

**Child and Youth Care Association of Alberta**

**Supervisor Companion Manual for Child and Youth Care  
Certification Process**

# **SUPERVISOR ASSESSMENT TOOL**

## Table of Contents

|  |                                     |
|--|-------------------------------------|
| <b>Group A</b>                                 |                                     |
| <b>Systemic Frameworks .....</b>               | <b>Error! Bookmark not defined.</b> |
| <b>Lifespan Development.....</b>               | <b>7</b>                            |
| <b>Therapeutic Environments .....</b>          | <b>10</b>                           |
| <b>Program Development.....</b>                | <b>13</b>                           |
| <b>Group B</b>                                 |                                     |
| <b>Basic Care .....</b>                        | <b>17</b>                           |
| <b>Relationship Development .....</b>          | <b>22</b>                           |
| <b>Client Service Planning .....</b>           | <b>25</b>                           |
| <b>Group C</b>                                 |                                     |
| <b>Individual Interventions .....</b>          | <b>30</b>                           |
| <b>CYC Work with Families .....</b>            | <b>34</b>                           |
| <b>Group Interventions .....</b>               | <b>38</b>                           |
| <b>Community Development:.....</b>             | <b>42</b>                           |
| <b>Mental Health.....</b>                      | <b>45</b>                           |
| <b>Group D</b>                                 |                                     |
| <b>Professional Issues .....</b>               | <b>49</b>                           |
| <b>Self Care and Personal Development.....</b> | <b>52</b>                           |

**GROUP A**

**SUPERVISOR-ASSESSMENT TOOL**

# Systemic Frameworks: Supervisor-Assessment Tool

## Systemic Frameworks

Mature practitioners demonstrate 'fluency' with the systemic approach by using the concepts and language of a systems orientation when discussing all areas of the child's environment. Mature practitioners assess children in multiple environments (e.g. school, peer groups, family, neighbourhood etc.) considering factors such as sensitivity to cultural, spiritual and other socio-economic factors that impact on children and their environments. Relationships among various systems and subsystems are accounted for in client's service plans.

## Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That the child's social environment is key to understanding and helping the child.                            | <b>YES</b> | <b>NO</b> |
| That the therapeutic focus is on interrelationships rather than on the individual in isolation.               | <b>YES</b> | <b>NO</b> |
| That optimal development occurs within the child's family and community.                                      | <b>YES</b> | <b>NO</b> |
| That socio-political factors beyond the family's control impact the child and family.                         | <b>YES</b> | <b>NO</b> |
| That the cultural values and beliefs held by children and their families must be respected.                   | <b>YES</b> | <b>NO</b> |
| That co-operation with other resource persons in the child's environment is essential for effective practice. | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Assessing the social ecology of clients, identifying relevant systems/components; Identifying and describing the relationships, rules and roles in the child's social systems. (Microsystems) | 1 2 3 4 5 |
| Developing connections among the people in the child's various social systems.  | 1 2 3 4 5 |
| Communicating critical information about clients to people in other systems, and actively seeking information from those systems.   | 1 2 3 4 5 |
| Identifying political, social, economic and historical factors (systems) that both directly and indirectly impact the client. (Macrosystem factors)   | 1 2 3 4 5 |
| Identifying resource persons and programs in the child's environment, and develop effective relationships with them.  | 1 2 3 4 5 |
| Involving culturally relevant resource persons and programs such as First Nations elders in client treatment.   | 1 2 3 4 5 |
| Participating in First Nations or other cultural experiences with a client and/or for the development of personal awareness.  | 1 2 3 4 5 |
| Developing intervention plans that articulate a systemic/ecological approach.   | 1 2 3 4 5 |

## Scoring

The levels of assessment for the supervisor-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## Knowledge

- Conceptual framework underlying systems theories: Understanding of systems dynamics and the drive toward homeostasis.
- Social-Ecological theory.
- Components of functional units (systems).
- Transgenerational patterns.
- Rules, Roles and Relationships in a family systems context.
- Knowledge of relevant community support systems/resources/persons.
- History of Aboriginal affairs in Alberta.
- Aboriginal culture, customs, spiritual practices.
- Political/legal relationships between first nations peoples and provincial and federal government departments and agencies, including the following:
  - Child, Youth and Family Enhancement Act
  - Youth Criminal Justice Act
  - Indian Act

### **A.S.K Integration Across Competency Areas**

The systemic framework is the central organising and conceptual framework of CYC practice and thus can be thought of both as the glue that ties all other competencies together and as the lens through which all competencies are viewed. The systemic framework orients the modern CYC practitioner towards regarding the client as being situated in a complex of interrelated structures in their environment rather than as an individual in isolation as has traditionally been the case.

### **Bibliography: Systemic Frameworks**

(Brendtro and Ness 1983; Alberta Child Welfare Act, 1984; Savicki and Brown 1985; Siepker and Kandaras 1985; Dempsey 1986; McMillan 1988; Dossick and Shea 1990; York 1990; Miller 1991; Benner 1992; Durrant 1993; Morrissette, McKenzie et al. 1993; Applestein 1994; Canada 1994; Pipher 1994; Kass and Mann-Feder 1995; Kymissis and Halpern 1995; Treat 1995; Waldram, Herring et al. 1995; Whalen and Wynn 1995; Alberta 1996; Miller 1996; O'Malley 1996; Pipher 1996; Bates, English et al. 1997; Denison 1997; Fraser 1997; Soo 1998; Stoiber and Kratochwill 1998)

## Lifespan Development: Supervisor-Assessment Tool

Mature practitioners structure their practice in a manner so that theories of normative development are applied to understanding the client's current developmental status. Mature practitioners focus on recognising and developing social competence in their clients, and are oriented towards lifespan development. They recognise and consider socio-economic factors including cultural and spiritual variables and adapt their application of developmental theories to incorporate a systemic perspective when evaluating a client's developmental status.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That children progress through a rapid developmental process among multiple domains.  | <b>YES</b> | <b>NO</b> |
| That development may occur at different rates in different developmental domains, for example the physical, spiritual, emotional and cognitive domains. | <b>YES</b> | <b>NO</b> |
| That theory is fundamental to understanding a child's developmental status.   | <b>YES</b> | <b>NO</b> |
| That children's problem behaviours can be understood as reflective of developmental lags in specific domains.   | <b>YES</b> | <b>NO</b> |
| That interventions must be consistent with the child's developmental stages.  | <b>YES</b> | <b>NO</b> |
| That development must be understood holistically, incorporating all developmental domains.  | <b>YES</b> | <b>NO</b> |
| That children's early developmental experiences significantly affect their adult maturational status.   | <b>YES</b> | <b>NO</b> |
| That social-ecological factors including cultural, economic, spiritual and other factors impact the developmental process.                              | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Identifying children's developmental stages with reference to specific theory or theories.  | 1 2 3 4 5 |
| Designing and implementing interventions consistent with the child's developmental status.  | 1 2 3 4 5 |
| Interpreting behaviours with reference to developmental norms.  | 1 2 3 4 5 |
| Researching culturally specific developmental norms for client children.  | 1 2 3 4 5 |
| Preparing children for changes in psycho-sexual development.  | 1 2 3 4 5 |
| Incorporating culturally appropriate developmental norms into client service planning.  | 1 2 3 4 5 |
| Identifying and incorporating into the client service plan systemic factors that influence or are influenced by developmental issues. | 1 2 3 4 5 |
| Identifying and describing developmental delays on the client service plan.   | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Cognitive Development:
  - Piaget
  - Vygotsky
- Social Development:
  - Bandura
  - Erikson/Freud
- Emotional Development:
  - Bowlby
- Moral development:
  - Kohlberg
  - Gilligan
- Physical Development
  - growth patterns
  - early/late maturation

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks:**

The practitioner must be able to use the concepts and language of systems theory to identify the various relevant sub-systems a child participates in and the interrelationships that may impact the development of a child. For example, a child who manifests delays in cognitive development may exhibit problematic behaviours in the school. This may precipitate interactions between the school staff and the child's parents and/or CYC practitioners. In addition, there may be impacts on the child's relationships with peers or there may be interactions with medical/psychological practitioners.

### **Client Service Planning:**

Identification and description of developmental issues is critical so that client service plans accurately reflect the client's needs and capacity for change.

### **Bibliography: Lifespan Development**

(Brendtro and Ness 1983; Garbarino 1985; Bandura 1986; Greig 1987; Bowlby 1988; Donovan and McIntyre 1990; Crain 1992; Garbarino, Dubrow et al. 1992; Pipher 1994; Goldberg, Muir et al. 1995; Lefrancois 1995; Maier 1995; Manion and Wilson 1995; Berk 1996; Thomas 1996; Wiehe 1996; Berlin 1997; Fraser 1997; Hughes 1997)

## Therapeutic Environments: Supervisor-Assessment Tool

Mature practitioners, by reason of their understanding and application of a systemic approach to care, recognise the value of the client's environment to provide resources that enable growth and development. They recognise and develop environmental opportunities as teachable moments. They act to facilitate connections between the various components of a child's life space and to maintain a healthy, growth facilitating environment.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|  |            |           |
|--|------------|-----------|
| That the totality of the child's social-ecological environment is the child's therapeutic environment.   | <b>YES</b> | <b>NO</b> |
| That the core of the therapeutic milieu is the relationship with the child.  | <b>YES</b> | <b>NO</b> |
| That the therapeutic environment provides teachable moments which enable the child to develop positive self-regard and social competence.                  | <b>YES</b> | <b>NO</b> |
| That ongoing assessment and adaptation of the milieu is required to ensure developmentally appropriate opportunities for children to experience successes. | <b>YES</b> | <b>NO</b> |
| That day-to-day life experiences are opportunities for social learning and competence development.   | <b>YES</b> | <b>NO</b> |
| That problem behaviours may be symptoms of underlying loss and separation issues.  | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Developing therapeutic relationships characterised by empathy, respect, warmth and positive regard.   | 1 | 2 | 3 | 4 | 5 |
| Assessment of a child's functioning is undertaken within the context of normative developmental guidelines.   | 1 | 2 | 3 | 4 | 5 |
| Uses community programs to provide opportunities for enhancing a child's growth and development.  | 1 | 2 | 3 | 4 | 5 |
| Brainstorm alternative interventions in the child's lifespace that are consistent with the child's care plan.   | 1 | 2 | 3 | 4 | 5 |
| Documenting/recording the child's experiences with a focus on learning and growth.  | 1 | 2 | 3 | 4 | 5 |
| Identifying and describing the child's predominant learning orientation.  | 1 | 2 | 3 | 4 | 5 |
| Capitalising on "teachable moments":  |   |   |   |   |   |
| • Decoding the meaning behind behaviours.   | 1 | 2 | 3 | 4 | 5 |
| • Recognising events/situations that offer opportunities for social learning (e.g. behavioural issues)  | 1 | 2 | 3 | 4 | 5 |
| • Structuring the milieu so that learning situations arise (e.g. routines and other structures)   | 1 | 2 | 3 | 4 | 5 |
| • Modelling behaviours and skills.  | 1 | 2 | 3 | 4 | 5 |
| • Using natural and logical consequences as teaching tools not as punishers.  | 1 | 2 | 3 | 4 | 5 |
| Supporting the child to identify and accept losses and facilitating the child's expression of grief due to separation and loss during life transitions. | 1 | 2 | 3 | 4 | 5 |
| Conscious use of relationship to create changes in the child's pattern of interpersonal interactions within the day-to-day environment.                 | 1 | 2 | 3 | 4 | 5 |
| Advocates for the child's needs in the community.   | 1 | 2 | 3 | 4 | 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Characteristics of a therapeutic relationship. (E.g. Rogers etc.)
- Normative Developmental theories. (See Lifespan Development)
- Learning Styles/ Experiential Learning (e.g. Kolb, Gregorc, Keefe, Dunn)
- Life skills
- Community resources
- Child's Care Plan
- Lifespace Intervention Theory
- Agency philosophy/therapeutic approach
- Attachment Theory and its implications for understanding children's behaviours

## **A.S.K. Integration Across Competency Areas**

Lifespan Development/ Client Service Planning/ Individual Interventions Practitioners who are working to develop therapeutic environments for their clients must be able to understand where their clients are with respect to developmental progress. Interventions should be designed to be the best possible fit with the client's unique personal qualities given the constraints of the real-world environment.

## **Bibliography: Therapeutic Environments**

(Brendtro and Ness 1983; Krueger 1987; Fewster 1990; Meadowcroft and Trout 1991; Steele and Raider 1991; Steinhauer 1991; Wood and Long 1991; Durrant 1993; Applestein 1994; Durrant 1995; Parry 1995; Stein 1995; Whalen and Wynn 1995; Beker and Magnuson 1996; Brammer 1996; O'Malley 1996; Shealy 1996; Bates, English et al. 1997; Berlin 1997; Fraser 1997; Hughes 1997; Malchiodi 1997)

## Program Development: Supervisor-Assessment Tool

Mature practitioners are aware of the resources available in children’s environments and can develop programs that are congruent with children’s developmental, cultural and spiritual needs. Mature practitioners are skilled at assessing needs and articulating goals so that programs are both appropriate and accountable. They are able to adapt existing programs and/or activities to match the needs of the group or current situation.

### Attitudes

The candidate’s professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That the intent of any program will be to provide an opportunity for children or families to successfully develop skills and competencies.  | <b>YES</b> | <b>NO</b> |
| That program development requires balancing the unique needs of individual children and their families with the fiscal pressures towards efficiencies afforded by generic programs. | <b>YES</b> | <b>NO</b> |
| That program development must include an accurate needs assessment of both the client population and the community.   | <b>YES</b> | <b>NO</b> |
| That the social environment provides the resources for program development.   | <b>YES</b> | <b>NO</b> |
| That ongoing assessment of program efficacy and effectiveness with respect to clearly articulated goals must be undertaken.   | <b>YES</b> | <b>NO</b> |
| That programs must incorporate cultural sensitivity as a component of their development.  | <b>YES</b> | <b>NO</b> |
| That collaboration with service providers in the community will enhance program accessibility and effectiveness and efficiencies.   | <b>YES</b> | <b>NO</b> |
| That a focus on client and community needs ensures that program development is client not agency driven.  | <b>YES</b> | <b>NO</b> |
|   | <b>YES</b> | <b>NO</b> |
|   | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|  |           |
|--|-----------|
| Systematically assessing service gaps and client needs in the community.                       | 1 2 3 4 5 |
| Researching existing community resources.  | 1 2 3 4 5 |
| Adapting existing programs to meet assessed needs.   | 1 2 3 4 5 |
| Obtaining community support/approval.  | 1 2 3 4 5 |
| Using a theory base to explain needs assessment results and propose solutions.                 | 1 2 3 4 5 |
| Preparing program proposals and obtaining funding/approval.                                    | 1 2 3 4 5 |
| Specifying program goals (outcomes) that are achievable and measurable.                        | 1 2 3 4 5 |
| Articulating methods for achieving program goals.  | 1 2 3 4 5 |
| Monitoring and reporting on program progress, identifying strengths and weaknesses.            | 1 2 3 4 5 |
| Informing allied professionals and other community members about new programs.                 | 1 2 3 4 5 |
| Liaising with organisational and funding personnel to generate continued support for programs. | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## Knowledge

- Education for Competency
- Community Programs
- Observation and Reporting
- Proposal Development

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks**

Incorporate systemic overview as in other ASK document?

### **Client Service Planning**

Program Development refers to groups while Client Service Planning refers to the individual child. The two areas are closely related and share many key attitudes, skills and knowledge.

### **Therapeutic Environment**

The therapeutic environment is the social context within which programs are developed. CYC practitioners gather information from the environment about existing programs and develop networks that bridge the various dimensions of children's lifespace including for example, schools, community based activities such as sports/recreation, scouting and other social groups, spiritual activities, cultural associations and medical practitioners.

### **Community Development**

Specialising in community development as an intervention framework requires a high level of expertise in program development coupled with the attitude that clients and community members are partners in program design.

### **Bibliography: Program Development**

(Brendtro and Ness 1983; Goldstein 1988; PSI Associates 1990; Ricks 1990; Steele and Raider 1991; Steinhauer 1991; Rainwater 1992; Durrant 1993; Martin 1994; Farquharson 1995; Schafer 1995; Beker and Magnuson 1996; Cozens 1996; Kraus 1996; Carroll 1997; Fraser 1997)

**GROUP B**

**SUPERVISOR-ASSESSMENT TOOL**

# Basic Care: Supervisor-Assessment Tool

## Basic Care

Mature practitioners maintain a level of expertise to effectively teach 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. Depending on the environment they function in, and the unique characteristics of their clients, basic care tasks may include maintaining household routines attending to nutrition, hygiene, safety and first aid and basic behaviour management techniques such as reinforcement and re-direction.

## Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That the child's health, safety and well-being are foremost in care provision.  | <b>YES</b> | <b>NO</b> |
| That routines are opportunities for life-skill development.   | <b>YES</b> | <b>NO</b> |
| That a child's appearance impacts the child's self-regard.  | <b>YES</b> | <b>NO</b> |
| That behaviour management techniques are necessary tools for guiding children's development.                          | <b>YES</b> | <b>NO</b> |
| That consequences for behaviours should be logical/natural  | <b>YES</b> | <b>NO</b> |
| That problematic behaviour is a manifestation of a child's needs.   | <b>YES</b> | <b>NO</b> |
| That routines and rules are essential for a safe environment.   | <b>YES</b> | <b>NO</b> |
| That the therapeutic milieu is the foundational context for addressing the child's needs.                             | <b>YES</b> | <b>NO</b> |
| The basic physiological and safety needs of children must be met first.   | <b>YES</b> | <b>NO</b> |
| That all areas of a child's development (physical, spiritual, emotional & intellectual and sexual) require attention. | <b>YES</b> | <b>NO</b> |
| That therapeutic relationships are built in environments where structures and routines provide safety and security.   | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Ensuring that children receive balanced, nutritious meals, consistent with ethic/cultural preferences.                                | 1 2 3 4 5 |
| Modelling good hygiene practices.   | 1 2 3 4 5 |
| Performing non-abusive restraints as required.  | 1 2 3 4 5 |
| Maintaining first aid certification and any other appropriate safety training.  | 1 2 3 4 5 |
| Creating and maintaining a clean, safe and healthy living environment for children, including consistent, predictable daily routines. | 1 2 3 4 5 |
| Teaching good hygiene, healthy eating habits, physical activities and other factors consistent with healthy life-style.               | 1 2 3 4 5 |
| Maintaining accurate records for health related issues such as medication dispensing.   | 1 2 3 4 5 |
| Ensuring that medical and other health related appointments are attended as required.   | 1 2 3 4 5 |
| Communicating with family and allied professionals involved in the child's care of health and safety information.                     | 1 2 3 4 5 |
| Identifying and reporting incidents of abuse to appropriate child protection authorities.   | 1 2 3 4 5 |
| Administering medication(s) as required.  | 1 2 3 4 5 |
| Informing children about sexuality including STD's and HIV/AIDS using age appropriate terminology and techniques.                     | 1 2 3 4 5 |
| Consciously using rules and routines to structure a safe and stable environment.  | 1 2 3 4 5 |
| Role modelling social behaviour consistent with the social and cultural norms of the child's ethnic background.                       | 1 2 3 4 5 |
| Using positive reinforcement to shape desirable behaviour in a manner consistent with the Client Service Plan.                        | 1 2 3 4 5 |
| Using logical consequences as punishment for inappropriate social behaviour.  | 1 2 3 4 5 |
| Recognising environmental events wherein natural consequences can be reframed as a teachable moment                                   | 1 2 3 4 5 |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Using life space interview techniques during teachable moments to ensure the assimilation of learning and the transference to future situations.          | 1 | 2 | 3 | 4 | 5 |
| Teaching age appropriate lifeskills using a systematic approach that breaks down the skill into component parts and reinforces successive approximations. | 1 | 2 | 3 | 4 | 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

### Knowledge

- Maslow's hierarchy of needs.
- Rules, Roles and Relationships in a normative family systems context.
- Behaviour management techniques including non-abusive restraint.
- Social Learning Theory
- Indicators of abuse, legal & ethical responsibilities, intervention strategies.
- Canada Food Guide dietary recommendations.
- St. John's First Aid Certification or equivalent & CPR (if required by agency).
- Commonly prescribed medications, their indications and side effects.
- Agency safety/fire safety policies & regulations.
- Agency and activity related safety standards (e.g. swimming, wilderness trips)
- Prevention and management of STD's including HIV/AIDS and others.
- Separation and loss reactions.
- Attachment Theory

## **A.S.K. Integration Across Competency Areas**

*Basic Care* is a foundational competency and so must be integrated throughout the other competency areas. The following examples are provided to suggest how basic care is integrated in key areas.

### **Systemic Frameworks**

Central to a systems orientation is the notion that all the components of a system are interrelated. Thus, changes to one part of the system impact other components. Practitioners will therefore unavoidably precipitate changes in the child/family system if deficits in basic care needs are addressed.

### **Therapeutic Environments**

By definition the therapeutic environment addresses basic care needs.

### **Individual/Group/Family Intervention**

For these intervention frameworks, the skills exhibited in *Basic Care* are adapted to best fit the characteristics of the intervention environment. Factors to consider are the type of service delivery offered (i.e. agency characteristics) and client characteristics including developmental status and other socio-cultural variables. Record and case management skills, for example, are applicable in all intervention frameworks.

### **Client Service Planning**

The elements of Basic Care form the fundamental framework of an assessment process. Practitioners developing strategies for interventions will need to assure that basic care needs are satisfied in the Client Service Plan.

### **Relationship Development**

Practitioners familiar with Maslow's hierarchy of needs will recognise the importance of meeting basic care requirements as the basis of the therapeutic relationship. Trust is developed with a child through the provision of a safe and nurturing environment.

### **Lifespan Development**

The skilled practitioner recognises that basic care needs change in relation to the client's developmental status. For example, the basic needs of an adolescent are different in some respects to those of pre-schooler. An accurate assessment of a client's basic needs must therefore be undertaken within the context of the client's developmental status.

### **Bibliography: Basic Care**

(Brendtro and Ness 1983; Greig 1987; Goldstein 1988; Donovan and McIntyre 1990; Psi Associates 1990; York 1990; Meadowcroft and Trout 1991; Munro 1991; Steele and Raider 1991; Durrant 1993; Greenstone and Leviton 1993; Berg 1994; Martin 1994; Hoff 1995; Manion and Wilson 1995; Beker and Magnuson 1996; Brabant 1996; France 1996; Wiehe 1996; Fraser 1997; Gilliland and James 1997; Hughes 1997; Malchiodi

## Relationship Development: Supervisor-Assessment Tool

Practitioners recognise the critical importance of relationships in the practice of quality child and youth care. Ideally, the service provider and client work in collaborative manner to achieve growth and change. Mature practitioners develop genuine relationships based on empathy and positive regard. They are skilled at clear communication, both with clients and with other professionals. Observations and records are objective and respectful of their clients

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That relationships are the critically necessary foundations for successful therapeutic interventions.   | <b>YES</b> | <b>NO</b> |
| That is important for children to experience supportive, trusting, and respectful relationships as an end in themselves.  | <b>YES</b> | <b>NO</b> |
| That the goal of the helping relationship is to foster children's development.  | <b>YES</b> | <b>NO</b> |
| That positive regard for the child enhances the child's self-image.   | <b>YES</b> | <b>NO</b> |
| That it is important to show respect and warmth for the person, not their behaviour.  | <b>YES</b> | <b>NO</b> |
| That empathy is required to understand the child's perspective and to communicate that understanding to the child.  | <b>YES</b> | <b>NO</b> |
| That trust develops as a result of the presence of a genuine therapeutic relationship where a child feels safe, secure and respected.   | <b>YES</b> | <b>NO</b> |
| That a helping relationship is based on congruence, genuineness and authenticity.   | <b>YES</b> | <b>NO</b> |
| That dealing with everyday experiences (concreteness) is especially important for working with children due to their developmental status.  | <b>YES</b> | <b>NO</b> |
| That effective therapeutic relationships are focused on the "here and now" of day-to-day care.  | <b>YES</b> | <b>NO</b> |
| That as a result of the CYC practitioner's specialised knowledge and authority, a power differential is inherent in the helping relationship.   | <b>YES</b> | <b>NO</b> |
| That it is the CYC practitioner's responsibility and duty to maintain clear boundaries and to ensure that a therapeutic relationship does not devolve into a social relationship with a client. | <b>YES</b> | <b>NO</b> |
| That the relationship is a two-way interaction which contributes to the CYC practitioner's own growth and development   | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Identifying and communicating positive client attributes.   | 1 2 3 4 5 |
| Considering client attributes, including cultural factors, when developing relationships.   | 1 2 3 4 5 |
| Communicating verbally respect and warmth using appropriate voice tone, pacing and modulation.  | 1 2 3 4 5 |
| Communicating non-verbally respect and warmth using culturally appropriate gestures, mannerisms and conventions such as eye-contact, social distance, matching/mirroring of body posture. | 1 2 3 4 5 |
| Listening skills: (rate each skill)   |           |
| • Paraphrasing.   | 1 2 3 4 5 |
| • Reflecting feelings   | 1 2 3 4 5 |
| • Using open questions  | 1 2 3 4 5 |
| • Using closed questions  | 1 2 3 4 5 |
| • Challenging   | 1 2 3 4 5 |
| • Reflecting/describing behaviours  | 1 2 3 4 5 |
| Using self-disclosure to convey genuineness.  | 1 2 3 4 5 |
| Using self-involving statements to foster immediacy.  | 1 2 3 4 5 |
| Using the above skills in communication with team members   | 1 2 3 4 5 |
| Use of activities (recreational and other) to promote relationship.   | 1 2 3 4 5 |
| Using a problem management model to help the child with everyday concerns.  | 1 2 3 4 5 |
| Documenting accurately client sessions including informal interactions.   | 1 2 3 4 5 |
| Identifying personal bias in the moment.  | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills, are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.

4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Rogerian counselling principles
- Characteristics of an effective helper.
- Humanistic theory.
- Relationship resistant children
- Attachment theory.

## **A.S.K. Integration Across Competency Areas**

### **Lifespan Development.**

Practitioners must be able to integrate the use of attachment theory in particular and other developmental theories in general into the context within which they develop relationship, thus modifying their use of skills appropriately to the developmental status of the child.

### **Individual/Group/Family Intervention**

Relationship is the foundation for these intervention frameworks and the skills exhibited in relationship development are advanced in planned interventions.

### **Client Service Planning**

Relationship is used to empower clients during the development of client service plans. Communication skills fundamental to this competency area are used during case management meetings and with other professionals as the practitioner advocates for the client. Accurate recording of interactions and issues discussed as a result of relationship are fundamental to planning, as is an assessment of the child's capacity for relationship and engagement in relationship.

## **Bibliography: Relationship Development**

(Brendtro and Ness 1983; Savicki and Brown 1985; Krueger 1987; James 1989; Donovan and McIntyre 1990; Fewster 1990; Meadowcroft and Trout 1991; Steele and Raider 1991; Wood and Long 1991; Durrant 1993; Moursund 1993; Webb 1993; Applestein 1994; Egan 1994; Ivey 1994; Durrant 1995; Hoff 1995; Parry 1995; Smith and Pennells 1995; Stein 1995; Beker and Magnuson 1996; Brammer 1996; Wiehe 1996; Fraser 1997; Hughes 1997; Hutchins and Vaught 1997; Malchiodi 1997; Orton 1997)

## Client Service Planning: Supervisor-Assessment Tool

Mature practitioners are familiar with and consistently follow best practice standards regarding client service plans (CSP). They demonstrate excellent observing, recording and reporting skills, providing purposeful, comprehensive reports, both oral and written, to members of the service team. They engage in regular reviews of client progress. Mature practitioners are respectful and collegial with associated professionals, and use the least restrictive, normalised service delivery options consistent with the client's needs.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|  |            |           |
|--|------------|-----------|
| That each child must have a unique CSP that reflects the most current assessment of the child's needs.   | <b>YES</b> | <b>NO</b> |
| That the child and appropriate advocate (e.g. Social Worker/Case Worker, Guardian) must participate in developing and agree to the terms of their CSP. | <b>YES</b> | <b>NO</b> |
| That the least restrictive, community-based alternatives for education, recreation, and therapy be accessed whenever appropriate.                      | <b>YES</b> | <b>NO</b> |
| That the CSP must be reflect the child's developmental status.   | <b>YES</b> | <b>NO</b> |
| That the CSP must reflect the child's unique cultural, spiritual, linguistic and cognitive status.   | <b>YES</b> | <b>NO</b> |
| That the CSP must be consistent with the agency's philosophy and that the child meets the criteria for the program(s) the CSP is designed for.         | <b>YES</b> | <b>NO</b> |
| That the CSP must consider the totality of the child's social-ecological environment.  | <b>YES</b> | <b>NO</b> |
| That formative and summative evaluations of the service plan are critical to successful outcomes.  | <b>YES</b> | <b>NO</b> |
| That the CSP must be based on a theoretical approach to change.  | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Assessing the totality of the child's social-ecological environment.  | 1 2 3 4 5 |
| Assessing all relevant dimensions of the child's developmental status within the context of his/her lifespan development.   | 1 2 3 4 5 |
| Communicating with the child regarding the assessment and planning process and involving the child in developing the CSP.   | 1 2 3 4 5 |
| Communicating with allied practitioners regarding CSP development, implementation and assessment.   | 1 2 3 4 5 |
| Writing assessments that identify the child's current level of functioning and specify areas of focus for developmental change within the ecological system.                    | 1 2 3 4 5 |
| Writing clear, specific, measurable goals that are based on a theoretical foundation for developmental and behavioural change and which specify indicators of goal achievement. | 1 2 3 4 5 |
| Designing therapeutic interventions and service methods that are logically connected to service goals.  | 1 2 3 4 5 |
| Identifying time-lines and persons responsible for each stage of implementation, assessment, and follow-up plans in the CSP.  | 1 2 3 4 5 |
| Purposefully observing and monitoring the child's behaviour for indicators of change related to the service plan goals.   | 1 2 3 4 5 |
| Identifying opportune moments in the milieu to implement therapeutic interventions, as specified in the CSP.  | 1 2 3 4 5 |
| Identifying and planning for the child's transition into appropriate community resource(s).   | 1 2 3 4 5 |
| Writing detailed, accurate and timely reports using objective, culturally sensitive language and professional presentation (i.e. technical skills: grammar, spelling etc.).     | 1 2 3 4 5 |
| Completing regular formative assessments to evaluate performance with reference to CSP goals and to develop new goals as the initially identified goals are achieved.           | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

Best Practice Standards for Client Service Plans (Policy and Procedure)

Normative Development theories

Behavioural and Social Learning Theory

Ecological-Systemic Concepts

Case Management/Service Planning Model

## **A.S.K. Integration Across Competency Areas**

### **Individual/Group/Family Interventions**

The practitioner must be able to use the skills and knowledge of Client Service Planning with the competencies required in the area of Intervention Frameworks. Client Service Plans are required for these areas but will have different foci dependent upon the nature of the program the practitioner is engaged in. The service plan will be consistent with the theory of change guiding the specific intervention approach incorporated in one's daily practice.

### **Normative Development**

The assessment phase of client service planning is based on the foundational area of normative development and it is with reference to these theories that the specific foci for change are identified.

## **Systemic Frameworks**

Assessment and implementation of the CSP must be sensitive to the social-ecological systems within which the child is located. The systemic assessment will not only facilitate the identification of goals it will help the practitioner to identify whom to include in the planning process and how those individuals will contribute to the treatment process.

## **Bibliography: Client Service Planning**

(Gambrill 1990; Ricks 1990; Steinhauer 1991; Benner 1992; Durrant 1993; Martin 1994; Stein 1995; Beker and Magnuson 1996; Bentzen 1996; Cozens 1996; Nilsen 1997)

**GROUP C**

**SUPERVISOR-ASSESSMENT TOOL**

## Individual Interventions: Supervisor-Assessment Tool

Mature practitioners are able to articulate a specific theoretical approach to change and modify that approach to suit the needs of the individual client. (E.g. Attachment; cognitive-behaviouristic; solution focused; narrative). They have well developed intervention techniques, based on theory and used within the context of normative development in a social ecology. Mature practitioners engage in reflective practice to ensure that client service plan objectives are being met or modified in a systematic manner. The client is engaged as a partner to the extent possible given factors such as the child's developmental status or agency policies.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|  |     |    |
|--|-----|----|
| That there is no single, universally accepted theory of behaviour management and/or change.  | YES | NO |
| That each child has areas of competence that are the foundations upon which development must be based.   | YES | NO |
| That interventions must be purposeful and consistent with a specific theoretical orientation guided by agency policy.  | YES | NO |
| That interventions must be sensitive to the child's developmental status.  | YES | NO |
| That the child's cultural, spiritual and other social-environmental dimensions must be considered when determining an appropriate intervention.  | YES | NO |
| That the purpose of an intervention must be clearly and appropriately discussed with the child so that the intervention becomes a learning experience, not a punishment or other negatively perceived event. | YES | NO |
| That the CYC practitioner is responsible for recognising and articulating the strengths and limitations of the theoretical approach being used.  | YES | NO |
| That the CYC practitioner may be required to physically restrain a child for the protection of the child and others.   | YES | NO |
| That punishment has little long-term effectiveness as a technique for behaviour change.  | YES | NO |
| That, to the extent one is engaged in a relationship, every interaction with a child is an opportunity for intervention.   | YES | NO |
| That interventions may be formal (client service plans) or informal (life space interventions) and their basic principles are the same.  | YES | NO |

## Skills

The candidate's skills are at the following levels:

|  |           |
|--|-----------|
| Using checklists, inventories and other systematic assessment tools.   | 1 2 3 4 5 |
| Identifying social competencies which can be used to enhance the change process.   | 1 2 3 4 5 |
| Assessing the impact of the social structure on the individual client in relation to treatment needs and goals.                                      | 1 2 3 4 5 |
| Articulating a theoretical approach and designing therapeutic goals in keeping with that approach.   | 1 2 3 4 5 |
| Designing intervention strategies consistent with agency policy/philosophy and a theoretical framework.  | 1 2 3 4 5 |
| Describing specific therapeutic outcomes and assessing client progress against these outcomes.   | 1 2 3 4 5 |
| Providing a supportive and respectful environment for behaviour change.  | 1 2 3 4 5 |
| Assisting the client to understand the connection between thoughts, feelings, and behaviours.  | 1 2 3 4 5 |
| Modelling appropriate behaviours/attitudes.  | 1 2 3 4 5 |
| Role-playing with the client to develop specific skills and generalise behaviour change to new situations.   | 1 2 3 4 5 |
| Providing cues, practice, and reinforcement to facilitate behaviour change.  | 1 2 3 4 5 |
| Planning and exercising co-operative learning experiences  | 1 2 3 4 5 |
| Applying physical restraint in keeping with agency policy and philosophical approach. (to controlling behaviour or promoting attachment)             | 1 2 3 4 5 |
| Contracting with clients to engage in a therapeutic change process.  | 1 2 3 4 5 |
| Using life events to conduct a life space interview that promotes insight, develops values, provides a reality check, or enhances social competence. | 1 2 3 4 5 |
| Making use of space, equipment, time, and props to facilitate treatment objectives.  | 1 2 3 4 5 |
| Providing information to promote behaviour change.   | 1 2 3 4 5 |
| Assisting the client to explore, express and resolve deep emotional traumas.   | 1 2 3 4 5 |
| Making use of transitional objects and rituals to create a safe, trustworthy climate for change.   | 1 2 3 4 5 |
| Using symbolic play as a therapeutic tool.   | 1 2 3 4 5 |
| Using art as a therapeutic tool.   | 1 2 3 4 5 |
| Consulting with peers and allied practitioners about intervention techniques.  | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.

5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Behavioural and Cognitive-Behavioural Psychology
- Adlerian Psychology
- Psycho-analytic Theory
- Attachment Theory
- Social Learning Theory
- Solution-focused Therapy
- Narrative Therapy
- Art therapy
- Play therapy
- Non-Abusive Restraint Techniques
- Agency/Program Philosophy and Policy

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks**

Individual interventions must occur within a systemic context. We have recognised for years that we cannot remove children from families, fix them and return them without creating some kind of change process in the family. For individual interventions to be effective the practitioner must be aware of the inter-relationships between the child and the systems that he/she exist within.

### **Basic Care**

Many of the skills required for individual interventions assume that the skills/techniques noted in basic care are pre-requisite to the techniques used to create systematic, therapeutic change.

## **Relationship Development**

Relationships are fundamental to the implementation of therapeutic techniques for change. Thus the skills for developing relationships are incorporated into any intervention that is undertaken.

## **Lifespan Development**

Interventions must be created at an appropriate level for the developmental status of the child. Developmental status should be considered within the assessment phase of the intervention process and will in some cases mark progress within treatment.

## **Mental Health Issues**

Individual interventions by child and youth care practitioners may support other allied professionals with whom the child is engaged in treatment or they may be undertaken as the primary treatment process for the child. Skills in individual intervention can be extended to deal with special needs which are targeted in mental health issues.

## **Client Service Planning**

Client service planning defines the skills that are required for documenting and recording a planned, systemic approach to change.

## **Bibliography: Individual Interventions**

(Dreikurs and L 1968; Brendtro and Ness 1983; Savicki and Brown 1985; Bandura 1986; Goldstein 1988; James 1989; Krall 1989; Donovan and McIntyre 1990; Fewster 1990; Wood and Long 1991; Benner 1992; Garbarino, Dubrow et al. 1992; Durrant 1993; Moursund 1993; Webb 1993; Egan 1994; Ivey 1994; Kazdin 1994; Durrant 1995; Hoff 1995; Schafer 1995; Smith and Pennells 1995; Stein 1995; Beker and Magnuson 1996; Brammer 1996; Cozens 1996; Kraus 1996; Wiehe 1996; Carroll 1997; Fine and Fine 1997; Hughes 1997; Hutchins and Vaught 1997; Malchiodi 1997; Orton 1997; Zoerink and Magafas 1997)

## CYC Work With Families: Supervisor-Assessment Tool

Mature practitioners have a sound understanding of family systems theory and are aware of cultural variations in family structures. They are skilled at using interventions that are designed to build on the family's strengths. Family relationships and communication patterns within the family and inter-generationally are assessed prior to the adoption of the most appropriate theoretical approach for interventions within the family.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That there are multiple types and configurations of families from varied social and cultural backgrounds leading to a diversity of healthy family structures. | <b>YES</b> | <b>NO</b> |
| That the family is a complex system of interrelated sub-systems that impact each other in many different ways.  | <b>YES</b> | <b>NO</b> |
| That a family environment is the ideal for promoting the healthy growth and development of a child.   | <b>YES</b> | <b>NO</b> |
| That a family-centred approach is essential in order to focus interventions in an effective manner.   | <b>YES</b> | <b>NO</b> |
| That developing a respectful, supportive relationship with the family is the prerequisite for effective intervention.   | <b>YES</b> | <b>NO</b> |
| That the family's social environment must be understood for effective interventions to be designed.   | <b>YES</b> | <b>NO</b> |
| That all families have strengths that can be built upon.  | <b>YES</b> | <b>NO</b> |
| That identification of a families existing strengths and competencies is the foundation upon which further skill development is based.                        | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

\*Educating is meant to include diverse formats for information transfer including parent support groups, parenting classes, and individual work within a family session.

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Educating*, informing and modelling techniques for managing children's behaviour that build upon the parent's current strengths.               | 1 | 2 | 3 | 4 | 5 |
| Educating* parents about normative growth and development.   | 1 | 2 | 3 | 4 | 5 |
| Assisting parents to understand and access resources in the systems that their child is actively participating in. (E.g. School, social group) | 1 | 2 | 3 | 4 | 5 |
| Advocating for a parent(s) with professionals from another discipline and helping parents to advocate for themselves and their child.          | 1 | 2 | 3 | 4 | 5 |
| Collaborating with other professionals to meet the needs of the family.  | 1 | 2 | 3 | 4 | 5 |
| Assessing family patterns of functioning.  | 1 | 2 | 3 | 4 | 5 |
| Identifying family needs and helping a family accomplish their goals.  | 1 | 2 | 3 | 4 | 5 |
| Facilitating conflict resolution within a family.  | 1 | 2 | 3 | 4 | 5 |
| Identifying and building upon family strengths.  | 1 | 2 | 3 | 4 | 5 |
| Identifying the source of a family's resistance to change.   | 1 | 2 | 3 | 4 | 5 |
| Determining when a child may be in need of protection and reporting to child welfare authorities.  | 1 | 2 | 3 | 4 | 5 |
| Learning about the client family's cultural, spiritual and socio-economic status and using that information to modify or adapt interventions.  | 1 | 2 | 3 | 4 | 5 |
| Identifying how The candidate's own family history impacts The candidate's interactions with a family.   | 1 | 2 | 3 | 4 | 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Family systems theories
- Family life cycle
- Intergenerational abuse cycles(Kagan and Schlosberg 1989; Pipher 1996; Hughes 1997)
- Family assessment models(Kagan and Schlosberg 1989; Rodway and Trute 1993; Berg 1994)
- Family violence(Kagan and Schlosberg 1989; Garbarino, Dubrow et al. 1992; Pipher 1996)
- Normative developmental theories
- Agency philosophy/policy
- Child , Youth and Family Enhancement Act
- Loss/separation theories(Kagan and Schlosberg 1989; Berlin 1997; Hughes 1997)
- Community resources
- Parent training/education(Hughes 1997; Orton 1997)
- Adult learning theory
- Understanding the social/economic/cultural pressures and impacts on a variety of family structures (e.g. Single parent, multigenerational, First Nations)(Garbarino, Dubrow et al. 1992; Rodway and Trute 1993; Pipher 1996)

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks**

Fundamental to family intervention is an understanding of the systemic contexts that a family exists within. We have recognised for years that we cannot remove children from families, treat them and return them without creating some kind of change process in the family. Similarly, the change process for a family must also create change in the various systems that the family exists within.

### **Basic Care**

Many of the skills required for family interventions assume that the skills/techniques noted in basic care are pre-requisite to the techniques for parent education.

### **Relationship Development**

Relationships are fundamental to the implementation of therapeutic techniques for change. Thus the skills for developing relationships are incorporated into any family intervention that is undertaken. An important component of relationship development is learning about the client's cultural and spiritual systems.

## **Lifespan Development**

Parent education and family intervention requires an understanding of lifespan development at the level of being able to teach someone else about normative growth and development and its implications for behaviour management and creating a nurturing home environment. It is also necessary to recognise phases of adult development and how delayed development (for example as a result of intergenerational abuse) can affect the ability to parent.

## **Therapeutic Environment**

Within any family intervention the practitioner must be able to teach the family about healthy environments, structuring the family and community milieu to support the child. It is also essential to understand loss and grief as it is expressed in a family context.

## **Client Service Planning**

Client service planning defines the skills that are required for documenting and recording a planned, systemic approach to change within a family context.

## **Bibliography: Child And Youth Care Work With Families**

(Kagan and Schlosberg 1989; Steele and Raider 1991; Garbarino, Dubrow et al. 1992; Anglin and Glossup 1993; Gabor and Kuehne 1993; Rodway and Trute 1993; Berg 1994; Ivey 1994; Kass and Mann-Feder 1995; Heflinger and Nixon 1996; Pipher 1996; Richardson 1996; Hughes 1997

## Group Interventions: Supervisor-Assessment Tool

Mature practitioners are knowledgeable about psycho-educational, therapeutic and peer helping groups. They are aware of the developmental stages of groups, and are able to adapt their behaviour management and communication skills to function in the group context. They are confident and competent in dealing with group dynamics and ensure that group members are treated in a respectful and safe manner by modelling appropriate attitudes and behaviours.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |            |           |
|---|------------|-----------|
| That process and content are equally important components in group facilitation.  | <b>YES</b> | <b>NO</b> |
| That the group is an opportunity for members to experience social development.  | <b>YES</b> | <b>NO</b> |
| That developing a respectful, supportive relationship with members of the group is the prerequisite for effective intervention.       | <b>YES</b> | <b>NO</b> |
| That all groups have strengths that can be built upon.  | <b>YES</b> | <b>NO</b> |
| That identification of a group's existing strengths and competencies is the foundation upon which further skill development is based. | <b>YES</b> | <b>NO</b> |
| That the group is a powerful socialization agent.   | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |   |
|---|---|
| Using group facilitation skills: <ul style="list-style-type: none"> <li>• active listening</li> <li>• questioning</li> <li>• summarising</li> <li>• coordinating</li> <li>• seeking input</li> <li>• encouraging</li> <li>• gatekeeping</li> <li>• standard setting</li> <li>• feedback</li> <li>• self-disclosure</li> </ul> | 1 2 3 4 5<br>1 2 3 4 5 |
| Planning group activities taking into consideration group process variables and teaching objectives.  | 1 2 3 4 5   |
| Planning group activities taking into consideration the nature of individual issues and skill development.  | 1 2 3 4 5   |
| Assessing group patterns of functioning.  | 1 2 3 4 5   |
| Balancing group and individual needs to help a group accomplish their goals.  | 1 2 3 4 5   |
| Investigating the cultural, spiritual, socio-economic status and other personal characteristics of group members.   | 1 2 3 4 5   |
| Identifying group strengths.  | 1 2 3 4 5   |
| Facilitating conflict resolution/de-escalation within a group.  | 1 2 3 4 5   |
| Identifying the source of a group's resistance to change.   | 1 2 3 4 5   |
| Achieving an appropriate level of mutuality and shared responsibility for the group process and outcomes.   | 1 2 3 4 5   |
| Evaluating group progress using both formative and summative approaches.  | 1 2 3 4 5   |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Types of groups (Stein 1995)
- Varied purposes for groups (Stein 1995; Denison 1997)
- Stages of group development (Farquharson 1995; Stein 1995; Denison 1997; Stoiber andKratochwill 1998)
- Creation of a positive peer group environment (Brendtro and Ness 1983)
- Systems theory as it relates to groups (Stein 1995)
- Learning styles (Farquharson 1995)

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks**

Groups are created systems whose individual members are constituents of a myriad of other systems. Group members may have adopted certain functional roles in other systems that guide their behaviour in the group's system. Skilled practitioners seek to understand what the rules, roles and relationships are in those other systems so that group members may learn to adapt to a new systemic context.

### **Relationship Development**

Relationships are fundamental to the implementation of therapeutic techniques for change. Thus the skills for developing relationships are incorporated into any group intervention that is undertaken.

### **Lifespan Development**

Skilled practitioners recognise the potential for diversity with respect to developmental progress even among members of a group who may appear to be relatively homogenous in other respects. Successful group interventions require sensitivity to the developmental status of the group's members. In addition to human lifespan development, mature practitioners are aware that groups themselves undergo a developmental process. This means that the practitioner will adapt to the changing needs of the group over time. As is the case with individual clients, observation and recording of the progress and direction of change is required. Reference to a theoretical model of group functioning and development will ensure that practice is well-grounded and intentional.

### **Client Service Planning**

The client service planning section defines the skills that are required for documenting and recording a planned, systemic approach to change within a group process context.

### **Bibliography: Group Interventions**

(Brendtro and Ness 1983; Savicki and Brown 1985; Siepker and Kandaras 1985; Goldstein 1988; Dossick and Shea 1990; Morganett 1990; Durrant 1993; Applestein 1994; Eggert 1994; Farquharson 1995; Kymissis and Halpern 1995; Stein 1995; Kraus 1996; O'Malley 1996; Bates, English et al. 1997; Denison 1997; Zoerink and Magafas 1997; Soo 1998; Stoiber and Kratochwill 1998)

## Community Development: Self -Assessment Tool

*This is an optional area of competence for those practitioners whose practice is focused on the development of community capacity. These practitioners, rather than working “front-line” with clients, work with associated professionals and organisations as well as service consumers and organisations to ensure that appropriate services are available in their communities.*

Mature practitioners believe in community capacity building. They engage in research on community resources to identify loci of strength. Mature practitioners develop collegial relationships throughout the community and work to develop skills and resources, which support both children and families in least restrictive environments. By providing information and support they empower groups and individuals to develop preventative programs as well as to provide programs, which repatriate marginalised children to the community.

### Attitudes

The candidate’s professional practice reflects the following attitudes:

|  |            |           |
|--|------------|-----------|
| That enhancing the community’s capacity to provide support and services benefits individual children and their families and in addition the quality of life for the whole community. | <b>YES</b> | <b>NO</b> |
| That an environmental analysis is required to determine:<br>a) what community capacity already exists,<br>b) what capacities need to be developed.                                   | <b>YES</b> | <b>NO</b> |
| That co-operation, collaboration and co-ordination lead to enhanced service delivery to children and their families.   | <b>YES</b> | <b>NO</b> |
| That a needs assessment is the critical first step in community development, and that the assessment must be based on some theoretical foundation.                                   | <b>YES</b> | <b>NO</b> |
| That children and family’s input is required in any needs assessment and in the design of any system of care.  | <b>YES</b> | <b>NO</b> |
| That advocacy for the child, family and community leads to empowerment of the individual and the community.  | <b>YES</b> | <b>NO</b> |
| That informing is empowering.  | <b>YES</b> | <b>NO</b> |
| That respect for children and families requires affording them the dignity of self-determination with the context of their developmental capacities.                                 | <b>YES</b> | <b>NO</b> |
| That the community is the context in which children and families live and the source of the resources required for ongoing growth and development.                                   | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Systematically assessing the needs of children and families using an appropriate theoretical perspective.  | 1 | 2 | 3 | 4 | 5 |
| Soliciting the input of children and families in determining interventions.  | 1 | 2 | 3 | 4 | 5 |
| Identifying and exploring programs and incentives in the community.  | 1 | 2 | 3 | 4 | 5 |
| Actively researching community resources.  | 1 | 2 | 3 | 4 | 5 |
| Accessing and promoting existing community resources.  | 1 | 2 | 3 | 4 | 5 |
| Advocating for children in the community.  | 1 | 2 | 3 | 4 | 5 |
| Educating the community at large regarding children's needs and rights.  | 1 | 2 | 3 | 4 | 5 |
| Analysing community capacity identifying strengths, weaknesses and opportunities.  | 1 | 2 | 3 | 4 | 5 |
| Developing collegial relationships with allied/associated professionals and other service providers in the community, engaging in network development. | 1 | 2 | 3 | 4 | 5 |
| Facilitating client advocacy groups and teaching self-advocacy skills.   | 1 | 2 | 3 | 4 | 5 |
| Collaborating in preparing proposals for community development projects.   | 1 | 2 | 3 | 4 | 5 |
| Identifying and accessing cultural resources in the community.   | 1 | 2 | 3 | 4 | 5 |
| Presenting to government or community agency boards the results of community assessments.  | 1 | 2 | 3 | 4 | 5 |
| Managing public meetings in an organised and orderly manner.   | 1 | 2 | 3 | 4 | 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- Community resources.
- Needs Assessment Framework.
- Strategic planning methods (S.W.O.T. analysis and other information gathering/analysis tools).
- Government programs and incentives.
- Wrap-around services.
- Integrated Services

## **A.S.K. Integration Across Competency Areas**

### **Systemic Frameworks**

The conceptual understanding of systemic frameworks is fundamental to Community Development as the practitioner works with the community as client rather than the individual as client. The practitioner must modify systemic thinking to develop the system rather than the individual within the system.

### **Program Development**

The skills of program development for individuals and groups are used within the community context. Added to the basic program development skills is the capacity to find funding and plan for the implementation of entirely new programs within the community.

### **Bibliography: Community Development**

(Garbarino, Dubrow et al. 1992; Waldram, Herring et al. 1995; Whalen and Wynn 1995; Saskatchewan Education 1996; Heflinger and Nixon 1996; Centre for Educational Review and Innovation ,1996; Zoerink and Magafas 1997)

## Mental Health: Supervisor-Assessment Tool (Crisis Intervention)

*This is an optional area for those CYC practitioners in settings that offer specialised service for children and youth with specific disorders such as substance use, eating disorders, sexual offences, abuse victims, psychiatric/forensic assessments, suicidal and other self-destructive behaviours.*

Mature practitioners are knowledgeable about the mental health professionals who are available in the community or practice setting. They are familiar with the concepts and terms of the **Diagnostic and Statistical Manual of Mental Disorders** (DSM-5) and can apply diagnostic information when assessing clients in the environment and designing interventions. Mature practitioners recognise signs and manage symptoms of traumatic childhood experiences such as sexual and/or physical abuse and family violence. They are familiar with techniques for the safe intervention in situations involving suicidal ideation, substance abuse, eating disorders, etc.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |     |    |
|---|-----|----|
| That understanding the language and concepts of psychopathological approaches is required so that effective communication with allied professionals who may use those concepts and language may take place. | YES | NO |
| That the provision of physical, emotional and psychological safety for children and those who work with them is a priority.   | YES | NO |
| That problem behaviours can be manifestations of both biochemical imbalances requiring medical interventions, and/or of developmental irregularities brought on by traumatic environmental events.          | YES | NO |
| That accurate recognition/diagnosis of what factor(s) may be contributing to a child's difficulties requires informed observation and reporting.  | YES | NO |
| That there is no dominant single, clear-cut, research or theoretically based treatment approach to chemical dependencies.   | YES | NO |
| That assessment of clients in crisis is a critical component for intervention.  | YES | NO |
| That ill-informed interventions might exacerbate a crisis situation.  | YES | NO |
| That best practice requires close co-operation with other mental health practitioners in the community.   | YES | NO |
| That the experiences of childhood trauma can lead to repeated crises as new developmental tasks are undertaken  | YES | NO |
| That for crisis situations, the integration of theory into practice requires integrating life experiences, training, knowledge and supervision to improve professional skills.                              | YES | NO |
| That crisis situations are opportunities for change.  | YES | NO |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Working as a team with other health and human service professionals.  | 2 3 4 5   |
| Incorporating a harm reduction model in day-to-day work with substance mis-use clients.   | 1 2 3 4 5 |
| Referring children to alternative mental health professionals when appropriate.   | 1 2 3 4 5 |
| Completing suicide risk assessments and follow-ups.   | 1 2 3 4 5 |
| Designing environmental interventions for clients based on mental health diagnostic information.  | 1 2 3 4 5 |
| Applying a specific treatment model and/or theory of change to the client's service plan.   | 1 2 3 4 5 |
| Researching aetiologies and treatment options for disorders attributed to children in The candidate's care.   | 1 2 3 4 5 |
| Following a crisis intervention model that includes defining the problem, ensuring client safety, providing support, developing and implementing plans with client input and commitment where appropriate and possible. | 1 2 3 4 5 |
| Consulting with physicians and pharmacists to understand the side effects of all medications prescribed to children in The candidate's care.  | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- DSM -5: Indicators and behavioural issues for common diagnostic categories:
- Theories of change applicable to the client's diagnosed disorder.
- Schneider, Kübler-Ross or other bereavement process models
- Suicide Risk Factors
- Currently available substances abused by children and youths, their symptoms and indications.

## **Integration Across Competency Areas**

- Practitioners will need to be aware that *client service planning, individual interventions, relationship development* and *individual interventions* will be impacted by Mental Health Issues.
- Particular attention should be paid to *Systemic Frameworks* for insight into aboriginal peoples and their risk factors.
- *Basic care* for children with Mental Health Issues may require specific adaptations.

## **Bibliography: Mental Health Issues**

(Brendtro and Ness 1983; Greig 1987; James 1989; Krall 1989; Donovan and McIntyre 1990; York 1990; Meadowcroft and Trout 1991; Steele and Raider 1991; Wood and Long 1991; Rainwater 1992; Durrant 1993; Greenstone and Leviton 1993; Rodway and Trute 1993; Webb 1993; Canada 1994; Canada 1994; Eggert 1994; Goldberg, Muir et al. 1995; Hoff 1995; Manion and Wilson 1995; Smith and Pennells 1995; Waldram, Herring et al. 1995; Beker and Magnuson 1996; Brabant 1996; France 1996; Heflinger and Nixon 1996; Wiehe 1996; Gilliland and James 1997; Hughes 1997; Malchiodi 1997)

# **GROUP D**

## **SUPERVISOR-ASSESSMENT TOOL**

## Professional Issues: Supervisor-Assessment Tool

Mature practitioners are generative and flexible; they are self-directed and have a high degree of personal initiative. Their performance is consistently reliable and exemplary. They function effectively both independently and as a team member. Mature practitioners are knowledgeable about what constitutes a profession. They are familiar with the policies and regulations of their agency, the CYCAA and relevant legislation.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|   |   |  |
|---|---|--|
| An orientation towards life-long learning and professional development including both formal and informal learning opportunities.   | YES   | NO                                     |
| That generativity and flexibility, that is, going beyond the conventional and seeking alternatives, increases the potential for designing effective interventions.  | YES   | NO                                     |
| That professional practice is dependent upon tolerance for diversity and the development of collaborative relationships in the community.   | YES   | NO                                     |
| A commitment to developing and maintaining high quality care through reflective practice.   | YES   | NO                                     |
| That ethical practice includes: <ul style="list-style-type: none"> <li>• respect for the right for children and their families to self-determination or autonomy</li> <li>• obligation to help others</li> <li>• respect for confidentiality with respect to children and their families</li> <li>• fidelity and trustworthiness towards others</li> <li>• fair and equal treatment of all persons</li> <li>• respect for the privacy of children and their families</li> <li>• honesty and truthfulness</li> <li>• a commitment to do no harm</li> </ul> | YES<br>YES<br>YES<br>YES<br>YES<br>YES<br>YES | NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO |
| That maintaining professional awareness/knowledge through review of current professional literature and other information sources, attending professional development workshops and dialogue with other CYC practitioners and allied professionals is a hallmark of professional practice.  | YES   | NO                                     |
| That membership in a professional association and adherence to its code of conduct and statements of professional ethics fosters public respect and confidence in CYC practice.   | YES   | NO                                     |
| That every interaction with a child is an opportunity for growth and development for both the child and the CYC practitioner.   | YES   | NO                                     |
| That professional practice requires a sound understanding of theoretical models that explain human development within the context of the social environment.  | YES   | NO                                     |
| That reliability and consistency are required for professional practice.  | YES   | NO                                     |

## Skills

The candidate's skills are at the following levels:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Communicating information clearly and concisely.  | 1 | 2 | 3 | 4 | 5 |
| Generating and maintaining accurate and appropriate documentation.  | 1 | 2 | 3 | 4 | 5 |
| Following a specific code or policy regarding client confidentiality.   | 1 | 2 | 3 | 4 | 5 |
| Following a specific code or policy regarding conflict of interest.   | 1 | 2 | 3 | 4 | 5 |
| Developing and implements personal and practice goals.  | 1 | 2 | 3 | 4 | 5 |
| Maintaining membership in a professional organisation.  | 1 | 2 | 3 | 4 | 5 |
| Contributing to the knowledge base of the profession. (May include criticism or commentary of research/practice issues)   | 1 | 2 | 3 | 4 | 5 |
| Subscribing to and reading professional journals  | 1 | 2 | 3 | 4 | 5 |
| Attending in-service/training/workshops/ professional conferences.  | 1 | 2 | 3 | 4 | 5 |
| Providing training/in-service and workshops to other practitioners.   | 1 | 2 | 3 | 4 | 5 |
| Providing public service or education about CYC practice.   | 1 | 2 | 3 | 4 | 5 |
| Employing effective and appropriate problem-solving strategies by recognising issues, choosing from a variety of techniques and implementing them within the context of agency policy and procedure.  | 1 | 2 | 3 | 4 | 5 |
| Distinguishing between ethical and legal issues.  | 1 | 2 | 3 | 4 | 5 |
| Following an ethical decision making process including: <ul style="list-style-type: none"> <li>• Identifying the problem.</li> <li>• Identifying the potential issues involved.</li> <li>• Reviewing the relevant ethical guidelines.</li> <li>• Obtaining consultation.</li> <li>• Considering <i>possible</i> and <i>probable</i> courses of action.</li> <li>• Enumerating the consequences of the various alternatives.</li> <li>• Deciding on what appears to be the best course of action.</li> </ul> | 1 | 2 | 3 | 4 | 5 |
| Engaging in critical evaluation of personal performance.  | 1 | 2 | 3 | 4 | 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
2. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
3. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
4. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

- The characteristics of a profession.
- Policies and regulations of the professional association, including the code of ethics.
- Policies and regulations of best practice, particularly the standards for accreditation.
- Provincial and federal legislation applicable to children and families.
- Ethical decision making processes.
- Procedures for children's advocacy and grievances.
- Team development and roles.
- Health Disciplines Legislation

## **A.S.K. Integration Across Competency Areas**

Professional development and personal development are inextricably linked. Practitioners will find common issues in both the *Professional Issues* and in *Self Care* competency areas.

Knowledge of Lifespan Development and the Systemic Frameworks is required so that the practitioner will understand how the application of ethical guidelines and federal and provincial statutes will impact children and their families.

## **Bibliography: Professional Issues**

Alberta Child Welfare Act, 1984; Berube 1984; Krueger 1987; Bayles 1989; Fewster 1990; Keith-Lucas 1990; Kelly 1990; Austin 1991; Peterson 1992; Corey, Corey et al. 1993; Koocher and Keith-Spiegel 1993; Garfat and Ricks 1995; Magnuson 1995; Maier 1995; Mattingly 1995; Mattingly 1995; A.F.S.S. Child Welfare Manual, 1996; AASCF, Standards, 1996; Beker 1996; Brammer 1996; Cozens 1996; Shealy 1996; Brammer and MacDonald 1999

## Self-Care and Personal Development: Supervisor-Assessment Tool

Mature practitioners are oriented towards life-long learning, personal and professional development. They are able to maintain clear personal boundaries, are self-aware and maintain a viable personal support system. Recognizing that their work is demanding, mature practitioners employ strategies such as self-reflection and use both peer and external supports to ensure that evidence of burn-out or other forms of occupational stress are recognised and resolved. They maintain a healthy, growth oriented environment for their clients and themselves.

### Attitudes

The candidate's professional practice reflects the following attitudes:

|  |            |           |
|--|------------|-----------|
| That an orientation towards growth and development encompasses both the self and client.   | <b>YES</b> | <b>NO</b> |
| That personal development may occur across a variety of domains including the cognitive, physical, emotional and spiritual.  | <b>YES</b> | <b>NO</b> |
| That knowledge of self is critical for safe and effective service to others  | <b>YES</b> | <b>NO</b> |
| That the practitioner has a responsibility to identify occupational stressors both in the self and in others, and to ensure that adequate responses are made to deal with those stressors. | <b>YES</b> | <b>NO</b> |
| That the CYC practitioner's personal health and well-being must be accounted for in order to ensure care for children and their families is completely focused on their issues.            | <b>YES</b> | <b>NO</b> |
| That to be effective, professional boundaries between self and client that are respectful, honest and clear must be maintained.  | <b>YES</b> | <b>NO</b> |
| That interaction with others, both peer and supervisors, guides self-reflection and personal development.  | <b>YES</b> | <b>NO</b> |
| That a systematic review of one's professional skills ensures that those attributes are maintained at the highest level of functioning.  | <b>YES</b> | <b>NO</b> |
| That professional practice requires continuous re-assessment of one's professional skills, knowledge and personal well-being.  | <b>YES</b> | <b>NO</b> |
| That since the therapeutic relationship is the key to effective interventions, knowledge of the self within relationships is a critical variable.  | <b>YES</b> | <b>NO</b> |

## Skills

The candidate's skills are at the following levels:

|   |           |
|---|-----------|
| Maintaining a journal or other self-reflective procedure.   | 1 2 3 4 5 |
| Routinely seeking feedback and guidance from supervisors and peers.                               | 1 2 3 4 5 |
| Maintain a healthy lifestyle including adequate rest, recreation and diet.                        | 1 2 3 4 5 |
| Attending personal development opportunities such as workshops.                                   | 1 2 3 4 5 |
| Setting and accomplishing personal goals for career progress.                                     | 1 2 3 4 5 |
| Setting and accomplishing personal goals related to physical, emotional and spiritual well-being. | 1 2 3 4 5 |
| Self-assessing for signs of stress and/or burn-out.   | 1 2 3 4 5 |
| Reviewing current professional literature.  | 1 2 3 4 5 |
| Referring to the certification manual Self-Assessment Tool to ensure continuous development.      | 1 2 3 4 5 |

The levels of assessment for the self-assessment of skills are defined as follows:

1. Performs this skill with constant supervision, directions and assistance.
1. Performs this skill with frequent supervision and/or supervisory initiated directions. Performance is erratic.
2. Performs this skill with occasional supervision and/or by requesting directions but performance is reliable.
3. Performs this skill reliably with limited supervision and no directions as expected by the demands of the environment and the agency.
5. Consistently goes beyond the expectations of the supervisor and agency and demonstrates high quality performance. Contributes to the development of other practitioner's skill development in this area.

## **Knowledge**

C.Y.C.A.A. Certification Manual

Agency support systems

Symptoms of Burn-Out (Theoretical explanation)

Other personal/professional support systems

## **A.S.K. Integration Across Competency Areas**

Understanding and application of the concepts forming the foundational areas of lifespan development and the systemic framework are essential for self-care. As practitioners focus their attention on their own growth and development they are aware that, as are their clients, they too are situated in a variety of systems that impact their day-to-day life. Reflection and analytical skills are called upon to identify where the practitioner's strengths and weaknesses are and to develop effective strategies for self-development.

## **Bibliography: Self-Care and Personal Development**

(Krueger 1987; Fewster 1990; Gambrill 1990; Peterson 1992; Corey, Corey et al. 1993; Grosch and Olsen 1994; Cherniss 1995; Kass and Mann-Feder 1995; France 1996; Shealy 1996; Leigh 1998)