



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

The Healthy Addiction Treatment (HAT) Recovery Model for Addiction Nursing Services

Development and Implementation of a Manualised Nursing Model for the Addiction Services

Lisbon Addictions, 24th Oct 2019

Prof Catherine Comiskey

Acknowledgements

The project was made possible through the valuable contributions of a number of people and organisations.

- Karen Galligan, Project Manager
- The Health Service Executive (HSE Addiction Service), who highlighted the need for, facilitated, and monitored this research examining the evolving role of the nurse and development of a relevant framework for practice within the addiction services.
- Nursing and Midwifery Planning and Development (NMPDU) Unit for Nursing and Midwifery Innovation Initiatives Funding 2016, which part funded this research.
- Aine Hall, Assistant Director of Nursing (ADON) who organised the original funding application and for her significant contribution to the organisation and participation of relevant agencies in this research.
- *Steering group members Aine Hall, (ADON), Jean Flanagan, Joan Deegan and Jane Farnann,*
- *Nurse Jean Flanagan who facilitated workshops and nursing surveys throughout this process.*
- *Nurses Rachel O'Byrne, Linda O'Driscoll, Kimberly Clarke, Barry Tierney, Marie O'Connor, Roseanna Collins, Jane Farnan and Linda Murphy for their paper critiques of nursing models*
- *Ms Prakashini (Sonam) Banka for assistance with editing the final report*
- Each of the participating addiction service managers and staff for their participation in the research in facilitating gatekeeping and locations for interviews.
- General assistant staff who assisted the research team on site.
- Finally and most importantly, we would like to express our sincere gratitude to the individuals who provided consent to be involved in the study. Without these participants, this research would not have been possible.

Families in addiction, from use...to recovery

John *' My father he, he passed when I was only a child. it was suicide....He had mental problems, drug problems, cocaine and alcohol...Me mother was an alcoholic and in the mix cocaine but mostly an alcoholic all her life.'*

John *'I started heroin at 13 and I've been on that throughout my whole life. But I have been smoking cannabis from a younger age. I was just getting up seeing me ma drunk so just going smoking weed and making sure me brothers got something to eat and got them to school.... I never had a parent there to tell me no...'*

My eldest brother,..., he never touched drugs,...,he has always been there for me, he has never let me down, he's all been my support, I see him as my father, that's the only father figure I had in my life growing up.'

Background

- A Review of the Addiction Service stated that:

“Addiction Services should be delivered around clinical care pathways for drugs *and* alcohol with a focus on recovery defined for the purpose of this report as an, individual, ‘person centred journey, enabling people to gain a sense of control over their own problems, the services they receive, and their lives and providing opportunities to participate in wider society’ (Strang, 2011).”

- Nurse practitioners recognise the need to examine ways of maximising the effectiveness and quality of nursing interventions and care in the management of substance misuse disorders and they sought to devise a strategy to facilitate this.

Aims and Objectives

The primary aim of the study was to **develop an addiction treatment model** that was suited to the needs and priorities of the nurses clients in the context of existing provision and policies.

The specific objectives of the study were to:

- Assess the relevance and suitability of existing seminal nursing models to addiction nursing
- **Establish the issues and priorities of clients** for their addiction nursing service
- Develop a contextually appropriate nursing framework for the addiction service
- Evaluate and present findings on effectiveness of a new model of addiction nursing with reference to relevant staff and client outcomes.

Client Results: Opiate Treatment Index (OTI) Scores

	Female		Male		Total	Total OTI Manual
	Mean	95% CI	Mean	95% CI	Mean; sd.; min, max	Mean; sd.; min, max
Time in current treatment (years)	8.30	5.92, 10.67	7.60	6.07, 9.13	7.83; 6.84; 0.12, 26	
Total heroin use Q score	0.44	-0.9, 0.96	0.51	0.14, 0.88	0.43; 1.34; 0, 10	-
Total poly-drug use Q score	2.52	2.14, 2.89	2.63	2.24, 3.03	2.66; 1.38; 0, 7	4.1; 1.6; 0,8
Total HIV risk score	1.74	0.68, 2.80	3.04	2.08, 4.00	2.63; 3.14; 0, 12	9.0; 7.1; 0, 35
Total Social Functioning	15.71	12.29, 19.14	16.28	14.55,18.02	16.17; 5.91; 5, 33	20.5; 7.2; 4, 47
Total Criminality	0.28	-0.01, 0.56	0.12	-0.05, 0.29	0.16; 0.59; 0, 4	1.0; 1.7; 0, 10
Total Health	17.03	13.92, 20.15	14.42	12.29, 16.54	15.29; 8.30; 0,33	12.6; 7.6; 0, 42
Total Psychological Adjustment	11.07	8.33, 13.80	7.59	5.56, 9.63	8.83; 7.55; 0,28	8.6; 7.6; 0, 28

Essential source of mental health and psychological support

Clients **reported a range of trauma and hurts** including grief, suicidal ideation/attempts, abuse, domestic violence, parental mental illness and parental addiction. Quotes below illustrate this:

Daughter's anniversary this month died in hospital at 7 months old. That was end of mother and me when it happened. She told me I was a murderer

Tried to take my own life several times and self-harm.

Dad died at 12 from suicide, Dr prescribed to mum diazepam etc & I took hers

Mum and dad drug addicts (Heroin). Dad alright. Mum chaotic. Mum in clinic. Had access to her as a child.

Chronic alcoholic (30s) living with chronic alcoholic sister (40s) + parents. Both girls abused by uncle.

Sexually abused when I was 8 by a pedophile while in care

The guy that stabbed me relied on me miss that a lot last year felt it a lot life not worth living. Friend shot in chest. 3 of them hung themselves. One of them was like a dad to me.

In Summary

The findings presented above offer a high-level view of the current status and needs of clients in your services.

Needs identified were not applicable to all services as certain needs reflect the type of service provided.

However, in terms of the role of nurses in **addressing mental health and psychological supports, this was a consistent finding across all sites.**

The issue also of enhancing the interactive relationship between practitioners and client was also a consistent finding

Defining an addiction model

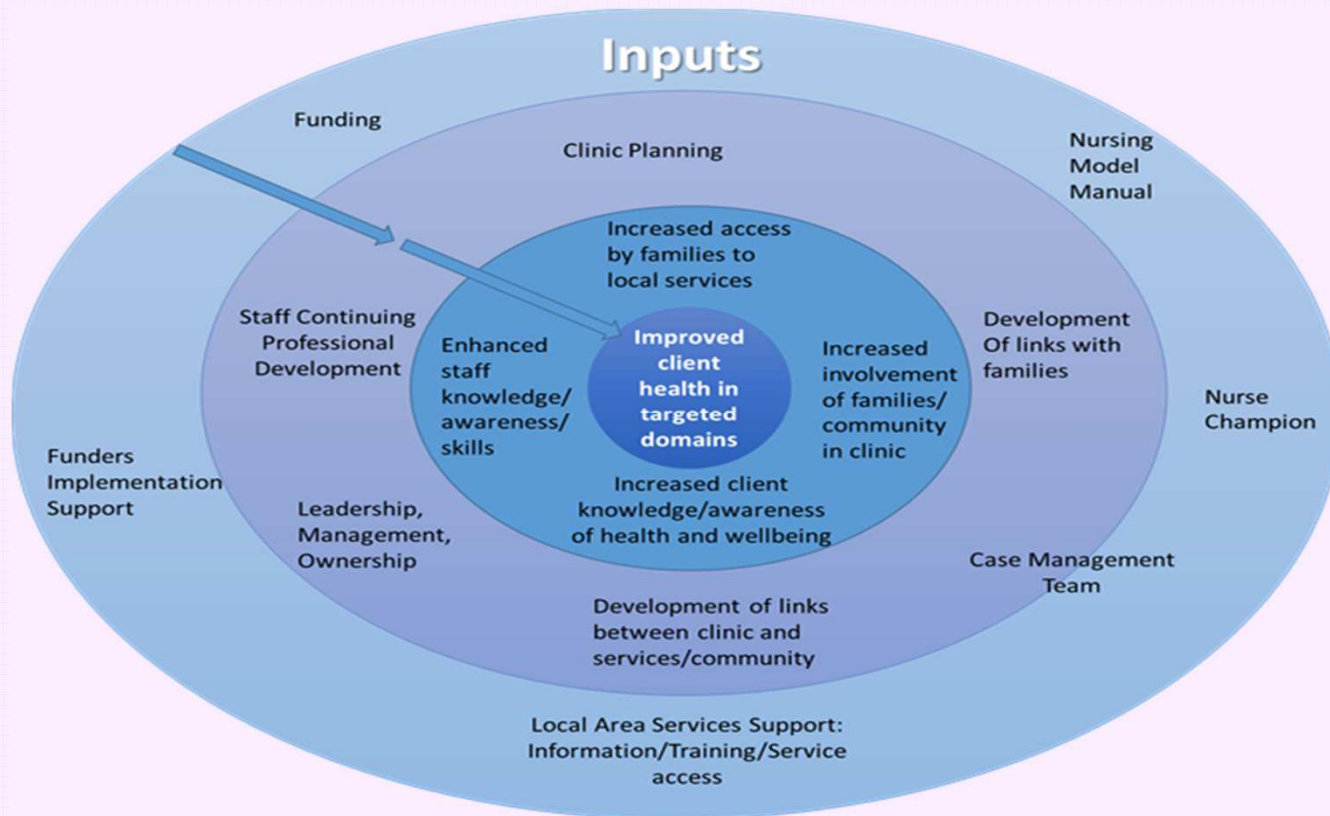
According to Murphy et al (2010) nursing models were developed to define what nursing is and could be. They describe the beliefs, values and goals of nursing and the knowledge and skills needed to practice nursing. More specifically, for the purposes of the development of an addiction model within this study we define a nursing model according to Pearson et al (1996) where **a nursing model was defined as, 'a picture or representation of what nursing actually is'**, and we incorporate and emphasise within this study, Murphy et al.'s (2010) assertion that, '**nursing models offer a framework to guide practice and education**'.

Summarising the key components identified for a model

In summary the model must address client need, hence it must be adaptable with time, be nurse led, be measureable and implementable, must be cognisant of the person and the environment (clinic, family and community), must have a bio psychosocial approach and possibly use a brief intervention approach to target a single measurable behavioural change outcome.

The chosen model is manualised and set within a Bronfenbrenner ecological type framework of client, family/peers, nurse, clinic, community and policy.

The Healthy Addiction Treatment (HAT) Recovery Model

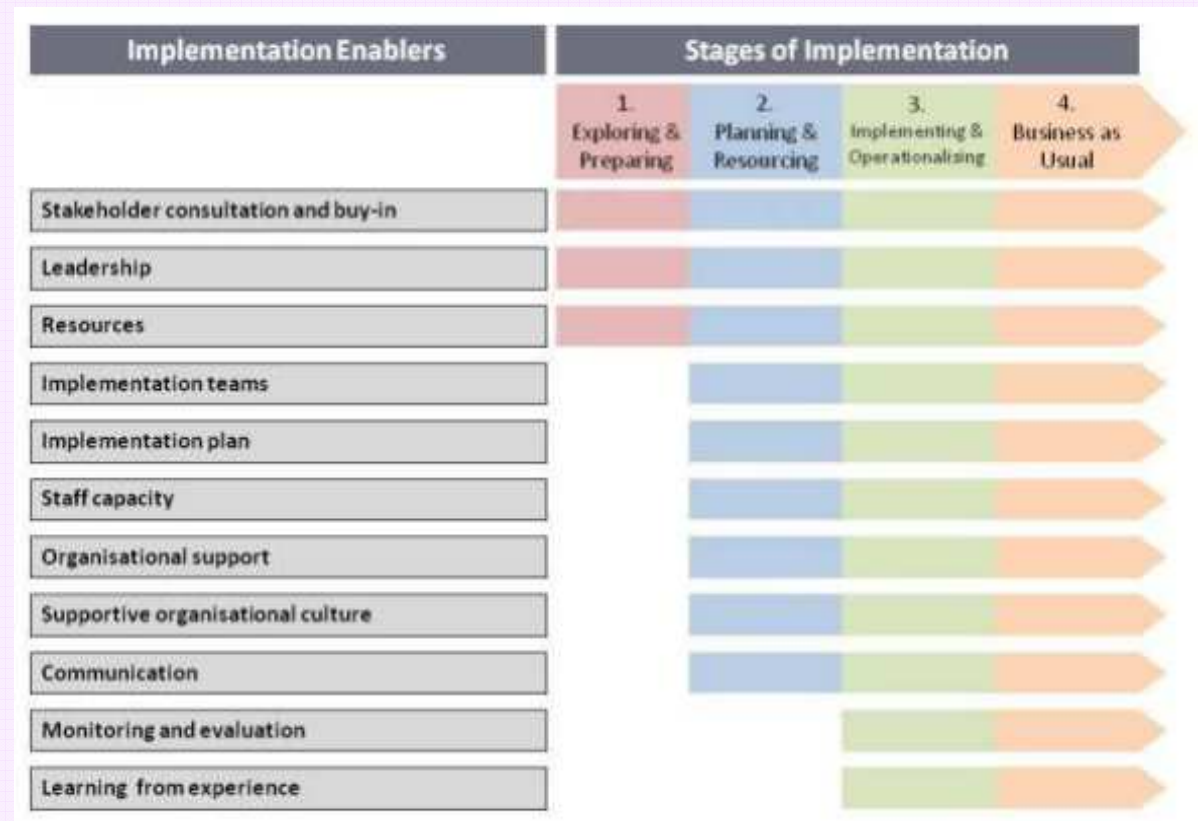


Implementation Evaluation Framework

Figure: *Implementation Enablers and Stages, adopted from Burke, Morris and McGarrigle (2012)*



Source: Adapted by CES from Fixsen et al. (2005)



Implementation Objectives and Findings

- From the perspective of the nursing staff, the model worked, well but there remained some operational challenges that needed to be refined.
- From the perspective of the clients the model worked well, was appropriate, and an improvement.
- Overall revised case management procedures worked well but further consideration of the accuracy and fidelity to the procedures and recording of data was required.
- From the interview data it was clear that those clients who participated, found it to be of additional benefit to them.
- From the documents, it was clear that nursing leadership was strong and supportive both locally and nationally. Wider leadership engagement was needed to ensure a whole clinic approach. Resourcing locally was provided but some wider resourcing issues beyond the scope of the implementation remained.

Recommendations and Next Steps

- It is recommended that the proposed model is presented to the addiction nursing team and feedback provided on finalising the model. **Completed**
- It is also recommended that the quantitative and qualitative findings from this research be considered by the addiction teams and participating centres to ensure that regardless of any changes to current addiction nursing practice, the current needs of clients particularly in terms of their mental wellbeing, duration of treatment and desires for recovery are addressed. **Completed**
- It is recommended that additional training be conducted to allow the implementation of the model **Completed and additional training is ongoing**
- Finally to evaluate the feasibility, implementation and impact of the proposed addiction nursing model in phase two it is suggested an evaluation is conducted with the clients and clinics recruited within phase one as the sample frame. Phase one data may serve as the baseline for the phase two evaluation. **Pilot implementation completed, wider implementation and evaluation in progress**



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Thank you

Catherine.Comiskey@tcd.ie

Blog: Catherine Comiskey The Lady Professor

Twitter: @ComiskeyCath

**Book: Addiction Debates: Hot Topics from
Policy to Practice, SAGE Swift Series.**

ADDICTION DEBATES

HOT TOPICS FROM POLICY TO PRACTICE



CATHERINE COMISKEY

SAGE SWIFTS

