**Teaching-Family Association**

**Standards of Service**

**Reviewer’s On-site Instrument/Questionnaire**

[This document is an abbreviated version of the “accreditation report form” which will be used later to compile the report. Members of the review team will need to print out this instrument and keep it with them throughout the on-site review. The “on-site prompt sheets” are designed to be used in combination with this questionnaire to ensure adequate information and data is gathered to fairly score each question. Remember, this is an on-site tool for the reviewers to use as they make their on-site observations. **This is NOT the report form**.]

**Overview Information Sheet**

**Name of Agency:**

**Agency Director:**

**Teaching-Family Programs:**

**(e.g., group homes, home-based services, school-based, etc.)**

**Date of On-Site Visit:**

**Primary Reviewer:**

**Secondary Reviewer:**

**Reviewer Trainees:**

**Was Agency Accreditation Application Complete? YES [] NO []**

STANDARDS OF SERVICE

RATINGS OF COMPLIANCE

[If you need additional information on how to achieve reviewer **reliability**, please download and review the Reviewers’ On-Site Instructions Document.]

Each indicator of every standard of service is rated using the following 4-point scale. The indicators’ scores are averaged to produce an overall score for each standard. When all standards earn a 3.00 average or higher, the review team automatically recommends *Accreditation*. When standard(s) fall below a 3.00 average, the review team recommends either *Accreditation with conditions* or *Accreditation denied*.

**4 = Extremely Satisfied**

The agency demonstrates full compliance (i.e., the agency provides consistent, full support for the indicator, demonstrating the initiative to excel).

**3 = Satisfied**

The agency demonstrates adequate compliance (i.e., the agency provides consistent, solid performance; deficits or shortcomings are not significant enough to interfere with or detract from the overall purpose or function of the indicator).

**2 = Needs Improvement**

The agency demonstrates minimal compliance (i.e., the agency attempts consistent, solid performance but deficits/shortcomings interfere or prevent the agency from effectively meeting the overall purpose or function of the indicator).

**1 = Dissatisfied**

The agency demonstrates no compliance (i.e., the agency neglects and/or fails to support this indicator).

**Additional Note to Reviewers:**

Reviewers are encouraged to provide **suggestions** in the Accreditation report for any indicators or standards that earned a criterion score but could be enhanced by the reviewers’ feedback (i.e., suggestions). Suggestions can also apply to non-standard issues or areas that fall outside the purview of TFA standards.

**Recommendations** must be provided by the reviewers for any indicator that received a sub-criterion score – a rating of 2 or below. Since agencies must demonstrate responsiveness to the reviewer recommendations, recommendations should be clearly stated – but not so specifically to limit or discourage the agency from developing creative, effective approaches and solutions that best fit the needs of the agency’s clients, community, and resources.

**CC. Teaching-Family Model Goals**

CC.1 **Humane** **Average:**

How satisfied is the review team that the Agency demonstrates compassionate, considerate, respectful, and nonjudgmental positive regard for all clients with no tolerance for abuse and neglect *and* adheres

to the treatment standards and client rights listed in Part Two of the Teaching-Family Association Standards of Ethical Conduct, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The Agency **ensures/supports the clients’ rights to a wholesome, clean, safe,**  **pleasant, and dignifying treatment environment** (i.e., a supportive, family-  style or most natural, nonjudgmental atmosphere)?See Standard 206. |
|  |  |
|  | B. The Agency **does not tolerate in any way inhumane approaches to treatment**  (e.g., humiliating, shaming, or frightening clients, or using corporal or aversive  stimulation or excessive or arbitrary restrictions with clients)? See Standards  219-222. |
|  |  |
|  | C. The Agency **meets all other client rights** listed in Part Two of the Teaching-  Family Association Standards of Ethical Conduct (e.g., rights to privacy,  Standard 216; free exercise of religious, political, cultural, or other philosophical  beliefs, Standard 217; medical treatment, Standard 212; communication with  others, Standard 215; etc.)? |
|  |  |
|  | D. The Agency **has clear policies, procedures, and systems** to address alleged  or substantiated abuse/neglect, restrictive interventions, and unethical actions  by service providers/practitioners, **and staff is trained** and has an understanding  of client rights and procedures regarding unethical practices, including abuse  and neglect? |
|  |  |
|  | E. The Agency **routinely administers a staff practice/client safety**  **questionnaire** to assess client safety **and appropriate procedures are**  **understood and followed** when disclosures occur? |
|  |  |

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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Mission/Vision Statement Restraint Data Outcome Data  Agency & Program Description Consumer Satisfaction Training Records  On-Site Observation Agency Policies Client Interviews/Feedback  Unethical Practices Documentation Grievance Policies Substantiated Abuse/Neglect  Reports |

CC.2 **Effective** **Average:**

How satisfied is the review team that the Agency delivers services that are effective

(i.e., clients demonstrate progress toward goals, and outcomes are observable and

measurable), specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A**. Clients** **acquire skills necessary to achieve goals** related to treatment  plans, life goals, permanency planning, family re-unification, etc. (e.g., clients  are learning social skills, academic skills, problem-solving skills, job skills,  parenting skills, independent living skills, etc.)? |
|  |
|  | B. **Clients** **demonstrate progress** (i.e., clients advance through the program  systems, and the Agency outcome data indicate a trend that clients are moving  to or maintaining the least restrictive environments post-treatment)? |
|  |
|  | C. **Consumer and client feedback contained in program/practitioner evaluation**  **reports reflect satisfaction** with the effectiveness of treatment? |
|  |
|  | D. **Stability and quality of staff and practitioners are appropriately maintained**  and contribute to the effectiveness of treatment? |
|  |

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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Review of Case Files Functional Assessments Documentation of Services  On-Site Observation Staff Interviews Quality Assurance Measures  Staff turnover rates Outcome Data Practitioner Evaluations  Treatment Plans/Notes |

CC.3 **Individualized** **Average:**

How satisfied is the review team that the Agency provides services that are client-centered, strength-based, and directly related to the individual needs of the client, i.e., specifically

meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. Clients have **individualized,** mutually agreed upon,written **treatment plans**  **based on** careful assessment of **each client’s strengths and weaknesses**? |
|  |
|  | B. The Agency **includes clients (and their families) in the treatment planning**  **process** – in the early stages and also periodically throughout treatment (i.e.,  clients and families help determine treatment goals, clients know their goals  and indicate satisfaction with their opportunity for input regarding treatment  planning, etc.)? |
|  |
|  | C. **Treatment plans are reviewed and revised periodically** on the basis of  progress and renegotiation and include plans relative to the client’s post-  treatment situation? |
|  |
|  | D. The Agency **adapts the program to fit the client** (i.e., the agency does not  expect the client to fit the program; treatment strategies/approaches/systems  are modified as needed to fit the client’s developmental, cultural, and other  needs; treatment teams are flexible and creative in treatment approaches)? |
|  |
|  | E. Interviews of and observations of clients indicate **clients view their treatment**  **as individualized**? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Client Interviews Documentation of Services On-Site Observation  Consumer Evaluations/Feedback Practitioner Evaluations/Client Feedback  Staff Interviews Treatment Plans/Notes |

CC.4 **Consumer Satisfaction** **Average:**

How satisfied is the review team that the Agency provides opportunity for client and

consumer input and that clients and other consumers express a high degree of satisfaction

with services provided, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. **Clients** have the opportunity to give input and to express their level of  satisfaction with their treatment and treatment providers (i.e., all clients are  routinely interviewed and encouraged to provide specific feedback to support  their ratings and opinions) and **the results of that process indicate**  **satisfaction**? |
|  |
|  | B. **Consumers** via the practitioner evaluationshave the opportunity to give input  and to express their level of **satisfaction with the treatment providers**, **and the**  **results of that process indicate satisfaction**? |
|  |
|  | C. **External consumers** have the opportunity to give input and to express their  level of **satisfaction with the agency at large,** and **the results** of that process  achieve **at least a fifty percent response rate** and **indicate satisfaction**? |
|  |
|  | D. **Practitioners** have the opportunity to give input and to express their  level of **satisfaction with the agency at large**, and **the results** of that process  achieve **at least a fifty percent response rate** and **indicate satisfaction**? |
|  |
|  | E. When client, consumer, or practitioner feedback indicates less than  satisfactory results, the agency **responds to feedback** **by developing**  **a plan to strengthen consumer satisfaction** and effectiveness in that area? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Client Interviews Evaluation/Quality Assurance Documentation  Practitioner Evaluations Agency Consumer Satisfaction Report  Staff Interviews Practitioner Satisfaction Report  Consumer Questionnaires |

CC.5 **Trauma Informed Care** **Average:**

How satisfied is the review team that the Agency Teaching-Family programs train staff about the prevalence and impact of trauma, screen for trauma history, and provide services that are informed about, and sensitive to, the potential trauma-related issues present in survivors and their families., specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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|  | A. The agency and program environments assure the safety of and respect for clients with a known history of trauma and their families. (*Note: Compliance with this indicator is another demonstration of Humane services).* |
|  |
|  | B. Staff is trained about the impact of trauma and the prevalence of traumatic experiences in the lives of persons and populations they serve. *(Note: Training around trauma as demonstrated through training outlines denotes compliance with this indicator).* |
|  |
|  | C. Program participants are screened for histories and symptoms of trauma. |
|  |
|  | D. Program participants’ histories of trauma and their related symptoms of trauma inform the planning and delivery of services in order to strengthen their resilience and protective factors. *(Note: compliance with this indicator is demonstration of individualization in treatment).* |
|  |
|  | E. As appropriate, based on agency resources, service types, and legal and/or other reasonable restrictions/limitations, the agency attempts to educate families about trauma, its impact, and treatment; and address known parent caregiver trauma and its impact on the client and the family system. *(Note: Not Applicable could be a response to this indicator if the agency does not have access to families of clients in care).* |
|  |
|  | F. The program works collaboratively with clients with a history of trauma and their families, and other service agencies in a way that empowers them and meets their need to be informed, connected, and hopeful regarding recovery and which provide for continuity in care/treatment. *(Note: this indicator demonstrates individualization, consumer satisfaction, self-determination, strong relationships and a family-sensitive approach.)* |
|  |
|  | G. The agency has an established environment of care for staff that increases staff resilience and that addresses, minimizes, and, dependent on cultural and/or community and/or agency resources, treats secondary traumatic stress (e.g., debriefing after crises, employee assistance programs, training on self-care, open-door policy with administrators, wellness and recreation programs, access to agency chaplain). *(Note: this indicator also suggests that administration is facilitative and consultation/supervision is supportive).* |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Client Interviews Consumer Satisfaction Surveys On Site Observation  Training Outlines Services Documentation Outcomes  Staff Interviews Program Descriptions Site Director’s Report  Trauma Screening Tool Treatment Plans |

**DD. Teaching-Family Model Integrated Systems**

DD.1 **Facilitative Administration** **Average:**

How satisfied is the review team that the Agency’s administration facilitates effective

Teaching-Family Model program implementation (i.e., system integration, client-centered treatment, strength-based approaches, etc.) and provides necessary training, tools, support,

and resources — specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The Board and administration **provides sufficient resources** (i.e., safe,  functional treatment environments, adequate program staff and practitioner  positions, adequate tools, training, and equipment, etc.) **to effectively support**  **and maintain the implementation of the Teaching-Family Model and its**  **integrated systems**? |
|  |
|  | B. The administration has **staff selection/hiring procedures** **that support the**  **implementation of the Teaching-Family Model (**i.e., the agency recruits and  hires qualified, diverse individuals who uphold the standards of the Teaching-  Family Model)? |
|  |
|  | C. The Board and administration **promotes longevity/stability of program staff**  (i.e., provides adequate pay and benefits, opportunities for professional growth,  recognition and appreciation, and an effective staff grievance process)? |
|  |
|  | D. The administration **promotes the goals, elements, and principles of the**  **Teaching-Family Model** through education as well as participation in the  Teaching-Family Association (e.g., encourages TFA membership, encourages  participation in TFA committees, encourages and supports conference  attendance, engages in data collection, contributes articles to TFA Newsletter,  etc.)? |
|  |
|  | E. Administrative **decisions are based on the needs of clients and practitioners,**  taking into account administrative decisions must comply with the legal  regulations outlined by the local rules (i.e., the agency solicits practitioners’  input; client-centered rationales can support agency decisions, etc.)? |
|  |
|  | F. F**. Feedback from** Teaching-Family **staff** and **practitioners indicates satisfaction**  with Facilitative Administration? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Staff/Practitioner Interviews Affiliations/Memberships Practitioner Satisfaction Report  Program Budget Agency Consumer Feedback Reports On-site Observation  Site Director’s Report Mission Statement Policies/Procedures  Supervision Procedures Training, Consultation, and Evaluation Data |

DD.2 **Training**  **Average:**

How satisfied is the review team that the Agency provides comprehensive Teaching-Family Model pre-service training and on-going skill development for all staff for the purpose of providing quality treatment, specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The Agency ensures that **staff and practitioners are trained prior to being**  **responsible for client services**, (i.e., documentation of pre-service training  and attendance records)? |
|  |
|  | B. **Qualified trainers provide training** (i.e., trainers have had experience in TFM  implementation and/or have had other hands-on experience with clients and have  benefited from some type of “how to train” training), and the **agency has a**  **procedure to allow trainees to evaluate content, delivery, and quality of**  **pre-service training**? |
|  |
|  | C. **Pre-service training** **is comprehensive** and includes all recommended  sections that apply to the population served and program setting (i.e., the  various teaching procedures, self-determination/self-government, relationship-  development, family-style living, individualized treatment planning, learning  theory, motivation systems, client rights, professionalism, diversity, and  orientation of the Teaching-Family Model and Standards of Ethical Conduct),  and trauma informed care? |
|  |
|  | D. **Pre-Service** **Training is competency-based** and includes behavior rehearsals  and procedures to assess skill acquisition? |
|  |
|  | E. **In-service training occurs regularly** and covers topics relevant to the staff  and their professional development? |
|  |
|  | F. **Feedback from the practitioners’ consumer surveys indicates satisfaction**  with training? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Training Schedules Staff Training Logs/Competency-based assessments  Resumes of Trainers Training Materials for Trainers and Staff  Staff Interviews/Observation Training Attendance Records  Practitioner Satisfaction Report Training/Trainer Evaluations |

DD.3 **Supportive Consultation/Supervision** **Average:**

How satisfied is the review team that the Agency’s consultation and supervision component supports and promotes practitioner skill development, monitors services to clients, and ensures the integrity of the Teaching-Family Model, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. Consultation **service delivery plans are designed to effectively** **meet the**  **needs of the client, the practitioner, and the program** (i.e., frequency  and methods are based on experience, skill level, population served, special  needs, etc.)? |
|  |
|  | B. Consultation service delivery includes **on-site observations that focus on**  **feedback of trained program components, on-call telephone consultation**  (i.e., constant availability), **treatment planning**, and **motivation system**  **reviews** (where applicable)? |
|  |
|  | C. The **consultants/supervisors meet the service delivery plan and maintain**  **documentation** of their consultation services? |
|  |
|  | D. **Consultants/Supervisors are adequately trained and knowledgeable in**  **Teaching-Family goals, systems, and elements**. (Consultants must have  attended pre-service training. Additional training can occur through  mentoring, formal consultation training, or by way of experience as a  practitioner and/or other involvement in the Teaching-Family Model)? |
|  |
|  | E. **Consultation focuses on providing effective TFM services to clients**  (i.e., consultants provide strength-based feedback reflective of the  practitioners’ skill development in all elements of the Teaching-Family  Model)? |
|  |
|  | F. **Feedback from the practitioners’ consumer surveys indicates satisfaction**  with the consultation services they receive. |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Staff Interviews Service Delivery Plans Practitioner Satisfaction Report  Outcome Measures Service Delivery Documentation Agency Consumer Satisfaction Report  Staff Resumes/Training Logs Job Descriptions |

DD.4 **Evaluation Average:**

How satisfied is the review team that the Agency’s practitioner evaluation systems facilitate continuous quality improvement in service and care by assessing the quality of treatment provided by the practitioner and the agency, specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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|  | A. Evaluations **occur annually** (i.e., efforts are made to maintain an approximate  12-month interval between evaluations, taking into consideration extenuating  circumstances; in those cases, an evaluation should occur at the first possible  opportunity)? |
|  |
|  | B. Evaluationsare **comprehensive** and **include** an **“eyes on**,**”** a **client consumer**,  and general **consumer evaluation** (i.e., the eyes-on covers the skills and elements  taught in pre-service training; the **client** portion assesses the practitioners’ concern,  fairness, opportunities for client input, pleasantness, and helpfulness/effectiveness; and  the **consumer** portion assesses cooperation, communication, effectiveness of treatment,  quality of the environment, advocacy for the client, plus the opportunity to provide  additional comments)? |
|  |
|  | C. **Consumer polling procedures promote optimum participation** (i.e., consumer  groups are identified and include all groups and individuals who have a vested interest in  the agency, program, or clients served (e.g., parents/guardians, courts, schools, social  workers, mental health professionals, neighbors, Board members, etc.; *and* polling  procedures/efforts achieve optimal response rates, meeting at least the minimum fifty  percent requirement)? |
|  |
|  | D. **Policies and procedures are in place to enhance fairness and effectiveness**  in the evaluation/accreditation process (i.e., pre-evaluation training; \*initial/six  month evaluations; timely, well-written strength-based reports, post-annual/re-take  evaluation options; use of a TFA approved rating scale, i.e., 1-4 ― with 3 being criterion,  1-5 ― with 4 being criterion, or 1-7 ― with 6 being criterion, & e.g. a median rule policy,  \*evaluation review committee, etc.)? \**While TFA highly promotes the use of those*  *measures marked with an asterisk, they are not mandated by TFA; therefore, the score*  *for this indicator should not be negatively affected if they are not present.* |
|  |
|  | E. **Annual evaluations are conducted by \*two qualified evaluators** who have  completed pre-service training and other evaluation training (e.g., mentoring,  formal sessions, experience as a practitioner, etc.)? *\*In certain program settings,*  *two evaluators may be intrusive, and one may be used. Also, consultants may not serve*  *as the primary evaluator to their own practitioners.* |
|  |
|  | F. **Feedback from practitioners indicates satisfaction** with the evaluation services  they receive? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Evaluation Tracking Systems Evaluation Follow-Up Procedures Practitioner Satisfaction Report  Evaluation Schedules Evaluation Review Committee Minutes Consumer Surveys/Materials  Evaluation Reports Staff Resumes/Training Logs |

**EE. Teaching-Family Model Elements**

EE.1 **Teaching** **Average:**

How satisfied is the review team that the Teaching-Family Model programs emphasize a strength-

based approach to the teaching of functional skills and behaviors, specifically meeting the

following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The Agency promotes a **systematic positive behavioral approach** to  teaching (treatment plans focus on specific target skills that change as  needed to reflect progress; focus of teaching is on clients’ strengths  and appropriate efforts; clients are able to advance through levels as they  progress, gaining more privileges and/or freedoms as they  earn them, etc.)? |
|  |
|  | B. Staff and practitioners seize opportunities to teach and rely on **Teaching-**  **Family Model teaching procedures** (i.e., planned and preventive teaching,  effective praise and corrective teaching interactions, logical and natural  consequences, and/or other innovative teaching strategies appropriate for the  population served)? |
|  |
|  | C. **Teaching interactions are supportive** and typically include TFM  components (i.e., initial praise or empathy, specific descriptions of behavior,  client-centered rationales, acknowledgement, opportunities for practice and  feedback, and positive quality components)? Note: Special programs and/or  populations may require adaptations and variances to the TFM interaction? |
|  |
|  | D. **Practitioners use planned, safe, de-escalation techniques** in response to  aggressive and/or severe behavior? |
|  |
|  | E. Staff and practitioners **model the skills they are teaching** clients (e.g., social  skills, problem-solving skills, communication skills, quality components, etc.)? |
|  |

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| **SOURCES FOR EVIDENCE OF COMPLIANCE** | | |
| Training Outlines/Schedules Treatment Plans  Client Interviews  Consumer/Client Surveys | Evaluation Reports  Observation Outcome Measures | Motivation System Reviews Consultation Feedback  Restraint Data |

EE.2 **Self-Determination** **Average:**

How satisfied is the review team that the Agency’s Teaching-Family Model programs give clients as much control over their lives as possible, specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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|  | A. Clients participate in own **goal setting** (i.e., clients identify goals that are  important to them, those goals are an integral part of the treatment plan,  practitioners support those goals and where applicable encourage clients to  support one another’s goals)? |
|  |
|  | B Clients are encouraged to **achieve personal goals** (e.g., client can advance  through systems that increase their independence, clients are provided  appropriate opportunities to explore and pursue interests, clients are encouraged  to participate in extra-curricular activities, are given opportunities in less  structured environments to apply skills, etc.)? |
|  |
|  | C. Staff and practitioners **facilitate and support client decision-making**  **opportunities** (i.e., clients are encouraged to bring up issues/ideas;  meetings/conferences provide opportunity for clients to make decisions,  express opinions, offer feedback, etc.)? |
|  |
|  | D. Clients are taught **skills pertaining to self-determination** (e.g., self-advocacy  skills, decision-making skills, problem-solving skills, leadership skills, etc.)? |
|  |
|  | E. Clients are given **choices and options** (i.e.,practitioners rely on methods and  communication styles that promote an awareness and reality that choices and  options are available to clients in almost every situation)? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Training Outlines Observation of family conference Family conference logs  Documentation of Services On-Site Observation Practitioner evaluations  Youth Interviews Treatment Plans/Notes Goal Sheets/Point cards |

EE.3 **Relationships** **Average:**

How satisfied is the review team that the Teaching-Family programs promote the development of relationships that are maintained through trust, respect, and positive regard within professional boundaries, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. Practitioners **interact positively** with clients using client-preferred behaviors  (e.g., pleasant facial expressions, calm voice, appropriate proximity, etc.) and  avoid non-preferred behaviors (e.g., yelling, cursing, judgmental words,  sarcasm, etc.)? |
|  |
|  | B. Staff, practitioner, and program are aware of and **sensitive to clients’ culture,**  **environment, and preferences**? |
|  |
|  | C. Practitioners **encourage clients to appropriately express feelings**? |
|  |
|  | D. Staff and practitioners are **sensitive and responsive to clients,** especially  in times of crisis, illness, and times of need as well as times of celebration? |
|  |
|  | E. All program staff and practitioners **build positive** relationships in all ways  and at all levels (i.e., do staff treat one another as well as clients with respect  and positive regard, do consumers report positive relationships, etc.)? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Client Interviews Practitioner Evaluations Staff Practice/Client Safety Data  Documentation of Services On-Site Observation Consultation Notes Pre-service training Agency Consumer Satisfaction Report |

EE.4 **Family-Sensitive Approach** **Average:**

How satisfied is the review team that the Teaching-Family Programs recognizes the importance of family to the client and encourages and supports family involvement whenever possible, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The programs **promote and advocate for the client and the client’s family,**  including the extended family? |
|  |
|  | B. Practitioners **involve the family** when appropriate (or significant individuals)  **in the delivery of services** (e.g., parent support groups, parent training,  opportunities to observe or participate in program activities, etc.)? |
|  |
|  | C. Practitioners **facilitate family interaction** or other relationship-building  and family connectedness activitiesunless contra indicated (e.g.,  communication via phone calls, letters, e-mail, etc.; creating a family  scrapbook; learning/exploring family history, etc.)? |
|  |
|  | D. Programs create a **family-friendly environment** that is conducive to a family-  sensitive approach (e.g., efforts are made to help families feel comfortable and  welcome in the program, practitioners make themselves available to families,  etc.)? |
|  |
|  | E. Staff and practitioners receive adequate, **effective preparation in family-**  **sensitive treatment approaches**? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Client Interviews Practitioner Evaluations On-site Observation  Documentation of Services Director’s Report Treatment Plans/Notes Pre-service training Agency Consumer Satisfaction Report |

EE.5 **Diversity** **Average:**

How satisfied is the review team that the Teaching-Family Programs provide services that are sensitive to differences arising from race, color, national origin, sex, gender, religion, age, physical disability, political affiliation, or socio-economic status, or any other protected status as defined by law, specifically meeting the following **indicators of compliance**:

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| --- |
| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. **Diversity training occurs and is relevant** to the population served (i.e., staff  and practitioners are aware of the diversity issues present in their treatment  environments, in their clients, within their agencies and themselves)? |
|  |
|  | B. The **program environment reflects respect for diversity of the population**  **and community served** (e.g., staff recruitment actively seeks to promote staff  diversity relative to client population; agency is an equal opportunity employer;  house/room/office décor reflects the population served; magazines, books,  music, toys/games, menus, etc. reflect diversity; practitioners are aware of and  respect each client’s personal self-care needs: hair care products, skin care  treatment, special diets, etc.)? |
|  |
|  | C. **Practitioners provide/support activities that promote and reflect the**  **diversity of their clients** (e.g., the acknowledgement/celebration of holidays,  participation in cultural events, opportunities to attend a place of worship of  their choice, etc.)? Refer to Standard 217 of Standards of Ethical Conduct |
|  |
|  | D. The **agency offers services to clients regardless of race, color, religion, sex,**  **sexual orientation, physical or mental challenges, national origin, etc.**? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Training Outline Consumer Satisfaction On-site Observation  Documentation of Services Equal Opportunity Policies/Procedures Treatment Plans/Notes Staff Interviews Agency Consumer Satisfaction Report Written Policy to support “D” Cultural representation within the agency |

EE.6 **Professionalism** **Average:**

How satisfied is the review team that the Agency remains committed to providing professional service characterized by competence, compassion, and integrity, always promoting the professional development and accreditation of practitioners, specifically meeting the following **indicators of compliance**:

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| 4 = Extremely Satisfied 3 = Satisfied 2 = Needs Improvement 1 = Dissatisfied |

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| --- | --- |
|  | A. The **Agency promotes practitioners’ professionalism** through training,  consultation, and evaluation and prioritizes and supports practitioner  accreditation? |
|  |
|  | B. **Practitioners have opportunities to have leadership roles within the**  **agency** (e.g., be special speakers, trainers, presenters, committee members,  representatives and advocates to local, regional, state, and/or national  organizations, etc.)? |
|  |
|  | C. **Practitioners participate as members of the treatment team and serve as an**  **advocate for the clients’ need(s)**? |
|  |
|  | D. **Professional development** increases the independence and autonomy of  practitioners? |
|  |
|  | E. The administration, program staff, and practitioners **abide by and practice**  **the Basic Standards of Professional Conduct** (Part I of Standards of Ethical  Conduct)? |
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| **SOURCES FOR EVIDENCE OF COMPLIANCE**  Staff Interviews Practitioner Satisfaction Report On-Site Observation  Standards of Ethical Conduct accessible to staff and clients |