



College of
Registered Nurses
of Manitoba

Psycho-social Interventions and Reserved Act 20

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Background

In this document, the College of Registered Nurses of Manitoba (College) has adopted the World Health Organization's (WHO) definition of "psycho-social intervention." According to the WHO, a psycho-social intervention is a broad term that refers to any interpersonal or informational activity, technique, or strategy aimed at improving health, functioning, and well-being. This definition is expansive and includes many different interventions with various therapeutic goals.

All registrants will employ some form of psycho-social intervention when working with clients. Even when psychological or social well-being is not the primary focus of their practice, registrants use interventions such as health education or therapeutic communication strategies to achieve their clients' therapeutic goals.

It is important to recognize that some psycho-social interventions carry additional risks and require specialized knowledge, skills, and judgment. Accordingly, the Regulated Health Professions Act (RHPA) includes Reserved Act 20. While not all psycho-social interventions performed by registrants constitute Reserved Act 20, it is essential for registrants to understand the regulatory requirements associated with it so they can ensure they meet their practice expectations.

Purpose

The purpose of this document is to:

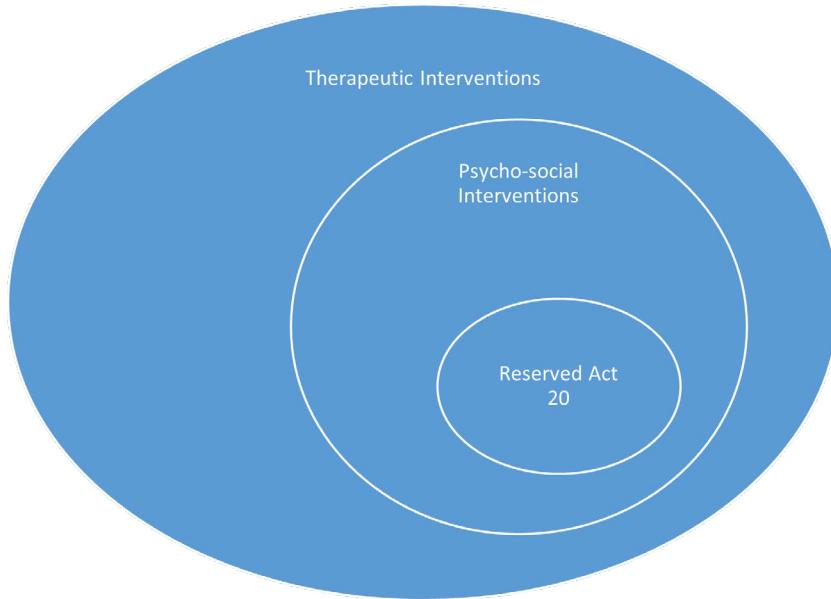
- Assist registrants in determining whether a specific psycho-social intervention is classified as a reserved act.
- Guide registrants in considering how client characteristics and the goals of care impact the risk associated with using a psycho-social intervention.
- Inform registrants about the educational requirements necessary for Reserved Act 20.
- Clarify the collaboration requirements for Reserved Act 20.

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Therapeutic Interventions, Psycho-social Interventions, and Reserved Act 20

The diagram illustrates the relationship between therapeutic interventions, psycho-social interventions, and Reserved Act 20.



Adapted from the World Health Organization's Psychological Interventions Implementation manual: Integrating evidence-based psychological interventions into existing services.

Note: Activities such as mental status assessment (affective, behavioural, or cognitive status) or suicide or harm assessments are within the scope of practice for all registrants. These are part of a holistic nursing assessment.

Registrants apply a variety of **therapeutic interventions** in their practice. Examples include activities like medication administration, rehabilitative techniques, or wound care.

All therapeutic interventions share the following characteristics:

- They take place in the context of a therapeutic nurse-client relationship.
- Implementation of a therapeutic intervention is made after an assessment, diagnosis, determination, and planning, followed by an evaluation of the outcome. It is a part of the nursing process.
- The decision to implement a therapeutic intervention, or not, is intentional and registrants are accountable for that decision.

- Regardless of the type of therapeutic intervention, registrants must ensure they are competent to provide the intervention and can meet all the requirements of their practice directions and expectations, before initiating it.

Psycho-social interventions are therapeutic interventions that use informational or interpersonal techniques to achieve a therapeutic outcome.

Examples include activities like client education, therapeutic communication strategies (example: validation, normalization), coaching, guided imagery, progressive muscle relaxation, deep breathing exercises, or motivational interviewing.

Reserved Act 20 is the category of psycho-social interventions identified as a reserved act in the RHPA. By delineating Reserved Act 20 from other psycho-social interventions, the RHPA acknowledges that incompetent or improper application of these activities exposes the client to significant risk. So, additional regulatory oversight (namely, additional education and collaboration) is required.

While all therapeutic interventions take place within the context of a trusting, respectful, and empathic nurse-client relationship, the application of Reserved Act 20 typically requires a longer-term relationship (weeks to months) over which the intervention can be applied.

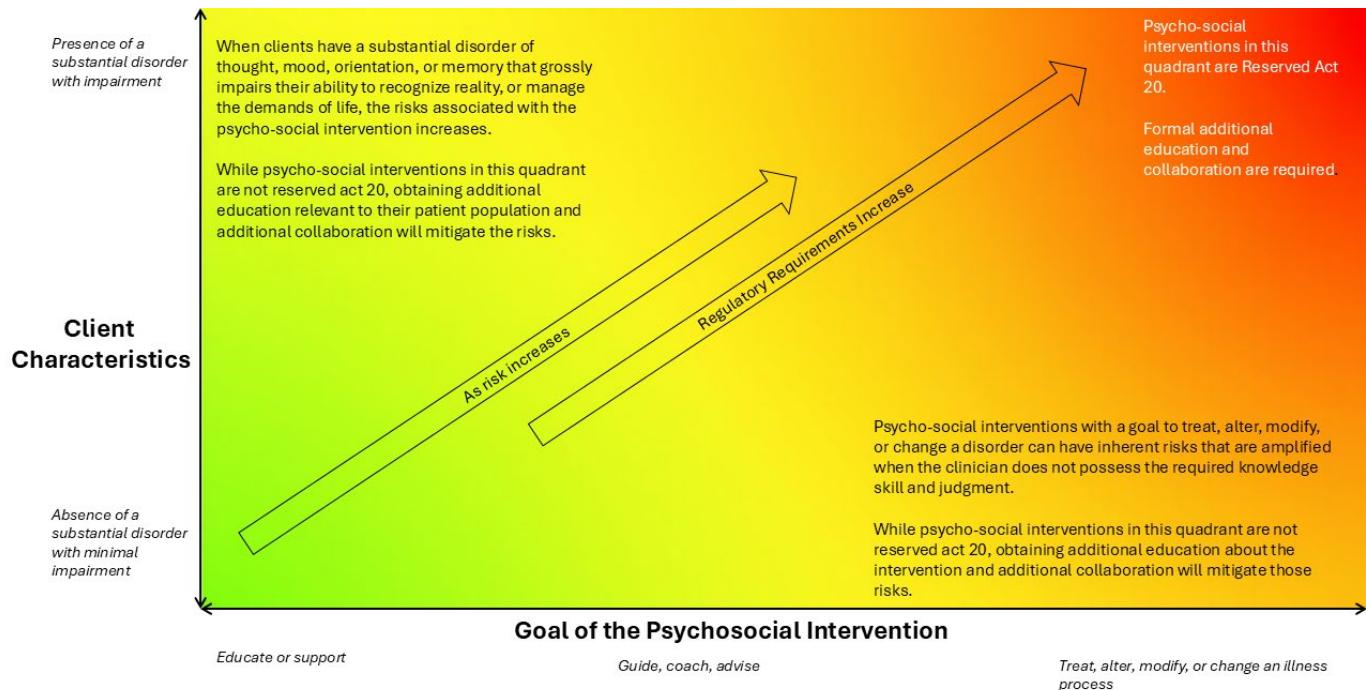
Reserved Act 20

The RHPA describes Reserved Act 20 as performing a psycho-social intervention with the expectation of modifying a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.

The following table illustrates the three characteristics registrants must consider when determining if a psycho-social intervention is Reserved Act 20.

Characteristic	Notes
The client has a substantial disorder of thought, mood, perception, orientation, or memory.	<p>Holistic nursing assessments involve review of a patient's health history, including any diagnosis or treatment they have received in the past.</p> <p>Many registrants will not be able to diagnose mental health disorders (it may be outside of their competence). Assessment by a clinician with knowledge and experience in the diagnosis and treatment of mental health conditions may be required.</p>
The client's disorder causes gross impairment of judgment, behaviour, capacity to recognize reality, or the ability to meet the ordinary demands of life.	Consideration should be given not only to the disorder itself but also the degree to which it causes impairment.
The goal or intent of the intervention to treat, alter, or modify the disorder.	<p>Psycho-social interventions have a variety of goals or intents, including:</p> <ul style="list-style-type: none">coaching;validating;normalizing;educating;supporting;clarifying values; <p>When the goal of care is to treat, alter, or modify a disorder, registrants must explicitly consider the possibility that what they are doing is Reserved Act 20.</p>

While the definition of Reserved Act 20 is clearly outlined in the RHPA, the practical application can be more complex. A client's health status, care goals, and the therapeutic relationship influence one another and continually evolve. As a result, registrants must regularly and thoroughly reflect on the psycho-social interventions they are employing, assess their clients' functioning, and consider the goals of care. They must also identify and mitigate any risks associated with the care they provide. The following matrix will assist registrants with characterizing the risk of a proposed psycho-social intervention, and the recommended or required regulatory requirements:



Green Zone: Psycho-social interventions that fall in the green zone of the matrix can be considered lower risk interventions. So long as registrants are competent and can meet their practice expectations, registrants can apply interventions in the green zone.

Red Zone: Psycho-social interventions that fall in the red zone are Reserved Act 20 and subject to the education and collaboration requirements outlined in the CRNM General Regulation. There is a significant risk of harm to the patient, if they are improperly or incompetently applied.

Yellow Zone: Registrants employing psycho-social interventions in the yellow zone are encouraged to thoroughly and regularly reflect on their patients' characteristics and the goals of the intervention. While psycho-social interventions in the yellow zone are not Reserved Act 20, registrants must be prepared to respond to changes in their patients' needs or the goals of care.

What is meant by “Collaboration” and “Additional Education” for Reserved Act 20?

The College of Registered Nurses of Manitoba General Regulation requires that registrants meet specific educational and collaboration requirements to apply Reserved Act 20. While clients will benefit when their health professional obtains additional education or collaborates, it is a requirement under the Reserved Act 20. This section will clarify what those expectations mean.

Additional Education Requirements

The CRNM General Regulation requires registrants to complete “additional education” before practicing under Reserved Act 20. The criteria for this additional education are approved by the College Council and outlined in the [Practice Direction: Criteria for Reserved Acts Requiring Additional Education](#).

When using these criteria to determine eligibility for Reserved Act 20, registrants should consider the following:

1. Registrants should already possess the foundational knowledge, skills, and judgment necessary for establishing and maintaining a therapeutic relationship, along with knowledge of mental health disorders and wellness. Additional education preparing a registrant to engage in Reserved Act 20 is expected to enhance this entry-level competence and add knowledge, skill, and judgment not provided in their entry to practice program.
2. Additional education programs preparing registrants to engage in Reserved Act 20 would require a significant supervisory component in which a registrant’s practice with clients is directly or indirectly observed to evaluate their competence with the intervention.
3. Many educational programs or certifications prepare registrants to deliver specific interventions or modalities. In the case of formal, [manualized therapies](#) or specialized psycho-social interventions, the provider’s practice may be restricted by the requirements of the intervention. Registrants should evaluate what their educational program has equipped them to deliver, ensuring that they can meet both practice expectations and the needs of their clients while applying the psycho-social intervention.
4. Some educational programs or certifications may specifically prepare registrants to work with certain populations or in specific practice settings. Registrants should consider how this specialized education influences the clients they are competent to accept into their care before applying Reserved Act 20.

Quality Practice Consultants are available to assist registrants to self-evaluate their education, as needed. Ultimately, registrants are required to explain how their additional education adequately prepared them to apply Reserved Act 20. Registrants should be able to provide records of the additional education they complete to a representative of the College, if requested.

Collaboration Requirements

Collaboration facilitates intervention support, skill development, quality assurance, and ethical practice (WHO, 2024). When applying the Reserved Act 20, collaboration helps to obtain objective feedback from others to ensure the care being provided is effective and high-quality. The CRNM General Regulation requires registrants engaged in Reserved Act 20 to collaborate with other regulated healthcare providers (regulated by the RHPA, or a profession-specific act outlined in schedule two of the RHPA) who are competent and authorized to perform Reserved Act 20.

Before performing Reserved Act 20, registrants must ensure they have established professional, collegial, mentorship, and referral relationships necessary to safely and competently care for their clients. This means that registrants applying the Reserved Act 20 should develop relationships with another clinician or group of clinicians with whom they can:

- Discuss client care circumstances, challenges, and ethical dilemmas,;
- Review client progress,;
- Address issues related to the therapeutic relationship, such as boundaries or the limits of confidentiality,;
- Receive assistance with assessing risks,;
- Refer clients when their care needs exceed the registrant's scope or expertise,;
- Access expert or specialized assessments, services, or care,;
- Manage emergency or crisis situations that come up, while providing care,; or
- Meet the supervision, consultation, or collaboration requirements of the modality or manualized therapy they intend to employ.

Collaboration for the purpose of engaging in Reserved Act 20 may look different for every registrant. Registrants are accountable for decisions about how they meet the requirements. It is recommended that registrants reflect on how they will meet the collaboration requirements of RA20. Consider the following:

Table on next page

Component of the collaboration plan	Details to consider
Who will the registrant collaborate with?	<p>Health professionals governed by the RHPA or those listed in Schedule 2 of the RHPA can collaborate to meet these criteria. Examples: psychologists and psychiatrists.</p> <p>The regulated health professional with whom you collaborate needs to;</p> <ul style="list-style-type: none"> • be competent in the psycho-social intervention the registrant is applying; and • agree, in advance, to collaborate with the registrant. <p>Note: legislation regulating the profession of social work is not included in schedule 2 of the RHPA. While registrants can collaborate with social workers, this does not meet the requirements for collaboration under Reserved Act 20.</p>
When will collaboration take place?	Scheduled meetings are more likely to proactively address therapy-related issues that could cause harm. Collaboration may also happen on an as needed basis. As the risk increases, so too does the need for regularly scheduled collaboration.
Who will be taking part in the collaboration?	Collaboration could happen 1:1 or in small groups. Many clinics or institutional settings will have multiple clinicians engaged in Reserved Act 20 who collaborate.
Will the collaboration be structured or unstructured?	<p>The collaboration process may involve:</p> <ul style="list-style-type: none"> • A review of client cases and progress; • An opportunity to provide feedback and ask questions; or • Review of client records. <p>Some modalities will have specific requirements, structures, and rules about how collaboration is to happen (what is discussed, how issues are resolved etc.).</p>
How will the collaboration be documented or recorded?	<p>Registrants are accountable to demonstrate how they met the collaborative requirements of Reserved Act 20. One way to do that is to keep records of collaborative activities (meetings, consultations, supervision sessions, for example).</p> <p>When registrants consult with another professional about a specific client's care, it may be appropriate to document that consultation in the client's record. In situations when collaboration happens more regularly over time, keeping records of meetings, topics discussed, or reflections may be necessary.</p>

In some cases, a registrant's practice setting will have ample opportunity for collaboration (for example, a registrant working in a clinic alongside other professionals engaged in Reserved Act 20). Registrants practicing independently (for example, in a self-employed capacity) need to be intentional and plan for collaboration in their practice.

When onboarding new clients into their care, registrants should provide relevant details about their collaboration plan as part of the informed consent process. Registrants are encouraged to be as forthcoming with their clients with this information as is appropriate in the context of their practice environment and the client relationship. This may include:

- Informing the client that they collaborate with other healthcare professionals;;
- Offering to answer questions about that collaboration; or
- Providing professional designations or names of the individual with whom they collaborate, as appropriate.

Definitions

Psycho-social Intervention - A broad term that refers to any interpersonal or informational activity, technique, or strategy aimed at improving health, functioning, and well-being. This definition is expansive and includes many different interventions with various therapeutic goals.

Manualized Therapies - Interventions that are performed according to specific guidelines for administration, maximizing the probability of therapy being conducted consistently across settings, therapists, and clients (American Psychological Association *Dictionary of Psychology*, 2018).

Resources

College of Registered Psychiatric Nurses of Manitoba. (2022). Practice Direction: Performing a Psycho-social Intervention. Available at: <https://crpnm.mb.ca/members/practice-resources/practice-guidelines/>

College of Registered Nurses of Manitoba. Practice Expectations. Available at: <https://www.crnmb.ca/rns-nps/practice-expectations/>

College of Registered Nurses of Manitoba. Scope of Practice for RNs. Available at <https://www.crnmb.ca/resource/scope-of-practice-for-rns/>

College of Registered Nurses of Manitoba. Scope of Practice for RN(NPs). Available at <https://www.crnmb.ca/resource/scope-of-practice-for-rnnps/>

Manitoba (2017) College of Registered Nurses of Manitoba General Regulation. Available at: <https://web2.gov.mb.ca/laws/regs/current/114-2017.php?lang=en>

Manitoba Health (2018). The Regulated Health Professions Act. <https://www.gov.mb.ca/health/rhpa/index.html>

World Health Organization. (2024). Psychological Interventions Implementation Manual: Integrating evidence-based psychological interventions into existing services. Available at: <https://iris.who.int/bitstream/handle/10665/376208/9789240087149-eng.pdf?sequence=1>



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