



Practice Direction: Performing a Psycho-social Intervention

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Background

Practice directions set out requirements related to specific aspects of registered psychiatric nursing practice and provide more detailed information related to the Registered Health Professions Act, the College of Registered Psychiatric Nurse of Manitoba General Regulation, the Practice of Registered Psychiatric Nursing Regulation, other relevant legislation, the Standards of Psychiatric Nursing Practice, and the CRPNM Code of Ethics.

The intent of this practice direction is to define the expectations for Registered Psychiatric Nurses (RPNs) as they relate to the Regulated Health Professions Act of Manitoba (RHPA), 2009 Reserved Act #20 -- performing a “psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.”

While performing a psycho-social intervention for a client whose disorder is not substantial is not a Reserved Act for RPNs, the risk of harm to the client increases as their condition becomes more substantial and their presentation becomes more unstable. Under these circumstances, the treatment can evolve into a Reserved Act -- which is why RPNs must remain aware at all times of the intervention they are providing, the depth and breadth of the relationship with the client, the acuity of the disorder, opportunity for collaboration with other healthcare providers, and the client’s ability to cope.

This practice direction will help to determine if RPNs are performing an activity that increases the risk of [harm](#) to the client¹.

Purpose of the Matrix

The purpose of the matrix is for RPNs to determine where their practice falls within one of four colour-coded zones. The zones are colour-coded like a traffic light:

- **Green** indicates circumstances in which performing certain psycho-social interventions carry low risk to the safety of the client, provided the RPN performing the intervention meets the outlined criteria, and does not intend to treat an underlying condition or disorder. Performing psycho-social interventions that meet the conditions outlined in the green zone is not a Reserved Act.
- **Yellow** outlines circumstances and psycho-social interventions that carry greater risk of harm if they are not performed safely and competently because, even though the client’s disorder is not substantial, the RPN does intend to treat an underlying condition or disorder. Yellow means proceed with caution: RPNs must take many factors into consideration before proceeding with the intervention. Because many RPNs may be working in the yellow zone, they need to be fully aware of the intervention they are providing, the depth and breadth of their therapeutic relationship with the client, the acuity of the disorder, opportunities for collaboration with other

¹ For the purposes of this practice direction, the client can be defined as an individual, group, family, community or population. RPNs who provide a psycho-social intervention may be doing so with more than one individual in the context of working with a group or family as a part of therapy.

healthcare providers, and the client's ability to cope. ***The yellow zone does not meet the criteria for the Reserved Act of a psycho-social intervention; however, the intervention could quickly fall into the red zone – and become a Reserved Act – if the client decompensates, the disorder become substantial, and/or the client's presentation become unstable.***

- **Red** outlines conditions in which conducting certain psycho-social interventions poses great risk of harm if performed incorrectly and the client's disorder is substantial. A psycho-social intervention becomes a Reserved Act (enters the red zone) is when the RPN intends to treat, alter, modify or change an underlying condition and the client exhibits symptoms that would grossly impair their ability to meet the ordinary demands of life. ***Performing certain types of psycho-social interventions under these circumstances is a Reserved Act. RPNs are required to ensure they meet all the requirements outlined in the red zone before performing the intervention.***

If you are unsure whether you may be performing a psycho-social intervention, consult a practice consultant at the CRPNM.

Extent of Disorder	Where the Disorder is Substantial	Where the Disorder is not Substantial	Where the Disorder is Substantial	Where the Disorder is not Substantial
Area of Focus	Red Zone	Yellow Zone	Green Zone	Green Zone
Symptom Severity and Impact on Functioning	The client exhibits symptoms that would grossly impair their ability to meet the ordinary demands of life. Judgment, behaviour, mood, perception, orientation and/or memory are impaired, and the client may or may not exhibit insight and may or may not show judgment to make decisions or provide self-care. Extensive psychiatric assessment and evaluation are required prior to initiating the psycho-social intervention.	The client does not exhibit symptoms that would grossly impair their ability to meet the ordinary demands of life. Judgment, behaviour, mood, perception, orientation and memory are intact, and the client maintains insight and good judgment about the nature of their issues.	The client exhibits symptoms that would grossly impair their ability to meet the ordinary demands of life. Judgment, behaviour, mood, perception, orientation and/or memory are impaired, and the client may or may not exhibit insight and may or may not show judgment to make decisions or provide self-care.	The client does not exhibit symptoms that would grossly impair their ability to meet the ordinary demands of life. Judgment, behaviour, mood, perception, orientation and memory are intact, and the client maintains insight and good judgment about the nature of their issues.
Reserved Activity	Yes.	<i>No. Although not a Reserved Act itself, increased awareness is required as to how the client may be impacted by the treatment and when to refer to a more experienced authorized healthcare provider.</i>	<i>No</i>	<i>No</i>
Intervention	There is an intent to treat an underlying condition and to alter, modify or change a client's emotional or psychological state, cognition, behaviour or affection, perform reality-testing, administer, interpret and analyze specific tests or scales; i.e.) Beck Depression Inventory Scale, increase self-awareness, increase or alter empathy, insight or control.	There is an intent to treat an underlying condition and to alter, modify or change a client's emotional or psychological state, cognition, behaviour or affection, perform reality-testing, administer, interpret and analyze specific tests or scales; i.e.) Beck Depression Inventory Scale, increase self-awareness, increase or alter empathy, insight or control.	There is no intent to treat an underlying condition. The practitioner may counsel, guide and provide advice the client through various lifestyle choices, phases of development, assisting with basic problem solving, promoting access to resources, educate about a disorder or illness, promote healthy living and to provide ongoing support.	There is no intent to treat an underlying condition. The practitioner may counsel, guide and provide advice the client through various lifestyle choices, phases of development, assisting with basic problem solving, promoting access to resources, educate about a disorder or illness, promote healthy living and to provide ongoing support.
Client Population	Work occurs with individuals, families, or groups within the same capacity. Additional education may be required depending on the type(s) of intervention utilized and the experience the nurse has with a population.	Work occurs with individuals, families, or groups within the same capacity. Additional education may be required depending on the type(s) of intervention utilized and the experience the nurse has with a population.	Work occurs with individuals, families, or groups within the same capacity.	Work occurs with individuals, families, or groups within the same capacity.
Examples in Practice	Engaging in psychotherapy to treat or modify anxiety, engaging in CBT to treat or modify events, triggers or responses, engaging in EMDR to modify or treat an existing trauma disorder, providing or engaging in family therapy, facilitating group therapy for clients with depression, providing hypnotherapy.	Engaging in psychotherapy or CBT to treat or address situational anxiety, using CBT to explore or treat body image issues, mindfulness training to assist with situational grief, motivational interviewing to explore perceptions of maladaptive behaviours related to addictive behaviours.	Providing advice on how to deal with anxiety, teaching relaxation therapy or a relaxation group, supporting family members to cope with a family member's illness, presentation or disorder, advising family members about how to address behavioural outbursts, counseling a client about how to make lifestyle changes	Counseling a client about how to make lifestyle changes, running a smoking cessation group, educating family members about a client's illness or disorder, supporting a client to make a difficult decision, explaining a process to a client, family or group, providing information to support self-help and providing peer support.
Additional Education	Yes. This is required to perform a psycho-social intervention.	Yes. Required for many types of psycho-social interventions.	No. Though, continuing education is always promoted.	No. Though, continuing education is always promoted.
Collaboration	Yes. Collaboration is required with other regulated healthcare providers who are legally authorized to perform a psycho-social intervention.	No. Collaboration with other regulated healthcare providers is recommended, especially where there is a risk of harm based on the intervention being provided.	No. Collaboration is always recommended with other regulated healthcare providers.	No. Collaboration is always recommended with other regulated healthcare providers.

What is required to perform the Reserved Act of a psycho-social intervention?

- An established therapeutic nurse-client relationship;
- Additional education beyond entry-level competencies;
- Knowledge, skills and judgment to assess and understand when the disorder is substantial, severe, or grossly limits the client's ability to meet the ordinary demands of life;
- Knowledge, skills and judgment to assess and understand what type of therapeutic intervention is appropriate and how to use it in the context of the treatment; and
- Collaboration with other regulated health professionals who are authorized to perform the Reserved Act of a psycho-social intervention

The Registered Psychiatric Nurse-Client Relationship

The core of psychiatric nursing practice is the therapeutic relationship between the client and Registered Psychiatric Nurse. RPNs recognize that trust, respect and empathy must always be present in this established relationship as part of providing client-centered care. RPNs teach, support or counsel clients and their families in the decision-making process, explore lifestyle changes and manage symptoms of their illness. While these interventions are provided in the context of the nurse-client relationship, the relationship itself is often time-limited or episodic in nature and does not meet the depth and breadth of the therapeutic relationship required to perform the Reserved Act of a psycho-social intervention. An example of a type of practice where the nurse-client relationship likely would not meet the requirements to perform the Reserved Act of a psycho-social intervention would be psychiatric emergency nursing or acute care psychiatric nursing at a facility, long-term care facility, or hospital.

Differentiating Among Types of Psycho-social Interventions

All RPNs perform psycho-social interventions as part of their everyday practice. These interventions can be as simple as working with a client to promote lifestyle changes, e.g. smoking cessation, or as complex as Exposure Therapy for clients suffering from Post-Traumatic Stress Disorder (PTSD). However, **the point at which the psycho-social intervention becomes a Reserved Act (the red zone) is when the RPN intends to treat, alter, modify or change an underlying condition and the client exhibits symptoms that would grossly impair their ability to meet the ordinary demands of life.**

Some examples of a psycho-social intervention that would be considered a Reserved Act:

- Eye Movement Desensitization and Reprocessing (EMDR) with war veterans exhibiting acute symptoms of PTSD
- Exposure therapy for clients suffering from long-standing trauma
- Brainspotting therapy for unprocessed sexual trauma

Practice examples where RPNs might be performing the Reserved Act of a psycho-social intervention might include RPNs working in community settings, independent practice, and nurse therapist roles. It should be noted that these are typically advanced psychiatric nursing roles where the RPN and client have a well-established relationship and the RPN is educated beyond entry-level competencies to perform the intervention.

There is a significant risk of harm to clients for RPNs who work in the yellow zone periodically, or where the client does not exhibit symptoms that would grossly impair their ability to meet the ordinary demands of life. Consider examples seen in everyday practice: an RPN treats a client using Cognitive Behavioural Therapy or Dialectical Behaviour Therapy for symptoms of depression or anxiety. In either case, the RPN intends to treat, alter, modify or change an underlying condition. However, this can quickly become the Reserved Act of a psycho-social intervention if the client begins to decompensate or begins to show symptoms that grossly impair their ability to function.

Defining Additional Education

Because of the nature of the care that is being provided with a psycho-social intervention, additional education beyond the entry-level competencies is required for all RPNs.

Population Needs

RPNs need to have a firm understanding of how to provide competent, client-centered care. RPNs assess symptoms, perform health and mental health assessments, assess client needs, and work with the client to determine the type of treatment that is required as part of the treatment plan. It would be expected that if an RPN were providing a psycho-social intervention to a child or adolescent, they would have additional education that would be appropriate for treating a child and adolescent population. This would also apply to specialized areas of practice or unique populations, such as: forensics, Indigenous persons, LGBTQ2+ persons, persons with developmental disabilities, trauma-informed practice, and families.

Clinical Experience

Clinical experience is one of the determining factors that allows an RPN to provide a psycho-social intervention. This does not prevent newer RPNs or recent graduates from performing a psycho-social intervention; however, the RPN needs to critically self-reflect on their own clinical experience in providing services to the clients they work with in practice.

Education Needs

While there is no defined education path leads to enhancing an RPN's competencies in performing a psycho-social intervention, it is expected that the RPN will determine what additional education they need to work with their client and enhance their competencies through a process of self-assessment. The RPN needs to critically self-reflect to understand where there may be gaps in their own education, assess the needs of the population they serve, assess their own clinical experience, and take measures to address any gaps they identify through continuing education, formal and informal education opportunities, and collaboration with other authorized healthcare providers who can perform the Reserved Act.

Collaborative Practice

Registered Psychiatric Nurses (RPNs):

- Work in collaboration with other regulated healthcare providers; e.g. Social Workers or Physiotherapists:
- Must collaborate with other regulated healthcare providers who are authorized to perform the Reserved Act, for example Psychiatrists or Psychologists;
- Discuss, problem-solve and gain feedback about how they are performing the psycho-social intervention through formal or informal supervision, working groups, case conferences, and/or one-to-one consultation with other providers; and,
- Are expected to make referrals to other regulated healthcare providers when the care required is beyond their scope of practice or expertise.

Additionally, when ethical and professional practice issues arise within the context of a psycho-social intervention being provided, the RPN is encouraged to consult with the CRPNM or any other appropriate resources; e.g. Canadian Nurses Protective Society (CNPS).

Appendix A

Scenarios

Jean is an inpatient psychiatric nurse working at a local hospital in Winnipeg. She is assigned five clients per shift on her unit and works an eight-hour shift, three days per week. As part of her role, she often provides brief solution-focused therapy for clients she works with, including individual meetings where she provides guidance, education and teaching, when her time allows. Her work often includes helping the client cope with the symptoms of their illness. As part of the treatment plan, she is required to work with the client to meet their goals from therapy on the unit and assist them in completing their homework assignments.

Question: is Jean performing a Reserved Act?

Answer: No. While Jean is clearly performing a psycho-social intervention, her work would not be in the red quadrant of the matrix and would not be defined as a Reserved Act under the RHPA. While her clients may meet the definition of a substantial disorder, she is not treating the underlying condition through her interventions. Therefore, her work would be in the green quadrant.

Now, consider this scenario:

Peter is a psychiatric nurse therapist who works in Brandon providing therapy for war veterans who experience symptoms of Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder. Many of his clients come to him from C.F.B. Shilo and have varying degrees of symptoms ranging from moderate to severe, with most experiencing frequent flashbacks and difficulty coping in everyday situations. As part of his practice, Peter administers rating scales to establish both baseline and changes in functioning, and works with his clients to identify their triggers, reduce reactivity to traumatic memories, reduce their emotional, psychological and physiological symptoms, and provide client-specific therapy.

Peter has additional training in Cognitive Behaviour Therapy (CBT), Prolonged Exposure (PE) Therapy, and trauma-informed care. Therapy sessions for each client range from 45 minutes to 1 hour in length once per week, and each therapeutic relationship is well-established. Peter tailors his therapeutic approach and treatment based on each client's needs and collaborates with a psychologist in his practice with whom he meets once a week to discuss case management and treatment options.

Question: is Peter performing a Reserved Act?

Answer: Yes. Peter is performing the Reserved Act of a psycho-social intervention and would be working in the red quadrant of the matrix. Looking back at the factors identified for a Reserved Act to occur, Peter would meet each of these factors in the context of his practice.

- 1) Peter provides therapy as part of an established psychiatric nurse-therapist relationship. He meets with his clients once per week for specific times where he can provide therapy in a one-to-one relationship;
- 2) Peter also demonstrates additional education beyond entry-to-practice competencies with additional training in CBT, PE Therapy and trauma-informed care;
- 3) Peter has the knowledge, skills and judgment to understand when the disorder (PTSD or Acute Stress Disorder) is substantial and how to differentiate between the two as part of his job as a nurse therapist;

- 4) Peter has the knowledge, skills and judgment to select the type of treatment he will use and how to tailor that to each client he works with in the context of the therapeutic relationship; and
- 5) Peter collaborates weekly with a psychologist who is also authorized to perform the Reserved Act of a psycho-social intervention.

While Peter and Jean are both performing a psycho-social intervention, only Peter is performing the Reserved Act itself. We can see from the two examples how the scope of practice, depth of the therapeutic relationship and the type of therapy and intervention is different between Jean's and Peter's practice. While we have not addressed the additional education piece in Jean's scenario, even if she had the same education and experience as Peter, the context of her practice does not allow the Reserved Act to occur because of the lack of established therapeutic relationship and time allotted to work with her clients. In the context of Jean's practice, it would be inappropriate and potentially harmful to her client if she were to perform the Reserved Act of a psycho-social intervention.

Glossary

Activity: a specific action intended directly or indirectly to improve or maintain a health state.

Client: Individual, groups, families, and communities (Registered Psychiatric Nurses Entry-Level Competencies, Registered Psychiatric Nurses Canada, 2014)

Client-centered: care provides for active collaboration between specialties, disciplines and sectors that work together in a shared-decision making process to manage and implement a comprehensive care plan that involves the client as a partner in this process.

Competencies: The integrated knowledge, skills, professional judgment and attitudes required by a Registered Psychiatric Nurse to practice competently, ethically and safely (Verma, Paterson & Medves, 2006).

Evidence Informed: Care based on the collection, interpretation and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence (Halter, 2014).

Harm: Harm is considered an outcome that negatively affects a patient's health and/or quality of life, including illness, injury, suffering, disability, and death, and may thus be physical, social, or psychological (WHO, 2007). Harm can be caused by overt (e.g. [insert]) or covert malpractice (e.g. [insert]), in addition to the absence of adequate treatment (i.e. the patient is not improving, but declining).

Regulated Health Professions Act (RHPA): A piece of legislation proclaimed in 2014 that will replace more than 20 statutes and bring all regulated health professions under one umbrella act. The RHPA sets out consistent rules and processes for governance, registration, complaints and discipline, and regulation and by-law making authority. Each profession-specific statute will be repealed when the profession is transitioned to the RHPA. Professional self-governance will continue under the RHPA and each profession will have a college, regulations, a code of ethics and standards to govern its members.

Therapeutic Relationship: An interpersonal process that is purposeful, goal directed and focused on achieving outcomes in the best interest of the client, in which the nurse maximizes their communication skills, understanding of human behaviour, and personal strengths to advance the client's interests and personal growth, and to promote health and well-being.

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