



CCOA Directive on Practice Activity:

Diagnostic and Therapeutic Performance of Psychological Interventions

Adopted June 18, 2021, and Effective July 5, 2021

Directive

Chiropractors are not to perform psychosocial interventions with an expectation of treating, (with any chiropractic modalities or techniques, or any other conceivable means) a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life.

Key Terms

- **Comorbidity:** the simultaneous presence of two or more diseases or medical conditions in a patient
- **Diagnostic Procedure:** A procedure (excluding diagnostic imaging) that is performed on a patient to diagnose a condition, disease, or illness.
- **Psychosocial Disorder:** A mental illness caused or influenced by life experiences, as well as maladjusted cognitive and behavioral processes
- **Psychosocial Interventions:** Assessments or treatments such as cognitive behavioural therapies, behaviour modification, counselling and supportive psychotherapy, and psychoanalysis.
- **Psychosomatic:** Mind (psyche) and body (soma).
- **Psychosomatic Disorder:** A disease which involves both mind and body. Some physical diseases are thought to be particularly prone to being made worse by mental factors such as stress and anxiety. Your mental state can and may affect how bad a physical disease is at any given time.
- **Regulated Members:** Any chiropractor who holds a practice permit for the practice of chiropractic in the province of Alberta.
- **Restricted Activities:** Health services which can only be performed by authorized persons, because of the risks associated with the performance of these activities and the need to ensure that practitioners possess the necessary competencies.
- **Scope of Practice:** Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies,

and regulations that describe requirements for education and training, and define scope of practice.

- **Technique:** A system that may include both diagnostic or therapeutic procedures.
- **Therapeutic Procedure:** A manner of effecting change through the application of clinical skills and/or services that attempt to improve function. These procedures require direct one-on-one patient contact by a chiropractor.

Guidance for Regulated Members

Key Messages

The College of Chiropractors of Alberta (CCOA) recognizes that most regulated members will require no change in practice, or the intention of what the practitioner is treating while providing diagnostic or therapeutic procedures. However, for some regulated members this directive may have a significant impact on practice activity. Advice will be provided to chiropractors who are concerned or have questions regarding practice activities that are or may be in violation of legislation. If you are unsure that an activity you perform is in violation of the legislation, the recommendation is that you stop the activity until you can confirm that the activity **is or is not** compliant.

This directive is enforceable and informed by the guidance that is provided on a practice activity that is not permitted. *For context, the restricted activity of performing a psychosocial intervention, as described in Schedule 7.1, section 2(1)p of the Government Organization Act, is not included in the chiropractic scope of practice according to the Health Professions Act or the Chiropractic Profession Regulation.*

- Chiropractors are not recognized by legislation to have the training or necessary competency to perform psychosocial interventions with the expectation of treating substantial disorders of thought, mood, perception, orientation, or memory that grossly impairs (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life.
- Specifically, this is written to address practice activity that is occurring, has occurred or could occur wherein chiropractors are practicing with the intention to diagnose or treat substantial psychosocial disorders with chiropractic modalities, techniques, or any other conceivable means.
- Conditions that may be considered substantial disorders of thought, mood, perception, orientation, or memory, may include but are not limited to:
 - Depression (from limited to severe),
 - History of trauma, including unexplored, underlying, or undiagnosed emotional trauma,
 - Post-Traumatic Stress Disorder (PTSD)
 - Disabling anxiety,
 - Schizophrenia,
 - Bipolar Disorder
 - Drug or alcohol induced psychosis, and
 - Acute withdrawal from drugs or alcohol
- Chiropractors that are authorized to perform Acupuncture are competent in the performance of acupuncture for disorders in the scope of practice for chiropractors.
 - Even with authorization to perform acupuncture, that does not include the treatment of substantial psychosocial disorders.

- Chiropractors must never provide biofeedback, muscle challenge testing, meridian testing, touch testing or any other forms of unauthorized diagnostic procedures to explore or diagnose psychosocial disorders such as emotional blockages or underlying emotional trauma as part of care. It is not appropriate to combine these testing methods while asking recall questions to the patient that explore the following concepts:
 - *Cognitive challenges*
 - *Identifying thoughts and internal dialog associated with recollections,*
 - *Emotional recollections*
 - *Identifying the emotions the recollection elicits,*
 - *Identifying emotional stress the recollection elicits,*
 - *Identifying unresolved stressors that impact mental health that the recollection elicits,*
 - *Identifying prior trauma that impacts emotional or mental health that the recollection elicits,*
 - *Identifying association with these emotions, and*
 - *Behavioral*
 - *How the recollections affect action,*
 - *How the recollections relationships, etc.*
- Chiropractors must not clinically engage in emotional recall testing combined or not combined with muscle testing, or pressure on neurovascular points. That includes recall questions such as but not limited to the following:
 - “Think about your first childhood memory”, or
 - “Think about what makes you happy”, or
 - “Think about what makes you sad”, or
 - “Think about your relationship with money”,
 - “Think about a relationship...”, etc.
- Chiropractors must never indicate that chiropractic treatments, including modalities such as acupuncture, acupressure, meridian work, tapping, touch, or any other therapies that they offer are a direct or indirect treatment for psychosocial disorders.
- Chiropractors who practice with the intention of performing psychosocial interventions are practicing out of scope and if a complaint is received, that complaint may result in findings of unprofessional conduct by a hearings tribunal.
- Chiropractors who practice with the intention of performing psychosocial interventions are practising out of scope and if a claim of professional negligence is made, the chiropractors PLI-PLP may not protect them for losses associated with the claim.
- Regardless of any continuing education that may have been pursued, regulated members of the CCOA are not competent to engage in any activity that includes a diagnostic or therapeutic procedure that violates the legislation or this directive.
- Regulated members must review their advertising and efficacy claims to ensure that no claims are made that imply chiropractic or therapies offered by chiropractors perform diagnostic or therapeutic procedures with the expectation of treating psychosocial disorders.
- Regulated members must ensure that their practice activity does not violate the scope of practice provided for chiropractors in legislation.

- Some techniques that teach both diagnostic and therapeutic procedures that imply explicitly or implicitly that the technique can be used to treat psychosocial disorders.

Psychosocial Comorbidity

- Chiropractors are trained and understand that many patients will present with comorbidities, that include both physical and emotional health concerns.
- When chiropractors are providing diagnostic and therapeutic procedures to the patient, we have a duty to be aware to the extent that the patient is willing to inform the practitioner of their health history, which history may include, substantial psychosocial disorders (including trauma), or associated psychosocial disorders.
- Because patients are often silent and rarely communicative of traumatic history, any diagnostic or therapeutic procedure that intends to provide a psychosocial intervention for declared, undeclared, diagnosed, or undiagnosed psychosocial disorders, must be performed by authorized licensed practitioners with the competence to perform these restricted activities.
 - Chiropractors **are not** authorized to perform these restricted activities.
- Patients with substantial disorders of thought, mood, perception, orientation, or memory will still seek health care from chiropractors.
 - Chiropractors must be explicit that the direct diagnosing and treatment of these conditions is a restricted activity, and that chiropractors are not authorized to perform this restricted activity and therefore they may not diagnose or treat these conditions.
- It is reasonable for chiropractors to ask psychosocial health history on intake forms and as part of the formal intake record.

Psychosomatic Response to Care

- Chiropractors should remember that any patient may experience a psychosomatic response while receiving care.
 - The risk to trigger a psychosomatic response is elevated in patients that are experiencing a psychosocial disorder, especially, patients with a traumatic history.
 - Recent reporting has suggested that as high as 1 in 3 women and 1 in 5 men have had a prior a traumatic experience.
 - These patients are often silent or rarely communicative of their traumatic history.
 - With diagnostic and therapeutic procedures with the intention to impact primary musculoskeletal conditions patients may experience a psychosomatic response to that care.
 - There is escalated danger to patients and risk to chiropractors and danger to patients when practitioners apply diagnostic and therapeutic procedures with the intention exploring, diagnosing, or treating declared, non-declared, diagnosed, or undiagnosed psychosocial disorders.

- When a patient experiences a psychosomatic response, there is often strong defensive emotion attached to that response. The patient may or may not tell you about the emotional response, so keen observation and awareness during treatment are required.
 - That may include verbalizations of fear or anger.
 - That may include non-verbal action such as patient withdrawal or physical rigidity.
 - That may include behavior such as crying.
 - That may include patient detachment of engagement during treatment.
 - Any of these, or other, cues observed should be recorded in the clinical record.
- If you suspect or aware of a psychosomatic response to your treatment, the recommendation is to stop treatment, and when the patient feels safe, have a conversation about the appropriateness of care, or referral to address the psychosomatic event with a professional who has the competency to address trauma and psychosocial disorders.

Managing Patients with Psychosocial Comorbidities

- If you identify that a patient has an undiagnosed substantial psychosocial disorder, the chiropractor should inform the patient that a referral is recommended or required and initiate that referral to a qualified practitioner.
 - For reference, qualified practitioners may include but are not limited to their family doctor, a psychiatrist, or a registered psychologist.
 - It would be best practice to continue care once the patient has established a care relationship with a qualified practitioner.
 - Patients may deny the referral. When a patient chooses to deny the referral, proceeding with care that focuses only on their physical pain may be an option.
 - This is a critical decision point for chiropractors as you will need to complete a point of care risk assessment to decide that delivering care and the patient receiving care is safe.
- If a patient identifies that they have a diagnosed substantial psychosocial disorder, and that they are not seeking management with a qualified practitioner, or are seeking management from you as a chiropractor, you are well advised to document the patient's disclosure in your record and arrange for a referral to a qualified practitioner.
 - You must not imply to the patient or consent to the patient's request that you can manage their condition.

The Clinical Flag System for Psychosocial Disorders

- To support regulated members in understanding when they are required to refer a patient, and when it is recommended that they refer a patient for a psychosocial disorder, the Clinical Flag system is contextualized here for your consideration.
- The CCOA recognizes that many regulated members will have current professional competency in using the Clinical Flag system.
- Regulated members who do not have current professional competency in using the Clinical Flag system are strongly encouraged to immediately acquire, renew, or augment this competency.

- Clinical Flags are common to many areas of healthcare.
 - For example, red flags exist for musculoskeletal disorders, which are indicators of possible serious pathology such as inflammatory or neurological conditions, structural musculoskeletal damage or disorders, circulatory problems, suspected infections, tumours, or systemic disease. If suspected, these require urgent further investigation and often surgical referral.
- There are certain signs and symptoms that when observed in a patient's examination or history alert chiropractors to the fact that something could be seriously wrong.
 - If you suspect any red flags the patient must be directed to seek urgent medical attention and it is best to arrange to send the patient to emergency rather than risk any permanent, life-changing pathology.
- Orange flags, in the Clinical Flag system represent the equivalent of 'red flags' for mental health and psychological problems. Orange flags alert the chiropractor to serious problems that could be psychiatric in nature, and therefore require referral to a qualified specialist, rather than following the normal course of care.
- Orange flags include any substantial psychosocial disorder. Some of the clinical presentations for orange flags may include:
 - Excessively high levels of distress
 - Depression (from limited to severe),
 - History of trauma, including unexplored, underlying or undiagnosed emotional trauma,
 - History of sexual trauma,
 - Post-Traumatic Stress Disorder (PTSD)
 - Disabling anxiety,
 - Major personality disorders
 - Schizophrenia,
 - Bipolar Disorder
 - Drug or alcohol induced psychosis, and
 - Acute withdrawal from drugs or alcohol
- Yellow flags, also known as psychosocial flags, allow practitioners such as chiropractors to identify aspects of the person, the person's presenting health problems and the person's social context as part of the clinical picture. Yellow flags also consider the impact of those factors on the patient's recovery and return to activities and living.
- Yellow flags **are** indications that patients may not recover as expected and may need additional support.
 - Yellow flags **are not** a diagnosis or a symptom.
- Yellow flags may include the following thoughts, feelings and behaviours observed by the clinician or reported by the patient.
 - Catastrophizing – thinking the worst relative to their condition.
 - Finding painful experiences unbearable, reporting extreme pain disproportionate to the condition.
 - Having unhelpful beliefs about pain and work – for instance, 'if I go back to work, my pain will get worse'.
 - Becoming preoccupied with health, over-anxious, distressed, and low in mood.
 - Fear of movement and of re-injury.

- Uncertainty about what the future holds.
- Changes in behaviour or recurring behaviours.
- Expecting other people or interventions to solve the problems (being passive in the process) and serial visits to various practitioners for help with no improvement.
- Whenever you are working with patients that have orange or yellow flags consideration should be made to who else should be present when the patient is receiving care:
 - The chiropractor may want to have an assistant in attendance.
 - The patient may want to have a companion attend.

Flag	Nature	Examples (not an exhaustive list)
Red Referral Required	Signs of serious pathology	Cauda equina syndrome, fracture, tumour, unremitting night pain, sudden weight loss of ten pounds over three months, bladder & bowel incontinence, previous history of cancer, saddle anaesthesia, etc.
Orange Referral Required	Psychiatric Symptoms	Clinical depression, personality disorder. limited to severe depression, history of trauma, including unexplored, underlying or undiagnosed emotional trauma, post-traumatic stress disorder (PTSD) disabling anxiety, schizophrenia, bipolar disorder, drug or alcohol induced psychosis, and acute withdrawal from drugs or alcohol.
Yellow May Require Referral	Beliefs, appraisals, and judgements	Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen. Expectations of poor treatment outcome, delayed return to work.
	Emotion responses	Distress not meeting criteria for diagnosis of mental disorder. Worry, fears, anxiety.
	Pain behaviour (including pain coping strategies)	Avoidance of activities due to expectations of pain and possible reinjury. Over-reliance on passive treatments.

Key Actions for Regulated Members

- Ensure that you have acquired a clear understanding of this directive and the legislation that informs the directive from the CCOA Council.
- Ensure that you clearly understand the guidance provided.
- Ensure that your practice activity aligns with the intent of this directive.
- If you are engaging in activity that violates this directive and are engaged in providing a restricted activity outside of the scope of practice for chiropractors, then stop immediately.
- If you are not sure regarding your compliance regarding this practice activity you are encouraged to seek advice from the college.

- If your conduct needs to be modified, the college will provide you the direction required and a limited grace period to become compliant.
- Ensure that any advertising and efficacy claims do not include psychosocial disorders.
- Consider and be prepared on how you will manage Red, Orange and Yellow Flags that you identify in your practice.
 - That may include proactively establishing referral relationships.
 - That will include in office response by yourself and your team when red and orange Flags are identified.
- Consider the development of your professional competence to respond to red, orange, and yellow flags in compliance with Alberta Legislation.
- Ensure that your clinical record is accurate and reflective of each patient encounter. This includes any follow up discussions or actions that you have conducted.

When is a Psychosocial activity a Restricted Activity?

		Does the practitioner expect or intend to treat the underlying condition?	
		No	Yes
Patient has a substantial disorder that grossly impairs....	Yes	The practitioner intends to counsel, provide advice, guidance direction, support, and assistance about lifestyle choices, assisting with problem solving, promoting access to resources, and providing ongoing support to a patient with a substantial disorder where the patient's judgment, behaviour, capacity to recognize reality or meet the ordinary demands of life is grossly impaired. NOT A RESTRICTED ACTIVITY	The practitioner intends to treat a patient with a substantial disorder where the patient's judgment, behaviour, capacity to recognize reality or meet the ordinary demands of life is grossly impaired. The practitioner uses interventions to treat underlying condition such as psychotherapy, CBT, and other specialized interventions that are designed to alter thoughts, perceptions, or moods. RESTRICTED ACTIVITY
	No	The practitioner intends to counsel, provide advice, guidance direction, support and assistance about lifestyle choices, assisting with problem solving, promoting access to resources and providing ongoing support to a patient without a substantial disorder where their judgment, behaviour, capacity to recognize reality or meet the ordinary demands of life is not grossly impaired. NOT A RESTRICTED ACTIVITY	The practitioner intends to treat a patient without a substantial disorder where the patient's judgment, behaviour, capacity to recognize reality or meet the ordinary demands of life is not grossly impaired. The practitioner uses interventions to treat underlying condition such as psychotherapy, CBT, and other specialized interventions that are designed to alter thoughts, perceptions, or moods. NOT A RESTRICTED ACTIVITY

Guidance for Patients

- **Patient should not seek chiropractic care with an expectation to receive treatment for psychosocial disorders.**
- If you have been diagnosed or you are struggling with a psychosocial problem, you are encouraged to inform your health care practitioners, including your chiropractor. These psychosocial problems may include, but are not limited to:
 - Mild to severe depression,
 - History of physical or emotional trauma,
 - Post-Traumatic Stress Disorder (PTSD),
 - Mild to disabling anxiety,
 - Schizophrenia,
 - Bipolar Disorder,
 - Drug or alcohol induced psychosis, and
 - Acute withdrawal from drugs or alcohol
 - Any other psychosocial disorder that you may be experiencing
- Your chiropractor may confirm with you what health practitioners you have consulted and what action you have taken to address any psychosocial challenges you are dealing with.
- Your chiropractor may ask questions or use a questionnaire to determine the impact of your psychosocial disorders on your presenting complaints and activities of daily living.
- Your health history or assessment may inform your chiropractor that you require an urgent or non-urgent referral to a qualified practitioner for psychosocial intervention.
- Your chiropractor should inform you of this identified need and discuss the recommended action.
- You should expect that the chiropractor will provide a timely and appropriate referral to a qualified practitioner to address newly identified or untreated psychosocial risks as part of receiving chiropractic care.
- **Your chiropractor should never offer to provide biofeedback, meridian testing, muscle challenge testing, or touch testing or other forms of unauthorized diagnostic procedures to explore or diagnose emotional blockages or underlying emotional trauma as part of care. This would include asking you recall questions while performing muscle testing (pushing on your arm or leg, while you resist), meridian or neurovascular testing (having you hold specific points on your body, where they may also be muscle testing) or touch testing with questions such as these:**
 - *What are you thinking or saying to yourself?*
 - *What negative thoughts are you experiencing?*
 - *What positive thoughts are you experiencing?*
 - *What emotions are you experiencing or recollecting at this time?*
 - *What emotions are you identifying?*
 - *What emotional stress are you feeling?*
 - *What unresolved issues are stressing you?*
 - *What behaviors do you participate or modify because of relationships?*
 - **Seeking specific recall times in your life, such as,**
 - *“Think about your first childhood memory”, or*

- “Think about what makes you happy”, or
 - “Think about what makes you sad”, or
 - “Think about your relationship with money”,
 - “Think about a relationship...”, etc.
- **Your chiropractor should never indicate that chiropractic treatments, including modalities such as acupuncture, acupressure, touch, tapping, meridian work, or any other therapies that they offer are a direct or indirect treatment for psychosocial disorders.**
- **If you feel that your chiropractor provides a diagnostic or therapeutic procedure with the intention of treating a psychosocial disorder you should contact the Complaints Director at the College of Chiropractors of Alberta to discuss your concern.**
- Chiropractors may also recognize that you have psychosocial indications. Your chiropractor may identify aspects of you, your presenting health problems and your social context in the clinical picture and the impact of those factors on your recovery and return to activities and living.
- These indications are not symptoms or a diagnosis.
 - They are more indications that your recovery may be complicated by non-physical and sometimes mental or emotional characteristics.
- Indications observed by our chiropractor may include the following thoughts, feelings, and behaviours that you verbalize or exhibit:
 - Catastrophizing – Thinking that your condition is more serious than it is, or that your condition may not respond to treatment.
 - Your perception of pain does not match the objective clinical findings observed by your chiropractor. You might report things like extreme pain with that are disproportionate with the therapy or activity you are performing.
 - Having unhelpful beliefs about pain and work – for instance, ‘if I go back to work my pain will get worse’.
 - Becoming preoccupied with health, over-anxious, distressed, and low in mood.
 - Fearful that movement will cause re-injury.
 - Uncertainty about what the future holds.
 - Changes in behaviour or recurring behaviours.
 - Expecting that passive treatment such as ongoing manual therapy is the only way that you will recover. This may be observed if you do not complete prescribed exercises.
- Chiropractors are recognized by legislation and in current research to be able to identify and diagnose many health problems that will result in physical pain.
- Physical injury and pain may lead to associated psychosocial disorders.
 - For example: Low back pain is a strong predictor for depression.
 - For example: A prior painful condition may make you feel anxious that the prior condition has returned if you feel similar pain.
 - For example: Patients with vertigo are more likely to experience anxiety
- Sometimes an improvement in your physical injury or pain may lead to a change in your psychosocial indications or disorders.
 - For example: As your low back pain resolves with treatment, you may feel more optimistic in life.
 - For example: Resolution of pain that mimics a prior condition may also ease your anxiety.

- For example: Resolution with treatment of your vertigo may experience a change, often a settling, of your anxiety.
- Sometimes when patients are receiving manual therapy such as that provided by a chiropractor, the patient may experience a psychosomatic event.
- A psychosomatic response occurs when a patient experiences an intense emotional response often accompanied by feelings of fear, anger, or other protective or reactive emotions, and associated with prior emotional or physical trauma.
 - If you experience these feelings at any time during treatment, you should immediately inform your chiropractor.
 - Your communication signals to the chiropractor that you need some physical space and time to process the psychosomatic event.
 - A psychosomatic event may mean that the therapy that you are receiving needs to stop until you can determine what triggered the psychosomatic event, whether you should seek psychosocial care and whether you feel that proceeding with chiropractic care feels safe.
 - Your chiropractor will also need to determine if providing physical care should occur after you have signalled that you experienced an emotional response to chiropractic care.
 - Your chiropractor may recommend that you seek care with a qualified practitioner or refer you to a qualified practitioner to provide you with appropriate psychosocial interventions.