

INITIATING THE CONTROLLED ACT OF PSYCHOTHERAPY: PROBLEMS FOR NURSES AND THEIR PATIENTS

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Mental Health Nurses

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Overview

- Controlled act of Psychotherapy and changes with its enactment
- Psychotherapy defined and its importance
- How are nurses affected by this issue?
- Historical role of nurses for psychotherapy provision and changing landscape
- Impact for RNs and health care provision
- Other possibilities to create RN psychotherapy competency
- Effect of legislation on RNs without “formal” psychotherapy training
- Advocacy related to rescinding requirement of medical orders for initiation
- Discussion/Questions

Psychotherapy Act, 2007

- Psychotherapy had previously not been regulated
- 2005: Minister of Health consulted with HPRAC regarding regulation through controlled act
- Submissions requested by professions and stakeholders
- Psychotherapy Act initiated in 2007
- Proclamation planned by end of 2017

Nurse Initiation of Psychotherapy

When the controlled act of psychotherapy is proclaimed (*Psychotherapy Act, 2007*) all RNs, regardless of their qualifications, will require an order from a physician or NP to initiate psychotherapy in accordance with the decision of the College of Nurses.

CNO Council meeting minutes, 2014

Psychotherapy Treatment and Unmet Needs

Benefits:

- More effective for smoking reduction
 - Comparable/superior to medication - without side-effects
 - Premature medication termination lower
 - Relapse rates lower
 - Reduced personal costs, and burdens on Canadian economy
(Cohen & Peachy, 2014; Hunsley, Elliot & Therrien, 2013)
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- Psychotherapy remains most commonly unmet need for mental health services (Stats Canada, 2012)

Psychotherapy Defined

Psychotherapy is a treatment modality designed to alleviate individuals' difficulties that cause suffering in day-to-day living. Psychotherapy is multidisciplinary with connections not only to psychology but also to the arts, humanities, social sciences, spirituality, medicine and neuroscience.

The client/therapist relationship also called the therapeutic relationship is embedded in all psychotherapy modalities.

<http://psychodynamiccanada.org/learn>

Definition of Counselling

Counselling is a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress. The counselling process is characterized by the application of recognized cognitive, affective, expressive, somatic, spiritual, developmental, behavioural, learning, and systemic principles.

RNs' Experiences of Enactment of Psychotherapy Act, 2007: A Mixed Methods Study

- RNs may not have access to doctors or NPs
- Impact on RNs:
 - Ethical considerations: Moral distress
 - Loss of autonomy
 - Feeling devalued
 - Confusion and ambiguity
 - RN practice and effects on public?
 - Loss of RN scope of practice?

Most Significant Qualitative Findings

- Lack of support from CNO – 100%
“It leaves us with a sense of fending for ourselves”
- Lack of clarity – 78%
“Like CBT, some people are saying its psychotherapy, but some people are doing it and not calling it psychotherapy – it’s confusing”
- Lack of sufficient education with no guidelines to assess competency – 83%

Practice Concerns

- **Barriers to care for the public – 96%**

“Someone would be talking to me about something and I would have to say, ‘I’m not able to have any further conversations with you about this ...I am going to have to refer you”
- **Restrictions to freedom and risks to therapeutic relationship – 100%**

“So the problem is that with these regulations, you bring to the therapeutic encounter, rules that are not necessarily clinically oriented”

Demoralization

- No choices about psychotherapy initiation within nursing – 100%
- Feeling discouraged – 91%
- Experience of lowered status as a nurse – 78%

“Nurses have not been, I don’t think, very valued or seen by insurance companies or members of the public necessarily as people who do psychotherapy. There’s not a great understanding that nurses, and many nurses, can do that”

- Autonomy through psychotherapy certification – 100%

Moral Distress

Moral Distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.

Jameton, 1984, p. 6

Literature Review of Moral Distress

- Caused by external constraints
- Negatively affects personal and professional lives
- Physical and emotional distress
- Self-blame and decreased self-worth
- Work withdrawal, decreased quality of care, burnout, attrition

McCarthy & Gastmans, 2015

Autonomy: Power given for recognized competence

Associated with

- High quality of patient care
 - Lower work stress
 - Higher job satisfaction
-
- Loss of autonomy anticipated by participants
 - Discouragement
 - Disappointment
 - Demoralization

Ballou, 1998; Enns et al., 2015; Kramer & Schmalenberg, 2003; Laschinger, 2008; Dery et al, 2015

Ambiguity: Lack of clarity of role and performance expectations

Associated with

- Low quality patient care
 - Fear response
 - Delayed action/ medical error
 - Decreased mental health of nurses
 - Attrition
-
- Negative effects mitigated by high levels of job autonomy
 - How will legislation affect participants and service delivery?

Bedeian & Armenakis, 1981; Jong, 2016; McMahon & Dluhy, 2017; O'Brien-Pallas et al., 2010; Whalen, 1998

PSYCHOTHERAPY COMPETENCIES EMBEDDED IN NURSING: PAST AND PRESENT

Elsabeth Jensen, RN, BA, PhD

- The historical role that mental health nurses have played with psychotherapy provision.
- How have nurses provided psychotherapy/counselling and how are they currently doing so.
- In your opinion, what will the impact be within health care for RNs and the public if this act is proclaimed along with the CNO's decision for medical orders?
- What are possibilities about training nurses to be psychotherapy competent and how would nursing approach this?

Graduating Class-HGH 1927



Early Works

- **Muse, M.B. (1925). Psychology for Nurses**
 - *“Nursing the mind as well as the body should be recognized as an essential duty of the nurse. Specific training is required for the handling of difficult patients and should be provided for during the nurses training”*
- **Bailey, H. (1939). Nursing Mental Diseases**
 - *observing and communicating with the patient is core*
 - *She describes specifics in chapters organized by the diagnoses in use in her day*

Relationship in Nursing Practice

- **Brown, E.L. (1948). Nursing for the Future**
 - *Nurses need time to establish a therapeutic relationship in order to best help patients heal and recover, but technical demands cut into the time*
 - *Supports RNs doing psychotherapy for the benefit of the patient but notes resistance from medicine*

Peplau, H. (1952). Interpersonal Relations in Nursing.

New York: G.P. Putnam's Sons

- -Roles of the nurse
 - *-stranger, resource, teacher, leader, surrogate, counselor*
- `` All counselling functions in nursing are determined by the purpose of all nurse-patient relationships, namely, the promotion of experiences leading to health . ``
- -Basis of both the BPG and the Standard of Practice
- -`` Mother of Psychiatric Nursing``

Post Peplau

- Shmahl, J. (1962.) The psychiatric nurse and psychotherapy
- Brown, D. (1962). Nurses participate in group therapy.
- Bueker, K., & Warrick, A. (1964). Can nurses be group therapists?
- Rohde, I.M. (1968). The nurse as family therapist.
- Wheeler, K. (2014). Psychotherapy for the Advanced Practice Psychiatric Nurse.

Basic Education in Nursing 1972



Basic Content

- Nurse-Client therapeutic relationship
- Ethics
- Growth and development: physical, social, and emotional
- Mental health nursing
- Inter-relationships of theory and research and practice

Regulation of Psychotherapy in Ontario

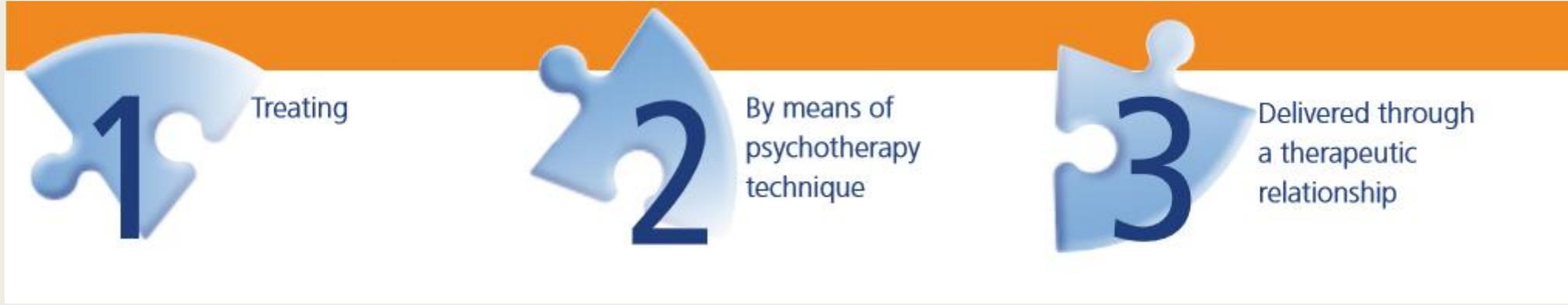
- 2005 - hearings
- 2007 - Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R
 - *Scope of practice*
 - 3. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. 2007, c. 10, Sched. R, s. 3

Regulated Health Professions Act, 1991

- Psychotherapist title

- **33.1 (1)** *Despite section 8 of the Psychotherapy Act, 2007, a person who holds a certificate of registration authorizing him or her to perform the controlled act of psychotherapy and is a member of one of the following Colleges may use the title “psychotherapist” if he or she complies with the conditions in subsections (2), (3) and (4):*
 - 1. The College of Nurses of Ontario.
 - 2. The College of Occupational Therapists of Ontario.
 - 3. The College of Physicians and Surgeons of Ontario.
 - 4. The College of Psychologists of Ontario. 2009, c. 26, s. 24 (6).

How will I determine if I'm performing the component of psychotherapy that will become a controlled act?



CNO cont'd

- **Will I require an order to perform psychotherapy?**
- When the controlled act component of psychotherapy becomes law, RNs and RPNs will require an order (from an MD or NP) to perform that component just as they do to perform most other controlled acts they have access to, such as administering a substance by injection.
- However, you do not need an order to perform psychotherapy if it does not meet the threshold of the five criteria within the controlled act unless sector-specific legislation (e.g. the Public Hospitals Act) or organizational policy requires it.

Bill 147, May 2017

- 1 Section 4 of the *Nursing Act, 1991* is amended by striking out “other than a member described in section 5.1” in the portion before paragraph 1 and substituting “who is a registered practical nurse”.
- (2) Section 4.1 of the Act, as enacted by subsection (1), is amended by adding the following paragraph:
 - *7. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning.*

Summary

- RNs have been providing psychotherapy services to the public for a century
- Currently providing about 50% of the service in Ontario
- Competencies embedded in curriculum but not explicitly identified – should they be explicit??
- Mental Health required for accreditation going forward (CASN)

How does the legislation affect nurses who do not have formalized psychotherapy training?

- Creates a “grey area” where nurses who use psychological models may open themselves to litigation
- Nurses may need a order to do tasks that are common such as psychoeducational groups

Advocating for Nurses to continue to function in the role they always have had....

- Members of the MHNIG continue to advocate to have nurses be responsible for their own practice
- Lobby members of parliament in this cause
- Take part in discussions with MOHLTC and HPRAC

How can you get involved?

- Contact the MHNIG
- Speak with your MPP
- Speak with your clinical practice leaders
- Write to the Ontario College of Nurses

