

## Clinical Committee Meeting

May 10, 2021 5:00pm - 7:00pm

Members in Attendance	
Jessica Heidebrecht	Catrina Brown
Jim Morton	Andrea Shaheen
Kelly Breau	James Dubé
Alex Hill	Errin Williams
Robyn Hazard	Barbara Roberts
Patrick Daigle	Brandy Gryshik
College Staff in Attendance	
Alec Stratford (Executive Director/ Registrar)	Neha Singh (Admin)
Members sent Regret	
Jacquelyn Allan	

### 1. Welcome and Call to Order

- Meeting was called to order at 5:00pm

#### 1.1. Approval of Agenda

Motion: Moved that the Meeting Agenda is accepted as presented

Mover: Jim Morton

Seconder: Patrick Daigle

Motion Carried

### 2. Appointment of Chairs:

Motion: Moved that Andrea Shaheen be appointment as NSCSW Clinical Committee Chair and Brandy Gryshik be appointments as a Co-Chair

Moved: Jim Morton

Seconded: Patrick Daigle

Motion Carried

### 3. Creation of Clinical Committee webpage

Registrar/ED presented the idea of putting a clinical committee webpage on NSCSW website and maintaining all the important updates on that page related to Group's activity and minutes etc. Committee members were asked to present their thoughts; the idea was passed within the group.

### 4. Group Commitments (Cont'd)

#### Council Decision

Council heard from many social workers at the 2019 AGM and determined that regulating clinical practice and moving away from private practice was in the best interest of the public. Council however believed that more exploration was needed regarding the best way to regulate

clinical practice and passed a motion to create a clinical committee to further explore the issue and develop recommendation and a rationale for clinical regulation.

- ED/R opened the floor for committee members to collaborate and form a commitment statement for the group.
- ED/R clarified that the scope of this committee is not limited to Private Practice; indicated that we should be looking beyond Private Practice.
- At the end of last meeting one of the areas of interest was how BSW could be fitted in to clinical practice. The recommendation was that this committee will establish a clear clinical scope of practice, assess risks to the public associated with that practice and develop recommendation and draft policy to assure that only those fully qualified are entitled to practice clinical social work in Nova Scotia.

**Question 1# When you think about the history of clinical social work practice in Nova Scotia, what stands out for you?**

**Committee members' thoughts and Discussion Highlights in the purview of this question:**

- Have we defined already what Private Practice is and what clinical practice is? ED/R answered, that is one of the goals for this committee to define. Also, the purpose of this committee will be to decide, how are we going to review and finalize some of the policy recommendations, then we will start to create a plan on how to grand- parent and how that change might occur. The focus will be on the recommendations right now and then we have to see how to get there.
- Members interested in knowing what we are going to call out this new designation as that's an important conversation to have and should put in the agenda.
- Designation model seems to be the late stage art of this discussion, we need to have some basic conversations within this group first, so that we have a place to start for example- what do we think clinical SW is, how we define it, who we are as a professional group, how we imagine clinical work to look like, we begin by opening and unpacking our thoughts on these basic terms first as we have quite a broad range of operating assumptions
- We should begin our work around what informs our professional identify, how Social Work fits in to that, that's going to provide clarity in terms of questions we have raised here.

**Question # 3: What challenges are currently faced by clinical social workers?**

- **To continue the conversation** along ED/R opened the floor for another facilitation question – What is the quest of the current challenges within current practice, from committee perspective, what are the core changes we will be working on. What are the

things we want to explore to build a path forward, what we want talk about in detail, when we are talking of scope of what we do and in terms of mental health that's where the concentration has to be really focused here:

**Committee members' brought up following pointers as part of this discussion:**

- Social Workers operate at multiple levels of anatomy, would like to see the uniqueness. To classify how are we not psychology and how are we distinct. Currently it is challenging to define, how we are bringing on value to the professional of Social Work.
- The role we are perceived to play is of a social engineer, we are often understood to linking client to resources, when people get stuck in the hospital or of any other problem. We are perceived to be not involved in the role of a contributor, to the development of the treatment plan or diagnosis of the problem.
- We should be more involved in program development. We are not getting to practice more holistically in a bio -social model. All of that is an enormous challenge. System should be setup to work in that way.
- Presumptions around the intellect that the clinical practice is waste of money, we've to prove ourselves, there is a Reputation and Identify Crunch, it's a task to prove our competency, we have nothing too distinctive from those who weren't helpful, and from what we could do.
- Promotion of the professional is another key area where work needs to be done, how do we speak about ourselves in a balanced way so that we feel okay that we are Social Worker and we do Clinical Work, there must be a recognition for both.
- Clinical Work is not a hybrid of counselling and advocacy, we do not have to mimic other professions we need to put in a distinct image for the work we do, nothing to do with DSM.
- Do not have consistency in Clinical Diagnostic tools, there are no standard ways relating to the system we are in, we might do better in that area for credibility's sake. ED/R acknowledged that there is a deficiency in college's standards at the moment, there is a scope of work that we could do in regulating that area.
- How do we evaluate the skillset of the folks and whatever process we create, we as a College has to be able to administer in some capacity, the process that should be fair and transparent and should not over burden the applicant with cost. How to make sure folks have those skills that certainly should be a part of the conversations we have moving forward. The notion of competency and skillset is important, and that the Psychotherapy is not Social Work Counselling- should be empathised in this group moving forward.

**Question # 4: What is your vision for what Clinical Social Work could be in Nova Scotia?**

- This can be seen with two lens: if we work for an employer or if we work for ourselves, Its going to look different.  
ED/R touched up on that idea a little bit, this came up in the research as well, ‘the idea of professional autonomy’- outcome of the work we will be doing is to a greater assert that professional autonomy is maintained in terms of how we practice currently or how we should be practising.
- Hope we get to maximise in the bodies of literature and social work without breaking a law, there is a lot of paperwork that exists, and a lot is written about DSM; we take what we already have and get the most out of it and gain momentum and bring it to the next level.
- We should be able to use clinical tools like the DSM, communicating to clients differently still taking in holistic perspectives, using and facilitate it in a different way. If we have this designation, we might loose our uniqueness. Would like to see that employers can still hire expected skillset and that we wouldn’t be swallowed into other professions.
- We should be able to look around the province and see the social workers who are experts; who are able to build assessment in a competent way around that understanding and development of treatment plans based on that knowledge sets and are able to share that expertise with other professionals or other people, hoping to build something which is not built already.
- Competencies should be put in place, seen lot of students come in practice and they feel they don’t have the skillset and the competency to be able to practice clinically (whether that will look like having an exam or some other regulations put in place). In order to protect the public, its important for them (students) to be informed about what Clinical Work is.
- We have to define who we are and then figure out how we work in various context and we improve, challenge or change some of those contexts.

**Question # 5 How do we want to work together get spaced to those different thoughts and ideas.**

- The way we sharing our views so far looks good, hope we can keep that going. In the early part of this process, we might see some difference of opinions than consensus but that’s okay.  
ED/R mentioned that the Goal is to have a very clear project plan on the areas we are going to focus on, during the meeting and the chairs can be the meeting monitors for the day and bring back the conversation on track as we tend to move away from our Agenda for that night.
- We could look to divide this big group into smaller group conversations and record that back for the larger group, more to get into depth of our conversation.  
ED is going to craft a broader commitment that we are going to be working on, in a sense of an order by next meeting the goal is to start to look at the project plan.

**5. Adjournment:**

Meeting was adjourned at 7:00 pm by the Chair.

**NEXT MEETING:** Announcements were made by the Committee Chair Andrea Shaheen that the next committee meeting will be held on June 14<sup>th</sup>, 5:00 pm-7:00 pm. Committee was asked, if we will continue our plan to meet in the summer or; Committee was in favour of the plan to continue to meet during the summer, in order to keep the pace of the committees agenda.

