



APNA Position: Psychotherapy and the Scope of the Psychiatric-Mental Health Advanced Practice Registered Nurse Role

Abstract

Psychotherapy is a fundamental component of providing comprehensive, patient-centered, and evidence-based care for mental health conditions across the continuum of care. The use of psychotherapy is therefore an essential part of practicing psychiatric-mental health advanced practice nursing (PMH-APRN), as confirmed by standards of practice and credentialing bodies. Psychotherapy is a standard of practice for PMH-APRNs in the Psychiatric-Mental Health Nursing: Scope and Standards of Practice¹ and is cited as an essential role competency for the Psychiatric Mental Health Nurse Practitioner (PMHNP) by the National Organization of Nurse Practitioner Faculties (NONPF).² Psychotherapy content is included in PMHNP certification exams offered by the American Nurses Credentialing Center (ANCC)³ and the American Academy of Nurse Practitioner Certification Board (AANPCB).⁴ As PMH-APRNs provide a full range of specialized services to meet the needs of current and future populations, PMHAPRN education and training must ensure that students and practitioners meet established competencies in psychotherapeutic approaches. PMHNP graduate educational programs should ensure that students receive didactic psychotherapy content and supervised clinical training in psychotherapeutic approaches necessary to demonstrate competency. Likewise, PMH-APRNs should pursue continuing education in psychotherapy given its foundational role in PMH practice.

Introduction

It is the position of the American Psychiatric Nurses Association that psychotherapy is integral to PMH-APRN practice; therefore, didactic content and supervised clinical training in psychotherapy in PMHNP graduate programs and psychotherapy continuing education for practicing PMH-APRNs are essential to ensuring that PMH-APRNs are equipped to provide comprehensive, patient-centered, and evidence-based care for mental health conditions across the lifespan.

Discussion

Psychotherapy is foundational in psychiatric care.⁶ Psychotherapeutic treatment produces a degree of treatment effect similar to that of psychotropic medications for a range of psychiatric

conditions, and combined medication and psychotherapy produces greater improvement than either treatment modality alone.⁷ For certain disorders and for specific populations, such as children and adolescents, psychotherapy is often considered the first line treatment.⁸ Psychotherapy may be preferred by patients⁹ and has been shown to improve engagement in treatment.¹⁰ Because advanced practice psychiatric nurses are key members of the workforce that provides primary psychiatric care, the provision of psychotherapy is an essential component of their role¹. It is a standard of practice in the *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* published by the American Nurses Association (ANA), the American Psychiatric Nurses Association (APNA), and International Society of Psychiatric-Mental Health Nurses (ISPN)¹ and is included in the PMHNP Competencies developed by the National Organization of Nurse Practitioner Faculties (NONPF).²

Hildegard Peplau developed the first graduate program in advanced practice psychiatric nursing in 1954.¹¹ Since then, PMH-APRNs have utilized a variety of psychotherapies to treat psychiatric-mental health conditions in a range of targeted recipients (individual, groups, couples, families) and across settings (e.g. inpatient and outpatient). The selection of the psychotherapeutic approach is based on the needs and preferences of the care recipient, as well as the PMH-APRN's knowledge of evidence-based practice, and relevant biological, psychological, and developmental theories.¹¹

As with other graduate-prepared mental health providers, PMH-APRN educational programs should include supervised clinical experiences in psychotherapy. There are two national certifications available for recent graduates of PMH-APRN programs: the PMHNP certifications awarded by the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB), both of which include test content in psychotherapy. ANCC also requires that PMHNP graduates must be able to confirm training and experience in “two psychotherapeutic treatment modalities.”^{3,4} Since the current *Standards for Quality Nurse Practitioner Education* (2022) require that NP programs must meet eligibility requirements for role and population-specific national certification¹², PMHNP educational programs must include supervised psychotherapeutic training to meet these standards.

While ANCC recertification for APRNs requires 25 continuing education hours in pharmacology, there are no specific requirements for additional hours of continuing education in psychotherapy for PMH-APRN recertification.^{3,4} As with pharmacology, continuing education is recommended to develop mastery and maintain competency in psychotherapeutic interventions for effective treatment. Pursuing continuing education is also vital as the development of new psychotherapeutic treatments and novel uses of existing and modified psychotherapies become available through research and its dissemination.

Conclusion

PMH-APRNs are key providers of comprehensive, patient-centered, and evidence-based psychiatric primary care in a range of settings and for a variety of populations. Psychotherapy, whether practiced as an independent treatment intervention or in combination with medication

management or other somatic treatments, is a core component of the PMH-APRN role. Standards established by the ANA, APNA, ISPN, NONPF, AANPCB and ANCC all include use of psychotherapeutic modalities as an essential component in the scope of advanced practice psychiatric nursing.¹⁻⁵ Given the foundational role of psychotherapy in advanced practice psychiatric nursing, PMHNP programs should include supervised clinical training in psychotherapy necessary for entry-level practice and PMH-APRNs should pursue lifelong learning in psychotherapy to support optimal outcomes for patients.

Approved by the APNA Board of Directors December 2021. Revised October 2024.

References

1. American Nurses Association, American Psychiatric Nurses Association, & International Society of Psychiatric-Mental Health Nurses. (2022). *Psychiatric-mental health nursing: Scope and standards of practice* (3rd ed.). Silver Spring, MD: Nursebooks.org.
2. National Organization of Nurse Practitioner Faculties (2024). Competency Implementation Guide for Nurse Practitioner Faculty. NONPF, Washington, D.C.
3. American Nurses Credentialing Center. (2023). Test content outline. Retrieved from <https://www.nursingworld.org/~4abaca/globalassets/certification/certification-specialtypages/resources/test-content-outlines/exam-35-pmhnp-tco-08-23-2022-for-webposting11102022.pdf>
4. American Academy of Nurse Practitioners Credentialing Board. (2024). Exam test content outline. <https://www.aanpcert.org/certs/pmhnp>
5. Certification Renewal Requirements. (2022). American Nurses Credentialing Center. (2020). Retrieved from <https://www.nursingworld.org/~48fbb4/globalassets/certification/renewals/ancccertrenewalrequirements.pdf6>.
6. Caughill, A. (2016). Preserving the art and science of psychotherapy for advance practice psychiatric mental health nurses. *Issues in Mental Health Nursing*, 37(4), 268-272. doi: 10.3109/01612840.2016.1147625
7. Leichsenring, F., Steinert, C., Rabung, S., & Ioannidis, J. P. A. (2022). The efficacy of psychotherapies and pharmacotherapies for mental disorders in adults: An umbrella review and meta-analytic evaluation of recent meta-analyses. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 21(1), 133–145. <https://doi.org/10.1002/wps.20941>
8. Chaimowitz, G., Weerasekera, P., & Ravitz, P. (2021). Psychotherapy in psychiatry. *The Canadian Journal of Psychiatry*, 66(11), 999-1004.
9. McHugh, R. K., Whitton, S. W., Peckham, A. D., Welge, J. A., & Otto, M. W. (2013). Patient preference for psychological vs pharmacologic treatment of psychiatric disorders: A meta-analytic review. *The Journal of Clinical Psychiatry*, 74(6), 595–602. <https://doi.org/10.4088/JCP.12r07757>

10. Loots, E., Goossens, E., Vanwesemael, T., Morrens, M., Van Rompaey, B., & Dilles, T. (2021). Interventions to improve medication adherence in patients with schizophrenia or bipolar disorders: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(19), 10213. <https://doi.org/10.3390/ijerph181910213>
11. Wheeler, K. (2022). *Psychotherapy for the advanced practice psychiatric nurse: A howto guide for evidence-based practice* (3rd ed.). New York, NY: Springer Publishing Company.
12. National Task Force. (2022). *Standards for quality nurse practitioner education, A report of the national task force on quality nurse practitioner education, 6th Edition*. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_final.pdf