



the Australian College of Mental Health Nurses Inc.

Principles of psychotherapy

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Nurse psychotherapist practice is guided by seven key principles:

1. Relationship focus

Formation of a safe therapeutic relationship, carefully attuned to the needs of the consumer is privileged as the central common factor in reducing mental distress and supporting recovery. Aware of the boundaries and ethics of the therapeutic relationship and that benevolent intentions are not enough, mental health nurses (MHNs) attend to any imbalances of power in the relationship, building a respectful, and equitable therapeutic relationship.

2. Developmental and systemic perspective

MHNs build an understanding of human distress in the context of the person's developmental experiences, and their intergenerational family, cultural, and societal experiences. MHNs attend to the attachment injuries and intergenerational unfairness sustained by those who have endured unpredictability in care, neglect, being stolen or separated from caregivers, and/or being subjected to physical, sexual, social, cultural, religious, medical or psychological trauma.

3. Advocacy

MHNs build alliances with colleagues, consumers, policymakers, politicians, and influencers to advocate for a social milieu in Australia that supports optimal health including access and extended availability to nurse psychotherapy for all who require such specialist support. MHNs also advocate for those whom the system is failing, including those with iatrogenic injuries.

4. Trauma-informed approach

MHNs recognise the core principles of trauma-informed practice as a phased

approach including safety, choice, collaboration, and empowerment, and differentiate between single incident and complex trauma treatment. MHNs understand the effect of overwhelming stress on the brain and nervous system, moving from a “learning brain” to a “survival brain”, and can work both “top down” (cognitively) and “bottom up” (somatically) to address this. MHNs can identify and work effectively with various forms of freeze or dissociation. Trauma-informed practice also recognises that talk therapy may be inadvertently retraumatising for some people, and that enactments of unresolved traumatic experience may occur within the therapeutic space.

5. Recovery orientation

MHNs consider the central place of connection, hope, identity, meaning, purpose, and empowerment in recovery from mental illness, psychological distress, and social alienation, along with factors such as alleviation of poverty and injustice.

6. Search for healing and integration

Balancing multiple perspectives including awareness of culture, spirituality and intersectionality, MHNs recognise the complexities between what some may consider to be mental illness symptoms and what others may consider to be ordinary or extraordinary experiences, however distressing. Psychotherapists support the exploration of the range of experiences that people bring to therapy and favour therapeutic practices, both verbal and non-verbal, which support a felt sense of safety in the room and lead to healing and integration.

7. Addressing therapy sustainability

By collaboratively working with consumers, MHNs address the sustainability of therapy. Where pharmaceutical approaches are used concurrent with psychotherapy, MHNs offer their knowledge of both fields to benefit the person they are working with. Where substance use or other factors interfere with therapy, MHNs actively collaborate to address these factors. Where disjunctions occur in the therapeutic relationship, MHNs labour to repair and re-establish the therapeutic alliance.