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How a training team delivers simulation training of child protection investigators☆

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ABSTRACT

This article presents results of a qualitative study regarding how a training team delivers simulation training for child protection investigators. Since 2016, a team from the University of Illinois at Springfield (UIS) has collaborated with the Illinois Department of Children and Family Services (DCFS) to implement the Child Protection Training Academy (CPTA) that provides full-scale simulations has been implemented for training all new child protection investigators. Using key informant interviews and focus groups, we explored how the training team, including the simulation trainer, the standardized patients playing the role of the family in a mock family house, and the professionals playing roles in a mock courtroom, collaborate to shape the simulation training. The qualitative data point to the central role of the trainer's blend of skills, the dedication of the standardized patients staying in character, the interest of role-playing professionals in correcting misconceptions about court, and the teamwork involved in implementing simulation training.

1. Introduction

1.1. Background

Working with families as a child protection investigator is difficult. Child protection investigators must engage with families who have reason to be suspicious and they must listen carefully and empathically. At the same time, they need to conduct a thorough investigation and think critically to assess the truth and insure children's safety. They must keep track of an array of different procedures and the necessity to document each one of them. They must be aware of service and health needs and be prepared to do immediate crisis intervention. They must engage and work with diverse professionals with varying goals, perspectives and values, and prepare, if necessary, to testify in family court and undergo cross-examination. They sometimes make the wrenching decision to remove children from their home to protect their safety. Investigators must keep their emotional bearings while confronting human misery and dysfunction. They keep at it because they care about children and families. Due to the complex nature of the job, child welfare research has suggested that child protective services workers can experience considerable stress. Conrad and Kellar-Guenther (2006) found that almost half of workers in their sample had a high risk of compassion fatigue, and Cornille and Meyers (1999) reported that over a third of child welfare workers reported clinical levels of emotional distress related to secondary traumatic stress. The U.S. General Accounting Office reported that 30% to 40% of child welfare workers nationally stayed at their job two years or less (The U.S. General Accounting Office, 2003).

Given the demands of working with families in child protection, transferring knowledge gained in training to practice to bolster investigators' skills and confidence is essential (Franke, Bagdasaryan, & Furman, 2008). Unlike doctors, lawyers, and many professionals, new child protection investigators have few opportunities to be on a team and to observe more experienced colleagues in action. Although new investigators can partner with more experienced investigators for a period of time, caseloads are too high to allow long periods of apprenticeship, and supervisors can rarely accompany their caseworkers. These realities increase the need for training to provide opportunities for practice—taking new investigators out of the classroom and putting them into situations that give them opportunities to apply new skills. The current article describes the Child Protection Training Academy (CPTA)'s simulation training program, a program for new child protection investigators that provides this practice through simulation training. We explore how the training team delivers a training that simulates a realistic and safe learning environment for child protection investigators to develop and practice necessary skills for their work.

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Simulation training is a form of experiential learning, an educational method that incorporates skill-based practice into the educational or training experience (see, e.g., Kolb, 2015). An important component of experiential learning is the construction of realistic environments in which trainees can simulate the knowledge or skills related to their work (Gaba, 2004). Kolb (2015) theory identifies a learning cycle for experiential learning that proceeds in four stages. The learner first encounters an experience that they seek to understand (the stage of concrete experience). Then they review and reflect on the experience (the stage of reflective observation), and develop a new idea or modify an existing concept regarding the new experience (the stage of abstract conceptualization). Learners then apply the new or modified idea to their environment to test whether it applies (the stage of active experimentation). This is a recursive process that enables transfer of learning and retention of knowledge.

To provide experiential learning, a growing national movement is employing simulations of tasks to train child welfare workers, ranging from role plays to full-scale simulations (Center for Advanced Studies in Child Welfare, 2017; Children's Advocacy Centers of Mississippi, 2019; Favot, 2015; Capacity Building Center for States, xxxx; Children's Advocacy Centers of North Carolina, 2019; Lee, 2014; Northwest Arkansas Community College, xxxx; Pennsylvania Department of Human Services, xxxx; Shanesy, 2015; The University of Oklahoma, xxxx). Key components of full-scale simulations include physical environments such as mock houses and mock courtrooms designed to simulate a practice environment, practice-oriented scenarios, actors who play the role of family members and allied professionals, well-prepared training staff, clearly-defined learning objectives, and intensive debriefing after the simulation (Capacity Building Center for States, xxxx). The training team, including simulation trainers and actors, plays a central role as the case scenario comes to life and provides trainees with an experiential learning encounter.

1.2. Research on simulation training in child protection

Research on simulation training in the child protection workforce is sparse. In particular, little is published on how to develop effective simulation training and what might make a simulation training program successful in child protection training. Bogo and colleagues' (2014) research review identified only four studies of simulation training for child welfare professionals. All four focused on simulations on investigative interviewing to evaluate suspicions of abuse and none assessed other child protection tasks. All found positive gains on training outcomes over time for trainees participating in simulations. Two studies identified factors promoting simulation training effectiveness. Powell, Fisher, and Hughes-Scholes (2008a) found that trainees learning forensic interviewing skills through simulations performed better on post-practice assessment when they received feedback during their simulated forensic interviewing than immediately afterward. Powell, Fisher, and Hughes-Scholes (2008b) found that trainees learning through simulated forensic interviewing performed better when their mock interview subject was a trained psychology student than a fellow participant role-playing.

Two qualitative studies provide more information on factors involved in successful simulations and also dealt with simulations of broader child protection situations than forensic interviewing of an individual. Leake and colleagues (2010) conducted a formative evaluation of a half-day simulation workshop created to help workers understand the experience of Latino client families in the child welfare system. Trainees role-played the roles in the simulations, and participated in debriefing in character and an afternoon follow-up workshop, and received follow-up electronic newsletters. Trainees completing satisfaction surveys and participating in focus groups reported a high degree of satisfaction with the simulations and identified several elements of the training that made it effective. They noted the effect of the strong emotions evoked by the simulations. These emotions helped them connect with community partner professionals alongside them, leading to increased coordination back in the field. Participants also reported benefitting from exposure to information on such topics as immigration.

Lexton and colleagues (2005) developed a program in Britain using actors to enact the parts of family members in interagency child protection training for professionals (e.g., teaches, health visitors, social workers). Lexton et al. identify several aspects they felt made the training effective over five years' experience with the program: the understanding, trust and "shared vision" between the trainer and actors; the realism the actors bring to the training and the "outsider's perspective" they bring to providing feedback; the empathy trainees develop with actors during "hot-seating"; the sense of safety the trainer and actors can provide for trainees; and the assistance the two trainers can give each other.

1.3. The development of the Child Protection Training Academy's simulation program

The CPTA was developed by a team at University of Illinois at Springfield (UIS) in collaboration with the Illinois Department of Children and Family Services (DCFS) to provide simulation training to all new child protection investigators in the state (Cross, Tittle, & Chiu, 2018; Goulet, Cross, Chiu, & Evans, 2020) for more information on the development of the program). Prior to the development of CPTA, the foundation training for newly hired child protection investigators took place solely in a classroom setting. The training content mostly was presented in a PowerPoint format and focused on policies and procedures. Trainees practiced skills in role plays among themselves, but there was no larger effort to provide realistic experiential learning opportunities. According to trainers we interviewed, child protection investigators who received the old foundation training frequently reported that the content was not transferred to the workplace (Chiu & Cross, 2018a; Goulet et al., 2020).

The UIS partnered with Illinois DCFS to build an experiential component into the foundation training. They developed a week-long simulation training experience for all new child protection investigators to supplement the five weeks of classroom instruction. They also redesigned the classroom training to apply a "life of the case" approach that connects the classroom and simulation training experience. Trainees are introduced to a case in the classroom that is based on an instructive real-life case in Illinois DCFS. Trainees learn relevant practice knowledge about the case in the classroom, and then learn to apply their knowledge in simulations using the case during the simulation training week. Since February 2016, all newly hired child protection investigators have participated in the week-long simulation training following their five weeks of classroom training.

Based on the Children's Bureau criteria mentioned above (Capacity Building Center for States, xxxx), The CPTA's simulation training program is full-scale. A house on the campus was redesigned to simulate a family's home. To create a realistic setting with practice implications, the mock house was outfitted with environmental hazards that present child safety concerns. A meeting room on campus is outfitted as to simulate family court. A team provides the training. The simulation trainer leading the team at the time of this study was a long-time classroom trainer for Illinois DCFS who transitioned to developing simulations as co-director of CPTA. Actors from Standardized Patient Program of Southern Illinois University School of Medicine play family members, both in the mock house and the mock courtroom. In the courtroom simulation, retired and active judges and attorneys volunteer their time to play roles matching their experience. Trainees get "hands-on" experience through interacting with "family members" in their "home." In the "courtroom," trainees will testify on the case that they have worked for the week in front of the courtroom representatives. The classroom trainer also accompanies each training cohort during the simulation training week to assist with debriefing and

Table 1
Simulation Training Week Schedule.

Day	Key Simulation Exercise
Monday	*Calling the Reporter*: Trainees as a group interview the individual who called the hotline to make the report. A training staff person plays the reporter.
Tuesday	*Knock on the Door*: Each trainee takes turns initiating contact with the family (standardized patients) at the mock house.
Wednesday	*Scene Investigation*: Groups of two trainees take turns conducting a scene investigation in the presence of the perpetrators (standardized patients) at the mock house.
Thursday	*Interviewing the Parents*: All trainees formulate specific questions for parents (standardized patients) together. Trainees as a group interview the mock father and the mock mother separately in the classroom.
Friday	*Courtroom Simulation*: Groups of two trainees prepare parents for the hearing. In the mock courtroom, each trainee provides a portion of the testimony in responses to questions from the [state agency] attorney, parents' attorney, and guardian ad litem.

to support the trainers.

Table 1 presents the simulation training week schedule during the time period studied (Child Protection Training Academy, 2019; Chiu & Cross, 2019). After an initial orientation on the first day, the trainees practice calling the reporter of the child maltreatment (played by a member of the training staff). On the second day, trainees drive up to the mock house, knock on the door, and carry out their initial engagement and temporary safety planning with the mock family being investigated. Trainees have to manage the real challenges of engaging enough to get in the door and allying enough to develop an initial plan. On the third day, the trainees conduct a scene investigation in the mock house. They ask the mock parents to reenact their claim that the child's injury resulted from an accident with the furniture. Trainees also conduct a safety assessment of the house, in which they ask the mock parents questions in the midst of identifying physical safety hazards. Trainees must contend with examining the scene carefully and communicating effectively with parents at the same time. Each trainee reports their observation to their supervisor, played by the simulation trainer, learn how to document their findings to support court testimony. On Thursday, trainees are given an opportunity to interview the mock father and mock mother separately so they can practice how to handle difficult subjects with parents, including domestic violence and substance abuse. The sensitive and often hidden nature of these problems present challenges for trainees. Each trainee has the opportunity to take the lead at some point in the interviewing, and is also allowed to pause the interview and ask for support from the trainers and their peers. Trainees also receive a presentation on preparing for court testimony. On Friday, trainees testify in court in front of the retired judge re-creating his role in the mock courtroom, and questioned by actual attorneys playing the roles of counsel for the child protection agency and the parents. What makes courtroom simulation especially real and challenging is that trainees undergo both direct examination from attorney representing the child protection agency and cross-examination from the parents' attorney.

A debriefing follows each simulation, including feedback from the simulation trainer, classroom trainers, and actors/courtroom professionals. The simulation trainer may reiterate parts of the simulation herself to model investigation skills. Each day ends with a group debrief led by the simulation trainer in which the trainees discuss their overall experience of the day, consider what they have learned, and plan what they need to do the next day (Chiu & Cross, 2019).

Results of both process and outcome evaluations of the program are available on program evaluation reports (Chiu & Cross, 2018a, 2019; Chiu, Lee, & Cross, 2020) and summarized in (Chiu & Cross, 2018b). Trainees report increasing confidence over the course of the simulation training week and considerable satisfaction with the training, both immediately afterward and in a follow-up one to two years later. New investigators trained with simulation training reported being less likely to want to leave their job and less likely actually to leave within two years of hiring, although investigators with and without simulation training were hired in different eras, so it is difficult to attribute differences on turnover solely to simulation training. However, much needs to be explored about the processes by which simulation training promotes trainees' learning in child protection workforce. Understanding these processes better would not only inform efforts to improve simulation training, but also help identify the ingredients that could be used to implement simulation training in new communities. This article focuses on the findings from a sub-study of the program evaluation of CPTA that conducted interviews and focus groups to explore how the training team delivers simulation training. The analysis focused on how the training team, the trainer, the standardized patient, and the courtroom professionals, shaped and delivered the simulation training. Our hope is to expand knowledge about the delivery of simulation training in child welfare and explore the mechanisms of this emerging training method.

2. Method

We used key informant interviews and focus groups to explore the mechanisms through which the CPTA's simulation training is designed to have an impact. The CPTA staff provided the program evaluators with the contact information of 32 professionals involved in the simulation training: 1 simulation trainer, 8 classroom trainers, 6 standardized patients, and 17 volunteer professionals. Classroom trainers were included because they attended simulation training and assisted the simulation trainer throughout the week. Due to the policy of the union representing the Illinois DCFS, the program evaluators were not able to interview the trainees when conducting the sub-study.

The child protection training program staff contacted all the potential participants, alerting them to anticipate contacts from the program evaluation team regarding the study. The evaluators then recruited participants via emails, texts, or phone calls. This resulted in two focus groups and eight individual interviews, with a total of 16 participants (1 simulation trainer, 4 classroom trainers, 3 standardized patients, and 8 volunteer professionals). Four classroom trainers did not respond to the recruitment and two of them were new to their trainer positions. Three standardized patients did not respond to the recruitment, but they were called for playing the roles much less frequently than those who participated in the focus group. Nine volunteer professionals did not respond to the recruitment and also did not participate in the courtroom simulation as frequently as the volunteer professionals who participated in the study.

Since the simulation trainer played a unique role in the program, the evaluators conducted a separate interview with that individual. The original plan with classroom trainers, standardized patients, and volunteer professionals was to conduct three focus groups, one for each role. However, schedule constraints prevented some individuals from participating in focus groups. Therefore, the evaluators supplemented the focus groups with individual interviews. Four semi-structured interview protocols (simulation trainer, classroom trainers, standardized patients, and volunteer professionals) were developed (see the appendix). The study was reviewed and approved by the Institutional Review Board of University of Illinois at Urbana-Champaign.

All interviews were audio-recorded and transcribed. Qualitative analysis employed Braun and Clarke's (2006) thematic method. Both authors reviewed the transcripts and jointly developed coding categories inductively. They each then coded each transcript independently, and then compared codes and identified significant themes through

peer debriefing. Peer debriefing was conducted to compare codes, identify significant themes, and provide a feedback loop to revise themes as necessary (see Braun & Clarke, 2006; Mayring, 2000). Because of our interest in identifying different processes for different members of the training team, separate themes were developed from the interviews with the simulation trainer, the standardized patients and the courtroom professionals. Although the evaluators did not include a formal process of member checking, several stakeholders including the simulation trainer reviewed the process evaluation report in a draft form.

3. Results

Analyses focused on the role of each category of the professionals who collaborated to provide simulation training. Five themes emerged for the simulation trainer: interpersonal skills, knowledge of child protection work, skill in designing and staging simulations, emotional support in debriefing, and ability in coaching and modeling. Three themes were developed for the standardized patients: being in character, feedback to trainees, and partnership with the simulation trainer. Two themes arose for the courtroom professionals: communication in the courtroom and correcting misconception about the legal professionals.

3.1. Simulation trainer

At the time this study was conducted, the child protection training program had only one simulation trainer and interviewees were asked to relate their experience with that trainer. Since then, other simulation trainers have been hired and multiple trainers now conduct trainings on the university campus of the child protection training program and the expanded location.

The simulation trainer plays the central role in facilitating trainees' learning experience. The work requires skills in both child welfare work and staff training. The simulation trainer that is the focus of our study is a veteran of the Illinois DCFS. She worked as a child protection investigator for 14 years and then as a child protection trainer for 10 years. The five themes that emerged in the data about the simulation trainer are discussed individually.

3.1.1. Interpersonal skills

One crucial theme in relation to the interview questions regarding the simulation trainer's competencies and impact on trainees' learning process was her interpersonal skills. A classroom trainer described the simulation trainer's holistic approach that creates a supportive and safe learning experience for trainees.

> *She basically uses [a] like family system […] kind of a holistic approach. Because it's looking at everything—very interactive, very coaching and supportive, very safe learning environment, and very positive. (Classroom Trainer)*

When asked about her methods to enhance learning and keep trainees engaged, the simulation trainer reported that there was a parallel between her engaging with trainees and engaging with families in the field. Trainees will not engage in the training if they do not think that the trainer has their best interest at heart. The simulation trainer also emphasized that engaging trainees from the first moment of the first day in the simulation training until the last day enhances their learning experience and demonstrates a good practice model. The key is to create a non-judgmental and collaborative-working atmosphere through a daily self-care check-in. Every day during the week of the simulation training, the very first thing she did with the trainees was to ask them "*What you did [you do] to take care of yourself?"* The strategy not only makes trainees get comfortable but also creates cohesiveness and *"build the camaraderie"* in the class, she commented. The simulation trainer also specified that she uses constructive and positive feedback to bolster trainees' confidence. One classroom trainee further commented that "*she is very open and upfront, but never belittles them.*" The trainer is able to detect an individual's learning needs and tailor her teaching methods or reactions accordingly. A courtroom professional said that the simulation trainer has "*a very keen ability to read people."* That is a very important skill since a simulation trainer needs to be sensitive to many different personalities of trainees from the many different cohorts and be able to *"give positive feedback and invoke thought in that person to help them be better."* A standardized patient further commented that the simulation trainer always "*can provide [trainees] with something that's going to help them at that moment for where they're at."*

The realism of simulation training can increase anxiety and trigger distress. The trainer pays special attention to trainees' emotions during the simulation and debriefing. She always makes the standardized patients and courtroom professionals aware if a trainee is struggling before the simulation encounter and requires extra attention during the encounter.

3.1.2. Knowledge of child protection work

Child protection investigators must learn and follow a voluminous and complicated set of procedures. In response to a question regarding the simulation trainer's competencies, interviewees all mentioned that the simulation trainer has a deep understanding of procedures, which she used to help trainees apply policy to practice. She encouraged trainees to develop a habit of finding rules and related information in the procedures instead of doing their job intuitively, as a couple of classroom trainers pointed out.

> *She knows procedures really well and how she impacts the students. She helps them to understand 'this is what procedure says and this is how you implement' […] like the phrases that we use in the curriculum is "Procedure to Practice." (Classroom Trainer)*

3.1.3. Skill in designing and staging simulations

In terms of the methods to help trainees build their competence, the simulation trainer varies the specific elements of the simulations to increase the range of trainees' experiences and thereby increase learning. Variation helps keep the simulation realistic and maintain the similar level of difficulty for trainees who act in later repetitions of the scenario, because they must deal with new elements of the situation that were not present in earlier enactments of the simulation. Skills in staging help maintain the emotional realism of simulations. A standardized patient related:

> *We like to throw in different things, so they [trainees] don't all do the same thing. You don't want anybody coming in saying, "I know exactly how this goes; I just saw it.*

The simulation trainer mentioned that she always looks for opportunities in which she can incorporate more pieces of required investigation procedures so trainees are actually able to put them into practice:

> *We'll be like, 'If we just do this little bit more, we can […] feed more into their ability to assess for the underlying conditions'. (Simulation Trainer speaking about staging the mock house)*

3.1.4. Emotional support in debriefing

During the individual debriefings immediately following after each trainee's simulation, the simulation trainer does an emotional check-in and responds to immediate emotional needs. This theme was derived from several interview questions, including how the simulation trainer interacts with trainees and tailors the interaction based on trainees' needs as well her competencies.

> *She [the simulation trainer] will first ask how they feel about that, and see if it brought up any emotion or anything like that, because based on*

the participant's personal experience or professional experiences, [it] may affect how they engaged with the actors. (Classroom Trainer)

The life-like simulation in child protection work can be very stressful and sometimes may even trigger trainees' emotions tied to personal experiences. The simulation trainer stated that one of the overarching goals of the simulations is to help trainees process and address their feelings after simulation encounters, and she would provide additional one-on-one time when trainees need extra support.

[The simulation trainer asks] "I need to know how you're feeling before you leave because it's so important to make sure that this was a growing experience." She honors what their immediate needs are and it's not something that gets forgotten or put to the side. Because when you're in the heat of the moment, that's the learning, that's the growing right then and there. (Standardized Patient)

Sometimes the feedback might be the two of them [the simulation trainer and the trainee] will walk outside because the student had such an emotional trigger happen during the encounter…she'll talk to them and let them have an opportunity to maybe talk about that personal trigger. (Standardized Patient)

3.1.5. Ability in coaching and modeling

Coaching and modeling are essential elements for improving practitioners' skills (Akin, 2016; Capacity Building Center for States, n.d.). Most interviewees commented on the simulation trainer's coaching and modeling skills in response to the questions related to the trainer's skill sets and her impact on building trainees' competencies. A standardized patient said the simulation trainer was able to draw on her experience and gave very specific suggestions how to avoid common mistakes that a child protection investigator can make:

She [the simulation trainer] can kind of a coach to them […]:"If you say something that clearly aggravates them, and you recognize they're really … they're getting upset …own it, and apologize, and say, 'Let's back up. Obviously, I made you angry. Let me back up.' And just own it. Don't just forge ahead and pretend it didn't happen." […] coaching them in ways that they could do it next time. (Standardized Patient)

In addition, the simulation trainer can demonstrate different ways of responding to perpetrators (standardized patients) especially when trainees get stuck during simulation encounters or are not sure how to do a scene investigation or a home safety assessment. Modeling at the moment "*is helpful for the trainee to see how it's done and a lot of times they'll remember that,*" as a classroom trainer commented. Observing modelling can be an effective way or reducing anxiety (Foa & Kozak, 1986). Modeling also helps trainees to learn what might work and what might not work in a real situation:

The simulation trainer models it, it gives them a reality in terms of… in this real situation which mirrors real life […] the simulation trainer would sometimes say: "When you did this, this is how it happened. When you did that knock-on-the-door section, this is why this worked and this is how it worked" and so it breaks down the reality. (Classroom Trainer)

3.2. Role of standardized patients

Standardized patient programs recruit and train community members to act as patients for the purpose of training and evaluating medical school students and health professionals (Kim-Godwin, Livsey, Ezzell, & Highsmith, 2013; Miller, 2002; Miller, 2004). Unlike professional actors, standardized patients are trained to provide feedback on personal communication skills. The child protection training program's director worked with the standardized patients program's director to prepare the standardized patients specifically for the child protection worker training before they began to work in the training program (Chiu et al., 2020; Goulet et al., 2020). Standardized patients in the focus group emphasized the importance of their preparation and methods for making simulations effective.

3.2.1. Being in character

In response to the interview questions on how they applied their standardized patient training to the simulation training, the standardized patients emphasized that staying in character is essential to make simulations realistic. Focus group participants thought that simulations could not emotionally reproduce child protection situations if trainees and standardized patients got to know each other in real life. As one standardized patient stated: "*As far as the actual emotion of what they're going to experience in the field, yeah, you can't do that with someone you know*."

Thus, role play between trainees would not be adequate—trainees could never sufficiently put aside one's knowledge of the other person in real life. One standardized patient described this effect with one trainee: "*One of the students, I think, even did comment that he had seen me [before] and so that made it harder for him to take it realistically*."

Focus group participants described how rigorous they were about staying in character and having no other relationship with the trainees. Though they described themselves as "friendly people," standardized patients were not allowed to talk to the trainees outside of the simulations until the end of the training. They avoided eating in the same cafeteria as the trainees, and were uncomfortable about sharing the same university campus bathrooms. One standardized patient talked about maintaining his character's limp even when using the bathroom. They would also stay in character if approached informally by trainees during a break. "*We had one student one time say 'Oh, you guys do a really good job.' We stayed in character like 'What? Have you seen her before or something*?'". The realism of staying in character helps engage trainees emotionally, exposing them to a more realistic emotional experience that resembles what they encounter in the field.

Standardized patients also need to keep their educational role in mind and be careful not to allow their character to become too aggressive with trainees and increase the threat beyond what trainees can manage. One standardized patient described this need:

On one case, a girl actually […] felt threatened because I made a statement, "If I pushed you, what would you do? You'd step back and try to catch yourself." […] I didn't realize it, I got a little too close […] she felt very threatened by that and that was not my intention because that takes us above the level of aggression and deflection. (Standardized Patient)

Another standardized patient added: "*I don't let it escalate above a certain point because then it's not productive. So we try to keep it productive*."

3.2.2. Feedback to trainees

In response to the interview questions about their role in the simulation training and how they interacted with trainees, standardized patients commented that an important part of their role is to provide feedback to trainees about their behavior. Standardized patients and the simulation trainer provide immediate feedback following every simulation for every participating trainee. Feedback is provided gently to help manage trainee's anxiety. One member of the focus group talked of the trainees practicing with the actors in a "*safe zone*," and another said that simulation training "*provides enough challenges without being overwhelming*." One professional we interviewed described standardized patients as "*patient with new learners*." Standardized patients are trained to make feedback as specific as possible, and calibrate the style of providing feedback to the capabilities of each student. Feedback includes praise as well as criticism. "*We want to give the positive as much as we need to give the constructive criticism*," stated one of the standardized patients.

Over the week of simulation training, a focus group member reported, the trainees' nervousness diminishes and they develop

knowledge of how to handle the standardized patient personalities and emotions. One trainee's change was described in this way:

> *One student on Day One made no eye contact with me and I gave him that feedback. On Day Two the eye contact improved quite a bit. But his little tic of not looking sometimes was still there. Yet, I could see that he was aware of it because he was actually making a point to make eye contact […]That made me feel good as an individual involved in the program […] the character reacted better to it because the first day with no eye contact, [my] character doesn't like that. He's [the standardized patient's role] going to feel very disrespected and get a little bit more agitated. (Standardized Patient)*

3.2.3. Partnership with the simulation trainer

An advantage of the standardized patients in the child protection training program is their partnership with the simulation trainer. When the question was asked regarding how they work with the simulation trainer, the focus group talked about the many ways the trainer works in concert with the actors to make simulation training effective. The standardized patients confer with the trainer about the educational value of different options for playing their characters. The trainer gives the standardized patients feedback to help them adjust their acting and feedback to be appropriately challenging, but not frightening. The trainer also assists standardized patients in communicating with trainees, and intervenes if their interaction with standardize patients trigger something in the trainees' personal histories. The trainer sometimes coaches a trainee on how to respond to a standardized patient in character. She also stops the action to intervene, to protect or support a trainee if needed, helping to manage how threatening the situation is. The standardized patient focus group praised her special skills in managing the simulations, and reported being inspired by her to greatly invest in the program's success:

> *She [the simulation trainer] has a personal communication skill and an energy level that's very inviting for the person who is listening to it. She makes what she's saying, even if it's not such a positive statement […] she makes the person feel like you can accept this or she waits 'til she knows that and then she presents the information. (Standardized Patient)*

The standardized patients work hard to make sure their performances are consistent in demeanor and severity amongst themselves, so that people playing different family roles are not interacting with trainees in very different ways that could clash within a simulation. It is a team effort in which the standardized patients confer ahead of time to coordinate their performances. The focus group felt that standardized patients learn from each other to make their performances more effective.

3.3. Professionals in the courtroom simulation

Retired judges and other current or former professionals donate their time to play the roles of the state's attorney, defense attorney, judge, and guardian ad litem in the courtroom simulation. The child protection training program's principal investigator recruited a number of these professionals; others were recruited in "snowball" fashion by one of the retired attorneys in the program coordinating with other attorneys. Moreover, this retired attorney delivered a two-hour classroom training on court proceedings during the simulation-training week. Additional recruitment takes place when state or private attorneys in the simulations find their own replacements if they cannot make it to the training. In the focus group and interviews, the courtroom professionals expressed that their interest in improving the child protection and juvenile court system motivated them to participate in the simulation training program. A child protection worker proficient in testifying in court is an asset to judges and attorneys, since they work very closely with the state child welfare agency.

> *If I can be involved in that process and help them [trainees] understand the types of information that I need them to be able to give to me so that I can do my own job, but also help them do their job, as well, and elevate both our divisions, then that is something that I wanted to dedicate my time to. (Active Professional)*

3.3.1. Communication in the courtroom

For the experienced courtroom professionals, an important aspect of the simulation training is motivating child protection specialists to communicate information clearly and accurately and in a professional manner. When the interviewees addressed how they applied their real-life skills in the mock courtroom. One courtroom professional said, "*I was interested in whether or not they painted a clear picture of what they saw*." Another professional elaborated on the challenging situation in a real courtroom and how the simulation training can prepare trainees in this regard:

> *When they are doing this as their job in court, the attorneys are not going to just go straight through their fact pattern. We [State's attorneys] might know chronologically how things occurred. But, when they get to the defense attorney or when they get to the GAL, they're going to have specific questions that they have been writing down that they want to ask the student about when they are in their actual investigative capacity. So it's a real-life thing that's going to come up. And I want them to have that experience before they do go out, in the field. (Active Professional)*

Often, the result of a court hearing depends on the child protection investigator's testimony and the evidence of investigations. First of all, when giving a testimony, a child protection investigator's demeanor is important. A retired judge related *"if they come across with those two "C's" — confident and competent —they're going to impress the judge."* In the courtroom simulations, trainees not only practice how to testify with the support of case documents but they also learn what evidence will be important to collect during the investigation in anticipation for the courtroom hearings. The courtroom professional can provide feedback to trainees about how to testify in a way that real judges and attorneys in court are not allowed to. Developing those testimony skills is key to a successful court hearing as the following professionals pointed out:

> *If we had child protection investigators who couldn't get the information across, or hadn't collected the right information, or just didn't handle themselves well as witnesses, sometimes we lost cases. Sometimes they were our only witness, at least at that kind of hearing. So as a prosecutor it was very important to me that my witnesses do a good job. (Retired Professional)*

> *Allowing them that time to simulate that court process just helps them internalize how they're going to do their cases in the future; how they're going to document their investigation; what kinds of things they need to be thinking of while they go through their investigations…that they know [that as a prosecutor] I'm going to ask about [these things] when we get into court. (Retired Professional)*

3.3.2. Correcting misconceptions about legal professionals

Another important aim of courtroom simulation training is to correct potential misconceptions about legal professionals, as frequently commented on by interviewees responding to the question of their training rationales and methods. Investigators might believe, for example, that judges read investigators' reports ahead of time—judges are not able to do that and depend on investigators during the court proceedings for information. Another misconception is considering an attorney's cross-examination as a personal affront. The professionals in the simulation training can address trainees' lack of knowledge and misconceptions through instruction and feedback. The nuanced feedback that experienced professionals can give in the moment becomes an

important mechanism for learning.

As a result, trainees can be better prepared for working with legal professionals inside or outside the courtroom. Following are some comments regarding how trainers have addressed these misconceptions during the simulation.

> *They thought the judge already knew all of this information. And we were just going through a little "dog and pony show." In fact, the judge doesn't know any of that information. All he knows is what he's told in court. So I wanted them to understand that so they understood how important it was that they get this information to the judge. They also didn't really understand sometimes even the state's attorney's role, because they sort of thought the state's attorney was the state child welfare agency's lawyer somehow, which we're not. (Retired Professional)*

> *I always tell them, "I don't work for you; you don't work for me; we're on the same team, but we're separate." And especially they didn't understand the defense attorney's role. And so I wanted to explain why the defense attorney does things the way he or she does, so they'd be better prepared to deal with it, and maybe not take it personally, which some of them do. (Retired Professional)*

> *The defense attorneys are just there to do their job. And their job is to nitpick at what you do. And it is not personal. It is not a personal attack against you. Or against what you've done. But it is their job as representing a parent whose child has been removed from them to make sure that this process was a fair process. And that's hard. That's hard for people to be questioned on why they did certain things. (Active Professional)*

4. Discussion

The current study underlines how the abilities of the child protection training team drives simulation training. The simulation trainer's blend of skills is central. In addition to her child welfare protection practice and training backgrounds, her interpersonal skills, her ability to provide feedback that is both instructive and supportive, her knowledge of the state child protection procedures, her skill in directing simulations to maximize their educational value, her method in individual and group debriefings, and her ability in coaching and modeling shape a safe and supportive learning environment that enhances competence and confidence of trainees. The simulation trainer strove to create a safe and supportive simulation training experience by paying attention to trainees' verbal, physical, and emotional cues. Even though the authors were not able to interview trainees as originally planned, the trainees who participated in online surveys of other evaluation substudies voluntarily shared their thoughts about the trainer (Chiu & Cross, 2018a; Chiu et al., 2020). Numerous survey respondents mentioned that the trainer's feedback helped them understand their job tasks better. Several specific quotes support the findings of this study indicating the importance of the trainer's blend of skills: "*[the trainer] brought everything taught in the classroom to reality,*" "*[the trainer] was able to point out specific areas of concern and strengths in my simulation process,*" and "*[the trainer] coached us during scene investigations [and] provided different techniques, and what to be aware of within the home.*"

One important process that the simulation trainer manages is titrating how threatening the simulation process is so as not to overwhelm. Behavioral psychology on the emotional processing of fear (Foa & Kozak, 1986) helps explain how simulation training helps trainees learn. Simulation training exposes trainees to anxiety-provoking situations that arise in child protection work, but then provides experience that is incompatible with the anxiety (e.g., the nascent abilities they demonstrate in the simulations, the support of the training team), helping reduce the anxiety and augment trainees' capacity to learn child protection work skills. Increasing the emotional demands of the simulation over the course of the simulation training week is reminiscent of graduated exposure or systematic desensitization methods that have been used in behavioral psychology (see, e.g., Wolpe, 1969), in which participants master increasingly more anxiety-provoking situations one level at a time.

Several studies support the use of standardized patients in simulations (Badger & MacNeil, 2002; Bogo et al., 2012; Kim-Godwin et al., 2013; McWilliam & Botwinski, 2010; Miller, 2002; Miller, 2004; Olson, et. al., 2015; Parikh et al., 2015; Rawlings, 2012; Zabar, 2010). Standardized patients are trained to be consistent and to provide explicit and timely feedback regarding practice skills (Olson, et. al., 2015; Rawlings, 2012). Interviewees described the advantages of well-trained standardized patients' abilities to lose themselves in their characters, like method actors, while coordinating with the trainer and following up with feedback on personal communication skills. They thought that these may not have occurred with trainees doing role plays or actors playing roles without additional training. Also, the findings of the online surveys in our other evaluation sub-studies show that trainees found that the standardized patients made the simulation encounters realistic (Chiu & Cross, 2018a; Chiu et al., 2020). A trainee described her emotions while interacting with the standardized patients: "*interacting with the actors […] I felt a very real sense of anxiety, a real sense of urgency, like I really have to pay attention.*" Their feedback provided great insights to trainees, for example, one trainee commented: "*[the standardized patients] were able to express the experience of the client, and feedback from that angle is always necessary. It ultimately helps you learn how to communicate with your future clients more effectively.*"

The professionals acting in the courtroom simulation brought juvenile and family court knowledge, realism and gravitas to their roles while providing instruction in a way that lawyers and judges in real court cases are not allowed to do. As the courtroom professionals emphasized, an important task in courtroom simulation is to address common misconceptions tied to legal professionals. Aligned with the same thought, Vandervort, Gonzalez, and Faller (2008) pointed out that since the nature of the job description and ethical considerations are different between attorneys and child protection investigators, it is very common for child welfare workers to experience challenges or difficulties while working with legal professionals. For example, an attorney's main duty is to protect their client's subjective interest. They are trained to not take personal attacks by other legal professionals in court. Yet, child protection investigators are trained to be objective and to find a balance in between child safety and family preservation. A child protection investigator's credibility is usually a focus in the course of legal representation, which can lead to attacks that feel personal. Moreover, these difficulties tied to the misconceptions can result in child welfare worker turnover (Vandervort, Gonzalez, & Faller, 2008). During courtroom simulation, the courtroom professionals provided positive and constructive feedback in helping trainees to better understand legal ethics and be better prepared for working with legal professionals inside or outside courtroom, which can potentially improve worker retention (Chiu & Cross, 2019). Our findings support the importance of correcting misconceptions about the legal professionals through trainings (Vandervort et al., 2008). In terms of the impact of courtroom simulation on trainees' learning, trainees' feedback from our other evaluation reports show that the courtroom simulation increases their knowledge and confidence in testifying in court regardless whether or not they had previous experiences in testifying. A trainee who never testified in court commented "*this is the first time I testified […] the experience is imperative […] The most meaningful concept was that […] being confident and competent in the information that I am giving.*" A trainee who had experiences in court before being hired as a child protection investigator said *"having had a lot of experience in court I enjoyed the feedback I received […] Some things I had not been told in the past and I am sure they will help me in the future with court proceedings."* Receiving direct feedback from judges and attorneys who had served or currently serve in juvenile court in a simulated situation prepares trainees better for the actual event (Chiu & Cross, 2018a; Chiu et al., 2020).

Notice what links the simulation trainer, the standardized patients, and the professionals: they are coordinating their actions under the leadership of the trainer. Moreover, they are all using their experience, with the training staff (the simulation trainer), with human interaction (standardized patients), and with the courtroom (professionals). They are each committed to providing constructive feedback that promotes trainees' growth. The interviews suggest that the value of the leader, the standardized patients, and the professionals lies not only in what they brought to the child protection training program from their prior experience, but the abilities and experience they have developed together as a team in the course of delivering simulation training. The findings of this article can help any jurisdictions that might be interested in developing a simulation training program to select and develop an effective training team.

5. Study strengths and limitations

This study is based on the interviewees' experiences of the simulation training over more than a two-year period. It benefitted from the input of multiple professionals serving in different key roles in simulation training. Interviewees had ample opportunity to describe the process of simulation training.

The limitations of this study also need to be considered. Some professionals did not participate in the focus group and interviews. It is possible that non-participants were systematically different from participants. However, we have no reason to believe that there was a strong selection bias that would invalidate our results. Moreover, we did not include any trainees in this sub-study due to the policy of the union representing Illinois DCFS at the time. In order to provide a comprehensive description of the program, we included related trainees' comments from other sub-studies of the program evaluation in the discussion section.

We cannot disentangle the effects of simulation training as a method from the impact of the skills of this particular program team. The simulation trainer's combination of skills is unusual, and appeared to be an important component of the CPTA's impact. Several of the particular circumstances of this simulation training may be difficult to replicate and may limit its generalizability for other training of child welfare workers—it was implemented as standard practice by a state child protection agency, and included all newly hired investigators in the state. The simulation trainer was well-poised to serve in this role, making it difficult to infer what the process would be with trainers in general. Additional research is needed to examine the effects of simulation training with other teams following similar methods in other training situations and with other types of trainers.

6. Conclusion

Those seeking to replicate the program in other locations should keep in mind the "active ingredients" identified by the program evaluation. To replicate the program with fidelity, a new simulation training program may need to duplicate the skills of the trainer, the standardized patients, and the courtroom professionals, as well as the working relationships and procedures this team had developed. The special characteristics of the program described may make replication a challenge. Influenced in part by program evaluation findings, the CPTA's simulation training program is working on a training manual and training of trainers (ToT) manual that will provide fidelity criteria for future replications.

If simulation training is expanded to new child welfare tasks and/or new child welfare personnel, new trainers with expertise in other areas (e.g., child placement) may be needed. Trainers with other content knowledge may not have the skills in creating and directing simulation training as the simulation trainer described here has, nor the skills in providing feedback and support to trainees. New versions of simulation training may need to use teams of professionals working together to deliver what the simulation trainer described here provided by herself.

The child protection field has substantial challenges in maintaining a capable and satisfied work force of child protection investigators. New investigators must learn a great deal in a short time period to take on the enormous responsibility of keeping children safe while engaging constructively with families. Good training aims to enhance the safety and well-being of children, families and investigators alike. Turnover has historically been a problem and the quality of training may be one important way of addressing the turnover issue (Aarons, Fettes, Sommerfeld, & Oalinkas, 2012; Mor Barak, Nissly, & Levin, 2006). Future studies could focus on whether this innovative training method leads to better workforce and children and family outcomes.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix

Questions on methods and resources from the focus group and interview protocols

Simulation Trainer

- What are your objectives in training a sim class?
- What methods do you use to help trainees build their competencies?
- How did you develop your skills as a trainer? How can you pass on those training skills to other trainers?
- What influences your decision to alter the scenarios over the repetitions needed to engage many different trainees? What factors do you consider?
- What different choices do you make in interacting with trainees during the training and what is the rationale for your choices? How do you keep trainees engaged and attentive?
- In your observation, in what ways is the program successful? What are growth areas that need further work?

Classroom Trainers

- In your observation, what approaches does the simulation trainer use to interact with trainees during the training?
- What is your assessment of the simulation trainer's competencies as a trainer? And how does she impact the trainees' learning process?
- In your observation, how do the actors and courtroom professionals contribute to trainees' learning process?

Standardized Patients and Volunteer Professionals

- How were you trained as a standardized patient/actor in simulations? And how do you apply the training to this simulation training program? (Standardized patients specific)
- What is your professional background? And how do you relate your experience in this simulation training program? (Courtroom professionals specific)
- Describe your role in this simulation training program.
- How do you work with the simulation trainer?
- How do you interact with trainees during the training and what is the rationale for your interactions?
- In your observation, how does the simulation trainer contribute to a trainee's learning process?

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