NSCSW Clinical Specialist Practice Guidelines:

Advancing Justice, Inclusivity & Compassion in Clinical Social Work within Nova Scotia

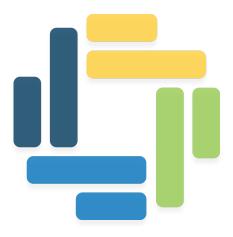




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Introduction

Land Acknowledgement

The NSCSW is in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq, whose inherent rights were recognized in the Peace and Friendship Treaties that were signed from 1725 to 1779. This series of treaties did not surrender Indigenous land, resources or sovereignty to the British Empire, but instead established rules for an ongoing relationship between nations. The treaties were later reaffirmed by Canada in Section 35 of the Constitution Act, 1982, and remain active to this day.

The NSCSW joins our members and our communities in the labour of reconciliation, and we are grateful to live and work together as treaty people in Mi'kma'ki.

Reparations

The College firmly recognizes that reparations are both a moral and material obligation to atone for the deep-rooted history of anti-Black racism within Nova Scotia and the broader Canadian context, which has led to human rights violations and crimes committed against people of African descent . We are unequivocally committed to engaging with our members in proactive efforts toward reparations for the historical enslavement of peoples of African descent and addressing the systemic disenfranchisement faced by African Nova Scotian communities.

Reparations transcend mere monetary redress. They embody a comprehensive approach to healing and justice, addressing crucial areas of injury through five forms of reparation: ¹

- Restitution: We advocate for measures that aim to restore lost rights and statuses, reversing the injuries endured by African Nova Scotians and their ancestors.
- 2. **Compensation:** We support economic recompense to address damages experienced due to employment discrimination, healthcare disparities, and other quantifiable losses.
- 3. **Rehabilitation:** Beyond financial compensation, we champion the restoration of land, and the acknowledgment of stolen intellectual properties, and providing services that foster healing and recovery.
- 4. **Satisfaction:** Our commitment includes the cessation of harms through public apologies, commemorations, and tributes to the victims and survivors of historical injustices, recognizing their enduring impact on families and communities.

¹ Adapted United Nations Human Rights https://www.ohchr.org/en/transitional-justice/reparations



5. **Guarantees of non-repetition**: We pledge to work towards preventing future human rights violations by advocating for civilian control of military forces, adherence to ethical codes of conduct, and promoting awareness and education on these issues.

The history of people of African descent in Nova Scotia is marked by resilience, contribution, and profound influence on the province's social fabric. From the Black Loyalists and the Maroons to the Southern American Black Refugees, the legacies of these communities have indelibly shaped Nova Scotia's cultural landscape. Their stories, marked by perseverance in the face of adversity, are central to our shared history and necessitate both recognition and restitution.

In committing to these principles of reparations, the College aims to honour the significant contributions of African Nova Scotians and ensure a future where equity, justice, and respect for human rights are not just ideals but realities for all. We stand dedicated to transforming this commitment into tangible actions that contribute to the healing, empowerment, and upliftment of African Nova Scotian communities, laying the groundwork for a more equitable and inclusive society.

Background

This document outlines the set of guidelines adopted by the Nova Scotia College of Social Workers (NSCSW) in 2024, specifically designed for clinical specialists. These guidelines aim to serve as a resource for clinical specialists, to support the achievement of professional standards. Furthermore, this document is intended to inform the public about the expectations they should have when interacting with a clinical specialist providing these services. Clinical specialists are required to follow these guidelines, which complement the broader Code of Ethics and Standards of practice.

In all aspects of their professional practice, clinical specialists providing services within Nova Scotia are bound by the NSCSW's Code of Ethics, Standards of Practice and the Nova Scotia Social Workers Act and Regulations.

The NSCSW acknowledges the historical and ongoing influence of social work's involvement in defining and regulating clinical services, especially within economically and racially marginalized communities. It also recognizes the persistence of systems utilizing oppressive language and policies in these areas, and the reality that our members may operate within systems not yet reflective of the NSCSW's values.

Committed to a path of restorative justice and reconciliation, the NSCSW emphasizes the importance of addressing intersectional biases. Our approach to social work is dedicated to anti- oppressive, trauma and violence-informed, anti-colonial, and anti-racist practices.

In light of the profession's colonial and racist legacies, and with a commitment to anti-racist and anti-colonial methodologies and reconciliation efforts, it is imperative that clinical practices work towards these efforts. This commitment underscores the significance of these guidelines in fostering a more just, inclusive, and compassionate approach to social work practice in Nova Scotia.



Self-Assessments of Clinical Competencies

The documentation of a Clinical Specialist's professional abilities, experiences, and competencies is fundamental to the delivery of high-quality care to those they serve, in alignment with clinical social work standards of practice. Clinical Specialists are therefore expected to perform self-assessments in their specialized clinical areas. This is to ensure that clinical specialists obtain further specific training to achieve the requisite level of competence.

Before administering any specified services, whether rooted in social work or involving other disciplinary or multidisciplinary practices, a Clinical Specialist must undertake a self-assessment. This ensures they are fully prepared and adequately skilled to meet the diverse needs of their service users effectively.

Clinical Specialists whose private practice specializations were approved by the Board of Examiners before regulatory changes took effect in 2024 have already completed an equivalent assessment process, and therefore only need to undertake these self-assessments when adding new specializations to their practice.

This guideline is intended to underscore the importance of continuous professional development and self-reflection among Clinical Specialists, ensuring they remain equipped to provide compassionate, comprehensive, and competent care.

Performing Self-Assessments

These assessments should accurately reflect your specialized fields and skill levels within them. They may be rooted in social work practices or linked to other disciplines or multidisciplinary practices.

A tool can aid in conducting this self-assessment. It can provide a snapshot of your current competencies and guide you in identifying areas for improvement, thereby facilitating your professional development.

You should retain records of these self-assessments as long as you remain in active practice; the College may ask for these records if they are needed.

Importance of Accurate Self-Assessments

In case of a complaint, these self-assessment records will be consulted by the College's complaint committee to evaluate your competency in your declared specialization. Therefore, comprehensive and accurate self-assessments serve not only as a tool for professional development but also as a critical benchmark in ensuring accountability and adherence to professional standards.

Clinical Competencies Self-Assessment Tool

This self-assessment tool is designed to help you reflect on your clinical competencies as a social work specialist. Please respond to the following open-ended questions:



Training and Workshops

- 1. **Knowledge Gain**: Can you describe the relevant knowledge you have gained from attending trainings and workshops?
- 2. **Skills Development**: How have these trainings and workshops contributed to your professional skills development?
- 3. **Application**: Can you provide examples of how you've applied the learnings from these trainings and workshops in your practice?

Practical Experience

- 4. **Client Interaction**: Can you share examples demonstrating your effectiveness in performing the specialization and interacting with service users?
- 5. **Problem-Solving**: Can you recount a situation where you successfully identified and solved a problem using the specialization in your practice?
- 6. **Adaptability**: Can you describe a situation where you had to adapt the specialization in your practice?
- 7. **Ethical Practice**: Can you demonstrate how you consistently adhere to ethical guidelines utilizing this specialization in your practice?

Supervision

- 8. **Feedback Reception**: Can you provide an example of a time when you were open to receiving feedback and constructive criticism on this specialization?
- 9. **Feedback Implementation**: Can you share how you've implemented feedback received into the use of the specialization?
- 10. **Self-Reflection**: Can you discuss your process for engaging in regular self-reflection to improve your practice within the specialization?

After completing this self-assessment, identify areas where you need improvements and make a plan. Remember, the goal of this self-assessment is not to achieve perfection but to stimulate growth and continuous improvement.



Use of DSM-5

The guidelines provided specify the required knowledge, values, skills, practical application steps, and ethical considerations for Clinical Specialists who employ the DSM-5 for preliminary assessments as part of their clinical practice.

Clinical Specialists are tasked with conducting a thorough bio-psycho-social-spiritual assessment and case formulation. This process involves evaluating the individual's physical, psychological, social, and spiritual well-being in collaboration with the person concerned.

Clinical Specialists identify or verify the probable mental health condition affecting the individual, taking into account the various factors that influence and prioritize the person's mental health status. In situations where a formal diagnosis cannot be immediately established, the specialist can perform a provisional assessment using the DSM-5. This assessment should then be discussed with the individual, focusing specifically on the critical factors affecting their condition.

Knowledge Requirements

Utilizing the DSM-5 as a Clinical Specialist requires specific knowledge and understanding. Here are some key areas:

- Clinical Specialists must be familiar with the DSM-5 diagnostic criteria and possess a thorough understanding of mental health conditions, including their etiology, presentation, and treatment options.
- 2. Clinical Specialists must have a comprehensive understanding of bio-psycho-social-spiritual assessment and case formulation, addressing the physical, psychological, social, and spiritual aspects of the person and their situation.
- 3. Clinical Specialists must be knowledgeable about various assessment tools, outcome measures, and standardized schedules relevant to their practice area, including those related to psychiatric disability, vocational capacities, age-related matters, forensic issues, and data analysis.

Values

Utilizing the DSM-5 in clinical social work practice, particularly in the context of a bio-psycho-social-spiritual framework, requires Clinical Specialists to embody certain core values:

- 1. Clinical Specialists must demonstrate cultural attentiveness, respecting the diverse backgrounds, beliefs, and values of the individuals they assess.
- 2. Clinical Specialists must uphold ethical principles and adhere to professional standards, ensuring that assessments are conducted fairly, accurately, and responsibly.
- 3. Clinical Specialists must prioritize the safety and well-being of the individuals they serve, identifying and addressing potential risks and vulnerabilities.



Abilities

Utilizing the DSM-5 in clinical social work practice, particularly in the context of a bio-psycho-social-spiritual framework, requires Clinical Specialists to possess certain key abilities:

- 1. Data Collection and Interpretation: Clinical Specialists must have the ability to gather and analyze data from a variety of sources, such as behavioural observations, clinical interviews, psychometric testing, and informal or collateral sources (e.g., family members, teachers, or other professionals). They should be able to synthesize this information into a comprehensive and well-supported report that accurately reflects the individual's needs and strengths.
- 2. Assessment Competence: Clinical Specialists must demonstrate proficiency in their assessment practices, which includes staying up-to-date with current research, best practices, and professional guidelines. They should also be knowledgeable about various mental health conditions and their respective assessment criteria, as outlined in the DSM-5 or other relevant classification systems. Additionally, Clinical Specialists must adhere to minimum education and practicum requirements specific to their area of expertise, ensuring they have the necessary training and experience to provide accurate and reliable assessments. This may involve participating in ongoing professional development, seeking regular supervision or consultation, and maintaining active engagement with the latest advancements in the field of mental health.

Implementation

- Clinical Specialists conduct comprehensive assessments, gathering information from various sources to develop a detailed understanding of the individual's strengths, problems, and situational context.
- Clinical Specialists apply their knowledge and expertise to formulate an accurate provisional assessment, utilizing the DSM-5 criteria, and identify priority factors affecting the individual's condition.
- 3. Clinical Specialists collaborate with the individuals they serve to develop a mutual understanding and agreement about the assessment, intervention, or service plan, setting measurable goals as agreed upon by both parties.
- 4. Clinical Specialists regularly review the assessment and intervention or service plan with the individual to maintain focus on shared understanding of problems and strengths.

Ethical Considerations

1. **Informed Consent**: Clinical Specialists obtain informed consent from the individuals they serve before conducting assessments, ensuring that they are fully aware of the purpose, process, potential benefits, and risks involved in the assessment.



- 2. **Confidentiality**: Clinical Specialists maintain strict confidentiality when handling sensitive information, sharing diagnostic findings only with authorized individuals and in accordance with applicable laws and professional guidelines.
- 3. **Non-discrimination**: Clinical Specialists must ensure that their assessment practices are free from bias and discrimination, treating all individuals with respect and dignity, regardless of their race, ethnicity, gender, age, sexual orientation, religion, or socioeconomic status.
- 4. **Professional Boundaries**: Clinical Specialists establish and maintain appropriate professional boundaries with the individuals they serve, avoiding dual relationships and conflicts of interest that may compromise their objectivity and impartiality during the assessment process.
- 5. **Research-based Practice**: Clinical Specialists utilize research-based approaches and interventions in their assessment and treatment planning processes, drawing on current research, best practices, and professional guidelines to inform their decision-making.



Trauma Specific Therapy

This regulatory guideline details the essential knowledge, values, practical implementation steps, and ethical principles required for Clinical Specialists who offer trauma-specific therapy within their practice.

Under this standard, it is mandated that Clinical Specialists undertake comprehensive bio-psycho-social-spiritual assessments and case formulations. This holistic method includes an assessment of the physical, psychological, social, and spiritual factors affecting an individual, emphasizing collaboration with the person involved.

Knowledge Requirements

Practicing trauma specific therapy as a Clinical Specialist requires specific knowledge and understanding. Here are some key areas:

- 1. Clinical Specialists possess a thorough understanding of trauma and its complexities, including the various factors that influence individuals' experiences, responses, and recovery.
- 2. Clinical Specialists are knowledgeable about the different types of traumatic experiences and their potential effects on an individual's mental, behavioral, emotional, physical, and spiritual well-being.
- 3. Clinical Specialists must be familiar with research-based trauma-specific therapies and assessment strategies, such as, but not limited to narrative exposure therapy (NET), trauma-focused cognitive behavioral therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), and feminist-informed trauma treatment.
- 4. Clinical Specialists providing trauma-specific therapy in private practice must meet minimum standards to ensure competence and quality of care. These standards include:
 - Possessing certification in a recognized trauma-specific therapy or demonstrating that they have met a minimum standard to provide this therapy through alternative qualifications.
 - Participating in multiple professional development activities related to a chosen trauma-specific therapy, ensuring continuous learning and growth in their therapeutic approach.
 - Having a minimum of two years of practice experience in which they have successfully integrated the chosen trauma-specific therapy into their regular practice.
 - Receiving clinical supervision for their chosen trauma-specific therapy, ensuring adherence to best practices and professional guidelines.
- 5. Clinical Specialists understand the importance of resilience and post- trauma growth in the context of trauma recovery and be able to facilitate shared decision-making between the trauma survivor and the Clinical Specialist.



Values

Practicing trauma-specific therapy, particularly in the context of a bio-psycho-social-spiritual framework, requires Clinical Specialists to embody certain core values:

- Clinical Specialists must demonstrate cultural attentiveness in relation to the diverse backgrounds, beliefs, and values of the individuals they serve, ensuring that their trauma-specific therapy practices are culturally attentive.
- 2. Clinical Specialists must prioritize the safety and well-being of the service user they serve, fostering a sense of physical, psychological, and emotional safety throughout the therapeutic process.
- Clinical Specialists must value collaboration and work effectively with professionals, paraprofessionals, and interest holders across systems to enhance positive outcomes for trauma survivors.

Abilities

Practicing trauma-specific therapy, particularly in the context of a bio-psycho-social-spiritual framework, requires Clinical Specialists to possess certain key abilities:

- 1. **Impact of Trauma on Health Outcomes:** Understand the effects of trauma on health outcomes, its contribution to increasing health disparities, and the importance of integrated and trauma-informed care in addressing the needs of trauma survivors.
- Trauma Reactions and Interventions: Appreciate and tailor trauma interventions and assessments
 to account for individual, cultural, community, and organizational diversity. Recognize and address
 personal biases, assumptions, and reactions that may emerge from trauma work and cultural
 differences.
- 3. **Safety and Trust:** Understand how trauma affects a survivor's sense of safety and trust, as well as its influence on their family system, community, and organizations. Apply professional demeanor, attitude, and behavior to enhance survivors' sense of physical, psychological, and emotional safety, while respecting their autonomy and providing protection as needed.
- 4. **Developmental Lifespan Factors:** Tailor assessments and interventions to consider developmental factors at the time of trauma exposure, its duration, and during the current therapeutic contact.
- 5. **Complexities of Trauma-Related Exposure:** Address the complexities of trauma- related exposure, including long-term and short-term effects, comorbidities, housing issues, and personenvironment interactions.
- 6. **Strengths, Resilience, and Growth:** Appreciate, assess, and incorporate trauma survivors' strengths, resilience, and potential for growth into the therapeutic process.



- 7. **Shared Decision-Making:** Facilitate shared decision-making between the trauma survivor and the Clinical Specialist ensuring collaboration in treatment planning and implementation.
- 8. **Self-Reflection and Self-Care:** Recognize the importance of self-reflection, tolerance for intense affect and content, ethical responsibility for self-care, and self-awareness of one's history, values, and vulnerabilities in trauma treatment delivery.
- 9. **Evidence-Based Practice:** Critically evaluate and apply up-to-date, research-supported therapies and assessment strategies for trauma-related difficulties.
- 10. Collaboration and Systemic Work: Understand the value of various professional, paraprofessional, and lay responders in trauma work, and collaborate across systems to enhance positive outcomes for trauma survivors.

Implementation

- Clinical Specialists must conduct comprehensive assessments to understand the effects of trauma
 on the individual's health outcomes, tailoring interventions and assessments to account for
 individual, cultural, community, and organizational diversity.
- 2. Clinical Specialists must apply their knowledge and expertise in trauma- specific therapies to develop and implement research-based treatment plans that address the complexities of trauma-related exposure and its long- and short-term effects.
- Clinical Specialists must facilitate shared decision-making between the trauma survivor and themselves, ensuring that the individual's strengths, resilience, and potential for growth are considered and incorporated into the therapeutic process.

Ethical Considerations

- 1. **Informed Consent:** Clinical Specialists obtain informed consent from the individuals they serve before conducting assessments or initiating treatment, ensuring that they understand the purpose, process, potential benefits, and risks involved in trauma-specific therapy.
- 2. **Confidentiality:** Clinical Specialists maintain strict confidentiality when handling sensitive information, sharing diagnostic findings and treatment progress only with authorized individuals and in accordance with applicable laws and professional guidelines.
- 3. **Non-discrimination:** Clinical Specialists must ensure that their trauma- specific therapy practices are free from bias and discrimination, treating all individuals with respect and dignity, regardless of their race, ethnicity, gender, age, sexual orientation, religion, or socioeconomic status.
- 4. **Professional Boundaries:** Clinical Specialists must establish and maintain appropriate professional boundaries with the individuals they serve, avoiding dual relationships and conflicts of interest that may compromise their objectivity and impartiality during the therapeutic process.



- 5. **Evidence-based Practice:** Clinical Specialists must utilize evidence-based approaches and interventions in their trauma-specific therapy, drawing on current research, best practices, and professional guidelines to inform their decision-making.
- Accountability and Transparency: Clinical Specialists must be accountable for their decisions and actions during the therapeutic process, demonstrating transparency in their communication with the individuals they serve and maintaining accurate documentation of their findings and recommendations.
- 7. **Self-awareness and Self-care:** Clinical Specialists must recognize the potential for personal biases, values, and beliefs to influence their trauma-specific therapy practices, engaging in ongoing self-reflection and self-care activities to ensure their objectivity and emotional well-being.
- 8. **Supervision and Consultation:** Clinical Specialists must seek regular supervision and consultation from experienced colleagues to enhance their trauma- specific therapy skills, address any ethical dilemmas, and ensure adherence to professional standards and guidelines.



Working with Indigenous Service Users

Clinical Specialists' grasp of the profound effect of culture on human behaviour and society has a pivotal role in culturally attentive and inclusive practice. Clinical Specialists are encouraged to acknowledge the inherent strengths within Indigenous cultures and integrate this comprehensive understanding into their work with Indigenous service users. This involves providing services that are culturally attentive, empowering Indigenous individuals and groups, actively combating oppression, racism, discrimination, and inequities, and recognizing one's own privileges.

Clinical Specialists embrace cultural attentiveness engaging in critical self-reflection, recognizing their biases, and committing to perpetual growth. Recognizing service users as the primary experts on their own cultures, dedicating themselves to lifelong learning, and advocating for institutions to foster cultural attentiveness are fundamental aspects of practice.

It is especially crucial for Clinical Specialists to address the profession's historical involvement in systems and policies that have caused significant harm to Indigenous communities, such as the residential school system and the '60s Scoop. Acknowledging the enduring influence of colonialism, Clinical Specialists are required to critically evaluate and understand the colonial mindsets that influence organizational structures and approaches to practice, adhering to the core principles of truth and reconciliation. Displaying moral courage in environments that neglect Indigenous rights or fail to respect Indigenous worldviews is essential. Through critical self-reflection and a dedication to cultural attentiveness, Clinical Specialists commit to decolonizing their practice, ensuring it aligns with the needs and honors the perspectives of Indigenous service users.

Clinical Specialists understand the way mental health and well-being are conceptualized in the person's culture of origin in the person's presentation and be aware of:

- The level of integration of the service user's cultural views on mental health and well-being.
- How to navigate any discrepancies between the service user's cultural perspectives and mainstream Canadian mental health views, aiming for a harmonious integration.
- Approaches for providing culturally attentive support potentially including collaboration with or referrals to multicultural mental health services.

Clinical Specialists need to be aware of how mental illness and health are understood within Indigenous cultures, considering:

- How deeply Indigenous service users resonate with their cultural interpretations of mental illness and health.
- Strategies for reconciling any differences between these cultural viewpoints and dominate Canadian mental health concepts.
- Effective methods for offering assistance through cooperation with or referrals to culturally specific mental health services.



These guidelines are designed to equip Clinical Specialists with the knowledge and skills to offer respectful, culturally sensitive, and effective services to Indigenous service users, honoring their distinct cultural identities and experiences.

Knowledge Requirements

Working with Indigenous service users as a clinical specialist requires specific knowledge and understanding. Here are some key areas:

- **Indigenous Rights:** Acknowledge that the rights of First Nations stem from a blend of longstanding treaties, legislation, self-government, land claims agreements, and evolving court decisions.
- Indigenous Ways of Knowing: Become familiar with core concepts from Indigenous cultures, recognizing that they are varied, such as a spirit-centred worldview, connection to land/creation, connection to ancestors along the path of life continuum, and language as the "voice" of culture. Clinical specialists should learn from Indigenous understandings of wellness and work with First Nations to support recovery in the context of distinct cultures, rights, and circumstances.
- Role of Elders and Traditional Healers: Recognize the vital role of Elders and traditional healers in supporting mental wellness.
- Social Determinants of Health: Recognize and respond to the influence of social determinants on mental health and well-being. This involves understanding how factors like education, income, and employment can affect health outcomes.
- Intergenerational Impact of Colonialism: Comprehend the intergenerational impact of colonialism and assimilation policies like Indian residential schools and the "Sixties Scoop" on the mental wellness of Indigenous peoples.
- Effects of Socioeconomic Challenges: Recognize how poverty, housing shortages, food insecurity, and limited educational and employment opportunities undermine the health and well-being of Indigenous Peoples.
- Impact of Colonization in Urban Centres: Acknowledge that colonization and the impact of intergenerational trauma have also affected Indigenous peoples in urban centres.
- **Jurisdictional Issues:** Recognize that jurisdictional issues result in varying degrees of access to provincially- and federally-funded mental health services for Indigenous peoples in urban centres.
- **Cultural Attentiveness:** Recognize the importance of ensuring access to culturally attentive mental health services that honour the rich cultural diversity among Indigenous peoples.

Values

Working with Indigenous service users, particularly in the context of reconciliation, requires clinical specialists to embody certain core values:



- Holistic Approach: Embrace a holistic, strengths-based approach that promotes hope, belonging, meaning, and purpose.
- **Community Impact:** Acknowledge that family, community, and the broader social determinants of health significantly affect wellness and the effectiveness of clinical social work.
- **Self-determination:** Support self-determination and foster choice across a full spectrum of dominant, cultural, and traditional practices.
- Priority of Needs: Prioritize people's needs above all else. Jurisdictional issues must not impede
 the provision of care and should be resolved once individuals are safe and healthy.
- Advocacy: Champion the rights and well-being of Indigenous peoples, including advocating for policy changes and raising awareness about pertinent issues.
- Commitment to Social Justice: Given the systemic discrimination often experienced by Indigenous
 peoples, strive for social justice and equality, challenging oppressive systems for a more equitable
 society.

Abilities

Working with Indigenous peoples in a context of reconciliation requires Clinical Specialists to possess several key abilities:

- Trauma-Informed Approach: Gain the ability to provide safe and respectful spaces for people who
 have experienced trauma and intergenerational trauma, ensuring that their experiences are
 acknowledged and addressed appropriately in treatment plans.
- Collaborative Practice: Learn to work collaboratively with Elders, traditional practitioners, families, and communities while maintaining sensitivity towards privacy and confidentiality issues that can arise in small communities.
- Anti-Racism and Discrimination: Develop the skills to address racism and discrimination that continue to affect Indigenous people's wellness. This includes understanding how these issues manifest both in individual behavior and within systems and institutions.
- Active Listening: Understand the Indigenous peoples experiences, feelings, and needs to build trust and validate their experiences.
- **Empathy:** Understand and share the feelings of others, helping Indigenous peoples feel understood and supported.
- Advocacy: Stand up for the rights and needs of Indigenous peoples, both within the healthcare system and in broader society.
- Problem-Solving: Assess situations, identify potential solutions, and implement effective courses of action.



- **Flexibility:** Adapt to the diverse identities of Indigenous individuals and communities, tailoring interventions to meet each service user's unique needs.
- **Resilience:** Manage emotional demands and avoid burnout when dealing with service users facing discrimination, trauma, or mental health issues.
- Culturally Attentive Practice: Accept and understand one's own biases and limitations, engage
 with service users with an openness and respect for their distinct identities and experiences, and
 actively pursue education in cultural attentiveness and sensitivity to address existing biases and
 limitations.

Ethical Considerations

- Competence: Social work professionals are expected to operate within their area of proficiency, continuously enriching their understanding of the unique needs and risk factors associated with the Indigenous community.
- 2. **Informed Consent:** It is essential to provide comprehensive information detailing potential risks and benefits linked to various intervention options, which supports the service user's ability to give informed consent.
- 3. **Respect for Autonomy and Dignity:** Upholding respect for Indigenous peoples' inherent dignity and worth is fundamental. Clinical Specialists should collaborate with Indigenous peoples, assisting them in understanding the nature of problematic behaviours, from an Indigenous way of knowing.
- 4. **Confidentiality:** Any personal information related to an Indigenous service user should only be disclosed with their explicit consent.

Reflection Questions

- Do your language, tone, and practice setting convey an understanding of the fear of discrimination often encountered by many in the Indigenous community?
- Have you integrated experiential knowledge into your practice to mitigate discrimination?
- Do you consult with service user on how their personal data is recorded, utilized, and disseminated?
- How do you embody respect for others' choices, especially when these differ from your own personal circumstances?



Working with Service Users of African Descent

Nova Scotia's history is deeply enriched by the contributions of people of African descent, especially during the pivotal periods of the 18th and 19th centuries. This era was marked by the bravery of the Black Loyalists who aligned with Britain during the American War of Independence, the resilience of the Maroons who steadfastly resisted colonial powers in Jamaica, and the fortitude of the Southern American Black Refugees who supported the British in the War of 1812.

For Clinical Specialists working within this historical and cultural framework, a profound understanding of the legacy and contributions of African Nova Scotians is essential. Such context is critical in recognition of the specific adverse effects that anti-Black racism in mental health practices has imposed on African Nova Scotian communities. Over time, policies and mental health care practices steeped in systemic racism have marginalized countless children, youth, families and individuals leading to significant and disproportionately adverse outcomes for communities of African Nova Scotian / African descent.

This historical backdrop of systemic inequities underscores the necessity for Clinical Specialists to address the specific effects of anti-Black racism on the delivery of mental health care. It is imperative to acknowledge how these systemic barriers have not only marginalized African Nova Scotian communities but also hindered access to culturally attentive mental health care. The practice of mental health care delivery in Nova Scotia must move towards a model that is informed by an understanding of these unique historical and cultural contexts, ensuring that services are equitable, accessible, and respectful of the distinct needs of individuals of African descent.

In doing so, Clinical Specialists play a crucial role in dismantling the barriers erected by systemic racism. This involves actively working towards the elimination of biases in mental health care, advocating for policies and practices that recognize and address the specific needs of African Nova Scotian communities, and ensuring that mental health services are delivered in a manner that is culturally attentive and attuned to the lived experiences of individuals of African descent .

By focusing on these critical areas, Clinical Specialists can contribute to a more just and equitable mental health care system in Nova Scotia, one that fully acknowledges and addresses the enduring effects of anti-Black racism and honours the rich history and resilience of the African Nova Scotian community.

These guidelines emphasize the critical role of Clinical Specialists in understanding the profound influence of culture on human behaviour and society. Clinical Specialists are encouraged to recognize the unique strengths within cultures of African descent and incorporate this holistic understanding into their practice with service users of African descent. This entails offering culturally sensitive services that empower individuals and groups, actively addressing oppression, racism, discrimination, and inequities, and acknowledging one's own privileges.

Clinical Specialists are called upon to adopt a stance of cultural attentiveness. This involves engaging in critical self-reflection, recognizing personal biases, and committing to ongoing professional and personal development. Acknowledging service users as the foremost authorities on their own cultures, dedicating themselves to continuous learning, and advocating for institutions to promote cultural attentiveness are essential elements of this approach.



Through this lens, Clinical Specialists are better equipped to provide respectful, empowering, and effective services to service users of African descent in Nova Scotia, honoring their distinct cultural identities and historical contributions.

Clinical Specialists understand the way mental health and well-being are conceptualized in the person's culture of origin in the person's presentation and be aware of:

- The level of integration of the service user's cultural views on mental health and well- being.
- How to navigate any discrepancies between the service user's cultural perspectives and dominant Canadian mental health views,
- Approaches for providing culturally attentive support potentially including collaboration with or referrals to multicultural mental health services.

Clinical Specialists are aware of how mental illness and health are understood within both Black and Indigenous cultures, considering:

- How deeply service users of African descent resonate with their cultural interpretations of mental illness and health.
- Strategies for reconciling any differences between these cultural viewpoints and dominant Canadian mental health concepts.
- Effective methods for helping through cooperation with or referrals to culturally specific mental health services

These guidelines are designed to equip social workers with the knowledge and skills to offer respectful, culturally sensitive, and effective services to Indigenous service users, honoring their distinct cultural identities and experiences.

Knowledge Requirements

Working with service users of African descent as a Clinical Specialist requires specific knowledge and understanding. Here are some key areas:

- **Understanding Assumptions:** Clinical Specialists must be aware of how preconceived notions about service user of African descent can affect their responsiveness and effectiveness. This includes understanding the possible effects of migration, seeking refuge, trauma, and separation.
- Afrocentric Social Work Practice: Clinical Specialists who deliver services service user of African
 descent should have an understanding of Afrocentric social work practice. This approach
 emphasizes the importance of African values, traditions, and experiences in informing therapeutic
 interventions and strategies. It encourages a holistic view that acknowledges the effects of historical
 and societal factors on individual well-being. By integrating this knowledge into their practice,
 specialists can provide culturally sensitive and appropriate care to these communities.



- Community Knowledge: It's crucial to familiarize oneself with local communities, including the available community supports and resources. Additionally, understanding the distinctions between African Nova Scotians and Black Nova Scotians is vital. Black Nova Scotians typically have a more direct lineage to Africa or other parts of Canada and the world, often through recent immigration, while African Nova Scotians trace their roots back to various origins, including early African settlers, enslaved people, and Black Loyalists. Recognizing these differences is key to appreciating the diversity within these communities.
- Social Determinants of Health: Recognize and respond to the influence of social determinants on mental health and well-being. This involves understanding how factors like education, income, and employment can affect health outcomes.
- Cultural Differences: Be mindful of cultural differences in expressions of distress, symptom
 presentation, and models of health and illness. Cultural background can significantly influence how
 individuals express and interpret distress. For instance, service user of African descent may
 express emotional distress through physical symptoms, while others might emphasize emotional or
 psychological expressions. Understanding these cultural nuances can help clinical specialists
 accurately interpret and respond to the distress signals service users of African descent.
- Culturally Attentive Practice: Recognize the importance of ensuring access to mental health services that are culturally attentive and honor the cultural diversity among service users of African descent.

Values

Working with service users of African descent, particularly in the context of ending anti-Black racism, requires clinical specialists to embody certain core values:

- Holistic Approach: Embrace a holistic, strengths-based approach that promotes hope, belonging, meaning, and purpose.
- Community Impact: Acknowledge that family, community, and the broader social determinants of health significantly affect wellness and the effectiveness of Clinical Specialists.
- **Self-determination:** Support self-determination and foster choice across a full spectrum of mainstream, cultural, and traditional practices. We believe this is essential to enhance the effectiveness of Clinical Specialists and empower individuals in their healing journeys.
- Priority of Needs: Prioritize people's needs above all else. Jurisdictional issues must not impede
 the provision of care and should be resolved once individuals are safe and healthy. This value
 underscores our commitment as social work clinical specialists to prioritize individual welfare over
 administrative concerns.
- **Advocacy:** Champion the rights and well-being of service users of African descent, including advocating for policy changes and raising awareness about pertinent issues.



• **Social Justice**: Given the systemic discrimination often experienced by Black and African Nova Scotian, strive for social justice and equality, challenging oppressive systems for a more equitable society.

Abilities

Working with service users of African descent in the context of Nova Scotia's embedded anti-Black racism requires Clinical Specialists to possess several key abilities:

- 1. **Trauma-Informed Approach:** Gain the ability to provide safe and respectful spaces for people who have experienced trauma and intergenerational trauma, ensuring that their experiences are acknowledged and addressed appropriately in treatment plans.
- Assessment and Intervention: Clinical Specialists should be adept at assessing the effects of
 culture and race and designing interventions that take into account the unique needs and
 experiences of service users of African descent.
- 3. **Use of Interpreters and Cultural Brokers:** Utilize interpreters, cultural brokers, settlement workers, and faith leaders to support a person's intervention plans.
- 4. **Anti-Racism and Discrimination:** Develop the skills to address racism and discrimination that continue to affect Indigenous people's wellness. This includes understanding how these issues manifest both in individual behaviour and within systems and institutions.
- 5. **Active Listening:** Understand the service user's experiences, feelings, and needs to build trust and validate their experiences.
- **6. Empathy:** Understand and share the feelings of others, helping service users feel understood and supported.
- 7. Advocacy: Stand up for the rights and needs of service users of African descent, both within the healthcare system and in broader society.
- **8. Problem-Solving:** Assess situations, identify potential solutions, and implement effective courses of action.
- 9. **Flexibility:** Adapt to the diverse identities of service users of African descent, tailoring interventions to meet each client's unique needs.
- **10. Resilience:** Manage emotional demands and avoid burnout when dealing with service users facing discrimination, trauma, or mental health issues.
- **11. Culturally Attentive Awareness:** Embrace an understanding of personal biases and limitations, engage with service users in a manner that is open and respectful towards their distinct identities and experiences, and actively pursue education in cultural attentiveness and sensitivity to address and overcome these biases and limitations.



Ethical Considerations

- Competence: Clinical Specialists are expected to operate within their area of proficiency, continuously enriching their understanding of the unique needs and risk factors associated with the Indigenous community.
- Informed Consent: It is essential to provide comprehensive information detailing potential risks and benefits linked to various intervention options, which supports the service user's ability to give informed consent.
- 3. **Respect for Autonomy and Dignity:** Upholding respect for Black and African Nova Scotians inherent dignity and worth is fundamental. Clinical Specialists should collaborate with Indigenous peoples, assisting them in understanding the nature of problematic behaviours, from an Indigenous way of knowing.
- 4. **Confidentiality:** Any personal information related to a service user of African descent should only be disclosed with their explicit consent.

Reflection Questions

- Does your language, tone, and practice setting communicate an understanding of the fear of discrimination often faced by many in the service users of African descent?
- Have you incorporated experiential knowledge into your practice to lessen discrimination?
- Do you consult with service users on how their personal data is recorded, used, and shared?
- How do you demonstrate respect for others' decisions, particularly when these differ from your own personal situations?



Working with 2SLGBTQIA+ Service Users

Clinical Specialists must ensure safe and affirming practices for 2SLGBTQIA+ service users. This is not just an ethical imperative but a necessity for fostering healing and support. Clinical Specialists are thus strongly encouraged to pursue further education in this critical area. Such education equips practitioners to offer 2SLGBTQIA+ affirmative care that is not only trauma-informed and culturally attentive but also aligns with our code of ethics and standards of practice.

The criminal code of Canada sets a clear precedent by explicitly prohibiting any practices, treatments, or services aimed at changing, repressing, or reducing an individual's sexual orientation, gender identity, or gender expression. This prohibition of conversion "therapy" reflects a fundamental understanding: heterosexuality is not the sole norm, and a person's gender identity is not determined solely by their sex assigned at birth.

Conversion therapy offenses, including providing, promoting, benefiting from, or facilitating such practices, especially when involving minors or abroad, are now prosecutable under criminal law. This legal stance underscores the recognition of the inherent harm these practices cause, particularly within healthcare settings, and the pressures from family or authority figures that may compel individuals into such harmful situations.

Understanding the unique harms and risks associated with conversion therapy practices is crucial for clinicians working with 2SLGBTQIA+ populations. This understanding forms the foundation of providing safer care, acknowledging the complex web of trauma that survivors may face, including historical, intergenerational, insidious, complex, religious, and other forms of trauma that disproportionately affect BIPOC and immigrant communities.

Recognizing the importance of human relationships is paramount. Social workers operate with a deep understanding of human behaviour within a social context, placing the well-being of others at the center of practice. The relationship between the social worker and the service user is foundational, facilitating change and healing through mutual respect, recognition of the service user's uniqueness, and prioritizing their needs above all.

Clinical Specialists are tasked with translating knowledge into practice with a keen awareness of the commitment to human rights. This involves exploring the service user's perceptions of their challenges and strengths, taking into account their comprehensive needs: physical, emotional, intellectual, and spiritual. Through this holistic approach, Clinical Specialists ensure interventions are informed by the situational context of the service user, demonstrating respect and avoiding stereotypes or generalizations, especially in involuntary service scenarios.

By adhering to these guidelines, Clinical Specialists commit to a practice that not only respects but actively supports the dignity, rights, and well-being of 2SLGBTQIA+ service users, fostering an environment where healing and empowerment can flourish.



Knowledge Requirements

Providing clinical social work services to the 2SLGBTQIA+ community requires a deep understanding of the unique experiences, challenges, and needs of these individuals. Here are some specific knowledge bases that would be beneficial:

- **Culturally Attentive Awareness:** Understand and respect the diverse emphases on personal independence, familial bonds, and collective harmony across various cultural traditions and contexts.
- Developmental Understanding: Understand the stages of human development and their implications for healing approaches across the lifespan.
- **Health Connection:** Appreciate the link between physical and mental health and understand the specific needs.
- **Expectation Factors:** Recognize the range of factors that influence people's expectations for safety and services.
- **2SLGBTQIA+ Terminology:** Gain a strong understanding of terminology related to gender, sex, and sexual orientation, such as cisqueder, transgender, non-binary, queer, intersex, etc.
- **Identity Spectrum:** Acknowledge the diversity of identities within the 2SLGBTQIA+ community and tailor therapeutic approaches to everyone's circumstances.
- **Gender Dysphoria:** Understand the concept of gender dysphoria the psychological distress experienced by individuals whose gender identity does not align with their assigned sex at birth.
- **Minority Stress Theory:** Familiarize yourself with minority stress theory to better understand the unique stresses faced by the 2SLGBTQIA+ community due to stigmatization and discrimination.
- Intersectionality: Be aware that 2SLGBTQIA+ individuals may also belong to other marginalized groups and that these overlapping identities can compound the challenges they face.
- Affirmative Therapy: Learn about affirmative therapy, a therapeutic approach that validates 2SLGBTQIA+ identities and experiences, opposes heteronormativity, and combats the effects of internalized homophobia/transphobia.
- **Legal and Ethical Knowledge:** Understand the legal and ethical issues surrounding the rights and protections of 2SLGBTQIA+ individuals.

Values

Working with the 2SLGBTQIA+ community as a Clinical Specialist calls for a deep commitment to certain core values and principles. Here are some of them:

• **Diversity Affirmation:** Acknowledge and respect the diverse range of sexual orientations, gender identities, and expressions within the 2SLGBTQIA+ community.



- Inclusivity: Approach each service user without prejudice or bias, creating a safe space for selfexpression without fear of judgment. Foster an inclusive environment where all individuals feel recognized and accepted, using inclusive language, and avoiding assumptions.
- Commitment to Social Justice: Given the systemic discrimination often experienced by the 2SLGBTQIA+ community, strive for social justice and equality, challenging oppressive systems for a more equitable society.

Abilities

Clinical Specialists need to tailor their practice to be responsive to gender differences, sexual orientation, and individual needs when working with the 2SLGBTQIA+ community. They should promote sensitivity to issues associated with gender and sexual identity while developing policies, procedures, and programs to offer equitable access and eliminate discrimination.

Key skills and behaviours include:

- 1. **Trauma-Informed Approach:** Gain the ability to provide safe and respectful spaces for people who have experienced trauma and intergenerational trauma, ensuring that their experiences are acknowledged and addressed appropriately in treatment plans.
- 2. **Inclusive Communication**: Establish rapport using gender-neutral language and the person's preferred pronoun. Explain complex concepts in understandable terms.
- 3. **Active Listening**: Understand the service user's experiences, feelings, and needs to build trust and validate their experiences.
- 4. **Empathy**: Understand and share the feelings of others, helping service users feel understood and supported.
- 5. **Advocacy**: Stand up for the rights and needs of 2SLGBTQIA+ service users, both within the healthcare system and in broader society.
- 6. **Problem-Solving**: Assess situations, identify potential solutions, and implement effective courses of action.
- 7. **Flexibility**: Adapt to the diverse identities and experiences within the 2SLGBTQIA+ community, tailoring interventions to meet each service user's unique needs.
- 8. **Resilience**: Manage emotional demands and avoid burnout when dealing with service users facing discrimination, trauma, or mental health issues.

By developing these abilities, Clinical Specialists can provide effective and compassionate care to their 2SLGBTQIA+ service users.



Ethical Considerations

- 1. **Competence**: Social workers must operate within their level of expertise, continually educating themselves on the unique needs and risk factors associated with the 2SLGBTQIA+ community
- 2. **Informed Consent**: Comprehensive information about the potential risks and benefits of various treatment options should be provided to ensure informed consent.
- Service User Autonomy and Dignity: Respect for service users' inherent dignity and worth is
 essential. Social workers should work in solidarity with service users, supporting their understanding
 of problematic behaviors.
- 4. **Confidentiality**: Information about a service user's sexual orientation, gender identity, or other personal matters should only be disclosed with their explicit consent.

Reflection Questions

- How do your language, tone, and practice environment reflect understanding of the fear of discrimination experienced by many in the 2SLGBTQIA+ community?
- Have you incorporated experiential knowledge into your practice to prevent discrimination?
- Does your practice consult with service recipients on how their personal information is recorded, used, and shared?
- How do you demonstrate respect for others' choices, especially when they differ from your own personal situation?