

Clinical Committee Meeting

October 18th, 2021, 5:00pm - 7:00pm

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

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 amended

Mover: Jim Morton

Secunder: Jessica Heidebrecht

Motion Carried

2. Approval of Minutes:

Motion: Moved that the minutes from October 18th meeting are approved as presented

Mover: Jim Morton

Seconded: Patrick Daigle

Motion Carried

3. Updated Commitments and project plan: ED/R briefed the group on updated commitment and project plan

As decided in the past meeting, ED/R removed some of the professional identity pieces from that plan. Carolyn Campbell will present on the Standards of Accreditation next month, that's going to help us understand the gaps between the scope when someone graduates from an MSW program and tonight, Lida will present the work she has put into the environmental scan of clinical social work from across Canada, in the States and parts of Europe and Australia. That will help us get a sense of how others are viewing this issue and tackling it and then we can spend some time tonight locking down what clinical work means to us.

4. Review of Environmental Scan Clinical Social Work: *Lida Abdulrahman's presentation*

We had a goal that we wanted to see what the requirements are for practicing clinical social work in other parts of the globe are and how do other universities and



associations define clinical social work. So that was where we wanted to start it off and see if we could find any preliminary searches and look through.

Lida presented the methodology of her project and the research findings (various definitions across different geographical areas).

- Presented the definitions from NASW, British Columbia and Alberta, North America.

ACSW: A Mental health profession based on the application of knowledge and theory of psychosocial development, behaviour, psychopathology, unconscious motivation, interpersonal relationships and environmental stress". It utilizes social work methods to assess, diagnose, and provide psychotherapeutic interventions across the lifespan with individuals, couples, families, and groups.

BCSW: A registrant in the clinical class may use the title Registered Clinical Social Worker (RCSW) and practice social work in British Columbia. In addition, an RCSW may assess, diagnose and treat mental disorders based on the DSM (Diagnostic and Statistical Manual of Mental Disorders). An RCSW may engage in social work practice within an organisation or in private practice.

Then we have NASW where they describe clinical social work as *focusing on the assessment, diagnosis, treatment and prevention of mental illness, emotional and other behavioral disturbances.*

- In Europe, it got a little vague, For example, there are two universities in Germany where they had clinical social work program. Ash Berlin in Germany defines it as, *clinical social work is above all, suitable for professionals who want to provide psychosocial advice, supervision and treatment and wish to specialize in view of the increasing isolation and exclusion of marginalized previously difficult to reach people. In addition to gaining methodological expertise, clinical social workers learn how to creatively apply their knowledge in complex and changing practice situations. Emphasis is also placed on the ability to create new knowledge through research and to reflect on this and translate it into practice. Clinical Social work is dedicated to serving people who strive for a dignified life but often fail due to social and institutional hurdles.*, this definition, Lida thinks this is where we were starting to get into a bit more of a vague category, where as North America and Australia, it was more detailed
- Another university in Germany has this definition *Clinical Social Work is especially well suited for specialists who want to work in psychosocial counseling, care, and treatment for those who specialize in people, who are difficult to reach in view of the ever-increasing isolation and marginalization. With their knowledge and skills, clinical social workers need to know not only methodology, but also how to apply their knowledge creatively in complex and changing practical conditions. They also need to have the skills to create new knowledge through research and to reflect on it and translate it into practical*



actions. The clinical social work sees itself as a service for people who are struggling to have a dignified life and often fail to do due to social and institutional barriers.

- The FH campus Wein, in Austria defines clinical social work program as *covering the social dimension of health, you'll learn about the consequences of socially induced illnesses based on the actual casework. In interventional social therapy, you'll learn to apply effective measures in social psychiatry, you'll discover how you can contribute to mental health through social work, you'll specialize in the field of noncompliance or hard to reach clients, extend your expertise in the fields of safety and social prevention.* Again, another very vague description.
- There was not much information present in Asia. The same happened with Spain
- Looking at Australia, it was a lot more details. The definition for clinical social work was very comprehensive, including the requirements. So, Australians say *clinical social work is a distinct area of practice differing from community work, advocacy, policy work, case management, and service management. Central to clinical social work practice is a formal role in a counseling or therapeutic context, which privileges working collaboratively on issues identified by the client or clients. Clinical social workers work on a broad base of knowledge and skills to address the needs of clients who are impacted by life challenges and changes. This practice is characterized by working with people's intimate experiences, and their relationships within their social and physical environment. Clinical social work practice will pay particular attention to factors of social disadvantage, equalities and human rights. Hence, at times, clinical social workers may engage in some other areas of practice, however, it is not the prime focus of their service provision. Additionally, a clinical social worker draws on evidence-based theories and methods of prevention, assessment, and treatment with a special focus on psychosocial and behavioral problems and disorders. The practice of clinical social work is informed by the broader concepts intrinsic to social work practice, such as enhancing the well being of persons in their environment, inclusive of principles of social justice and human rights, person centered and strengths focused interventions.*

Findings:

- Looking at all of this, Lida noticed there weren't many definitions and programs available in the European countries for clinical social work, possible reasons could be language. For example, when she was looking through Italian Association of Social Works website, it was primarily in Italian so that was a barrier, there was not a general agreement for program requirements (some programs had many requirements such as a licence, test requirements and post MSW field experience, while others needed a bachelor's degree and field experience and there are more concerns with acknowledging social work as an individual and respected profession (as we see this in Austria, Poland, Spain, South Korea and Uganda)

Presentation ended, ED/R opened the floor for thoughts, and discussion



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- The thing that stood out for one of the members is that most of the definitions presented were generalized statements, none of them were clinical definitions, meaning these definitions were without a context, its hard to assume that all are in the social work context, except for the one from Australia (that actually mentions a context).
- About Europe another member thinks that what we're actually seeing here, is a cultural difference too, rather than any big difference in defining or regulating, one of the projects this member works on is providing services to victims of sexual abuse in a global religious organization and that has brought the member in contact with a lot of Europeans. They don't see therapy the same way, they don't value it the same way. It's just not something they thought of, so why don't we not pay much attention to how they define it for the European and Asians countries, it's going to be a good use of our energy to try to interpret that because there's a lot there. ED/R agreed, another thing to add is, political piece, which is also wrapped up in culture.
- One of the members think that this was a great scan and the general vagueness of the language either leaves us with no further ahead or could lead to wonderful opportunity to create more clarification around what we mean, and, in a sense, it could be a peace setter in the world. But it seems to be the vagueness of the language that suggests that there isn't a good roadmap, for example if you're to plan a curriculum in school social work. If there's no clarity to think about, what should we be teaching, for supervision to be framed or what would the actual practice look like. Member did a scan of the universities in Canada to understand social work curriculum, but it's really difficult to tell what exactly they are teaching in terms of clinical work, they use terms like Assessment and Intervention. They're the terms that would be used in all kinds of fields.
- ED/R mentioned that we'll hear next month when Carolyn presents on the Standards of Accreditation. What is believed to come out with that is, what the standards are, they're not specific to clinical or any other area of practice, they are the general set of knowledge and skills that any social workers should be coming from, and so that's what informs curriculum. Beyond that, each school is doing differently, that is where certainly we as a regulatory body need to step in to identify, what more should we need, how do we get there.
- ED/R shared the current definition that BOE has, and members shared their thoughts about this current definition.

Clinical social work practice is considered advanced practice and involves an individual, and their relationship to the social, economic and political structures that impact mental, health, emotional, and other behavioral issues. Through the use of post-modern, modalities clinical social work applies mental health assessments, interventions, and, prevention practices to achieve optimum psychological and social functioning.



- One of the things a member liked about the definition that ED/R shared with the group is that it doesn't label clinical practice as a mental health practice and it strikes the member that we have this opportunity to help think about that aspect of social work practice that involves engaging with others in a way that might lead to behavioral changes for example child protection as one of those really important fields, where clinical practice seems to be hugely important and has been largely neglected. We're not talking about people who do mental health work, we're talking about people who are engaged in problem solving with clients with all kinds of issues. That pleased the member, not to see mental health in the core of the definition.

ED/R agreed and commented that, we are in a way also describing social work with this definition, that's why this process of coming out with an independent definition for clinical social work became prominent. We have to work on 'How is this definition is different than the regular social work's definition'.

5. Defining Scope of Clinical Social Work:

- One of the members said they would like to add in something along the lines of using 'integrated' or 'evidence-based skills' as when we think of integrated, it's pulling certain pieces from different therapy modalities making it a person-centered approach
- ED/R thinks that we do need to spend some time talking about (once we've gotten our scope) what informs that scope and even what are the skills required to operate within that scope
- One of the members mentioned they are less interested particularly in the school of thoughts and modalities. Talking about competencies and skills, member pointed towards mechanics of practicing in a clinical setting for example if one knows what the different ways are of communicating and taking medical notes etc. and thinks that we have to be able to ensure that we all know all baseline of skills and competencies required in clinical settings as, a lot of people don't have those skills.

ED/R thinks, we can go down the pathway of defining the competencies for clinical social work practice; there's opportunities to dive into that a little bit more. What we want to make sure is that, first, scope is broad enough that it can get us to tackling some of those issues by defining the standards for clinical practice, for example what is the standard for note taking in a clinical setting etc.

- Member thinks that we should not be making decisions or creating definition that is centered towards the way the system works as it is now, as the system may change in 10 years ED/R agreed to that point to have this definition based on our professional values or our outlook and our goals as a profession
- With reference to course work, one of the members think, if we could focus on the supervised practice, as the real learning comes by doing, and by giving the opportunity to be taught in the field, as, it's a 'practice' that we do (It's not just theory) Therefore, we could do that, and then be laid on the regulations, as, there



are ways for the schools to teach all the elements of practical skills, together in the program itself (counseling and therapy) there are schools of social work that are teaching therapy, so, these are some of the things that we might want to build in.

ED/R commented that, at Alberta and BC, one of their criteria is, you have to demonstrate the electives that would have taught you those direct skills or practices before you can start your supervision. So those are the tools that we can utilize as well, as MSW is not an indication that you can practice clinically or that you're even educated clinically, that is a piece that we can certainly put in the criteria, in the application, under education, demonstrate where you did this coursework, in the areas of direct practice.

ED/R thinks this is one of those pieces that are fairly easily achievable. It comes back to one of the things that we could add to the orientation, the principle of right touch regulation as there's no such thing as zero risk, we can never regulate so that there's no risk to the public ever; however, what we must do is, find the risk that we can identify and find the best way to mitigate that. We believe that clinical social work is advanced, is unique, there is a required training and skill set that comes with it. What are the tools that we put in place, all of that comes back to our scope, as it is the first piece that will get us to there, certainly supervision standards, and education, and practice experience are all a part of that.

6. Adjournment:

Wrap up comments by ED/R:

- ED/R proposed, they will (ED/R and Lida) will work from this definition that the college already has, considering the conversation we've had tonight, and will send this out in a word document, to this group via Google Drive, or (directly via email if folks prefer that) group can have takeaway from it as they like and then in our next meetings, we'll work to refine and get some of the language that we want around that scope.
- Once we have the scope, some of these other pieces we talked about are going to flow into it from there. There after, each step we walk through, we'll be able to come back and filter what we're doing through the scope, or challenge and reassess the scope based on that.
- We have a long process talking about ethics, talking about assessments talking about interventions, that we'll all be able to feed into this final document that we produce, ED/R thinks, we're already starting to move forward a little bit.
- Meeting adjourned at 6:40 pm, next meeting announcement: November 8th.