1-1-2008

Child and Youth Care Practitioners Contributions to Evidence-based Practice in Group Care

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The Role of Competence in Outcomes for Children and Youth: An approach for Mental Health

August 2006

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I. Executive Summary

The primary goal of this project was to establish what exists in the education and training of entry-level child and youth care (CYC) practitioners in Ontario regarding evidence-based competencies focusing on mental health issues. To determine how CYC practice and evidence-based treatment and practices are related the project examined what competencies are required in CYC practice, what competencies are required in CYC practice specific to mental health practice, and how college and university education programs are training CYC practitioners to implement evidence-based practices. Additionally the project provided forums for educators and mental health providers to discuss their impressions, ideas and beliefs as to what future strategies are required to ensure that CYC education and practices are evolving to include the skills necessary to implement evidence-based treatments and practices (EBT and EBP).

The activities of the project focused on the following research objectives:

- Examine how education programs that train CYC practitioners in Ontario position graduates to implement evidence-based practice in child and youth mental health.
- Highlight the competencies of child and youth care practitioners in their roles as change agents in mental health settings.
- Identify the specific practitioner competencies related to child and youth mental health issues.
- Establish a network of educators, employers, and policy makers in Ontario with a common interest in standards of practice for working with children and youth.

The significant outcomes of the project activities were:

1. A model of seven domains of child and youth care practice, which included 298 statements to assess the level of professional competency expected of a child and youth care practitioner upon graduation.
2. A curriculum evaluation tool that used the domains of practice developed by the project to evaluate college and university curriculums.
3. An analysis of the domains of practice competence in a sample of CYC educational programs to identify collectively areas that are strongly represented and those that are missing from pre-service education.
4. Individual analysis and feedback to six college and two university programs as to how their programs could review and adjust their curriculums to correspond to the domains of practice and professional competencies.
5. A beginning network of educators and children's mental health supervisors across the province to discuss issues related to preparation for practice.

Throughout the project there was tremendous interest shown from the children's mental health agency and the college and university representatives. Child and youth care has evolved into a vibrant and energetic profession that clearly requires specific skills, knowledge, education, and training. It also requires the commitment from all stakeholders to ensure that this growth continues, to ensure that those professionals that spend so much time with our children and youth, with serious mental health problems, are adequately prepared to help.

The following ten recommendations developed by project are crucial to this evolution:

1. All Child and Youth Care education programs make use of the Curriculum translation tool developed in this project to compare their curriculum to a given set of standards, in order to identify gaps and areas where the tangible products of curriculum (course outlines) do not reflect the actual intents

2. Standards of Practice need to be developed for the profession of child and youth care in Ontario which link the certification program of the professional association, the vocational standards defined for Child and Youth Worker programs and the college and university education programs.

3. An accreditation process for Child and Youth Care education programs would ensure that the needs and changing practices of the various sectors of the field (including children's mental health) were reflected in curriculum in a timely manner

4. CMHO should consider including within their agency accreditation standards a minimum standard that requires child and youth care practitioners to have a formal child and youth care education

5. Additional research should be undertaken that examines child and youth care career training, practice and supervision of child and youth care practitioners who are providing children's mental health services

6. Research be undertaken that examines and compares training and practice issues for child and youth care practitioners in other service sectors where children with mental health needs are found (e.g. child welfare, social services, health, and education)

7. Research should be undertaken that links the practice techniques and interventions of child and youth care to the already researched EBT and EBP in the children's mental health field so that roles and activities of child and youth care practice can be more clearly defined in relation to EBT outcomes

8. A formal process be established and an organization identified to take responsibility for the review and comment of this report from all stakeholders. The development of a continuous feedback mechanism to enable comment and new information to be collected and re-distributed to all interested parties is essential

9. The report's Executive Summary should be distributed to all stakeholders; including the CMHO, OACYC, the college Child and Youth Worker programs and university programs – the instructors, administrators, and advisory groups for each program, as well as direct dissemination to individual child & youth care practitioners in the field

10. The report should be presented to senior officials in the Ontario Ministry of Children and Youth Services, with the encouragement that ministry officials participate in the ongoing review and development of child and youth care curriculum

II. Introduction

Child and youth care practitioners (CYC practitioners) have the responsibility of the care and treatment for children and youth in a variety of settings and distinct sectors (e.g. health, education, youth justice, mental health, child welfare and social services). The special and unique competencies that are required by entry-level CYC practitioners providing mental health services, as opposed to other care or social services, are the focus of this study.

CYC practitioners in children's mental health provide assessment, interventions and treatment for at-risk children and youth. The capacity of graduates in educational programs is the end result of a composite of elements. These elements include:

- The availability and presence of evidence-based knowledge in the curriculum (knowledge translation)
- The presence of and integration of professional and vocational standards into the curriculum (outcome-based curriculum)
- The effectiveness of educational programs at facilitating the integration of knowledge, standards and skills for entry-level practitioners (curriculum design and delivery)
- The requirements of agencies working with such populations with respect to their program/service needs (agency standards)

The primary goal of this project was to establish what exists in the education and training of entry-level CYC practitioners in Ontario regarding evidence-based competencies focusing on mental health issues. As the project proceeded, it became clear that in order for CYC practice to occur within an evidence-based model, it would be essential for the practitioner to possess a core set of skills and knowledge related to the discipline of child and youth care. There already exist numerous documents detailing the skills and knowledge required for competent practice, but the literature is lacking a conceptual framework for how the domains of practice relate to each other, or how these competencies are specific to issues in children's mental health and/or evidence-based practice.

The secondary goal of the project was to recommend a framework for ensuring that the most current and relevant evidence-based practices for child and youth mental health are taught in post-secondary curriculums graduating CYC practitioners in Ontario. The *Summary and Recommendations* section of this report discusses the framework and recommendations for its implementation.

Project objectives

This project, while focused on Ontario, piloted a process that could be replicated nationally to further the professional regulation of child and youth care practice. The project objectives were to:

1. Examine how education programs that train CYC practitioners in Ontario position graduates to implement evidence-based practice in child and youth mental health.
2. Highlight the competencies of CYC practitioners in their roles as change agents in mental health settings.
3. Identify the specific practitioner competencies related to child and youth mental health issues.
4. Establish a network of educators, employers, and policy makers in Ontario with a common interest in standards of practice for working with children and youth.

Activities

The following activities were undertaken in the implementation of the project:

Phase 1
An analysis of current evidence-based practice as outlined by *"Knowledge Transfer and Implementation of Evidence-based Practice in Children's Mental Health"*.

Phase 2
An assessment of CMHO Stakeholder needs and models of evidence-based practice in relation to entry level skills and knowledge for child and youth practitioners.

Phase 3
An analysis of existing competencies defining CYC practice (3-5 existing documents) against agency needs from Phase 2.

Phase 4
An analysis of CYC curriculum (college and university) against the competencies of Phase 3, and

Phase 5
Framework development: Summary and presentation of the results for stakeholder review and the soliciting of recommendations for the development of a framework to link the various elements.

Project Outcomes

The intended project outcomes were:

i) An analysis of child and youth mental health competencies/curriculum in Ontario child and youth worker programs, to confirm what exists, and recommend necessary additions.
ii) A framework for linking the elements of evidence-based practice and mental health stakeholders in ensuring evidence-based mental health competencies and knowledge for CYC practitioners.
iii) To define:
    a) Expectations of competency for entry-level staff.
    b) Requirements for postgraduate training in Ontario (agencies/colleges and universities).
iv) A model of practice/competency/ curriculum analysis that is applicable for other jurisdictions and other provinces.

The following section on *Findings* outlines the findings of the first four phases of the project and is followed by a *Summary and Recommendations* section that addresses the outcomes of phase 5.

III. Findings

The activities of this project – *The Role of Competence in Outcomes for Children and Youth: An Approach for Mental Health* – have identified how Child and Youth Care practice is positioned in children's mental health services; what knowledge relating to children's mental health and evidence-based practice CYC students need to acquire during their formal education and training; and what ongoing processes could keep the postsecondary curriculums relevant to children's mental health in Ontario[1].

Stakeholder Needs

To assess stakeholder needs the project team reviewed Children's Mental Health Ontario's (CMHO) recently released **Knowledge Transfer and Implementation of Evidence-Based Practices in Children's Mental Health** (Barwick *et al.*, 2005) and used focus groups to meet with supervisors of CYC practitioners in organizations belonging to CMHO. While we recognize that children with mental health issues are found in organizations other than those who are CMHO members, CMHO provided us with ready access to participants, and are leaders in the province in children's mental health issues. The findings reported here are drawn from Barwick *et al*. (2005) and from a thematic, qualitative analysis of five regional focus groups in the province (see Appendix 1 for detailed methodology and Appendix 3 for a list of participants). This section is organized around the specific questions asked in the focus groups and themes that emerged in relation to those questions.

Definitions

CYC Practitioner
In this report the title child and youth care practitioner, or "CYC practitioner" is a broad term which includes holders of child and youth worker (CYW) diplomas, or a BA in child and youth care, certified child and youth counsellors (CYC certified), and those employed in the field as child and youth workers, youth workers, or child care workers. There are numerous other job titles associated with these practitioners. Without legislated regulation of the field, numerous job titles and professional designations are used.

Evidence-based Competence
Refers to the notion that there should be a set of evidence or research which describes what any profession needs in order to create a competent worker. In child and youth care, such evidence was provided through the various documents that were reviewed which describe the current standards of competence that exist in the field.

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1. In using the term CYC practitioner, we are acknowledging that there are no legislated or employer-defined standards for who does this practice and that anyone can be hired. By assessing Child and Youth Worker (CYW) curriculum and University curriculum related to child and youth care and child, youth and family (as we did) we are suggesting that specific education and training is needed and through the project we hope that we have helped the children's mental health field understand what is in that curriculum. In turn, the educators are learning about what the children's mental health field needs for their front-line practitioners as they grapple with "evidence-based practice" (EBP).

What evidence-based treatments are used at your agency?

What EBT Means

Consistent with the findings of Barwick *et al*. (2005), participants were unclear on the meaning of the term evidence-based treatment (EBT) and were also often unclear on the full name of a particular treatment program. More than twenty different treatments or practices were identified by participants as being at some stage of implementation in their mental health programs, including five crisis management training programs for workers. There was no clear delineation between models of treatment (e.g. Cognitive Behavioural Therapy), best practices (e.g. Therapeutic Crisis Intervention (TCI) training), and evidence-based treatments (e.g. SNAP – Stop Now And Plan). In addition there seemed to be no consensus about the difference between using a theorists' ideas and models versus treatments and practices that have been derived from systematic research studies.

Several of the approaches mentioned in response to the question "What evidence-based treatments or practices are used in your agency?" were consistent with child and youth care approaches but there is no systematic research that indicates that these are evidence-based (e.g. life space intervention; Crisis Prevention Institute training in behavioural management). Such themes from the focus groups are consistent with the Barwick *et al*. (2005) conclusion that the role of the CYC practitioner and the nature of their practice is an area that warrants further attention. There is a need to clearly define a role for CYC practitioners through investigating what EBP's and competencies are related to evidence-based treatments.

Evidence-based Treatment

"... a treatment that has been developed through research, is supported by results of controlled treatment studies, and have guidelines and procedures related to its implementation." (Barwick et al. 2005, pg. 81). This "treatment" includes specifically researched and tested (empirically supported) mental health interventions which have undergone group or case study "experiments", and at least 2 studies (or 9 case studies) to demonstrate equivalency or superiority to an already established treatment (including medication).

Evidence-based Practice

"... a body of scientific knowledge about service practices, including referral, assessment, outcome management assessment, quality improvement practices, and case management [and] scientific knowledge about the impact of clinical treatments or services on the mental health problems of infants, children, and adolescents" (Barwick et al., 2005, pg. 7)

The focus groups identified several practice/treatment models which they recognized as being evidence-based. The 10 most frequently identified are:

1. Cognitive Behavioural Therapy (CBT)
2. Therapeutic Crisis Intervention (TCI)
3. COPE
4. SNAP – Stop Now and Plan
5. CPI – Crisis Prevention Institute
6. Brief/Solution Focused Therapy
7. Positive Parenting Program-3 P
8. TAP-C- fire/arson prevention
9. Goldstein's Social Skills
10. Pharmaceutical interventions

Replication of EBT

Some EBTs are difficult to transfer to community settings, but mental health work is often conducted in such settings (Barwick *et al.*, 2005). Focus Group Participants described difficulty applying certain evidence-based treatment models to their settings, since they felt that their clients strengths and needs were not matched well with the program's design and/or because staff in their established programs had difficulty accepting something new within their service delivery. Given the variety of settings within which CYC practitioners work, some EBP/EBT may be more suited to one environment than to another. For example, certain skill training programs may be best delivered in a group setting within a residential care facility, and therefore would be difficult to adapt to a community setting where clients are seen on an individual basis. On the other hand, all CYC practitioners should understand the importance of evaluating client outcomes.

"I struggle with the fact that the models and theoretical orientations that have been researched are not researched in the context of CYC. And therefore taking the model and applying it in CYC is difficult." – Focus Group Participant

Concerns with New Techniques

The field does not keep up to new initiatives and research in a timely fashion (Barwick *et al.*, 2005). Focus Group Participants stated that it was difficult for them to keep up to the ever-changing current trends with regards to evidence-based treatment and practices (EBT/P). Practitioners and educators alike expressed this struggle as a task in itself; to choose an evidence-based model for their program to follow, while always anticipating an upcoming change and/or a push to an entirely different model altogether. Also problematic was the observation that clinical staff are often suspicious of the "science" of therapy (Barwick *et al.*, 2005) and that changes in therapy are very hard to measure. Focus Group Participants worried that the movement towards EBT/P would take away from the creativity of CYC practice. Their concern focused on the idea that the implementation of EBT/P can seem rigid and foreign to the normal artistic flow of the profession. "A better understanding of practitioner's attitudes toward EBP is necessary to address skepticism, distrust, and resistance" (Barwick *et al.*, 2005, pg. 10)

"Change is so frequent regarding EBT/EBP that it is difficult for the schools and agencies to work together." – Focus Group Participant

The Ministry is not clear as to defining "EBP/T" – it's hard for curriculums and agencies to keep up." – Focus Group Participant

"CYW's are often not involved in the evidence-based programs. The thing about EBT is that you have to follow the script. You don't get to be creative and go off the plan. People (CYW's) like to respond creatively to the kid's need. And when you are doing EBP you don't get to go off the plan." – Focus Group Participant

How does your agency utilize child and youth workers in the provision of these evidence-based treatment programs?

An Undiscovered Team Member

CYC practitioners are generally the second, if not the first, largest professional group employed in community treatment centres for children in the province; however, many child and youth care interventions and treatments are not well studied or researched, so the role that CYC practitioners play in the provision of the evidence-based treatments is unclear (Barwick, et. al, 2005). Evidence-based treatments and practices are slowly being introduced into most children's mental health programs. Staff, including CYC practitioners, are expected to be knowledgeable, informed and trained in these treatments and practices according to the Focus Group Participants.

The participants described a wide variation in the practices and treatments that they thought were evidence-based and in the role of the CYC practitioner in providing these treatments or practices. CYC practitioners deliver services in residential treatment programs, but also in early intervention programs, intensive family support models, day treatment programs, foster home settings, young offender facilities, and school-based interventions. They play significant roles on the multidisciplinary teams in these services; in some cases, notably in early intervention and family support, the supervisors consciously hire team members from a variety of disciplines to do the same work and value the child and youth care perspective equally with social work, nursing, or early childhood perspectives.

"We can't teach them all but bringing in current EBT programs and having them be able to do some is important. They need to keep current on the trends. EBT/EBP might be something different three years from now. CYW's are usually the one's doing the program." – Focus Group Participant

"CYW's are the biggest discipline there, they are in absolutely every service that we have. We have them in child and family therapy and all the other programs." – Focus Group Participant

Training and Supervision

What training does your agency provide to child and youth work staff members in terms of mental health issues, intervention skills, and new knowledge? Is that training specific to child and youth work or do other professionals attend?

Ongoing training and supervision for all practitioners in children's mental health programs, including CYC practitioners, is critical according to both Focus Group Participants and Barwick *et al.*, (2005). Training was reported to be very similar across all disciplines in the agencies; CYC practitioners are included in most, if not all, clinical training opportunities in the agencies and additional training programs are designed specifically for CYC practitioners, especially in the area of crisis management and physical restraints.

Concern exists regarding the best methods of training delivery to ensure efficiency and knowledge transfer. Barwick *et al.*, (2005, pg. 106) points out that 56% of executive directors believe that staff have trouble applying the concepts learned at conferences, and that video/teleconferencing are not ideal methods for training. Such methods lack the preferred face-to-face interactions that are more supportive of learning.

"Look for new grads to have a basic understanding of supervision (knowledge) and the value of supervision and how it enriches the work that you do and the service delivery. We will teach them the specific model; they need to appreciate the importance of it." – Focus Group Participant

"We are moving toward requiring the first 90% of TCI [for all staff], not necessarily to be part of the restraint part. All staff for first portion but don't do the hands on. Other than CYC they are not allowed to use it." – Focus Group Participant

What training does your agency provide child and youth work staff members in terms of evidence-based treatment for children and/or adolescents? Is that training specific to child and youth work or do other professionals attend?

Supervisors reported that they preferred to use agency based training for EBT/P and did not expect educational programs to cover specific methods, but rather to address general skills to support those methods (e.g. group facilitation skills, skills in taking a methodology from 'paper' to 'practice').

What model of supervision is utilized in your agency for child and youth workers?

Supervision was reported to be substantively different for CYC practitioners when compared to other clinical staff members. All participants were supervisors of CYC practitioners and each recognized that their staff needed support, encouragement, and a clear sense of the 'use of self' in relation to their clients; this was best reviewed in the supervision process.

There were distinct differences in supervisory approaches among participants related to the frequency of supervisory meetings (from weekly to monthly), and the nature of the connection between the supervision process and formal performance appraisals. Participants believed that younger, more inexperienced CYC practitioners needed more frequent and intense supervision than those who had been in the field longer; however there was no evidence presented, in any of the groups, that this belief has any foundation in research. Participants furthermore distinguished between clinical supervision and administrative supervision, and often reported that two different people performed these supervisory functions. They also described some peer or group supervision processes in relation to clinical supervision. Such themes surrounding training and supervision are key when considering the implementation of a systematic method of delivering EBT/EBP to clients within any children's mental health setting. It is important to support and monitor staff in learning new skills/practices or how to deliver an evidence-based model of practice.

"MSW's come in with case notes, books and a pen and the CYW's don't' have paper or pen. With CYW's it's about team dynamics and program issues and we need to push them to look at the clinical issues of their clients." – Focus Group Participant

"A big difference for us is the team supervision for CYW's. Other teams get together and share a common experience, but it's not about working together and the clinical and interpersonal obstacles that are the minefield." – Focus Group Participant

"Regular monthly supervision seems to be sufficient for seasoned workers as I see them monthly on a regular visit. Reflective processes are helpful in terms of their own clinical development." – Focus Group Participant

"We meet as a team weekly to deal with the clinical issues around clients that we are working with and peer feedback on clinical/case issues, and then performance issues are dealt with separately in an individual session." – Focus Group Participant

Do you think that there are any gaps in the formal education of child and youth workers in relation to children and adolescent mental health? If so, what?

Hiring New CYW Graduates

To understand the role of educational institutions in preparing the CYC practitioner for a children's mental health setting one must consider several points raised by the Focus Group Participants. First, new CYW graduates are rarely hired directly into full time positions in children's mental health programs. Most often, they are hired into relief positions as a result of their practicum experience in the agency, and from there, they proceed to a full-time position. Focus Group Participants stated that college placement students in their agencies were natural choices for contract or relief positions (which lead to permanent positions) since they had some mental health training, specifically in the programs in which they completed their placements, a factor seen as efficient for the agency. Some regions described collective agreement rules that restricted the hiring practices of managers. Therefore, new graduates, who showed excellent promise, but had no current position within the agency, could not be hired.

"We rarely hire new people in the day treatment programs. New graduates have the up-hill fight. They are missing maturity, ability to prove themselves as professionals." – Focus Group Participant

"We are more inclined to hire student placements into a residential program where they did the placement. After 8 months placement we have invested in them, they will have done core basic training and staff will know them – therefore more likely to hire a new grad there." – Focus Group Participant

The Role of Education

Participants valued professional training and education in the practice of child and youth care and stated that, given people of similar attributes and characteristics, those with formal education as a child and youth care practitioner (e.g. a college diploma graduate) would certainly win out in a competition. They also stated that, given the importance of healthy relationships in CYC practice, they believed that the individual characteristics of the practitioner were paramount in the hiring process. This emphasizes the need for CYW curriculums, as well as professional training opportunities for practitioners, to focus upon the importance of self-development and awareness as central to effective practice. The participants wanted skilled, knowledgeable and competent practitioners, but stated that the most significant issue was a high level of competence stemming from personal philosophies, histories, and the ability to relate to and care for others, as well as the ability to problem-solve and think critically. The belief was that given these attributes, a practitioner could learn and be trained in all other specific areas of professional practice. Since the field of child and youth care practice is not regulated, employers are not required to hire those with specific child and youth care educational background for positions that clearly require those competencies.

"I hate to say this. If there is a CYC with no experience, and a DSW with psych and with 4 years experience in a residential setting, I will look at the experience first. That's really unfortunate." – Focus Group Participant

Relationship of Field to Educators

The link between field and educational institutions was noted as being an area that could be strengthened by the Focus Group Participants. They recognized the benefits that could arise from utilizing the experience of working CYC practitioners to teach future employees. Working professionals lack organizational access to a university or college library (Barwick *et al*., 2005, pg. 11) and the 'grey literature' on the implementation of EBP's explored by Barwick *et al*., (2005) may not be available to, or searched by, college and university instructors in CYC education on a regular basis. Barwick *et al*. (2005) identified areas where research is needed (p. 51) such as day treatment, restraint reduction, and relevant interventions for diverse populations. The lack of organizational connection to universities implies that this need is not getting to the researchers, verifying the focus group reports that a communication gap exists, and is detrimental to the field. The space between education and the field needs to be bridged.

In the second round of focus group consultations where educators and agency supervisors came together the discussion was animated and creative, generating many ideas for enhancing this connection (see summary and recommendations section). CMHO's participation in this project and in recruiting Focus Group Participants has begun to operationalize the recommendations of Barwick *et al*. (2005).

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"Partnerships between agencies and colleges must be cultivated." – Focus Group Participant

"CMHO is ideally positioned to represent the interests of member organizations regarding the education of new graduates in children's services programs. CMHO could develop linkages with educators and professional colleges in social work and psychology to ensure that new graduates entering the work force are armed with knowledge about evidence-based practices and outcome management" (Barwick, et al., 2005, pg. 15)

During follow-up focus groups where participants were joined by educators of CYC practitioners, concern was expressed about the lack of efficient communication between the Ministry, the college/university programs that train CYC practitioners, and the agencies that employ them in regards to EBT/P. The participants felt that there was no system in place to ensure that trends in EBT/P were being discussed in a collaborative manner among the three entities, and that there was therefore disorganization in understanding the goals, needs, and desires of the field regarding EBT/P.
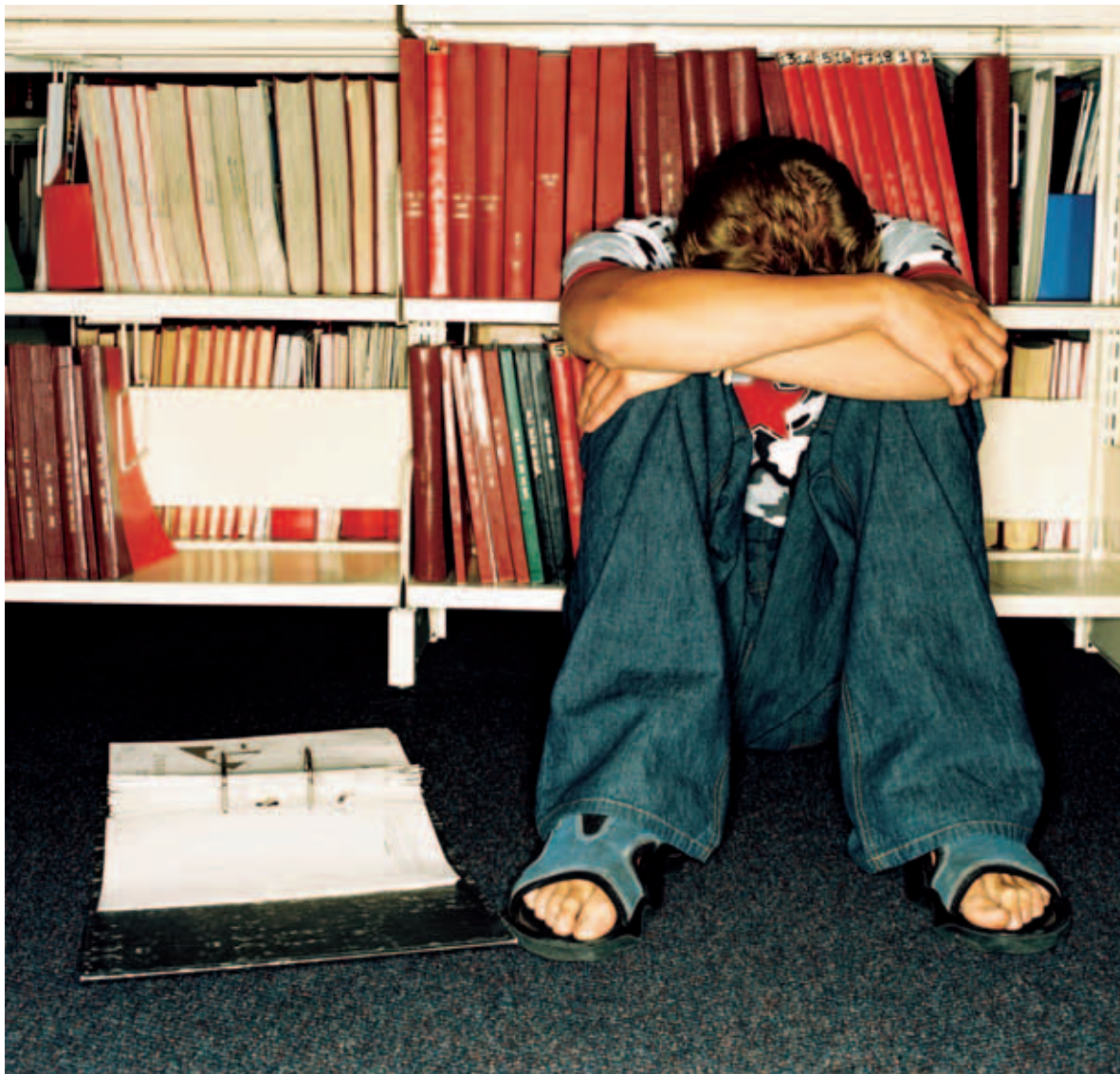
What does your agency expect from new graduates in child and youth work in terms of knowledge, practice skills, and self-awareness in working with children and/or adolescents?

Moving Forward – What is needed in Curriculums and Training for CYC Practitioners

This project brings focus to the idea of EBP/EBT and to the education and training of CYC practitioners in the mental health field. In order to recognize the strengths of CYC practitioners as assets to the interdisciplinary team, and ensure consistent implementation of evidence-based practices and treatments that are known to be a part of quality service delivery, a shift must happen that will allow the field to re-conceptualize how we prepare CYC practitioners to practice within children's mental health settings.

There is a difference between "care" and "treatment". Scientific evidence has focused thus far on treatment, while curriculum in child and youth care focuses on care. "At the end of the day, to successfully implement evidence-based practices, practitioners will have to do more than learn specific procedures and practices. Multi-dimensional practices are key – that is, most likely to lead to behavioral change-particularly when characterized by sustained interactions and hands-on practice" (Carpinello *et al*., 2002 cited in Barwick *Focus Group Participant*., 2005, p. 103).

"... the concept [EBP] conveys a fundamental belief that children with emotional and behavioural disorders should be able to count on receiving care that meets their needs and is based on the best scientific evidence available. Moreover, the fundamental concern is that for many of these children, the care that is delivered is not effective care." (Huang, Hepburn, & Espiritu (2003) cited in Barwick et al. (2005) p. 16)

To teach specific evidence-based treatments is not practical or necessary within the CYC curriculums. Instead, particular EBT models should appear as widely-implemented staff training components within programs across the system, a notion that is discussed by Barwick *et al*. (2005). Within CYC curriculums, newly trained child and youth care practitioners must be prepared to embrace such training opportunities in their future careers. Barwick *et al*., (2005) concurs with the Focus Group Participants that students need to learn foundational elements within their initial instruction that will allow them to become lifelong learners who are committed to reflective practice and who will contribute to a strong "evidence-based quality management culture" as professionals entering the field (pg 109/110).

If the postsecondary programs that prepare CYC practitioners for employment can teach to the demands of a field that has an evidence-based focus, this natural relationship could be utilized so that the potential of the field to educate its future is maximized. If curriculums have the information about what is required by the field, they would become more effective. Acknowledging the competencies that are essential for the success of a CYC graduate and teaching to such competencies is key. In doing so, the profession of child and youth care becomes strengthened as a discipline and future growth is encouraged. The domains and sub-domains of child and youth care practice described in the next section were created based on two assumptions:

... continued

"I like the generalist CYW that we can train up." – Focus Group Participant

"There is an inherent symbiotic relationship between service providers and colleges: colleges require internship placements and service providers require additional staff to address the service delivery burden. The relationship stands to be re-examined though, particularly in the face of the changing practice environment." (Barwick et al., 2005, pg.109/110).

1. That training and certification competencies developed for child and youth practice in general would also be foundational for CYC practice in children's mental health settings, therefore a review and synthesis of existing documents would identify the essential features of a graduate from pre-service training[2].
2. That competence in EBP/EBT requires these foundational competencies, particularly for pre-service education.

This study identified, through focus group discussions and document reviews, seven domains of practice that describe the elements of competence required of child and youth care practice. Our focus in developing this set of domains and sub-domains is the skills and knowledge that should be present in CYC practitioners as they exit educational preparation and enter full-time practice. All the documents that we reviewed (see Appendix 1 for methodology and sources) grouped competencies into domains and listed a series of skill or knowledge statements under each domain. None of them described how the domains of practice related to each other, though there is much written about the overlap between the areas of practice in the field. We therefore began by developing a model that placed the various domains in relation to each other. This model is described below, followed by a description of the essential features of each domain and the sub-domains with it. The "list" of elements of performance in each sub-domain can be found in Appendix 2, referenced to the source document and to the focus group discussions and identified according to the level of learning expected of a recent graduate.

2. Since CYC practice is an unregulated profession there are many agencies, provinces and Child and Youth Care professional bodies who have developed (and grouped) lists of the essential knowledge, skills, and attitudes that an effective practitioner requires. These are used to produce foundational training in agencies or government employees, to certify CYC professionals, and to develop CYW diploma programs in various Canadian provinces.

The Domains of Child and Youth Care Practice

SELF

COMMUNICATION

Systems

Development

Child

Relationships

Interventions

PROFESSIONALISM
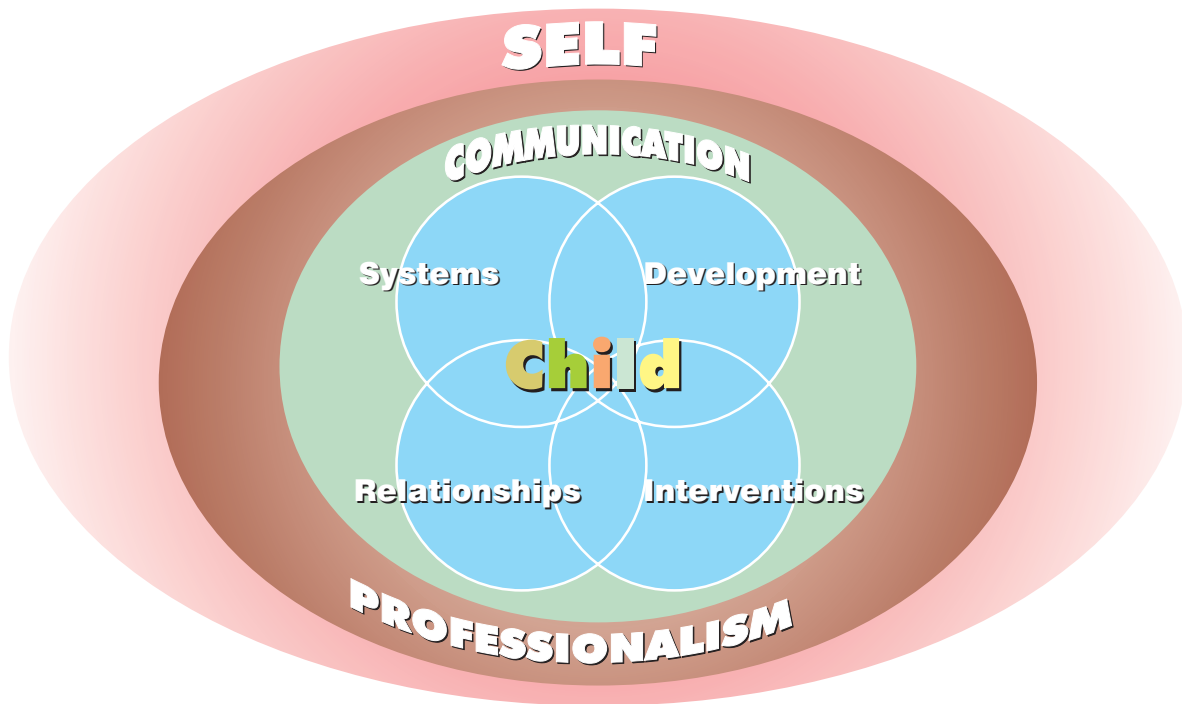
Figure One: The Domains of Child and Youth Care Practice

The domains of practice in child and youth care are tightly interrelated, as illustrated by the above figure. The central focus of practice, when competence is achieved in all areas, is the child or youth and the quality of care and service provided to assist him/her with optimal mental health. CYC practice occurs in multiple settings[3] and with clientele that come to those settings for varied reasons[4].

In all circumstances we concern ourselves with the presenting problems as we work to optimize physical and mental health for the child. Therefore, the domains of practice in the child and youth mental health sector should be no different than the domains of practice in any other sector that is caring for children and youth, although the emphasis may vary slightly and the composition of the multidisciplinary team will likely vary significantly.

3. Youth justice, child welfare residential and family support, recreation, youth employment, schools, shelters, addictions, etc.
4. Abuse, criminal activity, physical or cognitive delays, symptoms of mental illness, homelessness, financial need, etc.

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There are seven domains of practice that describe the elements of competence required of child and youth care practice. The foundation of effective work in optimizing the mental health of children and youth is the **Self**. This is the area of influence in which the practitioner utilizes self-awareness to guide his/her interactions with all clients, family and other professionals. A lifelong commitment to developing and utilizing the self in practice ensures that self-care and reflective practice guide all other domains of practice. For example, the practitioner has a clear sense of personal values and ethics related to those values, so that in the domain of **Professionalism** he/she is easily able to identify ethical dilemmas or conflicts in professional opinion that are based on different values, versus different areas of expertise.

The domain of **Professionalism** also includes standards of competence that relate to professional presentation and professional identity as these influence interpersonal interactions in the context of work. The self should readily translate into the professional identity of the CYC practitioner.

"Self awareness of their values and attitudes is HUGE HUGE HUGE." – Focus Group Participant

Communication is the forum (domain) through which the self and professionalism are expressed to clientele, co-workers, and the multi-disciplinary team members. As the self and professional identity are established, they are evidenced in the skills of verbal, non-verbal, written, and electronic communication with others.

These three foundational domains are then built upon with four domains which are related to the specific skills and knowledge required for creating positive influence and change in the lives of children, youth and families; in particular, optimizing mental health, without neglecting physical health and all other areas of developmental change.

The four interrelated domains that focus on practice with children and youth are:

- Normal and Abnormal Child and Adolescent Development
- Systems Context
- Relationships
- Interventions

There is overlap in the competencies required for effective practice in these four areas. For example, the practitioner must be able to assess the status of a child's **development** (holistically) and identify areas of competence and areas of developmental delay. He she must apply this knowledge of development as it occurs in the **systemic context** of the child's life and the various systems that both the child and the practitioner are involved in. This assessment and understanding is the basis upon which **interventions** are planned and executed. **Relationships** are essential to the implementation of interventions as well as the interpersonal inquiry that is necessary for a developmental assessment. Children and youth, as well as their families must trust and feel safe in their interpersonal interactions with CYC practitioners; such safety and trust is developed through relationship.

A Closer Look – The Domains Broken Down

Each of the domains are divided further in to
sub-domains which contain specific skills and
knowledge requirements that have been
identified as necessities for a new CYC
practitioner working within a children's mental
health setting. Each domain includes a
knowledge foundations sub-domain which
contains the basic knowledge areas required of
the practitioner to meet the other competencies
of the domain. This knowledge is what the
other aspects of the domain are built upon[5].

I. The Self

The self is foundational to CYC practice.
Each of the other six domains is developed
within the context of the self as the mediator
of knowledge and skills. This is the area
which includes the practitioner's
responsibility for self-awareness and a
lifelong commitment to developing and
utilizing the self to ensure the best practices
with children and youth. Graduates have
insight into the factors of their own
development and the impact of self factors on
practice interventions. Three assumptions
about how CYC practitioners work with the
self are important considerations for this
domain.

1)   Growth occurs in a series of moments
     and interactions, and each moment
     and interaction has enormous
     potential.
2)   Work with youth is a process of the self
     in action, practitioners and youths
     learning about themselves from their
     experiences together.

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5. Section A is the knowledge foundation in each domain and is not described in this section. In the following domains references are found to the original sources. Only the first citation is footnoted with the original source.

3) Competent practice is continuously interlaced with other spheres of knowledge, skills, and preferred values that are learned concomitantly with the practice[6]. CYC practitioners are aware of and act on the limiting effect of professional client boundaries on the relationship (NACP)[7]. This domain addresses areas of reflective practice, boundaries, the self in intervention, and self care.

The focus groups held for this study acknowledged the importance of the CYC graduate being able to "understand themselves" and stated that the tangible tools of child and youth care are self awareness and the values that they bring to the job. The sub-domains include:

B. **Reflective practice** – The CYC practitioner is able to continuously assess his/her professional skills, knowledge and personal well-being, and reflect on the impact of these factors on his/her day to day practice. Graduates develop self-reflective habits that ensure quality care to children and youth and enhanced personal and professional growth. (AB[8], QU[9]).

"Self awareness and values are your tangible tools. It's not like you have a screw and hammer to work with." – Focus Group Participant

6. Krueger, M., Galovits, L. Wilder, Q. and Pick, M. (1999). *A Curriculum Guide for Working with Youth: An Interactive Approach*. Milwaukee: University Outreach Press.
7. Mattingly, M., & Stuart, C. (2002). The North American Certification Project (NACP) Competencies for Professional Child and Youth Work Practitioners. *Journal of Child and Youth Care Work*, 17, 16-49. See also: http://www.acycp.org/childcarecompr.pdf
8. Child and Youth Care Association of Alberta, (2000). *Certification Manual Revision*. Edmonton, Alberta; Child and Youth Care Association of Alberta. http://cycaa.com/certification.htm
9. National Training Program – *Skills for Rehabilitation Intervention*, (2002). Quebec: draft unpublished.

C. **Boundaries** – The CYC practitioner demonstrates an awareness of professional and personal boundaries to maintain a safe and effective service for children, youth and families. Boundaries are fluid and change with the requirements of the relationships that workers have. Practitioners must be open to acting on feedback from those outside the relationship and place authentic relationships at the forefront of their interactions. (QU, AB, MN[10], NACP).

D. **Use of the self in interventions** – The CYC practitioner examines the impact of self on others, cultivates and develops checks and balances to ensure that interactions are consistent and constructive. Practitioners take into consideration their individual values, beliefs, and opinions, and the effects that these have on their actions with clients and co-workers. (NACP, ON[11]).

"As the leading edge has moved away from control to something more therapeutic, the biggest demand is on the person (CYC) and on self awareness." – Focus Group Participant

E. **Self care** – The CYC practitioner values self-care as an essential component of healthy practice. Graduates demonstrate an integration of self-care strategies into daily practice. They understand that a CYC practitioner's health and well-being must be accounted for, and that practice requires continuous reassessment of well-being. (AB)

"Being open to life long learning is important." – Focus Group Participant

10. Johnston, R.M. (1997). *Comprehensive Competency-Based In-Service Training: A Training Needs Assessment for Residential Child and Youth Care Workers*. Barrie: Institute for Human Services – Canada.
11.Ontario Ministry of Training, Colleges and Universities, (2002), *Program Standard for Child and Youth Worker Programs*. Ontario: Authour.
Available from http://www.edu.gov.on.ca/eng/general/college/progstan/humserv/echildyt.html

II. Professionalism

Professionalism is the area of influence that includes the professional presentation of the practitioner and their interpersonal interactions with clients, family, community and other professionals. The focus of the interactions is on the work that they are engaged in, not a social or personal relationship. The domain addresses areas of ethics, professional identity and professional behaviours, supervision, and how diverse identities are managed in a professional context.

Participants of the focus groups, while not specifically identifying "professionalism" as an area of competence, discussed themes of professional behaviour throughout their dialogue on other areas of competence such as "communication and professional presentation", and "understanding themselves". The sub-domains of professionalism are:

B. **Ethics** – The CYC practitioner follows a code of personal and professional behaviour in the day-to-day performance of his/her work and uses an ethical decision-making process to help him/her make decisions. These professional code(s) of ethics are governed and sanctioned by the professional association, and include the formal codes of employment within the workplace, as well as the less formal norms of professional conduct for engaging with children, youth and families (NACP, AB).

IIB4 – Distinguishes between ethical and legal issues and applies an ethical decision making process including:

1. Identifying the problem.
2. Identifying the potential issues involved.
3. Reviewing the relevant ethical guidelines.
4. Obtaining consultation.
5. Considering *possible* and *probable* courses of action.
6. Enumerating the consequences of the various alternatives.
7. Deciding on what appears to be the best course of action. (AB)

C. **Professional development** – The CYC practitioner is committed to lifelong learning and professional development, including formal and informal learning opportunities in day-to-day practice and through formal education and training. He/she is capable of self-criticism and accepts critical comments from others (young persons, parents, partners, colleagues, superiors) in an effort to improve his/her practice. He/she acknowledges mistakes and learns from them in order to improve his/her professional practice. (AB, NACP, ON).

D. **Supervision** as a commitment to the provision of high quality care through reflective practice exists within this domain. The CYC practitioner therefore engages in regular supervision processes, taking responsibility for initiating reflective conversations. (AB).

IID2 – Develops and implements personal and practice goals in collaboration with his/her supervisor. (AB)

E. **Diversity** – The CYC practitioner respects differences related to cultural and human diversity by attending to differences and similarities in the process of creating change for children, youth and families. He/she is aware of the eight major factors which set groups apart from one another, and which give individuals and groups elements of identity: age, class, race, ethnicity, levels of ability, language, spiritual belief systems, educational achievement, and gender differences. He/she addresses issues related to these elements of identity throughout all other domains of practice (NACP).

III. Communication

This is the area where relationships with people are established; the quality of service is enhanced through the ability to communicate effectively. This is an area of influence in which surrounds four other domains of practice, and is the domain through which aspects of the self and professionalism are expressed. Practitioners analyze their audience to identify what is required and to match those needs with the most appropriate means of communication in written, spoken and visual messages. (ON) The domain addresses verbal and non-verbal, written, electronic communication, and communications with professionals and the community.

Within the focus group conversations, "appropriate professional presentation and communication" was highlighted, and included understanding how others see the person, as well as being able to communicate effectively to best serve the client. The following sub-domains are part of this domain:

B. **Verbal and non-verbal communication** – The CYC practitioner communicates effectively through both avenues to enhance the quality of service and promote understanding and trust. They are able to evaluate the results of the communication and adjust in order to improve effective communication. Communication is essential to expressing caring and working effectively with children, families, colleagues and the community. (ON).

IIB4 – Communicates respect and warmth using culturally appropriate gestures, mannerisms and conventions such as eye-contact, social distance, matching and mirroring and (AB) recognizes and adjusts verbal and non-verbal communication for the effects of age, cultural and human diversity, background, experience and development (NACP)

C. **Written communication –** The CYC practitioner demonstrates accurate recording of interactions and issues that are fundamental to planning and to integrated service delivery. They are able to communicate clearly, concisely and correctly in the written form. Graduates apply the appropriate format, material, language and style suitable to the audience, and produce information according to the style and conventions required. They will have checked their written materials for accuracy and clarity. (NACP, ON)

D. **Computers** – The CYC practitioner should also demonstrate proficiency in using information technology for communication, information access and decision making. Computers and other technologies facilitate and enhance the completion of tasks, communication, problem-solving and performing research. (NACP, MN, QU, ON).

IIID4 – Critically analyzes electronic sources of information for rigour and evidence of credibility in relation to the purpose for which the information will be used (NACP, ON).

E. **Professionals and the community –** The CYC practitioner uses effective communication skills with allied professionals and the community by investigating and developing an understanding of the language and concepts used in those contexts. The graduate recognizes that best practice requires close cooperation with the community and that the ability to access and utilize information to promote change is essential. He/she understands that the language and concepts of psychopathological approaches is required so that effective communication with allied professionals may take place. (AB, MN).

IV. Normal and Abnormal Child and Adolescent Development

This is the area of influence where practice is guided by theories of normative development applied to an understanding of a child's current developmental status. The focus is on developing social competence and recognizing the strengths that the child or youth can bring to coping with environmental or physiological circumstances that pose risks to normative developmental outcomes. Practitioners are oriented towards lifespan development and apply developmental theory to understanding pathological behavior placing it in the larger context of the totality of development. (AB, NACP).

The domain includes developmental theories, patterns of growth and development, learning theory, medication and pharmacology, and the application of theory to the observation and understanding of children and youth.

"Human development and pathology" was recognized within the focus group discussions. The participants described the importance of understanding development and being able to recognize pathology and developmental delays in children and youth by understanding factors of normal development and growth. The following sub-domains are part of this domain:

B. **Developmental Theory** – The CYC practitioner knows and understands current research and human developmental theory with an emphasis on synthesizing several theoretical perspectives and applying them to practice in work with children and youth. At the level of beginning practice, graduates will demonstrate knowledge and basic application of the theories, primarily through observation and assessment. As experience increases they will increasingly recognize opportunities for adjusting their own interactions with children and youth, based on an integrated understanding of developmental theory.

"Solid understanding of childhood development and how the difficulty in one domain is interconnected to the other aspects of development." – Focus Group Participant

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C.	**Patterns of growth and development –** The CYC practitioner applies recent research in patterns and trajectories of child and adolescent development to observation and assessment of children and youth in his/her care.

D.	**Learning theory** – The CYC practitioner applies learning theory to understanding child and adolescent development and to promoting the learning of new behavior in relation to developmental outcomes.

VD2 – Analyzes the environments that children and adolescents have grown up in to identify the potential for faulty learning and identifies how to change patterns of behaviour learned in those environments.

E.	**Linking developmental theory to the pathology** – The CYC practitioner can apply theory to what they are observing to assist in the understanding of abnormal and/or pathological behaviour in children and youth.

F.	**Medication and Pharmacology** – The new CYC practitioner is familiar with commonly used medications and understands the role of medication and pharmacology and its place in the treatment and management of psychiatric disorders. The practitioner applies this knowledge to their interactions and observation and assessment of children and youth, and is aware of the symptoms and issues of drug misuse and abuse.

VF1 – Lists and understands commonly prescribed medications, their indications and side effects. (AB, MN)

V. Systems Context

Systems thinking is a central organizing and conceptual framework of CYC practice, and is the lens through which assessment and intervention in the child's life occurs. It is the area of influence that requires the practitioner to incorporate the environmental conditions into his/her work: the historical and cultural environment of the child, the political, community and family environment, and all systems within which the child, family and practitioner interact. The systemic framework orients the practitioner to the client's situation and the complexity of interrelated structures within their environment. (NACP, AB). Systemic assessment facilitates the identification of realistic goals for changes and assists the practitioner to identify individuals and programs which will contribute to a successful treatment process. Central to the systems orientation is the notion that all the components of a system are interrelated. Thus, changes to one part of the system influence other components affecting the possibilities for growth, change and successful outcomes. The domain addresses the areas of systems theory, ecological perspective, legal guidelines and practice, and family systems.

Participants in the focus groups determined that an "understanding of families and systems" was integral to CYC practice at the entry level. The new graduate should have strong foundational knowledge surrounding cultural, legal, and family systems. The following sub-domains exist within the Systems Context:

B. **Systems theory** – The CYC practitioner understands systems theory as a central organizing and conceptual framework for practice. The systemic framework provides an organizing schema that emphasizes the relationships between family, service and community systems and enables the worker to develop integrated and holistic approaches for children, youth and their families (AB).

"Things I look for are an ability to think systematically is critical. Consider all the things that are important in a child or family's life."
– Focus Group Participant

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C. **Ecological perspective –** The CYC practitioner comprehends this perspective which emphasizes the interaction between persons and their physical and social environments, including cultural and political settings. The emerging CYC practitioner grasps how institutional systems such as justice, mental health, child welfare and education serve to impact children and youth and sees the importance of interacting with these systems in an effort to meet children's needs (NACP, AB).

"Also, the importance of understanding the child within the family system and then the community system." – Focus Group Participant

D. **Family systems –** The CYC practitioner understands that optimal development occurs within the family and surrounding social environment. Practitioners have a sound knowledge of family systems theory and they value the family's input ensuring that cultural values and beliefs held by children and families are respected. (AB).

VID2 – Identifies and describes a family's strengths, roles, rules, and relationships to each other. (QU, MN)

E. **Legal guidelines and practice –** The CYC practitioner understands how his/her practice is guided by a set of legal rules governed by provincial and federal legislation governing children and families. These laws and guidelines are considered and applied in everyday practice (MN, ON).

VIE2 – Describes the legal rights and responsibilities enshrined in provincial, national and international laws and covenants that pertain to care providers, families, children, youth in care, and juvenile offenders (MN, ON)

VI. Relationships

Genuine relationships are a critical area of influence based on empathy and positive regard for children, youth and families when promoting optimal development. Forming and maintaining relationships is a central change strategy in CYC practice. This domain addresses learning outcomes for caring, teamwork, use of activities, engagement and professional relationships.

This domain was not specifically acknowledged by the focus groups within this study. More generally however, attention was drawn to the relationships that a CYC practitioner has with clients and other professionals within the area of "mental health assessment/diagnosis, planning, and intervention". The focus groups recognize that practitioners must have the basic skills for developing relationships and engaging with children, youth, and families. The following sub-domains are important:

B.   **Caring** – The CYC practitioner values caring for others as an essential component for emotional growth, developing social competence, and promoting healthy development (NACP). Graduates understand that relationships are developed in a safe and nurturing environment and they teach basic self-care skills to their clients, ensuring that their physical health and safety are protected. They demonstrate a caring attitude by placing the child at the centre of their day-to-day practice and encourage the child to care for others. (AB).

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"The most important contribution that CYC's can make is the individual relationship that they establish." – Focus Group Participant

C.   **Engagement –** CYC practitioners engage in active development of therapeutic relationships and genuinely develop an empathetic understanding of the perspective of another, be it client, family, co-worker, community member or fellow professional. Therapeutic relationships involve a connection, alliance, or association with children, youths, families, and /or other service recipients, and providers which is purposeful, goal-directed and rehabilitative in nature and limited to the delivery of specific service. (ON). While the primary focus in the work of the discipline is the therapeutic nature of the relationship, practitioners are genuinely interested in relating to others – no matter if there is a purpose or not.

D.   **Use of Activities** – As a tool, the CYC practitioner selects recreational activities and day-to-day life experiences that are opportunities for developing relationships, engaging the child or youth in social learning and developing competence in new areas (AB, QU).

IVD2 – Makes conscious use of relationship to create changes in the child's pattern of interpersonal interactions within the day to day environment. (NACP, AB)

E.   **Teamwork –** The CYC practitioner demonstrates the ability to work with multi-disciplinary and programming teams, assuming responsibility for collective duties and decisions as well as representing the child and youth care perspective on the team. (ON).

IVE3 – Assumes responsibility for collective duties and decisions including responding to team member feedback. (NACP)

F.   **Professional relationships** – The CYC practitioner demonstrates an understanding of integrated service delivery by working in partnership with other professionals and community organizations, and values such linkages. (AB).

VII. Interventions

This area of influence includes the professional practitioner's ability to integrate current knowledge of human development with the skill, expertise, objectivity and self awareness essential for developing, implementing and evaluating effective intervention programs for children and youth. The goal of any intervention is to further the child's development and/or correct socially inappropriate behaviour. The domain includes the following areas: moment to moment interventions[12], the activities of daily living, activity programming, planned interventions, advocacy and group work; observation, assessment and reporting; and evaluation.

From the Focus Group Participants, recognition of the importance of this domain stretched across two areas of their discussions. The theme of "mental health assessment/diagnosis, planning and intervention" highlighted the ability of the practitioner to draw on information and skills from all other domains in order to effectively intervene with the child in a way that promotes positive change and healthy development. Also "mental health and safety" was a significant topic of conversation for the participants regarding this domain. They recognized the need of the practitioner to understand and be able to create safe environments, particularly in the face of pathology and/or aggressive behaviour.

B. **Moment-to-moment –** The CYC practitioner understands that every interaction with the child, as well as the day-to-day life experiences shared with a child, are opportunities for growth and development. He/she integrates this understanding into his/her relationship, communication, and activities with the child. This is the essence of child care, whereby moment-to-moment interventions occur in the therapeutic environment to simultaneously address basic needs and the developmental change process (NACP, AB).

"CYW's are "practicing in public." – Focus Group Participant

12. Considered the core of child and youth care practice

C.   **Activities of daily living –** The CYC practitioner also understands and facilitates the planned arranging of the physical environment, and can describe the relationship of developmental processes to the activities of daily living, including eating, grooming, hygiene, sleeping and rest. Planned environments integrate developmental, preventive and therapeutic objectives into the life space, through the use of methodologies and techniques sensitive to culture and human diversity (NACP). Practitioners have a level of expertise in teaching basic care skills to their clients, ensuring that the client's physical health and safety is protected.

> VIIC5 – Incorporates role modeling of social behavior (AB) and provides cues, practice and reinforcement to facilitate the development of social skills (NACP).

D.   **Activity programming** – The CYC practitioner designs and implements individual and group activities which incorporate an understanding of the significance of play and recreational programming and their usefulness as teaching and learning tools. Practitioners are able to analyze the meaning, atmosphere, and the nature of the activities relative to the child's developmental needs (NACP, QU).

> VIID2 – Designs and implements activity programs that account for age, developmental status, cultural and/ or ethnic background as well as the unique treatment objectives of the child (MN, NACP AB)

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E. **Planned intervention –** The CYC practitioner values the planned intervention and sees the need to continually adapt strategies, anticipating the steps and measures required in meeting objectives and the best means to attain them. Practitioners are able to participate in the selection of goals or objectives from treatment, educational and developmental plans and to design activities, interactions and management methods that support these goals and objectives. Practitioners are able to recognize that the design of these therapeutic interventions and service methods are logically connected to service goals. Practitioners recognize that interventions may be formal (service plan) or informal (life space interventions) and that their basic principles are the same. They are purposeful and consistent with a specific theoretical orientation guided by agency policy and individualized to reflect differences in culture/human diversity, background, temperament, personality and differential rates of development. (QU, NACP, AB).

"We can be passionate about the kids, but we have to be passionate about the treatment." – Focus Group Participant

F. **Advocacy –** The CYC practitioner understands the child's and family's potential and capacity to grow and change, and demonstrates basic advocacy skills that ensure that children, youths and families have their views heard and considered during the decision-making processes that directly affect them (NACP). Practitioners understand that advocacy for the child, family and community leads to empowerment. They understand the need for and demonstrate respect for children and families, affording them the dignity of self-determination within the context of their developmental capacities.

"CYW's are the voice of the child, immediately in any forum. School, community, they are the advocate." – Focus Group Participant

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G. **Group work** – the CYC practitioner appreciates that the group is a powerful socialization agent and that group work provides opportunities for its members to experience social development and to build on their existing strengths and competencies. Practitioners demonstrate an ability to adapt their behavior management and communication skills to function within the group context. They demonstrate a confidence and competency in dealing with group dynamics at a basic level, and ensure that group members are treated in a respectful and safe manner (AB, MN, NACP, ON).

> VIIG7 – Participates in the regular assessment of the group's progress and interactions and suggests adjustments when necessary. (ON)

H. **Observation, reporting, and assessment** – The CYC practitioner demonstrates observation and reporting skills that illustrate assessment and evaluation of processes and events in relation to the intervention plan(s) in order to create developmentally appropriate opportunities in which children can experience success. Observation is a process of monitoring progress and identifying strengths and weaknesses which leads to defining the intervention methods required for success in goal attainment. Observing, assessing, and reporting occur both moment-to-moment and in regularly scheduled summary intervals (AB, QU, MN, ON, NACP).

> VIIH5 – Reflects on and analyzes the observations collected to identify needs, strengths, vulnerabilities and resources and formulate plausible clinical hypothesis. (QU)

I. **Evaluation –** The CYC practitioner understands the critical importance of evaluations in ensuring successful outcomes for children and youth. Practitioners understand that evaluations are based on a theoretical approach and that regular reviews are necessary to meet the child's needs.

> VIII1 – Understands the significance of evaluating the strategies used (with the client and family)and makes the necessary adjustments as a result of evaluation to attain the identified goals (ON)

The detailed elements of performance for the sub-domains are found in Appendix 2. The elements of performance were compared to the learning objectives for the required curriculum in each of eight different post-secondary educational programs. The results of this comparison are presented in the next section.

Analysis of Post-secondary Education Curriculums

The educational programs assessed against the domains and competencies outlined previously were invited by the project team to self-select. All CYW programs in the province of Ontario were sent an email by the member of the steering committee representing the college coordinators. Ontario university programs who are actively involved in the provincial and national level discussions about certification and educational accreditation in child and youth care were also invited to submit their curriculum. Six colleges and two universities volunteered to submit all course outlines, field placement manuals and their related assignments for all of the required courses in their curriculum. This material was collected and analyzed in electronic format. (For details on the method see Appendix 1.)Each program was analyzed separately using the "Curriculum Translation" tool developed by Mohawk College's Instructional Technology Centre. Information on the individual analysis was returned to each program, along with directions on how to complete further analysis and a copy of the Domains of Practice outlined in Appendix 2. The findings of the curriculum analysis are reported here collectively identifying trends across the programs.

Areas of Concentration in the Curriculum

Table One presents an analysis of the eight curriculums according to the Domains of the Practice. The elements of performance against which curriculum objectives were matched are not evenly spread across all the practice domains. The second column of the table presents the percentage of the available matches in each domain and the last column the mean percentage of matches.

One can see that the **Interventions** domain had both the greatest number of potential matches (26.8%) and the greatest percentage of matches (an average of 26.73%) across all of the curriculums. The interventions domain is the largest domain with 80 elements of performance and 8 sub-domains representing over ¼ of the curriculum in the educational programs that were analyzed. There is also little variation between program curriculums in the concentration that they place on this domain (range 7.5 percentage points).

By way of contrast, the domain of **Systems Context**, one that was often mentioned by the Focus Group Participants as important, with a potential for 8.1% of the matches, has the lowest percentage of matches (an average of 7.4%). There is also little variation between programs (range 7.2 points).

TABLE ONE
MATCHING CURRICULUM OBJECTIVES CLUSTERED BY DOMAIN

	% of total	U1	U2	C1	C2	C3	C4	C5	C6	Mean
Domain										
Self	12.8	12.27	9.04	12.17	10.08	20.43	16.21	10.05	14.11	13.05
N-38										
Professionalism	11.4	10.10	11.62	15.62	8.92	13.04	12.24	7.99	10	11.19
N=34										
Communication	12.4	18.41	22.32	17.097	20.97	13.04	15.12	12.56	15.43	16.868
N=37										
Relationship	12.8	5.78	7.19	13.65	7.76	14.56	13.69	18.72	14.24	11.95
N=38										
Human Development	11.1	14.80	15.87	11.19	14.48	10.87	12.12	11.64	11.46	12.8
N=33										
Systems Thinking	8.1	9.39	11.80	6.39	6.72	4.57	5.64	7.99	6.69	7.4
N=24										
Interventions	26.8	29.24	22.14	23.86	31.05	23.48	24.97	31.05	28.08	26.73
N=80										
Total (Raw number)	N=298	277	542	813	863	460	833	438	1510	717

On the other hand, the domains of the **Self** and of **Relationship** had great variation between programs. The domain of the **Self** has a potential for 12.8% of the matches and ranged from 9.04 to 20.43 (11.39 percentage points difference). **Relationship** also with a potential of 12.8% had a range of 13 percentage points (5.7 to 18.7).

Human Development shows the greatest consistency across the programs, with an average of 12.8 % of the curriculum concentrated in this domain, and a range of 3.7 percentage points. The domain of **Professionalism** had an average concentration of 11.2% with a range of 7.6 percentage points. **Communication** with a potential number of matches of 12.4%, had an average of 16.8 and a range of 9.8 percentage points. Communication was the only domain where there were an average number of matches that was higher (16.8%) than would be expected (12.4%), indicating that post-secondary programs place more emphasis here than the practice domains might expect or require.

In summary for the eight curriculums analyzed, **Human Development** was consistently addressed, with little variation among the programs. **Communication** was addressed more than might have been expected, and like the **Self** domain, there was a moderately high degree of variation among the programs. **Relationship** had the highest degree of variation among the programs with the lower end of the range being represented in the 2 university programs and 1 college program. **Interventions**, **Systems Context** and **Professionalism** had a moderately low degree of variation among the programs.

The project was limited to analyzing the curriculum without discussion with the various educational programs. Both the number and the quality of the learning objectives written for a given curriculum were inconsistent across the programs[13]. The detail in a field placement manual also affected the number of matches that could be made to the competencies. Readers are cautioned to keep in mind that learning objectives do not always accurately reflect the content of a curriculum and that they can be written in either a broad descriptive manner, or in minute detail, both of which affected this analysis. There is also "hidden" curriculum that is not represented in learning objectives. The preliminary results were presented to the college coordinators for CYW programs and it became apparent in the presentation and discussion that much of what was taught was NOT recorded in the learning objectives. During individual discussions with participating CYW program coordinators many stated an intent to return to their curriculum and add learning objectives that would more clearly capture what they were teaching.

13. Note the wide variation in the number of raw matches in each of the curriculums evident in the last row of Table One.

"Gaps" in the Educational Curriculum for Child and Youth Care Practitioners

An analysis of the eight curriculums to determine which areas were not well-addressed by the educational programs was completed by looking in more detail at the sub-domains and identifying those elements of the sub-domains and elements of performance where four or more of the curriculums had no matching learning objectives (mode 0). Probably the most important finding was that there is a great deal of variability amongst the programs in relation to what was covered and how extensively. This variation was also evident in which elements were not covered within the programs. As noted above, the following findings must be taken with a note of skepticism because of the "hidden" curriculum. Field placement manuals were NOT available for the university curriculums. The following are notable:

- The domains of **Normal** and **Abnormal Development** (8 of 33 elements had a mode of 0) and **Systems Context** (4 of 24 elements had a mode of 0) had the fewest 'gaps' in the curriculums analyzed.
- In the domain of **Normal and Abnormal Development** the missing elements were in the sub-domain of *Medication and Pharmacology*, an area that was identified as important in the field consultation and involved understanding the effects of medication, communicating them to others and record keeping.
- In the domain of **Systems Context** the curriculum gaps related to the sub-domain of *Systems Theory* and the graduate's capacity to not just understand, but also to identify and analyze the ecological systems that a child and his/her family participates in and to note how those relate to the child's developmental path.
- The concepts of the social ecology, present in other domains such as **Relationships** and **Interventions**, were also "missing" from the curriculums in these domains.
- Graduates may be limited in their ability to develop a professional network both for their own support (**Relationships**, sub-domain, *Professional Relationships*) and for the support and assistance of their clients to assess the client's social ecology and incorporate that into planning for meeting his/her developmental needs (**Interventions**, *observing, assessing,* and *recording*).
- Within the **Self** domain, the sub-domain of *Self-Care* was consistently missed across the curriculums. Graduates may be lacking the capacity to incorporate lifestyle practices that ensure their physical, social and emotional health and to build a professional support network inside and outside their place of employment.
- Competency related to understanding and working with diversity was mentioned repeatedly by Focus Group Participants as important to the day-to-day work. Diversity was incorporated into the domains and sub-domains as elements of performance across a variety of areas, and was consistently missing in the curriculums analyzed. For example, in the knowledge requirements for **Professionalism**, an understanding of the cultural variation among families and communities was either extensively addressed by a program or not addressed at all. (Range of 0 to 6 matches; mode=0; mean=1.75). Upon closer analysis in the sub-domain of *Diversity*, it is evident that graduates are learning how to understand their own values, culture, and biases and the potential effects on their

interactions with clients, but they are not learning how to understand and support clients to overcome barriers or obstacles related to cultural or ethnic backgrounds. Similarly in the domain of **Normal and Abnormal Development**, *Patterns of Growth and Development* the ability to incorporate culturally-specific developmental norms in practice was missing.

- In the domain of **Communications**, *Computer* competency is clearly identified as a gap. This emerged as important in the field consultations. Graduates may not have the required skills to select and use suitable software, communication tools, and electronic databases for communication and record keeping. They may also not have a good understanding of the importance of considering appropriate formats or syntax errors and precautions regarding confidentiality prior to sending electronic communications.

- Graduates are likely missing the competencies of *Advocacy*, a sub-domain in the **Interventions** domain. Involving children and youth in meaningful ways in the delivery of service, knowing what their rights are and teaching them to become self advocates and become involved in change in their local communities are activities that graduates likely do not know how to engage in, as a result of their post-secondary education.

- Also in the domain of **Interventions**, CYC practice is unique in its focus on the life space as a location for intervention and the spontaneous presentation of opportunities for intervention in daily activities. This is the use of the therapeutic milieu[14]. This uniqueness is captured in the sub-domains of *Moment-to-Moment interventions* and *Activities of Daily Living*. In each of these sub-domains there were elements with wide variation amongst programs and with a majority of the programs not addressing certain elements. It is possible that a graduate can come to the end of their educational preparation and not know about life space interviews, teachable moments, use of daily interactions for teaching life skills, and developing relationships. The capacity to create on-the-spot adjustments as daily life unfolds, and to use those moments as opportunities for change is key to reinforcing the more formal elements of evidence-based treatments that children may be engaged in.

In summary, the missing elements were in the areas of :
- Social ecology
- Self care
- Diversity
- Medication and record keeping
- Appropriate use of computer software
- Professional networking
- Advocacy
- Moment-to-Moment interventions such as life space interviewing and use of daily activities to create change.

14. See Long, N., Wood, M. Fecser, F. (2001) *Life Space Crisis Intervention* (2nd ed.). Austin, Texas: Pro-ed. and Burns, M. (in press) *Healing Spaces: The Therapeutic Milieu in Child and Youth Work*. Harrowsmith: Child Care Press for detail.

Differences between University and College Programs

We examined the curriculum analysis for any differences between the college programs (n=6) and the university programs (n=2). The following findings simply suggest areas where the universities and colleges may be "in process" on curriculum development rather than conclusive findings. While there has been degree-level postsecondary education available for CYW college graduates in the province for 15 years, the increasing demand for university level education has led 2 universities to initiate entry-level education in the last 2 years. Both programs are still developing and implementing curriculum and in some cases the material available for analysis was extremely limited. Field placement manuals were not included in the university program analysis as they were in the college analysis. In the following areas there were clear differences between the college and university curriculums.

- **Professionalism –** Competencies found in the *Professional Development* sub-domain identified that university curriculums clearly place a greater emphasis on the professional literature and its use in EBP. This emphasis is consistent with the suggestions in Barwick, *et al.*, (2005) about the use of professional literature. This focus was absent in the college curriculums.
- In **Interventions**, *Planned Interventions* is a sub-domain which identifies elements that relate to specific types of EBP's such as; intervention in violent situations, transitioning the child to community resources and intervention in suicidal ideation and addictions. These were missing in university required curriculum but were present in over half the college curriculums. College curriculums have very few, if any elective slots and university curriculums tend to have 1/3 to 1/2 of their curriculum as electives. Electives were not included in the analysis and may address these interventions. Therefore, university graduates may or may not have the skills and knowledge depending upon their elective choices.

There were two sub-domains that were missing in the university curriculums but present in over half the college curriculums.

- Graduates from university curriculums may have difficulty with understanding and recognizing personal and professional *Boundaries* (**Self** domain) when interacting with clients. The college curriculums were strong in this sub-domain.
- In **Relationships**, *Caring* as a sub-domain was poorly represented in the university curriculums. Some elements of *Caring* were also poorly represented in the college curriculum. University graduates may not have learned how to implement daily routines and plan and design daily activities to contribute to a healthy lifestyle, safe and nurturing environment. Both college and university graduates may not have learned how to use affection and physical contact in a culturally sensitive manner.
- One of the few elements absent in all programs was in the *Caring* sub-domain. Graduates may not have the ability to design and maintain physical environments that support the activities of daily living in a caring manner. When presented with

this result educators felt that this was a good example of hidden curriculum where learning objectives had not been explicitly written.

The collective findings were presented and discussed with the original Focus Group Participants. All the CYW college program representatives were invited to participate in those consultations. The CYW college co-coordinators also received a collective presentation on the project findings at their annual meeting. In addition to some of the comments in this section, the *Summary and Recommendation* section, which follows, reflects the participatory nature of this project. Findings, suggestions and changes presented in the next section were developed by the interaction of educators and field representatives in children's mental health and are being implemented and extended as the report is being written.

IV. Summary and Recommendations

Summary

This project represents the first time the implications of the evidence-based practice and evidence-based treatment approaches currently being encouraged in children's mental health services have been examined from a child and youth care perspective. Given that CYC practitioners are a large discipline group employed by children's mental health centres in Ontario, it is important to understand how they are formally trained in college and university programs. This is the first phase of understanding how their work relates to EBP/T's used by children's mental health organizations.

EBP/T's are a new focus for children's treatment programs in the province, and there are significant efforts to identify the necessary conditions for successful implementation. There is also some skepticism about the research and clinicians regard the restrictiveness of EBT as unwarranted in some cases, and unmanageable in other circumstances. In addition, they see some of the research that has been conducted and the practices that have emerged to be unsuitable to the specific populations to whom they have responsibility to offer services.

Overall there is the growing acceptance in children's mental health centres of EBT/EBP. Most organizations that participated in this project see this trend continuing and growing in the future, as governments and other funders require measurable results for the money invested in mental health services. There appears to a belief system emerging that the "science" of treatment has been underemphasized over the past number of years, at the expense of the "art" of treatment, and a natural swing in the balance of the two is underway. The authors were made aware that mental health organizations in Ontario are becoming more businesslike in their operations and thus priority setting, decision making, and program design and implementation are determined by indicators that can be studied, quantified and compared.

The project analyzed child and youth worker college and university curriculums by utilizing the "Curriculum Translation" tool, developed by Mohawk College, to complete an analysis of selected curricula in relation to the "domains of child and youth care practice" developed by the project. The analysis indicated that for the eight curriculums analyzed:

- **Human Development** was consistently addressed, with little variation among the programs.
- **Communication** was addressed more than might have been expected by all programs.

- **Self** domain had a moderately high degree of variation among the programs. The focus group consultations early in the project emphasized the need for CYW curriculums, as well as professional training opportunities for practitioners, to focus upon the importance of self-development and awareness as central aspects of effective practice.
- **Relationship** had the highest degree of variation among the programs.
- **Interventions, Systems Context** and **Professionalism** had a moderately low degree of variation among the programs.

Gaps in the curriculums fell within the sub-domains of the above domains and were in the following areas:

- Social ecology (Systems Context)
- Self care (Self)
- Diversity (Professionalism)
- Medication and record keeping (Human Development)
- Appropriate use of computer software (Professionalism)
- Professional networking (Professionalism)
- Advocacy (Interventions)
- Moment-to-Moment interventions, such as life space interviewing and use of daily activities to create change

There were variations from curriculum to curriculum in terms of what was documented and the analysis utilized only what was submitted. In general, the discrepancies between the programs were not large, but there were gaps in all programs.
Child and Youth Care educational programs will be able to use this Curriculum Translation tool to examine, review and refine their programs, over time, to ensure that those areas of competency are covered both in general and at the level the children's mental health field is expecting/requiring.

Project Accomplishments

The goals of this project were:

1. to establish what exists in the education and training of entry-level CYC practitioners in Ontario regarding evidence-based competencies focusing on mental health issues, and
2. to recommend a framework for ensuring that the most current and relevant EBP's for child and youth mental health are taught in post secondary curricula graduating CYC practitioners in Ontario.

The project included reviews of relevant literature, focus groups, presentations on emerging results, feedback, and all participants expect to receive information about the final outcomes. These activities provided the framework for ensuring competence in EBP for practitioners in children's mental health.
A number of outcomes provide a foundation for further study and for the development of education and training for CYC practitioners related to their role in providing evidence-based treatments and engaging in EBT/P.

Tangible outcomes for use in children's mental health

1. A model of seven "domains of child and youth care practice" that provides all stakeholders with a theoretical model to aid in the evaluation and evolution of child and youth care education, training, supervision, and practice.
2. The development of 298 competency statements that correspond to the seven domains of practice with a system for understanding and identifying the level of learning/performance expected on each element by a recent graduate.
3. A curriculum evaluation tool for CYW programs and university programs to utilize in understanding whether the curriculum is meeting the learning requirements of child and youth care mental health practitioners when compared to the 298 competencies.
4. Feedback to six college and two university programs using the "Curriculum Translation Tool". Programs can use this feedback to further review and adjust curriculum content and learning objectives.

The Process of Stakeholder Participation

A part of the project design was to solicit responses to the preliminary results. Thus we initiated a discussion process between CYC educators and children's mental health providers that focused on education and training in EBP/EBT and the core skills required. to undertake EBT. As a consequence of this design, the following activities were undertaken to support stakeholder participation:

1. Presented project findings at the Child and Youth Worker college co-ordinators annual meeting.
2. Presented project material at a joint Ontario Children's Aid Society Association / Children Mental Health Association conference.
3. Held five follow-up consultations for all Focus Group Participants to present project findings which included discussions with college / university representatives in regards to integrating sound knowledge with practice.
4. Provided an individual curriculum analysis to each educational program that submitted their curriculum for review.
5. Communicated what the project was targeted to accomplish through an article in the Chronicle, the OACYC newsletter.
6. The results of the project will be presented (by invitation) three times in Montreal at *Beyond Borders,* the international child and youth care conference. Presentations will occur at a meeting of the Canadian Council of Child and Youth Care Associations being held to further their work on professional standards; at the national/international educators day just prior to the conference; and as a workshop during the conference.
7. Prepared a proposal for a poster at the CMHO annual conference in the fall of 2006.

These consultations not only initiated activities and processes that will be important to continue, but also generated additional feedback from those that reviewed the results.

The following messages emerged from these activities:

- The competencies developed in his project need to be validated through further research and study.
- Mental health practitioners are not familiar enough with what is being taught in the Child and Youth Worker programs.
- The value of Child and Youth Worker programs does not appear to be fully recognized by either the children's mental health agencies or Ministry officials with any commitment to implementing hiring criteria that recognize this value.

"We need a validated set of competencies to provide a framework through which we can conduct educational, agency, and employee reviews." – Focus Group Participant

- Ministry program funding discrepancies lead to large gaps in community agencies' ability to attract and retain Child and Youth Work trained practitioners.
- Student supervisors in agencies are not given enough support or recognition for their time and interest for Child and Youth Worker student training, and neither were they familiar with the curriculum of the Child and Youth Worker programs.
- Student supervision in field placements outside of mental health is too administratively-focused rather than clinically-focused, therefore making it difficult for mental health agencies to train students who have no experience with clinical supervision.
- Field placement experiences are extremely important in the Child and Youth Work programs and should not be limited or modified in any way. The coordinators of the college programs and the faculty of university programs, some of whom participated in curriculum assessment in this project, are committed to the field placement experience but report receiving pressure from the administration of their institutions to make changes in the field placement process and supervision that will make it less costly for the institution.

The Framework for Moving Forward

The following framework delineates what the authors conceptualize as an appropriate and functional way to ensure that the needs of children's mental health agencies for professional CYC practitioners are met. The framework will ensure practitioners who are capable of engaging in evidence-based practices and learning and providing specific evidence-based treatments.

Using this framework, Child and Youth Worker (college) and university (B.A. Child and Youth Care; B.A. Child and Youth Studies; or B.Sc. Child, Youth and Family) curricula will stay relevant to the developing needs of the mental health sector by staying connected to the field in a manner that allows for knowledge to flow between them.
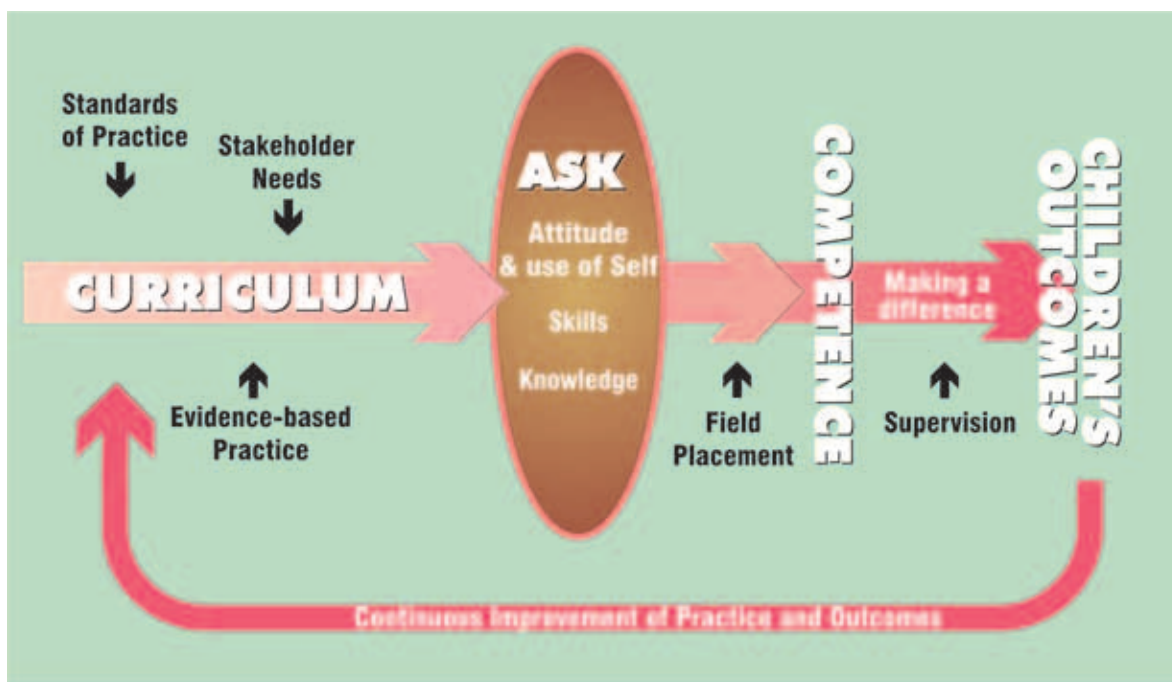
Figure Two: A Framework linking Field, Curriculum and Client Outcomes

The framework, as illustrated by the diagram above, requires that the items on the left (*Stakeholder Needs, Standards of Practice*, and *Evidence-based Practice*) be fully developed to inform the curriculum and produce the best educated and trained practitioners who will, through their professional work, make the biggest difference in effecting change for children and adolescents suffering with mental health concerns. The best outcomes will, in turn, inform what standards of practice and what EBP's need to taught in the Child and Youth Care program curriculums.

Currently *stakeholder* needs are communicated to educational programs through institutions such as the college or university program advisory committees. In the project's follow up consultations between field and educators, there were a number of enhanced practices suggested. Better representation from the mental health sector on advisory committees, involvement of Ministry of Children and Youth Services representatives, and more focused discussions in terms of mental health education and training needs of CYW students were discussed.

Ideas that were generated from the consultations, relevant to stakeholder needs, included:

- Ensuring that college instructors have more direct contact with mental health agency managers and supervisors in terms of EBT/EBP that are being implemented in their agencies and in the local communities. This would involve college instructors and child and youth worker students being invited to agency training programs, as appropriate and inviting agency representatives to present in college classes. These connections have some financial implications, and the specifics of how to fund such initiatives were not discussed.
- Using the domains of practice and competencies developed through this project to review field placement manuals, to ensure that the skills being focused on are in line with what the mental health education and training needs are for child and youth care students.

Standards of practice are defined in most disciplines by regulated requirements for practice and by service and program accreditation standards. There are no accepted and approved standards of practice in the child and youth care field, as it is an unregulated profession. In Ontario, the Ministry of Training, Colleges and Universities has defined "Vocational Standards" to which the Child and Youth Worker (college programs) are expected to adhere. These standards are not evaluated by an external body but are used by college programs to guide curriculum[15]. If no formal mechanisms are developed to externally evaluate educational programs there is no involvement by the profession to update regularly the curriculums and the programs educating CYC practitioners will therefore not evolve in a manner that supports appropriate and professional child and youth care practices.

Standards of practice need to be developed through a professional process and require validation by the field. Currently the OACYC certifies graduate Child and Youth Workers from college programs and from the B.A. (CYC) program at Ryerson University. The OACYC does not have a mechanism for assessing the curriculums for currency, relevance or quality of education although they are considering developing one.

15. These standards were used in the creation of the Domains of Practice for this project, along with four other national and international documents related to child and youth care standards of practice. The Ontario Vocational Standards for CYW programs can be found at http://www.edu.gov.on.ca/eng/general/college/progstan/humserv/echildyt.html

The domains of practice developed here could provide an initial basis for consultation and validation in relation to entry level practice. An educational accreditation process would then need to be developed to ensure that the standards of practice were being taught in the college and university programs.

The field is just beginning to embrace EBT/EBP. Child and Youth Worker programs and university programs will need to follow their lead. *Evidence-based practices*, as they relate to child and youth care practices, require research to ensure that what is required from the CYC practitioner was learned, and was being incorporated, into the practitioner's individual practice. There is also a need to specifically define, with clear and systematically researched "evidence", the day to day interventions used by CYC practitioners to support EBT.

The framework, as shown in Figure One, indicates that the curriculum gives students the knowledge, skills and attitudes required to build competence. The pathway from the knowledge, skills, and attitudes to competence is best enhanced by appropriate *field placement* experiences. The competence developed leads to positive outcomes for children and adolescents. The pathway from competence to outcomes is best enhanced by appropriate and professional supervision.

"We may be reaching a point where we have to look seriously at what some other professions have had to do, Professions like nursing and chartered accountants. In order to maintain acceptable standards, their professional associations conduct exams, tests, etc. after students have graduated from college or university. It may be time to look at an examination process run by the OACYC ... It provides a clear standard for college and university administrators to help them in their curriculum design and faculty hiring and placement." – CYC Chronicle, Volume 17 #2

Sustaining the Initiative

This project received initiative funding from the Centre of Excellence for Child and Youth Mental Health at CHEO. The funding created several products and initiated several processes which can continue beyond the end of the funding by using existing or new structures. In order to sustain the effects the following activities will occur. A notation on the person or group responsible is included.

1. The Standing Sub-Committee of the Coordinators of the Child and Youth Worker programs in the Ontario colleges meet on an annual basis. This group is accountable to the heads of Applied Arts and/or Health Sciences and submits annual minutes of their meeting. At the May 2006 meeting they received a presentation on this project and they have had a representative on the steering committee for the project. They have affirmed that Ryerson University's Child and Youth Care program will continue to meet with them annually. They have also invited a representative from Guelph University's Child, Youth and Family program. They affirmed this year, and recorded in the minutes, the importance of the field placement hours and the nature of staffing of these courses and will continue to advocate for consistency in field placement implementation. Additional discussion will occur next year. (Ryerson – Carol Stuart, Fanshawe – Joanne Cox)

2. Eight post-secondary institutions will receive a copy of the Domains of Practice and their curriculum already input into the Curriculum Translation Tool, comparing it to the elements of performance identified in the Domains of Practice. The Centre of Excellence should follow-up with these programs inquiring about the effect of this analysis on curriculum as well as whether or not some of the other aforementioned ideas generated in the field consultations and discussion of the project were implemented by any children's mental health agencies and/or educational programs. (Centre of Excellence)

3. Presentation and discussion of these results at the international pre-conference Educator's day in Montreal is expected to initiate discussions on an educational accreditation process for Child and Youth Care in Canada bringing the CCCYCA and educator's together to discuss process. The Domains of Practice and the elements of performance for a graduating CYC provide a framework which can be tested and validated to move this process forward. (Carol Stuart, Ryerson University and CYW College coordinators)

4. CMHO is currently funded under another initiative from the Centre of Excellence to revise their accreditation standards and has already initiated consultations with Dr. Carol Stuart regarding the standards. It is expected that this will continue. (CMHO and Carol Stuart, Ryerson University).

5. In the early to mid phases of this project the OACYC and CCCYCA, partners in the project for the first 6 months withdrew from the project. The CCCYCA has requested a presentation on the results at their annual meeting in October 2006 and will be asked for specific comment on the implications of the results for their activities nationally. (Carol Stuart) Similarly, the OACYC should be invited to make specific comment on how they might use the results of the project in their upcoming activities on certification. (Centre of Excellence)

6. The OACYC has begun to discuss a follow-up project on EBT/EBP and child and youth care practices in residential care with Dr. Carol Stuart and 3 associations engaged in providing residential care to children with mental health concerns as well as the CYC educators group. This project will begin to address the need for the roles and functions of CYC practitioners in relation to EBP to be more clearly understood. The project will also expand the understanding of how children's mental health concerns, EBP/EBT are managed in other sectors. Funding will be requested through the Centre of Excellence. (Carol Stuart, lead, Co-investigator).

Recommendations

The following additional recommendations would further the process of implementing this framework, and ensure that the momentum established by this project is continued:

1. All Child and Youth Care education programs make use of the curriculum translation tool used in this project to compare their curriculum to a given set of standards, in order to identify gaps and areas where the tangible products of curriculum (course outlines) do not reflect their actual intents. At their annual meeting, educators should review and discuss the findings on the areas of curriculum that are more commonly absent from their programs. Those that do address these areas can share information with other programs.

2. Standards of practice should be developed for the profession of child and youth care in Ontario which link the certification program of the professional association, the vocational standards defined for Child and Youth Worker programs and the college and university education programs. These standards should recognize that competence and therefore standards of practice might be different for graduates and those who have more years of experience. Lifelong learning is essential in EBP implementation.

3. An accreditation process for Child and Youth Care education programs would ensure that the needs and changing practices of the various sectors of the field (including children's mental health) were reflected in curriculum in a timely manner.

4. CMHO should consider including within their agency accreditation standards a minimum standard that requires CYC practitioners to have formal child and youth care education. CMHO should also determine the roles and scope of practice for which these requirements will apply.

5. Additional research should be undertaken that examines child and youth care career training, practice, and supervision of CYC practitioners who are providing children's mental health services.

6. Research be undertaken that examines and compares training and practice issues for CYC practitioners in other service sectors where children with mental health needs are found (e.g. child welfare, social services, health, and education).

7. Research should be undertaken that links the practice techniques and interventions of child and youth care to the already researched EBT and EBP in the children's mental health field so that roles and activities of child and youth care practice can be more clearly defined in relation to EBT outcomes.

8. A formal process be established and an organization identified to take responsibility for the review and comment on this report from all stakeholders. The development of a continuous feedback mechanism to enable comment and new information to be collected and redistributed to all interested parties is essential.

9. The Report's Executive Summary should be distributed to all stakeholders ; including the CMHO, OACYC, the college Child and Youth Worker programs and university programs – the instructors, administrators, and advisory groups for each program, as well as direct dissemination to individual CYC practitioners in the field

10. The report should be presented to senior officials in the Ontario Ministry for Children and Youth Services, with the encouragement that ministry officials participate in the ongoing review and development of child and youth care curriculum.

V. Appendix 1
Methodology

The goal of this project was to establish what currently exists in the education and training of entry level CYW practitioners in Ontario regarding evidence-based competencies focusing on mental health issues. The project focused on the special and unique competencies that are required by entry level trained child and youth care workers providing mental health services.

The project had five phases, each of which used a slightly different methodology. The methodology is described here.

Phase 1
Document Review

The document **Knowledge Transfer and Implementation of Evidence-Based Practices in Children's Mental Health**, Barwick, M., *et al* (2005) was reviewed and summarized highlighting points that had implications for this project. (See Appendix 2 in the Interim Report: Jan. 2006 for the full review and summary of the report.) The review and summary were presented to the steering committee and used as background for developing the focus group questions. The results of this review were combined with the results of Phase II in the final report in order to identify the needs of the stakeholders in the children's mental health sector in Ontario.

Phase 2
Assessment of CMHO Stakeholder Needs and Models of Evidenced Based Practice

Five focus groups, made up of supervisors, program managers and service directors from children's mental health programs, were conducted in various regions of the province. There were two held in the greater Toronto area, one in London, one in Ottawa and one in Sudbury. There were thirty-four participants in total and the group size ranged from five to eight in number.

All participants responded to an email with a general call to participate issued by CMHO and were then contacted via telephone by project personnel to ensure that they were informed of the process and agreed to the manner in which the groups were going to be conducted. All participants were further informed at the beginning of each group and were asked to sign an Informed Consent. The make up of the groups in terms of program and service representation differed e.g. residential services or family intervention programs would be over represented in some groups and under represented in others. The discussions reflected these imbalances in group composition.

Each group was conducted in a similar fashion using eight questions that were distributed at the beginning of each group and focused on the needs of supervisors and agencies in relation to entry level child and youth workers. The groups discussed the questions in an unstructured manner and the facilitators ensured that all questions were addressed at some point in the discussion.

Focus Group Questions

1. What evidence-based treatments are used at your agency? How does your agency utilize child and youth workers in the provision of these evidence-based treatment programs?
2. What does your agency expect that new graduates in child and youth work know in terms of specific knowledge of children and/or adolescent mental health?
3. What does your agency expect from new graduates in child and youth work in terms of practice skills, in working with children and/or adolescents?
4. What roles do self-awareness, values and attitudes play ion the competence of child and youth work practitioners in dealing with the mental health issues of children and youth?
5. Do you think that there are any gaps in the formal education of child and youth workers in relation to children and adolescent mental health? If so, what?
6. What training does your agency provide to child and youth work staff members in terms of mental health issues, intervention skills, and new knowledge? Is that training specific to child and youth work or do other professionals attend?
7. What training does your agency provide child and youth work staff members in terms of evidence-based treatment for children and/or adolescents. Is that training specific to child and youth work or do other professionals attend?
8. What model of supervision is utilized in your agency for child and youth workers?

The intent was to allow members of each group to respond to the questions with maximum freedom in terms of range and depth of response. The group facilitator (Bill Carty) and the recorder (Carol Stuart) were the same for each group, both being the principal researchers on the project. Notes were taken by the group facilitator and the recorder used a laptop computer and an audio tape recording to ensure accuracy of the participants' ideas and language.

Each researcher individually analyzed the focus group notes and then findings were collectively discussed. Consensus was reached between the researchers as to the major and minor points that were raised by the participants and a list of principle themes were developed for each group. These themes were then combined to form an analysis framework for all groups. The transcripts of the focus groups were coded according to this analysis framework using NVIVO, qualitative analysis software, which facilitated identifying exemplary quotes. The analysis was independently reviewed and confirmed by a research assistant.

Phase 3
Competency Analysis

In this phase three researchers (the two principal researchers who were involved with the focus groups and one additional person) independently reviewed five documents that describe competencies in child and youth work practice. These were chosen from among a broader selection because they represented competencies that were developed in Canada and/or had Canadian input and are current in the field.

1. **Child and Youth Care Association of Alberta Certification Manual Revision** (1999)
2. **Proposed Competencies for Professional Child and Youth Work Personnel**, Draft 2001, Mattingly and Stuart.
3. **National Training Program – Skills for Rehabilitation Intervention**, 2002, (Quebec)
4. **Comprehensive Competency-Based In-Service Training: A Training Needs Assessment for Residential Child and Youth Care Workers**, Johnston, R., 1997
5. **Program Standards for Child and Youth Worker Programs**, Ontario Ministry of Training, Colleges and Universities, 2002

The research team reviewed each of these documents and focused on identifying and describing the key domains of child and youth work practice that were represented within the documents. The focus was on competencies and domains that would articulate and describe the work of child and youth care practitioners in meeting the special and unique mental health needs of children and youth. Seven domains were identified and described by the team. The team met and developed a conceptual framework that identified not just the domain, but how each domain was related to the other domains. The items listed as competencies or learning outcomes within each of the foregoing documents were then reviewed and combined into a list of learning outcomes and required skills for child and youth mental health practice. To accomplish this analysis, items from each of the five documents were grouped into the appropriate domain, redundancy was addressed and the items were re-written in a standardized format.

The three researchers worked as a team for two days to do the initial analysis and then worked individually on assigned domains, which were then collectively reviewed and agreed upon. The focus group analysis was integrated into the writing of the elements of performance to address any areas not covered by the documents. The domains identified were:

I. Self
II. Professionalism
III. Communication
IV. Relationships
V. Normal and Abnormal Child and Adolescent Development
VI. Systems Context
VII. Interventions

These seven domains formed a **standard** for the curriculum analysis undertaken in Phase IV.

Phase 4
Curriculum Analysis

Each of the competencies were given a rating based on Bloom's Taxonomy. Bloom's Taxonomy is a classification system which identifies six increasingly sophisticated levels of learning. The six levels identified are: Knowledge (at the most basic level), Comprehension, Application, Analysis, Synthesis, and Evaluation (being the most complex). Each level assumes learning has occurred at the previous level and is required at the previous level in order to accomplish learning at the higher level. Typically Bloom's taxonomy is used by instructors to determine the "level" of learning demanded by a course objective, or by an exam question by considering the language used to formulate the statement or question. To attach a level of learning to a competency in our work, the language of the competency was classified according to Bloom's Taxonomy.
For example,

AP	VIIH8	Understands and participates in needs assessment and identifies specific goals which are achievable and measurable (A, Q, M, O)

This competency is rated at an "Application " level (AP) as the language "understands and participates in" outlines that the person would be actually doing (participating) the task, and therefore using their knowledge and comprehension of the concept and "applying" it to a situation/task. These ratings and the language of the competencies were designed so that each of the competencies reflect what level a graduate CYW would be expected to perform in an entry level position in Children's Mental Health.

The competency statements were written with Bloom's taxonomy in mind by a team of 3 people; Carol Stuart, Bill Carty, and Patti McKenna. The writing occurred through a systematic review of five documents on child and youth care work competencies and a systematic comparison of the competencies to the focus group results. The classification of the competencies according to Bloom's Taxonomy was then completed by two research assistants (Becky Mercer and Mackenzie Dean). Each research assistant rated the entire set of learning outcomes independently and then they met together to compare differences and reach consensus. Few differences existed in the initial independent ratings and once consensus was reached the principle researcher (Carol Stuart) reviewed the ratings and questioned or confirmed the assessments.

After rating the competencies according to Bloom's taxonomy, they were entered in to an excel spreadsheet designed to act as a curriculum translation tool. The format of the spreadsheet was developed by the Learning Technology Centre at Mohawk College (Ali Cheaib) and was used by them for the purpose of comparing a variety of programs in the college to the Ontario Vocational Standards for each program. The purpose of the curriculum translation tool is to compare a curriculum to an outside set of standards or competencies before the curriculum is entered into "WIDS". The World-wide Instructional Design System (WIDS) is a software that facilitates curriculum development and analysis to ensure an integrated curriculum and to identify where learning objectives are addressed and at what level. Neither the curriculum translation

tool nor WIDS uses Bloom's taxonomy; rather objectives are "rated" on a level system. We modified the curriculum translation tool to use codes for the levels of Bloom's taxonomy, rather than a numerical rating.

Separate spreadsheets were created for each post-secondary educational institution's curriculum, and all of the learning objectives for an entire program were inputted by course. Next the research assistants read through the full course outline, assignment details, topic outline, etc. to appreciate what information was being covered in the course and how it was expressed in the language of the learning objectives as well as how it was evaluated. Each research assistant was assigned to four programs. Each of the learning objectives for that course were matched to the competencies that reflected the same material. A similar reading and process occurred with the field placement manuals and the objectives for field placement.

For example,

College/university code-course code-LO#	Record information accurately and objectively	AP	Course Code	Field Placement II	Semester	Core Subject

is linked to:

AP	IIIC5	Accurately records relevant interactions and issues in the client-practitioner relationship following client interactions (individual, group and/or family)

because the course learning objective – "record information accurately and objectively" outlines that the student is learning to complete the skill explained in the competency- "accurately records relevant interactions and issues in the client-practitioner relationship following client interactions (client, group, family)." This matching was completed by the research assistants by reading the course learning objective, and then reading through each of the competencies to compare and find the appropriate match. In cases where a learning objective matched more than one competency standard, an additional row was added in the spreadsheet, and the learning objective for the course was repeated and matched to the other standard(s) with which it corresponded. To verify that all possible matches were made, the "Find" function in Excel was used to search for matches that may have been missed.

After matching the learning objective and the competency within a particular domain, a Bloom's Taxonomy rating was assigned to each of the learning objectives from the program curriculum. The rating given was based on to what level the course addressed the competency to which the learning objective was matched. To evaluate which level was appropriate the course material was reviewed to determine what level of learning was occurring in the course with regards to the competency being met.

For example:

| cc-cycs1004-L05 | Communicate effectively and work through problems as members of a small group. | CO | CYCS 1004 | Introduction to Child & Youth Work | 1 | C |

is linked to the following standard within the Communication domain.

| KN | IIIA8 | Team Building |

The rating of "CO" attached to the learning objective is a reflection of the level to which "*Team Building*" is addressed by the course/learning outcome. "*Team Building*" is addressed at a CO level because the small group work does resemble the professional "team building" that is implied by the competency, and therefore the student "comprehends" the concept of "team building" in a professional environment. The rating was not given at a higher level [(AP) application], as the classroom environment doesn't offer the exact reality of a professional team. The standard, in this case, is at a lower level of Bloom's taxonomy (knowledge). This learning objective was also linked to at least two other competencies in the domain of *Relationships*.

| AP | IVE2 | Demonstrates an ability to establish and maintain effective relationships within a team environment by: Acting professionally; negotiating and resolving conflict; acknowledging and respecting cultural and human diversity; and supporting team members.(NACP) |
| CO | IVA10 | Team development and roles |

The language used in the wording of the learning objective by the college/university programs did not always reflect the Bloom's level that was being achieved in the course. For example,

| ac-fam1050-L01 | Examine and evaluate behavioural and cognitive approaches to learning. | KN | FAM1050 | Cognitive-Behavioural Planning | 1 | C |

The language in the learning outcome suggests that the student is "evaluating", the highest level of learning according to Bloom's Taxonomy, but a review of the course materials indicated that it actually only delivers and tests information at the knowledge and comprehension levels. This process was repeated for each of the learning objective in each course and for all of the programs reviewed.

Throughout the process (on a bi weekly basis), the research assistants reviewed their own work as well as each other's to minimize the chances that differences were occurring in the coding/data entry process. Also, the principal researcher regularly reviewed the work as it progressed and gave feedback and asked questions to check consistency. After completing all initial entries, the work was reviewed again by the research team.

At this point the power of the curriculum translation tool was enacted and both a chart and a table were generated for each of the 8 curriculums. These two "reports" identified in summary the number of times a competency was addressed by the curriculum. The reports could be adjusted and "reprinted" to reflect ONLY a single course OR to reflect a specific semester or a specific year. The results identified the level of the match, indicating if the curriculum was above or below the competency expected of a graduate according to the Domains of Practice.

In order to make comparisons and inferences about the total data set to reflect an analysis of the curriculums collectively, all of the completed curriculum analyses were combined in one excel workbook. Excel name ranges were defined for each Curriculum and formulas created to tabulate the number of times each standard was met in the curriculum. The total and average "number of hits" across all curricula and the average number of hits among colleges and universities separately were tabulated. At this level the analysis did not reflect the "level" of Bloom's Taxonomy in the matches, only whether or not there were matches and how many. A total number of matches was determined for each curriculum. These values were used to determine the mean number of matches per curriculum data set.

For statistical purposes, total count values were also used to determine variance and standard deviation using excel's built in statistical functions. Standard deviation measures dispersion among the measures being analyzed (indicates how far from the expected value its values typically are). Thus, large variance indicates that there are many scores located away (statistically) from the mean. In our case the variance is very high across all the competencies.

Total Mean	Total Variance	Std Dev	College Mean	College Variance	College SD
715.875	148396.7	385.2229	818	150671.2	369.38
			University Mean	University Variance	University SD
			409.5	35112.5	187.3833

Since the variance among the programs was very high and the number of programs participating was very low, significant differences could not be calculated. Instead we used a different method for looking at central tendency and variation among the programs. Mean, median, mode, maximum and minimum number of hits were calculated for each learning competency standard across all the curriculums. The central tendency was indicated in three different manners allowing us to examine which individual competencies had a high degree of variability across programs.

For example:

CL	CODE	DESCRIPTION	TOTAL	AVG	MIN	MAX	MEDIAN	MODE
AP	IB2	Performs going self assessment relative to personal strengths and limitations; feelings and needs; and his/her role in interactions with children, youth, families, and other members of the professional team (Q, M)	62	7.75	3	22	6	3

These central tendency measures were then analyzed by Domain of Practice and by sub-domain to describe the areas where each curriculum focused, as well as the areas that were "missing" in each program. The raw data was converted to percentages for each curriculum. Since each curriculum had a great deal of variation in the number and detail of the learning objectives, using the "percentage of matches" offered a method that equalized this variation for comparative purposes. (See table one in the report.) Further analysis was undertaken by examining the *mode* for each competency standard within each sub-domain. We were interested in those competencies with a mode of 0 as these represented competencies where at least two and often more of the curriculums had 0 matches. All competencies with a mode of 0 were examined and those where four or more curriculums had 0 matches were identified. These competencies were examined for common "themes" across domains and for how they were grouped together by domain. This analysis identified a number of gaps across the curriculums.

Phase 5
Follow up Consultation – Presenting the Analysis

The focus groups were re-assembled, in each region and an invitation was extended to the instructors of the child and youth work programs in the community colleges and universities, in each region to review the findings. The findings, as outlined in this report, identify what competencies are required for entry level child and youth care workers and how the child and youth work programs analyzed are teaching to those competencies. The follow up consultations provided a final check and feedback loop for the authors to prepare this report. The participants provided feedback and recommendations regarding the framework for ensuring that the most current and relevant evidence-based practice for child and youth mental health is taught in CYC post-secondary curriculums in Ontario. The research assistant for the project took notes during these consultations and the notes were summarized across all the meetings.

VI. Appendix 2
Competencies of Child and Youth Care Practice

I. Self

Description of Domain

Self is seen as foundational to child and youth care practice. Each of the other six domains is developed within the context of the self as the mediator of knowledge and skills. This is the area which includes the practitioner's responsibility for self awareness and a lifelong commitment to developing and utilizing self to ensure the best practices with children and youth. Graduates have insight into the factors of their own development and the impact of self factors on practice interventions. (*FG*)[16]
Three assumptions about how child and youth practitioners work with the self are important considerations for this domain.
1) Growth occurs in a series of moments and interactions, and each moment and interaction has enormous potential.
2) Work with youth is a process of self in action, workers and youths learning about themselves from their experiences together. (*FG*)
3) Competent practice is continuously interlaced with other spheres of knowledge, skills, and preferred values that are learned concomitantly with the practice[17]. They are aware of and act on the limiting effect of professional client boundaries on the relationship. (NACP) This domain addresses areas of reflective practice, boundaries, self in intervention, and self care.

Knowledge Foundations

The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.
1. Core values and attitudes in Child and Youth Care Practice (AB Professional Issues/attitudes/Self Care and Personal Development/knowledge)
2. Models for self – awareness and self-appraisal (AB Self Care and Personal Development/attitudes) (*FG*)
3. Models for Time Management (*FG*)
4. Theory and symptoms of burnout and stress (AB Self Care and Personal Development/skills)
5. Vicarious trauma, critical incident stress reactions, and other occupational stressors inherent in child and youth care practice (AB Self Care and Personal Development/attitudes)

16. (*FG*) references where the focus group discussion supported the competencies developed here.
17. Krueger, M., Galovits, L. Wilder, Q. and Pick, M. (1999). *A Curriculum Guide for Working with Youth: An Interactive Approach*. Milwaukee: University Outreach Press.

6. Accepted boundaries in professional practice (note: also in Professionalism but key here) (ON-v.s. 6.1, NACP IA) (*FG*)
7. Stress management, self care and wellness practices (NACP IA, IB3b2, ON-v.s. 6.4) (note: also in Professionalism but key here) (*FG*)
8. Personal goal setting and life-long learning (ON-v.s. 6.3) (*FG*)
9. Agency, personal, and professional support systems (AB Self Care and Personal Development/knowledge) (*FG*)
10. Local professional support services (NACP IA, QU, AB Self Care and Personal Development/knowledge)

Reflective Practice

The child and youth care worker (recent graduate) continuously assesses his/her professional skills, knowledge and personal well-being and reflects on the impact of these factors on his/her day to day practice (*outcome*). (QU 401-8, AB) (*FG*)
Graduates develop self-reflective habits that ensure quality care to children and youth and enhance personal and professional growth (*clarification*).

Elements of Performance
The child and youth care practitioner:
1. Analyzes his/her personal biases and cultural values and their implication for practice. (NACP IIB1a, QU, MN 805-1) (*FG*)
2. Performs going self assessment relative to personal strengths and limitations; feelings and needs; and his/her role in interactions with children, youth, families, and other members of the professional team. (QU 401-8, MN 802-1, 833-2, NACP IB3a1, IVB1f). (*FG*)
3. Uses reflective tools such as supervision (ON-vs. 6.2), personal journaling, and other reflective exploratory methods to learn from his/her interactions with children, youth, and families. (NACP, AB Self Care and Personal Development/skills)
4. Routinely seeks guidance and feedback from supervisors and peers (AB Self care and Personal Development/skills) to challenge his/her role in therapeutic interactions. (*FG*)
5. Understands and incorporates "Standing back" in order to assess objectively (QU 402-7, 402-8)
6. Articulates his/her own learning style (ON-g.e.d. 4.4)
7. Recognizes the importance of self awareness and its implications for practice and modifies behavior to reflect this knowledge (QU 407-1, MN 833-2, NACP IVB2a) (*FG*)
8. Re-evaluates goals and make adjustments.

Boundaries

The child and youth care worker (recent graduate) demonstrates an awareness of professional and personal boundaries to maintain a safe and effective service for children, youth and families (*outcome*). (QU , AB Relationship Development/attitudes, MN, NACP)

Boundaries are fluid and change with the requirements of the relationships that workers have. Practitioners must be open to acting on feedback from those outside the relationship and place authentic relationships at the forefront of their interactions. (*clarification*).

Elements of Performance

The child and youth care practitioner:

1. Recognizes the practitioner's responsibility to maintain clear boundaries and ensures that therapeutic relationships do not devolve into social relationships (AB Relationship Development/attitudes)
2. Demonstrates the ability to set, maintain and communicate appropriate boundaries (NACP IVB2f) in a manner that is authentic, respectful, honest and clear (AB Relationship Development/attitudes, ON-v.s. 6.1)
3. Describes his/her own needs and feelings and keeps them in perspective when professionally engaged (NACP IB2d1) (*FG*)
4. Maintains the necessary distance to gather the facts and describe them objectively (QU 402-7, 402-8) while engaging in an authentic relationship.
5. Actively seeks and integrates feedback to set his/her boundaries in relation to clients needs within the relationship.

Use of Self in Intervention

The child and youth care worker (recent graduate) examines the impact of self on others, cultivates and develops checks and balances (*FG*) to ensure that interactions are consistent and constructive. Practitioners take into consideration their individual values, beliefs and opinions and the effects these have on their actions with clients and co-workers (*outcome*). (NACP, ON-g.s. 11.5)

Elements of Performance

The child and youth practitioner:

1. Regularly and systematically evaluates how his/her actions affect clients and inform practice. (QU401-8, 407-2, 407-4) (ON-g.s. 11.5)
2. Accepts, evaluates, and acts upon feedback from others (client, family, colleagues, supervisors) in an effort to improve practice (QU, ON-v.s. 1.4, g.s. 11.6) (*FG*)
3. Examines how his/her own attitudes and reactions impact interventions and adapts practice accordingly (NACP, MN 802-2, QU401-8, ON-g.s. 11.5) (*FG*)
4. Summarizes his/her own skills, knowledge and experience realistically (ON-v.s. 7.1)
5. Takes responsibility for his or her own actions and decisions. (ON-g.s. 11.7, QU 408-3) (*FG*)

6. Integrates self awareness with current research and practice knowledge to develop, implement and evaluate effective programs and services for clients (NACP)
7. Plans interventions (momentary and systematic) that incorporate an awareness of his/her own self as well as the worldview of the client and the context (*FG*) within which both are located.

Self Care

The child and youth care worker (recent graduate) values self-care as an essential component of healthy practice. Graduates demonstrate an integration of self care strategies into daily practice (*outcome*).
They understand that CYC practitioner's health and well-being must be accounted for and that practice requires continuous reassessment of well being (*clarification*). (AB Self Care and Personal Development)

Elements of Performance
The child and youth care practitioner:
1. Demonstrates an awareness of self as a growing and strengthening professional. (NACP) (*FG*)
2. Maintains a healthy lifestyle including adequate rest, recreation and diet. (AB Self Care and Personal Development/skills)
3. Incorporates "wellness" practices into his/her own lifestyle (NACP IB3b1)
4. Self-assesses for signs of burnout (AB Self Care and Professional Issues) and applies self care strategies which promote personal and professional growth (ON-v.s. 6.4, MN 802-4)
5. Identifies and analyzes occupational stressors in both self and environment and demonstrates adequate coping strategies (AB Self Care and Personal Development/attitudes, MN 802-5)
6. Establishes reasonable and realistic personal goals in relation to self-care, (ON-v.s. 6.3) physical, emotional and spiritual well-being (AB Self Care and Personal Development)
7. Accesses and utilizes appropriate resources to build and maintain a support network (NACP IB3b3).
8. Obtains training, education, supervision, experience and/or counsel to assure competent service (NACP IB2e2, ON-v.s. 6.2, QU 407-4, AB) (*FG*)
9. Applies time management skills for an organized practice that balances the process of therapeutic relationships with required professional tasks.(ON-v.s. 6).

II. Professionalism

Description of Domain

Professionalism is the area of influence that includes the professional presentation of the practitioner and their interpersonal interactions with clients, family, community and other professionals. The focus of the interactions is on the work that they are engaged in, not a social or personal relationship. The domain addresses areas of ethics, professional identity and professional behaviours, supervision, and how diverse identities are managed in a professional context.

Knowledge Foundations

The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.

1. History of the CYC profession including the legalities of professional regulation (NACP-IA, AB)
2. History of social services, justice environments, mental health treatments and the historical treatment of 'people' (e.g. the convenience of warehousing) including the legal approaches to the care and treatment of children and youth in these systems and the history of political, social and economic factors that contribute to racism, stereotyping, bias and discrimination. (MN 801-1, 830-1 NACP IIA) (*FG*)
3. Procedures for children's advocacy and grievances. (AB Community Development/knowledge, NACP-IA) (*FG*)
4. The legal rights, protections, and responsibilities regarding legal procedures that pertain to child and youth mental health. (MN 801-2) (*FG*)
5. The laws, standards, guidelines for collaboration and policies relating to the interface between systems; such a mental health, juvenile justice and child and family services and how these impact services offered to children, youth, and families (MN 801-5; 801-6; AB, NACP-IA) (*FG*)
6. Accepted boundaries in professional practice (NACP-IA, ON-v.s. 6.1) (*FG*)
7. Stress management and wellness practices (NACP-IA) (*FG*)
8. Change theory, the impact change has on work groups (MN 830-4) (*FG*)
9. Policies and regulations of their professional association, including the code of ethics and a process for ethical decision making. (AB Professional Issues/attitudes/knowledge, NACP IB4c)
10. Cultural structures, theories of change, and values that lead to culture variations (*FG*) among families and communities of diverse backgrounds (NACP IIA, AB)
11. Cross cultural communication. (NACP IIA)

Ethics

The child and youth worker (recent graduate) follows a code of personal and professional behaviour in the day to day performance of his/her work and uses an ethical decision making process to help him/her make decisions when rules for behavior conflict. (*Outcome*)

These professional code(s) of ethics are governed and sanctioned by the professional association and include the formal codes of employment within the workplace, as well as the less formal norms of professional conduct for engaging with children, youth and families (NACP, AB). (*Clarification*)

Elements of Performance

The child and youth practitioner:

1. Conforms to agency guidelines relating to attendance, punctuality, personal appearance, sick and vacation time, and workload management (NACP IB2c1a) (*FG*)
2. Demonstrates an awareness of how personal and professional values influence practice including how beliefs, values and attitudes influence interactions with clients and co-workers. **(NACP March Draft I B-2a(1))** (*FG*)
3. Follows the guidelines of the relevant Child and Youth Work code of ethics at all times. (MN 801-12; NACP I B4c, AB)
4. Distinguishes between ethical and legal issues and applies an ethical decision making process including:
   - Identifying the problem.
   - Identifying the potential issues involved.
   - Reviewing the relevant ethical guidelines.
   - Obtaining consultation.
   - Considering *possible* and *probable* courses of action.
   - Enumerating the consequences of the various alternatives.
   - Deciding on what appears to be the best course of action. (AB Professional Issues/skills)
5. Applies the agency policy, laws, and professional code of ethics relating to confidentiality. He/she selects and communicates information that is pertinent to the needs of parents, colleagues and collaborators as appropriate. (QU 408-2, QU 401-21 AB Professional Issues/skills, NACP IB4 a-c, ON- VS5.4, MN 801-12, 801-6) (*FG*)
6. Follow the agency policy, laws, and professional code of ethics relating to conflict of interest. (AB Professional Issues/skills) (*FG*)
7. Demonstrates appropriate use of power and authority and performs this role while showing respect for the people over whom he/she uses his authority. (QU 405-5) (*FG*)
8. Accesses and applies relevant laws and licensing regulations related to violations and reporting of a child's right to a safe, secure and nurturing environment including the procedures and reporting related to crisis intervention and management of aggression. (NACP IB5a, MN 801-3, 808-8)
9. Demonstrates advocacy skills to ensure that children, youths and families have their views heard and considered during decision making processes that directly affect them. (NACP IB6f) (*FG*)

Professional development

The child and youth worker (recent graduate) is committed to life-long learning and professional development including formal and informal learning opportunities in day to day practice and through formal education and training. (*outcome*) (Alberta Professional Issues/attitudes, NACP1B2e(2); ON-VS 7).

He/she is capable of self-criticism and accepts critical comments from others (young persons, parents, partners, colleagues, superiors) in an effort to improve his/her practice. He/she acknowledges mistakes and learns from them in order to improve his/her professional practice. He/she asks for help when he needs it. (*clarification*) (QU 407-1, 407-4; AB)

Elements of Performance

The child and youth practitioner:

1. Maintains membership in a professional organization. (AB Professional Issues/skills)
2. Interprets and discusses current professional issues, future trends and challenges in child and youth mental health. (NACP IVB2k, ON-VS 7.10) (*FG*)
3. Accesses and applies the professional literature, particularly in the relevant areas of evidence based practice. (NACP March Draft I B-1(a) (IB2e1); AB Professional Issues/attitudes, ON-VS 7.10) (*FG*)
4. Determines through self-assessment his/her current skills and knowledge and to identify and engage in professional development activities. (NACP IB2b1, ON-VS 7.1, 7.2, 7.3; MN 830-3, AB Self Care and Personal Development/skills) (*FG*)
5. Transfers and adapts current knowledge and skills to new contexts (ON-VS 7.4) (*FG*)
6. Explains the nature of CYC practice to the public and other professionals. (AB Professional Issues/skills) (*FG*)

Supervision

The child and youth worker (recent graduate) demonstrates a commitment to the provision of high quality care through reflective practice and therefore engages in regular supervision process taking responsibility for initiating reflective conversations. (AB-Professionalism – attitudes)

Elements of Performance

The child and youth practitioner:

1. Understands the agency organizational structure and how decisions are made within that structure including the roles of the youth and youth care worker. (MN 830-2) (*FG*)
2. Develops and implements personal and practice goals in collaboration with his/her supervisor. (AB Professional Issues/skills) (*FG*)
3. Employs effective and appropriate problem-solving strategies (NACP VB8i) by recognizing issues, consulting as appropriate, choosing from and implementing a variety of strategies within the context of agency policy and procedure. (AB Professional Issues/skills, MN 802-2) (*FG*)

4. Critically evaluates personal performance and when requested participates in a peer feedback process. (AB Professional Issues/skills, QU 407-6) (*FG*)

Diversity

The child and youth worker (recent graduate) respects differences related to cultural and human diversity by attending to differences and similarities in the process of creating change for children, youth and families. (*outcome*) (*FG*)

He/she is aware of the eight major factors which set groups apart from one another, and which give individuals and groups elements of identity: age, class, race, ethnicity, levels of ability, language, spiritual belief systems, educational achievement, and gender differences and addresses issues related to these elements of identity throughout all other domains of practice (NACP). (*clarification*)

Elements of Performance

The child and youth practitioner:
1. Describes the importance of working with those whose values are different from his/her own. (NACP March Draft I B-2a(1); MN 801-11) (*FG*)
2. Analyzes personal biases and stereotypes about others based on age, class, race, ethnicity, ability, language, spiritual beliefs, education, and gender (NACP IIB1a) (*FG*)
3. Analyzes the interaction between his/her own cultural values and the cultural values of others. Discovers his/her limitations in understanding and responding to cultural and human differences and seeks assistance when needed (NACP IIB1b/c, MN 805-1) (*FG*)
4. Supports children, youth, families to access resources and services which advance cultural understanding and appreciation of human diversity (NACP IIB1f/g, AB Systemic Frameworks/skills, Community Development/skills)
5. Supports children, youth, families and programs in overcoming barriers to services that are created as a result of cultural and human diversity (NACP IIB1h).

III. Communication

Description of Domain

This is the area where relationships with people are established and the quality of service is enhanced through the ability to communicate effectively. This is an area of influence in which surrounds four other domains of practice and is the domain through which aspects of the self and professionalism are expressed. Practitioners analyze their audience to identify what is required and to match those needs with the most appropriate means of communication in written, spoken and visual messages. (ON-v.s. 8.6) The domain addresses verbal and non verbal; written; electronic communication; and communications with professionals and the community.

Knowledge Foundations

The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.
1. Communication theory (verbal and non verbal) (NACP IVA) (*FG*)
2. Cultural differences in communication styles (NACP IVA, MN 805-1, QU) (*FG*)
3. Developmental differences in communication, including the influence of developmental disorders or diagnosis of mental illness (NACP IIIB2b, IVA, MN 804-1) (*FG*)
4. Family dynamics and communication patterns, including attachment theory as it relates to communication style (NACP IVA, MN 806-1) (*FG*)
5. APA guidelines
6. Computer literacy (NACP, ON-v.s. 8.4, MN, QU 402-12) (*FG*)
7. Use of electronic data bases (ON-v.s. 8.4, QU) (*FG*)
8. Team building
9. DSM IV (AB Mental Health/knowledge) (*FG*)
10. Licensing and program standards related to documentation (MN 801-13) (*FG*)

Verbal and non-verbal communication

The child and youth worker (recent graduate) communicates effectively to enhance the quality of service and promote understanding and trust and is able to evaluate the results of the communication and adjust in order to improve effective communication. (ON-v.s. 8.7). (*outcome*)

Communication is essential to expressing caring and working effectively with children, families, colleagues and the community.

Elements of Performance

The child and youth practitioner:

1. Demonstrates a variety of communication skills including:
   a) Active listening (*FG*)
   b) Empathy and reflection of feelings (*FG*)
   c) Appropriate non verbal communication (eye contact, tone of voice, facial expression, spatial proximity and body position) relative to culture, context, and status of the person (*FG*)
   d) Questioning for information and feelings
   e) Use of 'door openers'
   f) Appropriate use of challenging and self-disclosure to promote change in the child's perspective on problem behavior
   g) Assertiveness (NACP IIB2a, IVB1b, QU 405-18, MN 806-6, 836-2, ON-g.e.d. 3.1, AB Relationship Development/skills)
2. Demonstrates clear, concise and accurate interpersonal communication (QU 408-5, 408-1, MN 803-17) according to the identified need, context, goal of communication, law/regulation, and ethics involved (ON-v.s. 8.1, 8.6, NACP IVB4g).
3. Demonstrates sensitivity to cultural and human diversity (QU 405-19, MN 805-2) (*FG*)
4. Communicates respect and warmth (*FG*) using culturally appropriate gestures, mannerisms and conventions such as eye-contact, social distance, matching and mirroring and (AB Relationship Development/skills) recognizes and adjusts verbal and non-verbal communication for the effects of age, cultural and human diversity, background, experience and development (NACP IIB2d, IIIB2b2, IVB1a)
5. Communicates with and assists clients (to a level consistent with their development, abilities and receptiveness) to understand relevant information about legislation/regulations, policies/standards, and supports pertinent to the focus of service. (NACP IIIB2e, IVB1c)
6. Demonstrates an ability to communicate intervention strategies to clients and relevant others to promote understanding and enhance implementation. (Ministry, 10, ON-v.s. 1.1, 4.13, QU 401-21) (*FG*)
7. Demonstrates appropriate boundaries and limits on the behavior using clear and respectful communication (NACP IVB1f, MN 807-2) (*FG*)
8. Describes objectively the non-verbal and verbal communication between self and others (including supervisors, clients, and or peer professionals). (NACP IIB2b)

Written communication

The child and youth worker (graduate) demonstrates accurate recording of interactions and issues that are fundamental to planning and to integrated service delivery. HE/she is able to communicate clearly, concisely and correctly in the written form.(ON-v.s 8) Graduates apply the appropriate format, material, language and style suitable to the audience (NACP 4 g, ON-g.s. 1.1) He/she produces information according to the style and conventions required, and will have checked written materials for accuracy and clarity. (ON-g.s. 1.6)

Elements of Performance

The child and youth practitioner:

1. Demonstrates clear, concise and accurate communication (AB Professional Issues/skills, MN 803-17) in written material.

2. Evaluates communications and adjust for any errors in content, structure, style and mechanics (ON-g.s. 1.8) (*FG*)

3. Identifies, collects, analyzes and presents relevant information in written form according to identified needs, agency policy and any licensing, program standards, or legislated guidelines. (ON-g.s. 7, M N803-15, NACP IVB4f) (*FG*)

4. Writes reports that can be reviewed by both clients and professionals that are detailed, accurate and timely using objective, culturally sensitive language and professional presentation (i.e. technical skills: grammar, spelling). (NACP IIB2f, AB Client Service Planning/skills) (*FG*)

5. Accurately records relevant interactions and issues in the client-practitioner relationship following client interactions (individual, group and/or family). (MN-801-16, QU 401-10, NACP IVB4f, AB Relationship Development/skills)

6. Maintains accurate records for health related issues such as medication (AB Basic Care/skills)

7. Demonstrates competence in the creation and completion of various client reports (regular progress reviews, case plans, critical incident reports), and program documents. (ON-v.s. 8.2) (*FG*)

8. Acknowledges the use of material from other sources according to the conventions of the medium used. (ON-g.s. 2.6)

Computer

The child and youth worker (recent graduate) demonstrates proficiency in using information technology for communication, information access and decision making. (*outcome*) (NACP, k)

Computers and other technologies facilitate and enhance the completion of tasks, communication, problem solving and performing research. (*clarification*) (NACP, MN, QU, ON-g.s. 3.6)

Elements of performance

The child and youth care practitioner:

1. Selects and applies the use of suitable software, equipment and tools for communication (ON-v.s. 8.4) (*FG*)
2. Evaluates electronic communications and adjusts for errors in content, structure, style etc. (Ministry 18)
3. Chooses the format (e.g., memo, illustration, multi media presentation, or diagram) appropriate to the purpose. (ON-g.s. 1.2, NACP IVB4g)
4. Critically analyzes electronic sources of information for rigour and evidence of credibility in relation to the purpose for which the information will be used.
5. Demonstrates an ability to use electronic databases for record keeping with clients. (*FG*)
6. Takes the necessary precautions to protect confidentiality in electronic communications.

Professionals and Community

The child and youth worker (recent graduate) demonstrates effective communication skills with allied disciplines and the community by investigating and developing an understanding of the language and concepts used in those contexts. (*outcome*)

The graduate recognizes that best practice requires close cooperation with the community and that the ability to access and utilize information to promote change is essential. He/she understands that the language and concepts of psychopathological approaches is required so that effective communication with allied professionals may take place. (*clarification*) (AB, MN)

Elements of Performance

The child and youth care practitioner:

1. Applies verbal and written communication skills with multidisciplinary team members and professionals in the community.
2. Identifies and utilizes language and concepts used in the field to effectively communicate with allied professionals and to advocate on behalf of the client. (AB Mental Health/attitudes, NACP IVB4d) (*FG*)
3. Analyzes and communicates information about clients that is critical to those in other systems and actively seeks information from same (AB Systemic Frameworks/skills, MN 801-14, NACP IVB4d) particularly in relation to involving allied professionals (practitioners) in the assessment and planning process. (*FG*)

4. Acknowledges and respects other disciplines in program planning, communication and report writing using multidisciplinary and interdisciplinary perspectives. (NACP IVB4h) (*FG*)
5. Communicates the expertise of the child and youth care profession to the multi-disciplinary team members. (NACP VB10a, ON-v.s. 6.7) (*FG*)
6. Communicates effectively with family members about the needs of the child or youth. (NACP) (*FG*).

IV. Normal and Abnormal Child and Adolescent Development

Domain Description

The area of influence where practice is guided by theories of normative development applied to an understanding of a child's current developmental status. The focus is on developing social competence and recognizing the strengths that the child or youth can bring to coping with environmental or physiological circumstances that pose risks to normative developmental outcomes. Practitioners are oriented towards lifespan development and apply developmental theory to understanding pathological behavior and placing it in the larger context of the totality of development. (adapted AB, NACP) (*FG*) The domain includes developmental theories, patterns of growth and development, learning theory, medication and pharmacology, and the application of theory to the observation and understanding of children and youth.

Knowledge Foundations

The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.

1. Life Span Human Development with a focus on children and adolescents (MN 804-1, 821-1, NACP IIIA) (*FG*)
2. Developmental Theory
   a. Physical
   b. Cognitive
   c. Psycho-Social
   d. Language
   e. Moral
   f. Spiritual (MN 804-1, NACP IIIA)
3. Exceptionality in Development as it relates to Mental Health
   a. Psychopathology
   b. Physical disability
   c. Cognitive disability
   d. Intellectual disability
   e. Psycho-social disability (MN 804-4, 821-1, NACP IIIA)
4. The Language of psychopathology (DSM-IV) (AB Mental Health/knowledge) (*FG*)
5. Social Learning Theory (AB Basic Care/knowledge)
6. Medication/Pharmacology (AB Basic) (*FG*)

Developmental Theories

The child and youth care worker (recent graduate) knows and understands current research and theory in human development with an emphasis on synthesizing several theoretical perspectives and applying them to practice in work with children and youth. (*outcome*)

At the level of beginning practice graduates will demonstrate knowledge and basic application of the theories, primarily through observation and assessment. As experience

increases they will increasingly recognize opportunities for adjusting their own interactions with children and youth based on an integrated understanding of developmental theory. (*clarification*)

e.g. An experienced practitioner may engage a 16 year old in an idealistic conversation about the unfairness of nuclear war while at the same time engaging in parallel play activities rather than competitive games because the youth cognitively is curious and can discuss and think at the necessary level of abstraction but socially has difficulty understanding the rules of co-operative or competitive games (a developmental task usually accomplished in pre-adolescence).

Elements of Performance
The child and youth care practitioner:
1. Identifies and explains children's developmental stages with reference to specific theories in different domains (cognitive, physical, emotional and spiritual) and across different contexts (AB Lifespan Development/skills, Basic Care/attitudes, NACP IIIB1a)
2. Analyzes the developmental appropriateness of environments for meeting the individual needs of clients.(QU 402-9, ON-vs 4.1, NACP IIIB1b, AB) (*FG*)
3. Interprets behaviors (children, youth and adults) with reference to developmental norms. (QU, MN 804-1, AB Lifespan Development/skills) (*FG*)
4. Applies interventions consistent with a child's developmental stages (QU 403-5, MN 804-1, NACP IIIB3b, AB Lifespan Development/skills) (*FG*)
5. Assists clients to access programs and resources that support healthy development (NACP IIIB4a, MN 804-1)
6. Integrates the developmental domains to examine a child's development in a holistic manner. (AB Lifespan Development) (*FG*)
7. Understands that children's early developmental experiences significantly affect their adult maturational status (AB Lifespan Development) and applies that understanding to problem behaviors that are reflective of developmental lags in specific domains. (MN 821-1, 803-4, 808-1, QU 401-2, NACP IVB3b) (*FG*)
8. Identifies and describes developmental issues to ensure service plans accurately reflect child or adolescent needs (AB, MN 804-1, 821-1)
9. Assesses the effects of separation and loss on development (MN 803-10, MN 806-1, 823-2, AB Therapeutic Environments/attitudes)

Patterns of Growth and Development
The child and youth care worker (recent graduate) applies recent research in patterns and trajectories of child and adolescent development to observation and assessment of children and youth in his/her care. (*outcome*)

Elements of Performance
The child and youth practitioner:
1. Describes the typical and atypical patterns of physical, social, and intellectual growth and development for children and adolescents (AB Lifespan Development/skills, MN 804-1, 821-1) (*FG*)

2. Incorporates culturally specific development norms into practice application (AB Lifespan Development/skills, NACP II3b/c, MN 805-2) (*FG*)
3. Recognizes when development has occurred at different rates, in different developmental domains, for example the physical, spiritual, emotional and cognitive domains (AB Lifespan Development, MN 804-2, 804-4) (*FG*)
4. Identifies and describes delays in a variety of developmental domains when they are apparent in a child or adolescent in his/her care. (MN 804-2, 804-4, 821-1, NACP IIIA, AB Lifespan Development/skills) (*FG*)
5. Is knowledgeable in specific subject areas such as: substance abuse, suicide, sexual abuse, teen pregnancy, trauma and adoption and understands how these issues are impacted by the child's age and developmental stage. (MN 822, 824, 831, 833, 835)

Learning Theory
The child and youth care worker (recent graduate) applies learning theory to understanding child and adolescent development and to promoting the learning of new behavior in relation to developmental outcomes. (*outcome*)

Elements of Performance
The child and youth care practitioner:
1. Applies the concepts of social learning theory (modeling, reinforcement, social attribution) to the development of helping relationships with children and youth. (NACP IVB2h, AB Individual Interventions/skills)
2. Analyzes the environments that children and adolescents have grown up in to identify the potential for faulty learning and identifies how to change patterns of behaviour learned in those environments. (*FG*)
3. Applies the concepts of learning theory to facilitate developmental change in children and youth.

Application of Developmental Theory to Pathology

The child and youth care worker (recent graduate) applies developmental theory to the observation and understanding of abnormal and/or pathological behaviour in children and youth. (*outcome*)

Elements of Performance

The child and youth practitioner:

1. Applies interventions consistent with child's developmental stages (AB Lifespan Development/skills) and how these are influence by any symptoms of psychiatric disorder. (*FG*)
2. Explains unusual (pathological or symptomatic) behaviour relative to both developmental theory and psychiatric diagnosis. (MN 804-4)
3. Demonstrates an understanding of theory to analyze how disorders described in DSM IV are evidenced in behavior. (*FG*)

4. Understands the developmental issues surrounding various disorders such as Attention Deficit Disorder, Conduct Disorder, and others identified in DSM 1V, and modifies intervention plans accordingly (MN 821-2). (*FG*)

Medication and Pharmacology

The child and youth worker (recent graduate) is familiar with commonly used medications and understands the role of medication and pharmacology and its place in the treatment and management of psychiatric disorders. The practitioner applies this knowledge to their interactions and observation and assessment of children and youth. Further, the child and youth care worker is aware of the symptoms and issues of drug misuse and abuse. (*outcome*)

Elements of Performance

The child and youth care practitioner:

1. Lists and understands commonly prescribed medications, their indications and side effects. (AB Basic Care/knowledge, MN)
2. Administers medication prescribed by the lawful prescribing practitioner in accordance with the prescribed directions and only for medical purposes. (NACP VB2c3) (*FG*)
3. Observes, assesses and provides feedback for the evaluation of prescribed medications (adapted NACP VB2c2, ON-vs 4.12) (*FG*)
4. Seeks consultation on side effects when necessary. (NACP VB2c1, AB Mental Health/skills, MN) (*FG*)
5. Provides information regarding medication to client and family as required. (*FG*)
6. Understands the need for documentation related to medication (MN) (*FG*)
7. Knows the principal drugs used by youth and their behavioural and physical manifestations and can recognize when youth are using/abusing drugs. (MN 822-4, AB Mental Health/knowledge).

V. Systems Context

Description of the Domain

Systems thinking is a central organizing and conceptual framework of child and youth care practice (*FG*) and the lens through which assessment and intervention in the child's life occurs. It is the area of influence that requires the practitioner to incorporate the environmental conditions into his/her work: the historical and cultural environment of the child, the political, community and family environment and all systems within which the child, family and practitioner interact. The systemic framework orients the practitioner to the client's situation and the complexity of interrelated structures within their environment. (adapted NACP, AB Systemic Frameworks)

Systemic assessment facilitates the identification of realistic goals for changes and assists the practitioner to identify individuals and programs which will contribute to a successful treatment process. Central to the systems orientation is the notion that all the components of a system are interrelated. Thus, changes to one part of the system influence other components affecting the possibilities for growth, change and successful outcomes.

The domain addresses the areas of systems theory, ecological perspective, legal guidelines and practice, and family systems.

Knowledge Foundations

1. Ecological and Systems theory (MN 801-1, 832-1, Child Welfare, NACP IIIA, AB Systemic Frameworks/knowledge) (*FG*)
2. Provincial and federal legislations applicable to children and families (AB, NACP IA)
3. Children's rights (NACP IB6b)
4. Procedures for children's advocacy and grievances (AB Community Development/knowledge, NACP-1A) (*FG*)
5. Family systems theory (MN 832-1, NACP IIIA, AB Working with Families/knowledge) (*FG*)
6. Cultural and human diversity in the professional environment (NACP IIA, IIB2g) (*FG*)
7. Current and emergent trends in society, services and the profession (NACP IA, IVB2k)

Systems Theory

The child and youth worker (recent graduate) understands systems theory as a central organizing and conceptual framework for practice. (*outcome*)

The systemic framework provides an organizing schema that emphasizes the relationships between family, service and community systems and enables the worker to develop integrated and holistic approaches for children, youth and their families (*clarification*) (AB Systemic Frameworks)

Elements of Performance

The child and youth practitioner:

1. Understands and describes the concepts of systems theory as they apply to working with children and families (MN 832-1, NACP IIIA) (*FG*)
2. Understands and analyzes the web of systems and sub-systems and the socio-economic and political environment that practice occurs within (MN 803-7, AB Systemic Frameworks) (*FG*)
3. Utilizes the concepts and language of systems theory to identify the relevant sub-systems that a child participates in and the interrelationships between those systems that may influence their developmental path (AB Lifespan Development/Systemic Frameworks) (*FG*)
4. Incorporates a systemic/ecological approach into intervention plans (AB Systemic Frameworks/skills)

Ecological Perspective

The child and youth care practitioner (recent graduate) understands an ecological perspective which emphasizes the interaction between persons and their physical and social environments, including cultural and political settings. (NACP, 24). The emerging child and youth care practitioner understands how institutional systems such as justice, mental health, child welfare and education serve to impact children and youth and understands the importance of interacting with these systems in an effort to meet children's needs (AB).(*outcome*)

Elements of performance

The child and youth practitioner:

1. Assesses, in collaboration with the child's family and the multi-disciplinary team, the impact of the environment: The cultural, economic, physical, emotional, social, spiritual, and or psycho-social contexts in which a client and his/her family lives and functions. (ON-vs 2.1)
2. Assesses the social ecology of children and youth by identifying relevant social systems and their components; describing the relationships, rules and roles within the systems; and developing connections among the people in the child's social systems (NACP IVB3a, AB Systemic Frameworks/skills) (*FG*)
3. Analyzes current and emergent trends in society relative to the impact on services for children and youth and the profession (ON-vs 7.10, NACP IA, IVB2k)
4. Modifies individual intervention plans to reflect differences in culture, ethnic, and religious backgrounds accounting for diversity within individuals and groups. (NACP IIB3d, QU, MN 805-2) (*FG*)
5. Discusses how services and programs need to accommodate the social, political and economic realities of today. (NACP IVB2k)

Family Systems

The child and youth care practitioner (recent graduate) understands that optimal development occurs within the family and surrounding social environment. Practitioners have a sound knowledge of family systems theory and they value the family's input ensuring that cultural values and beliefs held by children and families are respected. (adapted AB)

Elements of Performance

The child and youth care practitioner:

1. Describes the development of the family over time and in the context of Canada's social and cultural norms. (NACP IIIA) (*FG*)
2. Identifies and describes a family's strengths, roles, rules, and relationships to each other. (QU 401-15, MN 832-3) (*FG*)
3. Understands and applies family systems theory to assessment, planning, and intervention. (MN 832-1) (*FG*)
4. Explores the cultural, spiritual and socio economic status of the family to inform his/her understanding of the child's developmental needs. (AB Lifespan Development/attitudes) (*FG*)
5. Identifies and analyzes his/her own family history and its affect on his/her relationships with children and families. (MN 803-6, AB Work with Families/skills) (*FG*)

Legal Guidelines and Practice

The child and youth care practitioner (recent graduate) understands how his/her practice is guided by a set of legal rules governed by provincial and federal legislation governing children and families. These laws and guidelines are considered and applied in everyday practice (MN, ON) (*outcome*).

Elements of Practice

The child and youth practitioner:

1. Knows, understands, and follows relevant laws, regulations, legal rights and licensing procedures governing practice. (NACP IA, IB5a, ON-vs 4.3, MN 807-1, 830-1)
2. Describes the legal rights and responsibilities enshrined in provincial, national and international laws and covenants that pertain to care providers, families, children, youth in care, and juvenile offenders (MN 801-2, ON-vs 4.3)
3. Describes the relevant legal protections from abuse, disclosure of personal information, and protection from exploitation that are accorded to children and youth. (MN 801-6)
4. Describes the local reporting protocols when legal protections are violated. (MN 801-3, 808-8, AB Basic Care/skills)

VI. Relationships

Description of the Domain
Genuine relationships are a critical area of influence based on empathy and positive regard for children, youth and families when promoting optimal development. Forming and maintaining relationships is a central change strategy in Child and Youth Care practice. This domain addresses learning outcomes for caring, teamwork, use of activities, engagement and professional relationships.

Knowledge Foundations
The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.
1. Characteristics of healthy interpersonal relationships (NACP IVA)
2. Characteristics of a helping relationship (MN 806-5, 836-1, NACP IVA, AB Therapeutic Environments/knowledge) (*FG*)
3. Individual counseling and communication skills (MN 806-6, NACP VA)
4. Activities of daily living (*FG*)
5. Principles of activity programming (NACP VA) (*FG*)
6. Therapeutic use of activities for enhancing development (MN 807-8, AB Relationship Development/skills) (*FG*)
7. Nutrition: Canada Food Guide (AB Basic Care/knowledge)
8. First Aid (*FG*), fire safety (AB Basic Care/knowledge)
9. Principles of the therapeutic milieu (MN 807-6) (*FG*)
10. Team development and roles (ON-vs 5.6, gs 5.3) (*FG*)
11. Principles of experiential learning (AB Therapeutic Environments/attitudes)
12. Strategies to build a professional support network (NACP IA, IB3b3)

Caring
The child and youth care worker (recent graduate) values caring for others as an essential component for emotional growth, developing social competence, and promoting healthy development (NACP attitude 7) (*outcome*)

Graduates understand that relationships are developed in a safe and nurturing environment and they teach basic self-care skills to their clients, ensuring that their physical health and safety are protected. They demonstrate a caring attitude by placing the child at the centre of their day-to-day practice and encourage the child to care for others. (AB Basic Care) (*clarification*)

Elements of Performance
The child and youth practitioner:
1. Demonstrates that the child's health, safety and well being are foremost in care provision (AB Basic Care/attitudes)
2. Demonstrates affection and physical contact which is sensitive to cultural and human diversity as well as the (NACP IIb2d)

3. Responds to help-seeking behavior while encouraging and promoting several alternatives for the healthy expression of needs and feelings (NACP IIIB2b3, QU 406-3) (*FG*)
4. Implements daily routines as both a mechanism for life skill development and a means of ensuring a stable. safe and nurturing environment.(AB Basic Care/attitudes) (*FG*)
5. Modifies the therapeutic milieu to address the child's needs within the context of the group. (AB Group Interventions/skills) (*FG*)
6. Plans for and designs activities related to good hygiene, healthy eating habits, physical recreation and other factors contributing to a healthy lifestyle. (AB Basic Care/skills) (**FG**)
7. Designs and maintains inviting, hygienic and well repaired physical environments, equipment and supplies which positively support activities of daily living, hence caring and concern. (NACP VB6c, MN 807-1, 807-3) (*FG*)

Engagement

Child and youth care workers (recent graduates) engage in active development of therapeutic relationships and genuinely develop an empathetic understanding of the perspective of another, be it client, family, co-worker, community member or fellow professional. (*outcome*)

Therapeutic relationships involve a connection, alliance, or association with children, youths, families, and /or other service recipients, and providers which is purposeful, goal-directed and rehabilitative in nature and limited to the delivery of specific service. (ON VS glossary) While the primary focus in the work of the discipline is the therapeutic nature of the relationship, practitioners are genuinely interested in relating to others-no matter if there is a purpose or not. (*clarification*)

Elements of Performance
The child and youth practitioner:
1. Demonstrates that effective therapeutic relationships are focused on the here and now of day to day care and develops relationships with service recipients that are caring, purposeful, goal directed and rehabilitative in nature: limiting these relationships to the delivery of specific services. (NACP IVB2c, IVB2e) (AB Relationship Development/attitudes) (*FG*)
2. Demonstrates the capability of being a dynamic, available and accessible presence (QU 405-1)- based on congruence, genuineness and authenticity (NACP VB9h, AB Relationship Development/attitudes) (*FG*)
3. Applies relational strategies such as consideration, safety, trust, availability and empathy (QU 405-17)
4. Assists clients to identify personal issues and make effective and healthy choices (NACP?f) (*FG*)
5. Modifies decision making authority and responsibility with children and youth in a manner that is appropriate to the developmental status of the child/youth. (QU 405-4, MN 807-2)

Use of Activities
The child and youth worker (recent graduate) selects recreational activities and day-to-day life experiences that are opportunities for developing relationships, engaging the child or youth in social learning and developing competence in new areas (AB, QU). (*outcome*)

Elements of Performance
The child and youth practitioner:
1. Adapts skills for building relationships to a variety of therapeutic situations and in response to the child or youth's unique mental health issues and cultural circumstances. (Ministry, ON-vs 1.5) (*FG*)
2. Makes conscious use of relationship to create changes in the child's pattern of interpersonal interactions within the day to day environment. (NACP VB8b, VB9h, AB Therapeutic Environments/skills)
3. Recognizes "teachable moments" and effectively utilizes events/situations that offer opportunities for social learning. (MN 807-10, AB Therapeutic Environments/ skills) (*FG*)
4. Re-arranges and re-designs the milieu so that learning situations arise.
5. Selects community based opportunities for formal and informal recreation and social interaction that promotes competency for the child and develops community supports. (AB Systemic Frameworks/knowledge) (*FG*)

Teamwork
The child and youth care worker (recent graduate) demonstrates the ability to work with multi-disciplinary teams and programming teams, assuming responsibility for collective duties and decisions as well as representing the child and youth care perspective on the team. (adapt ON VS) (*outcome*)

Elements of Performance
The child and youth practitioner:
1. Explains and maintains appropriate boundaries with professional colleagues (NACP IB2d2, IVB4b)
2. Demonstrates an ability to establish and maintain effective relationships within a team environment by: Acting professionally; negotiating and resolving conflict; acknowledging and respecting cultural and human diversity; and supporting team members.(NACP IIB2h, IVB4a) (*FG*)
3. Assumes responsibility for collective duties and decisions including responding to team member feedback. (NACP IVB4c)
4. Builds cohesion among team members through active participation in team building initiatives. (NACP IVB4e)
5. Understands and completes the various tasks required of him/her as a group members (ON-gs 5.6)
6. Contributes his/her own ideas, opinions and information while demonstrating respect for others (Ministry 22, ON-gs 5.6) (*FG*)

Professional relationships

The child and youth worker (recent graduate) demonstrates an understanding of integrated service delivery by working in partnership with other professionals and community organizations. (AB) (*outcome*) (*FG*)

Elements of Performance

The child and youth care practitioner:
1. Establishes and maintains a connection, alliance or association with other service providers to enhance quality of service (NACP IVB4i)
2. Encourages collaborative participation by professionals, client and family and community to share responsibility for client outcomes. (NACP IVB2j) (*FG*)
3. Develops and maintain relationships with community members and neighbors in order to identify community standards and expectations for behavior that enable children , youth and family to maintain existing relationships (NACP IV 2l, AB Systemic Frameworks/skills) (*FG*)
4. Assesses the social ecology of clients by identifying relevant systems, identifying and describing the relationships, rules and roles in the child's social systems and developing connections among the people in the child's various social systems. (NACP IIIB, IVB3a, AB Systemic Frameworks/Skills) (*FG*)

VII. Interventions

Description of Domain

Interventions is the area of influence that includes the professional practitioner's ability to integrate current knowledge of human development with the skill, expertise, objectivity and self awareness essential for developing, implementing and evaluating effective intervention programs for children and youth. The goal of any intervention is to further the child's development and/or correct socially inappropriate behaviour.

The domain includes the following areas: moment to moment interventions[18], the activities of daily living, activity programming, planned interventions, advocacy and group work; observation, assessment and reporting; and evaluation.

Knowledge Foundations

The graduate should have knowledge and comprehension of the following areas in order to achieve the learning outcomes within this domain.

1. Therapeutic Milieu and Environmental Design (MN 807-6, NACP VA)
2. Principles of psycho-educational interventions such as aggression replacement training, life skills training (QU 402-9).
3. Principles of life space intervention (AB Therapeutic Environments/knowledge)
4. Crisis theory and the role of crisis and trauma in children's behaviour (MN 808-13, 821-2) (*FG*)
5. Principles of conflict resolution (ON-gs 5.7, NACP VB8i) (*FG*)
6. Principles of social control and social reinforcement (*FG*)
7. Theories of Personal Change
8. The principles of Evidence Based Treatment and Practice
9. Research Methodology (ON-vs 4.10) (*FG*)
10. Group Theory (*FG*)
11. Principles of Narrative Therapy (AB Individual Interventions/skills)
12. Principles of Solution focused therapy (AB Individual Interventions/knowledge)
13. Canada Food Guide dietary recommendations
14. St. John first Aid Certification or equivalent and CPR (AB Basic Care/skills) (*FG*)

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18. Considered the core of child and youth care practice

Moment to Moment

The child and youth care worker (recent graduate) understands that every interaction with the child, as well as the day to day life experiences shared with a child are opportunities for growth and development and integrates this understanding into his/her relationship, communication, and activities with the child (*outcome*).

This is the essence of child care, whereby moment to moment interventions occur in the therapeutic environment to simultaneously address basic needs and the developmental change process. (*FG*) Practitioners develop activities and strategies for interventions to ensure that basic developmental needs are satisfied throughout all phases of the planning and intervention process (*Clarification*). (adapted NACP, AB)

Elements of Performance

The child and youth practitioner:

1. Recognizes and uses "teachable moments" in the daily behavior of the child in the therapeutic environment thereby enabling the child to develop positive self regard and social competence (AB Therapeutic Environments/attitudes, MN 807-10).
2. Arranges the milieu so that learning situations arise and thereby capitalizes on each "teachable moment" as an opportunity for social learning (QU 404-5, AB Therapeutic Environments/skills)
3. Creates on-the-spot adjustments to interventions as events unfold (QU 403-10) (*FG*)
4. Applies life space interview techniques to ensure the assimilation of learning and transference to future situations. (NACP, MN 808-6) (*FG*)
5. Assesses the situation in the milieu and in individual interaction and selects the appropriate medium and content for counseling. (NACP VB8d) (*FG*)
6. Knows and demonstrates proficiency in applying behavior guidance methods including:
   a) Designs and uses selected behavior management techniques in keeping with the level of the client's understanding (manipulation of the environment; social reinforcement; cueing; encouraging; structuring rules and routines; natural and logical consequences).
   b) Applies clear, coherent and consistent expectations of behavior with developmentally appropriate boundaries and guidelines.
   c) Evaluates and disengages from power struggles with clients
   d) Employs at least one method of conflict negotiation and resolution (MN 808-5, NACP IIIB3d, VA, VB9g/k, AB Therapeutic Environments/skills, Basic Care/attitudes) (*FG*)
7. Understands and applies the principles of crisis management including:
   a) Describes his/her own personal strengths and limitations in responding to crisis situations
   b) Explains how to avoid unnecessary risks and confrontations
   c) Dressing for interventive contact
   d) Employs a variety of skills to defuse a crisis and restore the client to calm behaviour
   e) Describes and applies the principles of physical intervention according to a recognized and approved model (QU 405-12, MN 808-6, 808-21, 808-30, NACP VB9l) (*FG*)

Activities of Daily Living

The child and youth care practitioner (recent graduate) understands and facilitates the planned arranging of the physical environment and can describe the relationship of developmental processes to the activities of daily living including eating grooming, hygiene, sleeping and rest. (*outcome*)

Planned environments integrate developmental, preventive and therapeutic objectives into the life space, through the use of methodologies and techniques sensitive to culture and human diversity. Connections are facilitated between components of the life space to maintain a healthy and growth facilitating environment for the child. (*clarification*) (NACP)

Practitioners have a level of expertise in teaching basic care skills to their clients, ensuring that the client's physical health and safety is protected. They demonstrate a caring attitude by placing the child at the centre of their day-to-day practice.

Elements of Performance

The child and youth care practitioner:

1. Demonstrates that the child's health, safety and well being are foremost in care provision (NACP, AB basic Care/attitudes, MN 808-24)
2. Designs and implements activities of daily living that are consistent with the child's developmental status and cultural and/or religious background.
   - Clothing is well maintained, reflecting the age and background of the child
   - Pleasant and inviting mealtimes that encourage social interaction
   - Bedtimes and rest opportunities which are developmentally appropriate.
   - Clean and well maintained bathroom facilities that allow developmentally appropriate privacy and independence
   - Adequate personal space for safe storage of personal belongings
   - Personal definition through decorations that do not exceed reasonable propriety
   - Understands that routines and rules are essential for a safe environment and are opportunities for life-skill development (MN 807-1, 807-3, NACP IIIB3b, VB6b, AB Basic Care/attitudes/skills)
3. Administers medication as prescribed (*FG*) (NACP VB2c3, AB Basic Care/skills) (*FG*)
4. Uses structure, routines and activities to promote effective relationships (MN 807-7, NACP IVB2i)
5. Incorporates role modeling of social behavior (AB Therapeutic Environments/skills)and provides cues, practice and reinforcement to facilitate the development of social skills (NACP IVB2h).
6. Teaches age appropriate life skills using a systematic approach that breaks down the skills into component parts and reinforces successive approximations, within daily interactions. (AB Basic Care/skills)

Activity programming

The child and youth worker (recent graduate) designs and implements individual and group activities which incorporate an understanding of the significance of play and recreational programming and their usefulness as teaching and learning tools.(*outcome*). Practitioners are able to analyze the meaning, atmosphere, and the nature of the activities relative to the child's developmental needs. (NACP, QU)

Elements of Performance
The child and youth care practitioner:

1. Understands the principles of activity programming. Adapts and modifies to suit the needs of the children and to encourage their involvement in the activities.(NACP VA, V5g, MN 802-9, 807-8) (*FG*)
2. Designs and implements activity programs that account for age, developmental status, cultural and/ or ethnic background as well as the unique treatment objectives of the child (MN 809-1, NACP IIB3b/c, VB5d, VB6b, AB Client Service Planning/attitudes)
3. Describes, locates and critically evaluates community resources for programs and activities and as appropriate connects children, youth and families to them. (NACP IIIB1c, VB5h, MN, ON-vs 3.3) (*FG*)
4. Demonstrates skills in several domains of activity including arts, crafts, sports, games and music (NACP VB5b, QU, MN 807-4)
5. Makes use of space, equipment, time and props to facilitate the treatment objectives (NACP VB4c, AB Individual Interventions/skills)
6. Identifies and describes how his/her own childhood activity experiences and skills are related to adult interests and skills and to his/her current work (NACP VB5a, AB)

Planned Interventions

The child and youth care practitioner (recent graduate) understands the need to plan and continually adapt interventions, anticipating steps and measures required in meeting objectives and the best means to attain them. Practitioners are able to participate in the selection of goals or objectives from treatment, educational and developmental plans and assist in the design of activities, interactions and management methods that support these goals and objectives. Practitioners are able to recognize that the design of these therapeutic interventions and service methods are logically connected to service goals. (*Outcomes*)

Practitioners recognize that interventions may be formal (service plan) or informal (life space interventions) and that their basic principles are the same. They are purposeful and consistent with a specific theoretical orientation guided by agency policy and individualized to reflect differences in culture/human diversity, background, temperament, personality and differential rates of development.(adapted QU, NACP, AB) (*Clarification*)

Elements of Performance
The child and youth practitioner:
1. Understands and employs intervention programs which comply with regulations and which take into account:
   a) the legal framework under which the request for services falls
   b) the ultimate goal of the intervention
   c) an understanding of the clinical aspects and dynamics of the young person and his situation
   d) emergencies
   e) the resources, strengths and vulnerabilities of the young person and his/her original environment
   f) the resources of the intervention milieu and the social environment of the young person
   g) the points of view expressed by the young person and his/her parents
   h) the points of view expressed by partners in the intervention
   i) prescribed time periods. (QU 403-2)
2. Describes and identifies a theoretical/empirical rationale for a particular intervention (NACP VB3e, AB Individual Interventions/skills) (*FG*)
3. Applies basic strategies which encourage the client's participation in assessment and goal setting as well as in intervention planning and assists in the development of individual, educational and developmental treatment plans (NACP IIB2e, IVB1e, IVB2g, QU 403-15, MN 803-2) (*FG*)
4. Describes and participates in the evaluation of realistic goals with client and family (ON-vs 4.4, MN 837-4) (*FG*)
5. Understands and demonstrates effective and appropriate problem-solving strategies (MN 802-2, NACP VB8i) (*FG*)
6. Understands the need to collaborate with others for appropriate service and delivery (ON-vs 4.5) and is able to arrange for the necessary resources to assist in the attainment of goals (*FG*)
7. Demonstrates at least one method or technique for the resolution of conflicts when necessary (NACP VB8i) (*FG*)
8. Describes the protocol for interventions in suicidal situations (QU 405-13, 808-31) (*FG*)
9. Understands basic principles of intervention for people addicted to drugs (QU 405-14)
10. Demonstrates an awareness and knowledge of a descriptive model for the cycle of violence and is capable of applying intervention techniques aimed at defusing violent behavior (QU 405-11)
11. Identifies the need for and contributes to a plan for a child's transition into appropriate community resources. (AB Client Service Planning/skills)

Advocacy

The child and youth care practitioner (recent graduate) understands the child and families potential and capacity to grow and change and demonstrates basic advocacy skills that ensure that children, youths and families have their views heard and considered during the decision making processes that directly affects them (NACP B6b-c). (*Outcome*)

Practitioners understand that advocacy for the child, family and community leads to empowerment. They understand the need for and demonstrate respect for children and families, affording them the dignity of self determination within the context of their developmental capacities. (*clarification*)

Elements of Performance

The child and youth care practitioner:

1. Understands how to advocate for the rights of child, youth and families to secure proper services (NACP IB6a/d, VB10f, AB Therapeutic Environments/skills) (*FG*)
2. Utilizes and shares the input of children and families in determining interventions. NACP IIB2e, IVB1e, IVB2g, QU 403-15, MN 803-2)
3. Teaches client self-advocacy skills (AB Community Development/skills)
4. Understands the importance of facilitating client advocacy groups (AB Community Development/skills)
3. Assists in the identification and exploration of programs and incentives in the community (NACP IIIB1c, VB5h, MN,)
4. Understands how to promote the least restrictive and normalized service delivery options as well as programs that reflect unique, cultural, spiritual, linguistic and cognitive status. (AB Client Service Planning/attitudes) (*FG*)
5. Creates opportunities which encourage children, youth and families to contribute to programs, services, and support movements that affect their lives by sharing authority and responsibility (MN 803-2, NACP IVB2g)
6. Demonstrates respect for the privacy of clients and holds in confidence information obtained in the course of professional service. (AB Professional Issues/skills) (*FG*)

Group Work

The child and youth care practitioner (recent graduate) understands that the group is a powerful socialization agent which provides opportunities for its members to experience social development and to build on their existing strengths and competencies (*outcome*). Practitioners are able to describe psycho-educational, therapeutic, and peer helping groups and the developmental stages of groups. Practitioners demonstrate an ability to adapt their behavior management and communication skills to function within the group context. They demonstrate a confidence and competency in dealing with group dynamics at a basic level and ensure that group members are treated in a respectful and safe manner (AB, MN, NACP, ON). (*clarification*)

Elements of Performance

The child and youth care practitioner:

1. Investigates and applies an understanding of the cultural, spiritual, socio-economic status and other personal characteristics of group members in their everyday practice (AB Group Interventions/skills) (*FG*)
2. Demonstrates basic group facilitation techniques which take into account the phases of group development and the individual developmental needs of the client (NACP IIIB3d, MN 807-6).
3. Knows, understands and utilizes basic group facilitation skills including active listening, questioning, summarizing, coordinating, seeking input, encouraging, gate-keeping, standard setting, feedback and self-disclosure (AB Group Interventions/skills)
4. Explains how individual goals fit into group goals and activities. (adapted, AB Group Interventions/skills)
5. Understand principles involved in mediating group process by encouraging both individual and group pro-social behavior i.e.: acceptance of a newcomer, scapegoating, subgroup resistance, and collaboration around goals and activities that promote the welfare of the group. (NACP VB7c, AB, MN 807-6)
6. Contributes to the maintenance of a positive helpful climate of communication and exchange and demonstrates an ability to keep conflicts in perspective and redefine problems (QU 405-19)
7. Participates in the regular assessment of the group's progress and interactions and suggests adjustments when necessary. (ON-vs 1.4, gs 5.8)
8. Identifies and describes personal bias (AB Relationship Development/skills) in an effort to remain objective while working with groups of children (NACP IIB1a) (*FG*)
9. Creates and arranges opportunities for group members to experience social development in formal and informal group settings. (AB Group Interventions/skills)
10. Describes the process of planning and implementing group activities while taking into consideration group process variables and teaching objectives. (AB Group Interventions/skills, MN 807-6)

Observing, assessing, reporting

The child and youth care practitioner (recent graduate) demonstrates observation and reporting skills that illustrate assessment and evaluation of processes and events in relation to the intervention plan(s) in order to create developmentally appropriate opportunities in which children can experience success. (*outcome*)

Observation is a process of monitoring progress and identifying strengths and weaknesses which leads to defining the intervention methods required for success in goal attainment. Observing, assessing, and reporting occur both moment to moment and in regularly scheduled summary intervals (NACP, ON, MN, AB). These skills ensure that adaptations to planned interventions will meet children's needs, developmental status, as well as addressing ecological and environmental influences. (*clarification*)

Elements of performance

The child and youth care practitioner:

1. Observes the child or youth in following development areas:
   - physical
   - sexual
   - cognitive
   - emotional
   - moral
   - social
   - forming bonds of attachment (QU 401-9, MN 821-1)
2. Understands a variety of checklists, inventories, other systematic assessment tools (ON-vs 4.2, AB Individual Interventions/skills, NACP, QU 402-4, MN 801-16) (*FG*)
3. Observes, and contributes to the assessment and evaluation of treatments/services prescribed or designed with other professionals (*FG*)
4. Examines client information and selects relevant, important and useful observations related to the client needs and identified problems (ON- gs 7.4) (*FG*)
5. Reflects on and analyzes the observations collected to identify needs, strengths, vulnerabilities and resources and formulate plausible clinical hypothesis. (QU 402-6) (*FG*)
6. Observes and monitors the child's behavior for indicators of change related to the service plan and assesses the child's progress (AB Program Development/skills, Client Service Planning/skills, MN) (*FG*)
7. Demonstrates objectivity by recognizing and describing his/her own attitudes and reactions in observations QU401-9) (*FG*)
8. Understands and participates in needs assessment (NACP VB3a) and identifies specific goals which are achievable and measurable(AB Program Development/skills, Client Service Planning/skills, QU, MN 837-4, ON-vs 4.4) (*FG*)
9. Examines the totality of the child's social-ecological environment (AB Therapeutic Environments/attitudes, Client Service Planning/attitudes) and assists in the evaluation of the developmental appropriateness of environments for meeting the individual needs of clients (NACP IIIB1b) (*FG*)
10. Understands and describes the strategies which encourage client and family participation in the assessment and goal setting (NACP VB3c, QU 403-4, 403-15, MN 803-2) (*FG*)

11. Examines client and family needs in relation to community opportunities, resources and supports (NACP IIIB1c, VB10c, ON-vs 4.6) (*FG*)
12. Understands the contribution of research that is designed, conducted and reported in accordance with high quality child and youth care practice and recognized standards of scholarship and research ethics. (*FG*)

Evaluation

The child and youth care practitioner (recent graduate) understands the critical importance of evaluations in ensuring successful outcomes for children and youth. (*outcome*)
Practitioners understand that evaluations are based on a theoretical approach and that regular reviews are necessary to meet the child's needs (*clarification*)

Elements of Performance
The child and youth care practitioner:
1. Understands the significance of evaluating the strategies used (with the client and family)and makes the necessary adjustments as a result of evaluation to attain the identified goals (ON-vs 4.14) (*FG*)
2. Contributes to the assessment and monitoring of progress with the client and team and revises plan as needed (NACP VB3h, ON-vs 1.4)
3. Applies knowledge gained from ongoing (formative) and outcome (summative) evaluations to specific activities/and activity programs (NACP VB5e5, AB Client Service Planning/attitudes)
4. Understands how to select clear, specific, measurable goals that are based on a theoretical foundation for developmental and behavioral change and which specify indicators of goal achievement (AB Program Development/skills, Client Service planning/skills)
5. Participates in the comparison, ranking and testing of strategies and contributes to recommendations for courses of action throughout the evaluation process
6. Participates in recommending and identifying time-lines and persons responsible for each stage (AB Client Service Planning/skills)
7. Consults with other team members and other disciplines to ensure a thorough evaluation takes place. (*FG*)

VII. Appendix 3
Focus Group Participants

The following people participated in the first set of focus groups and/or the final set of consultations that were undertaken to discuss the results of the project.

Allan Goyette	Windsor Regional Children's Centre
Anne Black	George Brown College
Anne Hales	The Etobicoke Children's Centre
Ben Stride-Darnely	guest from McMaster University
Bill Farquar	York Centre for Children, Youth, and Families
Bob Free	Lambton College
Cathy Stefanelli	Woodview Children's Centre
Chantelle Payette	Robert Smart Centre
Dave Fagon	Jack Pine Residential Services
David O'Banion	Algonquin Child and Family Services
Deanna Dannel	Griffin Centre
Deborah Irwin	Algoma Family Services
Deborah Woodfine	The Pheonix Centre for Children and Families
Deena Shorkey	Cornwall General Hospital
Donna Serafini	Algonquin College
Ed Dove	Community Adolescent Network Hamilton
Evert McLiwain	Kinark
Garry McFadden	Glengarda Child and Family Services
Gloria Goldin	Centennial College
Ian Wiseberg	Crossroads Children's Centre
Jane Clifton	Humber College
Jane Fitzgerald	Pathways for Children and Youth
Janet Shuh	Sheridan College
Janice Sellon	East Metro Youth Services
Jason Piovesan	Western Area Youth Services
Jennifer Cawley Caruso	Cambrian College
Jennifer McVeety	Child and Family Centre of Sudbury
Joanne Cox	Fanshawe College
John DeActis	Craigwood Youth Services
Joy Kemble	St. Clair College
Julie Cross	Fanshawe College
Karen Marr	St. Clair College
Karyn Pilotte	Youthlink
Kathleen Cameron	Georgian College
Kent Peras	Youth Initiatives FKS
Kevin Kapler	Child and Youth Wellness (Leeds & Green. B)

Kim Stevens   Vanier
Laurent Gilbert   Child and Family Services of Timmins and District
Linda Glazier   Niagara Child and Youth Services
Lori Galliera   Peel Children's Centre
Mary McHenry   Lambton College
Michael Tross
Mike Burns   St. Lawrence College
Nancy Miller   Vanier
Paul Iacovani   Centennial College
Peter Neumayer   Cornerstone Youth Services
Rebecca Ward Bernst   Children's Centre- Thunder Bay
Robert Hutchinson   Kinark (Residential)
Sharon Thompson   Blue Hills Child and Family Services
Steven Doherty   Halton Child and Youth Services
Tahmo Gharabaghi   George Hull Centre
Terri McDade   St. Lawrence College
Vicki Grism   Algonquin College

Post-Secondary Program Participants

The following Post-secondary programs submitted their curriculum for analysis in this project and agreed that they would like to be identified as participating in the project. We thank them and other programs not identified here for their participation and for the time they took to gather and submit electronic materials on their curriculum.

Algonquin College   Child and Youth Worker Program
Cambrian College   Child and Youth Worker Program
Fanshawe College   Child and Youth Worker Program
George Brown College   Child and Youth Worker Program
Humber College   Child and Youth Worker Program
Ryerson University   School of Child and Youth Care

VIII. Appendix 4
References and Additional Resources

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