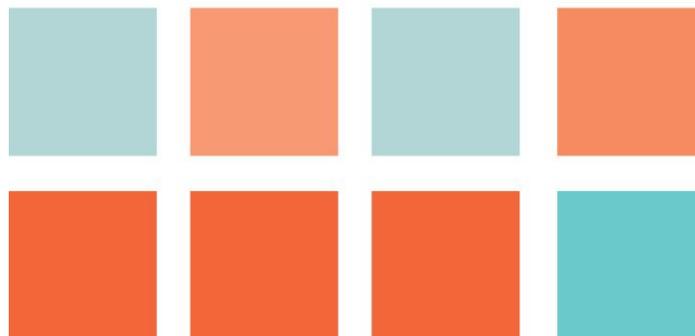


RNAO Submission to HPRAC:
The Controlled Act of Psychotherapy

Sept 20, 2017



Summary of RNAO Recommendations

Recommendation 1. Provide a clear definition of psychotherapy which includes a wellness approach to further clarify the aspects of this practice which would make it a controlled act.

Recommendation 2. Ensure that standards are put in place for psychotherapy and are consistent across the authorized professional colleges.

Recommendation 3. Ensure members of the six colleges be entitled to use the protected title of “psychotherapist” without having to hold dual membership with their professional college and the College of Registered Psychotherapists of Ontario (CRPO).

Recommendation 4. Ensure members of the six (6) Colleges are authorized to initiate and perform the controlled act of psychotherapy, without seeking an order from a prescriber.

Background

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO supports HPRAC's general approach to regulation as it works within the structure of existing professional colleges who have been granted the authority to practice psychotherapy. Enabling them to set standards and educational requirements for psychotherapy will avoid the need for dual registration for professionals with the College of Registered Psychotherapists of Ontario (CRPO) and their own Colleges.

RNAO is of the opinion that this clarifying document does not provide clarity. Furthermore, it shows a lack of understanding about how psychotherapy is practiced. This has led to a superficial and over simplified model which is not realistic or effective for practitioners or patients. Specific comments follow.

Guidance questions for input into the Controlled Act of Psychotherapy

- 1. In 2015, a Working Group consisting of five regulatory colleges¹ created a draft *Clarifying Document on the Psychotherapy Controlled Act*. HPRAC will be building on the excellent work of the Colleges. After reading this document (Attachment 2), do you feel that it clearly explains the Controlled Act? If not, why?**

RNAO is of the opinion that the clarifying document does not provide clarity regarding the controlled act of psychotherapy. Moreover, the document serves to perpetuate misconceptions surrounding mental health services.

The definition of psychotherapy is vague. There is not a clear definition of a "serious" disorder, thus it is left to interpretation by the practitioner. In fact, it could be argued that all five elements identified as the controlled act of psychotherapy are present in all psychotherapy treatment sessions. For example, people who are seeking psychotherapy treatment likely have some level of alteration in mood, thought, cognition, emotional regulation, memory or perception which affects their ability to function, be it in terms of judgment, insight, behaviour, communication, or social functioning. This makes criteria for components four and five in the model particularly ambiguous.

The vague definition of psychotherapy is particularly problematic for registered nurses (RNs), as if and when the act is proclaimed, the College of Nurses of Ontario (CNO) will require RNs to obtain a physician or nurse practitioner order to initiate the controlled act of psychotherapy. This means that RNs who are treating their patients with less complex mental illness using the psychotherapy technique would have to stop treatment if their patient moves into the realm of the controlled act; and seek an order from a prescriber to continue treatment; thus de-facto delay or discontinue treatment at a time critical for patients. Moreover, this would

¹ College of Registered Psychotherapists of Ontario (CRPO), College of Occupational Therapists of Ontario (COTO), Ontario College of Social Workers and Social Service Workers (OCSWSSW), College of Nurses of Ontario (CNO) and the College of Psychologists of Ontario (CPO)

disrupt the therapeutic relationship further undermining patient health. Such situations will be further exacerbated if the RN does not have timely access to a practitioner who can write an order (i.e., homeless shelters; women shelters, first nation reserves).

RNs represent the largest health workforce in Ontario and are on the frontline of care.¹ Those who practice psychotherapy often treat the most vulnerable populations who have serious mental health issues. RNs work in settings such as shelters, refugee centres, schools, prisons, and First Nations communities. They treat patients who experience a wide range of health issues such as; postpartum depression, cancer, chronic illness, and serious and persistent mental illness. RNs work with patient populations such as: victims of incest, abuse and other traumatic events; those living with addictions - including opioids abuse; members of the LGBTQ community; refugees; and those who live on the streets. Denying RNs who have the knowledge and training to practice psychotherapy the ability to initiate the controlled act will hinder access to vital mental health services for Ontario's most marginalized populations.

Therapeutic relationships between practitioner and patients are built over time, often taking months or years to establish the trust and comfort required for a patient to reveal their underlying issues and traumatic experiences. This is in part due to the continued gender, gender identity, and racial discrimination that exacerbate the lived realities of vulnerable persons; and the stigmatization of mental illness and substance use in our society. According to RNAO's best practice guideline entitled *Establishing Therapeutic Relationships*, the therapeutic relationship is "central to all nursing practice. For example, in mental health and community nursing, the therapeutic relationship may be the primary intervention to promote awareness and growth and/or to work through difficulties."²

RNAO is gravely concerned that the current definition of psychotherapy is rooted in a disease - or dysfunction - oriented framework which is the root of the problem in clearly defining the elements of the controlled act. A definition that supports practitioners through a wellness approach to psychotherapy must be developed and integrated into the model. Psychotherapy is defined throughout the literature as an interpersonal process that involves different treatment approaches (e.g. techniques or interventions such as cognitive behavioural therapy) and thus psychotherapy may be a health promotion and/or disease prevention strategy that promotes wellness and functioning.^{3 4}

RNAO recommends an alternative approach whereby the specificities of the psychotherapeutic intervention that are considered a controlled act be stated. There are a range of psychological therapies used by mental health nurses. They include and are not limited to: cognitive behaviour therapy (CBT), supportive counseling, solution-focused therapy, recovery model, group therapy, dialectical behaviour therapy, psychoanalytic therapy, narrative therapy, mindfulness, acceptance and commitment therapy, motivational interviewing (MI), family therapy, transactional analysis, gestalt therapy, cognitive analytical therapy, and relaxation therapy.⁵ Research has found that the majority of nurses use a mixture of different therapies to suit the circumstance at the time.⁶

RNAO recommendation 1. Provide a clear definition of psychotherapy which includes a wellness approach to further clarify the aspects of this practice which would make it a controlled act.

2. What changes would you suggest be made to improve the Clarifying Document so that the public and other health care providers (regulated and unregulated) have a better understanding of it?

RNAO proposes changing the definition of psychotherapy to be in line with the literature as follows: psychotherapy is the provision of a psychological intervention or interventions, delivered through a therapeutic relationship for the prevention and treatment of psychiatric illness, as well as to promote mental, behavioural, and/or emotional health and address cognitive, emotional, or behavioural disturbances.⁷

In practice, it is only through the development of a therapeutic relationship that an RN will learn of the issues a patient is experiencing. To suspend treatment while waiting for an order – due to a definition based on the severity of the mental health – is an unreasonable request and denies the patient access to a necessary mental health service in an already strained system. In fact, patients will interpret such an action as “abandonment.” Therefore, RNAO recommends – in the strongest possible terms - that the definition of psychotherapeutic technique be clarified in this document and that the six colleges allowed to practice psychotherapy be able to do so in cases where they have the knowledge, skill, and ability to do so without restriction, and not requiring an order from a prescriber.

CNO is the only regulatory body of the professions granted authority to perform psychotherapy, to require its members who have been practicing psychotherapy for years to obtain an order from a prescriber to continue treatment. CNO has provided no sound rational and/or evidence for its decision. As a result, our members have expressed frustration and demoralization that their knowledge and skills have not been recognized, leading some to seek recognition from other Colleges to maintain their autonomy. Others have decided to suspend their private practice. For the sake of our patients, there needs to be equity amongst the professionals authorized to perform psychotherapy whereby all those who meet standards that are set to practice the controlled act can do so independently. RNs who practice psychotherapy have extensive education and training and represent one of the largest groups of practitioners who provide this service.

In addition to a clearer definition of psychotherapy, consistent standards should also be put in place across the six colleges so that those practising psychotherapy have the necessary skills, knowledge and ability. The College of Occupational Therapists of Ontario has developed standards for psychotherapy which should serve as the gold standard for other Colleges to follow.⁸

RNAO recommendation 2. Ensure that standards are put in place for psychotherapy and are consistent across the authorized professional colleges.

3. Should other health care providers, either unregulated or regulated and not members of the six colleges² who would practice the controlled act of psychotherapy if this section of the *Regulated Health Professions Act, 1991 (RHPA)* is proclaimed, be allowed to practice the controlled act?

Addictions workers who are provincially certified should be included as long as they meet the minimal standards to be certified with the College of Registered Psychotherapist of Ontario (CRPO). Excluding this group of people will result in a sharp decline in mental health services for Ontarians. Persons with adequate

² This is in reference to the above five colleges plus the College of Physicians and Surgeons of Ontario (CPSO).

training and supervision should be required to register with the CRPO, since belonging to a regulated body of professionals will set the standards to practice psychotherapy.

Elders in native communities as well as those working in rural, remote, and northern areas of the province in inaccessible communities who are supervised and trained should be allowed to continue to provide mental health services in their respective communities.

4. Are there conditions under which health care providers, either unregulated or regulated and not members of the six colleges who would practice the controlled act of psychotherapy if this section of the *Regulated Health Professions Act, 1991 (RHPA)* is proclaimed, be allowed to practice the controlled act? If so, which health care providers and under which conditions?

We are in great need of providing psychotherapy services to the public. Many unregulated practitioners provide a variety of services which could be considered as using psychotherapy techniques as mentioned above. Basic rules that protect the vulnerable from usury should be in place for all health practitioners, and basic standards with exams and requirements should be implemented for those who wish to practice psychotherapy. Therefore if an unregulated practitioner has the education and training to perform psychotherapy, they should be required to be registered with the College of Registered Psychotherapists in order to practice.

5. The five regulated colleges, along with the College of Physicians and Surgeons of Ontario (CPSO) will be able to use the title “Psychotherapists” once the Controlled Act is proclaimed. How important is it that the title “Psychotherapist” be protected?’

The title of psychotherapist should be protected in order for the public to be clear on those regulated to provide this service. Moreover, members of all six colleges should be entitled to use the protected title without having to hold dual membership with their professional college and the College of Registered Psychotherapists of Ontario (CRPO).

RNAO recommendation 3. Ensure members of the six colleges be entitled to use the protected title of “psychotherapist” without having to hold dual membership with their professional college and the College of Registered Psychotherapists of Ontario (CRPO).

Any other comments:

Please provide any other comments which you feel will assist HPRAC in providing advice to the Minister of Health and Long-Term Care.

RNAO has strongly advocated for RNs who have the appropriate education and training to continue to initiate the controlled act of psychotherapy. The College of Nurses of Ontario (CNO) has decided to bar nurses from initiating this treatment without an order from a prescriber (NP or physician). This decision was made despite

recommendations from HPRAC that each of the colleges should outline appropriate guidelines and standards for their members and avoid dual memberships, and despite the fact that RNs who are mental health nurses typically have even more extensive education and experience initiating and delivering psychotherapy than some other members of the five colleges, such as occupational therapists.⁹ Furthermore, with independent RN prescribing moving forward, it is difficult to understand CNO's rationale for RNs to require an order to perform the controlled act of psychotherapy.

We believe CNO is failing RNs who have been providing safe and competent psychotherapy for decades, with their decision to not pursue an initiation regulation under Part Three of the *General* regulation under the *Nursing Act*¹⁰ which would allow RNs who have the knowledge, skill, and ability to practice psychotherapy to do so independently. Furthermore, in doing so CNO is failing to protect the public by limiting access to psychotherapy. The CNO's action creates an undue barrier for Ontarians to access valuable mental health services especially for vulnerable persons across the province living in shelters, refugee centres, schools, prisons, and First Nations communities to mention a few. CNO is also creating undue barriers, thus failing to protect all persons living in rural and remote communities with limited access to NPs and physicians.

There is a large body of evidence which supports the need for mental health services, especially in primary care settings, in addition to the need for professionals who have the adequate skills, training and knowledge to deliver them.^{11 12} From a regulatory perspective, establishing direct accountability for initiating and performing psychotherapy as a controlled act will best protect the public. RNAO has repeatedly urged CNO to reconsider its approach to psychotherapy initiation since 2014.^{13 14 15 16} The CNO has not provided any sound rationale for its decision to allow treatment and not initiation. This will force RNs who have been safely performing psychotherapy for years, and in some cases decades, to abandon their patients while they seek an order from a prescriber.

RNAO asserts that RNs who meet the conditions for initiating a controlled act, as with others who have the authority to practice psychotherapy, are best situated to assess their own knowledge, skill, and judgment, a specific patient's condition, the appropriateness of intervention, and accept sole responsibility for initiation.

As a result of CNO's decision -- which is unfounded and inconsistent with the other five (5) regulatory colleges -- we have heard from our members that a number of RNs are leaving the profession in order to register with the CRPO. Unfortunately, many of them are being denied registration with CRPO as their education and training is not being recognized. If CNO does not set an initiation regulation and standards for RNs to competently and safely practice psychotherapy, a large number of RNs will be forced to leave the profession and this would exacerbate barriers to access and fail many Ontarians who are struggling daily to access high quality mental health and addiction services.

RNAO recommendation 4. Ensure members of the six (6) Colleges are authorized to initiate and perform the controlled act of psychotherapy, without seeking an order from a prescriber.

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