Domain 1. Safety for Staff—Ensuring Physical and Emotional Safety

Key Questions: "To what extent do the program's activities and settings ensure the physical and emotional safety of staff members? How can services be modified to ensure this safety more effectively and consistently?"

Sample Specific Questions:
1. Do staff members feel physically safe? Do staff members provide services in areas other than the office? If so, what safety considerations are important?

2. Do staff members feel emotionally safe? In relationships with administrators and supervisors, do staff members feel supported?

3. Is the physical environment safe--with accessible exits, readily contacted assistance if it is needed, enough space for people to be comfortable, and adequate privacy?

4. Do staff members feel comfortable bringing their clinical concerns, vulnerabilities, and emotional responses to client care to team meetings, supervision sessions or a supervisor?

5. Does the program attend to the emotional safety needs of support staff as well as those of clinicians?

Domain 2. Trustworthiness for Staff—Maximizing Trustworthiness through Task Clarity, Consistency, and Interpersonal Boundaries

Key Questions: "To what extent do the program's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services and work tasks be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximize honesty and transparency?"

Sample Specific Questions:

1. Do program directors and clinical supervisors have an understanding of the work of direct care staff?

2. Is there an understanding of the emotional impact (burnout, vicarious trauma, compassion fatigue) of direct care? How is this understanding communicated?

3. Is self-care encouraged and supported with policy and practice?

4. Do all staff members receive clinical supervision that attends to both consumer and clinician concerns in the context of the clinical relationship?

5. Is this supervision clearly separated from administrative supervision that focuses on such issues as paperwork and billing?

6. Do program directors and supervisors make their expectations of staff clear? Are these consistent and fair for all staff positions, including support staff?

7. Do program directors and supervisors make the program's mission, goals, and objectives clear?

8. Do program directors and supervisors make specific plans for program implementation and changes clear?

9. Is there consistent follow through on announced plans? Or, in the event of changed plans, are these announced and reasons for changes explained?

10. Can supervisors and administrators be trusted to listen respectfully to supervisees' concerns—even if they don't agree with some of the possible implications?

Domain 3. Choice for Staff—Maximizing Staff Choice and Control.

Key Questions: "To what extent do the program's activities and settings maximize staff experiences of choice and control? How can services and work tasks be modified to ensure that staff experiences of choice and control are maximized, especially in the way that staff members' work goals are met?"

Sample Specific Questions:

1. Is there a balance of autonomy and clear guidelines in performing job duties?

 2. Is there attention paid to ways in which staff members can make choices in how they meet job requirements?

3. When possible, are staff members given the opportunity to have meaningful input into factors affecting their work: size and diversity of caseload, hours and flex-time, when to take vacation or other leave, kinds of training that are offered, approaches to clinical care, location and décor of office space?

Domain 4. Collaboration for Staff—Maximizing Collaboration and Sharing Power

Key Questions: "To what extent do the program's activities and settings maximize collaboration and sharing of power among staff, supervisors, and administrators (as well as consumers)? How can services be modified to ensure that collaboration and power-sharing are maximized?"

<u>Sample Specific Questions:</u>

1. Does the agency have a thoughtful and planned response to implementing change that encourages collaboration among staff at all levels, including support staff?

2. Are staff members encouraged to provide suggestions, feedback, and ideas to their team and the larger agency?

3. Is there a formal and structured way that program administrators solicit staff members' input?

4. Do program directors and supervisors communicate that staff members' opinions are valued even if they are not always implemented?

Domain 5. Empowerment for Staff—Prioritizing Empowerment and Skill Building

Key Questions: "To what extent do the program's activities and settings prioritize staff empowerment and skill-building? How can services be modified to ensure that experiences of empowerment and the development or enhancement of staff skills are maximized? How can the program ensure that staff members have the resources necessary to do their jobs well?"

Sample Specific Questions:

1. Are each staff member's strengths and skills utilized to provide the best quality care to consumers/clients and a high degree of job satisfaction to that staff member?

2. Are staff members offered development, training, or other support opportunities to assist with work-related challenges and difficulties? To build on staff skills and abilities? To further their career goals?

3. Do all staff members receive annual training in areas related to trauma, including the impact of workplace stressors?

4. Do program directors and supervisors adopt a positive, affirming attitude in encouraging staff, both clinicians and support staff, to fulfill work tasks?

5. Is there appropriate attention to staff accountability and shared responsibility or is there a "blame the person with the least power" approach? Is supervisory feedback constructive, even when critical?