

**USE OF THE ROY ADAPTATION MODEL IN THE NURSING CARE OF  
ADOLESCENT TREATED FOR SUBSTANCE ADDICTION IN THE COVID 19  
PANDEMIC RESTRICTIONS**

COVID 19 PANDEMİSİ KISITLAMALARINDA MADDE BAĞIMLILIĞI TEDAVİSİ  
ALAN ERGENİN HEMŞİRELİK BAKIMINDA ROY ADAPTASYON MODELİNİN  
KULLANIMI

**Ecem Oksal GÜNEŞ**

PhD, Toros State Hospital Alcohol and Substance Addiction Research and Treatment Center.  
Mersin, ecemoksalgunes@gmail.com; <https://orcid.org/0000-0001-6814-464X>

**ABSTRACT**

In this case report, it is aimed to use the Roy Adaptation Model (RAM) in the care of an adolescent who was admitted to an alcohol and substance addiction center in the Mediterranean region for treatment during the Covid 19 pandemic to help the adolescent adapt to the treatment with pandemic restrictions within the hospital. The data were collected on the physiological adaptation, self-concept adaptation style, role and functional adaptation style and interdependence adaptation style in Roy Adaptation Model (RAM) by using observation, physical examination and communication techniques, and nursing practices were carried out. Adolescent's compliance with treatment and social environment was ensured by giving care in line with RAM. In this case report, it was seen that the use of the Roy Adaptation Model was appropriate, considering that the most common problem among adolescents hospitalized for addiction treatment during the pandemic is compliance with treatment and social environment. It was observed that, with the hospital restrictions of the pandemic period, the care model contributed to the adolescent's adaptation to treatment and social environment.

**Keywords:** Adolescent, Covid-19 Pandemic, Nursing Care, Roy Adaptation Model, Substance Addiction.

**ÖZET**

Bu olgu sunumunda, Akdeniz bölgesinde Covid 19 salgını sırasında bir alkol ve madde bağımlılığı merkezine tedavi amacıyla başvuran ergenin bakımında, hastane içerisinde pandemi kısıtlamaları ile ergenin tedaviye uyum sağlamasına yardımcı olmak için Roy Adaptasyon Modeli'nin (RAM) kullanılması amaçlandı. Roy Uyum Modelinde (RAM) fizyolojik uyum, benlik kavramı uyum stili, rol ve fonksiyonel uyum stili ve karşılıklı bağımlılık uyum stiline ilişkin veriler gözlem, fizik muayene ve iletişim teknikleri kullanılarak toplandı ve hemşirelik uygulamaları gerçekleştirildi. RAM doğrultusunda bakım verilerek ergenin tedaviye ve sosyal çevreye uyumu sağlandı. Bu olgu sunumunda, pandemi döneminde bağımlılık tedavisi için hastaneye yatırılan ergenlerde en sık görülen sorunun tedaviye ve sosyal çevreye uyum olduğu dikkate alındığında, Roy Uyum Modeli'nin kullanımının uygun olduğu görüldü. Pandemi döneminin hastane kısıtlamaları ile birlikte, bakım modelinin ergenin tedaviye ve sosyal çevreye uyumuna katkı sağladığı gözlemlendi.

**Anahtar Kelimeler:** Adölesan, Covid-19, Hemşirelik bakımı, Pandemi, Roy Adaptasyon Modeli, Madde Bağımlılığı.

## 1. INTRODUCTION

The World Health Organization classified the COVID-19 epidemic as an “international public health emergency” on January 30, and a global epidemic (pandemic) on March 11 due to the occurrence of COVID-19 cases in 113 countries, the spread and severity of the virus, except for China, where the first epidemic started. defined as. Studies on COVID-19 in our country started on January 10 and on January 22, T.R. The first meeting of the Scientific Advisory Board of the Ministry of Health was held, and with the measures taken, the first COVID-19 case was seen on March 11, after neighboring countries such as Europe and Iran. (T.C. Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü, 2020). In addition to the measures taken similarly to other countries regarding certain ages and risky groups, an ‘age-specific curfew’ was imposed on 25.5 million children and young people under the age of 20 with a decision implemented only in our country in April 2020, and the full closure that continued until June, September continued with the opening of schools for some classes at the end of the month, and in mid-November, it was decided to close the schools again, and partial closure practices were introduced for children and youth under the age of 20 (TC. İçişleri Bakanlığı, 2020). These measures taken on a country basis, both in our country and in the world, have psychologically affected the adolescent age group, which is more sensitive to the social, economic and psychological difficulties, stress and the negative effects of stress. It is inevitable that adolescents will be affected by such a process with restrictions and limitations, especially in this critical period when the adolescent develops psycho-socially. All of the psychological reactions expected after trauma in adolescents were observed one by one during the pandemic period. Adolescents who experience delays in their development have an increased risk of substance use as a way of coping with problems. Along with the uncertainty experienced, feelings such as fear, hopelessness, helplessness and unhappiness experienced with the anxiety of getting sick have also become epidemic. It is known that anxiety and depression are among the psychiatric disorders frequently seen together with substance use disorder. Anxiety disorder is thought to play an important role in the relapse of alcohol and substance use disorder, because a life without substance causes anxiety in adolescents (Najt, Fusar-Poli & Brambilla, 2011; Book et al., 2012).

The nurse has an important role in the treatment team in ensuring continuity in care, evaluating individuals with substance use disorders holistically, and determining risky groups for substance abuse. The nurse should contribute to the adaptation of the adolescent to the treatment and care with the nursing care practices aimed at solving the psychosocial problems experienced by the substance addicted adolescents during the treatment. In recent years, the use of nursing models in the management of patient care and research in Turkey has attracted attention. Nurses’ care for patients using a model brings holistic care.

In this case report, the care management of the adolescent hospitalized in the addiction center for treatment during the Covid 19 pandemic was examined based on the Roy Adaptation Model (RAM). By providing nursing care to the adolescent with substance use disorder in line with the RAM, it is aimed that the adolescent accepts the disease and adopts the treatment compliance process together with the in-service restrictions of the pandemic period. In addition, it is aimed to contribute to the use of theory-based nursing practices and the adoption of theories by raising awareness in nurse candidates who will start the profession.

The study was carried out in an alcohol and substance abuse center (AMATEM) in the Mediterranean region. Study data was collected with the written consent of the patient. Using observation, physical examination and communication techniques in the patient with the diagnosis of “multiple substance use”, data on physiological adaptation, self-concept

adaptation style, role and functional adaptation style and interdependence adaptation style were collected and nursing practices were carried out.

## Roy Adaptation Model

Working as a pediatric nurse, Sister Calista Roy discovered that the basis of the theory is adaptation, realizing that children adapt easily to their responses to physical and psychosocial changes as they recover. According to Roy's definition; A person is affected by his inner and outer environment. Therefore, the basis of the Roy adaptation model (RAM) is system and adaptation. Environmental stimuli activate behavioral and cognitive coping mechanisms. It arises as a result of the stimulus and adaptation process in individual responses. As a result, the individual either exhibits positive behavior to protect his integrity or shows negative behavior by not being able to cope with the process. For this reason, Roy argues that increasing the well-being of people can only be achieved by adapting to the disease (Çatal & Dicle, 2014; Roy & Andrews, 1999). In nursing practice, the use of models is important in determining the basic concepts and the relationship between concepts, defining the problems in practice and developing solution proposals (Ocakçı & Alpar, 2013; Fawcett & Desanto Madeya, 2012). The Roy Adaptation Model (RAM) is a widely used model in determining the conceptual framework of nursing. RAM can be used in all areas of nursing. Roy sees the individual as an adaptive system in constant interaction with his internal and external environment. According to RAM, the aim of the nurse should be to increase the individual's harmony and well-being. Roy's Adaptation Model is based on the concepts of "System" and "Adaptation" (Uzun, 2017).

According to Roy, there are four forms of adaptation for the individual:

- Physiological Form
- Self-Concept Form
- Role Function Format
- Interdependence Form

It is thought that solution suggestions can be developed by directing the research of problems in practice with the use of models in the nursing profession, the nurse's focus on nursing practices, not medical practices, and the systematization of care (Vicdan & Karabacak, 2014; Fawcett & Desanto Madeya, 2012).

Nursing care according to RAM,

1. Identifying behavior (first level assessment)
2. Identifying the stimulus (second-level assessment)
3. Identifying nursing diagnoses
4. Setting goals
5. Do not attempt
6. The evaluation process consists of six stages (Çatal & Dicle, 2014).

## 2. CASE REPORT

1. **Introductory features:** M.M is 19 years old, married and has 1 child. Social security is a green card.

2. **Story:** M.M stated that he had a substance supply problem during the Covid-19 pandemic, that he wanted to restore family order and return to work, and came to be treated voluntarily.

M.M is an IV heroin user. He was treated at an addiction center 3 years ago, but started to use substance again with the pandemic.

**Biography:** His parents divorced when M.M was 7 years old and he lived with his father. The father was addicted to alcohol and drugs, the mother had another marriage. He has not seen his mother since he was 7 years old. At the age of 14, M.M started to live with his friends apart from his father. M.M got married at the age of 19 and had a baby. He had problems with his wife, as he could not quit substance use and did not want to be treated. He could not fully fulfill his responsibilities regarding his home and children, and M.M thought that he was doing injustice to his wife and children because of these troubles. His wife did not want to live with him and they started to live separately. When he was in a crisis of deprivation, he was very angry and could not fulfill his responsibilities at work. He stated that he had not been able to go to work recently, that he was weak, exhausted, and that he had intense muscle pains. He quit his job after he found out that he was using substances at his workplace. He used oral suboxone tablets when he could not supply heroin during the pandemic period. M.M stated that he had not used suboxone for 15 days. Due to social restrictions during the pandemic period, he sometimes could not supply both substances and went into a crisis of deprivation.

### **Anamnesis**

**Physical Examination:** When M.M came to the service, he stated that he had intense muscle and joint pain. During the application of the IV catheter to initiate the treatment of the patient, injection sites where the vascular structure was disrupted and turned into open wounds, scar tissue and scratches were found on his arms. Due to the pandemic, the service isolation rules were explained. He was told that he would be isolated in his room for five days and mask, distance and hygiene rules. At the end of five days, if the PCR test was taken again and the test was negative, he was told that he could leave his room with a mask. The patient was worried about the isolation process and getting sick with Covid. The patient stated that he had sleep problems. M.M, who stated that he did not have any financial and moral social support, was worried that he could not bring clothes and personal belongings with him when he came to the hospital. M.M was conscious and cooperative.

**Vital signs:** Blood pressure (BP): 120/70 mm Hg Pulse: 74/min, Body temperature: 36.3 0C.

**Laboratory Findings:** Glucose: 110 mg/dl; AST: 165 U/l, Cholesterol: 260 mg/dl, LDL: 185, Hb: 12.5 mg/dl, HTC: 42.6%, Free T4: 1.13, TSH: 2.80, Leukocytes: 9.7 /mm<sup>3</sup>.

### **Treatment:**

1000 cc Isotonic 2 x 1 IV

Diazepam 10 mg/2 ml 2 x 1 IV

Mirtazapin 30 mg 1 x 1

Gabapentin 600 mg. 3 x 1

Sertralin 50 mg tb 1 x 1

Diclofenac sodium 75mg. 2 x 1 IM (As needed)

Thiocolchicoside. 4mg. 2 x 1 IM (As needed)

### **Demographic Data and Clinical Characteristics of the Patient**

**Complaint:** Muscle and joint pain

**Family History:** Father has Diabetes Mellitus (DM), alcohol and substance use disorder, no information about the mother.

**Diagnosis:** Mental and behavioral disorders due to multiple substance use and consumption of other psychotropic substances, addiction syndrome. ICD-10 Code: F.19.2

### **Roy adaptation model concepts**

#### **Physiological Field:**

- M. M had muscle and joint pain (Pain).
- M.M stated that he had a sleep problem, that he could sleep briefly during the day and could not sleep at night (Sleeping disorder).
- M.M wants extra sleeping pills and anti-epileptic drugs (Neurontin) (Drug manipulation). He doesn't want to take his meds on time (non-compliance with treatment and requests).
- M.M's injection sites that had turned into open wounds, scar tissue and scratches were found on his arms (risk of infection).

#### **Self Concept Area:**

He stated that there is a risk of covid contamination. Therefore, he did not want to participate in in-service activities with masks and social distance (Anxiety).

#### **Role-Function Area:**

M.M stated that he missed his wife and child very much, but he had not seen him for 2 months, he did not want to meet with his wife due to substance addiction, and he could not be a good husband and father (Ineffective Role Performance).

#### **Interaction area:**

M.M stated that when his employer learned that he was a substance addict, he fired him and he is currently unemployed (Disruption in Social Interaction)

### **Nursing Care According to Adaptation Types According to Roy Adaptation Model**

#### **A. Mode of Physiological Adaptation**

##### **1. Diagnosing Behavior**

**The patient's statement:** He said that he had intense pain in the muscles and joints. He was constantly in his hands, muscles and joints.

##### **2. Stimulus Diagnosis**

#### **Focus Stimulus: Substance Craving**

**Contextual Stimulus:** Failure to attend treatment on time, non-compliance with treatment

**Possible Stimulus:** Unwillingness to participate in activities due to the fear of disease transmission and focusing on pain

Nursing Diagnosis: Pain

**Goal/Purpose:** To relieve the patient's pain by ensuring compliance with the treatment. To draw his attention to in-group activities.

#### **Nursing Interventions:**

- The reasons for non-compliance with the treatment were determined (He wants to sleep during the day during the treatment hours, he believes that the drugs he takes will not relieve his pain, he believes that the drugs are not enough.)

- Instead of the anti-epileptic drug (Neurontin), which he requested extra, analgesic and muscle relaxant, which can be applied as needed, was applied.
- It was recommended to take a warm shower for muscle and joint pain.
- The patient was kept awake during the treatment hours.
- In order to distract his attention from the pain, he participated in activities such as good morning meetings, samba and drama by observing the mask and distance.

#### **Evaluation:**

- The patient verbally stated that his pain was gone.
- He stated that he was relieved with analgesics and muscle relaxants when needed.
- It was seen that M.M did not want extra anti-epileptic drugs.
- He started to participate in group activities.

### **A. Mode of Physiological Adaptation**

#### **1. Diagnosing Behavior**

##### **Patient's statement:**

The patient stated that he had short naps during the day and could not sleep at night.

M.M tended to ask for extra sleeping pills at night.

He stated that he could not sleep at night because of thinking about his wife and child.

#### **2. Stimulus Diagnosis**

**Focal Stimulus:** Pain

**Contextual Stimulus:** anxiety

**Possible Stimulus:** Daytime naps

**Diagnosis:** Sleep disorder

##### **Purpose/Target**

- To make M.M sleep soundly.
- Ensuring that he sleeps at night and participates in activities during the day (regulating his biological clock)
- Just before going to sleep at night, M.M. requested analgesic and muscle relaxant drugs IM.

##### **Initiatives**

- It is recommended to take a warm shower before going to sleep.
- He was directed to in-service daytime activities (Drama, good morning meetings, Samba participation, garden activities, outdoor sun salutation) to regulate his biological clock.
- He was given the opportunity to express his feelings and thoughts about his wife and child.
- The reason for his anxiety and difficulty in sleeping was shared with the psychiatrist of the institution, and he talked to M.M.
- Daily meetings with the institution's psychologist were scheduled. In the interviews, M.M's anxiety was tried to be relieved.

##### **Evaluation**

- He stated that his pain was gone and he was able to sleep at night.



- Day by day, his participation in garden activities became more and his daytime sleepiness decreased.
- Limited participation in in-service daytime activities.
- He began to deal with planting and planting activities mostly in the garden.

### **Behavior Diagnostics**

Statement of the patient: He states that sleeping pills and antiepileptic drugs are not enough. He always asks for extra medicine.

### **Stimulus Diagnostics**

**Focus Stimulus:** Substance Craving

**Contextual Stimulus:** Pain

**Possible Stimulus:** Lack of daytime pursuits, boredom

### **Diagnosis**

Non-compliance with treatment and requests

### **Purpose/ Target**

To ensure compliance with treatment and demands.

### **Initiatives:**

- M.M's crisis and his ability to cope with the stress created by the crisis were observed.
- It was observed that outdoor activities (volleyball, table tennis, garden activities) were good for M.M and outdoor activities were planned with the sports teacher of the institution during craving periods.
- During M.M's craving periods, yogic breathing exercises were performed and meditation music was played.
- When he had pain, analgesics and muscle relaxants were administered when needed.
- Awareness-based drama trainings held regularly within the institution were attended together, and their behaviors during the drama were observed.
- Motivational interview was provided with the institution physician when M.M requested a drug other than the one in the treatment request or when he wanted more than the drug dose in the request.

### **Evaluation:**

- M.M stated that breathing exercises and music are good for substance cravings.
- As a result of the interventions, it was seen that he did not want extra medication.
- He stated that he had a lot of fun in outdoor activities and drama, and that the substance did not come to his mind while doing these activities.
- M.M's compliance with the treatment was achieved.

### **Behavior Diagnostics:**

**Patient's statement:** He said that he made the scratches on his arms with a cutting tool. "I do heroin intravenously," he said.

His arms had scar tissue, scratches, and injection sites that had turned into open wounds.

### **Stimulus Diagnosis:**

**Focal Stimulus:** Administering the substance by the IV route

**Contextual Stimulus:** Open wound, scratches

**Possible Stimulus:** Lack of hand hygiene

**Diagnosis**

Infection Risk

**Purpose/Target**

No infection in M.M.

**initiatives**

- Daily IV catheter sites were checked for signs of infection such as redness, pain, swelling, and temperature.
- Vital signs were followed at regular intervals.
- Regular dressing of open wounds was done.
- M.M was informed about hand hygiene.

**Evaluation:**

- There were no signs of infection in M.M.
- As IV fluid therapy continues, the risk of infection continues.

B. Self-Concept Adaptation Style

**Behavior Diagnostics:**

**Patient's statement:** He stated that he was afraid of the transmission of Covid-19 and did not want to participate in the activities.

M.M stated that he could not bring clothes and personal belongings with him on the way to the hospital.

**Stimulus Identification**

**Focus Stimulus:** Fear of Covid-19 disease transmission

**Contextual Stimulus:** In-service restrictions, isolation, precautions.

**Possible Stimulus:** Provision of clothing and personal items

**Diagnosis:** Anxiety

**Purpose/Target**

- Relieving anxiety with the supply of clothing and personal belongings
- Giving information about M.M's protection from Covid-19 disease and precautions to be taken, eliminating anxiety.

**initiatives**

- Clothing and personal belongings were provided to M.M. by meeting the Social Work Specialist of the institution.
- PCR test was taken again at the end of the 5th day of hospitalization.
- With the negative result, the room isolation is over. In-service isolation rules were explained.
- M.M was informed about the Covid-19 disease, transmission routes and isolation precaution.
- Encouraged to focus on M.M's current condition and treatment.
- He was supported for his participation in outdoor and social distance activities.



## **Evaluation**

- M.M participates in outdoor activities. However, he has limited participation in in-service activities such as good morning meetings and samba, which are held in accordance with the isolation rules.
- His anxiety about the transmission of Covid disease continues.
- His anxiety about the supply of clothes and personal belongings is over.

## **C. Role Function Adaptation Format**

### **Behavior Diagnostics**

**Patient's statement:** I could not be a good husband, a good father, I want to be treated and become a family again.

### **Stimulus Diagnostics**

**Focus Stimulus:** Substance abuse

**Contextual Stimulus:** Failure to fulfill responsibilities to family.

**Possible Stimulus:** Disruption of social communication

### **Diagnosis:**

Ineffective Role Performance

### **Purpose/Target**

M.M's positive evaluation of the negative role changes caused by substance use in family life.

### **initiatives**

- The changes M.M experienced in his family, professional and social roles along with his substance use process were evaluated.
- It was provided to identify the situations that caused the deterioration of social communication.
- M.M was supported to carry on with the usual roles and activities that he could do.
- In line with M.M's request, video calls were made with his wife and child.
- He was given the opportunity to talk about the sharing of duties to be fulfilled within the family.
- He was encouraged to try new ways of social communication in group activities.

### **Evaluation:**

- He stated that he will complete his treatment and be the head of his family.
- He stated that he could not be with his family during his hospitalization, and that he could not fully perform the duties of his wife and child.
- After meeting with his wife and child, his wife's negative feelings and thoughts negatively affected his role performance.
- He also stated that he could not focus on his work at work and that he had physical problems such as pain and fatigue.

## **D. Interdependence Adaptation Format**

### **Behavior Diagnostics**

**Patient's statement:** He stated that he had pain at work, that he could not concentrate on his work when he was tired and exhausted, and that his communication with his friends deteriorated because he did not fulfill his responsibilities at work. M.M stated that when his

employer found out he was addicted to drugs, he fired him and that he is currently unemployed.

### **Stimulus Identification**

**Focus Stimulus:** Substance abuse

**Contextual Stimulus:** Physical fatigue, pain

**Possible Stimulus:** Failure to fulfill responsibilities at work

### **Diagnosis**

Disruption in Social Interaction

### **Purpose/Target**

Planning and implementing initiatives that will positively affect Social Interaction.

### **Initiatives**

- M.M was given the opportunity to talk about his role and responsibilities in the workplace.
- M.M was asked to describe situations in the workplace that led to impaired social communication.
- The difficulties that M.M had in terms of his role in business life along with his substance use process were evaluated.
- She was encouraged to focus on M.M's treatment and return to her familiar roles.
- It was ensured that the institution met with the Social Service Specialist for plans regarding unemployment after discharge.

### **Evaluation**

- M.M stated that after his recovery and discharge, he will find a new job and focus on his work and start a new life.
- M.M continues to be anxious about finding a job after discharge.

## **3. DISCUSSION**

It has been reported that there is an increased risk of substance use during the quarantine process during the Covid-19 pandemic, the increase in substance use may continue after the quarantine, addicted individuals have higher morbidity and mortality risks during the pandemic process, individuals with opioid use disorder are especially at risk in terms of relapse and withdrawal symptoms (Mallet et al., 2021; Siliman & Bosk, 2020). In a study in which the mean age was 16.6 and 1054 adolescents were included; During the COVID-19 process, 49.3% of the adolescents used substances alone, 31.6% came together with their peers through technology, and 23.6% came together with their peers and used substances by not following the social distance rules. However, it was concluded that adolescents with depression and anxiety used substances alone at a higher rate.

Nursing interventions were applied in seven steps according to compliance areas in the case report made according to RAM, which is based on holistic care. As a result of these interventions, M.M.'s compliance with the treatment was ensured and his pain was gone and his sleep problem was gone, and the healing of the open wounds on his arms as a result of substance injection and the absence of signs of infection were evaluated as a positive response. It has been observed that M.M. has no worries with the social support provided for the clothing and personal belongings he needs. With the nursing interventions, M.M's

participation in the in-service activities (Samba, good morning meetings, drama, outdoor sports) planned in accordance with the isolation rules, was ensured to adapt to the social environment. According to the findings of another research; It was concluded that addicts' staying away from supportive social activities or activities negatively affects their motivation for treatment and substance use. As a matter of fact, in studies on addiction, it is known that social activities applied during the treatment process significantly affect the course of treatment (Liebregts et al., 2015).

In the case report, M.M received treatment for addiction, but started to use substance again during the pandemic period. When M.M came to the service, he stated that he was worried about the Covid-19 disease and its transmission. During the pandemic period, patients may have an unwilling attitude towards face-to-face care due to reasons such as fear of being infected and avoidance of diseases that cause disease. Despite the fact that M.M was informed about transmission routes and prevention of Covid-19 disease and other attempts, it was observed that his anxiety about the transmission of the disease in the service continued. Coping methods such as relaxation techniques, yoga, exercise, listening to music and participating in various activities in coping with the stress and anxiety experienced by adolescents during addiction treatment are among the interventions that nurses can do (Güneş, 2022). Providing home treatment, care and rehabilitation services for addicted patient groups who have worries about Covid transmission in the clinic during the pandemic helps to reduce anxiety. In addition, telepsychiatry and web-based cognitive behavioral therapy applications can contribute to the addiction treatment of the patient in these patient groups.

After the video call with M.M's wife and child, his wife's negative feelings and thoughts negatively affected M.M's role performance. M.M was encouraged to try new ways of social communication within the group in order to transform the negative social interaction in and around his business life into positive interaction.

He lost his job with the deterioration of M.M's social interaction. Nursing attempts were made to turn negative social interactions into positive ones in the service. But M.M had worries about finding a job after treatment. Nurses and social workers working in the addiction center will develop cooperation projects with the "Turkish Employment Agency" and attempt to get addicted adolescents to have a job after their treatment, which will reduce the patients' anxiety about finding a job.

#### 4. CONCLUSION AND RECOMMENDATION

The treatment and care of adolescents with substance use has two main goals. To ensure the individual's physical, psychiatric and psychosocial well-being and to enable him to quit substance use. Nurses, to plan the care of adolescent addicts; anxiety, deterioration in family and social interaction, pain, sleep disturbance, decreased self-efficacy, deterioration in role performance, etc. diagnoses can be made. With the help of these diagnoses, nurses can plan initiatives to increase adolescents' adherence to treatment and motivation, positive social interaction, learning to say "no" to substance suppliers, and preventing relapses after discharge. Considering that the most common problem in adolescents hospitalized for addiction treatment in the pandemic is compliance with treatment and social environment, it is thought that the use of the Roy Adaptation Model in the addicted adolescent group is appropriate and this case report may serve as a guide. In addition, it is important to reveal the experiences of nursing care plans to be made for dependent adolescents in different studies, in terms of creating appropriate therapeutic intervention and nursing care procedures. In addition, since face-to-face nursing care is limited by taking isolation measures during the pandemic period, it is important for nurses to develop and implement alternative nursing care

services that they can apply online, such as substance awareness training, mindfulness drama, emotional support, and telepsychiatry, within the scope of home care services after discharge.

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