

Clinical Committee Meeting

August 9, 2021, 5:00pm - 7:00pm

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

1. Welcome and Call to Order

- Meeting was called to order at 5:05 pm by chair Andrea Shaheen

1.1. Approval of Agenda

Motion: Moved that the Meeting Agenda is accepted as presented

Mover: Jessica Heidebrecht

Seconder: Patrick Daigle

Motion Carried

2. Approval of Minutes:

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

Mover: James Dubé

Seconded: Errin Williams

Motion Carried

3. Reflection on Professional Identity

Registrar/ED asked the group if there are any reflections on our commitments from our meeting last time. From ED/R's perspective, question of Professional Identity is an important one in terms of how we move forward in our work here in clinical committee. Unpacking some of the content a little bit more should help with defining Professional Identity and some of the challenges within it. ED/R open up the floor to hear from the committee members:

- ED/R opened the conversation by stating his own reflection, what stands out for him is particularly in history of our profession, there are couple of narratives that are formed around our profession. First was the debate between Mary Richmond and Jane Addams which is embedded in our conversations today around what social work is, policy work of Jane Addams looking to build that social safety net. Other tension, comes back to when we don't have defined skillset or unique lens of practice; its hard to define social work as profession, that was original



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narrative, which has evolved overtime, we have been much more nuanced in terms of what social work represents that has come forward in research, however there's still some push and pull between particularly how do we deliver direct practice, maintaining our focus on systems and policy, and the tensions between being govt. agents of an agenda those calls from professional values to challenge that dominance to create a different pathway and look at social policies and missions in a different way; in our current context, those narratives still exists around, where we land with this committee with measurable tangible skills competencies. These could be some core points and tensions that the next set of meetings could work through.

- Member mentioned that down the line there's a design coming up that's called Clinical Therapist role and the other one is Mental Health and Addictions Social Worker's role; its becoming blurry what the difference between these two roles are. Mental Health Social Worker's role, by the name itself we know what that is, but for Clinical Therapist role, it could be anyone from Master of Nursing, Master of OT or Master of Social Workers. Their job duties are exactly same therefore, its important for us to define the scope clearly to define what makes us a Social Worker in that role, and how do we define ourselves before we are pulled into a clinical therapist pool, as there will be a competition. ED/R stated there is already an indication that this trend exists currently but there is no concrete data available at this point to show that's happening, that's part of the CAPA framework, to flatten the professional identity, again, that becomes part of the challenge, to define what is unique about Social Worker role. Group member stated that health authorities have moved away from CAPA model. ED/R thinks there's a mixed reaction, as some regions are moving away but others still have it. CAPA is not much of a worry though, what continuously come back as a primary issue is Professional Identity and the role of a Social Worker in delivering those services
- One of the group members mentioned it feels like there's a need to be reoriented to Professional Identity. Over the several meetings we have had, its been intellectually stimulating, and helpful but guess to them Social Work has the identity already, as different things are already written down at different places the clinical designation is around the skillset and how clients understand the difference between clinical SW and other profession perhaps, the challenge is that that level.
- What concerns one of the members is that if we define ourselves too exclusively, we might get excluded from the club. Social Work has a history of condemning things like medical models etc., and that's fine as there's always a room for critique, however still it feels we are missing something very important and that we have a responsibility to find a way to fit in some capacity if we want to work for change. ED/ R agrees, however the challenge we find ourselves in is that generally speaking of the history of SW practice, we have gotten ourselves in to trouble, position thrive when its pushing for change, the exercise in front of us is that we need to align with where we are in terms of our systems, and the practice we are currently involved in and we have to find the



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tools to provide some collective confidence, and some direction on this is the way we are pushing to move and to help with that.

- We talked a little while back about some of the dangers of rocking the boat, and that we could lose our footing in the system. One of the members think the risks of the whole clinical therapist idea are more real for us than for nursing, medicine, or psychology. At the same time, we have got 100 years as a profession in the clinical and mental health world and of being parts of those teams, its gives us a place of solidity to comment on the work and our role in it. The thing that is related is, this discussion; how can we be divorced from the mental wellness and what is mental illness. If we assume mental illness is a biological condition, we can then be folks who ameliorate the bad thing, the way we could approach this discussion is that mental illness and mental wellness are entirely tied to the context of our lives. There is no such thing as a solely biological condition. There are lots of hypotheses about conditions like schizophrenia or bipolar disorder but nobody really pretends they seriously know what causes it or how to prevent it or cure it so we know a lot about a part of this situation and it seems that a part of our conversation is challenging the notion of certainty around mental illness. That's a good thing, it needs to be challenged, the dominance of use of medication in the treatment of mental illness deserves the critique, its hard to define our scope unless we have an opinion about what we are talking about when it comes to treating, intervening with, what is it that we are engaged in.
- We have unique perspectives that come within the medical and the bio model and how we think about things, working in different settings, still its hard to say enough that it its not biological or if it is biological or where bi-polar comes from or Schizophrenia comes from, so working with different colleagues where they come from their stance and we come from ours so just as we move forward, it will be something that we can work together, and the efforts has to come collaboratively
- We have code of ethics and standards of practice document in place, expecting a third document through college by the end of this project to regulate the designation of 'clinical social worker', ED/R mentioned that we have this on our agenda

4. Professional Identity Survey- Scoping Statement

- ED/R updated the group on his discussion with Catrina Brown. Catrina is planning to reach out to Nancy Ross and Marjory Johnson, based on our scoping statement they would put together a broader survey for the committee that they would seek ethics approval through Dal Ethics Board so Catrina asked us to put together a scoping statement; to give them some direction so that could support that process moving forward. ED/R thinks that this process is important to engage membership early on, in the work that the Clinical committee is doing, secondly the feedback we might get back, we'll be able to



use that data for our analysis of defining our scope, ED/R projected the scoping statement which was including in the meeting pre read package

- One of the members feel that we don't have consensus, there's a sense that we all are not pulling in the same direction therefore it seems premature to develop the terms of this survey yet. ED/R said he was thinking about that as well but feels that we are not going to get the consensus until we are closer to crafting a scope of clinical practice. He thinks there's still exploration and analysis that needs to be done around these different tensions that exists, hoping that this survey might help there a little bit in terms of that direction. ED/R proposes that we jump ahead a little bit and start to look at those definitions of clinical social work that are out there, with an attempt to craft a scope ourselves and then seek feedback and test that scope with members and other stakeholders, that would be an approach that ED/R had considered
- One of the members advocated about ladder approach, to look what's out there and see where we land and then test to see how folks feel about that, other member agreed to this approach.
- Based on group consensus, ED/R decided to take a pause to this engagement of doing a survey first, moving ahead a couple steps and deciding on another engagement we might do first. ED/R was looking to get more data but now that group feels there are merits in the other approach as well, this could be an undertaking for a later stage in this project
- For the next meeting in September Caroline Campbell is lined up to present to the committee, the standards of accreditation and what a graduate of an MSW program should be graduating with, as a baseline and understanding of how the accreditation standards inform that. Caroline is also going to give us a take on competency frameworks within the context of Social Work Education.
- Students are starting in September so college can task them with doing this global environmental scan of Clinical Social work practice when they start. So, we should have that ready by late September to early October for us to look into that more deeply and then we can come back to engaging members around that scope

5. Examine the history of Social Works relationship with assessment tools including the DSM and the Social Determinants of Mental Health

ED/R invited Group to have Conversation on the topic around "our relationship with various assessment tools" and "what clinical social work looks like"

- One of the members think its better if we address assessment tools *after* we define what clinical social work looks like, as not everyone does assessment. Not all the assessment tools fit in the communities we serve as part of our job, however, member is open to go with the flow of what everyone else decides in the group



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- Other member proposed a presentation on this topic as we all come from different prospective
- Member asked for a clarification on what our goal is, are we going to regulate the Clinical Social Worker, or set up parameters on what we can do what we can not do. ED/R clarifies that the goal is to, more clearly define where the risks lie, and there's a need to move forward with more clarity in establishing that rational before we jump in to a solution.
- Members hope what comes out of this project is empowering us to do what we are capable of doing, give us the confidence to practice to the full capacity in a milieu which needs us desperately. Member thinks we have something profoundly to contribute to the environments to which we work, and this is particularly true where we work in health world with multi-disciplinary others, as the experience over the years is that we generally work below our capacity. Many individuals find themselves working in a world where, what they know they understand, is not fully embraced to be a real player, therefore it's a hope that whatever we do, it leads to a nuance of purpose and self-awareness and a capacity perhaps we haven't experienced for a long time as a Profession. ED/R is hoping too that we grow that collective confident in that scope that is brought forward
- Member stated that we should be careful that we are not creating a romanticised view that Social Workers are the only professionals engaging in Advocacy and that they are all in to this; have worked with many different allies like mental health Nurses, Psychiatrist in the inner workplaces and they are very strong advocates too. Advocacy is a large part of what we do but there are others too that are in to this, we should make sure when we are looking at this aspect of regulations too. ED/R thinks there are standards and the tools to make sure we are achieving the values and goals of the professional and the service being delivered is tied to core values to our core standards, in a meaningful way to the folks of Nova Scotia and the professional services they are looking for.

Revamping Plan

- ED/R hoping that this committee might have started to feel a bit more momentum by now, all the conversations we have here are helpful and useful in terms of finding some directions that we move forward with, hoping folks are feeling that we are pushing forward. The goal will be to feel some traction by September and some forward momentum towards the goals we have set for ourselves, ED/R is always trying to create a meaningful project plan for us to explore the areas that we need to, but also continue moving us in the directions we have agreed to. We will move forward with our conversations, exploring our Professional Identity,



looking at the foundation of Social Work education, next month we'll have a good sense of where students are when they are graduating, and what we might need to do to fill in gaps, we are also going to start looking around some definitions from across the globe and see what fits for us.

- One of the committee members (Robyn Hazard) shared some important updates from her meeting with the Deputy Ministers of the province last month, as a result of the beginning of the 215 children that they had found with in the residential schools and they had asked what they could do to figure out where they are going; just looking to sharing the updated from that meeting as this topic was touched up on by her in one of the committee meeting in the past. Ministers asked what other steps they could take other than an informative perspective to the general population with regards to dealing with the racial issue, she proposed that it was important for people at bachelor's level to be introduced to a course that is strictly based on colonialized and its impact, so that they are pre-set with the historical information and content they need to put to prospective when they work within the province; they are planning to take this idea in to greater considered and secondly she proposed that grade 6 and grade 7 students should be an introduced to colonialized course so that the youth can get informed before they become voters and members of the adult population.
- ED/R proposed an idea if Robyn could ask Caroline where they are moving with specific content with in social work curriculum around decolonization, as that's an important question to ask

6. Adjournment:

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

NEXT MEETING: Announcements were made for the next committee meeting, to be held on September 13th, 5:00 pm-7:00 pm.