

Guiding Our Private Practice Regulations: Survey Results



Introduction:

The Council of the College of Social Worker's is current reviewing its Private Practice Regulations. To so the Council has created a committee whose primary purpose is to review the current process and criteria in place to approve members for private social work practice and to provide recommendations and guidance on: areas of strengths, identified gaps and changes needed. There primary objectives are too;

- Identify the existing criteria and process for the purpose of PHD / MSW private practice social work in the province of Nova Scotia.
- Implement and demonstrate that the criteria and process is in alignment with current NSCSW bylaws and Social Work Act / Regulations of the College.
- Identify the strengths of the existing process and criteria. Identify the gaps of the existing process and criteria.

To achieve this goal the Private Practice Committee created a survey and invited all members to participate in this survey between June 30th and September 7th of 2018. The survey received 109 response.

Analysis:

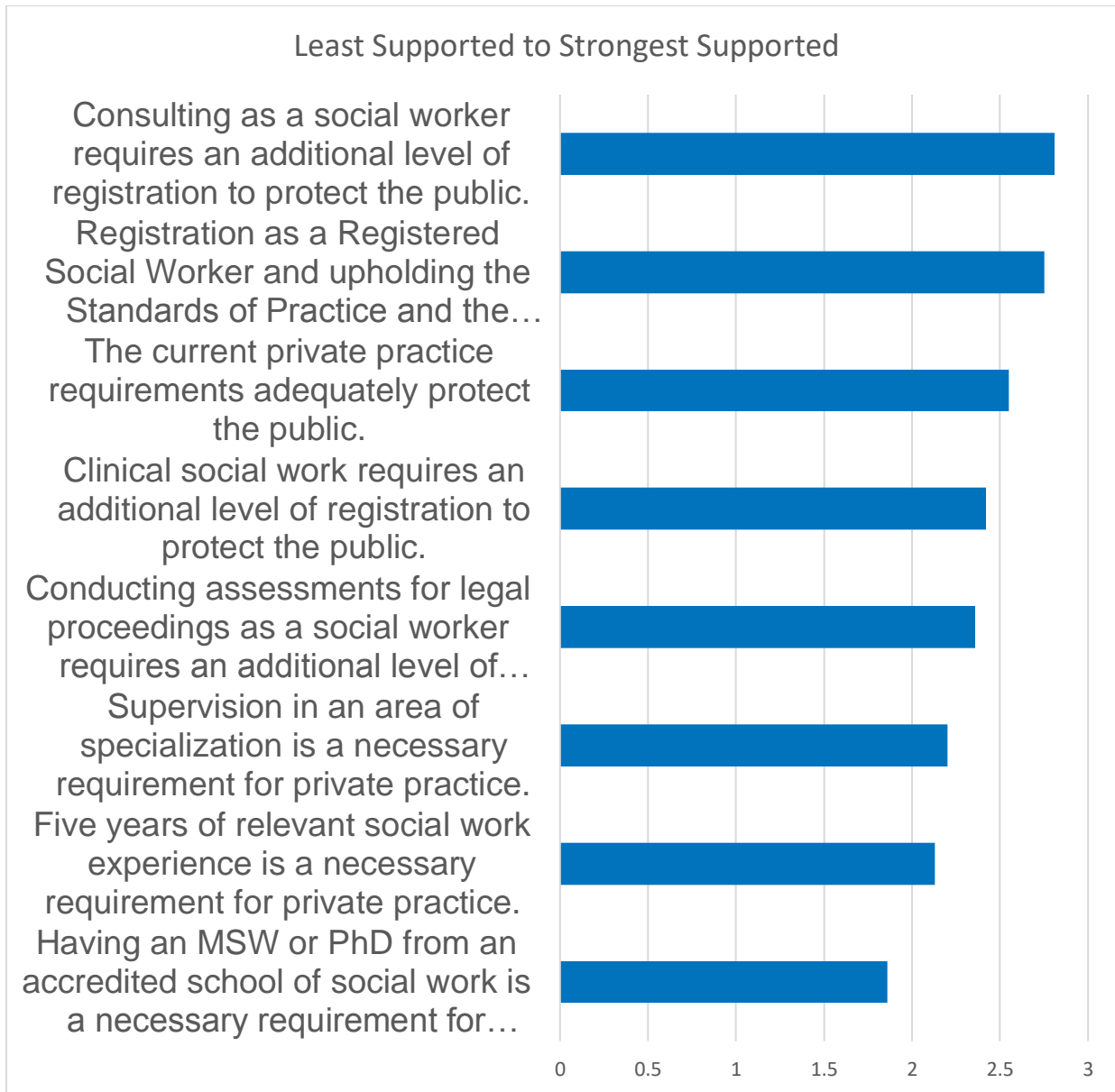
This analysis of the survey was conducted by the Executive Director/Registrar of the College. To do this qualitative data was analysis, similar comments were compounded together to clarity of thought and ideas. The Executive Director/Registrar discloses that he is white, English-speaking male, of settler heritage who holds a Master of Social Worker Degree and therefore is privileged and part of the dominant discourse, which may shape their perspectives and recommendations. Finally, Executive Director/Registrar assistants wish to acknowledging that they are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) people first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wolastoqiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations (CAUT, n.d.).

Suvery Results

To what degree do you agree or disagree with the following statements:



Answer Choices	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Weighted Average
The current private practice requirements adequately protect the public.	12	50	24	16	5	2.55
Having an MSW or PhD from an accredited school of social work is a necessary requirement for private practice.	65	17	6	13	6	1.86
Five years of relevant social work experience is a necessary requirement for private practice.	50	26	5	19	7	2.13
Supervision in an area of specialization is a necessary requirement for private practice.	32	44	14	14	4	2.2
Clinical social work requires an additional level of registration to protect the public.	33	29	19	22	5	2.42
Consulting as a social worker requires an additional level of registration to protect the public.	16	31	22	31	6	2.81
Conducting assessments for legal proceedings as a social worker requires an additional level of registration to protect the public.	34	33	13	22	5	2.36
Registration as a Registered Social Worker and upholding the Standards of Practice and the Code of Ethics is all that is required to protect the public.	26	28	15	27	13	2.75



What would you change or add to the current requirements for Private Practice?

Greater Accountability

The survey reflected that once the level of education and experience is attained there appears to be less accountability for maintaining competence. A respondent reflected that that.

There should be consistency of monitoring the private practice of individuals through regulations as well as reassessments of specialties and their criteria so that it is clear what members are applying for.

Further to this a comment was shared that since most private practice is done with little to no supervision or other colleagues present, there needs to be a system to ensure that private practitioners are still capable of providing for their clients.

Other respondents reflected that an MSW or PhD and 5 years of experience doesn't necessarily mean a social worker would be able to practice privately and recommended greater accountability to ensure that folks have the necessary skill. A possible path forward for this would be for Private Practitioner's to demonstrate their engagement in professional development and education in the type of service they provide. The professional development requirements should reflect the social worker's areas of actual practice. Another respondents suggested that there should be more specifications on experience and trainings within the application process. Adding to this a respondent states that It is common knowledge among social workers that some of the MSW schools have gaps in their education that the general public would not be aware of this. Having people name their specialties and then reflect on their education/experiences/supervision to perform those interventions is an added layer of protection for the public.

BSW's in Private Practice

Some respondents reflected that BSW's should be able to enter private practice within their competency level. Another member suggest that they believe.

“The requirement of needing to have an MSW as opposed to a BSW to obtain Private Practice needs to change.”

Their suggestion is that the requirement should be based on an applicant's overall experience in the field. Another respondent added too this comment that they don't believe just because a social worker has an MSW doesn't mean they can have a Private Practice, applicants need to have had enough experience to enter private practice whether you have a BSW or a MSW. Another response stated that experience shouldn't be just as a social worker adding that a past degree and work experience should count towards a specialty. Additionally, a respondent advocated that they believe many BSW's that have the experience, professionalism, knowledge and ethical disposition to provide private counseling for such areas as substance abuse, and mental health. However, they did add that they can think of many social workers, who only have their BSW, that if allowed to engage in private practice without some form of supervision, whether it be that of a psychiatrist, or a MSW specializing in mental health, could cause harm to members of the public given the BSW's lack of experience within the particular field. It was reflected that

My fear is that (Allowing BSW's to Practice Privately) may begin to happen if we lower the current requirements for private practice and thus, possibly discrediting our profession through hurting members of the public due to mistakes made by social workers attempting therapies, approaches and / or strategies in private practice that require more advanced skills than they have to offer.

Another respondent stated that BSWs do not have the clinical background or experience even if doing this under supervision.

Clinical Social Work

Many respondents felt that a clinical designation is needed to communicate to the public that the registrant holder has the necessary clinical competencies to conduct effective psychotherapeutic interventions to address the presenting issues. It was suggested that this would be needed to raise the profile of the profession as one that is on par with other clinical disciplines such as psychology, professional counseling/therapy, etc. In addition to this comment was that the registration should be for a clinical social worker or a therapist and not the broad definition of "Private Practice". A member added a social worker engaged in therapy or clinical social work should be registered and have particular requirements to meet. It is the "type" of social work that needs to be regulated and not whether or not you are doing in privately. In support of this idea another member suggested that we add a clinical social worker definition to support this process. A respondent reflected that social workers in the area of mental health should be labeled as "licensed clinical social workers" as they are in the states to distinguish the differences in private practice.

It was also suggested to be in private practice you should be required to have a clinical MSW and that this must include clinical courses. Education and training were an important theme around using the designation Clinical another respondent wrote. A respondent reflected it is less about having an MSW or PHD and more about your specialized training. A respondent reflected that they have been witness to MSW's working in clinical positions who have an administration focused Masters and very little mental health experience as opposed to clinical. It was suggested that the College look at certified evidence-based training in a particularly approach.

It was also suggested by several res that a clinical exam would be a relevant way of assessing clinical skills.

Supervision

A respondent felt that the amount of time of experience could be lowered if there was clear supervision in areas of specialization. Another echoed the requirement for two previous years of supervised practice. Most respondents believed that there should be clear vetting on supervision. It was stated that private practitioners should also demonstrate that they have been supervised in the area of specialization. A respondent reflected that they think a supervision process, like our new candidacy process would be a meaningful way for private practitioners to demonstrate their skills and safety with the public. It was stated that:

More oversight or supervision available for new private practitioners who are interested.

We should have to show the training and supervision/collaboration with other clinicians we have taken to get approved by our college to treat specific issues. I would change this about social workers going into private practice.

Peer supervision was also a popular theme with several members indicating that this would be an important requirement to maintaining private practice status. A member reflected

that they feel strongly that anyone in private practice needs supervision. This protects the clinician as well as the public. This member recommends that perhaps the requirement for a prescribed consultative relationship with another social worker who understands the kind of work being done in the private practice.

Time Requirement

The time requirement was also commented on. A couple members stated that in regards to the 5 year of clinical experience for private practice it does not do anything to actually adequately assess competencies but rather places an arbitrary length of time restraint. Several respondents reflected that more effective ways to ensure professional competencies and suitability to provide clinical or consulting services in private practice were needed; ones that do not inhibit entrepreneurial pursuits of social workers should be explored. The training & experience of the social worker should be demonstrated via formal education (ie. certification, license, etc. via degree or professional development), not solely based on years post-MSW. Their job experiences should also determine eligibility for private practice (ie. doing clinical/psychotherapy to practice in that regard privately). Consulting should also have some additional criteria, especially when a RSW identifies professionally as a social worker (vs not identifying as a registered social worker or social worker) in order to protect the integrity of the professional identity.

Other respondents thought that more than 5 years would be better. A BSW and five years relevant experience should be enough to qualify. Another respondent indicated that after 10 years of general social work practice, a minimum of 1 years of field practice should be required in each area of private practice (i.e. family counselling, youth counselling, addiction, mental health).

A respondent reflected that we should respect that social workers who have been grand mothered in and have 20+ years clinical experience. Many of these social workers have more experience and training than those who are currently practicing privately. If in doubt, competency examination could be included.

Other Suggestions

Folks suggested that it would be helpful to have more resources for Private Practitioners and more outreach for rural practitioners. I think it would be nice to have more web development, resources and information to assist social workers in their pursuit of private practice.

Others asked for more clarity on the requirements for social workers in private practice as policy consultants/lobbyists/researchers. It would be good to add something to guide these private practitioners in their work and ensure they uphold and represent the standards of practice and code of ethics with government and the private sector. It would be good to have clarity on whether someone who works privately as a consultant can also provide services directly to the public in the same area of practice/knowledge.

Another respondent felt that we didn't need regulations for assessments for legal proceedings as the court system is designed to place more emphasis on "expert testimony." Non-expert Registered Social Workers of any degree of experience may be subject to witnessing but the weight of their testimony will be vastly insignificant when compared to those deemed by the court as an expert testimony.

Should the College create a specific registration for specialized areas of practice? Please explain why or why not.

Yes - For Publics Safety

Members reflected that an assessment of competency is key to protecting the public. Another added "why not look at registration based on competency review for a specific field of practice". Specific registration for specialized areas of practice will ensure the applicant can demonstrate adequate training and mastery of their area of practice. This will also provide the Board with a method of adequate assessment and measurement of the applicant's skill set.

Respondents reflected that specialized areas of practice do need to be separated because social work is such a vast profession that by separating the focus the general public can seek each category of social worker who is familiar, if not trained, in each specialized area of practice. Another respondent added that this is necessary because the public/clients should know that the social worker is competent to provide the service. In addition, a respondent reflects that this was necessary in order to maintain a high standard of practice in that area of specialization.

A few respondents reflected that within any professional field there are specialized areas of practice should include training/education, supervision and experience. These areas of practice should be regulated based on training/education, supervision and experience in order to protect the public. In addition, a member reflected that too many private practitioners whose scope of practice is too broad for the public to know if they are going the right practitioner. These respondents believed that there should be distinct registration for clinical vs. consultative private practice. Each have very different skill sets. A respondent reflected that by restricting the areas of private practice specialization would provide the public with confidence in the skills and training of those so registered. **Examples of areas:** couples and family therapy; children and youth; mental health diagnoses.

Other respondents felt that this was important because more and more social workers are self-employed as consultants, policy analysts and advocates in the MACRO realm. Their work can be very different from clinical practice with a different set of ethical considerations.

Yes: To Verify Clinical Competency

It would be important for the public to know members specialized practice lies and what populations this serve such as adults, youth, children, and infants- toddlers. These populations all present with mental health disorders in various ways and it takes specialized knowledge to identify assess and treat within these populations. A respondent said they also feel like there should be additional restrictions for those who treat PTSD as many people don't actually have the evidence-based psychotherapy interventions that can treat PTSD. Additionally, a

respondent added that there could be differing levels of care. Providing continuing care services to the elderly takes a different level of expertise than working with a patient who is suicidal or experiencing psychosis and potentially a risk of harm to self and others. Further to this a respondent added that they think there should distinct designation so that the clinician is prepared to help those in their chosen specialization and so that the clients can be assured that their clinician is going to be helpful not a "mad scientist" who will be trying out different techniques without knowing what is most effective.

Respondents reflected that there should be categories for Licensed Clinical Social Workers (LSCW) or Registered Clinical Social Workers (RCSW) for those who work in the area of therapy and mental health. These individuals should have a specialized set of skills in this area due to harm it could potentially cause if they are not using therapeutic modalities that are evidenced based. Supportive counselling is very different from structured therapy. In addition, a member reflected that they think it is prudent for specific registration for private practice. It provides that level of "protection" and such a standard for SWs enhances our integrity and level of professionalism. Further to this a member commented that If your MSW did not provide clinical training you are not qualified to provide treatment for clinical issues unless you can show that you have had training and have successfully practiced under supervision.

A respondent did reflect that an MSW or PhD is necessary for every situation but for psychotherapy MSW with clinical experience it should be. For a social work educator who starts their own consulting practice for their area of specialization that they have developed throughout their career to then require a MSW or PhD may not be suitable.

No- Social Work is Contextual

A respondent reflected that they do not believe that it is necessary for the College to create a specific registration for specialized areas of practice because this is already done during your MSW education. They reflected that they are of the impression that when you complete your thesis it is focused to a particular issue within a particular area where social workers are employed, such as mental health, corrections, domestic violence, substance abuse, homelessness, etc., which also corresponds with their employment interests and thus, becomes a person's specialization. I believe that our MSW already gives us an avenue of specialization as social workers and that's what we are.

A respondent added that in order to keep the professions focus on the ethics and issues of social work and even the beautiful and unique ways in which social work approaches problems and finds solutions we need to limit College registration to the social work practice. Similar to this another respondent added not necessary also puts a cookie cutter approach to practice where many social workers may practice from a multi-faceted approach.

In addition, a respondent stated that they worry that blanket policies will stifle the potential for social workers in Nova Scotia to compete equally with their counterparts in private sector and similar educational backgrounds. For example, in Ontario a social worker with an MSW can start a private practice immediately. Following this a respondent stated that there is already so many barriers for young graduates to find employment in the province, if the restrictions are too far from other provinces it will be another deterrent for people to remain in province and build their future here. In support of this this comment a respondent reflected that

social workers should be able to participate equally in entrepreneurial pursuits, this type of action allows for creative and responding to need which then gives basis for new models to be developed, collect data and adapted into mainstream approaches. A respondent added that they would not want us to create a two-tier system

No- Minimal Regulation is Better

A respondent indicated that Nova Scotia is too small to have more levels of specialization. Reflecting on this a member stated that specialization breed's elitism and unnecessary professionalization of support services. This creates barriers to accessing services. Another member added that they feel this may be going too far and may put too many restrictions on qualified clinicians. It could be beneficial to assess skill in each area; however, individuals can competently hold skills in specialized areas from experience and not necessarily practice in a "specialized" area. It may prevent those who offer generalized private practice from utilizing any specialized skills they have if they don't wish to register for the particular area.

A respondent indicated that they question whether further registration requirements would ensure the intended outcome, protection for the public. The Nova Scotia College of Social Workers already requests a high amount of supervision from Registered Social Workers. The candidacy process in Nova Scotia is unlike anything I have encountered working in other provinces. I question whether the burden placed on social workers of the candidacy process is warranted- it is difficult to find supervisors and I am unclear whether the candidacy process enables the expected outcomes. For the College to develop more barriers or conditions for social workers to meet in order to practice privately seems an undue burden. In addition to this Nova Scotian social workers pays high dues to our association for minimal support and high scrutiny. It can feel like values of social justice are not reflected in how the College engages with its own members. Social workers are not paid high salaries, particularly given the known impact on well-being of the work we do. It was questioned why the College would build more barriers to private practice for social workers? I would prefer to see the College become a more vocal public presence with energies invested in advocacy and the pursuit of social justice, not to further focus on the regulation of your own members.

A respondent stated that If the College grants private practice status, then they are accepting the clinician is able to do what they say they can If you have completed the common registration period, and have completed supervision in your field of practice, in my mind there is no need for specific registration. Our jobs as social workers are to reduce barriers, not create them. Along the same lines a respondent stated that it would get too detailed and arduous. And that specializations already have their own requirements. Following this a respondent reflect that each clinician has the responsibility to be well trained for areas of specialty as well as ongoing consultation with colleagues. I think that might create too much fragmentation and confusion. There are too many areas to consider. Social work practice & areas of specialization could be extremely broad and challenging to effectively enforce. A respondent added that they appreciate the professionalism of a specific area or expertise but not social workers are not psychologists. Therefore, they don't think registration needs to hinge on a specialized area, but that the work to be recognized in private practice has been achieved.

No- The Standards and the Code of Ethics are Enough

Several respondents reflected that that the College can't police everything and doing so would be daunting and potentially expensive. Social workers are guided by our Standards of Practice and our Code of Ethics and that should suffice. Many respondents reflected that social workers should be required by the Code of Ethics to make the necessary arrangements to practice, such as supervision and relevant experience. Other respondents made similar comments that social workers in private practice are required to practice within the bounds of their experience. Stepping out of that increases potential for harm/poor practice and subsequently professional risk/liability - which they will bear as a consequence of failing to act within the bounds of their particular skill set. A respondent reflected that they think the College is clear on this expectation and social workers are expected to act accordingly. A similar comment indicated that social workers are responsible for their practice and responsible to develop and demonstrate their expertise without falsifying. These expectations are codified in our Code of ethics Standards of Practice, additional specializations would still require a social worker to follow those expectations. A respondent reflected that social workers should know their own skill set and ensure there are practicing within their limits and having clear discussions with consumers about what they can and cannot provide.

The current ethical and regulatory framework is sufficient for ensuring that social workers in private practice confine their activities to areas of competence. Where social workers who neither trained or worked as clinicians or forensic practitioners conduct that work, there are sufficient mechanisms currently in place to restrict and correct their activity. A change in policy will not necessarily curb this practice. We should first find ways to use our current tools to require social workers to practice ethically within their scope.

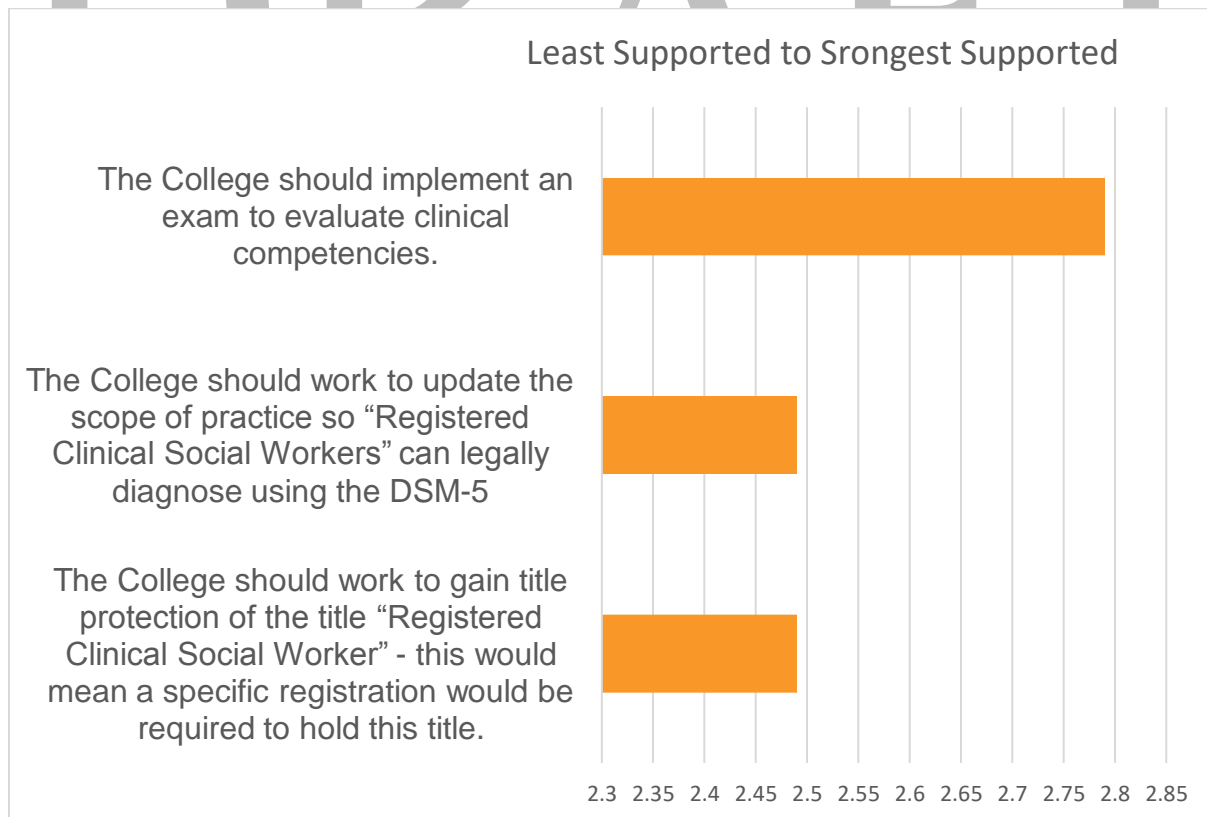
In addition a respondent stated that, Academia, research and popular interests change there shall constantly be new areas of practice that overlap. It is better to vet social workers on an annual basis through the professional development/competency program. At the end of the day all members of the college need to take final responsibility of their practice. The College may attempt to micromanage but, in the end, it cannot prevent its members from acting as they choose. The College will always have the capacity to decide on the consequences of their actions.

No -Professional Development Requirements are Sufficient

A respondent reflected that social workers have specialized throughout their practice through Professional Development activities and studies related to their specific niche. In addition, a respondent reflected that they social workers have committed to ongoing professional development in the area of social work practice. A respondent reflected that general private practice registration and then should the applicant ask for a specialty, then have this reflected in an area of registration. If the college chooses to go this route, high level training should be offered to support the creation of class of registration.

Other Canadian jurisdictions (BC, Alberta, and Saskatchewan) have a Registered Clinical Social Worker registration class. With this in mind, please indicate to what degree you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Weighted Average
The College should work to gain title protection of the title “Registered Clinical Social Worker” - this would mean a specific registration would be required to hold this title.	35	23	22	21	8	2.49
The College should work to update the scope of practice so “Registered Clinical Social Workers” can legally diagnose using the DSM-5	29	31	26	13	10	2.49
The College should implement an exam to evaluate clinical competencies. https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation	21	33	22	14	19	2.79



Please share any additional input:

Diagnosing

A respondent reflected that to have increased credibility with clinical colleagues and protect public from the rare social worker that would act outside their scope of practice that those who chose to diagnose should have some type of check and balances particularly related to differential diagnoses. A respondent added It was added don't think necessarily diagnosing makes someone a clinical social worker. Clinical social workers need strong psychosocial and formulation skills. A respondent asked the question that as a former mental health clinician in a public clinic who diagnosed when assessing, they wondered why the "legally diagnose" issue has arisen. I don't believe the College's social workers in mental health think they currently are doing something illegal when they use DSM-5 diagnoses. In addition, a member asked that diagnosing, per the DSM-V, really where we want to go as social workers? They stated that they are concerned that instead of embracing the opportunities we have as social workers, as advocates, as barrier reducers, as bridges- we are embracing a diagnostic model. Social workers hold a very special place in the mental health world because we work from a strengths-based perspective, not a diagnostic one. Several respondents suggested the DSM is not person centered, strengths based or trauma informed. We would be using a tool designed by professionals who work from a deficit-based position, which is the antithesis of what we do as social workers. The professions understanding of the individual in society brings something profoundly important to human and clinically service. There are loads of others who have adopted the DSM. We should build our foundation elsewhere.

A responded stated that Mental Health and Addictions NSHA departments in NS are very clear that social workers cannot legally diagnose using the DSM-5 and doing so would be outside a social workers Scope of Practice.

Exams

Respondents reflected that they wholeheartedly supported an exam and felt that the level of social workers abilities have slipped in the past years. Another member reflected that think that those social workers that have worked in a clinical practice of social work and have gained experience and can demonstrate that they are qualified to work as a clinical social worker or clinical therapist should be recognized by the College because there are various practice and evidence-based modalities that social workers can carry out. However, the respondent did agree that completing an exam to provide the public assurance of competency to diagnose is valid. A responded reflected that they were trained in the US and had to write two exams and apply for specific licensure to be a private practitioner. They were allowed to diagnose using the DSM. Though there were times they had to fight for credit as a clinical social worker in the US for the most part the profession was seen as a valid mental health profession. It wasn't until I moved back to NS that they experienced a devaluing of social workers as clinicians and felt that we were seen as lesser than psychologists. It is disheartening but I feel we need to strengthen our requirements and ensure only qualified candidates who are trained to provide clinical services in order to get the professional standing we deserve. A respondent reflected that an exam or another process for evaluation going forward would be helpful. Making

sure though the process actuality meets the purpose it's intended. When this brought in - also needs to be process for those seasoned folks in practice for years - "grandmothered in" with check and balances to ensure have skills.

Others reflected that the profession should be enforcing a minimum standard of knowledge. This must not be limited to anti-oppressive but be inclusive of practice modalities, common sense scenarios etc.. and that exams do not demonstrate level of understanding and do not take learning differences into account. In addition, a respondent reflected that exams are so subjective and practices are so varied, I don't see how this could be practically and fairly applied to evaluate a clinician's competency/effectiveness.

A respondent reflected that an exam may cover topics not applicable to current practice and would not adequately reflect competency in that topic area. Retention of information for the purpose of writing an exam and for clinical competency vary considerably. Similar to this comment a respondent reflected that "Just like in regular school system and post-secondary institutions, social work students may not be capable of completing exams in the traditional manner which is the reason for disability resource centers which assist students to be examined in alternative routes that give professors an opportunity to grade them fairly. The same accommodations should be made available by any health profession regulatory body.

A member reflected that exams are not considered the best way of vetting competency, they added that in academia most, at least in my experience, it is rare for social work students to be examined. The use of an "exam" by the regulatory body would really be an unusual experience for many graduate-level social workers. It does not really fit with how social work candidates are prepared and vetted by academic institutions for graduation and registration with the regulatory body.

A respondent added that they strongly disagree with the suggestion of the college to implement an exam to evaluate clinical competencies or additional registration processes to impose on social workers. I question why the college is investigating new ways to regulate members. Is there concern we are not well regulated? We already have an arduous candidacy process that is not implemented elsewhere in Canada and creates additional barriers to social workers who have already received university degrees that presumably attest to their abilities to practice social work. Social workers are chronically over-worked and under-paid and our association is largely silent in terms of advocating for policy and social changes that would improve the lives of clients and social workers.

A respondent reflected that they are on the fence about an exam to evaluate clinical competencies. They reflected that they think it would have to be very carefully developed and clearly evaluate social work competencies, not be a "psychology exam" (I have seen some ASWB sample questions). In addition, I do think that we need to somehow define and regulate private clinical social work practice, but being careful not to become too prescriptive. I think many social workers don't buy into overly individualized "evidence based" practice models and we wouldn't want open the door to encouraging narrow prescriptive approaches. This means an exam would be tricky to pull off. I do think social workers going into private clinical practice need to be able to speak to their "lens", and the range of approaches they draw on, showing that their work is grounded in solid knowledge and experience, is thoughtful and intentional, and is grounded in social work values and ethics. Perhaps these could be captured in an exam...

DRAFT