

School of Child and Youth Care

Master of Arts

CYC 563

Practicum in Child and Youth Care

(1.5 units)



University
of Victoria
School of Child
& Youth Care

CYC 563
Practicum in Child and Youth Care

COURSE INSTRUCTOR

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COURSE DESCRIPTION

The purpose of the CYC MA practicum is to provide opportunities for students to extend their practice-based learning, integrate the new knowledge that they have gained from their other MA level course work, and implement some of their newly acquired skills in a specific CYC practice setting.

Graduate students are required to secure their own field placements in consultation with the faculty instructor and practicum consultant. Students are expected to bring a high level of maturity, professionalism, ethical sensitivity, and critical reflection to their practicum experiences. Adopting a “learner stance,” that is rooted in curiosity, openness to feedback, and a willingness to take risks, is essential for a successful field placement.

Practicum settings at the graduate level may include: early childhood care and education programs; child, youth and family counselling programs; community- and hospital-based child and youth mental health treatment settings; therapeutic adventure programs; child protection teams; group care/residential treatment programs; hospital-based child life programs; educational and teaching contexts; Aboriginal communities and organizations; support and advocacy programs for persons with disabilities; policy settings; schools and/or community-based organizations.

Practicum activities may include: program planning and evaluation, teaching and curriculum development, assessment and counseling for individuals, families and/or groups, parent education, interdisciplinary collaboration, case conceptualization and goal setting, record keeping and clinical documentation, integrated case management, crisis response and outreach, youth advocacy and support, professional development activities, community capacity building, international development, research, project planning, and evaluation.

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COURSE RATIONALE

The practicum placement/course provides an opportunity for students to develop new knowledge and skills in a safe and supervised setting that facilitates exploration, consultation, reflection, and critical analysis. This course requires a minimum of 150 hours in activities directly related to the student's learning goals for the placement. An additional 15 hours of direct supervision by the field supervisor are required.

COURSE OBJECTIVES

Upon successful completion of this course students will:

1. Have demonstrated an understanding of the specific practice context, including agency goals, mandate, philosophy, client population, services provided, and relevant policies.
2. Have shown a flexible, strengths-based, collaborative, and research/theory-informed approach to working with children, youth, families and communities.
3. Have shown an ability to plan, conceptualize, implement and evaluate programs and therapeutic interventions.
4. Have demonstrated openness to receiving feedback and/or constructive criticism provided by the supervisor and/or instructor.
5. Have successfully met the established expectations, learning goals and standards of the agency.
6. Have acted in an ethical and professional manner at all times during the field placement.

EVALUATION

The practicum course is graded as **satisfactory (“complete”)/unsatisfactory (“fail”)**.

Satisfactory performance in the practicum is based upon:

- a) The ability of the student to effectively organize the practicum experiences necessary to meet the identified learning goals.
- b) The satisfactory involvement in a minimum of 150 hours of practicum activity plus participation in 15 hours of direct supervisory contact with the field supervisor. A final time sheet signed by the student and the field supervisor must be submitted at the conclusion of the practicum.
- c) A satisfactory midpoint evaluation conducted at the halfway point, that is, when approximately 80 hours of the practicum have been served.

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- d) A final practicum evaluation form attesting to the satisfactory completion of the established learning goals signed by the student and the field supervisor must also be submitted at the conclusion of the practicum.
- e) The submission of a final report that documents the overall practicum experience. The report (8-10 pages, double spaced) should contain the following:
- i student learning goals and outcomes
 - ii description of practicum activities
 - iii summary of significant personal and professional learning
 - iv identification of areas for future growth and development

A failure to meet the expectations, resulting in an overall rating of 1 or “far below expectations” from the field supervisor, will result in a failing grade in CYC 563. Under such circumstances, and in keeping with the policy of the Faculty of Graduate Studies, this will trigger an automatic academic review. Specifically, every grade of B or lower in a course taken for credit in the Faculty of Graduate Studies must be reviewed by the student’s supervisory committee or the departmental graduate committee, and a recommendation must be made to the Dean of Graduate Studies. Such students will not be allowed to register in the next session until approved to do so by the Dean of Graduate Studies.

DETAILED DESCRIPTION

1. Practicum

The MA program in Child and Youth Care includes one practicum (CYC 553) that is mandatory for all students. Students are also offered the option to take a second practicum (CYC 563) as an elective. The optimal time to take the required practicum is in the 4th term of the program but arrangements can be made to begin a practicum as early as the 3rd term. Normally, students identify their own practicum sites, rather than being assigned these by the course instructor, however, all practicum sites and plans must be approved by the course instructor before the practicum begins.

2. Practicum requirements

Students are required to document a minimum of **150 hours** in activities directly related to their placement related learning goals. An additional **15 hours** of direct supervision by field supervisors are also required. These hours should be used for goal setting, formative and summative evaluation and the discussion of practice and work site related issues.

If the practicum is completed in one term, this usually requires an average of 10 hours of practicum work per week (plus 1 hour of supervision) over 15 weeks. If the practicum is spread over two terms, this usually requires an average of 5 hours per week (plus .5 hour of supervision) over 30 weeks.

There is the option of doing a second 1.5 unit practicum (150 +15 hours) following the 5th term of the program. This requires separate registration in CYC 563.

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For those students doing a practicum in a clinical/counseling/therapeutic setting, in order to qualify as a Registered Clinical Counselor, both CYC 553 and CYC 563 are required for a total of 300 hours and 30 hours of supervision.

3. Practicum placement/employment conflict

Normally, students are expected to undertake their practicums in a different setting from their agency of employment. In exceptional circumstances, students *may* be permitted to do a practicum in their place of employment if:

- a) The practicum takes place in a program that is different from program in which they have current or past work experience and involves different tasks and skill sets.

- b) The practicum supervisor is not a person who oversees, directly or indirectly, the student's current employment work in the agency.

The purpose of these two requirements is to create a learning space for the student that is free of potential conflict between the practicum learning goals and the employment responsibilities.

4. Learning plan

Once a placement has been agreed upon and arranged, it is the student's responsibility to work out a learning plan in conjunction with the field supervisor that covers goals, work place expectations, work schedules and on-site supervision. This learning plan is then submitted to the faculty instructor for approval.

5. Requirements for professional registration

Students interested in meeting the requirements for professional registration (e.g. B.C. Association of Clinical Counselors) are responsible for assessing and meeting the particular requirements for registration in consultation with the appropriate Association. Interested students should discuss directly with the Association the registration criteria, requirements and mechanisms. For more information on criteria for membership in the BC Association of Clinical Counsellors go to <http://www.bc-counsellors.org/files/2010CriteriaFaxableOct7.pdf>

6. Practicum journal/log

It is recommended that students keep a practicum journal/log. The practicum journal/log may contain reflections on practicum activities and on meetings with the site supervisor. It may also include documentation of hours spent on various practicum activities, notes on communications with the site supervisor, and notes on related readings. The journal/log may be an important document to bring to supervisory meetings. Students will not be asked to submit journals to the field or faculty coordinator. However, the journals/logs may serve as a useful documentation of progress in the practicum and can be a key source document for writing a final report about practicum activities.

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7. Contact with the Course Instructor

The course instructor will check in with the student and the field supervisor at various points during the practicum see how the student is doing. Should any questions/issues arise during the check-ins, the course instructor will offer facilitated assistance with working out any issues that may arise.

8. Criminal Record Checks

As of January 1, 2012 all post-secondary students enrolled in practica are required to have a Criminal Record Check (CRC).

For students completing their practica within BC, the following steps are required:

- (a) Students are responsible for filling out their own Criminal Record Check form (see below) and either mailing a copy of it, along with their payment, to the Ministry of Public Safety and Solicitor General (Address is on the form) or bringing the original to Shelley Henuset in the Front Office at the School of Child and Youth Care and she will fax it in for you. Students are not required to complete Section B.
- (b) The approved Criminal Record Check will be sent directly to the School of Child and Youth Care from the Ministry. A copy will be emailed to the student and also placed in the student's file which is kept in a locked cabinet in the grad office.

For students completing a practicum outside BC, they will need to arrange for a CRC based on the requirements of the particular jurisdiction.



CONSENT TO A CRIMINAL RECORD CHECK For working with children and / or vulnerable adults

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and a payment of \$28 is included with the form. Note: no cash or personal cheques are accepted. Providing your Driver's Licence Number may expedite the process.

Schedule Type (choose one): [] A [] B [] C [] D [] E

WORKS WITH (choose one): [] children [] vulnerable adults [] children and vulnerable adults
If you are unsure which 'works with' category to check, please contact your organization.

PART 1: APPLICANT INFORMATION:

Form with fields for Legal Surname / Last name, Legal Given / First Name, Legal Middle Name, DATE OF BIRTH, GENDER, BIRTHPLACE, ADDITIONAL NAMES, Surname / Last name, Given / First Name, Middle Name, Mailing Address, City, Country, Province, Postal Code, Contact phone no., Driver's Licence #.

PART 2: ORGANIZATION INFORMATION:

SECTION A Complete this section if you have been provided with an ID number by the Criminal Records Review Program.

Form with fields for Organization Name, Organization Contact Name or Title, ID Number.

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Form with fields for Organization Name, Mailing Address, City, Province, Country, Postal Code, Office Phone, Fax, Applicant's Position / Job Title with Organization, and a list of organization types.

Organization Type: [] Health Authority [] Community Living BC [] Licensed Child Care Facility [] Unlicensed Child Care Facility [] Licensed Adult Care Facility [] School District [] Independent/Private School [] University [] College [] Ministry [] Contractor [] Government Agency [] Other

PART 3: SCHEDULE D ONLY MUST PROVIDE:

Licensed Child Care or Adult Care Facility Name:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Parent or Guardian Signature for Applicant Under 19 Years of Age

Date Signed YYYY / MM / DD

Consent to a Criminal Record Check (Schedule A, B, C, D, or E)

Schedule Types (including specific instructions for each schedule type)

Schedule A: use if the individual is an employee working with children and / or vulnerable adults and does not meet any description of schedules B, C, D or E. The employer retains the original signed consent form.

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Schedule C: use if the individual is a volunteer, a resident age 12 or older, or a manager or owner / operator of a licence-not-required child care facility. The child care facility must apply for registration or be registered with the Child Care Resource and Referral program. The local Child Care Resource and Referral Program must complete PART 2 of this form and retains the original form.

Schedule D: use if the individual is a manager or owner operator applying for or already holds a child care or adult care (vulnerable adults) facility licence, or is the manager's or owner operator's family member age 12 or older living in the facility. The local Health Authority, Community Care and Assisted Living facilities licensing office must complete PART 2 of this form and retains the original signed consent form. Individuals must also complete PART 3.

Schedule E: use if the individual is an employee at a child care or adult care (vulnerable adults) facility, licensed under the Community Care and Assisted Living Act. The manager or owner / operator of the facility retains the original signed consent form.

CHECKLIST for Applicant

- I understand which 'schedule type' and which 'works with' category pertains to me (if this is not clear, please ask your organization).
- I have completed the applicable sections of the form truthfully, clearly and legibly, and signed and dated it.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA).
- My organization has verified my ID in person to confirm my identity and information on the consent form is accurate.
- My payment of \$28 is attached. See the website for acceptable payment methods.
- My employer or organization will retain the originals of the forms I have completed and will forward a copy with the processing fee to the Criminal Records Review Program on my behalf.

CHECKLIST for Organization

- The employee/applicant will provide you with the original, completed and signed consent form.
- Verify the ID of each employee/applicant in person to confirm identity and ensure the information matches that provided on the consent form. Note: Please use Canadian Driver License if applicant has one.
- Retain the original form(s).
- Forward a copy of the form(s), along with payment, to the Criminal Records Review Program by mail or fax:
 - MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
 - FAX the credit card authorization form, available at: www.pssg.gov.bc.ca/criminal-records-review/shareddocs/creditcard.pdf with the completed consent form to: 250 356-1889.

Consent for Release of Information and Acknowledgements

PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act;
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a vulnerable sector search to check if I have been convicted of and been granted a pardon for any sexual offences of the Criminal Records Act.
- I understand a criminal record check under the criminal records review act is required at least once every five years.
- Go to the RCMP website for additional details on vulnerable sector checks: www.rcmp-grc.gc.ca/cr-cj/vulner/index-eng.htm
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act t or any police investigations deemed relevant by the Registrar.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the **Freedom of Information and Protection of Privacy Act (FOIPPA)**. The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at (250) 387-2896.



TO BE COMPLETED IF PAYING BY CREDIT CARD

Directions: You may complete the form fields at your computer, print, then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. Credit card information should not be emailed. Mail or fax this form to the Criminal Records Review Program (address below).

PART A – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Table with 3 columns: Surname, First Given Name, Middle Name(s). Multiple empty rows for data entry.

PART B – FOR SECURITY PROGRAMS USE ONLY:

Bundle #: _____ Completed by: _____

PART C – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (check one):

Payment Type: [] Visa [] Mastercard

I hereby authorize to deduct \$28.00 for each applicant listed in Part A: \$ _____ (total payment authorized).
I wish to establish a drawdown account.
I wish to replenish an existing drawdown account.

Credit Card Number: _____ Expiry Date: ____/____/____
Print Cardholder's Last Name: _____ First Name: _____
Signature of Cardholder: _____ Date signed: ____/____/____

Mailing Address: _____ City: _____
Country: _____ Province: _____ Postal Code: _____ Contact phone no. (____) _____
Name of Organization: _____