



Clinical Committee Meeting

July 12, 2021, 5:00pm - 7:00pm

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

1. Welcome and Call to Order

- Meeting was called to order at 5:05 pm by co-chair Brandy Gryshik

1.1. Approval of Agenda

Motion: Moved that the Meeting Agenda is accepted as presented

Mover: Jim Morton

Seconder: Andrea Shaheen

Motion Carried

2. Approval of Minutes:

Motion: Moved that the minutes from June 14 meeting are approved as presented

Mover: Errin Williams

Seconded: James Dubé

Motion Carried

3. Reflection on Commitments

Registrar/ED asked the group if there are any thoughts and reflections on our commitment to our pathway forward for this process.

- Group thinks it's an ambitious and achievable project but might need some process adjustments in terms of process timelines, ED/R mentioned that we will have two students coming onboard in September, who will be able to assist in unpacking some of the commitments like process researching and some help with the process content and ideas. We can look to make adjustments to the process timelines as we move forward in process.
- We hope we are talking about something more foundational than Professional Identity or set of promotional tools as we need a different kind of therapy, we don't need more of Psychotherapists or a different kind of clinical work, SW is well positioned to do that kind of work but there is not an easy starting point to that. ED/R thinks that we can work through some of the tensions / traps we find



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ourselves in, not to default to what is easiest but find a pathway that captures clinical social work in NS both where we are and where we need to go. ED/R thinks some of the areas of exploration are going to be important to determine what that pathway looks like, we need to explore that distinctive space where SW could operate within or are operating currently, we will ensure that is being captured in a meaningful way

- We have to be careful to not make decisions that aren't ours for example different psychometrics and DSM tools are not to be restricted but to determine how those best fit in to the SW practice and Professional Identity

Motion: Moved that the Reflection of Commitments are approved as presented

Moved: Brandy Gryshik

Seconded: Errin Williams

Motion Carried

4. ED/R Presentation : Professional Identity

The purpose of this presentation is to conceptualise what Professional Identity looks like and some of the different components of it, start the conversation around what we believe informs particularly Clinical Social Work professional identity and set us up for doing a scoping statement on our engagements with members, other professionals, and the public, around that issue that is kind of a foundation for the rest of the work we are going to do. We are going to start to get more focussed in our conversation to move us through those commitments as we evolve from this process.

Objectives of the Presentation:

- Identify the historical development of the professional Social Work Identity
- Examine the current tensions that exist within our professional identity
- Establishing a clear professional identity within Nova Scotia

ED/R paused the presentation and opened floor for questions and thoughts around "Evolution as a profession, that might impact the Professional identity"

- One of the members shared prospective as someone new to SW, knew very little about scope of practice of Social Worker: idea about social work came entirely from child welfare, a lot of people feels similarly, majority thinks Social Workers are people who work for child welfare or child protection services. During this course of studying in SW, gained a better idea of what Social Workers do, so in developing a professional identity, there's definitely a feeling of tension to try to promote that internally amongst Social Workers' group and externally amongst public and other professions. Its challenging to create an identity for external people as outsiders might not think Social Work is a field which has a distinctive identity, so there's a lot of realms to create a strong identity. ED/R thinks public discourse is influenced by how media and TV shows portrays the work of a Social Worker in a negative way.
- The difference between Social Work and other professions is, it's around the Job Description rather than the profession itself- for example, child protection, income

assistance or case managers are the jobs, that we have an identity with. There is also a clear difference between scope and competency of Social Workers, our scope is wide but because public's concerns that doesn't get reported are mostly for those, working outside competency and that is what backfires for our profession. That problem is part of the regulations, for not having our reflected spheres, and hopefully those two definitions are not crossed while working on this project. ED/R thinks it is an important concept for us to build on in terms of what is scope and what is competency, and we'll touch up on that later in the process but again we are not alone as a profession operating in many different spheres. There are other regulated professions as well, example- in Nursing, practice has specializations in bunch of different areas, similarly in Medicines. Again, these professions have not only scope but competency profile as well. Committee member thinks there is a lot of frustration around having to explain the scope of practice to public, peers, and other professions constantly. ED/R mentioned that there are lots of regulatory tools around, and this idea is something to keep in mind to discuss; moving forward, we can start to tackle this area in a much more effective way.

- We are all really not that different when it comes to 'expertise in profession', in SW and every other Mental Health profession, individuals progress as they go, and we have a collective responsibility to look what is really going on with our Profession and we can look around and see what other professions are doing differently that we can implement in social work.

ED/R presentation continued....

Purpose : to frame a scoping statement on how we want to engage our members and other professionals in a conversation around Social Work professional identify

- One of the group members said they struggle with the discussion around advocacy, this is not the central issue we need to be talking about, there is everywhere for advocacy in our professional and in the life of a SW who does Clinical Social Work. Somehow this discussion has to be grounded in the notion that people do clinical work, are sitting with individuals in a range of settings who are experiencing considerable amount of distress, the question to me at that point is, how do we, as therapeutic service providers understand the world, what's the theory of knowledge that helps us know what questions to ask. We need to understand what that interface should be all about, its not advocacy at that moment its something very different that we need to explore.

ED/R : The next step in this process is: starting to engage on the ground work to understand what Clinical Social Worker represents and what makes our Professional Identity, what we should be gathering some information on from different stakeholders, one of these topics we brought forward is the topic like "Knowledge Base" clinical SW is operating through, that is one example what we want in our scoping statement of Professional Identity. What other pieces we need to do some exploration on, that can help to find our distinctive space?

Open Group Discussion

- One of the members said, am thinking about psychiatrist I work with, what do people think clinical SW do different. What they bring to the table that is different than psychology.

- Other remember hoped we could bring an expertise about the nexus, which is where the individual and the context meet, as people in mental health world don't tend to think about that. If we develop a system that's where we would like to emphasis clearly.
- Ed/R brought up a component for consideration around 'leadership' and how would that look like in our system as a key part of professional identity, as a SW how we might explore the issue around Leadership in Clinical Social Work- members think diversity that we bring is unique and not just in terms of Identity, race and gender but also we tend to be moving towards interdisciplinary so most of the people they have studied with, at a previous career or assignment, lot of us has those kind of stories that we didn't take a straight path to where we are at, and that is what the system can be screaming for so when you talk about leadership and management and those kinds of roles, who is going to be in the room to talk about the differences and scope and how we can work together and complement we are the once talking about Bio-Psycho-Socio-Spiritual approach or a holistic model, many of us has a training in those different components, not necessarily a clear expertise in all of these components but we can be the once that comment more generally on things and tie them all together so there's a potential there. ED/R thinks that's an important distinction to make.
- One of the group members think we are raising really tough question in terms of leadership. In many years in our profession, the clinical aspect of the work really has gotten to either shorten drift or it's been accepted as in an unexamined way, the emphasis of Clinical work is really low. So, the question becomes, should the leadership occur in the school we get trained in, or should it be in the clinical wok place itself where we find our mentors; its a difficult question to guess where it has to start. We are providing leadership by being here and in all kinds of ways, they think real leadership is hard to find.
- We should look at innovation and thinking about how we meet clients' needs, where we can keep their family systems together as much as possible, and accessing resources instead of putting children to other resources and taking children from their family homes
- It would be multiple layers of the academic system, for people going in to the leadership roles. If we have this clinical identification just like we have "Candidacy" program where we have mentorship, college can provide clinical mentorship program and can designate clinical mentors and it should still involve ethics and standards of practice, but it would look different. People need to know where these resources are, for example, some people don't know that they have a professional practice lead in the Health Authority that they could go to or other nuisances like these. Two of the group members endorsed model like Candidacy mentorship.

EDR proposed next steps:

- ED/R will draft a scoping statement and a plan on how we are going to engage our members around the concept of Professional Identity, to ground ourselves where our profession is and how others see us



- Will talk to Catrina Brown about going through Dal's Ethics process, we'll talk little bit more about that next time
- That might be a good spot for this committee to get a good sense of looking at accreditation standards at this point, as one of our elements to understand what every social worker in Canada at an MSW level should be graduating with, as a base line to understand what informs our Professional Identity.

5. Adjournment:

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

NEXT MEETING: Announcements were made for the next committee meeting, to be held on August 9th, 5:00 pm-7:00 pm.

