



## Clinical Committee Meeting

January 17, 2022

5pm-7pm

Members in Attendance	
Andrea Shaheen	Errin Williams
Lida Abdulraham	Alex Hill
James Dubé	Brandy Gryshik
Kelly Breau	Jim Morton
Jacquelyn Allan (joined at 5:35pm)	
College Staff in Attendance	
Alec Stratford: Executive Director/Registrar	Suzanne Kutach: Admin Support (Minutes)

### 1. Welcome & Approval of Agenda

- Presiding Officer: Andrea Shaheen
- Agenda Approval Motion: Jim Morton  
Seconded: Lida Abdulharam

### 2. Approval of Minutes

- November Minutes  
Motion to Approve: James Dubé  
Seconded: Alex Hill
- December Minutes (Kelly Breau and Alex Hill were not in attendance, need to be removed from minutes)  
Motion to Approve: Lida Abdulharam  
Seconded: Jim Morton

### 3. Scope of Practice

- Completed review of Clinical Scope – Final Draft
  - On page 1, the language is good; recommended adding “Spiritual” to title “Integrated Bio-Psycho-Social Lens for Clinical Practice”; agreement in adding Spiritual to title.
  - Recommended add: “Critical Race Theory” as a standalone under “Clinical social workers may include but is not limited to:”
  - Recommended change: “Trauma based theory” to “Trauma Specific Therapy”, and add “trauma informed practices”.
  - On Page 3, under “Clinical social workers may include, but is not limited to:” Recommended add “Decolonizing Practices” as a standalone.
  - Group poll regarding Clinical Practice: do you see yourself and your work in this scope: lots of people agreed.
  - Group poll: “Do you think a social worker working in mental health and addictions programs for NSH health, or social workers in a community organization

delivering mental health services fits that scenario?” General opinions were yes on both counts.

- Proofreading recommended, will complete prior to submitting to members for feedback.
- Motion to put out Scope document for preliminary feedback from members: James Dubé  
Seconded: Alex Hill

#### **4. Quick Review: Right Touch Regulation**

- Regulation is for public safety and public interest. Scope needs to serve the public’s interest well; areas where the public is at risk need to be identified. Standards that meet the public’s needs must be identified.
- Presentation regarding the purpose of regulation and right-touch regulation
- There were no questions or comments regarding the presentation

#### **5. Examine all risks to the public associated with the delivery of clinical social work services.**

- Scope Creep is a concern. We need to find new pathways forward but what is the risk threshold.
- Concern practicing outside the scope if you don’t have the skills to do so, within scope but applying areas of practice that don’t necessarily fit, but there are lots of questions about it so we need clarity.
- Concern regarding Subpoenas – what does and does not go into notes can be very important
- Cultural boundaries need to be considered, particularly relationships within communities. Boundaries are important as a social worker; relationship between a therapist and client is compartmentalized to that dyad, and is a common issue in the mental health world. Some boundaries are cultural boundaries, for example delivering to indigenous culture, rigid interpretation of what a professional relationship looks like may not meet that expectation. Considerations need to identify what it looks like when a boundary has been crossed, what is the threshold, identify when someone has been impacted, but needs to be fleshed out. More fulsome discussion on dual relationships and boundaries is important for clinical work because it requires more care, should be in documents we put out because guidance is necessary.
- Working in Custody and Access areas, consenting minors, boundaries, specialized practice skills & intervention (what is the threshold, is there a limit) referrals (anything to be considered), carrying liability insurance, policies and procedures regarding client rights, cancellation policies, etc.
- Trauma specific outline is good for the Board of Examiners because it is a specialized skill set and there really needs to be oversight.
- Having a more defined scope of practice would be helpful for new practitioners. Clarity of knowing what is and is not scope of practice can be discussed with employers to avoid being pressured to operate outside scope of practice.
- Supervision and mentorship for clinical rather than specific requirements of regulatory practice, the practitioner should be able to determine scope with supervision and



mentorship as an extra check and balance, and for regulatory reasons use a complaints driven process. It's much more expensive to go through complaints/legal channels for regulation than it is to use an entry/approval process. There needs to be balance.

- More rigid requirements are worth considering. Mentioned the NS Board of Psychologists as an example. This might be achievable.
- Use Standards of entry requirements in Canada from provinces who have Clinical Practice in Canada, and NASW standards of practice regarding clinical practice document to identify potential areas of risk.
- Social workers are likely mostly not working with people who are generally well adjusted.
- NSHA should handle some level of supervision.
- Consider insurance requirements for everyone; even employers can sue employees.
- Next tasks: considerations for risk and considerations for practice. Are there other areas that are a risk to the public? Risks to the public in differing degrees: trauma related if practicing out of scope, professional boundary-crossing (with cultural considerations), assessment of competencies off base compared to practice.

6. **Discussion & Questions**

- Regarding Professional Development requirements, try to keep it simple. Tweak the current program to fit, these are good topics.

7. **Adjourn**