



***Embedding a New Model of Care in Addiction Nursing:
how one team's journey influenced behaviours &
practices across wider frontiers'***

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NMPDU Dublin North Regional Nursing and Midwifery Conference
"The power of Nurses and Midwives to influence change" May 18th 2022

Influence verb [T]

‘to affect or change how someone or something develops, behaves, or thinks’

<https://dictionary.cambridge.org/dictionary/english/influence>

HSE Dublin North Addiction Nursing

14 –strong team

ADON x 1 CNM2 x 1

Substance Misuse Nurses x 9 CNS X 3

-Nursing backgrounds: General Nursing
Mental health, Paediatric, Midwifery

- Drug Court Liaison Nurse Specialist
- Drug Liaison Midwife Specialist
- Hepatitis C Liaison Nurse Specialist

We have a diverse and interesting skill mix

Core Skills:

- Community Health
- Addiction
- Alcohol management
- Drug detoxification
- Sexual health
- Mental health
- Blood borne viruses
- Infection control
- Maternity health
- Contraception
- Criminality
- Coaching
- Tissue viability/ wound management
- Organisational Management
- Chronic diseases (ex: asthma, diabetes)
- Palliative care
- Counselling



Our Cohort: Addiction Service

- Adults with primary Opiate addiction + /- Poly drug use +/- alcohol

Profile:

- Multiple psycho-social complexities: homelessness, poverty, early school leavers, adverse childhood events, criminal activity, marginalisation
 - Pregnancy
 - Dual diagnosis
 - Chronic illness & ageing cohort
- Serving 7 drug treatment centres & 7 satellite clinics over 7 days a week

Context: Why did we start exploring our practice approach?

- **Nursing Metrics** – measuring tasks, specialist practice unmeasured
- **Changing Landscape** – history of innovation, workload, referral types, chronic conditions, professional development
- **Professional consultation:** Clarified need to explore our foundation for practice
- Despite our clinical acumen, we were not *measurably* working directly with addiction, rather working with the indirect consequences of addiction.

Phases of our Practice change approach

Phase 1: Critique current nursing roles (workshops & surveys)

Review current Nursing Models & applicability to Addiction Care

Recruiting academic team: Trinity College, Prof. Catherine Comisky

Exploratory study of Client perspectives- qualitative, 131 clients engaged 6 clinics 6/12

Outcomes: Trauma, Mental Health, Nurses viewed as pivotal to care

Design new model of care for Addiction: **H**ealthy **A**ddiction **T**reatment Model (HAT)

Phase 2: Training & skill re-alignment, portfolio of tools, mission statement, advertise, whole service buy-in, pilot of HAT in practice

Phase 3: Evaluation of Implementation, embed practice at all clinics, further refinement, influence our local colleagues (In-Service, Addiction Service S.W. & E Coast, Intsa)
Publish findings

Phase 4: Disseminate and share findings globally by developing a free Massive Open Online Course (MOOC)
Review, evaluate and refine the embedding practice phase

To Summarise findings

- The **major theme of trauma** was widely evident
- **Poly-drug use** a problem
- Tranquilisers were a major drug of choice, especially in males
- **Significant mental health challenges** expressed, including anxiety, depression, suicidal ideation.
- Widespread expressions of an illness trajectory
- **Nurse** seen by service-users as central to many areas of care, including drug stability, mental health, facilitators towards in-patient detox, psychological support, liaison role, advocacy, physical care, education
- Service-users *expressed a wish for Nurses to have stronger role* in managing / **prescribing medications, stabilising /detox** and also a stronger role in **mental health** support management.

What is proposed?

The backbone:

- 1) **Trauma-informed Practice** built into our core Nursing Philosophy
- 2) **Healthy Addiction Treatment (HAT) Recovery model** as our approach; targeted Health Promotion

The Implementation:

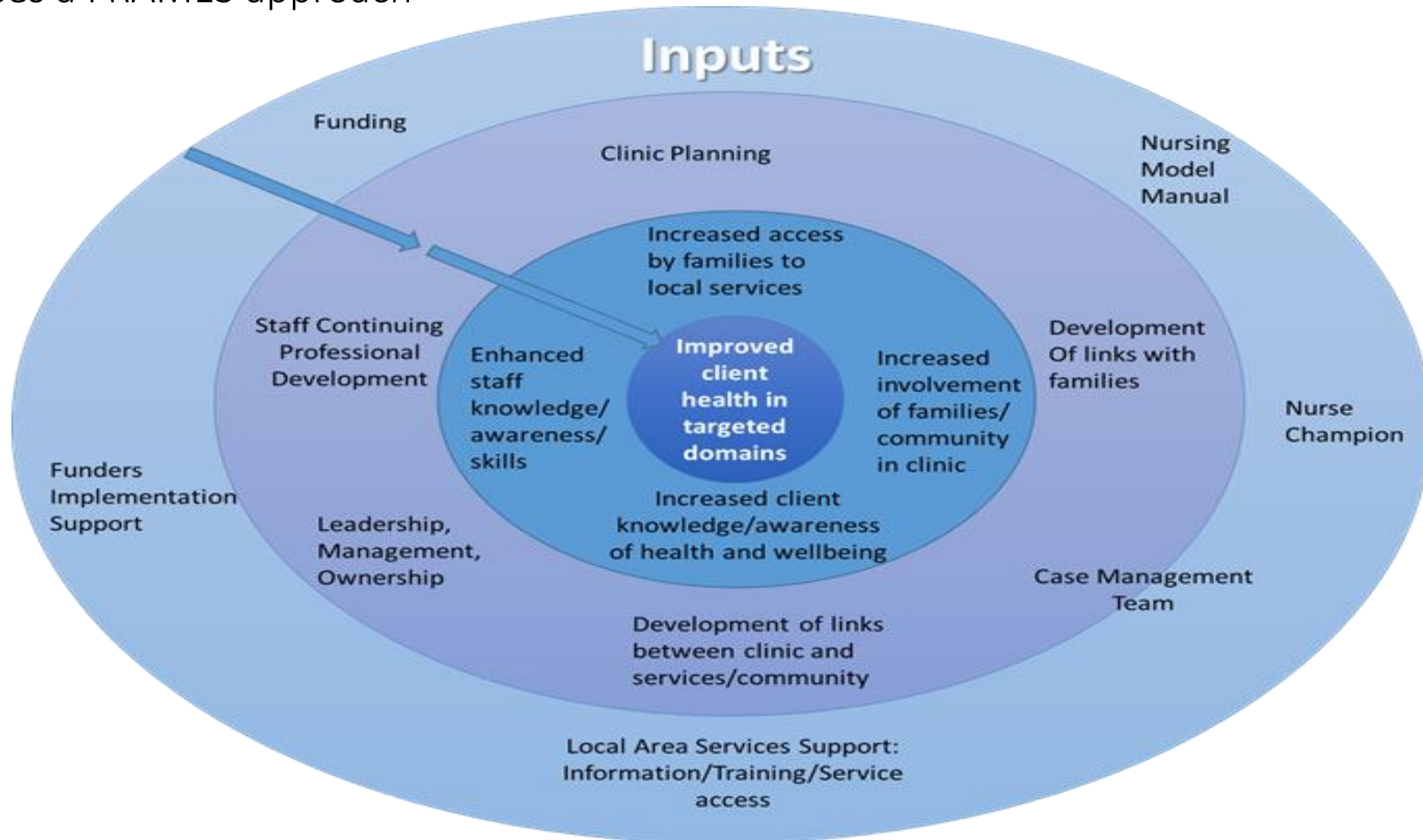
1) **The Logic Model** to demonstrate and implement approach- Building internal & external resources collaboratively to positively influence changes in environment & client

2) **FRAMES & WRAP**

approach for applicability & **FRAMES**: **F**eedback, **R**esponsibility, **A**dvice, **M**enu of options, **E**mpathy, **S**elf-efficacy

WRAP: **W**ellness **R**ecovery **A**ction **P**lan

Figure 4: Addiction Nursing Logic Model. Individual client is at the centre, change is measured at the population level. Greatest need is the target outcome, collaborative works on outcome, nurse uses a FRAMES approach



Motivational Interviewing

'at every intervention with clients in an effort to help them strive to achieve the best pregnancy outcome'

'in all phases of the DTC in relation to changing drug use, for example working with cannabis users on cutting down and eventually stopping'



Core 10

Re-visit to see how client has progressed and use as a visual aid



Onward Referral

Counselling, Rehab
Integration, psychiatry
Stabilisation

Brief Intervention

'useful for alcohol work especially when reduction is required but not when at dependent level'



HAT Model Nursing 'Assessment

'I use it during the first session and I think it gives an excellent overview of the SU and their needs. The SU's I worked with appeared to feel valued by the interest taken in their past and current situations.'

sleep hygiene

Wheel of Change

Mindfulness



'I additionally use coaching'

Breathe work



Homework

Drug & alcohol diaries

Food diaries

Sleep logs

Mindfulness techniques

RECOVERY ROAD



HAT Recovery Care Plan

client was able to discuss and identify triggers that caused the anxiety which led to tablet use, and also the client was able to work out a plan to help avoid triggers and thus reduce tablet intake.


Audit, Cudit and Dudit

'are terrific for giving the client an immediate assessment of what their drug use is. Most of them have been shocked to see exactly how much they are using when its all written down.

It's a terrific tool then for moving on to look at 'change' and how they will address it. I usually offer them a copy of their scoring sheet to take with them.'



In what way has this work influenced anyone?



**If you think you are too small
to be effective,
you have never been
in the dark with a mosquito.**

Betty Reese

EVERYDAY **POWER**


Client feedback from HAT work

“You don’t want to be on methadone for the rest of your life & I keep saying that, but where do you go from here? I’ve long & short term goals and I thrive through discussing these goals with the Nurse. Looking at what I achieved, what I have not & what I need to do going forward. That’s very important- it gives you something to focus on.”

“I used to never worry about what tablets I used to take, but now I worry and watch”

“..there is a course she would like me to do. I went for an interview & am waiting to see what happens. The smile on my face just knowing there is someone to talk to who is getting on with you & knowing that someone seems to care. Its different, you feel lighter leaving the clinic- as if a weight has been lifted off your shoulders & its great”

Nurses were asked during recent evaluation (2021) to comment on impact of Healthy Addiction Treatment work on clients over the past year



Challenging times
during Covid
Pandemic....
Did anybody
make progress
last year???

reduced drug use

'stayed DRUG FREE'

reduced drug use to stabilise

Reduced tablet use

1 client became heroin/cocaine free which is a major achievement after years of use. Another has stopped cannabis use.

IS SLOWLY DETOXING ON HIS METHADONE

Some stabilisation in drug use again (since Covid difficulties)

HAT Model has resulted in identifying clients that wanted to go into stabilisation programmes and they have been referred for same following commencing HAT

'goal to reduce cannabis use achieved'

HAT interventions improve substance use

*'Feeling better psychologically & engaging
in counselling sessions' +++*

'improved Core 10' +++

'client showed significant mental health improvements'

'Recent improvements noted in mood'

*'most clients I have done HAT Model with have had referrals to
Psychiatry and ongoing reviews'*

'showed less anxiety about coping with going out during COVID'

'more positive outlook'

HAT interventions improve Mental Health

Improved Nurse/ Client Rapport

willingness to engage even at a very small level

**Engage well with Nurse re other issues – e.g health
having attended for HAT Model**

Attendance at clinic has improved

**HAT interventions improve overall engagement
with care**

‘FAMILY RELATIONSHIPS HAVE IMPROVED’ +

‘ Met target of getting housed’

‘Also without officially calling them HAT sessions there were many interventions I did with clients over the last year that brought about changes’ + + +

‘IS ON HEP C TREATMENT’

‘Recent improvements in personal hygiene’

HAT interventions improve many other aspects of a person’s
life

So, we know that H.A.T. influences positive changes to clients' health & wellbeing



Broadening perspectives & practices of fellow colleagues

Presented our findings and shared our new Model with:

Other Addiction Services- Dublin
South West & East Coast

IntNSA (International Nurses Society on Addictions) – Irish Chapter
Conference 2021

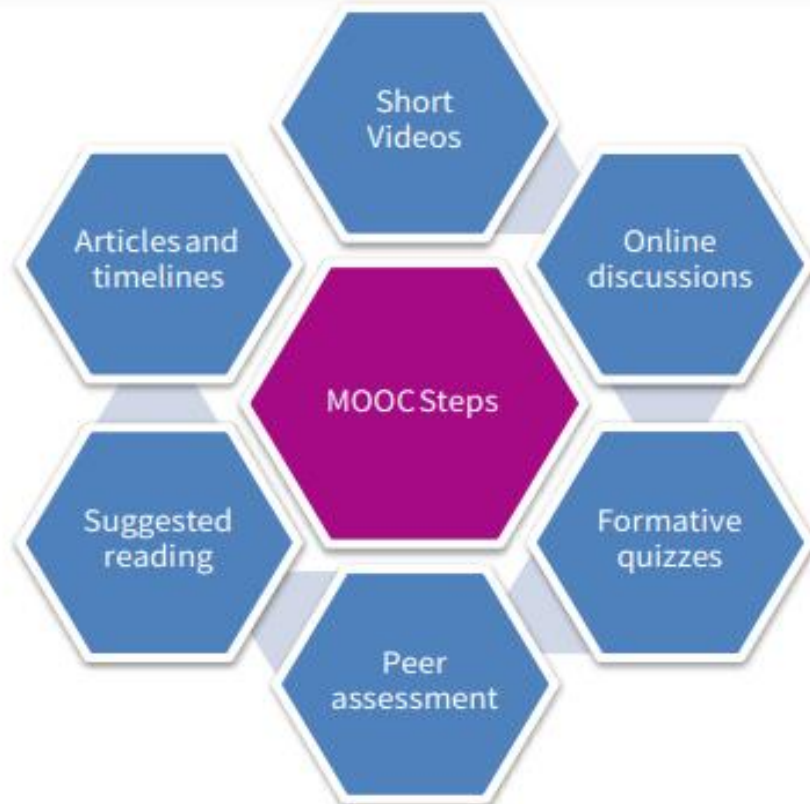
Peer reviewed publications: 2019 & 2021

Influenced further study into the theme of Trauma by Trinity College
Researcher (PhD)

MOOC via Future Learn



MOOC Anatomy



Massive Open Online Course

Delivered by universities via MOOC providers

58 M students & 700 universities

We partnered with 'Future Learn'

- 5 M learners from >190 countries

Course aims: Nurses, Midwives & Allied Healthcare Professionals working with people who use substances

- Best practice in assessment and screening, brief intervention and overdose
- Key addiction related topics from maternity services through to older age
- Trauma & Adverse Childhood Events
- Guidance on leadership and implementation of the Hat model in practice



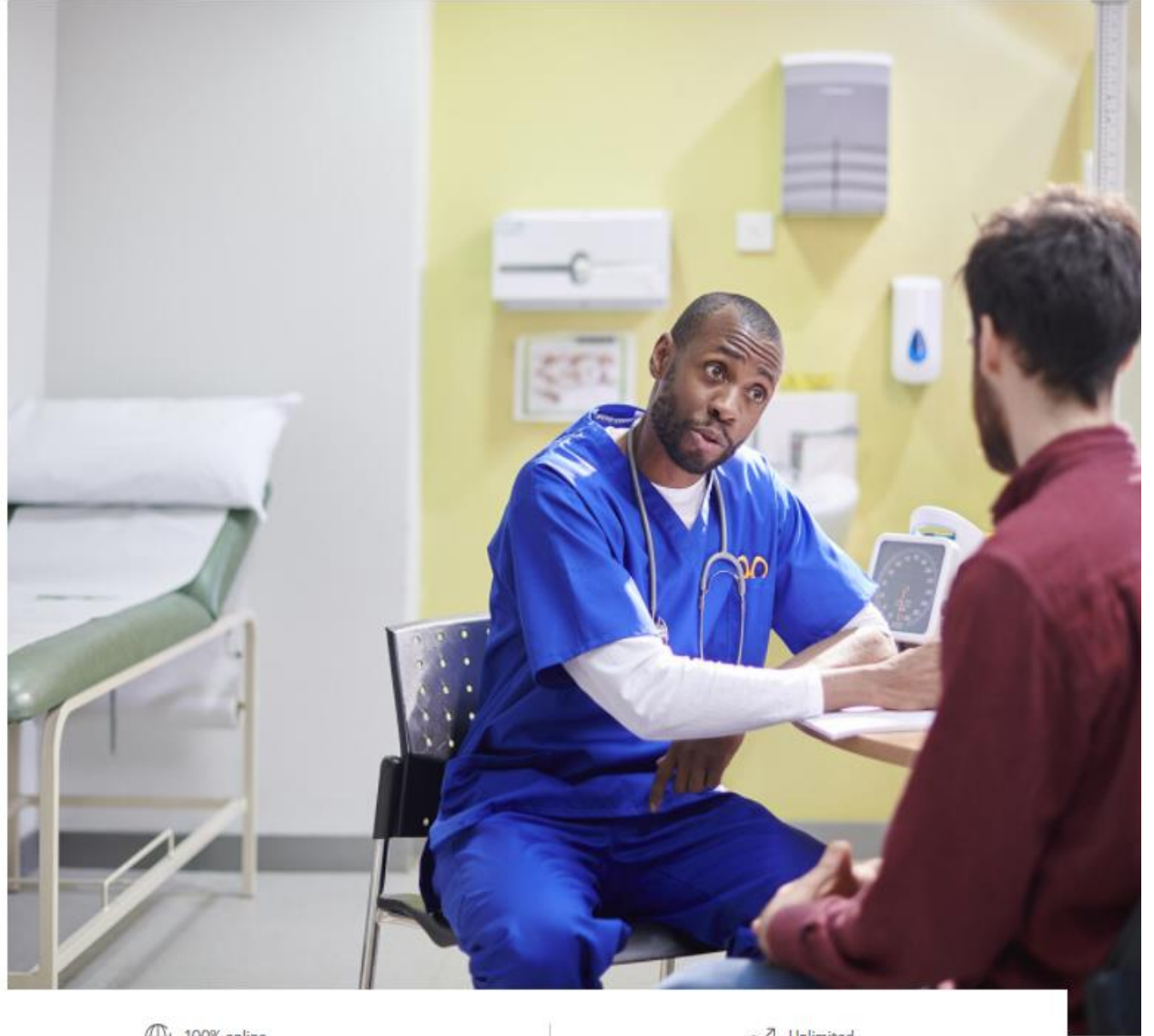
Identifying and Responding to Drug and Alcohol Addiction in Nursing, Midwifery and Allied Healthcare Practice

★★★★☆ 4.3 (12 reviews)

Discover new approaches to addiction treatment and recovery and build your knowledge and leadership skills to respond effectively.

[Join course](#)


1,641 enrolled on this course



 Duration
3 weeks

 Weekly study
2 hours

 100% online
Learn at your own pace
[How it works](#)

 Unlimited
€20/month
[Learn more](#)

Week 1: Treatment Approaches & the Individual

Risk & Protective Factors

Assessment & Screening for Substance Abuse

Supporting Users via Brief Interventions

Administering Naloxone

-
- Background academic information
 - Short film with actors on conducting a drug & alcohol assessment using a trauma informed approach
 - Short film with actors on providing a brief intervention for a service user with anxiety & substance use, using a trauma informed approach
 - Tool kits for working with people with problematic substance use
 - Real life voices from service users about their experience of overdose
 - Community Key Worker's experience of administering Naloxone

Week 2: Trauma informed Care , the Family & related Challenges

Trauma informed Service

Adverse Childhood Events

Women & Pregnancy

Ageing & Substance Abuse

Infectious Disease & increased risk

Blood Borne Viruses

-
- Academic background information
 - Interview with Dublin based Drug Liaison Midwife Specialist: Pregnancy & Substance Use
 - South African experience- discussion about needs of pregnant women with violent experiences
 - Ethiopian experience – Community perspective of risks for women with drug use
 - Voices of service users about age-based experiences at entry to drug support services
 - Discussion with 2 Addiction Service Nurses regarding specific challenges of early & late onset addiction
 - Discussion with Hepatitis C Liaison Nurse Specialist: examples of trauma informed practice when diagnosing & treating Hepatitis C

Week 3: Leadership & Improving your Practice

Leadership & Improving Your Practice

Using Models for Practice

Leading the Way - Distributed Leadership

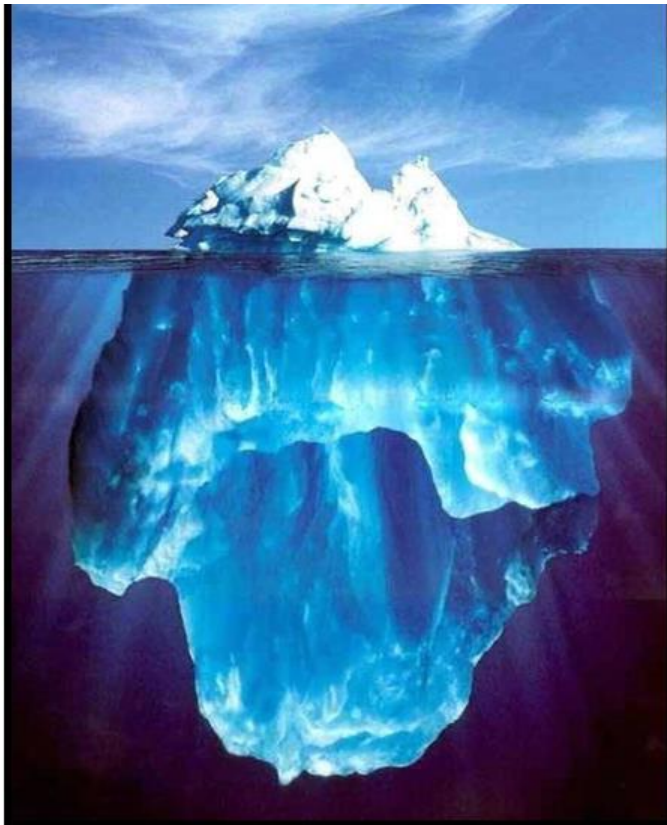
Identifying client needs

The Healthy Addiction Treatment Model (H.A.T.)

Implementing change & case management

-
- Academic background information
 - Leadership Interview with ADON about how H.A.T. was developed & implemented in Dublin North Addiction Service
 - Service user voices reflecting on their experience of healthcare & suggestions for improvements to enhance engagement and holistic care

Changed practitioners'
perspective of people who
use drugs



‘.... I don’t think I will ever judge a person quick again. I will listen to them and hear what they are saying’.

‘Learning about the reality of these people's lives has been such a privilege, especially hearing stories from real people like Patricia. I will be sure to utilise this new understanding’

‘It’s given me a greater empathetic approach to how I would deal with patients in the future. You don’t know everyone’s history, so who are we to judge?’

‘I can improve practice by looking at the bigger picture - as a nurse that spent most of my career focusing on physical health and making sure patients survive overdoses - it is also useful to remember how they got there in the first place and the value of psychological support and having honest conversations’

‘No jargon, non-judgemental, trauma informed. This I will take away in particular in my own practice’

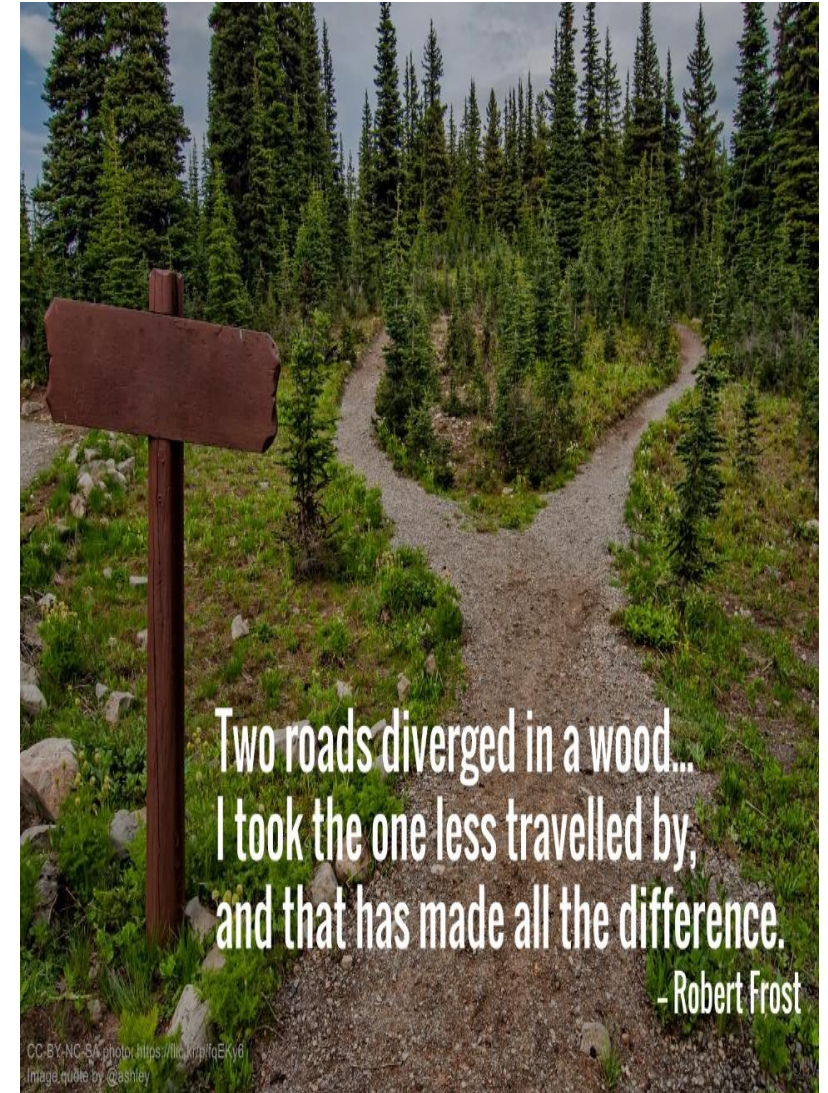
Changed practitioners' practice approach when working with people who use drugs

'To be more mindful and open to engaging in conversation around addictions when meeting people. Even just starting the conversation with permission'

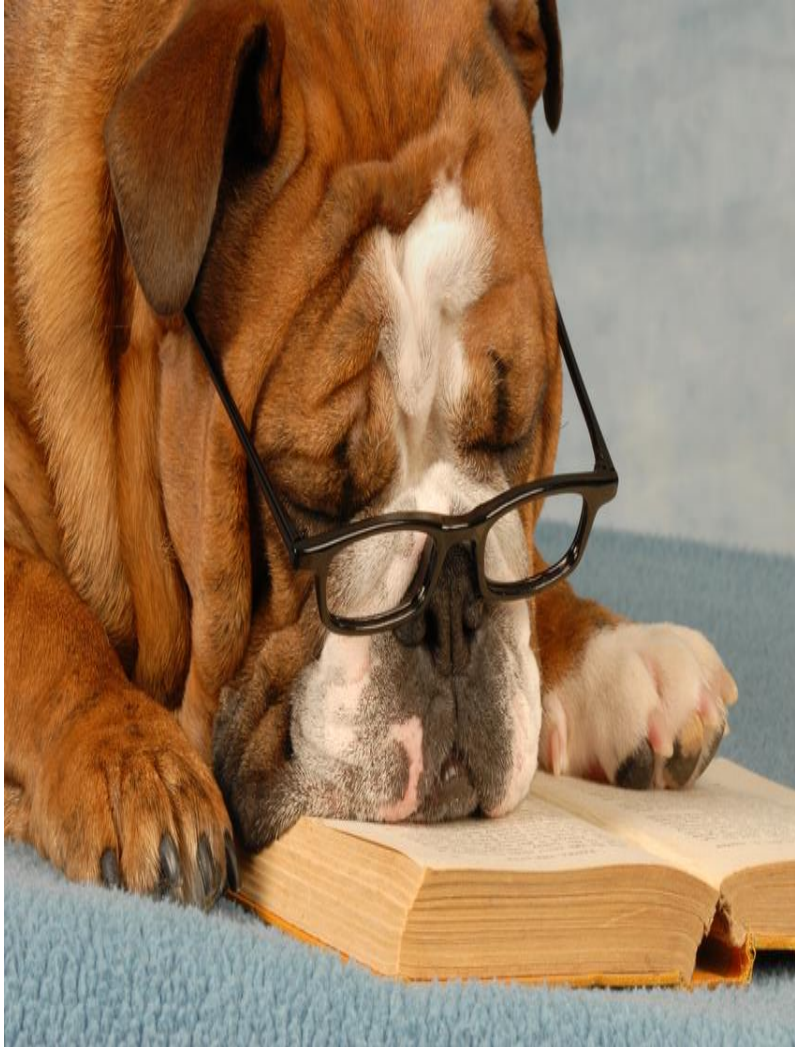
'Got me thinking about my own practice and the opportunity I have for discussing problems around drug use and the need to protect oneself from infections and also discussing need for testing'

'I think I can improve my practice by having more understanding of the processes involved in change, and how sometimes patience and understanding applies to those processes, as well as to the participants that are affected by them!'

'I have increased my knowledge about drug and alcohol use, and I hope to use this information moving forward in my career as an addiction counsellor.'



Influenced intention to embark on further learning/ work in Addiction



'Thank you for such an informative course which has sparked a further interest in learning about working with addictions for me'

'Since commencing this course I have learned of where there is Post -Graduate courses on the Practice of Trauma informed care available local to my workplace and intent to proceed to enrol and complete same as part of enhancing my professional skillset and practice'

'I would love to get more involved in this as I work in a busy city centre hospital and see a lot off this'

Galvanized use of new assessment & intervention tools for working with people with Addictions

'Some of the screening tools I was unaware of, and I will explore them more in my work'

**What's in
your toolbox?**



'learning about the different assessment and interventions has given me the knowledge base to expand and explore further when it comes to looking into addictions with individuals I work with'

'I see the importance of operational models which are used as a guide to practice..... and will definitely use those in assessment of clients. Will use brief intervention and use a trauma informed approach to care and interventions'

'Through providing trauma informed care, also discussing this way of working with my peers at team meetings....more awareness of different types of assessments really helpful in supporting people with addictions'

Motivated practitioners to influence practice changes among their fellow colleagues

- ‘Something to talk to my colleagues about and to motivate staff to offer more to clients and their families’
- ‘...also discussing this way of working with my peers at team meetings’
- ‘...on a personnel level and with crew participation hopefully will make an improvement to some of our patients’
- ‘Oh if only everyone working in addiction completed a module of these subjects especially around the ACEs and the Trauma care approach’
- Great model (*HAT*) and would be excellent in the context of a peer review at monthly meetings.



Influenced integration of Person-Centred approaches to care

'It has given me a lot of food for thought with regard to my area of practice and the need to look at further developing the person centeredness of our approach'

'To support people in addiction, I will improve my practice by doing my best to fashion a client-centred approach to treatment.'

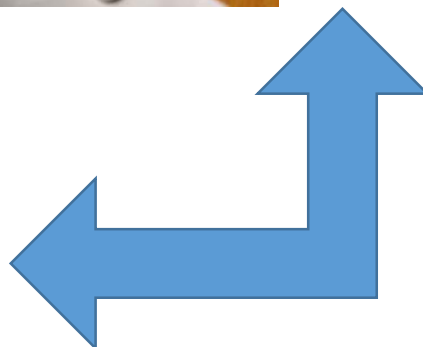
By client-centred, I mean that, to understand the situation, I have to get to know the person; what issues is the client facing? Was the client abused as a child? What are the triggers that cause the client to ingest drugs? What is the client's living and employment situation? Finally, what medicines is the client currently taking? Answers to those questions can help me to create a highly accurate treatment program for the client, which will help me improve my practice'





To Summarise findings

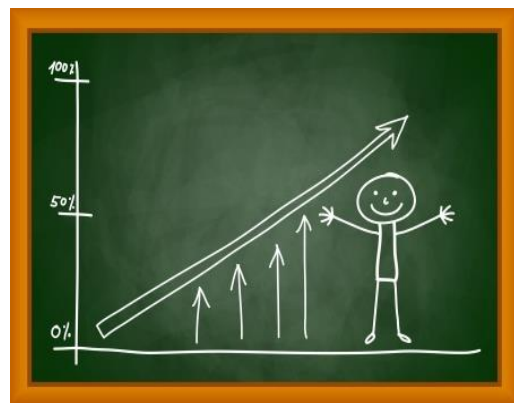
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- Service-users **expressed a wish for Nurses to have stronger role** in managing / **prescribing medications, stabilising /detox** and also a stronger role in **mental health** support management.



IT'S **OK** TO FEEL...

Emotional states represented by ovals and smiley faces:

- Excited (purple oval)
- Disappointed (black oval)
- Low (purple oval)
- Confused (black oval)
- Happy (yellow smiley)
- Sad (yellow smiley)
- Ashamed (black oval)
- Angry (purple oval)
- Anxious (purple oval)
- Sad (black oval)
- Happy (purple oval)
- Scared (black oval)
- Unsure (black oval)
- Stuck (red speech bubble)
- Lonely (black oval)



BUT IF YOU'RE FEELING **Stuck** WE MAY BE ABLE TO HELP!

Try **Healthy Addiction Treatment (H.A.T)**

Our Nurses could help you understand and improve your mental health. Drop in to your Clinic Nurse to find out how it works.

You don't have to see the whole staircase, just take the first step'

Martin Luther King Jr



Related Publications & weblinks

Comiskey, C.M. Galligan, K, Flanagan, J., Deegan, J, Farnham, J and Hall, A. (2019). **Client's views on the importance of a nurse led approach and nurse prescribing in the development of the Healthy Addiction Treatment Recovery Model.** *Journal of Addictions Nursing* , 30, (3), 2019, p169 – 176

Comiskey, C.M. Galligan, K, Flanagan, J., Deegan, J, Farnham, J and Hall, A. (2021). **The development and implementation of the Healthy Addiction Treatment Recovery Model.** *Journal of Addictions Nursing*, Volume 32 Number 1, E11–E20

<https://www.futurelearn.com/courses/identifying-and-responding-to-drug-and-alcohol-addiction>

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/alcohol-and-substance-use-saor/>

The Ireland Chapter of IntNSA <http://www.intnsa.org/>

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