**LTFC Staff Questionnaire – Clinician/Lead Clinician**

|  |  |
| --- | --- |
| **Interview Details** |  |
| Program Name: | Interviewer Name: |
| Full Name: | Date/Time of Interview: |
| Past and Current Position(s) at Program: | |

\*Note: Before beginning the interview and/or providing this questionnaire to staff, provide a brief introduction, including monitor role and purpose of monitoring visit, confidentiality of staff interview, and clarify any questions. See *Introduction Prompt for Staff* for additional guidance as needed.

|  |  |
| --- | --- |
|  | NOTES |
| **Tell me about your role and main responsibilities as a clinician.** |  |
| **Tell me about your educational background and how you ended up working as a clinician here.**   * **Are you licensed? (If not licensed, explain your current licensure status.)** |  |
| **What is your typical caseload?**   * **What would be the ideal manageable caseload?** |  |
| **Do you have any concerns related to the confidentiality of mental health services? (i.e. designated confidential space, confidential record management system)** If so, please describe.   * Where do you meet with UACs? |  |
| **What approach do you implement in providing individual and group counseling sessions for UACs?**   * Can you describe how your model or approach is trauma-informed? * Describe how you successfully implement mental health and crisis-related interventions with UACs. * Explain your process for tracking progress in a child’s case. * How do you determine the frequency of meetings with UACs? * Describe how mental health services are tailored for cultural sensitivity and age appropriateness. * Do you utilize any assessment or screening tools in addition to ORR required assessments? |  |
| **What does *trauma-informed care* mean to you?**  **How do you deliver trauma-informed care as part of the clinical team?** |  |
| **What are the things that you love/enjoy about your job? What are the challenges you face in your job?** |  |
| **What system do you use to track and document clinical sessions?**   * **What do you primarily use the UAC Portal for? (i.e. risk assessment, ISP, etc.)** |  |
| **Do you feel that you have received adequate training to perform your clinician duties? If not, please explain.**   * **What additional trainings do you think the clinical team could benefit from?** * What did you think about the additional training on sexual abuse for medical and mental health practitioners? (i.e. helpful, sufficient, any suggestions for improvement, etc.) * How do you keep up-to-date on current and new ORR policies and procedures?   **(Lead Clinician) Do you have a system to assess ongoing staff training needs?**   * **Please describe any training needs that your staff currently has.** |  |
| **How does the program, including foster parents, handle UACs’ behavioral challenges? How effective do you think the behavior management system is?**   * Do you think foster parents are prepared to handle behavioral challenges in the home? |  |
| **Do you have any concerns about the treatment of UACs in care?**  **Do you have concerns about any particular staff members or foster parents (any staff members or foster parents you think should NOT be working with UAC)?** |  |
| **Describe the procedures when there is an allegation of child abuse or maltreatment in the foster home.** |  |
| **If a UAC in care is presenting with mental health concerns that warrant additional services, how does the program respond?** |  |
| **How is risk of runaway evaluated? What happens once a UAC is identified as being at risk of running away? What procedures/safeguards are implemented?** |  |
| **How does the clinical team collaborate and communicate with other departments?**   * How are minors given appropriate accommodations for special mental health concerns or needs? * What recommendations do you have to strengthen the collaboration and communication with other departments? * How are you notified if other staff have a concern about a minor’s mental health needs? |  |
| **What is the program’s plan for dealing with a mental health emergency?**   * **Have you had a mental health emergency at the program since you began working here? If so, please describe the situation.** |  |
| **Please describe your relationship with your supervisor.**   * How often do you have individual and/or group supervision? * How often do you participate in other staff meetings? * Do you feel that you have adequate support from you supervisor? |  |
| **(Lead Clinician) Do you have enough input and resources to make changes to improve mental health services at the program?**   * Do you think the current system is effective for meeting the mental health needs of UACs in care? * What are the strengths and things that could be improved to the current system? * **How do you help your assigned clinicians deal with secondary UAC trauma exposure and the other stressors of the clinician job? (Reflective Supervision?)** |  |
| **What general recommendations do you have to strengthen the program? What improvements would you put in place?**   * Have you shared these ideas with your supervisor or any other program staff? |  |
| **What recommendations do you have for ORR that I can take back to share with our headquarter teams?** |  |

## Additional Notes

Enter Additional Notes.