



Clinical Committee Meeting

February 14, 2022

5pm-7pm

Members in Attendance	
Andrea Shaheen	Errin Williams
Lida Abdulraham	Alex Hill
James Dubé	Jessica Heidebrecht
Kelly Breau	Jim Morton
Jacquelyn Allan	Patrick Daigle
Catrina Brown	Robyn Hazard
College Staff in Attendance	
Alec Stratford: Executive Director/Registrar	Suzanne Kutach: Admin Support (Minutes)

1. Welcome & Approval of Agenda 5:03pm

- Presiding Officer: Alec Stratford

2. Approval of Minutes

- January Minutes
Motion to Approve: James Dubé
Seconded: Lida Abdulraham

3. Updated Project Plan

- No questions, concerns, comments, or changes suggested for the Project Plan.
- Engagement: wants to do engagement with specific groups first
 - Consultation with Alice City Counselling – Indigenous specific counselling. Feedback was that it is based on a very western perspective. Deeper discourse and dialogue needed, and needs to be inclusive in the way they're practicing.
 - Engagement with Association of Black Social Workers forthcoming.
 - Need to consult with other groups as well, it will be worth the wait to have other voices heard.
 - There will be a delay due to deeper engagement; no objections.
 - A more targeted list of groups will be created and submitted for feedback with the committee.

4. Updated Scope of Practice

- Right touch regulation; need to find balance
- No comments or concerns.

5. Mapping Risk and Regulation

- Need to consider entry to practice requirements



- Should hours required for candidates be included in hours required for clinical social work? More supervision is required because the requirements for each cover different skills. It could be risky letting new grads enter clinical social work.
- New BSW grads are not prepared for clinical social work based on education alone.
- How do we meaningfully recognize equivalencies?
 - Debate and decisions need to be made surrounding what qualifies as equivalencies.
 - Need to make sure it's not so unachievable that other professionals are used that don't serve the community, and that it doesn't drive people away from registering with NSCSW.
 - Consider informal years of experience and other degrees as a supplement.
 - Social work training is needed, but BSW or MSW is not overly important.
 - Different educational backgrounds can lead to different philosophy/schools of thought.
 - References, supervision, and balance of administration cost all need to be considered. Monitoring this should be less intensive than candidacy.
 - There is no single way to do anything; it has to do with intentionality. Where has the work been done to cultivate skills.
- There is currently a social work identity crisis; social workers are being utilized for different jobs and aren't able to practice social work. Having a good scope of practice with be a foundation to help resolve this issue.
- This has implications for those in Health & Addiction as well as Private Practice.
- Historically clinical social work has been undervalued, therefore there wasn't enough guidance/supervision/oversight, and therefore it is very important. Needs to not just support the status quo but to challenge it.
- The hope in this endeavour is that people will respond with 1. "I see myself in this scope" and 2. "This is how I want to practice".
- Under "Assessments" Definition is needed for the word "assessment".
 - Differentiate between psychosocial and psychometric assessment. When it comes to assessments in competencies for skills, we need to ensure that the individual has done the labour to develop the skill.
 - Should or shouldn't there be a list of examples? Perhaps, but consider not having DSM V at the top of the list.
- Practice will evolve. Hold onto the social context and don't just let the medical context take over.
- What does it mean to be relational in a clinical setting? More discussion needed.
- Standard of Practice that outlines Family Work needs more consideration, modification, and definition.
 - There are people in different situations that may not want family involved.
 - The language needs to be careful to "address the social and relational context in peoples lives.
 - Needs revision because it's too vague and the points are not actually captured.
 - "Supports" is important, broaden the definition. What is and is not working in Supports. There are lots of ways to misunderstand "relational context"



- Family is always present in some way, whether physically present, or not, positive or negative, it's unavoidable.
- Dual relationships clarification, how that changes with clinical practice.
- Will pick up on Ethics & Values at the next meeting.

6. Discussion & Questions

- Thoughts on process: will make changes based on feedback.
- Next steps with groups is a consultation design plan. Consultation document in process.
- Regarding consultation with the indigenous community: the onus should be on the indigenous community to seek information and bring information to the committee. Perhaps consider the same for other groups.

7. Adjourn 6:53pm.

