SEXUAL ABUSE LIABILITY RISK ASSESSMENT CHECKLIST

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

QAPI Program

- ☐ A system for identifying, responding to, and improving trends has been implemented.
- ☐ Ensure organization meets appropriate accreditation standards.
- ☐ Ensure QAPI program is effective at identifying and addressing issues or trends that could adversely affect patient/client safety or the organization's risk management.

PATIENT OR CLIENT SELECTION

Intake Criteria

- ☐ Organization has established intake or admission criteria specific to the types of services provided.
- ☐ Criteria should include assessing patient or client needs, mental health concerns, and social background for issues related to criminal history, sexual abuse or misconduct, likelihood of aggression, or risk of victimization.

Discharge Criteria

- ☐ Written capabilities and significant limitations are presented in writing and outline conditions under which client or patient may be discontinued from service or involuntarily discharged.
- ☐ Formal, documented discharge instructions have been developed.

Client/Patient Education

- ☐ Methods are used to manage client expectations and educate or disclose information about therapeutic boundaries.
- ☐ Clients receive straightforward explanations about therapy and its boundaries, clarifying that some things are never all right.
- ☐ Clients/patients are provided rules for maintaining therapeutic boundaries.
- ☐ Clients/patients are provided guidelines for communicating concerns or obtaining a consult/opinion.

EMPLOYEE SCREENING AND SELECTION

Application

- ☐ Employment application questions whether applicant has ever been convicted of a crime, including physical, sexual, or child abuse.
- ☐ Application includes self-disclosure statement for sanctions or other issues with licensing or certification boards in any state in which the employee has worked.
- ☐ Application requests an explanation of lapses between jobs.
- ☐ Volunteers complete a modified application with questions about criminal history, sexual misconduct, and authorization for references and criminal background checks.

Reference Checks

- ☐ Include evidence of previous and current employer reference checks in employment files.
- ☐ Include evidence of reference checks in volunteer files.
- ☐ Check and document a minimum of three references for every new hire.
- ☐ Document unsuccessful attempts to check references.

Background Checks

- ☐ Sex offender registries are checked for all new employees and volunteers in any state in which they have resided within the past seven years.
- ☐ Sex offender registries are checked for clients.
- ☐ Criminal background checks are initiated upon hire and obtained from any state in which the employee has resided within the past seven years.
- ☐ Criminal background checks are completed prior to an employee working with clients/patients.
- ☐ Criminal background checks, provider data banks, and verification of license or certification occur in all known states in which the employee has worked.
- ☐ Criminal background checks are documented in volunteer files.

ORIENTATION AND TRAINING

Orientation

- ☐ Orientation includes ethical, clinical, and legal issues surrounding boundary violations and sexual misconduct.
- ☐ Orientation of new employees includes the ethical, clinical, and legal issues surrounding boundary violation and sexual misconduct before allowing them to treat or interact with clients.
- ☐ Orientation includes education about boundaries, the difference between boundary crossing and a boundary violation, and the warning signs.
- ☐ A modified orientation is provided for contracted providers and volunteers.

Training

- ☐ Ethics training is conducted twice per year and includes the following:
  - Relational dynamics of counseling and therapy
  - Power imbalance
  - Patient vulnerability
  - Fiduciary duty
  - Slippery slope vignettes
  - Management of clients with blurred boundaries, excessive dependency, and emotional instability
  - Cultural differences
  - Importance of documentation

Handbook

- ☐ Employee handbook outlines rules for reporting dual relationships, conflicts of interest, suspicious behavior, compliance concerns, incidents, disruptive physicians or providers, and allegations of abuse.

STRUCTURE OF SERVICES

Procedures

☐ Procedures are established for client and clinician or staff interactions supported by applicable guidelines.

☐ Procedures and guidelines are established for counselors to make referrals to specialists when needed.

Supervision or Observation

☐ All therapeutic interactions with patients or clients are supervised or occur in the presence of observers.

☐ Unsupervised individual interactions of a confidential nature occur in open, visible spaces or closed spaces with an unobstructed window or view by others.

Consultation

☐ Staff have ready access to objective opinions from others.

Support and Guidance

☐ Staff are encouraged to subject their judgment to scrutiny without fear of reprisal.

☐ Staff are guided and supported in accepting, understanding, and working with their feelings rather than denying them or acting out (e.g., talking to a supervisor about an attraction to someone in sexually provocative clothing).

DOCUMENTATION

Informed Consent

☐ Clients have been informed of the risks and benefits of care and have consented to treatment in writing.

Progress Notes

☐ Significant interactions directly related to care, including any deviations from normal practice or boundary crossings, are documented in the progress notes (e.g., client sobbing about loss of mother resulting in a brief hug followed by a hand on the shoulder).

Process Notes

☐ Deviations from normal care or a boundary crossing is documented with clinical reasoning (e.g., "client feeling anxious about group, walked with her in courtyard to discuss her fears confidentially before group session").

INCIDENT MANAGEMENT AND COMPLAINT RESOLUTION

Reporting

☐ Employees sign to acknowledge the requirement to immediately report incidents to the appropriate authorities.

☐ Procedures for reporting allegations of sexual abuse are provided to staff in writing.

Investigation

☐ Investigations are prompt and follow written investigation procedures for reported incidents.

☐ Employees are provided with instructions regarding the confidentiality issues of these incidents.

Disruptive Behaviors

☐ Staff and volunteers are encouraged to speak up about disruptive behaviors at every level of authority.

☐ Administration intervenes and acts on concerns in a timely manner before transgressions or questionable acts occur.

CREDENTIALING AND CONTRACT DUE DILIGENCE

Physician, Psychologist, Clinical Specialist, Medical Provider, Counselor Credentialing

☐ Each provider's file includes the following applicable information:
- Application or CV
- Verification of current license, certification, or accreditation
- Evidence of training and experience from a residency program
- Peer recommendation regarding clinical competence
- Professional liability actions
- History of loss of licensure and/or privileges
- State or federal violations
- Provider data bank check
- Continuing education
- QA/peer review information
- Changes in privileges

☐ Ensure timely updates (at least annually) with a systematic and documented review.

☐ Review and consider any applicable public data or consumer ratings (e.g., Healthgrades).

☐ Check the National Practitioner Data Bank at http://www.npdb-hipdb.hrsa.gov/index.jsp.

Certificates of Insurance

☐ Certificates of insurance (COI) for professional liability, general liability, errors & omissions, and other applicable coverages for all contracted providers or vendors are obtained.

☐ Vendor or provider COI tracking is organized by month to ensure updated information is on file.

CLIENT EXPERIENCE DATA AND EMPLOYEE EXIT INTERVIEWS

Data Collection

☐ Client/patient satisfaction surveys are conducted at time of discharge.

☐ Staff satisfaction surveys are conducted at least annually.

☐ Follow up on identified concerns is conducted and documented.

Exit Interviews

☐ Organization conducts exit interviews (may attach to last paycheck) that actively solicit knowledge of abuse, neglect, mistreatment, or substandard care at facility to either investigate allegations or diminish disgruntled employees' credibility as witnesses for plaintiff.

☐ Management investigates and documents findings of all allegations of abuse, neglect, or mistreatment reported in exit interviews.