BECOMING
INSTITUTE



CIRCLE UNBROKEN PROJECT | A BECOMING INSTITUTE PARTNERSHIP

CLOSING THE MENTAL HEALTH CARE GAP IN PEEL

A 24-Month Workforce Partnership Framework for Building Permanent Nurse Psychotherapist Teams Inside Agencies Serving Equity-Deserving Communities

PROGRAM & FRAMEWORK

Transforming Peel's Black-led agencies from referral-dependent services into independent, in-house providers of culturally grounded mental health care.

PREPARED FOR

Executive Leadership, Clinical Directors, and Board Governance Committees across:

- **Community & Social Service Agencies:** Peel Region organizations dedicated to serving Afro-descendant, Indigenous, and equity-deserving populations.
- **Primary Care & Integrated Health Hubs:** CHCs, FHTs, Nurse Practitioner-Led Clinics (NPLCs), and regional health networks.
- **Institutional & System Partners:** School Boards, post-secondary institutions, and regional employment and training partners.

PARTNERSHIP INQUIRIES

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DOCUMENT DETAILS

DOCUMENT REFERENCE

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DATE

November 7, 2026

THE PARTNERSHIP:

Building Permanent In-House Nurse Psychotherapist Teams that Specialize in Trauma Recovery

Becoming Institute invites leadership team of agencies serving equity-deserving populations to co-design a 24-month workforce intervention to eliminate waitlists and close health equity gaps across Peel Region. Designed for community, primary care, and social service providers serving Afro-descendant, Indigenous, South Asian, and equity-deserving populations, this framework enables your agency to sponsor 3 to 10 nurse seats to hire, train, integrate, and evaluate dually credentialed Nurse Psychotherapists.

FINANCIAL MECHANISM & SUSTAINABILITY

Zero-to-Minimal Net Operational Cost

Agencies partnering with Becoming Institute may secure up to $15,000 per seat via Ontario Job Grant funding to help local agencies build and retain their own permanent, regulated trauma care teams (subject to approval).

OPERATIONAL DEPLOYMENT

Intakes: January, May & September 2027

Onboarding and grant applications open Nov 15 – Dec 15, 2026.

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Community agencies across Peel Region face systemic barriers: prolonged client waitlists, fragmented external referral networks, and a severe shortage of culturally responsive trauma care. The Circle Unbroken Project, a bilateral workforce partnership, provides local organizations with an operational pathway to recruit, credential, and retain their own dually credentialed Nurse Psychotherapists (RNs/RPNs)—establishing permanent internal clinical capacity that eliminates external referral reliance. This framework is organized in seven sections. It moves from the gap in community trauma care to the nurse psychotherapists who meet it and how they are prepared, then to the research that will test the model, and closes with our credentials and the steps to partner with us.

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CARE THAT ARRIVES TOO LATE, OR NOT AT ALL

01 THE GAP

Canada's mental health safety net is failing the communities that carry the heaviest burden of trauma and health inequity.

41%
of adults with a mental health disorder had unmet care needs (2024). Children and youth: 36%.[1]

+36%
rise in wait times for publicly funded community counselling, 2020 to 2024.[2]

2.4×
the rate of anxiety disorder in the lowest-income group versus the highest.[3]

A WHO GOES WITHOUT

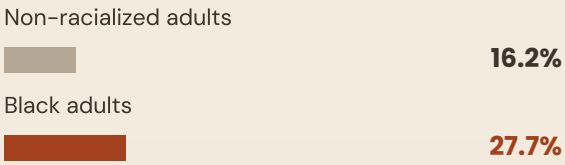
Mental health care needs not fully met

Adults, by income group (2015–2018)[3]



No regular health care provider

Adults, 2023[4]

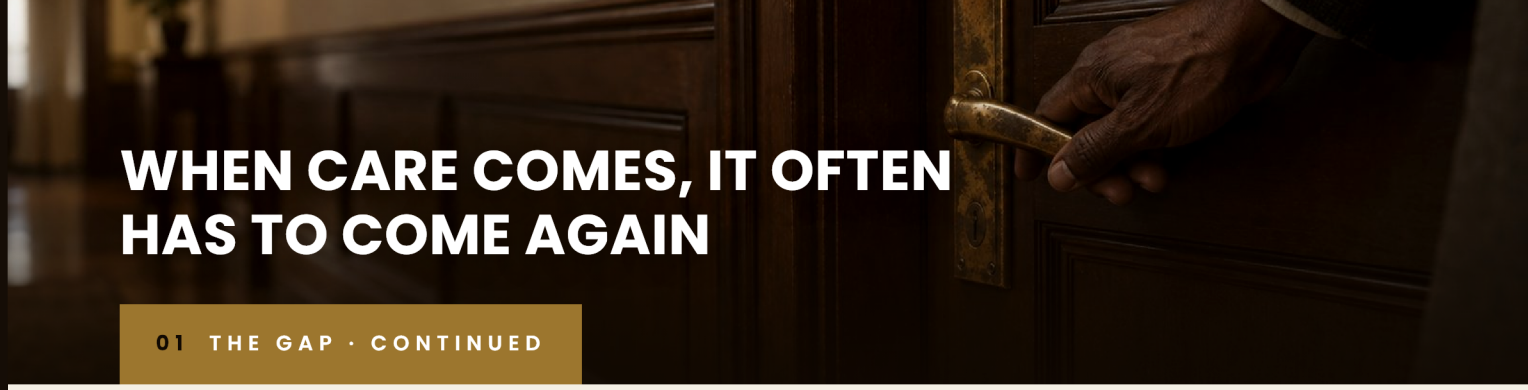


Racialized communities face **barriers at every stage of care**: many racialized populations are less likely to have a regular provider[4], and Indigenous and Black Canadians report significantly more difficulty finding mental health care.[5]

B WHY THE GAP PERSISTS

Racialized Canadians seek mental health care less often. Black Canadians with depression were **60% less likely** than White Canadians to seek treatment.[6]

1. **Cultural incompatibility.** Care remains largely Eurocentric, leaving few culturally specific options.[7]
2. **Compounded access barriers.** 27.7% of Black adults have no regular provider, versus 16.2% of non-racialized adults.[4]
3. **Systemic racism & crisis pathways.** Mistrust and fear deter early care.[7] Black people with psychosis more often enter through police, ambulance or the ED.[8]
4. **Cost & circumstance.** Poverty, insurance gaps, transportation and competing demands push mental health care down the list.[6]



WHEN CARE COMES, IT OFTEN HAS TO COME AGAIN

01 THE GAP · CONTINUED

Brief interventions fall short for complex trauma. Without accessible, sustained care, people cycle through a revolving door, and fewer recover each time they return.

11.8
average number of sessions in psychotherapy trials across eight mental disorders.[9]

77.8%
did not recover by a fourth return to care, up from 56.5% after one course.[10]

81.5%
of all NHS talking-therapy referrals not recorded as recovered (England, 2021–22).[11]

A REPETITION IN THERAPY

People who did not recover, each time they returned

21,029 patients, NHS Talking Therapies (England)[10]



People in the **most deprived areas** have the lowest odds of recovery.[11]

B THE PUBLIC–PRIVATE DIVIDE

More psychotherapists, longer public waits

Canada, % increase 2020–24 (0–50% scale)[12,2]



Supply is growing **where people pay privately or through insurance** (+48%), while waits for **publicly funded** community counselling grew 36%.

65–86%

Treatment works when people can reach it: 65% to 86% no longer meet PTSD criteria after trauma-focused therapy.[13] The crisis is not a lack of effective care; it is a system that keeps it out of reach for those who need it most.



A REGION GROWING FASTER THAN ITS CARE

01 THE GAP IN PEEL & BRAMPTON

Families turn to emergency departments because front-line community mental health care in Peel is underfunded.

$868M

yearly shortfall in Peel health and social services funding ($145 less per resident).[14]

42% less

per person for adult mental health in Central West: $51.35 vs $88.10 (Ontario, 2021).[14]

566 days

longest youth counselling wait in Brampton; 2+ years for intensive care.[15]

A WHO CARE MUST REACH

68.8%

of Peel residents identify as a visible minority (2021 Census).[16]

137,295

Black residents in Peel, and 62% of them live in Brampton.[16,17]

> Under way: the **Black Health & Social Services Hub** ($25M, 2024).[18]

B WHERE CARE BREAKS DOWN

Mental health & addictions ED visits

Brampton residents, Trillium Health Partners EDs[19]

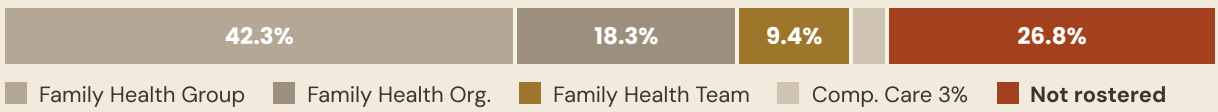
From the three most deprived quintiles — **83%**

Young adults aged 19 to 44 — **61.4%**

> EDs are now the provider of last resort: **90.5%** of these visits in Peel are high acuity.[19]

C · THE PRIMARY CARE GAP

How Peel residents are attached to primary care[19]



More than 1 in 4 Peel residents have no primary care attachment. **Equipping registered nurses in community hubs and integrated teams to deliver psychotherapy can intercept crisis before it reaches the ER.**



BUILDING PERMANENT TRAUMA CARE CAPACITY

02 THE WORKFORCE INNOVATION

Vulnerable youth and families carrying complex trauma cannot afford multi-year waitlists. The Circle Unbroken Project enables community organizations to build, staff, and sustain their own regulated in-house trauma care team, backed by turnkey clinical governance and ongoing infrastructure support.

THE PARTNERSHIP VALUE EXCHANGE

IMMEDIATE CLIENT IMPACT

Through our Mindful Fitness Project, your clients immediately gain access to a free 16-week trauma recovery program during clinician formation.

IN-HOUSE TEAM DEVELOPMENT

Hire, train, and over 12 months design the clinical infrastructure to host and lead an agile team of nurse psychotherapists.

PERMANENT ORGANIZATIONAL CAPACITY

Becoming Institute provides ongoing clinical supervision, infrastructure refinement, and continuous clinical management.

THE COHORT IMPLEMENTATION & PARTNERSHIP TIMELINE

Your agency's 24-month journey from initial alignment to permanent in-house clinical capacity

1 NOV 15 – DEC 15, 2026

GETTING READY: ONBOARDING, RECRUITMENT & GRANT FUNDING

- **Reserving Your Seats:** Becoming Institute and your team align on your strategic direction and mental health mandate. We reserve up to 10 nurse seats in our January, May, or September 2027 cohort.
- **Selecting Your Talent:** Together, we recruit candidates through specialized nursing streams and co-select clinicians who fit your agency's culture.
- **Securing Your Funding:** We support you with your Canada-Ontario Job Grant (COJG) application to secure up to $15,000 per seat, covering your training costs at zero to minimal employer financial outlay.[20]

2 JAN – APR 2027

IMMEDIATE MOBILIZATION: RECEIVING IMMEDIATE CARE DURING NURSE FORMATION

- **Enrolling Your Clinicians:** Your sponsored nurses launch their CNA-accredited didactic preparation, supported by a 3-day intensive training in the Becoming Method, a 12-week integration course and weekly clinical skills labs.
- **Mindful Fitness Project:** Your agency immediately receives no-cost trauma recovery services—trainees completing their 1,000-hour practicum support your clients with a highly structured and supervised psychotherapy process.
- **Immediate Client Impact:** Your clients receive evidence-informed, culturally grounded trauma care right away, eliminating multi-year external waitlists while your internal capacity is being built.

TIMELINE CONTINUES ON PAGE 07

Note: Ontario Job Grant (formerly the Canada-Ontario Job Grant): a job offer is required before training, and training must finish within 52 weeks; $15,000 applies when an employer with under 100 staff hires a previously unemployed person, otherwise up to $10,000. Subject to approval.



FROM FORMATION TO PERMANENT CAPACITY

02 THE WORKFORCE INNOVATION · CONTINUED

THE COHORT IMPLEMENTATION & PARTNERSHIP TIMELINE · CONTINUED

3 MAY – AUG 2027

DECOLONIZING PRACTICE: EMBEDDING CULTURALLY SAFE CARE

- **Grounding in Ubuntu Principles:** Your nurses complete specialized coursework in African Indigenous Ways of Knowing and Being, embedding relational accountability, communal health, and cultural sovereignty directly into their practice.
- **Decolonized Clinical Assessment:** Your clinicians learn to systematically evaluate intergenerational trauma, family history, structural racism, and systemic oppression to deliver truly responsive care for Black and equity-deserving families.

4 SEP – DEC 2027

CLINICAL CO-DESIGN: BUILDING YOUR INFRASTRUCTURE

- **Completing Supervised Hours:** Your nurses execute their intensive 1:1 clinical practicum with your agency's clients under active 1:10 senior clinical supervision provided by Becoming Institute.
- **Co-Building Operational Systems:** We work alongside your leadership to co-develop your agency's internal clinical management framework, PHIPA-compliant[21] EHR (Jane App) workflows, and clinical risk escalation pathways.
- **Locking In Long-Term Funding:** We execute joint grant-seeking strategies and health system proposals to transition your training seats into permanent, fully funded RN/RPN Psychotherapist positions.

5 JAN 2028 – DEC 2028+

FULL AUTONOMY: PERMANENT IN-HOUSE CAPACITY & ONGOING BACKBONE

- **Autonomous In-House Care:** Your dually credentialed Nurse Psychotherapists deliver autonomous relational trauma care fully embedded within your core programs (court liaison, diversion, youth mentoring).[22,23]
- **Backed by Our Ongoing Engine:** Becoming Institute remains your permanent clinical management engine—delivering continuous senior supervision, quality auditing, protocol updates, and regulatory compliance (CNO/CRPO alignment).
- **Sustained Organizational Growth:** Your agency holds a permanent, self-sustaining clinical team, with the option to sponsor additional seats in future regional cohorts as your community footprint expands.

HOW WE PREPARE NURSE PSYCHOTHERAPISTS

Nurse Psychotherapist Certificate — Specialization in Trauma Recovery
A 12-month, post-licensure program for regulated nurses

The certificate is open to Registered Nurses (RNs), Registered Practical Nurses (RPNs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs) holding active, unrestricted registration with a Canadian nursing regulator (or recognized equivalent).

Admission is competitive and selective. Applicants must possess a minimum B+ average in their undergraduate degree and submit a personal statement along with three academic or professional references.

As an advanced practice pathway, this program builds directly on foundational clinical experience to cultivate the safe and effective use of self (SEUS) in practice.

8	373	1,000	15
COURSES IN A FIXED SEQUENCE	CLASSROOM HOURS (CRPO MINIMUM: 360)[24]	SUPERVISED PRACTICUM HOURS	CLIENTS PER TRAINEE

THE FORMATION PATHWAY

SEMESTER 1 · JAN–APR
FOUNDATIONS

36 h
BEC101
Nurse to Psychotherapist — Foundations for Psychotherapeutic Nursing Practice
Introduces nurses to psychotherapy as a relational, reflective, ethical, and regulated field of advanced practice and supports informed professional decision-making about entry into psychotherapeutic training.

169.5 h
BEC103 A/B
The Becoming Method® — Foundations of Safe and Effective Use of Self in the Therapeutic Relationship
An immersive foundational identity-formation course that supports advanced practice in the Becoming Method®. Learners strengthen self-awareness, emotional regulation, ethical discernment, relational accountability, and professional presence as foundational capacities for psychotherapeutic nursing practice.

112 h
BEC201
Ubuntu: African Indigenous Ways of Knowing and Being
Extends learners' attention from the practitioner's presence within the therapeutic relationship to the communal, historical, ecological, and spiritual relationships through which selfhood and professional responsibility acquire meaning.

GATE 1 · IN-PERSON INTENSIVE COMPLETE

SEMESTER 2 · MAY–AUG
ADVANCED PRE-PRACTICUM

112 h
BEC301
Authentic Presence and Intuitive Communication
Attuned listening, somatic cues and co-regulation.

112 h
BEC302
Trauma Practice Models & Holistic Therapeutic Assessments in Practice
Learners gather and interpret complex assessment data, situate client experience within cultural and systemic context, and translate their findings into preliminary care plans—while maintaining attunement, humility, and accountability.

112 h
BEC303
Ethics, Cultural Accountability and Decolonizing Practice
This course builds ethical capacity in stages beginning with positionality, power, and the colonial roots of "professional safety"; moving into the complexities of boundaries, consent, confidentiality, documentation, and crisis response; and culminating in the creation of future-oriented standards of care that center cultural sovereignty and community well-being.

GATE 2 · BEC301–303 PASSED AT B- OR HIGHER

SEMESTER 3 · SEP–DEC
SUPERVISED PRACTICUM

84 h
BEC304A
Advanced Clinical Seminar and Skills Lab
Weekly seminar plus role-play skills lab.

1,000 h
BEC304B
Psychotherapeutic Practicum
Designed as a deeply relational and reflective learning experience, the course immerses students in the full spectrum of psychotherapeutic practice—assessment, formulation, intervention, evaluation and termination —while emphasizing trauma-informed, culturally safe, and ethically grounded care.

Students work with clients under qualified supervision, engage in reflective dialogue and integration seminars, and cultivate the self-awareness, presence, and accountability essential to professional practice. Aligned with CNO standards and practice guidelines[23] and CRPO Entry-to-Practice Competencies[25], this practicum prepares learners with the skills, judgement and experience to deliver high-quality psychotherapeutic care.

RUNNING THROUGH EVERY COURSE Safe and Effective Use of Self (SEUS): self-awareness, nervous system regulation, attunement and ethical use of presence. Introduced at orientation and assessed at every stage.

ASSESSMENT, CREDENTIAL & STANDARDS ALIGNMENT

FINAL PRACTICE EXAM · PASS/FAIL
The trainee guides 3 clients through the full process and is graded against all five CRPO competency domains.[25]

→

CREDENTIAL
Certified Nurse Psychotherapist (CNP) — Specialization in Trauma Recovery

STANDARDS THE CURRICULUM IS MAPPED TO

CRPO	Entry-to-Practice Competency Profile; the benchmark for practicum readiness[25]
CNO	Scope of Practice standard; Independent Practice Guideline (2025)[23,26]
CNA	Code of Ethics for Registered Nurses (2025)[27]
CFMHN	Standards of Practice for Mental Health Nurses (2023)[28]
BECOMING INSTITUTE	Nurse Psychotherapist Practice Standards and Competencies (2025): 4 domains, 11 principles

Grounded in the **RHPA, 1991**[29], the **Psychotherapy Act, 2007**[30], and **O. Reg. 275/94** (Nursing Act)[22], which authorizes RNs and RPNs to initiate psychotherapy.

CRPO COMPETENCY DOMAINS BY COURSE

DOMAIN	101	103	201	301	302	303	304
1 Professional responsibility & ethics	●	●	●	●	●	●	●
2 Therapeutic relationship	◐	●	●	●	●	●	●
3 Assessment & evaluation	◐	○	○	◐	●	●	●
4 Intervention & collaboration	○	◐	◐	●	●	●	●
5 Professional development & self-care	●	●	●	●	●	●	●

● Developed and assessed ◐ Introduced ○ Not addressed

CORE FACULTY

Dr. Joan Samuels-Dennis
Ph.D, CNP · Trauma Recovery Specialist

Dr. Afsheen Anwar
Ph.D, C.Psych · CBT

Jenn Cardoso
MACP, RP · Somatic Embodiment Therapy (SET)

Jacklyn Chung
M.Ed., RP, CCC · Culturally sensitive care

Jamieson Eakin
MACP, RP · LGBTQ+, Narrative Exposure Therapy (NET)

Chantal Gray
MSW, RSW · Child and family

Ruth Bingham
MSW, RSW, Ph.D(c) · Intergenerational Trauma Recovery

Sophia Ali
MBA, BSW, RSW · Ethics and Practice Standards

SUPERVISED PRACTICE AND QUALITY SAFEGUARDS

In Semester 3, each trainee guides 15 clients through the 16-week Mindful Fitness Program, practising psychotherapy within their own nursing scope under active, qualified supervision. Progression is based on demonstrated competence, not time. Each step needs documented supervisor approval.

FOUR STAGES OF SUPERVISED PRACTICE

STAGE 1
ORIENTATION AND CONTAINMENT
Observation and shadowing; limited clinical activity; focus on safety, boundaries and ethics.

STAGE 2
SUPPORTED PRACTICE
Co-facilitated or closely supervised work, with structured reflection and feedback.

STAGE 3
SUPERVISED INDEPENDENT PRACTICE
Greater autonomy within authorized scope, with ongoing supervision and case review.

STAGE 4
ADVANCED INTEGRATION
Specialist-level trauma recovery practice and leadership in case conceptualization.

1 : 10	≤ 8	5+ yrs	12
SUPERVISION HOUR PER 10 CLIENT HOURS	TRAINEES PER SUPERVISION GROUP	MINIMUM SUPERVISOR EXPERIENCE	GROUP INTEGRATION SEMINARS





WHERE SUPERVISION HAPPENS

Practicum suites at the Calm Becoming Psychotherapy Training Centre (opening August 2027) pair each therapy room with an observation room, so supervisors can observe sessions live through two-way mirrors and review audiovisual recordings.

ARCHITECTURAL RENDERINGS

WHO SUPERVISES

- **Supervisory qualifications:** Registered in good standing with CRPO, or with CNO as an RN/NP authorized to practise psychotherapy within scope; at least five years of psychotherapy or trauma-informed practice, plus supervision-specific training.
- **Formal appointment:** A written agreement sets caseload limits; registration is verified each cohort.
- **Reflective oversight:** Sessions are recorded and reviewed; power and countertransference are addressed directly.

THE CLINICAL PROCESS FOR EVERY CLIENT

INTAKE → ASSESSMENT → FORMULATION → TREATMENT PLAN → INTERVENTION → MONITORING → TERMINATION

- **Intake & assessment framework:** Standardized clinical screeners (GAD-7[31], PHQ-9[32], PTSD Checklist[33], NPSS[34]) integrated with holistic consciousness and self-awareness models.
- **Progress monitoring:** Tracked with the Outcome and Session Rating Scales.[35,36]
- **Informed consent:** Obtained under PHIPA[21] and the Health Care Consent Act[37] before any service begins.

SCOPE, ESCALATION AND INCIDENTS

- **Scope boundaries:** No independent practice, private clients, use of the title "registered psychotherapist", or supervision of others.
- **Escalation:** Presentations beyond a trainee's competence, such as psychosis or high-acuity risk, are escalated to the supervisor, referred and documented.
- **Critical incidents:** Stabilize, notify the supervisor, report and debrief.

HOW COMPETENCE IS JUDGED AND ASSURED

- **Grading standard:** B- (70%) minimum on every graded component; failing the Final Practice Exam means repeating the full practicum.
- **Fitness to practise:** A formal review is held wherever concerns arise.
- **Records & insurance:** Kept only in Jane (PHIPA-compliant); each trainee is insured before seeing clients.
- **Program review:** Annual program review, faculty review at least four times a year, and anonymous course evaluations.

Regulatory Status: Becoming Institute Inc. is registered as a private career college under the *Ontario Career Colleges Act, 2005*[38]. Completion of this certificate does not automatically confer a regulated title or designation. Program recognition will be submitted to CRPO after the initial academic cycle, with registration decisions remaining under CRPO authority. All trainees and supervisors adhere to mandatory duty-to-report obligations to CNO/CRPO as required by law.

TESTING THE BECOMING METHOD® IN COMMUNITY MENTAL HEALTH

A proposed multi-site research partnership with community agency, regional government, and post-secondary institutional partners

THE RESEARCH: AN EDUCATIONAL & CLINICAL REVOLUTION

Much like Cognitive Behavioural Therapy (CBT), which was structured, manualized, and tested in randomized trials before being systematically rolled out[39], the Becoming Method® is a manualized, trademarked model ready for global clinical testing. This project provides post-secondary co-investigators with a highly standardized, manualized environment to test model fidelity. Through a Type 2 hybrid implementation-effectiveness design, pairing a randomized waitlist-controlled trial with a longitudinal clinician cohort[40], it evaluates a model that treats identity reintegration—rather than simple symptom suppression—as the core point of psychotherapeutic intervention for individuals traumatized by racism, intergenerational trauma, poverty, childhood adversity, and family dysfunction.

PROJECT GOAL

LONG-TERM GOAL

An Ontario in which specialized, trauma-informed psychotherapy delivered by nurses is a sustainable part of the mental health system, closing access gaps for the people it currently serves least well.

EXPECTED OUTCOMES AND IMPACT

A tested, transferable model ready for adoption by colleges and health and social service partners; study tools validated with BAC Canadian adults; and a costed case for provincial investment in nurse-delivered trauma recovery care.

1 CLIENT | 2 PRACTITIONER | 3 EDUCATION | 4 INSTITUTION | 5 ECONOMIC

RESEARCH PHASES

NOW · PHASE 1

PRACTICE & CURRICULUM REFINEMENT

Between 2016 and 2026, the Becoming Method® was developed, applied, and refined through clinical practice. From 2023 to 2026, the curriculum underwent formal design and evaluation across two consecutive training cohorts. In 2026, the Practicum Office established the 16-week Mindful Fitness Project to support trainees in mastering intervention delivery within our supervised in-house clinic, utilizing structured outcome measures. This initiative functions strictly as a clinical project and does not involve active research protocols.

ETHICS (REB) APPROVAL AND PARTNER GOVERNANCE SIGN-OFF

NEXT · PHASE 2

RESEARCH STUDY

A randomized waitlist-controlled evaluation led with academic co-principal investigators, beginning only after approvals are in place.

GUIDING THEORETICAL FRAMEWORK

TRUTH AND RECONCILIATION

Responds to TRC Calls to Action 22–24: recognizing Indigenous healing practices, increasing and retaining Indigenous health professionals, and requiring nursing students to train in intercultural competency, conflict resolution, human rights, and anti-racism[41].

UBUNTU: AFRICAN INDIGENOUS WAYS OF KNOWING AND BEING

Grounded in Ubuntu, "I am because we are", the program offers a decolonized, relational view of humanity in which healing is collective as well as individual. This perspective shapes the Becoming Method® and a dedicated course in the certificate.

DECOLONIZING PSYCHOTHERAPY

Centres clients' cultural, spiritual, and community knowledge; examines power in the therapeutic relationship; and recognizes the intersection of physical, emotional, and mental health that nursing brings to psychotherapy.

METHODOLOGICAL STANCE

DECOLONIZED MIXED-METHODS DESIGN

The study uses a decolonized, convergent parallel mixed-methods design. Quantitative measures estimate symptom burden and change; qualitative narrative inquiry centres community voice, relational healing, and lived experience. Both strands are collected at the same time points, analysed separately, and integrated at interpretation with community partners on the Research Advisory Committee, so that standardized scales are read alongside participants' own accounts of healing.

QUANTITATIVE STRAND + QUALITATIVE STRAND → JOINT INTERPRETATION

RESEARCH OBJECTIVES & ENDPOINTS



PRIMARY OBJECTIVE

To design, execute, and rigorously evaluate a scalable, multilevel workforce intervention that expands Ontario's specialized psychotherapy capacity through the advanced credentialing of Registered Nurses and Registered Practical Nurses, specifically analyzing its efficacy in closing diagnostic and psychotherapeutic care gaps for historically disenfranchised, socioeconomically marginalized, and Black, African, and Caribbean (BAC) populations within regional care ecosystems.

SECONDARY OBJECTIVES

01

EVALUATE CLINICAL COMPETENCY ACQUISITION & MODALITY EFFICACY

To quantify the pedagogical efficacy of integrating advanced trauma-informed modalities, neurotherapeutic frameworks, and the safe and effective use of self (SEUS) within a 12-month supervised clinical pathway, establishing benchmark metrics for nurse-led psychotherapeutic outcomes and diagnostic readiness.

ANSWERS RQ2 & RQ3

02

ASSESS SYSTEMIC WORKFORCE RETENTION & OCCUPATIONAL REHABILITATION

To investigate the longitudinal impact of advanced scope transition on nursing workforce retention, evaluating changes in occupational burnout thresholds, psychological stabilization, and professional trajectory among practising clinicians.

ANSWERS RQ2 & RQ5

03

MEASURE POPULATION HEALTH OUTCOMES & HEALTH EQUITY IMPACT

To assess the clinical and functional effectiveness of nurse-delivered, low-barrier psychotherapy for priority populations—specifically evaluating changes in psychological distress (via standardized screeners), quality of life, relational stability, and vocational/educational readiness among income-support recipients and BAC adults.

ANSWERS RQ1

STUDY ENDPOINTS

CATEGORY	ENDPOINT	MEASURES	TIME POINTS	RQ
PRIMARY ENDPOINT	Change in psychological distress at week 16, intervention group vs. waitlist usual care	PHQ-9[32], GAD-7[31], PCL-5[33]	Week 16 (primary); baseline and week 8	**RQ1**
SECONDARY CLINICAL ENDPOINTS	Well-being and health-related quality of life; psychological safety, with NPSS validation in BAC cohorts; durability of change	WHO-5[42], SF-12v2[43], NPSS[34]	Baseline, week 8, week 16, 6 and 12 months	**RQ1**
IMPLEMENTATION & HHR ENDPOINTS	Nurse burnout; treatment fidelity; CRPO registration rates; 6- and 12-month retention; feasibility, acceptability, and fidelity of adoption at partner colleges	Copenhagen Burnout Inventory[44]; fidelity ratings from live-supervised sessions; CRPO entry-to-practice profile; registration and employment records	Entry, end of each stage, 6 and 12 months after credentialing	**RQ2–RQ4**
ECONOMIC ENDPOINTS	Net cost-benefit ratio from the provincial payer perspective	Direct service value, nurse retention, avoided disability leave, and changes in reliance on income support	Across the study period	**RQ5**

MULTILEVEL RESEARCH QUESTIONS AND HYPOTHESES



Figure 1. Multilevel model of intervention and impact. Each research question (RQ) below addresses one level, from client outcomes to public investment. Level 5 values are projected from the five-cohort model (150 trainees; 2,250 clients) and tested in RQ5.

RQ1 LEVEL 1 · CLIENT ◆ **CLIENT EFFECTIVENESS**

Among adults in Peel experiencing trauma-related distress and economic marginalization, what is the effect of the 16-week Becoming Method®, delivered by nurse psychotherapist trainees, on mental health, psychological safety, quality of life, and readiness for work, training, or education, compared with waitlist usual care? Are effects sustained? Exploratory moderation analyses will examine differential treatment effects across race, gender, and income-support status.

APPROACH Randomized waitlist-controlled trial; NPSS, PHQ-9, GAD-7, PCL-5, WHO-5, and SF-12 at five time points.

RQ2 LEVEL 2 · PRACTITIONER ◆ **CAPACITY FOR TRAUMA RECOVERY CARE**

Through what mechanisms does integrated nursing and psychotherapy training build nurses' capacity to deliver effective, culturally safe trauma recovery care to clients who are most oppressed, disenfranchised, and economically marginalized? How do personal, educational, and institutional factors shape treatment fidelity, nurses' own recovery from burnout, and their retention in practice?

APPROACH Mixed methods: fidelity ratings, burnout and retention measures, and qualitative interviews.

RQ3 LEVEL 3 · EDUCATION ◆ **READINESS FOR PSYCHOTHERAPY PRACTICE**

To what extent does a 12-month, decolonizing education model prepare RNs and RPNs to meet entry-to-practice competencies for psychotherapy and to enter the psychotherapeutic workforce as dually credentialed practitioners? How do Ubuntu and the TRC Calls to Action shape their professional identity and practice?

APPROACH Competency assessment against the CRPO entry-to-practice profile; registration, employment, and retention tracked 6 and 12 months after graduation.

RQ4 LEVEL 4 · INSTITUTION ◆ **ADOPTION BY POST-SECONDARY PARTNERS**

What curricular, regulatory, faculty, practicum, and financial conditions determine whether the model can be adopted with fidelity, and adapted, by colleges such as Durham College in Ontario and Douglas College in British Columbia, across different provincial regulatory contexts?

APPROACH Multi-site implementation study of feasibility, acceptability, fidelity, and adaptation.

RQ5 LEVEL 5 · ECONOMIC ◆ **COSTS AND BENEFITS**

What are the net costs and benefits of the model to the province, including direct service value, nurse retention, avoided disability leave, and changes in participants' reliance on income support, and what return does a public tuition investment generate?

APPROACH Cost-benefit analysis from the provincial perspective.

HYPOTHESES

H1 PRIMARY CLINICAL HYPOTHESIS

Adults experiencing trauma-related distress and economic marginalization who are randomized to the 16-week Becoming Method® will demonstrate statistically significant and clinically meaningful reductions in psychological distress (PHQ-9, GAD-7, PCL-5) and significant increases in psychological safety (NPSS) at 16 weeks compared with waitlist usual care.

H2 SECONDARY IMPLEMENTATION HYPOTHESES

Participation in the 12-month dual-credential pathway will significantly reduce nurse burnout indicators (CBI), achieve high entry-to-practice competency fidelity (CRPO profile), and demonstrate a positive net return on investment (ROI) from the provincial payer perspective.

MIXED-METHODS STUDY DESIGN AND ANALYSIS PLAN

This study employs a Type 2 hybrid implementation-effectiveness design[40], using a two-arm randomized waitlist-controlled trial (RCT) for client outcomes alongside a longitudinal mixed-methods cohort study for clinician outcomes. Quantitative data will be analyzed under intent-to-treat (ITT) principles using linear mixed-effects modelling to accommodate longitudinal repeated measures (baseline, week 8, week 16, 6 months, and 12 months). Qualitative inquiry will use thematic analysis grounded in Ubuntu and relational decolonizing methodologies to evaluate lived experiences of healing and workforce identity.

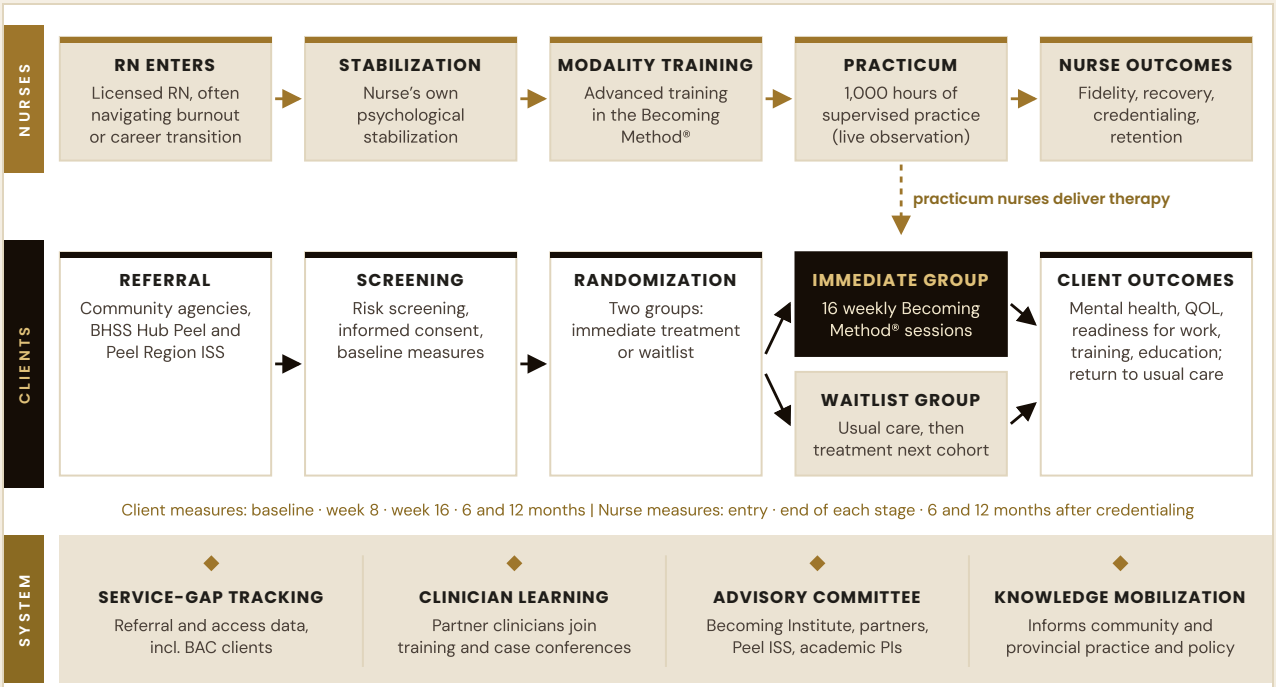


Figure 2. Becoming Method® program delivery processes and research pathways.

Up to 450

ADULTS, RANDOMIZED 1:1

Reflects cohort throughput: 30 nurse trainees per cohort

SAMPLE SIZE & POWER

As an illustration, 225 participants per arm provides 80% power at a two-sided alpha of 0.05 to detect a standardized between-group difference of about 0.26 on the primary endpoint at week 16, or about 0.30 allowing for 20% attrition. The final a priori power calculation and the minimal clinically important difference will be confirmed with the Scientific Review Committee before REB submission.

ANALYSIS PLAN

- Primary analysis will follow intent-to-treat (ITT) principles using linear mixed-effects models (LMM) to account for missing data and nested longitudinal observations
- Sensitivity analysis: baseline-adjusted analysis of covariance at week 16
- Exploratory moderation analyses by race, gender, and income-support status
- Qualitative and quantitative findings integrated at interpretation
- All data disaggregated by gender and self-identified race; cost-benefit analysis (RQ5)

WAITLIST SAFETY & APPROVALS

- Waitlist control participants receive usual community care alongside active safety monitoring and immediate triage/crisis escalation pathways
- Screening, escalation protocol and warm handoffs
- REB review before any research activity, consistent with partner accreditation requirements
- Data-sharing, consent and reporting defined jointly; PHIPA-aligned records; participants may withdraw at any time

RESEARCH GOVERNANCE, ETHICS, AND ACADEMIC PARTNERSHIP

PRINCIPAL INVESTIGATORS

Dr. Joan Samuels-Dennis, PhD, RN-Psychotherapist
NOMINATED PRINCIPAL INVESTIGATOR · BECOMING INSTITUTE INC.
Developer of the Becoming Method®; program delivery, clinical supervision, fidelity monitoring, cost-benefit analysis (RQ5).

Dr. Crystal Garvey, PhD, RN, MScN
CO-PRINCIPAL INVESTIGATOR · DURHAM COLLEGE
Lead researcher, Bridging the Gap[45]; nurse-pathway and education evaluation (RQ2–RQ4), community-based participatory methods, research ethics.

David Grant, MSW, RSW
CO-PRINCIPAL INVESTIGATOR · UNIVERSITY OF WATERLOO
Mental health assessment in Black populations and psychometrics[46]; client outcomes (RQ1) and NPSS validation.

CO-INVESTIGATORS

Implementation-Site Lead
SENIOR CLINICAL LEADER · COMMUNITY AGENCY PARTNER
Implementation-site lead; strategic alignment, site governance and data-sharing, sustainability.

Clinical Implementation Lead
CLINICAL SERVICES LEADER · COMMUNITY AGENCY PARTNER
Clinical implementation lead; referral and intake, screening and risk protocols, clinician learning.

Jabari Lindsay, MPPAL, BSW
DIRECTOR, INCOME AND SOCIAL SUPPORTS · PEEL REGION
Ontario Works referral pathways, caseworker engagement, employment-readiness and income-support data.

RESEARCH GOVERNANCE & ETHICS

REB

ETHICS APPROVAL
Ethics approval would be co-anchored through the research ethics boards of the University of Waterloo and Durham College and formally aligned with the research governance of each participating partner.

RESEARCH ADVISORY COMMITTEE
Brings together all partners, including community agency partners, Peel Region Income and Social Supports, Durham College, Douglas College, and the University of Waterloo, to refine the research questions, interpret findings, and guide knowledge mobilization.

SCIENTIFIC REVIEW COMMITTEE
Independent methodologists and content experts review the rigour of the design, the validity and reliability of the study tools, and the cost-benefit analysis plan before ethics submission and throughout the study.

PARTNERS ACROSS THE RESEARCH PROCESS

PHILOSOPHICAL STANCE → RESEARCH QUESTIONS → DESIGN & IMPLEMENTATION → KNOWLEDGE MOBILIZATION → PUBLISHING

Partners are engaged as co-producers of knowledge across the full research process, not as sites or referral sources alone. Together they will strengthen the project's philosophical stance, grounded in Ubuntu, decolonizing scholarship, and community-based participatory research. They will refine the research questions on workforce development and on introducing the nurse psychotherapist role into Ontario's mental health landscape, contribute to research design and implementation, shape knowledge mobilization, and co-author publications. Each partner brings a distinct interest: culturally affirming care and expanded access for BAC communities (community mental health agency partners and the BHSS Hub); the link between recovery, stability, and self-sufficiency (Peel Region ISS[47]); extending the co-creation work of Bridging the Gap (Durham College); measurement of mental health in Black populations (University of Waterloo); and independent evaluation of the Method (Becoming Institute). Through the Research Advisory Committee, these interests are brought together holistically into one shared research agenda.

CREDIBILITY

LEADERSHIP AND TEAM

Becoming Institute Inc. is a Brampton-based social enterprise, about three years old, built on more than 20 years of work by our president on one question: can the nurse do this, and how do we make sure she can?

Dr. Joan Samuels-Dennis, PhD, CNP

President

Richard Dennis, P.Eng.

Director of Operations and Finance

Marsha Miller

Program Coordinator

Ethol Palmer

Development and Technology Specialist

TEACHING AND SUPERVISION TEAM

Courses are taught and practicum supervision is provided by a team of CRPO-registered psychotherapists, psychologists, social workers and nurses. Names, credentials and registration numbers are available on request.

TRAINING · SECTION 03



Dr. Joan Samuels-Dennis

PHD, CNP · PRESIDENT

Dr. Joan Samuels-Dennis began her career in Peel Region as a public health nurse with the Families First home-visiting program. Working with mothers and fathers in their homes, she saw how unresolved trauma shaped both their mental and physical health, and how few of them could reach specialized care. That experience took her to graduate study in community health nursing and a PhD in nursing focused on mental health promotion.

For more than 20 years she has pursued one question: can the nurse safely provide psychotherapy, and what preparation does that require? She developed the Becoming Method® and built the CNA-accredited Nurse Psychotherapist Certificate on it, together with practice standards and competencies for nurses who practise psychotherapy. A Jamaican-Canadian, she lives and works in Brampton.

EDUCATION	TEACHING	AUTHOR	RECOGNITION
BScN, Ryerson University MSc, Community Health Nursing, D'Youville College PhD, Nursing (Mental Health Promotion), Western University, 2009	Nursing faculty at York University and Humber College	490: Forgive and Live Fearlessly Forgive: Master the Art of Letting Go	100 Women to Watch Award, 2020 Global Health Leader Award

WHAT SHE BRINGS TO THIS PARTNERSHIP

ROOTS IN PEEL

Began her nursing career serving Peel families and knows the region's communities and service system.

RESEARCH WITH THE SAME POPULATIONS

Published research on trauma, depression and PTSD among people receiving income assistance.

SUPERVISED NURSE-DELIVERED CARE

Has led and evaluated a community program delivered by supervised nursing students.

CREDIBILITY

RESEARCH AND TRACK RECORD

Dr. Samuels-Dennis's research has centred on the people that community mental health and income support programs serve. Her peer-reviewed studies examined cumulative trauma, depression and post-traumatic stress among single mothers receiving social assistance, and how employment, stress, empowerment and social support shape their mental health. This work underpins the Becoming Institute's focus on clients receiving Ontario Works, ODSP and other income supports.

PRECEDENT

THE HEALTH ADVOCACY PROJECT

She led a 10-week community mental health promotion project designed by a consortium of community stakeholders and researchers. Trained and closely supervised nursing students provided case management and system navigation to low-income adults living with major depressive disorder or PTSD. The published evaluation examined whether students delivered the intervention as intended and showed how supervised nurses can extend community mental health capacity. It is an early model for the supervised, nurse-delivered care and evaluation proposed with community agency and institutional partners.

SELECTED PEER-REVIEWED PUBLICATIONS

2006 **Relationship among employment status, stressful life events, and depression in single mothers**
Canadian Journal of Nursing Research, 38(1), 58–80

2007 **Employment status, depressive symptoms, and the mediating/moderating effects of single mothers' coping repertoire**
Public Health Nursing, 24(6), 491–502

2010 **Cumulative trauma, personal and social resources, and post-traumatic stress symptoms among income-assisted single mothers**
Journal of Family Violence, 25(6), 603–617

2011 **Single mothers' adverse and traumatic experiences and post-traumatic stress symptoms**
Journal of Family Violence, 26(1), 9–20

2013 **The mediating effects of empowerment, interpersonal conflict, and social support on the violence–PTSD process among single mothers**
Canadian Journal of Community Mental Health, 32(1), 109–124

2016 **Health Advocacy Project: Evaluating the benefits of service learning to nursing students and low-income individuals involved in a community-based mental health promotion project**
International Journal of Nursing Education and Scholarship, 13(1)

BOOKS AND PRACTITIONER MANUALS

2026 **The Becoming Method: A nurse psychotherapist guide to trauma recovery through truth, forgiveness, and reconciliation: A practitioner's manual for intensive training**
Becoming Institute

2026 **The Becoming Method®: Part 2—Evolving how we understand traumatic responses from the individual to the community level**
Becoming Institute Inc. (unpublished manuscript)

2019 **490: Forgive and Live Fearlessly**
Becoming Institute Inc.

2026 **The Becoming Method®: Part 1—Evolving how we understand and treat traumatic responses to adverse life experiences**
Becoming Institute Inc. (unpublished manuscript)

2021 **Forgive: Master the Art of Letting Go**
Becoming Institute Inc.

NEXT STEPS

BILATERAL ENGAGEMENT & CO-DESIGN PATHWAY

A Collaborative Approach to System Integration

We invite partner institutions to co-design the implementation, governance, and evaluation architecture to ensure optimal alignment with regional population needs, clinical workflows, and institutional priorities.

THREE-STAGE ENGAGEMENT PROCESS

1

BILATERAL ALIGNMENT & REVIEW

Institutional leadership and clinical governance committees review the proposed framework to identify strategic integration points, clinical priorities, and research synergies.

→

2

CO-DESIGN & PROTOCOL REFINEMENT

Joint leadership touchpoints to refine client referral workflows, co-establish risk and privacy protocols (PHIPA/PIPEDA), and align research questions with partner accreditation standards.

→

3

GOVERNANCE & INTEGRATION ACTIVATION

Formalization of partnership agreements (MOU), designation of operational leads, and establishment of the joint Research Advisory Committee and quality oversight.

SHARED GOVERNANCE & PARTNERSHIP ROLES

COMMUNITY & INSTITUTIONAL PARTNERS

- Co-defines clinical fit, referral pathways, and population priorities.
- Participates in joint research governance and quality evaluation.
- Designates institutional liaisons for operational coordination.

BECOMING INSTITUTE INC.

- Provides comprehensive clinical, regulatory, and training documentation.
- Adapts Partner Connect and data infrastructure to partner workflow requirements.
- Leads clinical supervision, fidelity auditing, and aggregate outcome reporting.

INTEGRATION PATHWAYS FOR COLLABORATION

DIRECT CLIENT REFERRAL PATHWAY	Zero-cost 16-week specialized trauma recovery care
JOINT RESEARCH PARTNERSHIP	Multi-site implementation study and psychometric validation
AGENCY NURSE-SEAT SPONSORSHIP	3 to 10 seats per agency, supported by Ontario Job Grant funding
ONGOING CLINICAL BACKBONE	Senior supervision, quality auditing, and regulatory compliance support

SEC. 04

CO-INVESTMENT & SUSTAINABILITY	The proposed model leverages independent social enterprise funding, tuition co-investment, and provincial/federal grant matching to deliver zero-cost care to clients and partner agencies without baseline operational grant dependency.

NEXT STEPS & IMMEDIATE CALL TO ACTION

RESERVE YOUR AGENCY'S CLINICAL SEATS FOR THE 2027 REGIONAL COHORT

To ensure equitable regional distribution and dedicated clinical supervision, Circle Unbroken Project cohort seats are allocated on a first-come basis across partner organizations.

3 IMMEDIATE STEPS TO LAUNCH YOUR PARTNERSHIP

1 Schedule an Executive Alignment Session

Meet with our partnership team to review your agency's mandate, program integration points (court liaison, diversion, youth mentoring), and target client population.

2 Confirm Your Nurse Seat Allocation

Co-select and reserve up to 10 nurse seats across our January, May, or September 2027 cohort intakes.

3 Initiate Ontario Job Grant Applications

Begin the joint Ontario Job Grant (formerly the Canada-Ontario Job Grant) submission process before the December 15, 2026 deadline to lock in up to $15,000 per seat in non-repayable training funding.[20]

Note: Ontario Job Grant: a job offer is required before training, and training must finish within 52 weeks; $15,000 applies when an employer with under 100 staff hires a previously unemployed person, otherwise up to $10,000. Subject to approval.

CONTACT OUR PARTNERSHIP TEAM

READY TO BUILD YOUR AGENCY'S PERMANENT IN-HOUSE TRAUMA CARE TEAM?

BECOMING INSTITUTE

DIRECT LINE	647-265-0804
TOLL-FREE	1-866-777-0310
EMAIL	info@becominginstitute.ca
WEB	www.becominginstitute.ca
BOOK A MEETING	calendly.com/becoming-institute-drjoan/business-partnership-opportunity
ADDRESS	Unit 2 – 80 Devon Road, Brampton, ON L6T 5B3

Scan to book an Executive Alignment Session

calendly.com/becoming-institute-drjoan/business-partnership-opportunity

"Eliminate waitlists, secure up to $15,000 per seat in government grant funding, and bring immediate trauma recovery to your clients in Month 1. Contact us today to reserve your seats for the 2027 Regional Cohort."

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