Clinical Social Work

A proposal to strengthen the practice through regulation

Who We Are

The Nova Scotia College of Social Workers (NSCSW) exists to serve and protect Nova Scotians by effectively regulating the profession of social work. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity.

To learn more visit: http://nscsw.org/about

Land Acknowledgement

The NSCSW is in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) people first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wolastoqiyik title and established the rules for what was to be an ongoing relationship between nations.

All people in Canada have treaty rights and responsibilities. Those who have settler, arrivant and refugee origins are challenged to collectively work towards reconciliation with Indigenous peoples and communities. Even as we reckon with our profession's role in residential schools and other colonial projects designed to displace, dispossess, and disempower Indigenous peoples, social workers are also embedded in communities that are grappling with their own roles in the great and necessary labour of reconciliation.

As many Nova Scotian communities struggle through conflict and crisis — worsened by the intersections of a pandemic, economic uncertainty, and racism — we encourage all to approach this work with a trauma-informed lens and to draw on the resources available to use.

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Introduction

This proposal was originally drafted in March of 2022 and was updated in May 2022, after initial consultation with members and a legal review of the proposal.

The Clinical Committee was formed in April of 2021 to strengthen clinical social work practice in Nova Scotia by exploring the regulatory tools best positioned to serve and protect the public interest; preserve the integrity of clinical practice within the social work profession; and maintain public confidence in the ability of the social work profession to regulate itself. The Clinical Committee was tasked with establishing a clear clinical scope of practice, assessing risks to the public associated with clinical practice and developing recommendations and draft policy to assure that only those fully qualified are entitled (and have the support) to practice clinical social work in Nova Scotia.

This proposal was drafted by the Clinical Committee to lay out a clear vision and rationale for the regulation of clinical practice in Nova Scotia and to assist in the engagement process with various groups of interest.

Background

The work of the Clinical Committee flows out of the work the NSCSW Private Practice Committee which was formed in June of 2017 to address issues with the by-laws regarding the registration of private practitioners. An agenda for the Private Practice Committee was further defined by members at the 2018 AGM who passed a motion carried by the membership that stated.

“The membership directs the College’s Private Practice Committee to continue further considerations for this by-law change to section 32(1)b outlining the private practice requirements. As part of deliberations, the committee will bring a specific recommendation with detailed rationale to members at the next AGM in 2019.”

Private Practice Committee Recommendations

The Private Practice Committee made the following recommendations at the 2019 AGM

1. The Private Practice Committee has concluded that the current regulation of private practice is an over-regulation and is not in line with best practices or right touch regulation. In addition, the Private Practice Committee has determined that the examination tools for assessing entry to private practice lack validity and reliability. Finally, other regulatory tools are sufficient in assuring that members competently and ethically deliver private professional services. The Private Practice Committee recommended that:

   “The prescribed requirement and qualifications for engaging in private practice should be that a Registered Social Worker or Social Worker Candidate must be a member in good standing and only engage in private practice in the area where they are competent to provide the social work service.”

Current entry to practice requirements, including completing an accredited social work degree coupled with a declaration to adhere to the Standards of Practice and Codes of Ethics are sufficient tools to regulate private practice.

2. The Private Practice Committee also concluded that **clinical social work** is an advanced application of social work theory and methods to the treatment and enhancement of psychosocial function and ability, addressing emotional, relational and mental health challenges. It is based on theories of human development within a psychosocial context. Clinical social work services consist of evidence-based assessments, diagnosis, treatment, including psychotherapy and counselling; client-centered advocacy; consultation; and evaluation.

   The committee determined that there is a risk to the public if social workers are practicing clinically without minimal competencies to do so. They recommended that the NSCSW regulate **clinical practice** by creating a *voluntary clinical registry*. The committee recommended that entry to the registry would be acquired through:

   a) An MSW from an accredited school of social work;

   b) A passing mark on the ASWB clinical exam;

   c) A minimal amount of supervised clinical practice experience.

Council Decision

Council heard from many social workers at the 2019 AGM and determined that regulating clinical practice and moving away from regulating private practice was in the best interest of the public. **However, Council believed that more exploration was needed regarding the best way to regulate clinical practice and passed a motion to create a clinical committee to further explore the issue and develop recommendations and a rationale for clinical regulation**.

Repositioning Social Work in Mental Health in Nova Scotia

In January of 2021 the NSCSW released a major paper regarding the role of social work in the delivery of mental health and substance use services in Nova Scotia. The paper concluded that the delivery of mental health and substance use services is hampered by challenges within the larger public health system.

Part of the challenges faced in service delivery is the unquestioned hegemony of the bio-medical model. While the bio-medical model certainly has its place within mental health services, its dominance has also become cumbersome to many, as it does not capture the complexity of mental health needs or generate the public policy that leads to greater mental well-being. The bio-medical model, particularly in Nova Scotia, tends to be expert driven; the clinician determines diagnosis, treatment, and when you're “well.” It is focused on individualized treatments and ultimately holds individuals for the structural conditions that contribute to their illness (this often leads to the criminalization of those with mental health concerns). It reduces

mental health disorders to the simplest forms, creates standardized treatments, and is driven by symptoms rather than root causes (Brown *et al.,* 2020).

The paper articulates that the social work profession should be re-positioned within mental health and substance use services to deliver a bio-psycho-social model that understands that mental health is shaped by a person's environment. This would ensure that there is a system that understands that the process of healing should be relational and recognizes that mental health services aren't just supporting the person in the room, but that this person exists within a family, within a community, and within a society. Bio-psycho-social models recognize that care is delivered through collaboration and acknowledges that the client is the expert in their own lives, and both the practitioner and the client bring expert knowledge to therapeutic conversation (Brown *et al.,* 2021). Bio-psycho-social models share the responsibility of creating a connected and supportive society, and demand that we bring a critical clinical focus to the work so that social workers are deconstructing social power and its impacts on overall mental health.

The paper made 29 recommendations including the recommendation to explore regulatory practices to determine what can be strengthened to ensure that there is a well-defined and clear scope of practice that includes critical clinical skill and family-centred practices that are grounded in a relational approach. This must include a recognition and definition of the scope of clinical social work skills.

Objectives

With this context the clinical committee was given the following objectives:

1. Identify clear a scope of practice for clinical social work.
2. Examine all risks to the public associated with the delivery of clinical social work services.
3. Examine regulatory tools best position to mitigate risks.
4. Develop a rationale, recommendations, and proposed policy for the successful regulation of clinical social work in Nova Scotia.

Summary of Proposed Changes

1. Deregulate private practice by removing section 32 of the bylaws and replacing with bylaw that reflects that a Registered Social Worker or Social Worker Candidate can engage in a private practice and must be a member in good standing and only engage in private practice in the areas where they are competent to provide social work services.
2. Seek amendments to the Social Workers Act to update the practice of social work to include a unique clinical scope of practice.
3. Through regulations restrict the practice of clinical social work to ensure that only those who are qualified and competent to practice clinical social work are permitted to do so. Entry to practice would be through:

   a. Completion of MSW or equivalent degree.

   b. Demonstrated academic course work that aligns with scope of clinical practice (or formal or informal professional development that is equivalent to academic course work).

   c. A defined period of supervision.

   d. Seek legislative changes to protect the title of Registered Clinical Social Worker.

4. Policy that would allow for the grandparenting of social workers currently practising with the clinical scope of practice.

5. New Standards of Practice specific to clinical social work that **provide a guide to the knowledge, skills, judgment, and attitudes that are needed to practise safely**. They describe what each clinical social worker is accountable and responsible for in practice.

   a. Knowledge and competence.

   b. The use of assessments.

   c. Professional boundaries.

   d. Anti-racism.

   e. Services to clients with disabilities.

   f. Specialized practice skills.

   g. Professional environments.

   h. Documentation.

   i. Professional development.

Scope of Review

To achieve its objectives the Clinical Committee committed to exploring core values, areas of practice and the knowledge needed to be an effective clinical social work practitioner. This included exploring the key attributes that inform the professional identity, including an exploration of:

1. The professional identity of clinical social workers by:

   - Identifying what knowledge, theory and skills should be integrated into clinical social work practice.

   - Examining the history of social work's relationship with assessment tools including the Diagnostic and Statistical Manual of Mental Disorders (DSM), psychosocial assessments, and the Social Determinants of Mental Health.

- Examining various practice frameworks that align with clinical social work.
- Examining what makes social work unique in the allied health professions.
- Examining international scopes of clinical social work practice.

2. Examine all risks to the public associated with the delivery of clinical social work services. Including an exploration of ethical clinical practice by;
    - Exploring the risk of scope creep to ensure the core value of social justice is at the forefront of clinical social work.
    - Exploring the delivery of clinical social work services through an anti-racist lens.
    - Exploring the delivery of clinical social work practice through an intersectional lens.
    - Examining professional boundaries in context of importance of building close and purposeful relationships with clients.
    - Explore the risks of delivering specialized therapy (I.e. Trauma Focus Therapy).
    - Explore various cultural understandings of professional boundaries from Indigenous and Afrocentric worldviews.
    - Specific risks associated with working with youth, children, and families.
    - Impact on moral distress and moral injury on the delivery of clinical social work practice (risk to clinician).
3. Examining the various clinical assessments and how clinical social workers are positioned to evaluate a person and/or families social, cognitive, psychological (personality, emotions, beliefs, and attitudes), and behavioural and social history and current condition to determine the presence of any mental health issues. This included the exploration of:
    - Utilizing the DSM V as an assessment tool in clinical social work practice.
    - Utilizing the Social Determinants of Mental Health as an assessment tool in clinical social work practice.
    - Utilizing psychosocial assessments in clinical social work practice.
    - Utilizing parental capacity assessments in clinical social work practice.
    - Utilizing conducting cultural assessments in clinical social work practice.
4. The committee examined the regulatory tools best positioned to mitigate risks including an exploration of:

a) The use of protected title of Registered Clinical Social Worker.

- Exploring if a protected title would afford a means for Nova Scotians to identify and distinguish clinical social work practice and if this is needed to clarify qualified clinical social workers practitioner.
- Explore if title protection best serves the public interest in describing the practitioner and the services being provided and distinguish the practitioner from others performing services outside the jurisdiction of the regulatory body.
- Examine if it is the public interest to maintain exclusive scopes of practice, (I.e. Bio-Pyscho-Social)

b) Entry to practice and other assessment process that would be designed to ensure that only those who are qualified and meet a minimal standard are authorized to practice clinical social work:

- Explore if establishing specific entry to practice requirements are needed to mitigate the risks.
- Examine the role of training and education for clinical social work practice.
- Examine the role of clinical supervision and the possible requirement of clinical supervisors.
- Examine the role of ASWB Clinical Exam.

c) What Standards of Practice would be needed for clinical social workers that detail the responsibilities of clinical social workers to their clients, colleagues, employers, and society?

Review of Literature

The *Repositioning Social Work* paper conducted an extensive review of literature exploring the role of social work in the delivery of mental health and substance use services. The literature in the paper reflected that within a neoliberal context, there are often fewer social workers who are required to see more and more clients for shorter periods of time. Many of the struggles' people live with, including co-occurring mental health and substance use issues and the aftermath of trauma, cannot generally be dealt with effectively in short durations of time (Brown *et al.*, 2021).

Yet, social workers are advised that the short-term approaches are evidence-based, and these claims are expected to be accepted at face value. Arguably, it is not so much questionable claims of clinical effectiveness that determine the approaches advocated, but their cost-effectiveness (Brown *et al.* 2021). The consultation process conducted for the purpose of the paper with service users, provider and supervisors explored the need to provide mental health care that addresses struggles that often arise in tandem with adverse life experiences such as trauma and relational injury and marginalization, oppression, and inequity. In contrast, the current rationalized approach to social work mental health service delivery is often based on an

individualized approach that is too narrowly focused and time limited to allow for the development of a strong therapeutic alliance which is needed to adequately address the level of distress and suffering that arises within the conditions of social inequity.

Since the 1980s, the research literature has noted that social workers have been experiencing a fragmentation between "traditional social work values" and those of the marketplace (Carpenter & Platt, 1997). This split can impact social workers' perception of their professional identity and their own sense of fit within their profession and the institution in which they work (Carpenter & Platt, 1997). The research literature notes that this threat to social work identity has relevance to social workers within mental health settings and the clients they serve. There is threat to the social work perspective within mental health services as the bio-psycho-social view of health is often diminished relative to a bio-medical perspective that focuses on diagnosis, medication, and medicalized evidence-based treatment, and this impacts a social workers ability operate with ethics and standards of the profession (McCrae, Murray, Huxley & Evans, 2004; Nathan & Webber, 2010; Yip, 2004). The lack of focus on the psychosocial can, in turn, take focus away from the client's environment and the "whole" person and the various social perspectives that are important to client's mental health.

The role of social workers traditionally has been to focus on social outcomes rather than solely on bio-medical explanations. McCrae *et al*. (2004) argue that the shift away from the institutionalization of mental health and toward community-based treatment has further emphasized the social aspects of mental illness as clients remain fully immersed in their environment. However, not having the capacity to fully recognize the impact of one's environment – whether it be unstable housing, poverty, racism, or other systemic barriers – on one's mental health only further marginalizes the social perspective and results in social workers often feeling disenfranchised from their work and sense of professional identity and duty. This also has an impact on social workers' perception of their ability to challenge the hegemony of the bio-medical approach to treatment, and to increase the value of the role of social workers (McCrae *et al*., 2004; Nathan & Webber, 2010; Yip, 2004).

The medicalization of social work within mental health services in Hong Kong was studied and it was noted that bio-medical dominance often gradually suppressed the social work view, using bio-medical knowledge and rationalization to discount social perspectives (Yip, 2004). In this study, which included completing qualitative interviews with social workers in the mental health field, Yip (2004) found that the gradual and continuous suppression of the social perspectives of mental health by other professionals (such as psychiatrists, physicians, and nurses) resulted in social workers eventually internalizing bio-medical dominance. Social workers who participated in the study started to internalize that the bio-medical perspective may be more important than the social, and that medical professionals were perhaps more effective in treating mental illness than they were (Yip, 2004). It is a challenge for social work to hold onto a social justice approach, which emphasizes the meaning and context of peoples' mental health struggles, while confronted with the limitations of neoliberalism and biomedicine, which cultivate notions of personal failure, inadequacy, and deficit. Pollack and Rossiter express concern (2010) that

Canadian social workers' participation in social movements for gender, race, and class equality are either ignored or co-opted within neoliberalized social work practices, whereupon the politized focus on the social good is replaced by the economic "good."

Social injustice in mental health co-exists with structural injustice, which occurs when many policies, both public and private, and the action of thousands of individuals acting according to normal rules and accepted practices contribute to producing unjust circumstances (Morrow & Malcoe, 2017). In this way, no matter how well-intended we are as social workers, we contribute to social oppression and injustice when we simply invoke the dominant and normative mental health and well-being practices centered on biomedicine and pathologizing of the individual. This includes not just the way we interpret people's struggles, but how we have conversations about them as well.

A clear scope of practice and regulation is needed to ensure that clinical social work is rooted in the values and standards of the profession that establish and reinforce a clear social work identity with the delivery of mental health and substance use services that leads to better client care.

Environmental Scan of Clinical Social Work

The committee conducted a robust environmental scan, which can be found in Appendix "A." Upon review the committee felt the Australian Association of Social Workers offered a definition of clinical social work that best met the context of clinical social work in Nova Scotia.

Australia definition of clinical social workers:

> *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 counselling 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 characterised 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, inequalities, 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. (p. 1)*
>
> *A clinical social worker draws on evidence-based theories and methods of prevention, assessment and treatment with a special focus on psychosocial and behavioural problems and disorders. The practice of clinical social work is informed by the broader concepts intrinsic to social work practice such as enhancing the wellbeing of persons in their environment, inclusive of principles of social justice and human rights, person-centred and strengths focused interventions. (p. 3)*

Requirements in Australia

1. In Australia, clinical social workers are known as "Accredited Mental Health Social Workers (AMHSW)" since the term "clinical social worker" is not yet regulated

2. To be accredited as an ACSW, there are six criteria/components (p. 6):

a. Current membership to the AASW

b. Minimum of five years full-time equivalent (post-qualifying) social work practice including a minimum of two years full-time equivalent social work practice experience in clinical social work practice

c. Minimum of two years' full-time equivalent post-qualifying supervision in clinical social work or evidently related field

d. Ability to demonstrate how this experience meets the Accredited Clinical Social Work framework both through written and referee statement

e. Successful completion of clinical case study task

f. Meets the Clinical Social Worker Continuing Professional Development requirements for the membership year. This includes Continuing Professional Development in AASW specified categories, of which 20 hours must be specific to clinical social work

g. A CV

Proposed Scope of Clinical Practice

The Clinical Committee proposes the following scope of clinical practice.

Clinical social work practice is considered advanced practice and involves individuals, families and groups. Clinical practice situates the individual within their social context including the family, social, economic, cultural, and political structures that affect health and well-being. Through evidence-based modalities and a focus on the social determinants of mental health, clinical social work utilizes assessments, interventions, and prevention practices through bio-psycho-social-spiritual approaches to help clients achieve their goals.

Clinical social work is informed by the broader concepts intrinsic to social work practice: a theoretical grasp of individuals within the contexts of their environments; a commitment to the principles of social justice and human rights, and an orientation to client and family centred, strength-based, goal-oriented practice. Further to this, clinical social work

- Requires complex decision making, systemic analysis and advanced critical thinking skills gained through academic education, supervised practice, continuous improvement, and focused professional development (which includes graduate education).

- Engages directly with individuals, couples, families and groups focused on complex issues impacting individual and family functioning and their relationships including, but not limited to, mental health, addiction, trauma, grief/loss/illness and crises.

Integrated Bio-psycho-social-spiritual Lens

A clinical social worker will have well developed bio-psycho-social-spiritual theoretical knowledge that is utilized to achieve optimum psychological and social functioning. Clinical social workers recognize that the development of an individual and their well-being is shaped across the lifespan and occur within a lived social context shaped by family, social, economic, cultural, and political factors. Clinical social workers recognize the profound ways in which structural and cultural inequities contribute to experiences of trauma, adversity, oppression, and poor health throughout the lifespan. Clinical social workers are then positioned to provide clinical social work that is holistic, contextualized and trauma specific, and that can define social policy measures and prevention strategies needed to support individuals in their environment.

Primary to clinical social work are the following abilities:

Assesment through *Person-in-Environment*

Clinical social workers must have the abilities to complete assessments on human struggle and suffering throughout the stages of life using theories of human behaviour shaped by family, social, economic, cultural, spiritual, and political structures. Clinical social workers use a person in environment lens to apply and critique a diagnosis in solidarity with clients.

Relational

Clinical social workers must recognize that all individuals live in a social and relational context. The individual is, therefore, always impacted by, and in turn impacts, the social relationships and social context in which their lives are embedded.

Critical Focus

Clinical social workers must hold a distinct professional ethical commitment to social justice. A critical clinical social work approach recognizes the profound ways in which structural and cultural inequities contribute to a broad range of human troubles rooted in social oppression and marginalization. Poverty, sexism, racism, colonization, homophobia and ableism for instance impact upon psychological and social functioning throughout the lifespan, producing anxiety, depression, substance use problems, posttraumatic stress, and use of violence. Consistent with this social justice commitment considerable attention is directed to the overall social context of people's lives including experiences of oppression, marginalization and violence and the impact of power and powerlessness on their lives.

Collaborative

Clinical social workers must engage in collaborative practice where both the practitioner and the client bring knowledge to therapeutic conversations and share responsibility for the intervention to address mental health, emotional, and other behavioural issues. This collaborative approach seeks to produce more equitable and respectful therapeutic alliances and recognizes the client's knowledge about their life experiences.

Collective Responsibility

Clinical social workers must develop a shared responsibility with clients, colleagues, organizations, and community for creating a strong, connected, and supportive society that enhances the wellbeing of persons in their environment, inclusive of principles of social justice and human rights.

Reflexive

Clinical social workers must demonstrate 'reflexivity' through the development of self-awareness and agency to take an active role in the knowledge-making process. This facilitated through an examination of theory and practice used to make sense of ambiguous and complex situations in practice. Clinical social workers demonstrate an understanding of human social behaviour and knowledge and skills related to mental health, substance use and trauma for effective clinical interventions with individuals, families, couples, and groups.

Knowledge Base

Clinical social workers demonstrate knowledge and skills of mental health, substance use and trauma for effective clinical interventions with individuals, families, couples, and groups.

Clinical social workers will be familiar with social, psychological, cultural, sociopolitical, environmental and health factors that influence the well-being of their clients. Overall, clinical

social workers would utilize person-in-environment assessments, while drawing on a range of other practice approaches to inform their understanding of clinical need and case formulation.

The centrality of the client's relationship to their life, environment, and overall social context. This creates a focus on the therapeutic alliance, and is often the primary distinction between a social work approach and that of other disciplines. Clinical social work practice involves addressing the relationship between the individual, social systems (including the family and close relationships) and structures of society. Rather than understanding client's problems as individual problems which focus on deficits, clinical social work is centered, even when the primary connection is with an individual client, on the nature of relationships, and governed by in the ethics of social justice. As such, clinical social workers are frequently involved in client advocacy, program and policy development, teaching, research and writing which highlight gaps in services.

Clinical social workers may include in their practice (but are not limited to):

- Strengths-based approaches
- Empowerment/Collaborative-based practice
- Critical Clinical/Anti-oppressive
- Intersectional practice and relational social work including feminist, queer centered, anti-racist, anti-colonial
- Afrocentric
- Two- eyed seeing approaches
- Feminist therapy
- Narrative therapy
- Solutions-focused therapy
- Cognitive-behavioral therapy
- Dialectical behaviour therapy
- Trauma specific therapy
- Crisis intervention
- Ecological approaches- including family systems and family therapy; attachment/family of origin
- Humanistic and existentialist practice
- Psychodynamic theory

Diagnosing and the Use of the DSM

It should be noted that the Clinical Committee spent much time debating adding diagnosing to the clinical social work scope of practice and originally landed on applying and critiquing the use of diagnostic impressions. This was done because of the ethical consideration and critiques of the DSM, as well as out of the recognition that diagnosing is a controlled act and adding diagnosing to the social workers scope of practice would require legislative change. In April a legal review on the proposal was conducted, it was determined that there no substantial difference between Diagnosing and Diagnostic Impressions. In addition participants in the consultations noted that not being able to sign their name to assessments for clients that required diagnoses created barriers for clients to access services.

The debate regarding social workers relationship to the DSM and its overall usefulness will remain a central one in the application of ethical clinical social work practice. What is clear is the professional paradigms of social work emphasize the social context and conditions of people's lives, human strengths, and collaborative approaches. However social workers, especially those working within mainstream institutions such as government-based services and hospitals, are expected to conform to the dominant bio-medical paradigm which relies on the DSM. It is therefore crucial that clinical social workers have working knowledge of the DSM to be able to apply and critique its uses while providing support for an individual in the context of their lives through a bio-psycho-social lens.

What must remain central to clinical social work is social justice work, which is positioned on the side of social critique and transformation (C. Brown, 2012, 2020a). All knowledge is interpretive and there are always alternative competing accounts. Therefore, "knowledge is never point of-viewless" (J. Bruner, 1991, p. 3). What is presented as non-biased, objective, and evidence-based upholds the power and privilege of bio-medical perspectives (C. Brown, 2020a). Lafrance and McKenzie-Mohr (2013) argue that the master status of the DSM offers a "lure of legitimacy" and that critiques of it are largely ignored. This "medical construction of distress offers the lure, or promise, of validating a persons' pain and legitimizing their identities" (p. 119). Yet, this medical approach often delegitimizes other forms of knowing or interpretations of people's struggles, such as those that situate the problems in the context of people's lives. Strong (2012) and Ussher (1991, 2010) argue that the DSM serves to "medicalize misery."

Postmodernism, or poststructuralism interrogates dominant taken-for-granted truth claims or master narratives such as those of the DSM, arguing that knowledge and power are co-implicated (C. Brown, 2007c; Butler & Scott, 1992; Nicholson, 1990; Scott, 1992). Lafrance (2014) argues that the "hegemony of the medical model can be understood as less a matter of 'truth' than of power" (p.141), noting that evidence has yet to provide rigorous support for medical explanation of diagnoses such as depression.

Overall, the DSM is descriptive, rather than analytical. It also does not provide treatment strategies, although they are often presumed to be medically based. It does not tend to look at the history, context, or life experiences of people, which is central to social work practice. Moreover, diagnostic criteria can be so broad as to include almost everyone at times which can be seen in criteria for "eating disorders" when social weight preoccupation is so ubiquitous (C.

Brown, 1993a, 2014). The DSM is socially constructed by the psychiatric profession and reflects the biases of the paradigms of the medical professions. As the DSM and its application are not outside dominant social ideas and values, they are not neutral, and not objective. Diagnoses move in and out of the DSM, respecting changes in social ideas. For instance, homosexuality and smoking were once considered disorders.

Therefore, ethical use of the DSM by social workers must be coupled with assessments on human struggle and suffering throughout the stages of life using theories of human behaviour shaped by family, social, economic, cultural, spiritual, and political structures. Clinical social workers must use a person in environment lens to apply and critique a diagnosis in solidarity with clients.

Proposed Regulations

Knowledge & Competence

It is essential that those practicing clinical social work have the knowledge and competence to do so. Clinical social work is informed by the broader concepts intrinsic to social work practice: a theoretical grasp of individuals within the contexts of their environments; a commitment to the principles of social justice and human rights, and an orientation to strength-based, goal-oriented practice. Further to this, clinical social work requires complex decision making, systemic analysis and advanced critical thinking skills gained through academic education, supervised practice, continuous improvement, and focused professional development (which includes graduate education).

To ensure integrity in the practice of clinical social work, applicants must demonstrate knowledge and skills of mental health, substance use and trauma for effective clinical interventions with individuals, families, couples, and groups.

To ensure the public receives the services of component ethical clinical social workers. Registrant must be familiar with social, psychological, cultural, sociopolitical, environmental and health factors that influence the well-being of their clients. Overall, clinical social workers would utilize person-in-environment assessments, while drawing on a range of other practice approaches to inform their understanding of clinical need and case formulation.

The centrality of clinical social work is the client's relationship to their life environment and overall social context. A focus on the therapeutic alliance is often the primary distinction between a social work approach and that of other disciplines. Social work practice involves addressing the relationship between the individual, social systems, and structures of society. Rather than understanding client's problems as individual problems which focus on deficits, clinical social work is centered in the ethics of social justice. As such it may also be involved in client advocacy, program and policy development, teaching, research and writing which highlight gaps in services, even when the primary work is with an individual client or clients, they may be involved in advocacy work.

Clinical social workers must have the knowledge as listed in the above scope.

Proposed Regulatory Tools

Scope of Practice

To ensure the integrity of clinical social work practice a clear scope of practice must be outlined in the regulations and entry to practice requirement should be established in order for applicants to demonstrate that they have the knowledge, abilities and values to practice within the scope of clinical social work.

Council would seek amendments to the *Social Workers Act* to include a definition of "clinical practice that includes diagnosing".

Council would create regulations to expand the practice of social work to include a definition of clinical social work practice. This would be done by utilizing section 5(2)(d) of the Social

Workers Act, which states in relation to the scope of social work practice that council may create such other activities as may be prescribed by the regulations.

Entry to Practice

Council would seek amendments to the Social Workers Act to include a clinical scope of practice and add a protected title of RCSW. Council would give the Board of Examiners the authority to regulate clinical social work practice through entry to clinical practice requirements. This would be done by utilizing section 20(f) of the Social Workers Act: "respecting such other matters as the Council considers necessary or advisable for the more effectual discharge of the functions or exercise of the powers of the Board."

The new regulations would create entry to practice requirements and **set restrictions stating that only those approved by the Board of Examiners would be entitled to practice clinical social work as defined in the regulations**. The new regulations would:

1. Instruct those seeking to practice clinical social work to apply to the NSCSW Board of Examiners and demonstrate completion of:

    a. an accredited MSW, or combination of graduate degree in a related field and years of experience that demonstrated a substantial equivalency to an MSW degree;

    b. academic course work in areas of knowledge as listed above, or demonstration of informal and formal training that demonstrates substantial equivalency in these areas to academic course work; and

    c. supervised hours of practice as a clinical social worker (Candidate).

    Upon completion of supervision registrant would be authorized to use the title of Registered Clinical Social Worker

2. Outline policy objectives of supervised hours.

3. Outline policy for grandparenting social workers who are currently practicing clinically.

Use of Assessments

It is in the public's interest that clinical social workers have demonstrated competence to complete assessments that consider human struggle and suffering throughout the stages of life using theories of human behaviour shaped by family, social, economic, cultural, spiritual, and political structures, and that clinical social workers have demonstrated competence to apply and critique diagnostic impressions.

Assessments may include (but are not limited to)

- Diagnostic impressions that both utilize and critique the DSM V.
- Holistic assessment rooted in the Social Determinant of Mental Health.
- Psychosocial assessments.

- Parental capacity assessments.
- Cultural assessments.
- Custody and access assessments.

Proposed Regulatory Tool

1. New Standards of Practices that:
    a. direct clinical social workers to conduct a self – assessment of knowledge, skills and values in order utilize a specific assessment tool.
2. A guideline/toolkit to assist with self-assessment.

Professional Boundaries

To maintain integrity in the practice of clinical social work a clinical social worker must recognize that all individuals live in a social and relational context. The individual is, therefore, always impacted by the social relationships and social context in which their lives are embedded.

In *addition,* clinical social workers must be skilled in collaborative practice in which both the practitioner and the client bring knowledge to therapeutic conversations and share responsibility for the intervention to address mental health, emotional, and other behavioural issues. This collaborative approach seeks to produce more equitable and respectful therapeutic alliances and recognizes the client's knowledge about their life experiences.

In relational practice, a clinical social worker can neither avoid nor deny issues of power and the ethics of power; call on power to be put on the table so it's meanings, implications and problematic aspects can be opened for dialogue and negotiation.

In collaborative practice it is always the responsibility of the social worker to set appropriate professional boundaries.

Proposed Regulatory Tool

1. New Standards of Practice that:
    a. Acknowledge power within therapeutic relationship.
    b. Address transference and counter transference.
    c. Address working with involuntary clients and the clinical social workers role.
    d. Priority of addressing social and relational context.
    e. Consideration for when group work and supports **would not** be considered and when family work **would not** be considered.
    f. Responsibility of the clinical social worker in connecting with client's social and relational supports.

g. Priority of collaborative practice and the need to ensure that clients are actively involved in shaping assessment, intervention, and evaluation of their support.

h. Address clinical social work services with mature minors.

i. Address clinical social work responsibility when conducting custody and access assessments.

Anti-racism

Clinical social workers have the responsibility to ensure they are reflexive and to ensure that they are working through an anti-racist lens. Clinical social workers have an obligation to address white supremacy in their practice (a social construct in which whiteness is normalized and seen as aspirational). It is the responsibility of clinical social workers to dismantle the architecture of racism embedded in clinical social work practice, research and education.

Proposed Regulatory Tool

1. New Standards of Practice that:

    a. Address a clinical social workers ethical responsibility to anti-racist clinical social work practice.

Specialized Practice Skills

Many social workers will have specialized areas of practice within the clinical scope (I.e., Trauma Specific Therapy). Clinical social workers can have specialized areas listed on their public profile, after meeting the below criteria.

Proposed Regulatory Tool

1. A Standard of Practice that:

    a. requires a self-assessment of specialized areas of practice before listing.

2. A guideline that outlines generally specialized areas of practice and minimal levels of knowledge, skills and values required to engage in specializations; self-assessment tool to assess skills.

Services to Clients with Disabilities

Clinical social workers need to destabilize ableism within the provision of clinical services and work to take apart and challenge dominant ways of knowing (dis)Ability. Through the process of coming to understand the different ways of knowing by those on the margins, we begin to redefine normalcy. Clinical social workers must recognize that (dis)Ability is not a fixed identity, as experiences of impairments vary dependent upon access to services, coping strategies, physicality, environmental stressors, community supports, access to adequate housing, food security and so forth. Clinical social workers have a responsibility to challenge Ableism to

ensure that people living with mental health and substance use issues and (dis)Abilities have flexible and accessible services that they can access when they need the support.

Proposed Regulatory Tool

1. New Standards of Practice that:
    a. Direct clinical social workers to strive to apply an accessibility framework to services.
    b. Respect the core principles of independence, dignity, integration, and equal opportunity for clients with disabilities.

Professional Environments

Agencies providing clinical social work services and clinical social workers in private or independent practice must develop and implement written policies that describe their office procedures, such as the client's rights, including the right to privacy and confidentiality, notices and authorizations, procedures for release of information, fee agreements, procedures for payment, cancellation policy, and coverage of services during emergency situations or when the clinical social worker is not available. These policies shall be made available to and reviewed with each client at the beginning of services. Clinical social workers should maintain appropriate liability insurance as outlined in the Board of Examiners policy and any social worker in private practice must carry and have a current working knowledge of risk management issues.

Proposed Regulatory Tool

1. Update standards on need to have policy and procedure for billing practices, cancellations, and client rights.
2. Model of possible policies that can used by clinical social workers.
3. A guideline on client's rights.

Documentation

Clear and accurate documentation on the work with clients is an essential aspect of clinical social work practice. Clients should have the opportunity to be engaged in dialogue about the content and the usage of assessment process and file records about their lives. Standardized and technology driven assessment tools that so often focus on problems should not replace a balanced commentary based on quality dialogue and informed consent. It is central to reflective practices that social workers acknowledge that assessments and documentation carry power. Documentation should be reflective and outline the cognitive processes of the clinician.

Proposed Regulatory Tool

1. New Standards of Practice that:
    a. Provide informed consent regarding how the documentation will be utilized.
    b. Consider when client input on documentation would be considered.

c. Requirement of supplementing standardized assessments with contextual analysis.

d. Provide greater clarity on social workers legal and ethical obligations when documents are subpoenaed for justice proceedings.

e. The use of documentation in the family context.

f. The use of documentation when working with involuntary clients.

g. The importance of integrity in the documentation process.

Professional Development

Clinical social workers must demonstrate 'reflexivity' through the development of self-awareness and agency to take an active role in the knowledge-making process. This is facilitated through an examination of theory and practice used to make sense of ambiguous and complex situations in practice. Supervision and consultations are imperative to reflexivity.

Proposed Regulatory Tool

1. Policy requiring supervision and consultation hours as part of professional development program in order to renew registration.

Consultation Feedback

Consultations happened throughout the month of April with various groups and organizations being sought for feedback on the initial proposal; these included Black social workers, Indigenous social workers, social workers working for the IWK and NSH, Private Practitioners and those in general practice. There were several core themes that emerged during the consultation.

First, there was general support for the creation of a clinical scope of practice; there were many comments made that having a clear definition and scope will support and strengthen clinical social work. In most cases social workers participating in the consultations felt that the scope was inclusive of their practice and represented the unique lens that social work brings to the provision of mental health and substance use services within Nova Scotia. There were concerns raised though about how some of the provisions aimed at strengthening a bio-pyscho-social-spiritual lens will contrast with the expectation in the health systems and the impact this might have on social workers in terms of tensions already felt regarding the pull between social work values and the bio-medical lens. There was also a critique that if the title of “clinical” was removed from the proposal the scope could easily read as generalist social work practice.

There were several core areas that were of concern to members regarding the details of the proposal such as issues related to grandparenting and what positions particularly within the health systems would be considered clinical. Second, there were concerns regarding an unintended consequence of creating more barriers to recruit clinical social workers, particularly in rural Nova Scotia given that many social workers already must complete candidacy and adding more supervision, or another regulatory requirement, could disincentivize social workers from entering clinical social work. There are also questions raised about how this would impact those in private practice, particularly around relationships with insurance companies.

There were also concerns raised by Indigenous clinical social workers regarding process for the development of this proposal. Participants strongly noted that Indigenous people in Nova Scotia, have unique mental health and substance use needs; the legacy of colonization and continuation of colonial policies, the impact of intergenerational trauma, our systems (including social work) are strongly embedded in white supremacy. Also, it was noted that there are barriers for Indigenous BSW educated social workers to continue to pursue the educational requirements for clinical social work practice. It was concluded that more direct engagement was needed with various Indigenous representatives and groups to better understand the public interest requirements regarding the provision of clinical social work services with Indigenous peoples. It was stated that engagement was needed here to ensure the proposed clinical social work scope meets these needs and is in their interest. It was additionally conveyed that clinical social workers must be able to operate through a two-eyed seeing approach.

Capacity of Clinical Social Work Supervisors

At the root of the consultations there were two primary concerns that were frequently raised.

The first was around clinical supervision, while most recognized the importance of good nurturing clinical supervision, there are several concerns raised around who would provide this supervision, if there were enough social workers in a position to provide this guidance and assessment. In addition, how would the NSCSW ensure that those in a position to provide clinical supervision were qualified and supported so that they would not burnout. There were some suggestions made regarding the need for clinical supervision to happen outside of workplace supervision, which particularly in the large health systems, does not guarantee supervision by a clinical social worker.

There were also concerns raised regarding whether current social workers practicing clinically would be able to provide guidance and assessment rooted in a **social justice perspective** as outlined in the scope. A suggestion was made that to decrease burnout and incentivize clinical social worker supervisors to provide good robust guidance and assessment that provision in policy be outlined regarding a payment structure for clinical supervision. This was particularly important for Black clinical social workers, to which there are only a few, who wish to be able to provide this guidance and assessment but are concerned about their long-term capacity to maintain this supervision. It was shared that a fee for clinical supervision would encourage more clinical supervisors to develop their supervision skills to provide robust services, while maintaining the integrity of the proposed clinical scope of practice.

The Use of the DSM

While many social workers agreed with the assessment of the clinical committee regarding the limitations and the use of the DSM and diagnosing within social work practice, there were some participants who challenged the NSCSW proposal for being ideological and not representative of where the current systems and structures are. Some participants made the case quite clearly that the lack of legal authority for social workers to diagnose impacts client care and that the language of diagnostic impressions did not go far enough for those practicing clinically to meet the needs of their clients. There were examples given, regarding how clients currently access needed services such as educational supports access, medical services and medication, and the fact that access to programs is often based on a diagnosis. Some participants articulated that it renders clinical social workers less effective if they are not able to diagnose as it impacts clients access to the programs that are currently available.

While it was clearly recognized that the DSM is far from the best tool to be assessing mental health, it is the dominant tool utilized in Nova Scotia. The absence of a specific social work assessment tool regarding mental health and substance use means that without some form of recognized assessment, regardless of how robust and wholistic a social work assessment may be, professionals outside of the social work profession struggle to accept these assessments. While participants in the consultations recognized there must be much more work done to transition to a bio-psycho-social-spiritual model of care in Nova Scotia, limiting clinical social workers ability to diagnose in the short term has a negative impact on client care as often clients may have to seek multiple assessments to get the services that they require.

While folks involved in the consultation seemed to indicate support for the proposal there were many questions regarding the details of the policies that would follow and the impact that these

would have on the systems that social workers work within as well as impact on individual social workers.

Legal Review

A legal review of the initial proposal conducted by the NSCSW's legal team led by Ryan Baxter at McInnes Cooper revealed the following assessment of the Clinical Proposal.

Mental health diagnosis is a controlled act. The authority to perform a controlled act is grounded in a profession's applicable legislation. Customarily, mental health diagnoses were carried out by physicians and psychologists.

Increasingly, social work regulators are adopting diagnosis as part of the scope of practice of social work. Variations remain, however, among social work practice across Canada pertaining to diagnosis. The social work regulators in Alberta, British Columbia, and Saskatchewan have each amended their respective legislation and/or regulatory framework to expressly include diagnosis within the scope of social work practice. Further, the regulators in these jurisdictions have implemented separate clinical registries for Registered Clinical Social Workers. In these jurisdictions, Clinical Social Workers hold advanced clinical certifications that allow them to independently use the Diagnostic and Statistical Manual of Mental Disorders (DSM) in order to make a mental health diagnosis. Clinical Social Worker is also a protected titled in these jurisdictions.

In Nova Scotia diagnosis is a controlled act within the *Medical Act* and the *Psychologists Act*. Presently, the *Social Workers Act* and Regulations are silent with respect to diagnosis and diagnostic impressions.

Diagnosis vs. Diagnostic Impressions

The College views the distinction between diagnosis and diagnostic impression as follows:

> "Diagnostic impression" is the opinion of the therapist upon initial presentation of the client symptoms.
>
> "Diagnosis" is the final opinion of illness, used to prescribe a course of treatment.

The DSM appears to categorize a diagnostic impression as a provisional diagnosis.

For example, page 23 of the DSM-V states that the specifier "provisional" can be used when there is a strong presumption that the full criteria will ultimately be met for a disorder but not enough information is available to make a firm diagnosis. The clinician can indicate the diagnostic uncertainty by recording "(provisional)" following the diagnosis. For example, this diagnosis might be used when an individual who appears to have a major depressive disorder is unable to give an adequate history, and thus it cannot be established that the full criteria are met.

The DSM-IV-TR states that "provisional" may be used where there is enough information available to make a "working" diagnosis, but the clinician wishes to indicate a significant degree of diagnostic uncertainly.

Some jurisdictions have definitively interpreted “diagnostic impression” as the equivalent to provisional diagnosis. For example, the Missouri Department of Mental Health determined in 2007 that the only difference between diagnosis and diagnostic impression is the degree of certainty, not the credentials of the person making the decision [https://dmh.mo.gov/media/pdf/diagnostic-impression].

Overall, it appears that a diagnostic impression constitutes an initial or early type of diagnosis. Accordingly, a social worker providing diagnostic impressions is likely engaging in a form of diagnosis.

Current Legislated Scope of Social Work Practice

A legislated scope of practice refers to the professional services a regulated professional is authorized to perform pursuant to the applicable legislation.

The legislated scope of practice of social work in Nova Scotia is set out at section 5A of the *Social Workers Act*.

Section 5A(1) of the *Social Workers Act* provides that the practice of social work includes the: provision of professional services to clients through the use of social work knowledge, theory, skills, judgement and values acquired through a program from an approved faculty of social work.

Accordingly, professional services taught through a program from an approved faculty of social work may fall within the scope of practice of social work.

Section 5A(2) provides examples of the type of professional services that fall within the scope of social work practice:

> (a) intervention through direct contact with clients, including assessment, case management, client-centered advocacy, education, consultation, counselling, crisis intervention and referral;
>
> (b) community development founded on the principles of social justice that focus on mobilizing individuals to employ their skills to effect community change by community capacity building and community- based participation research; and
>
> (c) direct or indirect provision of administrative, educational, policy or research services including
>
> (i) the development and promotion of social policies focused on improving social,
>
> (ii) conditions and promoting social justice,

(ii) the development, the provision and the administration of social-work services programs, and

(iii) the supervision of individuals providing social work services; and

(d) such other activities as may be prescribed by the regulations.

None of the listed activities include diagnosis or diagnostic impressions.

However, the list of activities set out in the *Act* is not exhaustive. The scope of practice of social work in Nova Scotia also includes:

(i) the provision of professional services to clients through the use of social work;

(ii) knowledge, theory, skills, judgement and values acquired through a program from an approved faculty of social work; and

(iii) such other activities as may be prescribed by the regulations.

Accordingly, we must also examine whether diagnosis or diagnostic impressions falls within either of these categories.

I. Taught at an approved faculty of social work

Pursuant to subsection 5A(1), the practice of social work includes the provision of professional services to clients through the use of social work knowledge, theory, skills, judgement and values acquired through a program from an approved faculty of social work.

Arguably, if diagnosis and/or diagnostic impressions are considered a professional service within social work and taught at an approved faculty of social work, they may fall with the scope of practice of social work in Nova Scotia.

However, diagnosis is a controlled act within the medical and psychology professions in Nova Scotia (as further discussed below). Accordingly, in the absence of statutory language, it may be a challenge to reasonably consider diagnosis or diagnostic impressions to be a professional service within the social work profession. In most jurisdictions where diagnosis is recognized as a professional service within social work, it is expressly provided for within the legislation. We understand that diagnosis is taught at some approved faculties of social work.

II. Activities prescribed by the Regulations

At first glance, it may appear that section 5A(2)(d) provides the College authority to prescribe additional activities by regulation. The meaning of this section does not stretch that far, however. The section states that activities prescribed by regulation may be included within the scope of professional services, but it does not grant the College authority to prescribe any such additional activities.

The next step is to consider whether the College has authority elsewhere within the *Social Workers Act* to prescribe additional activities by regulation. This brings us to section 20 of the *Social Workers Act*, which lists the subjects and areas where Council may make regulation. Expanding the scope of practice by prescribing additional activities is not among the areas over which the Council enjoys regulation making authority.

This leads to the question: why are professional services defined to include activities as may be prescribed by regulation if Council lacks authority to prescribe other activities? Other than to state that this is an inconsistency within legislation originally passed in 1993, there is no satisfactory answer to this question.

Subsection 20(f) of the *Social Workers Act* provides authority for the College to make regulations respecting such other matters as the Council considers necessary or advisable for the more effectual discharge of the functions or exercise of the powers of the Board. We do not believe that this general authority regarding the functions or exercise of the powers of the Board extends to expanding the scope of the profession. Expanding the legislated scope of practice is not an incidental power of the Board.

Diagnosis Within Nova Scotia

In Nova Scotia, diagnosis is a control act restricted to medical practitioners and psychologists. Diagnosis is expressly included within the legislated scopes of practice for both professions. Nova Scotia's *Medical Act*, SNS 2011, c 38

Section 2(af) of the *Medical Act* states:

"practice of medicine" means the practices and procedures usually performed by a medical practitioner and includes;

> (i) the art and science of the assessment, diagnosis or treatment of an individual,
>
> (ii) the related promotion of health and prevention of illness, and
>
> (iii) such other practices and procedures as taught in universities or schools approved by the Council for licensing purposes under this Act and regulations.

Nova Scotia's *Psychologists Act*, SNS 2000, c 32

Section 2(l) of the *Psychologist Act* states:

"psychology" includes

> (i) the practice of examining the behaviour of children and adults,
>
> (ii) diagnosing psychological and emotional disorders,

> (iii) providing consultation and therapy,
>
> (iv) counselling individuals, groups and organizations to enhance physical and mental health and to achieve more effective personal, social and vocational development and adjustment,
>
> (v) teaching and applying psychological theory and principles regarding behaviour and mental processes such as learning, memory, perception and human development, and
>
> (vi) designing, conducting and communicating the results of psychological research.

The *Medical Act* contains a clause that exempts certain activities from the legislation, including:

> the practice of any health profession authorized pursuant to an Act of the Province, by a health professional authorized by such Act and practising within the authorized scope of practice of that person's profession and individual scope of practice, if such person does not describe their practice as "the practice of medicine".

Accordingly, if diagnosis was within the authorized scope of social work practice, there would be no conflict for social workers to engage in the controlled act of diagnosis.

The *Psychologists Act* contains no similar exemption.

Legal Team Conclusion

In order to advance and effect this Proposal legislatively, we recommend that the College pursue amendments to the *Social Workers Act* to include a definition of "clinical practice" that encompasses diagnostic impressions and psychotherapy. Consideration should also be given to amendments that enable the Council, or the Minister at the very least, to modify the scope of social work practice and clinical practice on an as-needed basis. Requiring legislative amendments to modify or expand the scope of practice each time the profession evolves, or changes is inefficient and does not allow for "nimble" regulation. The *Nursing Act* contains similar provisions, so this would not be a new concept for government.

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Appendix A: A global environmental scan of Clinical Social Work

What are the requirements (if there are any) for practicing Clinical Social Work around the world?

North America

United States

Definition of Clinical Social Work: National Association of Social Workers (NASW) describes clinical social work as focusing on the "assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances."

Requirements**:** The following are requirements for practicing clinical social work: a master's degree from an accredited program, a minimum of two years or 3,000 hours of post-master's degree experience in a supervised clinical setting, and a clinical license in the state of practice. Additionally, clinical social workers should receive professional clinical social work supervision in the first five years of their professional experience.

Canada – Alberta

Definition of Clinical Social Work**:** "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."

Requirements**:** There are different streams a student can go through to apply to the clinical social work program in Alberta

- Pre-supervision and Post-supervision
    - Must pass the ASWB clinical exam
    - Minimum qualifications to apply for clinical social work program (p. 6, 11, 12):
- Pre-supervision
    - Be an RSW, on the general registry and in good standing, with the ACSW
    - Hold a minimum of a master's degree in social work
    - Completion of coursework in 3 areas: (1) human behaviour and development from a biopsychosocial perspective, (2) assessment, diagnosis, and treatment planning, (3) psychotherapy and clinical practice including evidence-based approaches
- Post-supervision
    - Minimum of 5 years post-MSW clinical social work practice which must include at least 3,000 post-MSW direct clinical practice hours

- Demonstrate having received 100 hours of post-MSW clinical supervision by an advanced clinical practitioner
- 2 letters of reference from regulated health professionals who have direct knowledge of the applicant's safe and competent clinical social work practice within the last 3 years, at least one of which must be a clinical social worker

Canada – British Columbia

Definition of Clinical Social Work**:** "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 organization or in private practice."

Requirements

- MSW or Doctoral degree in social work
- Requires proof of course work in three areas: (1) human behaviour and development, (2) assessment and diagnosis, (3) psychotherapy and clinical practice
- Evidence of 3,000 hours of post masters or doctoral supervised clinical social work practice
- 2 clinical reference letters (registered social worker, psychiatrist, other physician, or registered psychologist)

Europe

A general search of the word 'clinical social work' or 'clinical social work requirements in (insert country)' shows that there is a lack of information regarding this program. Based on preliminary searches, it can be suggested that the clinical social work program has not made its way fully into European countries. BSW and MSW degrees are available but there is not much information on whether clinical social work is available. Language barriers are important to consider as the program may be under a different term. Additionally, preliminary searches revealed that 'social services' degrees were usually available in the absence of a social work degree—suggesting that social work might be under this term or that social work was not available at all.

Austria

Definition of Clinical Social Work**:** FH Campus Wien in Austria defines their clinical social work program as covering "the social dimension of health. You will learn about the consequences of socially induced illnesses based on actual case work. In interventional social therapy you will learn to apply effective measures. In social psychiatry you will discover how you can contribute to mental health through social work. You will specialize in the field of non-compliance or hard to reach clients and thus extend your expertise in the fields of safety and social prevention."

Requirements:

- Bachelor or similar qualification from an institute of higher education with a total of 180 ECTS credits
- Diploma from an academy of social work
- Equivalent certification from abroad
    - A paper done by the Austrian Association of Social Workers titled "Social Work in Austria" showcases a lack of title recognition that Austrian social workers have tried to deal with for decades:

        > *The struggle for establishing social work as a profession still isn't completed. Social work in Austria needs a professional law, recognising social work as an independent profession, which is not a psychologist, not a psychotherapist, not a nurse, not a housekeeper, not a guardian and not a pedagogue, but social worker.* (p. 6)

        In these lines, we can see how Austrian social workers want title recognition as social workers—independent from professions such as psychologists and psychotherapists.

    - The main concern for social workers in Austria is to be recognized "as an independent and equally accepted profession" (p. 23)

United Kingdom

Definition of Clinical Social Work: N/A

Requirements: N/A

- "Social Work England is a non-departmental public body, operating at arm's length from government…Alongside the sector, we've created professional and education and training standards in partnership with everyone who has an interest in social work. These standards set out the requirements that we expect social workers and social work courses to meet…We also developed our rules, which set out what people can expect from us across appointments, registration, education and training, and fitness to practise."
- A search for approved courses in the UK for a clinical social work program showed zero results.
- The furthest level of education available seems to be a Masters of Philosophy in social work – which can be a precursor to a PhD – allowing a student to explore their interests in a two year program through primarily research.

Germany

Definition of Clinical Social Work:

- ASH Berlin's definition: "Clinical social work is above all suitable for professionals who want to provide psychosocial advice, supervision and treatment and wish to specialise in view of the increasing isolation and exclusion of marginalised, 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."

- Coburg University's definition: "Clinical social work is especially well-suited for specialists who want to work in psychosocial counseling, care, and treatment and for those who specialize in people who are difficult to reach in view of 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, to reflect on it, and to translate it into practical actions. Clinical social work sees itself as a service for people who are struggling to have a dignified life and often fail due to social and institutional barriers."

Requirements:

- Clinical Social Work M.A. in Coburg University
    - Limited to 25 participants.
    - Successful completion of a first professional qualifying university degree at a German university or similar degree at a foreign university.
    - At least one year of full-time, applicable professional experience (in particular psychosocial, pedagogical, medical fields with counseling, treating, and therapeutic responsibilities) or corresponding longer practical experience in a particular experience in a part-time profession. This professional experience must have been gained after completing the first university degree.
    - A contract for a job meeting the requirements of the program's curriculum of at least 15 hours/week or at least the promise of such a contract by an employer (the type of work must be described credibly).
    - Your motivation for the application should be described in a motivation letter, covering your personal goals for studying.
- Clinical Social Work M.A. in ASH Berlin

- “This program is suited for professionals who want to provide psychosocial advice, supervision and treatment and wish to specialise in view of the increasing isolation and exclusion of marginalised, previously difficult to reach people.”

- Clinical Social Work M.A. in Coburg University
  - “Students learn professional counseling and action skills. They acquire a theoretical foundation and practical qualifications for counseling, psychosocial intervention, and sociotherapy.”
  - “Students are enabled to perform self-directed and responsible psycho-social counseling and treatment. The goal is to be able to handle psycho-social stresses, crises, and illnesses through social integration.”

Poland

Definition of Clinical Social Work: In papers where clinical social work is defined, they usually go after the American Clinical Social Work Association (ACSWA) definition, “whose practitioners educated in social-work graduate schools and trained under supervision, master a distinctive body of knowledge and skill in order to bring about the healthy bio-psycho-social functioning of people—individuals, couples, families, groups—of all ages and backgrounds.” (Article from Mariusz and Anna). “The practical use of the idea is defined here as a ‘specific theoretical approach, specific problem, or group of clients’, this way going beyond so-called ‘generalist practice’.”

Requirements: N/A

Spain

Definition of Clinical Social Work: N/A

Requirements: N/A

- Andrés Arias Astray, Director General, from the Universidad Complutense Madrid in Spain had the opportunity to explain more of clinical social work to me in their country.
  - They suggest that there is a “lot of controversy in relation to clinical social work due to the distribution of professional competencies and a constant mobilization against professional associations and psychology faculties” (personal email).
  - In particular, there seems to be a lack of appropriate training and lack of resources available for those to receive appropriate education for this field. For example, they said that in a small school in Madrid there is a “supposed training in clinical social work, but when you investigate who teaches it, all alarms go off because of the *lack of training*. There are some people who pretend to develop clinical social work, but their pretensions are rather those of psychotherapists, which is a title that can be *self-granted* in our country without legal problems.”

- "The training here is very scarce and brief, as there is a lack of adequate comprehensive training. Sometimes, very little knowledge is imparted about intervention models (more often than not disconnected from the daily practice of social work), and absolutely no knowledge of the basics of proper clinical practice (human development, personality, social influence, pathology, assessment, etc.)"

France

Netherlands

Italy

Sweden

Denmark

Difficult to find information on clinical social work in these countries. Social work exists but not much information on clinical social work.

Asia

Japan

Definition of Clinical Social Work: N/A

Requirements: N/A

Hong Kong

Definition of Clinical Social Work: N/A

Requirements: N/A

- HKU SWSA Masters of Social Work program
  - There is no reference to clinical social work in the curriculum or description except for the director's message that says, "We prepare students to lead the fields of clinical social work and social administration and to be change agents in the family, community, organisation, and society."

Korea

Definition of Clinical Social Work: N/A

Requirements: N/A

- Seoul Counseling Centre
  - This website is confusing at first because they have licensed clinical social workers (but from the U.S.) who are working in Korea or through online platform

- The current status and future challenges of social work education in South Korea (In-young Han and Jung-won Lim)
    - The rise of social work is recent in South Korea
        - "A social work education program was first established at Ewha Woman's University in the middle of the 20th century with a limited number of classes in casework." (p. 155)
        - They do not have clinical social work, but it may be under the term "medical social worker or mental health social worker" (p. 162)
            - "With the general social work licensure examination, several specialties, such as mental health social workers, medical social workers, and school social workers, have established their own certification and training programs…The level 1 mental health social workers should hold at least a master's degree in social work/welfare and must be trained by mental health professional agencies for at least 3 years" (p. 162).
            - The different titles suggest a need for an accepted title – or it means that clinical social work has not yet made its way to South Korea.
        - There seems to be more problems with the social work education requirements which might suggest that they are not thinking about clinical social work yet (pp. 166-167)
            - Lack of qualification standards for field experience supervisors.
            - Not enough field education (currently 120 hours versus 1000 hours in most two-years master's programs in the US).
            - The quality of the field education is lacking.
            - Lack of multiculturalism in education (still being taught US related material).
            - Several other areas are still undeveloped – everyone who passes social work license examination automatically receives level 1 certification which allows them to work in social work setting without receiving additional training in social work practices .

Taiwan

Definition of Clinical Social Work: N/A

Requirements: N/A

- **Soochow University Department of Social Work**
    - "The graduate program of social work started in 1992, it had been a field of graduate program of sociology since 1981. There are about 65 graduate students. The goal of this program is to train ***advanced clinical social workers*** with diverse perspectives, policy planners, administrators, and social work researchers to perform leadership roles in their fields."
    - MSW is divided into three major fields: family and private practice, social administration, as well as cultural diversity and the priority areas of welfare

Australia

Australia

Definition of Clinical Social Workers**:** "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 counselling 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 characterised 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, inequalities, 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."

- "A clinical social worker draws on evidence-based theories and methods of prevention, assessment and treatment with a special focus on psychosocial and behavioural problems and disorders. The practice of clinical social work is informed by the broader concepts intrinsic to social work practice such as enhancing the wellbeing of persons in their environment, inclusive of principles of social justice and human rights, person-centred and strengths focused interventions" (p. 3)

Requirements:

- In Australia, clinical social workers are known as "Accredited Mental Health Social Workers (AMHSW)" since the term "clinical social worker" is not yet regulated
- To be accredited as an ACSW, there are six criteria/components (p. 6):
    - Current membership to the AASW
    - Minimum of five years full-time equivalent (post-qualifying) social work practice including a minimum of two years full-time equivalent social work practice experience in clinical social work practice
    - Minimum of two years' full-time equivalent post-qualifying supervision in clinical social work or evidently related field

- Ability to demonstrate how this experience meets the Accredited Clinical Social Work framework both through written and referee statement
- Successful completion of clinical case study task
- Meets the Clinical Social Worker Continuing Professional Development requirements for the membership year. This includes Continuing Professional Development in AASW specified categories, of which 20 hours must be specific to clinical social work
- A CV

Africa

While there is also a lack of clinical social work practice in Africa, there is still discussion on title recognition and mention of clinical social work practice.

Uganda

Definition of Clinical Social Work: N/A

Requirements: N/A

- The IFSW Africa Regional Report 2018 showcases a lack of title recognition with social work practice.
  - "First, very few countries in Africa have legal frameworks that legalize their practice despite having formal studies. This therefore means that employment and practice for social workers remain at the mercy of politicians or institutional heads who have little or no idea of what social work entails."
  - "Other areas of concern are lack of professional expertise in other vital areas such as clinical social work and psychiatric social work. The above challenges are compounded by lack of schools of social work and opportunities for continuous training."