participating in discussion forums.
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<tr>
<td><strong>Foundation level nurse:</strong> demonstrates the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty by:</td>
<td><strong>Specialist level nurse:</strong> demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addictions nurse by:</td>
<td><strong>Advanced specialist nurse:</strong> demonstrates the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist addictions nurse by:</td>
</tr>
<tr>
<td>• developing, with collegial support, addiction treatment related cultural links and networks</td>
<td>• acting as a role model for responsive practice for clients with addiction problems and their families and whānau from diverse cultural backgrounds</td>
<td>• demonstrating clinical and professional leadership across diverse settings</td>
</tr>
<tr>
<td>• seeking appropriate cultural guidance to meet the addiction related treatment needs of and promote resilience and well-being for: Māori 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)</td>
<td>• role modelling and supporting others in strengthening gender and/or diversity-responsive practices for clients with addiction problems</td>
<td>• 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</td>
</tr>
<tr>
<td>• incorporating gender responsive practices and practices to meet the needs of diverse cultural groups into addiction treatment practice</td>
<td>• challenging addiction treatment practices that are not gender responsive or responsive to the needs of culturally diverse clients</td>
<td>• actively engaging with others to develop gender responsive addiction models of care and practices</td>
</tr>
<tr>
<td>• demonstrating an understanding of consumer participation in the context of addiction treatment</td>
<td>• demonstrating the application of consumer participation in the context of addiction treatment</td>
<td>• actively engaging with others to develop models of care that are inclusive of consumer participation at all levels of addiction treatment service delivery</td>
</tr>
<tr>
<td>• demonstrating an understanding of common ethical dilemmas in the addiction specialty.</td>
<td>• 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.</td>
<td>• contributing to resolutions of complex ethical issues surrounding addiction treatment practice, in accordance with clients’ rights, codes of ethics and relevant legislation.</td>
</tr>
<tr>
<td>Professional responsibility and leadership (contd)</td>
<td>Professional responsibility and leadership (contd)</td>
<td>Professional responsibility and leadership (contd)</td>
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<td><strong>Advanced specialist nurse:</strong> demonstrates the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist addictions nurse by:</td>
</tr>
<tr>
<td>• demonstrating an understanding of the relevance of drug policy, legislation, standards and ethics to practice</td>
<td>• contributing to consultation processes related to legislative/regulatory reviews</td>
<td>• leading debate on reviews of addiction-related national policies and legislation, and co-ordinating feedback</td>
</tr>
<tr>
<td>• demonstrating an understanding of the impact of stigma and discrimination associated with addiction and addiction treatment</td>
<td>• providing leadership in challenging discriminatory practices and attitudes towards clients with addiction-related problems and their families/whānau</td>
<td>• advocating for at-risk populations affected by addiction-related health and social problems</td>
</tr>
<tr>
<td>• demonstrating an 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</td>
<td>• upholding expectations that relevant practice standards and codes of ethics are met</td>
<td>• addressing breaches of relevant practice standards and codes within addiction treatment</td>
</tr>
<tr>
<td>• developing and using strategies to manage his/her own safety and well-being and that of his/her colleagues</td>
<td>• providing interventions for nurses and other health professionals with addiction problems, within established guidelines and protocols</td>
<td>• providing leadership in raising awareness, developing guidelines and interventions for nurses and other staff with addiction problems</td>
</tr>
<tr>
<td>• critically reflecting on nursing care with peers and with her/his clinical supervisor</td>
<td>• providing and participating in clinical supervision</td>
<td>• advocating for and providing leadership in developing supervision processes for nurses and other staff who work with clients with addiction problems</td>
</tr>
<tr>
<td>• attending addiction-related training and conferences.</td>
<td>• providing opportunities for nurses and others who work with clients with addiction problems to critically reflect on their practice</td>
<td>• advocating for and widely promoting the advanced specialist addiction nursing role</td>
</tr>
<tr>
<td></td>
<td>• providing education and presentations designed to promote the addiction specialty nursing role</td>
<td>• providing addiction related input to post-graduate courses and training</td>
</tr>
<tr>
<td></td>
<td>• supporting and mentoring students, addiction specialty nurses and other staff.</td>
<td>• supporting and mentoring students, specialist nurses and other staff working with clients with addiction problems.</td>
</tr>
</tbody>
</table>
### Interpersonal relationships

**Foundation level nurse:** develops and demonstrates the knowledge, skills and attitudes in interpersonal relationships expected within the addiction treatment specialty, by:

- incorporating into their nursing practice an understanding of the theories pertaining to motivation, engagement and therapeutic relationships
- presenting and supporting the views of clients and their families and whānau in team decision-making processes
- demonstrating an understanding of potential conflict situations and their management in the context of addiction treatment i.e. impacts on therapeutic relationships, team functioning, and collaborative working arrangements.

**Specialist level nurse:** demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of a specialist addictions nurse, by:

- 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.

**Advanced specialist nurse:** demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of an advanced specialist addictions nurse, by:

- 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.
### 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:

- using local networks within addictions, mental health, primary care, other sectors and the community to facilitate person-centred 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 client 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.

**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 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.

**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 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 influences that contribute to addiction-related problems.
6.0 Bibliography


6.1 Standards and competency frameworks, and practice guidelines


Canadian Centre on Substance Abuse. (2007). *Core competencies for Canada’s Substance Abuse Field. Version 1.0.* Ottawa: Canadian Centre on Substance Abuse


Matua Raki. (2011). *Screening assessment and evaluation alcohol and other drug, smoking and gambling.* Wellington: Matua Raki


Ministry of Health in partnership with the Health Funding Authority. (1998). *Guidelines for clinical risk assessment and management in mental health services*. Wellington: Ministry of Health


Todd, F. (2010). *Te Ariari o te Oranga: The assessment and management of people with co-existing substance use and mental health problems*. Wellington: Ministry of Health

Glossary of terms

**Addiction**  
Addiction is inclusive of alcohol and other drugs including nicotine (tobacco) and behavioural addictions such as gambling.

**Client/consumer**  
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 *problems* 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 characterise an institution, organisation 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, *Ethnic Perspectives in Policy: a Resource*, 2002).

**Family**  
Relatives, partners, children, as nominated by the client.

Family may refer to 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 wellbeing. 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. *Developing a vision of recovery – a work in progress*).

“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 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, wellbeing 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.

**Wellbeing**  
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).

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).

**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 wellbeing.

### 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  Overview of the development process

Overview of the development process for the *Addiction specialty nursing competency framework for Aotearoa New Zealand* (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 (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 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 2  Feedback

In addition to input from the National Nursing Reference Group and related local focus groups and individual nurses (refer Appendix 1 for development process), feedback on a first draft of the *Addiction nursing framework* was received from the following individuals and groups:

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

John White
Associate Director of Nursing, Mental Health Services, MidCentral Health

Māori Nursing Consultation
Via Te Kaunihera O Ngāi Nehe 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 Wēhi 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*
*All work for Pacific Trust Canterbury

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

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 with performance indicators included was received from the following individuals and groups:

Maria Baker
Te Rau Matatini on behalf of Māori nurses

Sarah Barkley
RN, Lakes District Health Board Methadone Treatment Service

Dr Bronwyn Dunnachie
Senior Advisor, The Werry Centre for Child and Adolescent Mental Health Workforce Development

Tanya Ewart
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Anne McDonald
Clinical Project Lead – Nursing, on behalf of Te Pou, The National Centre of Mental Health Research, Information and Workforce Development

Gina Mitchel
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Sione Vaka
Aoteroa Tongan Health Workers Association (ATHWA)
Manukau Institute of Technology

Kaye Carncross
Chairperson, Practice Board, Te Ao Maramatanga NC College of Mental Health Nurses

Grace Wong
Director, Smokefree Nurses Aotearoa/New Zealand
Appendix 3  Considerations

The following considerations were taken into account in the development of the Addiction specialty nursing competency 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 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.
References


