

A Framework for accountable, Advanced Psychotherapeutic Nursing Practice, Revised 2025

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OUR VISION to **EMPOWER, EDUCATE,** and **MOBILIZE** the great healers of the 21st century.

Advanced Practice RN–Psychotherapist
Standards & Competencies

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This document articulates a practice-based framework for advanced RN–Psychotherapist practice. It is intended to complement—not replace—existing regulatory standards, codes of ethics, and scope-of-practice requirements governing nursing and psychotherapy practice in Canada.

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Standards exist to make professional responsibility visible—to the public, to the profession, and to those who practise within it. They clarify professional accountabilities and articulate what the public may reasonably expect of practice. —Becoming Institute Inc.

Introduction

This document sets out the Advanced Practice RN–Psychotherapist Standards and Competencies, developed to articulate the knowledge, skill, judgment, and ethical responsibilities required of Registered Nurses who engage in psychotherapeutic practice within their legislated nursing scope.

The Standards are designed to:

- protect the public;
- clarify professional accountability;
- support advanced nursing practice in psychotherapy; and
- ensure alignment with relevant regulatory and professional frameworks.

Furthermore, it provides a structured articulation of advanced nursing practice for Registered Nurses who integrate psychotherapy as a core clinical function. It does not create a new regulated profession, redefine protected titles, or alter statutory authority.

Rationale for Standards Development

The scope, depth, and complexity of psychotherapeutic nursing practice have expanded significantly in response to evolving mental health needs, trauma prevalence, and system demands across health, community, and social care settings.

As Registered Nurses increasingly engage in advanced psychotherapeutic roles with individuals, families, groups, and communities, there is a corresponding professional obligation to clearly articulate the standards, competencies, and safeguards that govern this practice. Clear standards are essential to support consistent expectations for competence, ethical conduct, clinical judgment, supervision, and ongoing professional formation.

These Standards were developed to provide clarity and public protection where RN–Psychotherapist practice extends beyond general nursing standards while remaining fully grounded within nursing regulation.

Guiding Principles

The following guiding principles articulate the ethical, relational, and professional conditions that underpin advanced RN–Psychotherapist practice. They are not regulatory requirements or prescriptive rules. Rather, they orient clinical judgment, supervision, ethical discernment, and professional accountability in complex psychotherapeutic contexts where discretion, influence, and relational power are heightened.

Relational Personhood

Personhood is understood as a developmental and relational process through which the self comes to know itself first through relationship with others and, over time, through the gradual shedding of false thoughts, beliefs, values, habits, and desires adopted in response to relational encounter, injury, and adaptation. The RN–Psychotherapist understands that the self is constituted through relationship and shaped by efforts to belong, survive, and be seen within relational, cultural, and systemic contexts. Distortions of the self are not inherent defects, but adaptive structures formed in environments that required compromise of truth, safety, or authenticity.

Psychological injury therefore occurs within relational fields, and healing likewise requires relational engagement. Psychotherapy is not limited to symptom management or behavioural correction; it is a process of identifying, understanding, and repairing adaptive distortions

¹ In this document, *RN–Psychotherapist* refers to a Registered Nurse, Clinical Nurse Specialist or Nurse Practitioner who has completed advanced education and supervised clinical preparation in psychotherapeutic practice, and who integrates nursing knowledge, ethical accountability, and psychotherapeutic competence within their regulated scope of nursing practice.

² *Client* refers to individuals, couples, families, groups, or communities engaged in a formal psychotherapeutic or trauma-recovery relationship with the RN–Psychotherapist. The term reflects the relational, developmental, and systemic nature of psychotherapeutic nursing practice.

³ *Advanced psychotherapeutic nursing practice* refers to the provision of depth-oriented, relational, and ethically contained therapeutic care that requires advanced clinical judgment, reflective discipline, supervision, and accountability for psychotherapeutic process and impact.

of the self and supporting a gradual return to the true or original self. This return is experienced as increased coherence, integrity, agency, and peace within relationship. The principle commonly expressed as “I am because we are” is operationalized as a clinical reality rather than a cultural metaphor: individual distress is never abstracted from family systems, community contexts, historical conditions, or structural forces that shape identity, attachment, and meaning over time.

Implications for the Standard

Relational personhood establishes the foundational orientation for advanced RN–Psychotherapist practice. Advanced practice requires the capacity to assess the self as relationally constituted rather than intrapsychically isolated; to distinguish between pathology and adaptive self-structures formed in response to relational and environmental demands; to situate psychological distress within individual, familial, communal, intergenerational, and systemic relational fields; and to design psychotherapeutic interventions that support the repair of relationally formed distortions and the restoration of coherence, agency, and authenticity. This principle orients all subsequent competencies toward depth-oriented, relationally grounded practice that restores connection, truth, and integrity within individuals and the systems they inhabit.

Attachment, Human Development, and the Arc of Healing

Human development and healing unfold through attachment and connection across the lifespan and across systems. The RN–Psychotherapist understands attachment not as a static early-life phenomenon, but as a dynamic, developmental process that shapes identity, regulation, belonging, and meaning from conception through death. Attachment is influenced by early caregiving relationships as well as ancestral, intergenerational, cultural, and environmental conditions. Experiences of safety, attunement, separation, disconnection, and loss—particularly during critical developmental periods—shape how individuals learn to relate to themselves, others, and the world. Disruptions in attachment often result in adaptive patterns of survival that support functioning but compromise connection, authenticity, and agency over time.

Healing is understood as a progressive return to connection that unfolds through identifiable phases. Therapeutic work initially centers on restoring regulation, coherence, and attachment to one’s internal experience. As stability develops, unresolved attachment injuries within family systems emerge and require repair, followed by expanding awareness of community, cultural, institutional, and societal influences on belonging and exclusion. This progression reflects an interconnection bond—circles within circles—in which healing at one level reveals and activates healing needs at the next. Advanced RN–Psychotherapist practice requires the capacity to recognize this arc, tolerate complexity, and support phase-appropriate healing without reducing distress to individual pathology or prematurely shifting responsibility to broader systems.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to understand attachment as a lifespan, intergenerational, and systemic process; recognize how attachment disruptions manifest across individual, familial, communal, institutional, and societal levels; support clients as healing expands from self to family, community, and broader systems; discern phase-appropriate therapeutic focus without premature displacement of responsibility; and practice with the awareness that restoration at one level of system exposure contributes to healing across the whole.

Dignity as Inherent and Relational

Human dignity is inherent and inviolable. It does not depend on behaviour, diagnosis, capacity, productivity, compliance, or social position. Dignity is both an individual truth and a relational condition that must be actively upheld within families, communities, institutions, and public systems. The RN–Psychotherapist understands that dignity is not conferred through professional authority or therapeutic success; it is recognized. Psychological suffering frequently emerges in contexts where dignity has been violated, denied, or eroded—through neglect, coercion, pathologization, exclusion, or systemic dehumanization. Trauma is therefore understood not only as a response to threat or loss, but as a response to experiences in which inherent worth was not protected or affirmed.

Dignity is sustained through relationship and expressed through choice. It is experienced when individuals are seen as whole, when their stories are held without reduction, and when their agency is respected—

even in states of vulnerability. Trauma can distort perception, constrain agency, and fragment decision-making, leading individuals to make choices that compromise their well-being, boundaries, or sense of self. A central aim of psychotherapeutic practice is therefore to support individuals in reclaiming their capacity to choose in ways that uphold dignity, values, and relational boundaries. The RN–Psychotherapist further recognizes that dignity is shaped not only within therapeutic encounters, but through policies, documentation practices, service models, and governance decisions that either uphold or quietly undermine personhood within systems of care.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to recognize dignity as inherent and non-contingent; identify when psychological distress reflects experiences of dignity violation at interpersonal, institutional, or systemic levels; support individuals in reclaiming choice and agency aligned with their values and boundaries; conduct assessment, documentation, and intervention in ways that preserve personhood rather than reduce individuals to pathology, risk, or administrative categories; attend to how organizational and policy structures impact dignity; and exercise ethical leadership in addressing practices or conditions that compromise dignity across clinical, organizational, and public systems.

Wisdom as Inherent, Cultivated, and Revealed

Wisdom is understood as an inherent human capacity for insight, meaning-making, and truth discernment. It exists within each person and is progressively cultivated through lived experience, reflection, relationship, and ethical responsibility across the lifespan. The RN–Psychotherapist recognizes that wisdom is not synonymous with technical knowledge, formal education, or professional designation. Rather, it deepens as individuals and communities integrate experience, accountability, and relational understanding over time, developing the capacity to hold complexity, suffering, and transformation without collapse or defensiveness.

Psychotherapeutic practice is therefore understood not only as a technical or clinical intervention, but as a relational space through which wisdom may be revealed. As trauma-based distortions resolve and coherence is restored, clients are supported in accessing their own inherent wisdom. At the same

time, the RN–Psychotherapist practices as a wisdom holder—someone capable of sustaining presence, uncertainty, and ethical responsibility without imposing meaning, directing outcomes, or collapsing complexity. Wisdom in practice does not negate evidence, regulation, or professional accountability; rather, it requires the disciplined integration of scientific knowledge, clinical skill, lived experience, cultural understanding, and ethical discernment exercised with humility and restraint.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to recognize wisdom as an inherent human capacity that may emerge as trauma-based distortions resolve; understand wisdom development as a progressive process shaped by experience, reflection, relationship, and ethical responsibility; sustain therapeutic presence and complexity without imposing meaning or direction; create relational conditions that allow insight, truth, and healing to emerge for individuals, families, and communities; integrate scientific evidence, clinical expertise, cultural knowledge, and lived experience with discernment and humility; and engage in ongoing personal and professional formation to deepen self-awareness, ethical clarity, and professional integrity over time.

Truth–Telling as a Condition of Healing

Healing requires truth-telling. Individual and collective healing are not possible without the capacity to name, witness, and integrate truth in its personal, relational, historical, and systemic forms. The RN–Psychotherapist understands that trauma often involves not only what occurred, but what could not be spoken, was denied, distorted, minimized, or rendered unsafe to name. Psychological suffering is therefore frequently compounded by silencing within families, communities, institutions, and societies. Truth-telling restores coherence where fragmentation has occurred and establishes the conditions necessary for dignity, safety, and repair.

Truth-telling operates at multiple levels and must be held with discipline, timing, and ethical responsibility. At the individual level, it involves supporting clients to articulate lived experience without fear of dismissal, reinterpretation, or

retaliation. At relational and collective levels, it includes acknowledging shared histories of harm, rupture, and adaptation within families, communities, organizations, and cultures. At societal levels, truth-telling requires naming historical and ongoing harms enacted through systems, policies, and professional practices. The RN–Psychotherapist recognizes that truth-telling is not an act of accusation or exposure for its own sake, but a relational process that must be held with safety and containment. When truth is named without care, harm can be reproduced; when truth is avoided, healing is foreclosed. Truth-telling is therefore a prerequisite for reconciliation, allowing narrative authority, meaning, and relational trust to be restored without coercion or premature closure.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to support individuals in articulating lived truth without distortion, minimization, or pathologization; recognize and name relational, collective, and intergenerational truths that shape psychological distress and resilience; acknowledge historical and ongoing harms enacted through families, communities, institutions, and public systems; engage truth-telling as a structured, ethical, and trauma-informed clinical process; examine and interrupt professional, organizational, or educational practices that silence or obscure truth; and integrate truth-telling as a foundational condition for healing, reconciliation, and collective repair.

Safety as Neuroceptive, Relational, and Co-Regulated

Safety is not declared; it is perceived. Healing requires safety that is registered at the level of the nervous system and sustained through reciprocal regulation within relationship. The RN–Psychotherapist understands safety as a neuroceptive process—an unconscious, continuous assessment through which the nervous system evaluates cues of threat or safety in the environment and in others. Within psychotherapeutic encounters, safety is shaped not only by words, interventions, or intent, but by the interaction between nervous systems. Individuals and communities affected by trauma are particularly sensitive to these cues, often registering safety or danger prior to conscious awareness.

The nervous system of the practitioner is therefore an active clinical factor. Through tone, pacing, presence, facial expression, posture, and emotional regulation, the RN–Psychotherapist continuously transmits cues that either support safety or reinforce threat. Advanced practice requires intentional self-regulation, self-awareness, and personal healing sufficient to stabilize the practitioner’s own nervous system prior to engaging others. Safety operates across multiple levels: physiologically through regulation and agency; relationally through attunement, responsiveness, and repair of rupture; and collectively through power dynamics, policies, historical memory, and systemic patterns of inclusion or exclusion. Safety is understood as a dynamic, co-regulated condition that must be continually assessed and supported rather than assumed.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to understand safety as a neuroceptive and co-regulated process shaped through interaction; recognize how the practitioner’s own regulation, presence, and unresolved material influence perceived safety; engage in ongoing self-reflective and self-regulatory practices that support ethical presence; intentionally transmit cues of safety through attunement, pacing, tone, transparency, and responsiveness; assess physiological and relational indicators of safety and threat as primary clinical data; and recognize how institutional practices, power relations, and historical contexts influence collective neuroception of safety.

Humility, Partnership, and Ethical Use of Influence

Psychotherapeutic practice is grounded in humility. The RN–Psychotherapist practices from the understanding that individuation and collectivity are inseparable and that all persons hold equal human worth regardless of role, status, knowledge, or position. Therapeutic relationships are therefore not hierarchical in worth, even when they are differentiated in role. The practitioner does not stand above the client, nor does the client stand beneath the practitioner. Psychotherapy is understood as a partnership in which each brings essential wisdom to the healing process.

Within this partnership, roles are distinct but complementary. The RN–Psychotherapist functions as a guide, holding clinical knowledge, ethical responsibility, and the capacity to navigate complexity

and uncertainty, while the client brings lived experience, meaning, and inherent knowing. Humility is not the absence of authority, but the ethical containment of it. Influence is exercised with restraint, discernment, and respect for the client's agency and emerging insight. Therapeutic influence operates not only through intervention, but through presence, framing, silence, and relational stance. When humility is absent, influence risks overriding client wisdom or reproducing dependency; when humility is present, the therapeutic relationship becomes a space in which individual and collective wisdom can surface and integrate. This ethic of partnership extends beyond the individual encounter and informs practice within families, communities, institutions, and systems.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to practice from a stance of humility that affirms equal human worth within differentiated therapeutic roles; engage clients as active partners rather than passive recipients of expertise; honour lived experience as a source of wisdom and direction; exercise clinical authority as guidance rather than control and influence as support rather than imposition; recognize and regulate power dynamics to prevent hierarchy, dependency, or diminishment; and apply principles of humility and partnership across individual, relational, collective, and systemic contexts.

Collective Responsibility for Healing

Healing does not occur in isolation. Individual well-being is inseparable from the relational, cultural, historical, and structural contexts in which identity, belonging, and safety are formed. The RN–Psychotherapist understands human development as mutually shaping: individuals come to know themselves through others, and as individuals evolve, the relational systems to which they belong also change. Psychological suffering is therefore never solely personal; it reflects adaptive responses to relational and collective conditions that have shaped experience over time. When collective wounding remains unacknowledged, individuals are often implicitly tasked with carrying and resolving distress that did not originate solely within them.

Collective responsibility for healing extends beyond private therapeutic encounters into families, communities, institutions, and public systems. Laws, policies, funding decisions, governance structures, and organizational cultures shape the conditions under

which trauma is produced, sustained, or repaired. Sustainable healing requires an integrated process in which individual and collective repair occur simultaneously. As individuals restore coherence and release trauma-based distortions, shifts occur within the relational fields they inhabit; likewise, when families, communities, and institutions engage in reflective and reparative processes, individual healing is supported and made more durable. The RN–Psychotherapist holds a distinct responsibility within this landscape, bringing clinical insight to relational systems and supporting conditions of dignity, safety, and shared accountability across levels of care.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to situate individual distress within relational, historical, cultural, and structural contexts; recognize when individual symptoms reflect unresolved harm within families, communities, institutions, or broader social systems; design and support psychotherapeutic processes that address healing at individual, familial, and community levels within appropriate scope; avoid reinforcing narratives that assign responsibility for healing exclusively to individuals in the absence of collective accountability; engage families, communities, organizations, and institutions in reflective and reparative processes that support relational integrity; and exercise ethical leadership and systems literacy in conditions affecting community well-being and intergenerational health.

Accountability, Supervision, and Continuous Formation

Advanced psychotherapeutic practice requires sustained accountability. Ethical intention, humility, wisdom, and safety cannot be assumed or self-declared; they must be continually examined, supported, and reinforced through structured accountability, supervision, and ongoing professional formation. The RN–Psychotherapist understands that the capacity to hold relational depth, power, influence, and co-regulation evolves over time and remains vulnerable to blind spots, fatigue, overidentification, and unconscious reenactment of harm. No practitioner—regardless of experience or role—operates outside the need for reflection, feedback, and containment.

Supervision is therefore understood not as oversight alone, but as a core clinical and ethical practice. It provides a relational space in which the practitioner's responses, assumptions, nervous system regulation, and use of influence can be examined with honesty and care. Accountability extends beyond individual supervision into professional, organizational, and regulatory structures that function as collective containers protecting clients, practitioners, and the integrity of the profession. Continuous formation is essential to advanced practice and encompasses more than technical skill acquisition; it includes reflective discipline, ethical clarity, cultural awareness, and the integration of lived experience over time. Accountability is not punitive but protective, sustaining humility, preventing misuse of influence, and ensuring ongoing alignment with commitments to dignity, safety, truth, and collective well-being.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to engage in regular, structured clinical supervision appropriate to the scope and complexity of practice; participate in reflective and peer-based accountability processes that examine power, influence, and relational impact; recognize personal limits, blind spots, and indicators of dysregulation or ethical drift; seek consultation, support, or remediation when practice integrity is compromised; maintain continuous professional development that integrates clinical skill, ethical reflection, cultural awareness, and self-regulation; and uphold regulatory, organizational, and professional accountability mechanisms that protect clients and the integrity of practice.

Continuous Integration, Clinical Discernment, and Scope of Practice

Advanced RN–Psychotherapist practice is characterized by continuous integration. Foundational preparation provides an initial orientation, while coherence in practice emerges through the progressive integration of psychotherapeutic knowledge, lived clinical experience, and evolving professional consciousness over time. The RN–Psychotherapist understands that no single psychotherapeutic model or technique is sufficient to meet the complexity of human experience. Each approach offers particular insights and limits, and advanced

practice therefore requires openness to learning, refinement, and thoughtful integration across the lifespan of practice.

Integration is not the accumulation of techniques nor allegiance to a preferred model. It is the disciplined capacity to discern when, how, and for whom particular approaches are appropriate. Psychotherapy is understood as a structured process with ethical beginnings, middles, and endings, each carrying distinct responsibilities related to readiness, pacing, intervention, and closure. Advanced practice requires continual refinement of clinical judgment, relational capacity, nervous system regulation, ethical clarity, and self-awareness, allowing the practitioner to respond coherently and responsibly across diverse therapeutic contexts. Continuous integration therefore includes both professional learning and personal formation, ensuring practice remains adaptive, grounded, and aligned with scope.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to engage in ongoing learning and integration of diverse psychotherapeutic approaches; exercise clinical discernment in the selection, timing, and sequencing of interventions in response to client readiness and phase of treatment; practice psychotherapy as a structured process with ethical beginnings, middles, and endings; integrate clinical expertise with self-awareness, ethical responsibility, and relational maturity; avoid rigid adherence to any single model or technique; and apply scope of practice with clarity, judgment, and professional accountability.

Stewardship, Legacy, and Intergenerational Responsibility

Advanced RN–Psychotherapist practice carries responsibility beyond individual clinical encounters. The practitioner functions as a steward of the profession, entrusted with safeguarding its ethical foundations, advancing its integrity, and contributing to its evolution in service of present and future generations. The RN–Psychotherapist understands professional practice as existing within a generational continuum: each practitioner inherits the knowledge, struggles, reforms, and wisdom of those who came before and, through their conduct and choices, shapes the conditions under which future practitioners and communities will heal. Stewardship therefore requires conscious participation in the ongoing formation of the field rather than passive adherence to existing norms.

Stewardship is expressed through ethical leadership, mentorship, teaching, supervision, scholarship, and contribution to professional discourse. It also includes responsibility for sustainability—protecting practitioner well-being, relational integrity, and ethical clarity over time. Burnout, moral injury, and fragmentation within the profession undermine its capacity to serve and are therefore matters of professional responsibility, not personal failure. Advanced RN–Psychotherapist practice includes nurturing the next generation through the transmission of both clinical competence and ethical wisdom, and contributing to clinical, educational, organizational, and public systems that support dignity, safety, truth, and collective healing. In doing so, the practitioner helps ensure that psychotherapeutic nursing remains responsive to evolving social realities and emerging forms of human suffering.

Implications for the Standard

Advanced RN–Psychotherapist practice includes the capacity to recognize professional practice as participation in a generational continuum; engage in mentorship, teaching, supervision, and leadership that support ethical formation of others; contribute to the evolution of standards, education, and practice through dialogue, scholarship, and service; model sustainable practices that protect practitioner well-being and professional integrity; respond to emerging social, cultural, and systemic challenges with responsibility and foresight; and steward the profession in ways that honour its past, serve its present, and safeguard its future.

Domain I: Accountability and Scope of Advanced RN–Psychotherapist Practice

Standard

The RN–Psychotherapist practices as an advanced nursing professional with primary accountability to the public, grounded in ethical responsibility, clinical competence, and adherence to regulatory standards governing nursing and psychotherapeutic care. Advanced RN–Psychotherapist practice is characterized by the capacity to independently assess, conceptualize, and deliver psychotherapeutic interventions within authorized scope, while maintaining clear professional boundaries, appropriate use of authority, and responsibility for clinical decision-making across individual, family, group, and community contexts. The RN–Psychotherapist is accountable for practicing within legislated scope and regulatory requirements, exercising advanced clinical judgment in complex, relational, and trauma-informed environments, and engaging in ongoing self-assessment and professional attestation regarding scope, competence, and readiness—particularly when entering new areas of practice, assuming increased clinical complexity, or responding to evolving client and system needs.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates accountability and appropriate scope of practice by the ability to:

1.1 Practice Within Defined Scope and Authority

- Clearly articulate the scope, limits, and responsibilities of advanced RN–Psychotherapist practice to clients, collaborators, and systems.
- Practice independently within authorized scope while recognizing when consultation, referral, or collaboration is required.
- Avoid role confusion, boundary blurring, or assumption of responsibilities beyond professional competence or legal authority.

1.2 Exercise Advanced Clinical Judgment

- Integrate nursing knowledge, psychotherapeutic frameworks, trauma theory, and relational assessment in clinical decision-making.
- Distinguish between adaptive responses, psychological distress, and diagnosable conditions without over-pathologizing.
- Apply judgment proportionate to clinical complexity, acuity, and relational risk.

1.3 Maintain Ethical and Professional Accountability

- Practice in accordance with the CNA Code of Ethics, CNO Professional Standards, and applicable psychotherapeutic regulatory expectations relevant to nursing practice.
- Take responsibility for the impact of clinical decisions, including unintended consequences
- Address ethical dilemmas proactively through reflection, consultation, supervision, and documentation.

1.4 Ensure Public Protection and Client Safety

- Prioritize client safety, informed consent, confidentiality, and appropriate documentation at all times.
- Recognize and respond to risk, vulnerability, and power differentials within therapeutic relationships.
- Implement safeguards to prevent harm, exploitation, or misuse of therapeutic influence.

1.5 Engage in Professional Oversight and Supervision

- Participate in clinical supervision and consultation appropriate to role complexity and practice context.
- Seek oversight when encountering clinical situations that exceed current competence or involve heightened ethical or relational risk.
- Contribute to a culture of accountability, transparency, and continuous quality improvement.

1.6 Demonstrate Accountability Beyond the Individual Encounter

- Recognize accountability not only to individual clients, but also to families, communities, institutions, and the broader public.
- Practice with awareness of how systems, policies, and institutional contexts shape clinical realities.
- Engage responsibly in advocacy, leadership, and systems-level dialogue within scope and role.

Scope Clarification

Advanced RN–Psychotherapist practice is not defined by allegiance to a single therapeutic modality, but by the ability to apply psychotherapeutic interventions safely and effectively, integrate multiple approaches based on clinical need and timing, and remain accountable for therapeutic process and outcomes.

The RN–Psychotherapist does not assume authority over clients, communities, or systems, but practices as a regulated nursing professional whose role is to support healing, safety, and integrity within clearly defined professional boundaries.

Closing Statement

Accountability is the foundation upon which advanced RN–Psychotherapist practice rests. By practicing within scope, exercising disciplined clinical judgment, and maintaining responsibility to the public, the RN–Psychotherapist upholds trust in the profession and creates the conditions necessary for safe, ethical, and effective psychotherapeutic care.

Domain 2: Ethical Practice, Dignity, and Professional Decision-Making

Standard

The RN–Psychotherapist practices in accordance with ethical principles that uphold inherent human dignity, respect for autonomy, relational accountability, and professional integrity. Ethical practice is expressed through sound clinical judgment, transparent decision-making, and the responsible use of therapeutic influence within all psychotherapeutic encounters. Advanced RN–Psychotherapist practice requires the capacity to make decisions that protect dignity, promote safety, and support the client’s ability to act in alignment with their values, capacities, and lived realities, while remaining accountable to regulatory standards and the public interest.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates ethical practice and dignity-preserving decision-making by the ability to:

2.1 Uphold Inherent Human Dignity

- Recognize dignity as intrinsic and not contingent on diagnosis, behaviour, compliance, capacity, or social status.
- Ensure that assessment, documentation, and intervention do not reduce individuals to pathology, risk, or deficit.
- Practice in ways that preserve personhood, agency, and relational integrity.

2.2 Engage in Dignity-Preserving Clinical Decision-Making

- Make clinical decisions that support clients in acting in ways that uphold dignity, safety, and well-being.
- Balance client autonomy with professional responsibility, particularly in contexts involving vulnerability, power differentials, or risk.
- Avoid coercive, paternalistic, or implicitly moralizing approaches to care.

2.3 Exercise Ethical Use of Influence and Authority

- Recognize the inherent power of the therapeutic role and take responsibility for how influence is exercised.
- Use clinical authority to support clarity, containment, and safety rather than control, dependency, or compliance.
- Maintain professional boundaries that protect clients from harm while allowing for genuine therapeutic presence.

2.4 Practice With Transparency, Consent, and Accountability

- Ensure informed consent is ongoing, meaningful, and responsive to changes in clinical context.
- Communicate clearly about roles, expectations, limits of confidentiality, and the therapeutic process.
- Document ethical reasoning and decision-making in accordance with professional and legal standards.

2.5 Navigate Ethical Complexity and Uncertainty

- Recognize that advanced practice involves ethical ambiguity and competing obligations.
- Engage in reflective practice, consultation, and supervision when ethical tensions arise.
- Demonstrate the capacity to tolerate uncertainty without resorting to premature closure or rigid adherence to technique.

2.6 Honour Partnership Within the Therapeutic Relationship

- Engage clients as active participants in their healing process, recognizing lived experience as a legitimate source of knowledge.
- Respect the client’s pace, readiness, and capacity for decision-making.
- Support collaborative meaning-making while maintaining professional responsibility for clinical judgment.

Scope Clarification

Ethical RN–Psychotherapist practice does not eliminate clinical authority, nor does it collapse responsibility entirely onto the client. Rather, it reflects a disciplined balance between professional judgment and relational partnership, grounded in respect for dignity, safety, and accountability. Ethical decision-making is understood as a continuous process rather than a one-time determination, requiring ongoing reflection, dialogue, and adjustment throughout the course of therapeutic engagement.

Closing Statement

Ethical practice is foundational to advanced RN–Psychotherapist care. By upholding dignity, exercising disciplined judgment, and engaging clients as partners within clearly defined professional boundaries, the RN–Psychotherapist ensures that psychotherapeutic care remains safe, respectful, and worthy of public trust.

Domain 3: Relational and Therapeutic Practice

Standard

The RN–Psychotherapist practices psychotherapy as a relational process grounded in attachment, partnership, and attuned professional presence. Therapeutic effectiveness is understood to emerge primarily through the quality of the therapeutic relationship, within which safety, trust, recognition, and mutual engagement are established and sustained over time. Advanced RN–Psychotherapist practice requires the capacity to form, maintain, and conclude therapeutic relationships that support repair of relational injury, restoration of connection, and integration across individual, familial, and broader relational systems.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates advanced relational and therapeutic practice through the ability to:

3.1 Establish and Sustain a Therapeutic Alliance

- Create therapeutic relationships characterized by trust, consistency, respect, and psychological safety.
- Demonstrate reliability, emotional presence, and attunement throughout the course of therapy.
- Recognize and respond to ruptures in the therapeutic relationship in ways that support repair rather than withdrawal, avoidance, or escalation.

3.2 Practice Through an Attachment-Informed Lens

- Understand attachment as a lifespan, intergenerational, and relational process rather than a fixed early developmental outcome.
- Recognize how attachment disruptions shape emotional regulation, relational patterns, identity, and meaning.
- Support clients in restoring connection to self and others through relational repair rather than reliance on insight or technique alone.

3.3 Engage in Therapeutic Partnership

- Approach psychotherapy as a collaborative process in which the client and practitioner hold distinct and complementary roles.
- Recognize the client as the expert in their lived experience and the RN–Psychotherapist as a guide with clinical, relational, and ethical expertise.
- Support client agency by honouring goals, pace, and readiness within the therapeutic process.

3.4 Practice With Humility and Relational Equality

- Acknowledge that no individual holds greater inherent worth than another, regardless of professional role, status, or expertise.
- Practice humility by remaining open to learning from clients, families, and communities.
- Avoid hierarchical, extractive, or self-referential relational dynamics that undermine trust, dignity, or therapeutic integrity.

3.5 Work Across Relational Systems

- Recognize that individual distress is embedded within family, community, cultural, and systemic contexts.
- Support clients in understanding how relational systems influence experiences of safety, belonging, and identity.
- Engage families, groups, or communities in therapeutic processes when appropriate, within scope, and with informed consent.

3.6 Honour the Arc of the Therapeutic Process

- Recognize psychotherapy as a structured process with a beginning, middle, and end.
- Support clients through phases of engagement, exploration, integration, and conclusion.
- Prepare clients for transition and termination in ways that consolidate learning, autonomy, and relational capacity.

Scope Clarification

Relational and therapeutic practice does not imply boundary dissolution, emotional over-identification, or role confusion. Advanced RN–Psychotherapist practice requires disciplined relational engagement that balances attuned presence with professional responsibility, ethical boundaries, and accountability. The therapeutic relationship is not an end in itself, but a structured clinical context through which healing, insight, and integration are made possible.

Closing Statement

Relational practice is the core medium through which psychotherapy unfolds. By practicing with attunement, humility, and partnership, the RN–Psychotherapist creates the conditions necessary for attachment repair, relational integration, and sustained healing within and beyond the individual therapeutic encounter.

Domain 4: Clinical Judgment, Knowledge Integration, and Wisdom in Practice

Standard

The RN–Psychotherapist practices with advanced clinical judgment informed by the integration of nursing knowledge, psychotherapeutic theory, empirical evidence, lived experience, and reflective practice. Wisdom in practice is expressed through discernment, timing, and responsiveness to complexity rather than adherence to any single model or technique. Advanced RN–Psychotherapist practice recognizes knowledge as both accumulated and emergent, requiring continual learning, reflection, and integration across the course of professional practice.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates clinical judgment and wisdom in practice through the ability to:

4.1 Integrate Multiple Ways of Knowing

- Draw upon nursing science, psychotherapeutic theory, trauma research, and empirical evidence in clinical decision-making.
- Recognize lived experience, relational knowledge, and contextual understanding as legitimate sources of clinical insight.
- Integrate cultural, embodied, narrative, and community-based knowledge where relevant to client care.

4.2 Exercise Discernment and Timing

- Select interventions based on clinical readiness, relational context, and phase of the therapeutic process.
- Avoid rigid, formulaic, or technique-driven practice.
- Recognize when restraint, presence, pacing, or non-intervention is clinically indicated.

4.3 Demonstrate Clinical Reasoning in Complex Contexts

- Navigate uncertainty, ambiguity, and competing clinical priorities with sound professional judgment.
- Adapt practice in response to evolving client needs, relational dynamics, and contextual factors.
- Balance intuition with evidence-informed reasoning and reflective validation.

4.4 Engage in Progressive Professional Development

- Commit to lifelong learning and the integration of new knowledge into clinical practice.
- Critically reflect on emerging evidence, evolving theory, and personal clinical experience.
- Refine clinical judgment through supervision, consultation, peer dialogue, and disciplined self-assessment.

4.5 Hold Therapeutic Space With Integrity

- Create and sustain therapeutic environments in which insight, meaning, and integration can emerge.
- Maintain presence and containment during periods of client distress, uncertainty, or transformation.
- Recognize that clinical wisdom is revealed through relational process rather than imposed through authority.

Scope Clarification

Wisdom in advanced RN–Psychotherapist practice does not imply infallibility, spiritual authority, or superiority of knowledge. It reflects the capacity to integrate learning over time and to apply it with humility, accountability, and clinical precision. The RN–Psychotherapist remains fully accountable for all clinical decisions and their consequences, regardless of the sources of knowledge informing those decisions.

Closing Statement

Clinical wisdom emerges through disciplined practice, reflective integration, and ethical responsibility. By cultivating discernment and integrating diverse forms of knowledge, the RN–Psychotherapist supports therapeutic processes that are responsive, humane, and firmly grounded in professional accountability.

Domain 5: Truth-Telling, Sequencing, and Ethical Integrity

Standard

The RN–Psychotherapist practices truth-telling as a staged, relational, and ethically sequenced clinical process. Truth in psychotherapy is not forced, extracted, or disclosed prematurely; it is gradually revealed as safety, coherence, and capacity for integration are established within the therapeutic relationship. Advanced RN–Psychotherapist practice recognizes that psychological defenses—including denial, dissociation, fragmentation of memory, and protective narrative gaps—are adaptive responses to trauma and threat. Ethical truth-telling therefore requires discernment, timing, and stewardship of the revelatory process through which meaning, memory, and identity are progressively integrated.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates advanced truth-telling practice through the ability to:

5.1 Recognize Truth as Developmental and Revealed Over Time

- Understand truth-telling as a process that unfolds in stages rather than a single act of disclosure.
- Recognize that clients may initially lack access to aspects of their experience due to trauma-related protective mechanisms.
- Hold respect for partial, emerging, or fragmented truths as legitimate phases within the healing process.

5.2 Discern and Respect Protective Structures

- Identify defensive processes such as denial, dissociation, compartmentalization, and narrative disconnection without pathologizing them.
- Recognize the protective function of differently encoded memory states and the need for sequencing and integration over time.
- Avoid premature confrontation or disclosure that exceeds the client’s capacity for regulation, safety, or meaning-making.

5.3 Practice Ethical Stewardship of the Revelatory Process

- Hold responsibility for pacing, containment, and relational safety as truth emerges within psychotherapy.
- Recognize that truth is revealed to both client and practitioner through relational engagement rather than unilateral interpretation.
- Maintain humility and openness to having one’s clinical understanding revised as the therapeutic process unfolds.

5.4 Facilitate Self-Witnessing and Internal Truth-Telling

- Recognize that within the therapeutic encounter, individuals are often speaking truth to themselves rather than to the practitioner.
- Create and protect a therapeutic space in which clients can observe, articulate, and integrate their own experience across time and identity.
- Allow truth to emerge through self-reflection and self-address without redirecting, interrupting, or prematurely interpreting the client’s process.
- Respect silence, emergence, and unfolding as clinically meaningful aspects of truth-telling.

5.5 Support Integration Toward Coherent Identity

- Assist clients in organizing emerging truths into coherent personal narratives.
- Support movement toward an integrated sense of self characterized by agency, continuity, and meaning.
- Recognize identity formation as an outcome of ethical truth-telling rather than a presupposition of treatment.

5.6 Maintain Integrity in Clinical Communication and Documentation

- Ensure that documentation reflects the client’s current level of awareness and integration without overstating certainty.
- Avoid imposing interpretations or conclusions that are not yet clinically, relationally, or ethically supported.
- Communicate evolving clinical understanding transparently and responsibly within professional and interprofessional contexts.

Scope Clarification

Truth-telling in advanced RN–Psychotherapist practice is not synonymous with confrontation, disclosure, or factual completeness at any single point in time. It is a disciplined clinical practice that respects sequencing, neurobiological capacity, and relational safety.

Ethical integrity requires that truth be revealed in ways that support integration rather than retraumatization, fragmentation, or loss of agency.

Closing Statement

Truth-telling is a healing process governed by timing, safety, and relational trust. By stewarding the gradual revelation of truth with discernment and ethical responsibility, the RN–Psychotherapist supports the integration of memory, meaning, and identity while upholding the dignity, autonomy, and well-being of those they serve.

Domain 6: Safety, Neuroception, and Co-Regulated Practice

Standard

The RN–Psychotherapist practices with primary responsibility for establishing and maintaining conditions of safety within the therapeutic relationship. Safety is understood as a neurobiological and relational experience, shaped by cues of threat or safety exchanged within and between nervous systems. Advanced RN–Psychotherapist practice requires the capacity to recognize how nervous systems interact, influence one another, and regulate through relational engagement. The practitioner is accountable for attending to their own regulation, presence, and responses, recognizing that therapeutic safety is co-created and cannot be delegated to the client.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates advanced practice in safety and co-regulated care through the ability to:

6.1 Understand Safety as Neuroceptive and Relational

- Recognize that safety is detected implicitly by the nervous system rather than determined solely by verbal reassurance or stated intent.
- Understand how cues of safety and threat are communicated through tone, pacing, posture, facial expression, rhythm, and relational presence.
- Acknowledge that client responses reflect neuroceptive assessment rather than resistance, defiance, or non-compliance.

6.2 Attend to Nervous System Interaction

- Recognize that therapeutic encounters involve reciprocal nervous system engagement.
- Observe shifts in arousal, collapse, activation, dissociation, or shutdown within the therapeutic space.
- Respond to nervous system cues with attunement, pacing, and regulation rather than escalation, withdrawal, or over-intervention.

6.3 Practice Co-Regulation With Clinical Discernment

- Support clients in returning to tolerable levels of arousal through relational presence and regulated engagement.
- Avoid interventions or techniques that overwhelm, destabilize, or bypass nervous system capacity.
- Recognize when co-regulation is clinically indicated and when supporting self-regulation is appropriate and attainable.

6.4 Maintain Practitioner Self-Regulation and Stability

- Take responsibility for one’s own nervous system regulation prior to and during therapeutic engagement.
- Recognize when personal activation, fatigue, stress, or unresolved material may interfere with clinical presence or safety.
- Engage in supervision, reflective practice, and self-care as professional obligations rather than optional supports.

6.5 Create and Sustain Conditions of Psychological Safety

- Establish therapeutic environments characterized by predictability, clarity, respect, and consistency.
- Address ruptures in safety promptly, transparently, and with relational repair.
- Recognize that safety may need to be re-established repeatedly across the therapeutic process.

6.6 Integrate Safety Across Individual and Collective Contexts

- Recognize that nervous system safety is influenced by social, cultural, institutional, and historical conditions.
- Avoid framing dysregulation solely as an individual deficit.
- Support clients in understanding how broader relational and systemic contexts shape their experience of safety and threat.

Scope Clarification

Safety in advanced RN–Psychotherapist practice is not achieved through reassurance, technique alone, or avoidance of discomfort. It is established through consistent, regulated presence and ethical responsibility for the therapeutic environment. The RN–Psychotherapist does not require clients to self-regulate in the absence of safety, nor does the practitioner abdicate responsibility for relational containment.

Closing Statement

Safety is the foundation upon which all psychotherapeutic work rests. By attending to neuroception, co-regulation, and practitioner self-regulation, the RN–Psychotherapist creates conditions in which healing can proceed without retraumatization, allowing truth, integration, and connection to emerge within a regulated relational field.

Domain 7: Humility, Partnership, Ethical Use of Influence, and Decolonizing Practice

Standard

The RN–Psychotherapist practices with humility and relational accountability, recognizing the inherent equality and dignity of all persons within the therapeutic relationship. Advanced practice requires conscious attention to power, authority, and influence, including the ways in which colonial, Eurocentric, and institutional frameworks have shaped professional roles, knowledge hierarchies, and psychotherapeutic practice. The RN–Psychotherapist is ethically responsible for practicing in ways that do not reproduce colonial power dynamics, extractive relationships, or epistemic dominance, and instead support partnership, shared authority, and respect for diverse ways of knowing, while remaining accountable for clinical judgment, safety, and outcomes.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates humility, partnership, ethical use of influence, and decolonizing practice through the ability to:

7.1 Affirm Equality of Personhood

- Recognize that no individual holds greater inherent worth than another, regardless of professional role, status, credential, culture, or social position.
- Reject therapeutic hierarchies that position the practitioner as a superior knower or moral authority.
- Practice in ways that uphold dignity, agency, and relational integrity.

7.2 Recognize and Interrupt Colonial Power Dynamics

- Identify how colonial histories, Eurocentric norms, and institutional structures have shaped mental health and psychotherapeutic practice.
- Recognize how these dynamics may appear in assessment, diagnosis, language, expectations, or care pathways.
- Actively avoid reproducing practices that silence, marginalize, or override client, family, or community knowledge.

7.3 Engage in Therapeutic Partnership

- Approach psychotherapy as a collaborative process in which authority is shared rather than imposed.
- Recognize the client as the expert in their lived experience and the RN–Psychotherapist as a guide with clinical and ethical responsibility.
- Support decision-making that reflects the client’s values, cultural context, and relational realities.

7.4 Honour Multiple Ways of Knowing

- Respect cultural, Indigenous, diasporic, ancestral, embodied, and narrative forms of knowledge as legitimate sources of understanding.
- Avoid privileging Western psychotherapeutic frameworks as universally sufficient or superior.
- Integrate diverse knowledge systems with discernment, humility, and professional accountability.

7.5 Exercise Influence Ethically and Responsibly

- Acknowledge the inherent influence associated with the therapeutic role.
- Use influence to support clarity, safety, empowerment, and integration rather than compliance, dependency, or assimilation.
- Avoid imposing values, norms, or interpretations that reflect dominant cultural assumptions rather than client meaning.

7.6 Maintain Professional Boundaries Without Domination

- Establish boundaries that protect safety and trust without exerting control or reinforcing hierarchy.
- Balance relational presence with ethical restraint and professional responsibility.
- Recognize when boundary enforcement may itself carry cultural or power implications and respond with reflexivity and care.

7.7 Practice Reflexivity and Ongoing Accountability

- Engage in continual self-reflection regarding bias, privilege, positionality, and professional influence.
- Seek supervision, consultation, and dialogue to address blind spots and power dynamics.
- Remain accountable for harm, including unintentional harm, and participate actively in repair when needed.

Scope Clarification

Decolonizing practice does not require rejection of professional standards, clinical responsibility, or evidence-informed care. Rather, it requires disciplined awareness of how power operates within therapeutic relationships and systems, and an ethical commitment to practice in ways that do not reproduce harm.

The RN–Psychotherapist remains accountable for clinical judgment, safety, and outcomes while practicing with humility, cultural responsibility, and respect for shared humanity.

Closing Statement

Humility and ethical use of influence are foundational to advanced RN–Psychotherapist practice. By practicing with shared authority, reflexive awareness of power, and respect for diverse ways of knowing, the RN–Psychotherapist supports healing that honours dignity, culture, and relational integrity—without replicating the very structures that have contributed to harm.

Domain 8: Collective Responsibility, Systems Practice, and Public Accountability

Standard

The RN–Psychotherapist practices with awareness that psychological suffering and healing are shaped by social, institutional, historical, and policy contexts. Advanced practice extends beyond individual clinical encounters to include ethical responsibility for how families, communities, institutions, and public systems contribute to harm, protection, or repair.

The RN–Psychotherapist understands psychotherapy as both an individual and collective practice and recognizes a professional obligation to engage responsibly with the systems that shape mental health, safety, access to care, and belonging, while remaining accountable to regulatory standards and the public interest.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates collective responsibility and systems practice through the ability to:

8.1 Situate Individual Distress Within Systems

- Recognize how social determinants of health, structural inequities, and institutional practices influence psychological distress.
- Avoid framing suffering solely as individual pathology when it reflects collective, systemic, or historical harm.
- Support clients in understanding how broader contexts shape lived experience, risk, and resilience.

8.2 Engage in Systems-Aware Clinical Practice

- Understand how health, education, justice, child welfare, housing, and social service systems affect mental health outcomes.
- Navigate institutional contexts with discernment to protect client dignity, safety, and access to appropriate care.
- Collaborate across sectors when appropriate, within scope, and with informed consent.

8.3 Practice Advocacy Within Professional Boundaries

- Engage in advocacy that addresses conditions contributing to harm, exclusion, or barriers to care.
- Distinguish between clinical advocacy and political activism, maintaining professional accountability and role clarity.
- Use professional voice responsibly to promote equity, access, and safety within authorized contexts.

8.4 Honour Reconciliation and Repair Obligations

- Acknowledge the impact of historical and ongoing harms, including colonization, forced assimilation, and systemic discrimination.
- Practice in ways aligned with reconciliation-informed care, including cultural safety and respect for Indigenous knowledge systems.
- Recognize the Truth and Reconciliation Commission Calls to Action related to health and education as relevant to professional responsibility.

8.5 Recognize Institutions as Participants in Healing

- Understand that institutions and professions can function as sources of harm or repair.
- Engage, within scope, in efforts to improve institutional practices, policies, and cultures when harm is identified.
- Support organizational learning, transparency, and accountability related to therapeutic impact.

8.6 Maintain Public Accountability

- Recognize primary accountability to the public and to the protection of those receiving care.
- Practice transparently and ethically within regulatory, legal, and institutional frameworks.
- Contribute to public trust through responsible leadership, documentation, and professional conduct.

Scope Clarification

Collective responsibility and systems practice do not require the RN–Psychotherapist to resolve systemic injustice alone or to act outside professional scope or authority. Rather, advanced practice involves awareness, ethical engagement, and responsible action within one’s role, competencies, and regulatory boundaries. Systems practice complements—rather than replaces—individual psychotherapeutic care and remains grounded in public protection.

Closing Statement

Psychotherapy does not occur in isolation from the systems that shape human experience. By engaging with collective responsibility, systems awareness, and public accountability, the RN–Psychotherapist contributes to conditions that support healing, equity, and safety at both individual and societal levels—fulfilling nursing’s obligation to the public good.

Domain 9: Accountability, Supervision, and Continuous Professional Formation

Standard

The RN–Psychotherapist practices with sustained accountability for clinical competence, ethical integrity, and professional conduct. Advanced practice requires ongoing supervision, reflective practice, and continuous professional formation proportional to the complexity, responsibility, and influence of psychotherapeutic work. The RN–Psychotherapist recognizes that competence is not static and that public protection depends on disciplined self-monitoring, consultation, evaluation, and engagement in structured learning and professional accountability over time.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates accountability and continuous professional formation through the ability to:

9.1 Engage in Ongoing Clinical Supervision

- Participate in regular, structured clinical supervision appropriate to scope, complexity, and practice context.
- Use supervision to examine clinical judgment, relational dynamics, ethical tensions, and use of therapeutic influence.
- Seek additional consultation when working with high-risk, complex, or unfamiliar presentations.

9.2 Maintain Reflective and Reflexive Practice

- Engage in ongoing self-reflection regarding clinical decisions, relational impact, bias, and blind spots.
- Examine how personal history, identity, values, and nervous system responses influence professional practice.
- Integrate feedback from supervision, peers, and clients where appropriate.

9.3 Demonstrate Continuous Competence Development

- Engage in continuing education that advances psychotherapeutic knowledge, skill, and ethical capacity.
- Integrate new learning into practice with discernment rather than accumulating techniques without context.
- Maintain competence in trauma-informed, culturally responsive, and evidence-informed care.

9.4 Monitor Limits of Competence and Scope

- Recognize when clinical situations exceed current competence, preparation, or authorized scope.
- Initiate consultation, referral, or transfer of care when required to protect client safety and well-being.
- Avoid practicing beyond training, supervision, or regulatory authorization.

9.5 Uphold Professional Accountability and Transparency

- Maintain accurate, timely, and ethical clinical documentation.
- Participate in quality assurance, peer review, and regulatory processes as required.
- Take responsibility for errors, ethical breaches, or concerns and engage in corrective action when indicated.

9.6 Engage in Ongoing Self-Assessment and Professional Attestation

- Critically self-assess clinical readiness, scope alignment, and competence on an ongoing basis.
- Attest to fitness to practise and readiness for advanced psychotherapeutic work within regulatory and institutional frameworks.
- Use self-assessment outcomes to guide supervision, learning plans, and scope-of-practice decisions.
- Recognize self-assessment and attestation as professional obligations in service of public protection.

9.7 Contribute to Professional Integrity and Practice Culture

- Model accountability, humility, and ethical conduct within professional communities.
- Support the development of safe, reflective, and accountable practice environments.
- Contribute, within scope and competence, to mentorship, teaching, leadership, or professional dialogue.

Scope Clarification

Continuous professional formation does not imply perpetual inadequacy or constant remediation. Rather, it reflects recognition that advanced psychotherapeutic practice requires sustained development, supervision, and ethical vigilance to protect clients, the profession, and the public. Supervision, self-assessment, and professional attestation are professional obligations, not optional supports.

Closing Statement

Accountability and continuous professional formation are essential safeguards of advanced RN–Psychotherapist practice. Through supervision, reflective self-assessment, professional attestation, and ongoing learning, the RN–Psychotherapist ensures that psychotherapeutic care remains competent, ethical, and worthy of public trust.

Domain 10: Continuous Integration, Clinical Discernment, and Stewardship of Practice

Standard

The RN–Psychotherapist practices with responsibility for the ongoing integration, coherence, and evolution of psychotherapeutic nursing practice. Advanced practice is characterized by the ability to synthesize knowledge, lived clinical experience, and ethical responsibility into discerning action that serves both present therapeutic encounters and the long-term integrity of the profession. The RN–Psychotherapist understands themselves as a steward of practice—accountable not only for individual therapeutic outcomes, but for how psychotherapeutic nursing knowledge, standards, and relational ethics are carried forward across time, settings, and generations.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates continuous integration and stewardship of practice through the ability to:

10.1 Integrate Knowledge Into Coherent Practice

- Synthesize diverse psychotherapeutic approaches into a cohesive and internally consistent clinical orientation.
- Avoid fragmentation of practice through unintegrated accumulation of techniques or models.
- Practice with consistency, coherence, and discernment across clinical populations and settings.

10.2 Exercise Advanced Clinical Discernment

- Recognize psychotherapy as a structured process with a beginning, middle, and end.
- Select interventions based on therapeutic phase, client readiness, and relational context.
- Discern when to intervene, when to pace or pause, and when to conclude therapeutic work.

10.3 Honour Psychotherapy as a Relational and Developmental Process

- Respect the natural arc of therapeutic engagement rather than forcing outcomes or timelines.
- Support integration, autonomy, and capacity rather than fostering dependency.
- Prepare clients for completion and transition in ways that consolidate learning, meaning, and relational competence.

10.4 Demonstrate Stewardship of Professional Practice

- Hold responsibility for how psychotherapeutic nursing is practiced, taught, and represented within professional and public contexts.
- Contribute to the development, refinement, and ethical transmission of clinically sound practice.
- Guard against practices that commodify, dilute, misrepresent, or compromise the integrity of psychotherapy.

10.5 Engage in Leadership and Knowledge Transmission

- Share integrated knowledge through mentorship, teaching, consultation, or leadership roles within scope and competence.
- Support emerging practitioners with clarity, humility, and ethical guidance.
- Contribute to collective professional learning without asserting dominance, ownership, or proprietary control over knowledge.

10.6 Hold Responsibility to the Future

- Recognize that present practice shapes future standards, public trust, and access to care.
- Practice with awareness of long-term implications for clients, communities, institutions, and the profession.
- Engage in reflective stewardship that balances innovation with ethical responsibility and continuity.

Scope Clarification

Stewardship in advanced RN–Psychotherapist practice does not imply authority over others or unilateral control of professional direction. It reflects ethical responsibility for coherence, continuity, and integrity of practice over time. Clinical discernment and integration are exercised within established regulatory scope, professional accountability frameworks, and public-protection obligations.

Closing Statement

Advanced RN–Psychotherapist practice culminates in integration and stewardship. By practicing with discernment, coherence, and responsibility to the future, the RN–Psychotherapist ensures that psychotherapeutic nursing remains a trustworthy, humane, and evolving discipline—capable of meeting the needs of individuals, communities, and societies across generations.

Domain 11: Stewardship, Legacy, and Responsibility to the Future

Standard

The RN–Psychotherapist practices with ethical foresight and responsibility for the long-term implications of psychotherapeutic nursing practice on individuals, groups, communities, systems, and the profession. This domain articulates a future-facing ethical orientation grounded in awareness of how power, knowledge systems, technology, and institutional design shape healing, harm, and access to care across time. Advanced RN–Psychotherapist practice recognizes that psychotherapy has developed within social, political, and historical contexts marked by colonization, systemic oppression, and unequal distributions of power. Stewardship therefore includes responsibility for how present-day practice either perpetuates or interrupts harm for future generations.

Indicators of Advanced RN–Psychotherapist Practice

The RN–Psychotherapist demonstrates stewardship and responsibility to the future through the capacity to practice with awareness of the following:

11.1 Long-Term Impact of Practice and Omission

- Awareness that both actions and omissions in psychotherapeutic practice contribute to future conditions of care, including who is seen, believed, protected, or marginalized.
- Consideration of how silence, neutrality, or unexamined norms may reinforce harm as powerfully as overt action.

11.2 Power, Oppression, and the Legacy of Psychotherapy

- Recognition that psychotherapy, like other health disciplines, has been shaped within colonized and hierarchical systems that have historically framed certain identities, cultures, and ways of knowing as disordered, inferior, or unsafe.
- Awareness of how dominant psychotherapeutic models have at times reinforced control, compliance, and normalization at the expense of dignity, choice, and relational truth for specific groups.
- Ethical responsibility to hold this historical consciousness when assessing practice, interpreting distress, and engaging therapeutic authority.

11.3 Collective, Intergenerational, and Epigenetic Implications

- Awareness that trauma, oppression, and exclusion operate across generations, including through biological, relational, cultural, and epigenetic pathways.

- Consideration of how psychotherapeutic practice today influences not only individual healing, but intergenerational patterns of safety, stress, and belonging.
- Sensitivity to the ways in which unresolved collective harm may continue to shape health and mental health outcomes over time.

11.4 Technology, Systems, and Future Care Environments

- Awareness of how digital platforms, data systems, artificial intelligence, and emerging technologies may reproduce or amplify existing inequities, surveillance, or exclusion within psychotherapeutic care.
- Discernment in the use of technology to ensure that future care environments remain relational, humane, and ethically grounded rather than extractive, depersonalized, or efficiency-driven.
- Recognition that technological adoption without ethical reflection may unintentionally extend oppressive practices into new forms.

11.5 Evolution of Practice and Professional Consciousness

- Recognition that psychotherapeutic nursing practice evolves alongside the practitioner, the profession, and societal understanding of trauma, healing, and human development.
- Responsibility to remain open to emerging knowledge, revised frameworks, and expanded ways of knowing that challenge previously dominant or incomplete models.

Scope Clarification

This domain does not confer authority to adjudicate systemic injustice, impose advocacy obligations, or expand scope of practice. Stewardship, legacy, and responsibility to the future refer to ethical awareness, historical consciousness, and disciplined reflection exercised within existing regulatory authority, role expectations, and institutional contexts. Responsibility in this domain is exercised through how practice is conceptualized, enacted, and restrained—not through claims of control over systems, technology, or professional direction.

Closing Statement

Advanced RN–Psychotherapist practice carries responsibility not only for present clinical encounters, but for the future conditions under which healing occurs. By holding awareness of power, oppression, technological change, and intergenerational impact, the RN–Psychotherapist practices with foresight and humility. This domain affirms that stewardship of the future is not an act of authority, but an ethical commitment to prevent the repetition of harm and to preserve the possibility of humane, dignified psychotherapeutic care for generations to come.

References

These Standards were informed by national nursing ethics and practice frameworks, specialty psychiatric–mental health nursing standards, psychotherapy entry-to-practice competencies, trauma-informed measurement tools, and an original, nursing-led psychotherapeutic model (The Becoming Method®).

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Contextual Statement – Advanced Practice RN–Psychotherapist Standards & Competencies

This document has been prepared to support dialogue, understanding, and contextual consideration regarding advanced psychotherapeutic nursing practice within the regulatory authority of the College of Nurses of Ontario (CNO). It is intended to articulate practice expectations, competencies, and professional responsibilities associated with advanced RN–Psychotherapist practice, grounded in nursing ethics, psychotherapeutic principles, and public-interest accountability.

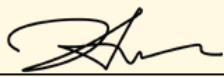
Signatures and Authorization

Approved and authorized on behalf of Becoming Institute Inc.

Dr. Joan Samuels–Dennis, Ph.D., RN–Psychotherapist

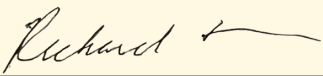
Chair, Scientific Planning Committee

President, Becoming Institute Inc.

Signature:  _____

Date: September 5, 2025

Administrative Officer
Record–Keeping & Quality Assurance

Signature:  _____

Date: September 5, 2025