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**FY2018 Program Evaluation of the Child Protection Training Academy
for New DCFS Investigators**

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Executive Summary

Since February 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), which adds an innovative experiential component to the training of new DCFS investigators. All new DCFS child protection investigators come to the Child Protection Training Academy at UIS for a week at the end of their Foundation training to participate in simulations of real-life situations that DCFS investigators encounter. A house on the UIS campus was re-designed to simulate a family's home and serves as the Residential Simulation Laboratory. A meeting room on campus is outfitted as the Courtroom Simulation Laboratory, a simulation of family court. Members of Southern Illinois University School of Medicine's Standardized Patient Program play family members, both in the mock house and the mock courtroom. In the courtroom simulation, retired and active judges and other professionals play roles matching their experience. To date, 474 new DCFS investigators have been trained.

The Children and Family Research Center (CFRC) of the University of Illinois at Urbana-Champaign is evaluating the CPTA. CFRC conducted its initial program evaluation study of CPTA in FY2017. The initial evaluation report showed that the Child Protection Training Academy (CPTA) made extraordinary progress in a comparatively short period of time.

The current report presents results from program evaluation activities conducted in FY2018. We used interviews and focus groups to explore the processes through which CPTA has an impact. In addition, we assessed the impact of CPTA on the experience of working DCFS investigators. We surveyed DCFS investigators and compared those investigators who have received simulation training with a group of investigators who had not received simulation training.

Qualitative Study of Simulation Training Processes

The evaluation team conducted focus groups and interviews with the trainers, standardized patients and legal professionals who implement CPTA. There were 2 focus groups and 8 individual interviews; in total there were 16 participants. The qualitative data collected focus on: 1) the skills and effectiveness of the simulation trainer, 2) the role and impact of standardized patients, and 3) the contribution of professionals in the courtroom simulation.

The simulation trainer has the central role in the program. All the interviewees spoke highly of her and commented on her leadership, skills, and devotion. Key components contributing to the simulation trainer's holistic approach in simulation training include: 1) deep understanding of child protection related policies and procedures; 2) rich experience in child protection work and training; 3) ability in coaching and modeling; 4) positive and constructive feedback; 5) a focus on family and classroom engagement; 6) sincere concern about trainees' learning experience and well-being; and 7) passion for and commitment to child protection work. These qualities create a safe and effective learning environment for trainees to develop competence and confidence in their practice of child protection services.

The standardized patient focus group emphasized the importance of being in character to make the simulations realistic. They thought that simulations could not adequately emotionally reproduce child protection situations if the participants in the DCFS and family roles knew each other. Such realism could arguably not be maintained except by professionals rigorously committed and trained to disappear into a role. Yet standardized patients also needed to keep their educational role in mind and be careful not to allow their character to become too aggressive with trainees. Unlike professional actors, they are also trained to provide feedback on personal communication skills. A unique advantage of the standardized patients in the CPTA was their partnership with the trainer. The trainer seemed to inspire the standardized patients, and they are greatly invested in the program's success.

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*. A child protection worker proficient in testifying in court is an asset to judges and attorneys. Therefore, those civic-minded professionals are motivated to help DCFS workers improve their skills and be better at their jobs. The courtroom professionals emphasized collecting the necessary information, communicating information clearly and accurately, and presenting in a professional manner. Trainees' experience in CPTA can also help correct their misconceptions about legal professionals.

Investigator Survey

To evaluate the outcome of CPTA, the program evaluation team conducted a survey of current DCFS investigators, both those who had received simulation training and those who had not. We asked investigators to rate the initial training they received, assess how difficult it was to acquire different investigation skills, and report on their job satisfaction and their intention to stay in or leave their jobs as investigators (turnover intentions). To estimate the impact of CPTA, we compared sim-trained and non-sim-trained investigators on these variables, while statistically controlling for investigator age and experience and other variables. We also asked sim-trained investigators to rate the simulation training they had and report on the usefulness of simulations to their current work. We were interested in their perspective on CPTA now that they had some experience working as DCFS investigators. A link to the online survey was emailed to 759 investigators. The response rate was 35% with 259 respondents in total.

Investigators with simulation training gave significantly higher scores on 8 of the 9 items assessing how well investigators thought their initial training prepared them for their work. In rating difficulty of acquiring different job skills, the sim group averaged almost half a point lower on the difficulty of acquiring the skill of creating evidence-based documentation ($b=-.44$) and more than half a point lower on acquiring the skill of testifying in court ($b=-.67$), when other variables were statistically controlled. OLS regression analyses showed that the effect of receiving simulation training was not statistically significant for overall satisfaction or the satisfaction subscales, after controlling for other variables. Logistic regression analyses compared the sim and non-sim groups on turnover intentions while controlling for age, experience and other variables. Differences were not statistically significant on most turnover

intention items or the overall turnover intentions score. However, there was a statistically significant difference ($p=.028$) on the item, "I am actively looking for a position at another department of DCFS." The odds that a non-sim respondent checked "yes" on this item were 4.04 times the odds that a sim respondent did so. Also, there was a difference that was nearly statistically significant ($p=.052$) on the item "As soon as I find a better job, I will leave DCFS." The odds that a non-sim respondent checked "yes" on this item were 3.42 times the odds that a sim respondent did so.

Over 80% of respondents who had received simulation training rated their simulation experience positively on questions about its contribution to their practice. When we asked about four simulations they had experienced, each simulation was rated as useful to very useful by 77.6% or more of sim respondents. Both individual and group debriefs were also rated as useful to very useful by more than three-fourths of the sim respondents.

Discussion

The interviews and focus groups underline how the abilities of the CPTA team drive simulation training. The simulation trainer's blend of skills are central. She was lauded for her passion for the mission of training investigators, her relationship with the trainees, her ability to provide feedback that is both instructive and supportive, her skill in directing simulations to maximize their educational value, her experience as an investigator, and her knowledge of DCFS procedures. The standardized patients' ability to lose themselves in their characters like Method actors while coordinating with the trainer and following up with feedback was striking. The professionals enacting the courtroom simulation brought family court knowledge, realism and gravitas to their roles while providing feedback in a way that lawyers and judges in real court cases could never do.

Results from the investigator survey provide evidence of the impact of simulation training. First, current DCFS investigators who received simulation training continue to value it, even though it has been one to two years since they received it. Second, once we controlled for confounding variables, the sim group reported greater ease in acquiring the skills of evidence-based documentation and testifying in court. Third, on two items, non-sim trained investigators were more likely to be think about leaving their job, once we controlled for age, experience and other variables.

These results suggest that CPTA improves how prepared investigators feel for their work, and may influence how they experience their job. These findings suggest that CPTA is having a positive impact and deserves to continue for all new DCFS investigators. If CPTA influences investigators' intentions to seek another job, as the results suggest, it may have the potential to influence turnover of investigators.

Limitations of the study need to be considered. Some professionals did not participate in the focus group and interviews, only a minority of investigators participated in the survey, the study measured investigators' subjective reports and lacks objective data on their performance, and

the need to control statistically for differences in investigator age and experience introduces some uncertainty.

Expanding Simulation Training. A number of participants in CPTA and stakeholders have expressed the wish to replicate simulation training programs in other regions of Illinois. To replicate the program with fidelity, a new simulation training program may have to duplicate the skills of the trainer, the standardized patients, and the courtroom professionals, as well as the working relationships and procedures this team has developed. The development of simulation training at other sites in Illinois would benefit from extensive training from the CPTA team. Participants in CPTA and stakeholders also envision using simulation training for other client groups. If simulation training is expanded to new child protection tasks and/or new DCFS personnel, new trainers with expertise in other areas (e.g., child placements) may be needed. Such new versions of simulation training may need to use teams of professionals working together to deliver what the current simulation trainer currently provides by herself.

Final Words. The child protection field has substantial challenges in maintaining a capable and satisfied work force of 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. This is a time to innovate and improve training. The CPTA shows considerable promise as an innovative training method. The results of this evaluation support the value of CPTA's current mission of training new DCFS investigators. The evaluation also suggests the value of exploring options for expanding simulation training to new locations, new workers, and new child protection responsibilities.

Introduction

Since February 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), which adds an innovative experiential component to the training of new DCFS investigators. All new DCFS child protection investigators come to the Child Protection Training Academy at UIS for a week at the end of their Foundation training to participate in simulations of real-life situations that DCFS investigators encounter. A house on the UIS campus was re-designed to simulate a family's home and serves as the Residential Simulation Laboratory. A meeting room on campus is outfitted as the Courtroom Simulation Laboratory, a simulation of family court. Members of Southern Illinois University School of Medicine's Standardized Patient Program play family members, both in the mock house and the mock courtroom. In the courtroom simulation, retired and active judges and other professionals play roles matching their experience. To date, 474 new DCFS investigators have been trained.

The Children and Family Research Center (CFRC) of the University of Illinois at Urbana-Champaign is evaluating the CPTA. CFRC conducted its initial program evaluation study of CPTA in FY2017 and produced an initial report in June 2017¹. The current report presents results from program evaluation activities conducted in FY2018.

An Overview of Program Evaluation Results from FY2017

Before reporting results from the current fiscal year, it is useful background information to review briefly findings from our FY2017 program evaluation report². The initial evaluation report showed that the CPTA made extraordinary progress in a comparatively short period of time. It showed that simulation training had a well-developed training model; dedicated and experienced program developers and trainers, standardized patients and participating professionals to enable simulations; and realistic physical environments. The report analyzed post-training survey data for 154 trainees. For the seven evaluative questions on simulation training, there were 1,052 positive ratings (99.3%) across the sample and only 7 negative ratings (0.7%). Although ratings were consistently positive across the sample, they were somewhat less positive for later trainees than for earlier trainees. This needs be put in perspective, however, given the substantially positive overall ratings and the possible impact of a ceiling effect, since ratings approached the maximum early in the program. The content analysis of open-ended items on the post-training survey found that trainees frequently volunteered positive comments on the value of simulation training. Trainees reported simulation training as a safe learning environment that provided realistic challenges and was conducive to learning. They felt they were respected during debriefing and received valuable feedback from it. They felt that simulation training increased their confidence and could be incorporated into practice. Post-training survey respondents recommended extending

¹ Cross, T.P., Tittle, G. & Chiu, Y. (2017). *Program evaluation of simulation training for new DCFS investigators: Initial report*. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.

² *ibid*

simulation training to a wider range of topics, professionals, and locations. A number of respondents felt like more time in simulation training was needed.

In addition to post-training survey analysis, interviews with two DCFS investigators who had completed simulation training allowed the evaluators to explore trainees' experience in greater depth. Both interviewees felt that simulation training effectively re-creates real-life experience and provides greater understanding beyond the classroom training. Both felt that, as a result of simulation training, they had become more attentive to verbal and non-verbal information from the family and more skilled with parental engagement. Both trainees suggested increasing the frequency of simulation training.

Program Evaluation Activities in FY2018

The CPTA and DCFS are exploring opportunities to extend simulation training to different professionals, different child welfare tasks, and different client populations. Some stakeholders are interested in creating simulation laboratories in other parts of the state. One challenge will be maintaining the quality if simulation training expands, especially given the limited number of professionals developing and providing simulation training. Understanding the processes of simulation training better would inform efforts to identify the ingredients needed to disseminate this initiative to new communities. Hence, the program evaluators developed a qualitative study using interviews and focus groups to explore the processes through which CPTA has an impact. Findings from the qualitative study are presented in the next section.

Assessing the outcomes of CPTA is essential for gauging the value of the program. Since CPTA is designed to prepare trainees for their work as investigators, one important question concerns the impact of CPTA on DCFS investigators' experience of their work. We surveyed DCFS investigators and compared investigators who have received simulation training to a comparison group of investigators who have not received simulation training. Results from the investigator survey are also presented below. In the final section, we discuss the implications of the program evaluation results for assessing the impact of CPTA and planning its future development.

Qualitative Study of Simulation Training Processes

In the initial program evaluation in FY2017, trainees described the CPTA as a safe learning environment that provided realistic challenges that promoted learning. Much remains to be explored, however, about the processes by which simulation training promotes learning. Understanding these processes better would not only inform efforts to improve simulation training but also help identify the ingredients needed to replicate simulation training in new locations and for different child protection professionals. The qualitative study in FY2018 used interviews and focus groups to explore in-depth the mechanisms through which CPTA's simulation training is designed to have an impact.

Methods

The program evaluators developed semi-structured interview and focus group protocols to explore the processes underlying the impact of CPTA (see Appendix A for Interview and Focus Group Protocols). The CPTA provided the program evaluators with the contact information of 32 professionals involved in simulation training (1 simulation trainer, 8 classroom trainers, 6 standardized patients, and 17 volunteer professionals). The CPTA staff contacted all the potential participants, alerting them to anticipate contacts from the program evaluation team regarding the study. The evaluators then reached out to the participants via emails, texts, or phone calls. This resulted in 2 focus groups and 8 individual interviews involved, with a total of 16 participants.

All interviews were recorded and transcribed. Both program evaluators reviewed the transcripts and coded them independently. Data source triangulation with the different informants: the simulation trainer, classroom trainers, standardized patients, and professionals in courtroom simulation. Peer debriefing was conducted to compare codes and identify significant themes. Analyses focused on: 1) the skills and effectiveness of the simulation trainer, 2) the role and impact of standardized patients; and 3) the contribution of professionals in the courtroom simulation.

Results

Skills and Effectiveness of the Simulation Trainer

The simulation trainer has the central role in the program. All the interviewees spoke highly of her and commented on her leadership, skills, and devotion. During the simulation, she has to coordinate with standardized patients and volunteer professionals and ensure the quality of the training. One important function she has is to vary the specific elements of the simulations to increase the range of trainees' experiences and thereby increase learning.

You just roll with the situation...We are given the guidelines [by the trainer] to follow. And basically, it just kind of flows from that and that's where I think some of the

students...get so shocked because they don't know what to expect. (Standardized Patient)

[The trainer would ask] what haven't we done yet? Cause we like to throw in different things, so they [trainees] don't all do the same thing. Cause you don't want anybody coming in saying, "I know exactly how this goes; I just saw it." (Standardized Patient)

What happens is...it becomes so important that the actors are not doing the same scene over and over and over. So what will happen is before a trainee will come in, she'll say, "Let's try this approach" so it gives the actors another approach, another interaction so when a person comes in how to begin to interact with the trainee. So it's a critical part. (Classroom Trainer)

In addition, the trainer is able to help prepare and guide the actors in simulations because she knows the nuances of child protection work.

She was phenomenal with feedback and just take that and "ok, I'm going to do that this time." (Standardized Patient)

She's got a lot of experience in child protection; she's very knowledgeable in procedures, so she's very good at how she wants it run. She's very good at... prepping me as an actor on what she wants me to invoke or what to say. (Professional)

She has good comments and helps me get focused on running the courtroom like they want me to do, which is like running it like a real courtroom. (Professional)

The simulation trainer's goals with trainees are to teach them what good practice looks like and to create a safe learning environment through constructive and positive feedback. This helps the trainees develop competency and confidence. The trainer believes that there is a parallel between her engaging with trainees and engaging with families in the field. Emphasizing the importance of the work can also promote trainees' engagement.

If people don't think you're sincere, if people don't think you have their best interest, they're not going to engage with you, just like in the field. (Simulation Trainer)

We really preach the self-care piece... those people get comfortable or they see themselves, and then they could become more cohesive... so that helps build that camaraderie in the class... they're not afraid to make mistakes in front of their peers. They know their peers are cheering them on. (Simulation Trainer)

She basically uses 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)

Interviewees also reported that the simulation trainer's knowledge of procedures is an important component. The trainer helps trainees understand the transition from theory and policy to application.

What she's able to do is... 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 'em...kinda like the phrases that we use in the curriculum is "Procedure to Practice." (Classroom Trainer)

She harped on that and making sure you know you've got access to procedure, read it, know it, you don't have to memorize it, you know how to find it. (Classroom Trainer)

She helps them [trainees] make that learning-experience gap to how to implement what you're taught, what we teach in the classroom. Then how to implement it in practice and that's one of the major points of the Sim Lab, that practicality of experience. (Classroom Trainer)

With 14 years' experience as a child protection investigator and another 10 years as a child protection trainer at DFCS, the simulation trainer can identify problems in the simulations and effectively impact trainees' learning process through coaching and modeling.

I always hate it when we don't have Susan, because I think her extensive background as an investigator and as a trainer, that she really hones in on – If something's going wrong, she'll often pick up what's going wrong. (Standardized Patient)

If they [trainees] get stuck at the spot, she might come out and do some coaching, and assist them trying to get beyond that. Because a lot of time our participants come in and they don't know how to ask a question. Or there would be some information they want to get but they are not sure how to do that. So she will help them along with that. (Classroom Trainer)

When there is something that they need to work on, she handles it very well. She basically kind of guides them and says "well it's okay," basically kind of demonstrates a different way how they can do that. So it leaves participants with a more positive feeling rather than whether they don't feel judged because it's a safe learning environment. (Classroom Trainer)

An important piece of simulation training is debriefing. All the interviewees mentioned that the simulation trainer emphasizes positive and constructive feedback. She usually starts the debrief with a question about the trainee's feelings and gives full attention to the trainee.

She is very supportive; she doesn't belittle the students. She tries to build their confidence and so even in giving feedback, she'll start out by asking, "Well, how do you feel?" (Classroom Trainer)

She gives 100 percent. Like this is your time. This is just ours. It's like you're in this bubble and it's like this is really where we need – "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." And I really appreciate she spends the needed time if someone is struggling or if they're not – they have a lot of questions. 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)

Susan is able to give them the specific feedback of being in their role before. And having to do exactly what they're doing right now, which is feedback that nobody else can provide. (Standardized Patient)

She is direct, she is very open, [and] she is very upfront with folks. Most of our participants respond well to very open, honest, and frank feedback. (Classroom Trainer)

I think that's what she's really gifted in...this is... that she can make the student feel comfortable about the feedback and she can provide them with something that's going to help them at that moment for where they're at. (Standardized Patient)

She has a very keen ability to read people, because in any different class there's many different personalities and things like that. So, that kind of is juxtaposed with her ability to give positive feedback and invoke thought in that person to help them be better. (Professional)

She gives very good critiques of their testimony... I'm very happy when she's the one giving the criticism on behalf of DCFS there because I think she does an excellent job at helping these people. (Professional)

The trainer pays special attention to trainees' emotions during the simulation and debriefing. She helps trainees deal with their anxiety and any distress that may be triggered by a simulation.

She'll come up to me before the court session and she'll say, "You've got three or four that we're going to have some trouble with..." And she'll go "... kind of give them some extra help or whatever because we've been having some issues with them during the week" or whatever. So, she'll point out that there's some troublesome ones in the group that might need a little extra attention. (Professional)

She 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 may affect how they engaged with the actors. So she kind of deals with that first, make sure we're good, we're all on the same page. (Classroom Trainer)

Sometimes the feedback might be the two of them will walk outside because the student had such an emotional trigger happen during the encounter. So she'll actually take them out and talk to them and let them have an opportunity to maybe talk about that personal trigger. (Standardized Patient)

The simulation trainer's devotion and passion about the training influences staff and trainees.

She is an excellent trainer... She is very supportive and she is very passionate about what she does, particularly when it comes to child protection. (Classroom Trainer)

She is very enthusiastic about training... Her enthusiasm and the positive attitude she has about child protection helps immensely. (Classroom Trainer)

She is the best trainer. She doesn't make it boring... she's very upbeat. She keeps everything very positive... She is one of those rare people that keeps the class engaged, keeps them on-topic and gets them talking. And that's really the key to being a successful trainer is getting people to open up and talk. (Classroom Trainer)

She has personal communication skills and an energy level that's very inviting for the person who is listening to it... She's very personable in her communication skills and picks up on the emotion of the person she's talking with so that she knows how much. (Standardized Patient)

She's wonderful to work with, really she is. We're always trying to improve everything we do. We go in there really trying to give 150 percent every time... She says it's in the marrow of her bones. It's just so instilled within her... it's contagious. You just really want to do more and more and better and better. (Standardized Patient)

Thus key components contributing to the simulation trainer's holistic approach in simulation training include: 1) deep understanding of child protection related-policies and procedures; 2) rich experience in child protection work and training; 3) ability in coaching and modeling; 4) positive and constructive feedback; 5) a focus on family and classroom engagement; 6) sincere concern about trainees' learning experience and well-being; and 7) passion and commitment to child protection work. These qualities create a safe and effective learning environment for trainees to develop competence and confidence in their practice of child protection services.

Several recommendations concerning expansion of the simulation training to other locations or disciplines emerged from the interviews and focus groups. Given the simulation trainer's experiences and competence, most interviewees suggested having the simulation trainer train all the trainers. Also, recruiting trainers with a child protection background is important. The simulation trainer particularly emphasized that the new simulation trainers should first experience every simulation to learn how to engage trainees and respond to each trainee's background and emotional reaction. As one interviewee indicated, a good trainer has to love training as the simulation trainer does.

Role and Impact of Standardized Patients

The focus group suggests a number of advantages of the use of standardized patients over other ways that simulation might occur. What we learned suggests that the same effects could not be achieved by trainees doing role plays with each other or by actors from a local community theater troupe. Moreover, the partnership of the simulated patients with the simulation trainer produced unique advantages.

The standardized patients in the focus group emphasized the importance of being in character to make simulations realistic. The focus group thought that simulations could not adequately,

emotionally reproduce child protection situations if the participants in the DCFS and family roles knew each other. As one focus group member put it:

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 plays 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 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 were described by one focus group participant 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 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?”

Such realism could arguably not be maintained except by professionals rigorously committed and trained to disappear into a role. Yet standardized patients also needed to keep their educational role in mind and be careful not to allow their character to become too aggressive with trainees. One standardized patient described this need:

On one case, a girl actually, her feedback was she felt threatened because I make a statement. If I pushed you, what would you do? You'd step back and try to catch yourself. And so, I guess and 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 and aggression that we're giving to the student to learn how to deal with.

As another standardized patient put it:

I don't let it escalate above a certain point because then it's not productive. So we try to keep it productive.

The focus group felt that a large majority of trainees engaged with simulation training and entered into the experience, but also felt that some trainees dismissed it as fake. The focus

group felt that some trainees were less motivated once the qualifying examination began to be administered before simulation training began. Some trainees, knowing that they had passed, would not take simulation training seriously.

Unlike professional actors, standardized patients are also trained to provide feedback on personal communication skills. Each standardized patient takes a feedback workshop of up to two hours, and they have experience providing feedback in their work with doctors. An important part of standardized patients' role at CPTA 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 – 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, negative criticism.

Over the three days, 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. But yet I could see that he was aware of it because he was actually making a point to make eye contact. So I mean 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, Tyrel's character doesn't like that. He's going to feel very disrespected and get a little bit more agitated.

A unique advantage of the standardized patients in CPTA was their partnership with the simulation trainer. The focus group talked about many ways the trainer worked 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 character. The trainer give the standardized patients feedback to help them adjust their acting and feedback to be appropriately challenging but not frightening. One focus group member described the trainer as “phenomenal with feedback.” The trainer also alters the scenarios between trainees for learning purposes and the standardized patients find they are able to respond effectively. Some variation across repetitions of the scenario helps keep the simulation realistic; trainees doing later repetitions of a simulation must deal with elements of the situation that were not present in earlier enactments of the simulation. The trainer also assists the standardized patient in communicating with trainees, and will intervene effectively if a trainee is triggered by

something in their personal history. The trainer will sometimes coach a trainee how to respond to a standardized patient in character. She will also stop the action to intervene to protect or support a trainee if needed. The standardized patient focus group praised her special skills:

She 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. She's very personable in her communication skills and picks up on the emotion of the person she's talking with so that she knows how much.

And I think that every interaction that she has for every simulation she gives 100 percent. Like this is your time. This is just ours. It's like you're in this bubble and it's like this is really where we need – 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. And I really appreciate she spends the needed time if someone is struggling or if they're not – they have a lot of questions. 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.

The simulation trainer seemed to inspire the standardized patients, and they are greatly invested in the program's success:

She's wonderful to work with. Really, she is. We're always trying to improve everything we do. We go in there really trying to give 150 percent every time.

The standardized patients worked hard to make sure their performance was consistent in “demeanor and pain level” amongst themselves, so that people playing different family roles were not interacting with trainees in very different ways that could clash within a simulation. It was a team effort in which the standardized patients conferred ahead of time to coordinate their performances. The focus group felt that standardized patients learned from each other to make their performance more effective.

Professionals in the Courtroom Simulation

One of the important mechanisms sustaining the CPTA simulation training is the use of 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*. The developers of CPTA recruited a number of these professionals; others were recruited in “snowball” fashion by one of the earlier professional in the program, who is a retired state attorney. This professional recruits attorneys participating in simulation training and serves as the coordinator of attorneys. Additional recruitment takes place when state attorneys in the simulations find their own replacements if they cannot make it to the training. Private attorneys also set aside time to participate voluntarily, despite their hectic schedules and the sacrifice of billable hours involved.

In their interviews, the courtroom professionals participating in simulation training reported that their interest in improving the child protection and juvenile court system motivated them to participate in the CPTA. A child protection worker proficient in testifying in court is an asset to judges and attorneys.

For the ones who are in juvenile court, it's really kind of in their interest, because some of the people we've trained have even been in Sangamon County as investigators. And so, they come in more fully trained when they come to Sangamon County to work...they've just been really good about it. I think they're all very civic-minded people, and they want to make the system work better. (Retired Professional)

Because we work so closely with DCFS, this is such an intricate part of our everyday job. We welcomed the opportunity to participate in this program and assist in any manner that we could. This simulation training that they do prepares them for talking to 'em specifically. So if I can be involved in that process and help them 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)

If we had DCFS 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)

The coordinator of the attorneys also developed and delivered a two-hour classroom training on court proceedings during the simulation-training week. The courtroom professionals shared the key components of testifying skills, including collecting the necessary information, communicating information clearly and accurately, and presenting in a professional manner.

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 I'm going to ask about when we get into court. (Retired Professional)

I was interested in whether or not they painted a clear picture of what they saw. Because I would try to elicit information that seemed very important from what I was reading, and yet it was, I think, different from what they had experienced when they were working with the other characters. (Active Professional)

When they are doing this as their job in court, the attorneys are not going to just go straight through their fact pattern...We might know chronologically how things occurred. And they might do that with the ASA that's asking them questions. 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)

And my critiques, I always try to stress that they be competent and confident in their testimony because that impresses the court. I mean, any judge you're going to appear in front of, if they come across with those two "C's" – confident and competent – they're going to impress the judge. (Retired Professional)

Lack of understanding of the roles of judges, state's attorneys, defense attorneys, and *guardian ad litem*s might create tension between legal professionals and child protection workers. Therefore, another important component of courtroom simulation training is to correct potential misconceptions about legal professionals. For example, investigators might believe that judges read investigators' reports ahead of time -- judges are not able to do that and depend on the investigator in court for information. Another misconception is to consider an attorney's cross-examination as a personal affront. The professionals can address trainees' lack of knowledge and misconceptions through instruction and feedback.

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 DCFS'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)

Although going to the court is not an everyday activity to child protection investigators, practicing testifying skills can increase competence and decrease job stress. To expand the simulation training program to other locations, a key task will be to recruit professionals with experiences or knowledge of the legal system.

Investigator Survey

To evaluate the outcome of CPTA, the program evaluation team conducted a survey of current DCFS investigators, both those who had received simulation training and those who had not. We asked investigators to rate the initial training they received, assess how difficult it was to acquire different investigation skills, and report on their job satisfaction and their intention to stay in or leave their jobs as investigators. To estimate the impact of CPTA, we compared sim-trained and non-sim-trained investigators on these variables, while statistically controlling for investigator age and experience and other variables. We also asked sim-trained investigators to rate the simulation training they had and report on the usefulness of simulations to their current work. We were interested in their perspective on CPTA now that they had some experience working as DCFS investigators.

Methods

The online survey asked questions about the following topics:

- How well they believed certification training prepared them for different investigator responsibilities.
- How difficult it was to develop different skills as an investigator.
- How satisfied investigators are with their work.
- Whether investigators are preparing to leave their jobs.
- Which simulations were useful (simulation training group only).
- How effective they believed simulation training was in preparing them for their work (simulation training group only).

As the survey text explained to respondents, the term *certification training* for the sim group included both the Foundation classroom training and simulation training, while certification training for the non-sim group included only the Foundation classroom training.

The evaluation team obtained an investigator email list from DCFS on March 2nd 2018. A DCFS internal announcement about the study was made on the same day. A link to the online survey was emailed to 759 investigators on March 6th 2018. Two reminders were sent out on March 14th and March 22th, respectively. Ten people on the DCFS list informed the evaluators that they had left the investigator position and four emails were undeliverable. The response rate was 35% with 259 respondents in total. It is possible that the true response rate was actually higher, because the list may have included additional professionals who were no longer working as investigators.

A major challenge in conducting this study was the correlation between simulation training and investigator age, experience as an investigator and experience in child welfare generally. Because CPTA has been provided to all new DCFS investigators since it began more than two years ago, almost all recently recruited investigators have received simulation training, whereas almost all investigators who have been on the job three years or more have not received

simulation training. Thus, every comparison of simulation-trained and non-sim-trained investigators is **confounded** by investigator age and by experience, both in child protection and in child welfare in general. Whenever a statistical difference emerges between the sim and non-sim groups, one has to ask whether the difference could instead be explained by differences in experience or age. Therefore, we conducted most analyses assessing the impact of CPTA using the statistical methods of ordinary least squares (OLS) regression and logistic regression. These techniques enable us to examine differences between the sim and non-sim groups while statistically controlling for experience, age, and other variables; in essence, this method involves looking for differences in that part of a result that **cannot** be explained by these other variables. The variables we controlled for were the following:

- Investigator age
- Investigator race-ethnicity (white vs. other)
- Educational degree (bachelor vs. graduate degree)
- Degree in social work (yes vs. no)
- Years working in child welfare field
- Years working as a DCFS investigator

We did not, however, statistically control for experience and age and other variables when we compared the sim and non-sim groups on their appraisal of their certification training, because it did not seem likely that experience and age would confound that comparison. We did not think that the mere fact of being more experienced or older would affect one's appraisal of one's certification training.

Results

We first present results for the entire sample and then for the comparison between sim-trained and non-sim-trained investigators. We finish the section with results for the sim-trained subsample on their appraisal of simulation training.

Results for the Entire Sample

Sample Characteristics

Table B.1 in the Appendix presents characteristics of the sample. A large majority of respondents were females. The median age was 41 to 50. Majorities were white, had a master's degree, and had a degree in social work. Compared to other regions, the Central region was slightly more represented and the Northern region was slightly less. Most respondents had more than 10 years of experience in child welfare. About half had two years or less experience as a DCFS investigator and half had more. More than half the sample had a caseload of 11 to 25 cases in the past 30 days and a third had more than 25 cases in the past 30 days. About half the sample had received simulation training and about half had not.

Appraisal of Certification Training

Nine questions asked respondents how well their certification training prepared them for different skills, using a five point scale (ranging from 1-very poor to 5-very well) (see Table B.2 in Appendix B for more complete results). The survey asked about the following nine skills:

- 1) Engaging families
- 2) Assessing child safety
- 3) Investigating abuse and neglect allegations
- 4) Collecting information from collateral contacts
- 5) Creating evidence-based documentation
- 6) Collaborating with professionals from other disciplines
- 7) Testifying in court
- 8) Integrating compassion and investigative skill in my work
- 9) Overall skill as a DCFS investigator

On most items, small majorities of respondents felt their certification training prepared them well or very well; however, only a minority of respondents felt that their certification training prepared them well or very well for testifying in court.

Difficulty of Developing Investigation Skills

We asked nine questions about the difficulty of developing different investigation skills during their time at DCFS. Respondents rated each skill on a scale from 1=very easy to 4=very difficult, or recorded that they had already developed the skill prior to starting at DCFS (see Table B.3 in Appendix B). The following nine items were included:

- 1) Engaging families
- 2) Assessing child safety
- 3) Investigating abuse and neglect allegations
- 4) Collecting information from collateral contacts
- 5) Creating evidence-based documentation
- 6) Collaborating with professionals from other disciplines
- 7) Testifying in court
- 8) Integrating compassion and investigative skill in my work
- 9) Overall skill as a DCFS investigator

On each item, a majority of respondents reported that they had either developed the skill before starting at DCFS or that they thought that the skills were very easy or easy to develop. The most difficulty was reported for the skills of testifying in court (30.8% reported that this skill was difficult or very difficult to develop), investigating abuse and neglect allegations (26.5% reported that this skill was difficult or very difficult to develop), and creating evidence-based documentation (26.0% reported that this skill was difficult or very difficult to develop). When asked about their overall skill as a DCFS investigator, a majority reported that they had

developed it before starting at DCFS or that it was very easy or easy to develop, but 20.7% reported that developing overall skill was difficult or very difficult.

Job Satisfaction

Eleven questions concerned job satisfaction (see Table B.4 in Appendix B). Over 90% of respondents were satisfied with how meaningful their work was and how important it was, and over three-quarters were satisfied with their ability to help people. Almost two-thirds were satisfied with supervision, most were satisfied with the cultural sensitivity of DCFS, and most were satisfied with the working conditions in their office. However, the majority of respondents were not satisfied with their workload, opportunities for advancement, being valued for the work, and their physical safety.

The job satisfaction questions were each on a 4-point scale (ranging from 1-very dissatisfied to 4-very satisfied.) We calculated a total satisfaction average score across the 11 questions. On average, most respondents were satisfied. We conducted a principal component analysis that showed that the satisfaction items could be divided into two subscales. One subscale measures respondents' satisfaction with their job mission (i.e., how meaningful and significant the work is and their ability to help people). The other subscale measures what we are calling organizational culture and includes all the other items: workload, supervision, opportunities for advancement, being valued for their work, their physical safety, working conditions in the office, data entry/documentation.

Turnover Intention

We used six questions from the Turnover Intention Scale³ to assess respondents' thinking about or planning to leave their job (see Table B.5 in Appendix B).

The questions were as follows:

- 1) I am starting to ask my friends/contacts about other job possibilities.
- 2) I am actively looking for a position at another department of DCFS.
- 3) I am actively looking for a job outside of DCFS.
- 4) I am actively looking for a job outside of DCFS because I'm having a concern of my physical safety.
- 5) As soon as I can find a better job, I will leave DCFS.
- 6) I am seriously thinking about quitting my job.

Half of respondents (50.8%) answered "yes" on the first question and 45.4% answered "yes" on the second question. The proportion who answered "yes" on the remaining questions ranged

³ Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J., F., & Chaffin, M.J. (2009). The Impact of Evidence-Based Practice Implementation and Fidelity Monitoring on Staff Turnover: Evidence for a Protective Effect. *Journal of Consulting and Clinical Psychology, 77*(2): 270–280. Knudsen, H.K., Johnson, J. A, & Roman, P. M. (2003). Retaining counseling staff at substance abuse treatment centers: Effects of management practices. *Journal of Substance Abuse Treatment, 24*(2), 129–135. Walsh, J., P. & Ashford, S. J. (1985). Feedback obstruction: The influence of the information environment on employee turnover intentions. *Human Relations, 38*(1), 23-46.

from 23.1% to 37.1%. (See Table B.5 in the Appendix for complete results.) We also created a summary score by counting all the items that indicated an intention to leave their job. A higher score represents a higher turnover intention (ranging from 0 to 6). On average, respondents checked ‘yes’ on two out of six turnover questions (mean =2.01, sd=2.23).

Scale Scores

We calculated scale scores for job satisfaction, difficulty of developing skills, turnover intention, appraisal of certification training, current evaluation of simulation training, and usefulness of simulation training in their current work. In the Appendix, Table B.6 reports mean scale scores across the sample, and Table B.7 compares regions on scale scores. There were no significant differences by region.

Comparison of Sim and Non-Sim Groups

Below we present results of analyses in which we compared the sim and non-sim groups on a range of outcome variables.

Differences on Appraisal of Certification Training

We used Welch-Satterthwaite t-tests to compare the sim and non-sim groups on the average ratings appraising their certification training. Investigators with simulation training gave significantly higher scores on 8 of the 9 items assessing how well investigators thought their certification training prepared them for their work (see Table B.8 in Appendix B). The sim group was also significantly higher on a summary score across the 9 items. Using Cohen’s rubric for assessing the size of a statistical difference between means⁴, three differences were small to medium (assessing child safety, investigating abuse and neglect allegations, and creating evidence-based documentation). Six differences were medium or close to medium (overall skill as a DCFS investigator, collecting information from collateral contacts, integrating compassion and investigative skill in my work, engaging families, collaborating with professionals of other disciplines, and average score across items). According to the statistician Jacob Cohen, a medium effect size represents a difference “likely to be visible to the naked eye of a careful observer.”⁵ The difference on testifying in court was unusually large—the rating for how well training prepared them for testifying was much higher for the sim group than the non-sim group.

Differences on Difficulty of Acquiring Different Job Skills

For most of these skills, there was no significant difference between sim and non-sim investigators, even when level of experience was statistically controlled (we also eliminated from this analysis those who said they had acquired the skill prior to working at DCFS). But two advantages did emerge for simulation training when we used statistical controls. The sim group averaged almost half a point lower (b=-.44) on creating evidence-based documentation, when

⁴ See Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159.

⁵ *ibid*, p. 156

other variables were statistically controlled. The sim group also averaged more than half a point lower ($b=-.67$) on acquiring the skill of testifying in court, when other variables were statistically controlled. A lower score indicates an easier time acquiring these skills.

No Differences on Job Satisfaction

Because job satisfaction was correlated with variables like age and experience, it was especially important to control for these confounding variables when evaluating differences in job satisfaction. OLS regression analyses showed that sim-trained and non-sim-trained investigators did not differ significantly on overall satisfaction or the satisfaction subscales, after controlling for other variables.

Differences on Turnover Intention

Because turnover intention could be related to age and experience, all the analyses in this section were conducted by controlling for these and other confounding variables using logistic regression analysis. The sim and non-sim groups did not differ significantly on most turnover intention items or the overall turnover intentions score. However, there was a statistically significant difference ($p=.028$) on the item, "I am actively looking for a position at another department of DCFS." The odds that a non-sim respondent checked "yes" on this item were 4.04 times the odds that a sim respondent did so. Also, there was a difference that was nearly statistically significant ($p=.052$) on the item, "As soon as I find a better job, I will leave DCFS." The odds that a non-sim respondent checked "yes" on this item were 3.42 times the odds that a sim respondent did so.

Some caution is needed in interpreting these results. The second result is not quite statistically significant, though it is close. That means that it does not quite meet conventional standards for ruling out chance as an explanation for the results. Also, regression analyses with a large number of variables often do not yield the same results when the analyses are repeated in another sample (in research terms, it can be hard to *replicate* results from a complicated regression analysis). Nevertheless, the best interpretation is that the sim group is less likely than the non-sim group to consider looking for another position at DCFS or to intend to leave DCFS if a better job becomes available, once we control for differences between the groups.

The Sim Group's Current Assessment of Simulation Training

We asked investigators who were sim alumni two additional sets of questions to evaluate their current assessment of their simulation training experience.

Current Evaluation of their Simulation Training

First, we repeated items about simulation training that were originally asked in the post-training survey. We thought their appraisal of simulation training might have changed in light of their experience in the field. We asked the extent to which they agreed or disagreed with the following statements: 1) the scenario environment was realistic. I was able to incorporate

my training into practice, 2) the SIM lab provided a realistic experience of the challenges I face when working in the field, 3) participating in the scenarios helped to increase my confidence in my role, and 4) the debriefing sessions provided valuable feedback. Over 80% of current investigators who had received simulation training rated their simulation experience positively on each of these questions. (see Figure 2.1 and see Table B.9 in Appendix B). Interestingly, this was somewhat lower than the results when the same questions were asked in a survey conducted immediately post-training. A 2017 analysis of post-training survey data showed that 98.6% of respondents gave positive ratings (agree or strongly agree) on the same four questions.⁶ We also calculated a scale score for these items for the current investigator survey, using the 4-point scale ranging from 1-strongly disagree to 4 strongly agree. The average score on the simulation training satisfaction scale was 3.48.

Usefulness of Sim Training in their Current Work

Second, we asked the sim group whether four different simulations were useful for their current work: collateral contacts/supervision simulation, knock on the door simulation, pre-hearing meeting with parents simulation, and court hearing simulation. We also asked how much their individual and group debriefs in simulation training were useful in their current work. All four simulations were rated as useful to very useful by 77.6% or more of respondents. Both individual and group debriefs were rated as useful to very useful by more than three-fourths of respondents (see Figure 2.2 and Table B.10 in Appendix B). On a 5-point scale ranging from 1-useless to 5-very useful, the average score on the usefulness of across items was 4.10.

⁶ Sweet, P. (2017) [Foundation training survey data August 1, 2016 to March 28, 2017] Unpublished survey results. Center for Applied Information Technology. Western Illinois University.

Figure 2.1 Current Evaluation of Simulation Training

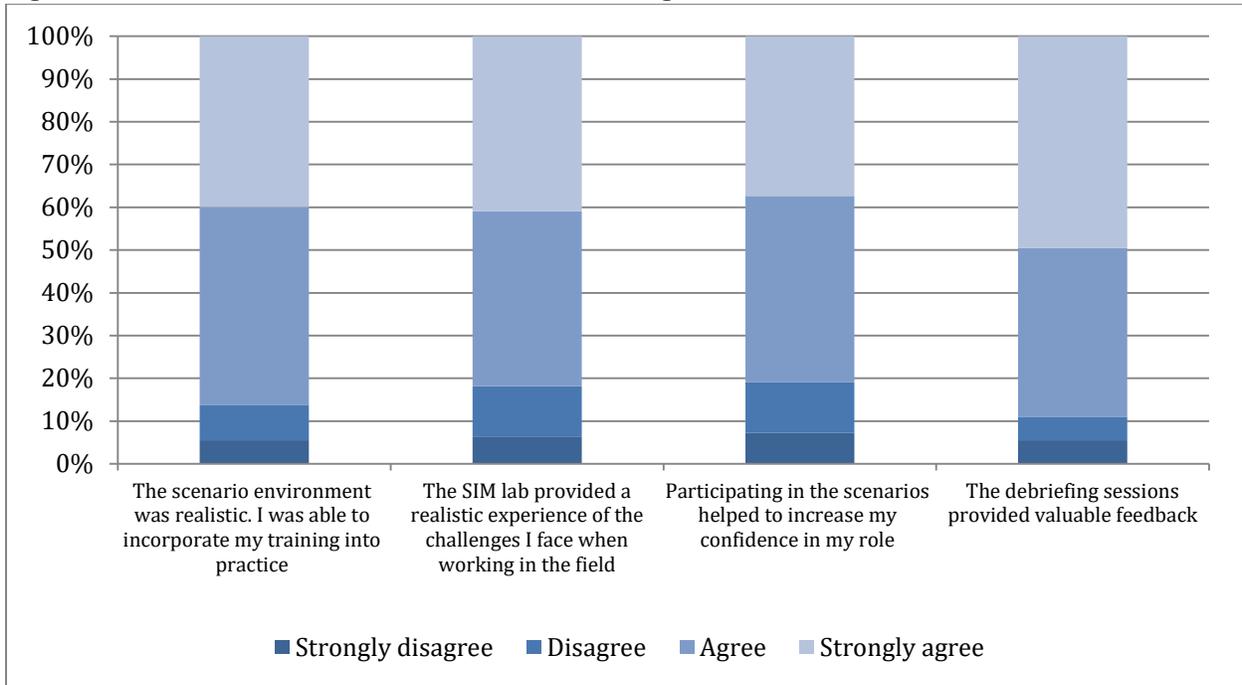
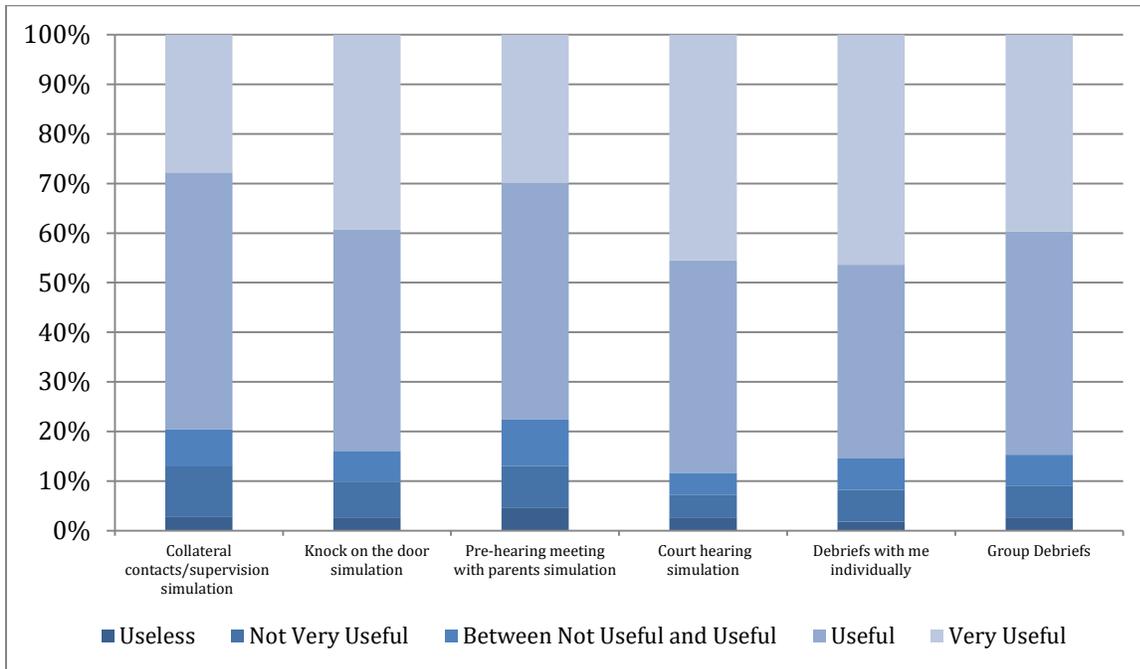


Figure 2.2 Usefulness of Sim Training in Current Work



Discussion

The program evaluation studies in FY2018 enlarge our understanding of how CPTA has an impact and what that impact is. The findings can inform decisions about maintaining simulation training in the Springfield location for DCFS investigators and expanding simulation training to new sets of professionals and new locations.

Qualitative Study

The interviews and focus groups underline how the abilities of the CPTA team drive simulation training. The simulation trainer's blend of skills are central. She was lauded for her passion for the mission of training investigators, her relationship with the trainees, her ability to provide feedback that is both instructive and supportive, her skill in directing simulations to maximize their educational value, her experience as an investigator, and her knowledge of DCFS procedures. The standardized patients' ability to lose themselves in their characters like Method actors while coordinating with the trainer and following up with feedback was striking. The professionals enacting the courtroom simulation brought family court knowledge, realism and gravitas to their roles while providing instruction in a way that lawyers and judges in real court cases could never do.

Notice what links the simulation trainer, the standardized patients, and the professionals together: They are coordinating their actions under the leadership of the trainer. They are all using their experience, with DCFS (the simulation trainer), with human interaction (standardized patients), and with the courtroom (professionals). They are each committed and skilled at providing constructive feedback that promotes trainees' growth. The value of the leader, the standardized patients, and the professionals lies not only what they brought to CPTA from their prior experience, but the abilities and experience they have developed together as a team in the course of delivering simulation training to 474 new DCFS investigators.

The qualitative data help identify the "active ingredients" of the CPTA program. They highlight the differences between CPTA and other methods of providing experiential learning such as role plays or shadowing current workers. As we discuss further below, the "active ingredients" need to be considered in any attempts to expand simulation training to other locations and content areas.

Investigator Survey

Results from the investigator survey provide evidence of the impact of simulation training. First, current DCFS investigators who received simulation training continue to value it, even though it has been one to two years since they received it. The sim group gave higher scores to their training than the non-sim group on preparing them for engaging families, investigating abuse and neglect allegations, collecting information from collateral contacts, creating evidence-based documentation, collaborating with professionals from other disciplines,

testifying in court, and integrating compassion and investigative skill in their work. The sim group also gave higher scores to their training on helping them develop their overall skill as an investigator. They reported that the specific simulations and debriefs they experienced during simulation training were helping them in their current work. They rated simulation training high on its ability to prepare them for their work. These ratings were not quite as high as they were when a sample of trainees were asked these same questions immediately post training, but some decrease should be expected given that the percentages of positive ratings immediately post-training were consistently 98.6%.

Second, once we controlled for confounding variables, the sim group reported greater ease in acquiring the skills of evidence-based documentation and testifying in court. These results speak to two specific advantages of simulation training over classroom training: trainees experience a simulated case that they need to document and they play a role in a simulated courtroom hearing. These results are not surprising, since investigators who only had classroom training did not have concentrated training experiences related to documenting specific cases and testifying in court.

Third, we found differences between sim-trained and non-sim trained investigators on their thoughts about leaving their job. Once we controlled for age and experience, non-sim investigators had four times greater odds of reporting that they were actively looking for a position at another department of DCFS. Non-sim investigators also had more than three times greater odds of reporting that they would leave DCFS as soon as they found another job, once age and experience were controlled. Some caution is needed in interpreting these results, since the use of statistical controls introduces some uncertainty and the second result just missed meeting the conventional threshold of .05 for statistical significance. It is also puzzling why the sim and non-sim groups differed on these turnover intentions items when they did not differ on job satisfaction. Perhaps the job satisfaction scale we used did not adequately measure aspects of job satisfaction on which the sim and non-sim groups differed. Some of the job satisfaction questions might have captured respondents' feelings about their career as a whole more than their feelings about their DCFS position (e.g., how meaningful the work is), while others may have concerned aspects of the job that would not have been affected by simulation training (e.g., my workload). The difference between the sim and non-sim group on the turnover intention items might also reflect the effect of simulation training on investigators' ability to cope with the job independent of their level of satisfaction with it.

These results suggest that CPTA improves how prepared investigators feel for their work, and may influence how they experience their job. These findings suggest that CPTA is having a positive impact and deserves to continue for all new DCFS investigators. If CPTA influences investigators' intentions to seek another job, as the results suggest, it may have the potential to influence turnover of investigators. The program evaluation team is planning an analysis in FY2019 comparing sim-trained investigators and non-sim trained investigators on actual turnover.

Limitations

The limitations of this study need to be considered. Some professionals did not participate in the focus group and interviews, and only a minority of investigators participated in the survey. 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. Another limitation is that this study measured investigators' subjective reports and lacks objective data on their performance. It would be extremely challenging to measure objectively the effect of simulation training on investigators' work performance, and there is little or no research across the field of child welfare that has measured worker performance objectively. For reasons we explain above, we needed to use statistical controls in our analysis, but there is an inherent limitation in doing this. Whenever one uses statistical controls when comparing groups, one is estimating how groups would differ on outcomes if the groups were equal on confounding variables. Yet groups will never be equal on these variables. Thus one needs to be cautious in interpreting these statistics. Despite these limitations, we feel that this study provides evidence that simulation training has lasting value for investigators.

We cannot disentangle the effects of simulation training as a method from the effect of the skills of the CPTA team implementing it. It is impossible to know what the impact of simulation training would be with a different team. The simulation trainer's combination of skills is unusual, and appear to be an important component of the CPTA's impact. Additional research is needed to examine the effects of simulation training with other teams following the same methods.

Expanding Simulation Training

A number of participants in CPTA and stakeholders have expressed the wish to replicate simulation training programs in other regions of Illinois. This could increase DCFS employees' access to simulation training, lessen travel costs, and reduce trainees' travel time and time away from home. 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 have to duplicate the skills of the trainer, the standardized patients, and the courtroom procedures, as well as the working relationships and procedures this team had developed.

The development of simulation training at other sites in Illinois would benefit from extensive training from the CPTA team. Even if other standardized patient programs are involved in other sites, and other professionals volunteer there, they will not have had the specific experience of the CPTA team in working together on simulations tailored to DCFS investigators. The CPTA team can teach new simulation teams specific methods of coordinating their actions to deliver simulation training effectively.

If simulation training is expanded to new child protection tasks and/or new DCFS personnel, new trainers with expertise in other areas (e.g., child placements) may be needed. Trainers

with other content knowledge may not have the skills in creating and directing sims that the current simulation trainer 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 current simulation trainer currently provides by herself.

Final Words

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. This is a time to innovate and improve training. The CPTA shows considerable promise as an innovative training method. The results of this evaluation suggest the value of supporting CPTA's current mission of training new DCFS investigators and exploring options for expanding simulation training to new locations, new workers, and new child protection responsibilities.

Appendix A: Interview and Focus Group Protocols

Simulation Trainer

- Your education and professional backgrounds.
- How is the current Child Protection Foundation Training content different from before? Why the change?
- What is the method or theory behind the current Child Protection Foundation Training?
- How were the trainers of the current Child Protection Foundation Training recruited and trained?
- What are your objectives in training a sim class?
- What methods do you use to help trainees' build their competence?
- 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, how does the simulation training transform trainees' knowledge, skills, confidence, and commitment during the week?
- Do you think a trainee's background affects his/her learning experience or competence building process? How?
- Are there any other factors that affect a trainee's learning process?
- In your observation, what can help CPS investigators remain in their positions and not burnout?
- How do you think simulation training sim will impact job satisfaction, job commitment, accurate understanding of the job, and turnover?
- In your observation, in what ways is the program successful? What are growth areas that need further work?

Trainers of Certificate Training of Child Protection

- Your role in simulation training and your professional or education background.
- 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 trainee's learning process?
- In your observation, how do the actors contribute to trainees' learning process?

- How does the simulation training transform the trainees' knowledge, skills, confidence, and commitment during the week?
- Do you think a trainee's background affects his/her learning experience or competence building process?
- Are there any other factors that affect trainees' learning process?
- In your observation, what can help CPS investigators remain in their positions and not burnout?
- How do you think simulation training will impact job satisfaction, job commitment, accurate understanding of the job, and turnover?
- In your observation, in what ways is the program successful? What are growth areas that need further work?

Actors/Standardized Patients

- How were you trained as a standardized patient?
- How do you apply the standardized patient training to this simulation training program? 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?
- How does the simulation training transform trainees' knowledge, skills, confidence, and commitment during the week?
- Do you think a trainee's background affects his/her learning experience or competence building process?
- Are there any other factors that affect a trainee's learning process?
- In your observation, in what ways is the program successful? What are growth areas that need further work?

Professionals

- Your role in Sim and your background.
- How long have you been involved in simulation training?
- What was the reason for you to participate in the simulation training?
- 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?

- How does the simulation training transform trainees' knowledge, skills, confidence, and commitment during the week?
- Do you think a trainee's background affects his/her learning experience or competence building process?
- Are there any other factors that affect a trainee's learning process?
- What kind of feedback have you heard from the students or your colleagues?
- In your observation, in what ways is the program successful?
- What are growth areas that need further work?

Appendix B. Investigator Survey Tables

Table B.1 Respondent Characteristics N=259

	n	%
Gender (Multiple choices; n=248)		
Female	207	83.5%
Male	35	14.1%
Other-Confidential	1	0.4%
Age (n=238)		
21-30 years old	17	7.1%
31-40 years old	63	26.5%
41-50 years old	88	37.0%
51-60 years old	59	24.8%
61 years and older	11	4.6%
Race (Multiple choices; n=248)		
White	144	58.1%
Black	82	33.1%
Asian	2	0.8%
Hispanic/Latino	13	5.2%
Biracial/Multiracial	5	2.0%
Other-European	1	0.4%
Regional Office (n=244)		
Northern	43	17.6%
Cook	64	26.2%
Central	82	33.6%
Southern	55	22.5%
Your highest education degree (n=233)		
Bachelor's Degree	78	33.5%
Master's Degree	153	65.7%
Doctoral Degree	2	0.9%
Have a degree(s) in Social Work (n=236)		
	131	55.5%
Degrees in areas other than Social Work (multiple choices, n=105)		
Criminal justice	17	16.2%
Law enforcement	5	4.8%
Sociology	19	18.1%
Psychology	47	44.8%
Human Services	12	11.4%
Other	33	31.4%

Tenure/Experience: Years in child welfare (n=240)		
Less than one year	6	2.5%
1 to 2 years	20	8.3%
3 to 5 years	27	11.3%
6 to 10 years	39	16.3%
More than 10 years	148	61.7%
Tenure/Experience as a DCFS investigator (n=238)		
Less than 6 months	20	8.4%
6 to 12months	29	12.2%
1 to 2 years	73	30.7%
3 to 5 years	27	11.3%
More than 5 years	89	37.4%
Caseload: number of active investigations in the past 30 days (n=245)		
none	12	4.9%
1 to 5	5	2.0%
6 to 10	17	6.9%
11 to 25	130	53.1%
More than 25	81	33.1%
Received simulation training from the Child Protection Training Academy (n=237)		
Yes	122	51.5%
No	115	48.5%

Table B.2 Appraisal of Certification Training

	Very Poorly	Poorly	Neither Poor Nor Good	Well	Very Well
	n (%)	n (%)	n (%)	n (%)	n (%)
1)Engaging families (n=228)	14 (6.1%)	20 (8.8%)	66 (28.9%)	89 (39.0%)	39 (17.1%)
2)Assessing child safety (n=227)	9 (4.0%)	24 (10.6%)	39 (17.2%)	108 (47.6%)	47 (20.7%)
3)Investigating abuse and neglect allegations (n=226)	12 (5.3%)	28 (12.4%)	43 (19.0%)	105 (46.5%)	38 (16.8%)
4)Collecting information from collateral contacts (n=224)	10 (4.5%)	28 (12.5%)	48 (21.4%)	101 (45.1%)	37 (16.5%)
5)Creating evidence-based documentation (n=227)	14 (6.2%)	35 (15.4%)	55 (24.2%)	88 (38.8%)	35 (15.4%)
6)Collaborating with professionals from other disciplines (n=227)	10 (4.4%)	33 (14.5%)	63 (27.8%)	84 (37.0%)	37 (16.3%)
7)Testifying in court (n=227)	26 (11.5%)	42 (18.5%)	56 (24.7%)	66 (29.1%)	37 (16.3%)
8)Integrating compassion and investigative skill in my work (n=223)	15 (6.7%)	24 (10.8%)	64 (28.7%)	88 (39.5%)	32 (14.3%)
9)Overall skill as a DCFS investigator (n=223)	15 (6.7%)	29 (13.0%)	51 (22.9%)	96 (43.0%)	32(14.3%)

Table B.3 Difficulty of Developing Investigation Skills

	I developed this skill before I started at DCFS	This skill was very easy to develop	This skill was easy to develop	This skill was difficult to develop	This skill was very difficult to develop
	n (%)	n (%)	n (%)	n (%)	n (%)
1)Engaging families (n=251)	186 (74.1%)	23 (9.2%)	32 (12.7%)	10 (4.0%)	0 (0.0%)
2)Assessing child safety (n=249)	82 (32.9%)	57 (22.9%)	69 (27.7%)	39 (15.7%)	2 (0.8%)
3)Investigating abuse and neglect allegations (n=249)	20 (8.0%)	61 (24.5%)	102 (41.0%)	60 (24.1%)	6 (2.4%)
4)Collecting information from collateral contacts (n=250)	56 (22.4%)	70 (28.0%)	100 (40.0%)	20 (8.0%)	4 (1.6%)
5)Creating evidence- based documentation (n=246)	41 (16.7%)	53 (21.5%)	88 (35.8%)	60 (24.4%)	4 (1.6%)
6)Collaborating with professionals from other disciplines (n=249)	87 (34.9%)	56 (22.5%)	80 (32.1%)	20 (8.0%)	6 (2.4%)
7)Testifying in court (n=244)	81 (33.2%)	33 (13.5%)	55 (22.5%)	58 (23.8%)	17 (7.0%)
8)Integrating compassion and investigative skill in my work (n=246)	107 (43.5%)	48 (19.5%)	73 (29.7%)	17 (6.9%)	1 (0.4%)
9)Overall skill as a DCFS investigator (n=246)	26 (10.6%)	64 (26.0%)	105 (42.7%)	44 (17.9%)	7 (2.8%)

Table B.4 Job Satisfaction

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
	n (%)	n (%)	n (%)	n (%)
1) How meaningful the work is (n=256)	3 (1.2%)	11 (4.3%)	110 (43.0%)	132 (51.6%)
2) Significance or importance of the work (n=252)	3 (1.2%)	5 (2.0%)	76 (30.2%)	168 (66.7%)
3) Ability to help people (n=253)	5 (2.0%)	48 (19.0%)	116 (45.8%)	84 (33.2%)
4) My workload (n=253)	105 (41.5%)	92 (36.4%)	47 (18.6%)	9 (3.6%)
5) Quality of the supervision I receive (n=251)	35 (13.9%)	57 (22.7%)	104 (41.4%)	55 (21.9%)
6) Opportunities for advancement (n=242)	49 (20.2%)	75 (31.0%)	98 (40.5%)	20 (8.3%)
7) Being valued for my work (n=248)	58 (23.4%)	85 (34.3%)	84 (33.9%)	21 (8.5%)
8) Cultural sensitivity in DCFS (n=246)	35 (14.2%)	37 (15.0%)	140 (56.9%)	34 (13.8%)
9) My physical safety (n=250)	92 (36.8%)	94 (37.6%)	63 (25.2%)	1 (0.4%)
10) Working conditions in my office (n=254)	38 (15.0%)	65 (25.6%)	112 (44.1%)	39 (15.4%)
11) Data entry/documentation (n=249)	37 (14.9%)	68 (27.3%)	124 (49.8%)	20 (8.0%)

Table B.5 Turnover Intention

	No	Yes
	n (%)	n (%)
1) I am starting to ask my friends/contacts about other job possibilities. (n=240)	118 (49.2%)	122 (50.8%)
2) I am actively looking for a position at another department of DCFS. (n=240)	131 (54.6%)	109 (45.4%)
3) I am actively looking for a job outside of DCFS. (n=240)	161 (67.1%)	79 (32.9%)
4) I am actively looking for a job outside of DCFS because I'm having a concern of my physical safety. (n=239)	171 (71.5%)	68 (28.5%)
5) As soon as I can find a better job, I will leave DCFS. (n=229)	144 (62.9%)	85 (37.1%)
6) I am seriously thinking about quitting my job. (n=229)	176 (76.9%)	53 (23.1%)

Table B.6 Scale Scores

Scale	n	Mean	<i>sd</i>	Range
Appraisal of Certification Training (Mean)	228	3.48	0.95	1-5
Difficulty of Developing Skills (Mean) ⁷	243	1.92	0.61	1-4
Job Satisfaction (Mean)	256	2.64	0.49	1-4
Turnover Intention (Total)	212	2.01	2.23	0-6
Current Evaluation of Simulation Training (Mean)	110	3.20	0.79	1-4
Usefulness of Sim Training in Current Work (Mean)	112	4.10	0.85	1-5

Table B.7 Scales by Regions

Scale	Northern	Cook	Central	Southern
	Mean (<i>sd</i>)			
Appraisal of Certification Training (Mean)	3.40 (0.98)	3.74 (0.83)	3.43 (0.88)	3.35 (1.12)
Difficulty of Developing Skills (Mean)	1.93 (0.59)	1.92 (0.64)	1.92 (0.59)	1.94 (0.66)
Job Satisfaction (Mean)	2.54 (0.52)	2.63 (0.50)	2.70 (0.44)	2.67 (0.56)
Turnover Intention (Total)	2.39 (2.41)	2.19 (2.13)	1.79 (2.18)	2.11 (2.35)
Current Evaluation of Simulation Training (Mean)	3.37 (0.61)	3.25 (0.71)	3.13 (0.84)	3.10 (0.89)
Usefulness of Sim Training in Current Work (Mean)	4.14 (0.76)	4.19 (0.75)	4.07 (0.79)	3.86 (1.17)

⁷ Respondents rated each skill on a scale from 1=very easy to 4=very difficult, or recorded that they had already developed the skill prior to starting at DCFs, which was coded as a missing value in calculating the mean.

Table B.8 Comparison of Sim and Non-Sim Groups on Appraisal of Certification Training

	No-Sim			Sim			<i>t</i>	Cohen's <i>d</i>
	<i>n</i>	Mean	<i>sd</i>	<i>n</i>	Mean	<i>sd</i>		
1) Engaging families	103	3.26	0.99	117	3.80	1.03	-3.97***	0.53
2) Assessing child safety	102	3.60	1.03	117	3.85	0.99	-1.88	0.25
3) Investigating abuse and neglect allegations	101	3.41	1.09	117	3.78	0.98	-2.63**	0.36
4) Collecting information from collateral contacts	101	3.36	1.05	115	3.82	0.96	-3.34**	0.46
5) Creating evidence-based documentation	102	3.26	1.07	117	3.60	1.11	-2.26*	0.31
6) Collaborating with professionals from other disciplines	102	3.19	1.06	117	3.75	0.98	-4.10***	0.55
7) Testifying in court	102	2.60	1.11	117	3.78	1.05	-8.07***	1.09
8) Integrating compassion and investigative skill in my work	101	3.20	1.03	114	3.71	1.02	-3.66***	0.50
9) Overall skill as a DCFS investigator	98	3.22	1.12	117	3.68	1.01	-3.11**	0.43
Average score across items	103	3.24	0.9	117	3.75	0.9	-4.24***	0.57

* $p < .05$; ** $p < .01$; *** $p < .001$

Note: 1=prepared me very poorly to 5=prepared me very well

Table B.9 Current Evaluation of Simulation Training (Sim Group Only)

	Strongly disagree	Disagree	Agree	Strongly agree
	n (%)	n (%)	n (%)	n (%)
1) The scenario environment was realistic. I was able to incorporate my training into practice. (n=110)	6 (5.5%)	9 (8.2%)	51 (46.4%)	44 (40.0%)
2) The SIM lab provided a realistic experience of the challenges I face when working in the field. (n=110)	7 (6.4%)	13 (11.8%)	45 (40.9%)	45 (40.9%)
3) Participating in the scenarios helped to increase my confidence in my role (n=110)	8 (7.3%)	13 (11.8%)	48 (43.6%)	41 (37.3%)
4) The debriefing sessions provided valuable feedback (n=109)	6 (5.5%)	6 (5.5%)	43 (39.4%)	54 (49.5%)

Table B.10 Usefulness of Sim Training in Current Work (Sim Group Only)

	Useless	Not Very Useful	Between Not Useful and Useful	Useful	Very Useful
	n (%)	n (%)	n (%)	n (%)	n (%)
1) Collateral contacts/supervision simulation (n=108)	3 (2.8%)	11 (10.2%)	8 (7.4%)	56 (51.9%)	30 (27.8%)
2) Knock on the door simulation (n=112)	3 (2.7%)	8 (7.1%)	7 (6.3%)	50 (44.6%)	44 (39.3%)
3) Pre-hearing meeting with parents simulation (n=107)	5 (4.7%)	9 (8.4%)	10 (9.3%)	51 (47.7%)	32 (29.9%)
4) Court hearing simulation (n=112)	3 (2.7%)	5 (4.5%)	5 (4.5%)	48 (42.9%)	51 (45.5%)
5) Debriefs with me individually (n=110)	2 (1.8%)	7 (6.4%)	7 (6.4%)	43 (39.1%)	51 (46.4%)
6) Group Debriefs (n=111)	3 (2.7%)	7 (6.3%)	7 (6.3%)	50 (45.0%)	44 (39.6%)