

Program Evaluation of Adult Protective Services Certification Caseworker Training – Final Report

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Executive Summary

In 2021 the Illinois Department on Aging (IDoA) added simulation training to the Adult Protection Services (APS) Phase I Certification training. Trainees participate in simulations of real-life situations that every APS caseworker encounters. Simulation training is thought to help adult protection caseworkers transfer the learning from the classroom to practice and increase caseworkers' competence and confidence in their work. The training is intended to have a positive impact on both caseworkers' experience and the quality of their work with families.

IDoA is the first adult protective state agency in the nation to employ a statewide simulation training for APS caseworkers. Because the development of simulation training at the IDoA is in an early stage, the program evaluation focused on 1) gathering data to describe the program's objectives, methods, theory, and implementation; 2) examining trainees' perception of the impact of the training; and 3) examining change in trainees' confidence over the course of simulation training. Contracted by IDoA, the Children and Family Research Center's (CFRC) implemented an initial program evaluation to inform program development, provide evidence of the program's immediate impact on trainees, and help prepare for more rigorous program evaluation in the future.

Chapter 1: Introduction

Chapter 1 provides background information of IDoA's adult protection services and its certification training. Research has shown that inadequate training is a common workforce issue for APS caseworkers, and current literature emphasizes the importance of effective training for APS caseworkers. The literature suggests lengthening the training and adding experiential learning to it. The development of APS caseworker (APSCW) simulation training builds on many years of work by the Alliance for Experiential Problem-Based Learning (the Alliance) at the University of Illinois Springfield (UIS). Program evaluation has shown that child protection trainees in the Illinois DCFS report positive experiences with simulation training and growing confidence over the course of a simulation training week. IDoA launched their two-day simulation training in May 2021.

IDoA's simulation training is conducted at a mock house on the UIS campus. A mock family played by actors from Southern Illinois University School of Medicine's Standardized Patient Program is physically present, and trainees participate remotely via Zoom. Day One of simulation training begins with an orientation to simulation and the elderly abuse case scenarios. The first simulation, *Call the Reporter*, helps trainees develop their language and information-gathering skills when calling the nurse who reported the maltreatment. The second simulation on the first day of the training, *Engagement and Scene Investigations*, teaches trainees to negotiate entry to the home by carefully describing their role and the purpose of the visit. Each trainee receives individual debriefing with trainers and standardized clients after their encounter. Debriefing focuses on their demeanor, professionalism, engagement ability, and investigation skills. Day Two focuses on interviewing skills. Trainees interview the alleged victim and alleged abuser separately. Trainees learn to gain more information and respectfully

question inconsistencies or initiate necessary confrontations. In addition, trainees learn to assess family needs and address safety issues to guide the provision of post-investigation services, and practice gaining the alleged abuser's commitment to an intervention plan.

Chapter 2: Daily Experience of Simulation Training of Adult Protection Services (DEST-APS)

To measure the development of trainees' confidence during the simulation training, the CFRC program evaluation team implemented the Daily Experience of Simulation Training of Adult Protection Services (DEST-APS) survey. Chapter 2 analyzes results from the DEST-APS to gauge trainees' training experience. The DEST-APS survey was implemented from March 2022 through August 2023. In order to measure change in confidence, trainees rate their confidence at multiple timepoints: baseline, end of Day 1 training, and end of Day 2 training. The evaluators also emailed participants the survey three and six months after the training to assess their confidence in their work in the field and their retrospective appraisal of the training. The daily response rate for the first three time points during the simulation training ranged from 83% to 96%. However, DEST-APS response rates of 3- and 6-month surveys were relatively low (29% and 21%, respectively; Table 2.1).

Changes in Confidence Level. In the first part of our analysis, we used one-way analysis of variance (ANOVA) to compare average confidence scores over time for all 145 respondents. The average confidence level increased between baseline and Day 2 across all 14 items. Average confidence remained at a similar level at the 3-month and 6-month follow-up. The largest effect sizes for increased confidence were for the following skills:

- an interview with an alleged abuser (from 4.4 to 6.1, $\eta^2 = .27$ or $d = 1.47$);
- answer pointed questions from an alleged victim (from 4.1 to 5.8, $\eta^2 = .26$ or $d = 1.38$);
- answer pointed questions from an alleged abuser (from 4.0 to 5.9, $\eta^2 = .24$ or $d = 1.36$).

A repeated measures ANOVA was also conducted with the 114 respondents who completed the confidence scale at all three timepoints during the training. Consistent with the findings in the previous section, the confidence of respondents on performing the 14 investigative skills showed a significant linear increase over the course of two-day training, and the effect sizes were in the medium to large range (i.e., $\eta^2 = .08$ to $.26$, or $d = .69$ to 1.45).

We examined whether trainees maintained their confidence following the training when they were working as APSCWs. We conducted a one-way analysis of variance (ANOVA) comparing average confidence scores (across items) at the end of the training, at the three-month follow-up, and at the six-month follow-up. The average confidence score across all items were almost identical at these three time points with no significant differences ($F(2,186)=0.136$, NS). These results suggested that trainees maintained their confidence over six months following the training.

Appraisal of Feedback and Debriefing. In the DEST-APS, we asked participants to rate the helpfulness of the training team's feedback and the effectiveness of individual and group debriefings. Survey participants found the training team's feedback very helpful, especially the

individualized feedback from the trainers. Over 99% of DEST-APS survey participants found their feedback either very helpful (80.2%) or helpful (19.0%). Both individual and in-class debriefings were rated highly effective. The average ratings of individual and group debriefing effectiveness was all above 6 on a 7-point Likert scale (from 1 – extremely ineffective to 7 – extremely effective).

Impact of Feedback and Debriefing on Trainees' Confidence Level. Because the quality of feedback and debriefing might affect the amount of confidence trainees gained over the course of the training, we conducted a hierarchical multiple regression analysis to assess the relationship between trainees' ratings of the feedback and debriefing and their change in average confidence across the 14 skills. The result showed that effectiveness of the individual and the effectiveness of the in-class group debriefings were both significantly related to increases in trainees' confidence.

Chapter 3: Chapter 3: Qualitative Findings from the DEST-APS

Three open-ended questions on the DEST-APS survey asked for text answers: 1) What were the most meaningful concepts or skills you learned today; 2) What was the most helpful feedback that you learned from today's debriefing? And why? and 3) Please share if you have any feedback about your simulation training this week. Chapter 3 analyzes these qualitative data. First, we examine what trainees wrote about the most helpful feedback they received from the debriefings. Second, we look at the most meaningful concepts or skills that trainees reported that they learned. Third, we report on the feedback trainees shared about their simulation training.

Most Helpful Feedback Trainees Received from Debriefings. Several themes emerged from the responses to the question that asked trainees for the most helpful feedback they learned from their debriefing, including: 1) being clear about your role and purpose; 2) engagement; 3) effective interview skills; 4) de-escalation; 5) learning about one's strengths and weaknesses. Overall, these qualitative data suggest the value of the training for trainees' learning. The feedback they received helped them to improve their skills, increase their self-awareness, and increase their confidence.

The Most Meaningful Concepts or Skills Trainees Learned. There was a wide range of the concepts or skills gained that the trainees mentioned as most meaningful. These included 1) safety assessment and determination; 2) rapport-building skills; 3) communication and information-gathering skills; 4) managing emotional intensity; 5) critical thinking.

Feedback or Suggestion about Simulation Training. The participants provided overwhelmingly positive feedback, such as "*Amazing training. Genuinely, loved it all!*" Several trainees praised trainers highly, such as "*The instructors were patient and knowledgeable on the topics. The instructors took the time to make training fun and enjoyable learning with difficult topics and situations.*" Two common suggestions for improvement were to offer the training in person and to extend the simulation training to more than two days.

Chapter 4: Conclusion

The conclusion chapter provides a summary of the evaluation results and discusses the implications. This simulation training helps address concerns about insufficient training for the APS workforce. For all the newly hired APSCWs, IDoA provides a total of 8 days of training (6 days of in-class training and 2 days of simulation training) before they enter the field. In addition, all newly hired APSCWs are required to attend a two-day refresher training within 6 months of completing Phase I training. The added days of training are consistent with research that shows the advantage of longer training programs. Many DEST-APS survey participants valued more training, expressing the desire to extend the length of simulation training (see Chapter 3). Moreover, a successful training program requires an effective training team. Research pointed out the importance of trainers having local knowledge. The evaluation data on the effectiveness of trainers' feedback suggest their value. Over 99% of DEST-APS survey participants found their feedback either very helpful (80.2%) or helpful (19.0%). Numerous survey participants also praised the trainers in their responses to the open-ended questions.

The Daily Experience of Simulation Training for Adult Protection Services (DEST-APS) survey provided valuable real-time data on trainees' changes in confidence during simulation training. All but two of the simulation training participants completed the DEST at least once during their training. Both quantitative and qualitative data sources indicated the positive impact of the simulation training on trainees' confidence during the training and after the training. Research also showed that debriefing is considered an essential component of simulation training that is designed to help trainees transfer learning from simulation encounters. The training team provided positive feedback first and then constructive criticisms, which helped trainees to analyze their performance and process their emotion. Our analysis showed that trainees found both individual and in-class group debriefings highly effective, which helped them identify the areas in which they need to grow; reflect on their skills; and connect with class materials and their practical application.

One limitation of the DEST-APS is that it measures trainees' subjective sense of their abilities and is not an objective measure of their skills. So, we cannot know for certain from the DEST-APS whether trainees' skills are actually increasing over the two days of simulation training. Nevertheless, it is sensible to judge that trainees have a reasonably accurate appraisal of their own skills. Another limitation is that changes in trainees' confidence is an imperfect measure of the impact of simulation training. Our thinking was that the most plausible explanation for changes in confidence during the training is the effect of what the trainers provided. But an alternative explanation is possible. The high ratings on both feedback and debriefing suggest that trainees do credit the training team with helping them, and a regression analysis suggests that more value placed on debriefings predicts greater increase in confidence. These results suggest that IDOA's simulation training is likely to improve trainees' confidence. In conclusion, the program evaluation suggests that the simulation training makes a valued and effective contribution to IDOA's Certification training of APS caseworkers.

Chapter 1: Introduction

In 2021 the Illinois Department on Aging (IDoA) added simulation training to the Adult Protection Services (APS) Phase I Certification training. Trainees participate in simulations of real-life situations that every APS caseworker encounters. Simulation training is thought to help adult protection caseworkers transfer the learning from the classroom to practice and increase caseworkers' competence and confidence in their work.¹ The training is intended to have a positive impact on both caseworkers' experience and the quality of their work with families.

Studies in the child protection field have shown that simulation training is responsive to the complexities of the work and enables trainees to reflect on practice in a structured and safe environment.² IDoA is the first adult protective state agency in the nation to employ a statewide simulation training for APS caseworkers.³ IDoA aimed to utilize program evaluation to understand better the impact of their simulation training program. Because the development of simulation training at the IDoA is in an early stage, the program evaluation focused on 1) gathering data to describe the program's objectives, methods, theory, and implementation, 2) examining trainees' perception of the impact of the training, and 3) examining change in trainees' confidence over the course of simulation training. The evaluation goals were to inform program development, provide evidence of the program's immediate impact on trainees, and help prepare for more rigorous program evaluation in the future.

Background

The mission of Adult Protection Services (APS) of the Illinois Department on Aging (IDoA) is to investigate situations involving possible abuse and neglect of older adults and adults with disabilities age 18-59. Abuse and neglect take various forms, including abandonment, confinement, emotional abuse, financial exploitation, passive neglect, physical abuse, sexual abuse, willful deprivation, and self-neglect.⁴ The National Adult Maltreatment Reporting System reported more than 1.3 million reports nationally in FY2020. The most common allegation type was self-neglect (49.2%), followed by neglect (24.6%), exploitation (24.6%), physical abuse (13.1%), and sexual abuse (1.5%).⁵ In Illinois, 20,567 reports were received in FY2021 and the most common types were financial exploitation (30%), followed by physical

¹ See, for example, Bogo, M., Shlonsky, A., Lee, B., & Serbinski, S. (2014). Acting like it matters: a scoping review of simulation in child welfare training. *Journal of Public Child Welfare*, 8(1), 70–93.

² Reeves, J., Drew, I., Shemmings, D., & Ferguson, H. (2015). 'Rosie 2' A Child Protection Simulation: Perspectives on Neglect and the 'Unconscious At Work'. *Child Abuse Review*, 24, 346-364. doi:10.1002/car.2362

³ The County of Orange in California was the first jurisdiction that developed a simulation training for adult protective service social workers. Garza, J., Lindberg, S., Danczak, J., & Hodges (2019). County of Orange Adult Protective Services Simulation: Training Beyond the Classroom. 2019 County Welfare Directors Association of California (CWDA) Annual Conference, Sacramento, CA, United States. <https://www.cwda.org/cwda-conferencesymposium-presentation/county-orange-adult-protective-services-simulation-training>.

⁴ Illinois Department on Aging (2023). *Adult Protective Services. Preventing Abuse, Neglect, or Financial Exploitation of Persons Who Live in the Community*. <https://ilaging.illinois.gov/protectionadvocacy/abuse.html>

⁵ McGee, L. & Urban, K. (2021). *Adult Maltreatment Data Report 2020*. Submitted to the Administration for Community Living, U.S. Department of Health and Human Services.

abuse (20%), emotional abuse (20%), and neglect (18%).⁶ Maltreatment threatens individuals' safety, mental health, physical health, and financial stability, and can lead to fatalities. Studies have shown that maltreated adults have higher morbidity, and mortality and more frequent hospital visits, which also take a toll on their family, communities, and the society.⁷

APS programs are responsible for screening and investigating reports of adult maltreatment and providing post-investigation services that maximize client safety and independence.⁸ APS caseworkers must have both the information-gathering skills of an investigator and the people skills of a human services worker. IDoA contracts with social service agencies to conduct the assessment of adult maltreatment reports and provide follow-up casework, IDoA also provides certification training to these agencies. APS caseworkers need to complete two phases of APSCW certification training before they are assigned to the field.⁹

Research has shown that inadequate training is a common workforce issue for APS caseworkers,¹⁰ and current literature emphasizes the importance of effective training for APS caseworkers. A 2012 survey by the National Adult Protective Services Association (NAPSA)¹¹ showed that amount of time in APS-specific training for new workers ranged from zero to 4 weeks or more across states. A recent survey of states showed the extreme in the United States: three out of 49 states that responded did not provide any of core competency training with their newly hired APS workers.¹² Jogerst and colleagues' survey of APA investigators in 44 states found that longer training for investigators was associated with higher rates of substantiating allegations of elder maltreatment.¹³ Halarewicz et al. studied an eight-hour training specifically focusing on APS workers' engagement skills in a multidisciplinary setting

⁶ Illinois Department on Aging (2023), *ibid*.

⁷ Administration for Community Living (2020). *National voluntary consensus guidelines for state adult protective services systems updated*. <https://acl.gov/sites/default/files/programs/2020-05/ACL-Guidelines-2020.pdf>

⁸ McGee, L. & Urban, K. (2021). Adult Maltreatment Data Report 2020. Submitted to the Administration for Community Living, U.S. Department of Health and Human Services.

⁹ Illinois Department on Aging. (January, 2020). *Adult Protection Service Programs Standards and Procedures Manual: Chapter 3 Organization Standards and Responsibilities*. Springfield, IL: Author.

¹⁰ Connell-Carrick, K., & Scannapieco, M. (2008). Adult protective services: state of the workforce and worker development. *Gerontology and Geriatrics Education*, 29(2), 189–206; Ghesquiere, A., McAfee, C., Rogers, G., & Plichta, S. B. (2018). Professional quality of life of adult protective service workers. *Journal of Elder Abuse and Neglect*, 30(1), 1–19; Liu, P. J., Neumann, A., Radcliffe, K., & Chodos, A. (2021). Adult Protective Services Training: Insights from California Caseworkers. *Journal of gerontological social work*, 64(3), 274–290.

<https://doi.org/10.1080/01634372.2020.1870605>; Jackson, S. L. (2017). Adult protective services and victim services: A review of the literature to increase understanding between these two fields. *Aggression and Violent Behavior*, 34, 214–227. <https://doi-org.proxy2.library.illinois.edu/10.1016/j.avb.2017.01.010>.

¹¹ National Adult Protective Services Association and the National Association of State Units on Aging. (2012). Adult protective services in 2012: Increasingly vulnerable. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/BaselineSurveyFinal.pdf>.

¹² Liu, P.-J. & Ross, L. (2021). Adult Protective Services Training: A Brief Report on the State of the Nation. *Journal of Elder Abuse & Neglect*, 33:1, 82-95, DOI:10.1080/08946566.2020.1845271.

¹³ Jogerst, G. J., Daly, J. M., Schmuck, G. A., Dawson, J. D., Brinig, M. F., & Peek-Asa, C. (2004). APS investigative systems associated with county reported domestic elder abuse. *Journal of Elder Abuse and Neglect*, 16(3), 1-17–17. https://doi-org.proxy2.library.illinois.edu/10.1300/J084v16n03_01

and concluded there is a need for more training on this topic and development of workers' self-awareness and skills in working with APS perpetrators.¹⁴ Connell-Carrick and Scannapieco's study showed that a 3-month-long training that involved both classroom and field experience increased trainees' confidence in their APS skills.¹⁵ In Liu et al.'s qualitative study with 63 APS caseworkers, study participants suggested increasing access to both online and in-person training, adding experiential learning, expanding safety training, developing experienced trainers with local knowledge, and engaging supervisors in training.¹⁶ In 2017, the County of Orange in California launched the first simulation training for adult protective social service workers.¹⁷ This was a half day training with three simulation activities, including "getting in the door," "investigating physical abuse," and "interviewing an alleged abuser." The learning objectives were to help APS workers to develop critical thinking, interpersonal skills, client engagement skills, and observational skills.¹⁸

Simulation Training

Studies of transfer of learning across different domains of employment have shown that only 10 to 15% of training content is transferred to the workplace,¹⁹ but training can be delivered and supported in ways that enhance transfer of learning. One important factor is trainees having opportunities to practice the skills they are learning.²⁰ Experiential learning incorporates skill-based practice into training. Kolb identified four stages of a learning cycle for experiential learning: 1) seeking to understand what learners are experiencing; 2) reviewing and reflecting on the experience, 3) developing a new idea or modifying an existing concept from the new

¹⁴ Halarewicz, A. K., Gelman, C., Ghesquiere, A., & Rogers, G. (2019). "Opening the door": developing and pilot testing an adult protective services worker engagement training in New York city. *Journal of Elder Abuse and Neglect*, 31(3), 191–208.

¹⁵ Connell-Carrick, K., & Scannapieco, M. (2008). Adult protective services: State of the workforce and worker development. *Gerontology & Geriatrics Education*, 29(2), 189–206. <https://doi.org/10.1080/02701960802223290>

¹⁶ Liu, P.-J., Neumann, A., Radcliffe, K., & Chodos, A. (2021). Adult Protective Services Training: Insights from California Caseworkers. *Journal of Gerontological Social Work*, 64(3), 274–290.

¹⁷ Axelrod J. (February 2019). *Orange County, Calif.: Adult protective services simulation training*. 2018 Crown Communities Award presented by American City & County Magazine. Retrieved from <https://www.cwda.org/cwda-conferencesymposium-presentation/county-orange-adult-protective-services-simulation-training>

¹⁸ Garza, J., Lindberg, S., Danczak, J., & Hodges (2019). County of Orange Adult Protective Services Simulation: Training Beyond the Classroom. 2019 County Welfare Directors Association of California (CWDA) Annual Conference, Sacramento, CA, United States. <https://www.cwda.org/cwda-conferencesymposium-presentation/county-orange-adult-protective-services-simulation-training>.

¹⁹ Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology*, 41, 63-103; Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review*, 27, 931-948.

²⁰ Franke, T., Bagdasaryan, S., & Furman, W. (2008, April). Research Brief 1. *Transfer of learning (TOL) in child welfare: Literature Review*. UCLA Department of Social Welfare: Inter-University Consortium.

experience, and 4) applying the new or modified idea to test whether it applies to their work.²¹ This process occurs in cycles over the course of experiential learning. Experiential learning benefits from the use of realistic environments in which trainees can simulate the use of skills related to their work.²² To provide experiential learning to help APS caseworkers transfer knowledge from the classroom to practice, trainees simulate what a typical APS caseworker encounters with clients during the two-day simulation training. IDoA's goal is to enhance caseworkers' capabilities and confidence, and ultimately, to improve their work with clients.

The development of APS caseworker (APSCW) simulation training builds on many years of work by the Alliance for Experiential Problem-Based Learning (the Alliance) at the University of Illinois Springfield (UIS). The Alliance developed and implemented simulations to train child protection investigators for the Illinois Department of Children and Family Services (DCFS) between 2016 through 2022.²³ Hundreds of child protection investigators have received simulation training since 2016. Program evaluation has shown that child protection trainees in the Illinois DCFS report positive experiences with simulation training and growing confidence over the course of a simulation training week.²⁴ Simulation training helps develop *meta-competence*, which refers to the ability to apply in the real world the skills one is learning in the classroom. Meta-competence includes such abilities as the capacity to manage affective intensity in the moment with client, apply their knowledge of the state policy and procedures to assess child safety and the family, and building self-awareness and understanding of assumptions and bias that may influence decision-making.²⁵ Cross and colleagues conducted a follow-up survey of Illinois child protection workers who had completed simulation training and were now working for DCFS in the field.²⁶ Most respondents to this survey reported that their experience in simulations helped them in their work as child protection workers.

²¹ Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning*. Englewood Cliffs, NJ: Prentice Hall; Kolb, D.A. (2015). *Experiential learning: Experience as the source of learning and development*. 2nd Edition. Upper Saddle River, NJ: Pearson Education.

²² Gaba, D. M. (2004). The future vision of simulation in health care. *Quality and Safety in Healthcare*, 13, i2-i10.

²³ Chiu, Y. L. & Cross, T. P. (2020). How a training team delivers simulation training of child protection investigators. *Children and Youth Services Review*, 118(1), 9p. DOI:10.1016/j.childyouth.2020.105390; Goulet B. P., Cross T. P., Chiu, Y.L. & Evans, S. (2020). Moving from procedure to practice: a statewide child protection simulation training model. *Journal of Public Child Welfare*, 15(5), 597-616. DOI: 10.1080/15548732.2020.1777247.

²⁴ Chiu, Y.L., Cross T. P., Wheeler, A., Evans, S. & Goulet B. P. (2023). Development and Application of a Self-Report Measure for Measuring Change During Simulation Training in Child Protection. *Journal of Public Child Welfare*, 17 (2), 239-257. DOI: 10.1080/15548732.2021.2016546.

²⁵ Havig, K. Chiu, Y., & Tran, S. (2023). *Defining metacompetence for child welfare investigators using qualitative data from simulation training*. Children and Family Research Center. Research brief. https://cfrc.illinois.edu/pubs/bf_20230614_DefiningMetacompetenceForChildWelfareInvestigatorsUsingQualitativeDataFromSimulationTraining.pdf

²⁶ Cross, T. P., Chiu, Y. L., Havig, K., Lee, L., & Tran, S. P. (2021). Evaluation of a simulation training program for new child protection investigators: A survey of Investigators in the Field. *Children and Youth Service Review*, 131, 9p. DOI:10.1016/j.childyouth.2021.106295.

IDoA's Simulation Training

IDoA's Phase I Certification training is a mandatory four-day training for all the newly hired APS caseworkers (APSCW). In 2021, IDoA added a two-day simulation training to the Phase I Certification training. Every APSCW must complete the six days of training and pass a certification test before they qualify for working in the field. Within 6 months of completing Phase I training, new APSCWs are required to attend a two-day Phase II Certification training. All the trainings are conducted via videoconferencing.

The Alliance at UIS that created simulation training for DCFS helped IDoA develop the simulation training for adult protection investigators. UIS also trained IDoA's simulation trainers, and they have provided simulation training to all newly hired APSCWs since May 2021.²⁷ These trainers have many years of experience as caseworkers and trainers, including experience both with older adults and with younger adults with disabilities.

IDoA's simulation training is conducted at a mock house on the UIS campus.^{28, 29} A mock family played by actors from Southern Illinois University School of Medicine's Standardized Patient Program is physically present, and trainees participate remotely via Zoom. One of the trainers holds a tablet with a camera and serves as a proxy for the trainee. The proxy approaches the family just as the trainee would in person, and the camera serves as the trainee's "eye," enabling the trainee to observe the home and family.

Day One of simulation training begins with an orientation to simulation and the elderly abuse case scenarios. The first simulation, *Call the Reporter*, helps trainees develop their language and information-gathering skills when calling the nurse who reported the maltreatment. Trainees interview the nurse as a group for more information and practice answering the nurse's concerns about the client.

The second simulation on the first day of the training, *Engagement and Scene Investigations*, teaches trainees to negotiate entry to the home by carefully describing their role and the purpose of the visit. The learning objectives of this simulation include: 1) gaining entry to the home by articulating their role and the purpose of the visit; 2) once inside, engaging the family member(s) present in the home; and 3) gathering more information regarding alleged victim's safety and well-being. The ability to engage families is central to APS caseworkers' mission and underlies every action they take with the family. Guided by the trainers, the actors vary the scenarios throughout the day to broaden each trainee's experience. Each trainee encounters a different scenario to gain entry to the home and receives various degree of resistance or collaboration from "the family" based on the trainee's engagement skills. Each trainee receives individual debriefing with trainers and standardized clients after their encounter regarding their

²⁷ The current trainers are Claudia Kemple and Kimberly Tiley.

²⁸ Cross, T. P., Tittle, G., & Chiu, Y. (2018). *Program Evaluation of Child Protection Training Academy for New DCFS Investigators: Initial Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

²⁹ The PI attended and observed a training in 2022.

demeanor, professionalism, engagement ability, and investigation skills. The trainers strategically start the individual debriefing with positive feedback, followed by constructive criticisms. Day 1 ends with a group debrief in which the trainees discuss their overall experience of the day, consider the new facts or evidence they have learned throughout the day, and plan what they need to do the next day.

Day Two focuses on interviewing skills. Trainees interview the alleged victim and alleged abuser separately. Before each simulated interview trainers discuss areas of concerns regarding elder abuse, including medical information, environment, finance, mental capacity and mental health, personal information, and intervention goals with trainees. Trainees learn to gain more information and respectfully question inconsistencies or initiate necessary confrontations. Important tasks in the interview of an alleged victim include performing a short mental health assessment and asking about medications, doctor appointments, social security status and bank account information (to assess possible financial exploitation). In addition, trainees learn to assess family needs and address safety issues to guide the provision of post investigation services, and practice gaining the alleged abuser's commitment to an intervention plan. Day Two again ends with a group debrief in which the trainees discuss the potential findings of the case, consider the skills they practice, and process their overall experience of the simulation training.

Starting in March 2022, the authors began to evaluate the IDoA simulation training. From March 2022 to August 2023, IDoA provided simulation training to 22 cohorts. Data from all these cohorts were analyzed for this report.

Table 1.1

IDOA APSCW Simulation Training Schedule During the Time Period Studied

Day	Simulation	Training Objectives
Day 1	Call the Reporter	<ol style="list-style-type: none"> 1. to develop or reinforce effective language when calling a reporter; 2. to gather information needed to move the investigation forward.
	Engagement and Scene Investigations	<ol style="list-style-type: none"> 1. to gain entry to the home by articulating their role and the purpose of the visit; 2. to engage the family member(s) present in the home; 3. to gather more information regarding the alleged victim's safety and well-being at home.
Day 2	Interview the alleged victim	<ol style="list-style-type: none"> 1. to gain more information about areas of concerns; 2. to perform a short mental health assessment; 3. to assess possible financial exploitation; 4. to keep interview focused on its stated purpose;

Interview the alleged
abuser

5. to question inconsistencies or confront in a respectful manner;
 1. to gain more information about the areas of concerns;
 2. to keep interview focused on its stated purpose;
 3. to question inconsistencies or confront in a respectful manner;
 4. to assess family needs;
 5. to address the safety issues concerning the victim;
 6. to gain the alleged abuser's collaboration with the intervention plan.
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Chapter 2: Daily Experience of Simulation Training of Adult Protection Services (DEST-APS)

If it is effective, simulation training should enhance Adult Protection Service Caseworkers' (APSCW) preparedness for and confidence in their work. This should then increase the quality of their work with families. To measure the development of trainees' confidence during the simulation training, the program evaluation team implemented the Daily Experience of Simulation Training of Adult Protection Services (DEST-APS) survey. The Children and Family Research Center (CFRC) collaborated with IDoA to adapt this survey from the original DEST survey, which was developed by CFRC to evaluate trainees' daily experiences of simulation training in Illinois Department of Children and Family Service's (DCFS) child protection training.³⁰ The original DEST measures daily changes in trainees' self-reported confidence, solicits feedback on the training team, and offers trainees the opportunity to reflect on their experience over the five days of DCFS training. The Cronbach's alpha reliability coefficients for the DEST confidence scale for child protection investigators were all larger than 0.95, indicating excellent internal consistency of the multi-item scale. Moreover, a principal component analysis showed that the 13 child protection skills in the confidence scale are strongly interrelated. The original DEST survey has provided a continuous source of evidence for the value of simulation training of child protection to trainees and offers the first data on trainees' learning.³¹ This chapter analyzes results from the DEST-APS to gauge trainees' training experience.

Methods

The DEST-APS survey was implemented from March 2022 through August 2023. This survey was designed to record trainees' learning experience, including their confidence level in adult protection work and appraisal of training. The DEST-APS asks trainees to rate their confidence in fourteen different skills from 1 (low) to 7 (high). In order to measure change in confidence, trainees rate their confidence at multiple timepoints: baseline, end of Day 1 training, and end of Day 2 training. For the Day 1 and Day 2 DEST-APS administrations, the survey also asked trainees to appraise the quality of feedback of the training team (a 4-point Likert scale from very helpful to very unhelpful) and of the debriefing (a 7-point Likert scale from extremely ineffective to extremely effective). In addition, trainees had the opportunity to write text responses to the following open-ended questions: 1) What were the most meaningful concepts or skills you learned today; 2) What was the most helpful feedback that you learned from today's debriefing? And why; and 3) Please share if you have any feedback about your simulation training this week.

The evaluators also emailed participants the survey three and six months after the training to assess their confidence in their work and their retrospective appraisal of the training. The 3-month and 6-month surveys repeated the confidence questions that they were asked during

³⁰ See, Chiu, Y.L., Cross T. P., Wheeler, A., Evans, S. & Goulet B. P. (2023). Development and application of a self-report measure for measuring change during simulation training in child protection. *Journal of Public Child Welfare*, 17 (2), 239-257. DOI: 10.1080/15548732.2021.2016546.

³¹ Ibid.

the training, enabling the evaluators to compare participants' confidence at the end of the training with their confidence after three and six months on the job. The follow-up surveys also asked respondents to appraise retrospectively their simulation training experience. Several items asked respondents to rate different aspects of the simulation training on a Likert-scale, open-ended question asking respondents to share any feedback or suggestions about the simulation training (see the Appendix). The DEST-APS was approved by the Institutional Review Board (IRB) of the University of Illinois at Urbana-Champaign.

Every day trainees were given a little time to complete the DEST-APS, although the DEST-APS was voluntary, and trainees were free to decline to participate or terminate participation at any time. Trainers did not know which trainees participated and which did not. The data were collected through a secured website that automatically saved the data on a secured server managed by the CFRC.

Response Rates

The response rate for the DEST-APS at each time point was calculated by dividing the number of trainees who completed the DEST-APS (numerator) by the total number of trainees in simulation training (denominator). Between March 16, 2022, and August 24, 2023, a total of 147 trainees participated in simulation training, and 145 (98.6%) completed the DEST at one time point or more during the simulation training. The DEST-APS data included 452 responses over five time points. The daily response rate for the first three time points during the simulation training ranged from 83% to 96% (Table 2.1). Compared to the average response rate for general online surveys (34.2%),³² the DEST daily response rate is very high.

Because we ended data collection on August 27, 2023, the trainees who completed the training in June 2023 or after did not receive the 3-month follow-up survey invitation. Those who completed the training in March 2023 or later did not receive the 6-month follow-up survey invitation. Compared to average online survey response rates,³³ DEST-APS response rates of 3- and 6-month surveys were relatively low (29% and 21%, respectively; Table 2.1). Out of 147 respondents, 114 (77.6%) completed the DEST-APS at all three time points during the two-day training, 26 (17.7%) completed all three points plus the 3-months surveys, and 12 (8.2%) completed all five points. Since a large percentage of trainees completed the DEST-APS during the training, it is reasonable to conclude that results from the DEST-APS are representative of trainees; whereas the lower response rates for the follow-up surveys suggest that we need to be tentative about including these numbers as the samples are not representative of all trainees.

³² Poynton, T. A., DeFouw, E. R., & Morizio, L. J. (2019). A systematic review of online response rates in four counseling journals. *Journal of Counseling & Development*, 97(1), 33–42. <https://doi.org/10.1002/jcad.12233>

³³ Poynton, et al. (2019), *ibid*.

Table 2.1*DEST Response Rate for Each Time Point*

Time Point	Training Cohorts	Number of Trainees	Number of Responses	Response Rate
Baseline	March 16, 2022 - August 24, 2023	147	141	96%
Day 1	March 16, 2022- August 24, 2023	147	122	83%
Day 2	March 16, 2022- August 24, 2023	147	139	95%
3-month	March 16, 2022- May 17, 2023	99	29	29%
6-month	March 16, 2022- January 18, 2023	98	21	21%

Confidence Scale Reliability Testing of DEST-APS

The Cronbach's alpha reliability coefficients for the overall confidence score of DEST-APS in the current sample were between 0.94 and 0.97 across the five time points, which indicates excellent internal consistency among the 14 items in the scale.

A principal component analysis of the confidence items with varimax rotation yielded one factor at each of the five time points. The eigenvalues for the first factor ranged from 8.83 (a total of 61.7% of the variance) to 10.75 (a total of 76.8% of the variance). Both the Cronbach's alpha reliability coefficients and principal component analysis indicate that the DEST-APS confidence scale reflects one confidence dimension for required skills for the adult protection workers and that the confidence scores for the 14 skills are strongly interrelated.

Analysis

The first part of our analysis, we examined changes in trainee confidence during the training. We used one-way analysis of variance (ANOVA) to compare average confidence scores over time for all 145 respondents, whether or not they had responded at all three time points over the course of training. Repeated measures ANOVA was used to measure change among the respondents who completed the DEST-APS at each time point during the two-day training. Repeated measures ANOVA is a powerful method for examining change over time because error variance due to trainee differences is eliminated in the calculation of the F statistic, but it can only be used with trainees who completed the DEST-APS at each time point. Because we anticipated a linear trend over time toward greater confidence day by day, the specific ANOVA method of trend analysis was used to assess whether the pattern of means across time followed a linear trend.

We conducted additional analyses by cohort to assess whether changes in confidence were consistent across cohorts. We also calculated standard descriptive statistics to examine trainees' appraisal of the feedback and debriefing they received in the training.

Moreover, we examined whether average confidence levels were maintained from the end of the training to a three-month and a six-month follow-up. We conducted a one-way analysis of variance (ANOVA) using scores from the end of the training, the three-month follow-up, and the six-month follow-up. Since a limited number of trainees completed the three-month and six-month follow-up, the sample size for a repeated measures analysis of variance including these data would have been small, so we did not conduct one.

Because the quality of feedback and debriefing might affect the amount of confidence the trainees gained over the training, we conducted a multiple regression analysis to assess the relationship between trainees' ratings of the feedback and debriefing and their change in average confidence across the 14 skills. Instead of using change scores, which can yield misleading results, we regressed the average Day 2 confidence score (Y variable) on both the feedback and debriefing scores while controlling for average baseline score, which were used as covariates. This produces the most valid assessment of a variable's relationship to change.³⁴ The regression model included all the feedback variables and debriefing variables.

Results

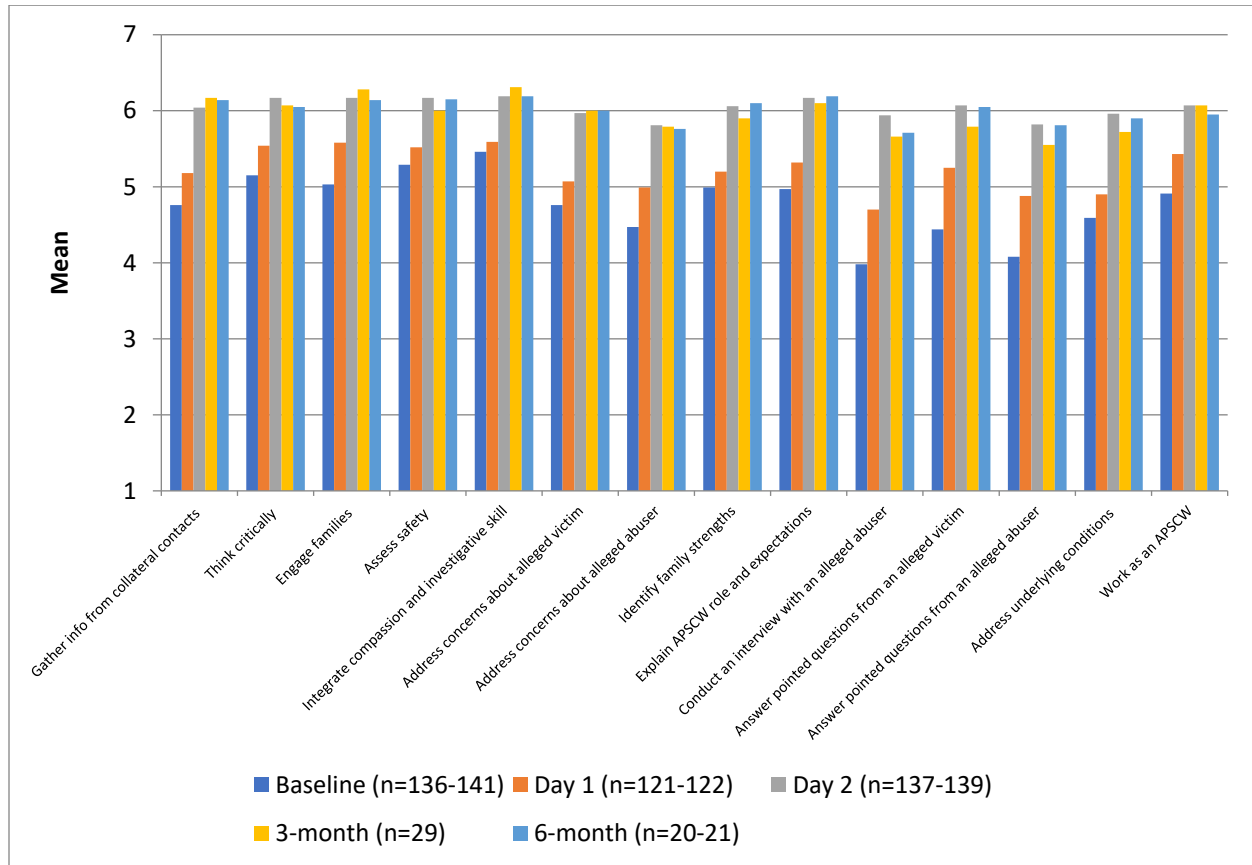
Of 145 survey respondents, 72.4% had a B.A. or a B.S. related to social services, 25.5% had a master's degree or higher related to social services, and 2.1% received a waiver of the need for a bachelor's degree. We also asked if they had been doing Adult Protection Service field visits for at least 1 year. Five respondents (3.4%) checked yes and so received simulation training after they had already gained a year of field experience.

Changes in Confidence Level Over the Course of the Training

Figure 2.1 shows the changes for the entire sample over five time points for the 14 DEST-APS items measuring confidence in one's skills. The average confidence level increased between baseline and Day 2 across all 14 items and maintained at a similar level at 3-months and 6-months post the training. On the 7-point confidence items, the means at baseline (Day 1 morning) ranged from 4.0 (conduct an interview with an alleged abuser) to 5.5 (integrate compassion and investigative skill). Means on Day 2 ranged from 5.8 (address concerns about alleged abuser) to 6.2 (think critically on facts vs. hypotheses; engage families; assess safety; integrate compassion and investigative skill; explain APSCW role and expectations). The average confidence level at 3 months ranged from 5.6 (answer pointed questions from an alleged abuser) to 6.3 (engage families; integrate compassion and investigative skill); the average at 6-months were between 5.7 (conduct an interview with an alleged abuser) and 6.2 (assess safety; integrate compassion and investigative skill). However, we need to interpret the results at 3-months and 6-months with caution since the sample sizes were small. The specific results do not reflect most of the trainees' perceptions.

³⁴ Cohen, J., Cohen, P., West, S.G. & Aiken, L.S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences*. Second edition. Mahwah, NJ; Lawrence Erlbaum Associates.

Figure 2.1
Confidence Level by Time Point



We conducted the one-way ANOVA analysis on changes in confidence over the two-day trainings. The results indicated a significant linear increase in confidence over the course of the two days of simulation-training for all 14 skills (Table 2.2). Results for the effect size measures eta squared (η^2) for the linear effects, and Cohen's d comparing the DEST scores at baseline and Day 2 are presented in Tables 2.2 and Table 2.3. According to Cohen's (1988)³⁵ guidelines, most of the effect sizes were in the large range (i.e., $\eta^2 = .08$ to $.27$, or $d = .72$ to 1.47). Cohen (1992, p. 156)³⁶ has described a medium effect as "an effect likely to be visible to the naked eye of a careful observer" and a large effect as noticeably larger than a medium effect. Among the 14 skills, the three skills that trainees practiced in the interview simulations on Day 2 showed the largest effect size for increased confidence growth—conduct an interview with an alleged abuser (from 4.4 to 6.1, $\eta^2 = .27$ or $d = 1.47$), answer pointed questions from an alleged victim (from 4.1 to 5.8, $\eta^2 = .26$ or $d = 1.38$), and answer pointed questions from an alleged abuser (from 4.0 to 5.9, $\eta^2 = .24$ or $d = 1.36$). The increase in confidence for "integrate compassion and investigative skill" had the smallest effect size (from 5.5 to 6.2, $\eta^2 = .08$ or $d = .72$).

³⁵ Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. New York, NY: Routledge Academic.

³⁶ Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159.

Table 2.2*One-way ANOVA Tests for Trends on Confidence over the Course of the Training*

	<i>n</i>	<i>df</i>	<i>Linear</i>	η^2 ³⁷
Gather info from collateral contacts	121-140	2, 396	45.68***	0.18
Think critically on facts vs. hypotheses	121-140	2, 396	33.86***	0.14
Engage families	121-141	2, 395	37.96***	0.16
Assess safety	122-140	2, 398	23.15***	0.10
Integrate compassion and investigative skill	120-140	2, 398	20.04***	0.08
Address any concerns about alleged victim's statements and behaviors	121-141	2, 396	42.25***	0.16
Address any concerns about alleged abuser's statements and behaviors	122-141	2, 398	40.07***	0.17
Identify family strengths	122-138	2, 399	33.17***	0.13
Explain APSCW role and expectations for keeping an alleged victim safe	122-140	2, 393	41.81***	0.17
Conduct an interview with an alleged abuser	122-140	2, 397	73.64***	0.27
Answer pointed questions from an alleged victim	119-140	2, 395	69.03***	0.26
Answer pointed questions from an alleged abuser	119-141	2, 398	62.06***	0.24
Address underlying conditions such as domestic violence, substance abuse, mental health, developmental disabilities	121-140	2, 393	45.94***	0.17
Work as an APSCW	122-141	2, 396	36.00***	0.15
Total Scale Mean	122-141	2, 399	64.96***	0.24

Note. *** $p < .001$.

³⁷ Cohen (1988) has provided benchmarks to define small ($\eta^2 = 0.01$), medium ($\eta^2 = 0.06$), and large ($\eta^2 = 0.14$) effects.

Table 2.3*Statistics for Change between Baseline and Day 2 of Simulation Training*

Confidence Scale	<u>Baseline</u>			<u>Day 2</u>			Cohen's d ³⁸
	n	Mean	SD	n	Mean	SD	
Gather info from collateral contacts	140	4.8	1.28	138	6.0	0.88	1.16
Think critically on facts vs. hypotheses	140	5.2	1.18	137	6.2	0.85	1.00
Engage families	141	5.0	1.25	139	6.2	0.95	1.03
Assess safety	140	5.3	1.21	139	6.2	0.94	0.81
Integrate compassion and investigative skill	140	5.5	1.17	139	6.2	0.84	0.72
Address any concerns about alleged victim's statements and behaviors	141	4.8	1.34	139	6.0	0.88	1.07
Address any concerns about alleged abuser's statements and behaviors	141	4.5	1.43	139	5.8	1.08	1.06
Identify family strengths	136	5.0	1.26	138	6.1	0.98	0.95
Explain APSCW role and expectations for keeping an alleged victim safe	140	5.0	1.29	138	6.2	0.89	1.08
Conduct an interview with an alleged abuser	140	4.0	1.60	136	5.9	1.00	1.47
Answer pointed questions from an alleged victim	140	4.4	1.43	139	6.1	0.87	1.38
Answer pointed questions from an alleged abuser	141	4.1	1.53	136	5.8	0.95	1.36
Address underlying conditions such as domestic violence, substance abuse, mental health, developmental disabilities	140	4.6	1.38	138	6.0	1.01	1.13
Work as an APSCW	141	4.9	1.36	136	6.1	0.95	0.99
Total Scale Mean	141	4.8	1.05	139	6.0	0.77	1.37

Changes in Confidence Level with the Repeated Measure Analysis of Variance Sample

A repeated measures ANOVA was conducted with the 114 respondents who completed the confidence scale at all three timepoints during the training. Repeated measure analysis of variance has more statistical power than the one-way ANOVA tests in the previous section since it tests the changes over time within respondents. The results show that increases in confidence were statistically significant for all 14 items (Figure 2.2 and Table 2.4). Consistent with the findings in the previous section, the confidence of respondents on performing the 14 investigative skills showed a significant linear increase over the course of two-day training, and the effect sizes were in the medium to large range (i.e., $\eta^2 = .08$ to $.26$, or $d = .69$ to 1.45) (Tables 2.4 and 2.5). As in the previous section, among the 14 skills, the following three skills

³⁸ The rule of thumb on magnitudes of Cohen's is that $d = 0.2$ are small; 0.5 -Medium; and 0.8 -Large (Cohen, 1988, 1992).

showed the largest effect size: conduct an interview with an alleged abuser (from 3.9 to 5.9, $\eta^2 = .26$ or $d = 1.45$), answer pointed questions from an alleged victim (from 4.4 to 6.0, $\eta^2 = .24$ or $d = 1.34$), and answer pointed questions from an alleged abuser (from 4.1 to 5.8, $\eta^2 = .23$ or $d = 1.35$). The increase in confidence “integrate compassion and investigative skill” again had the smallest effect size (from 5.5 to 6.2, $\eta^2 = .08$ or $d = .69$).

Figure 2.2

Changes in Confidence Level over three Time Points of the Simulation Training Week - Repeated Measures Analysis of Variance Sample

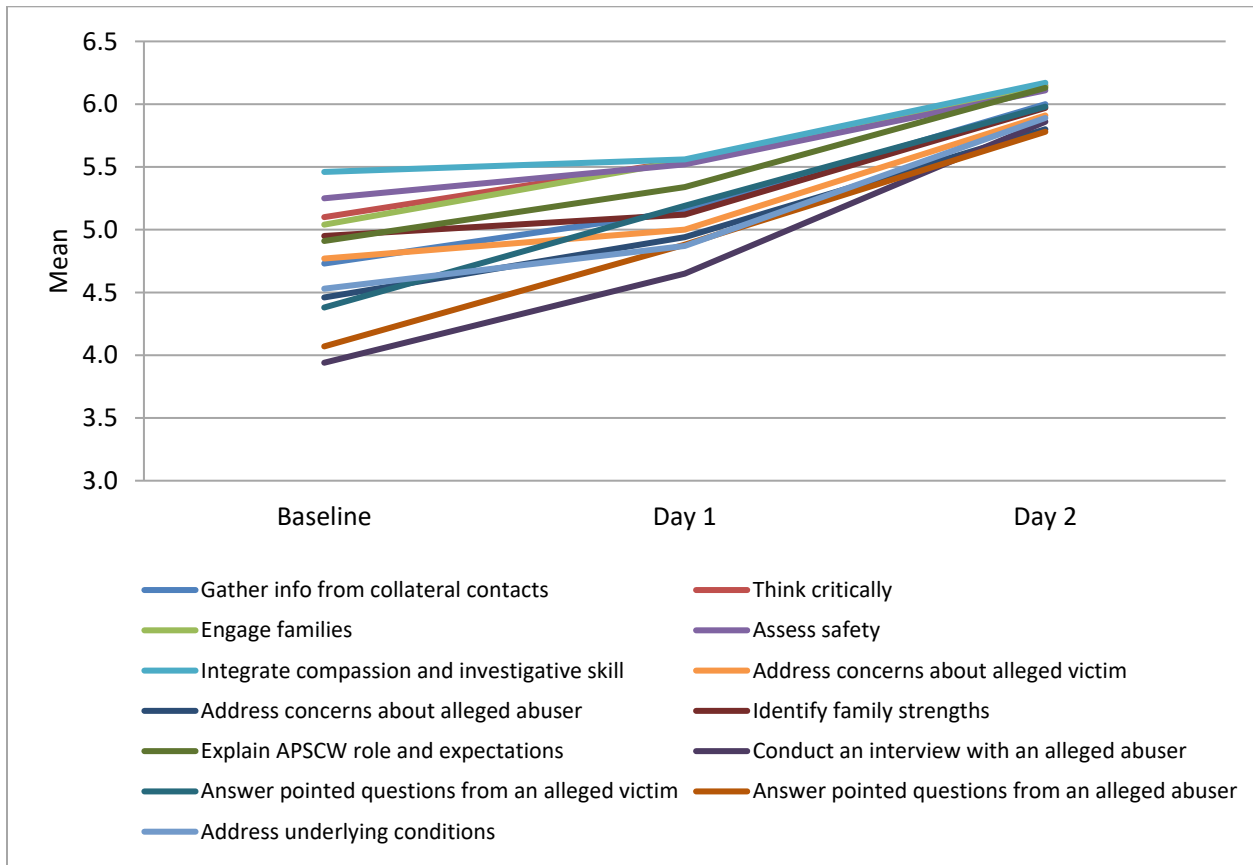


Table 2.4*Repeated Measures Analysis of Variance Test of Linear Effects (all $p < .001$)*

Confidence Scale	N	F	η^2
Gather info from collateral contacts	112	81.11	0.18
Think critically on facts vs. hypotheses	110	59.47	0.15
Engage families	113	54.36	0.14
Assess safety	113	42.22	0.09
Integrate compassion and investigative skill	112	36.80	0.08
Address any concerns about alleged victim's statements and behaviors	113	72.67	0.16
Address any concerns about alleged abuser's statements and behaviors	114	71.26	0.17
Identify family strengths	110	50.40	0.13
Explain APSCW role and expectations for keeping an alleged victim safe	112	70.52	0.18
Conduct an interview with an alleged abuser	112	131.64	0.26
Answer pointed questions from an alleged victim	113	107.02	0.24
Answer pointed questions from an alleged abuser	108	102.93	0.23
Address underlying conditions such as domestic violence, substance abuse, mental health, developmental disabilities	112	87.76	0.18
Work as an APSCW	111	61.39	0.13
Total Scale Mean	114	160.67	0.23

Table 2.5

Statistics for Changes between Baseline and Last Day of Simulation Training-Repeated Measures Analysis of Variance Sample

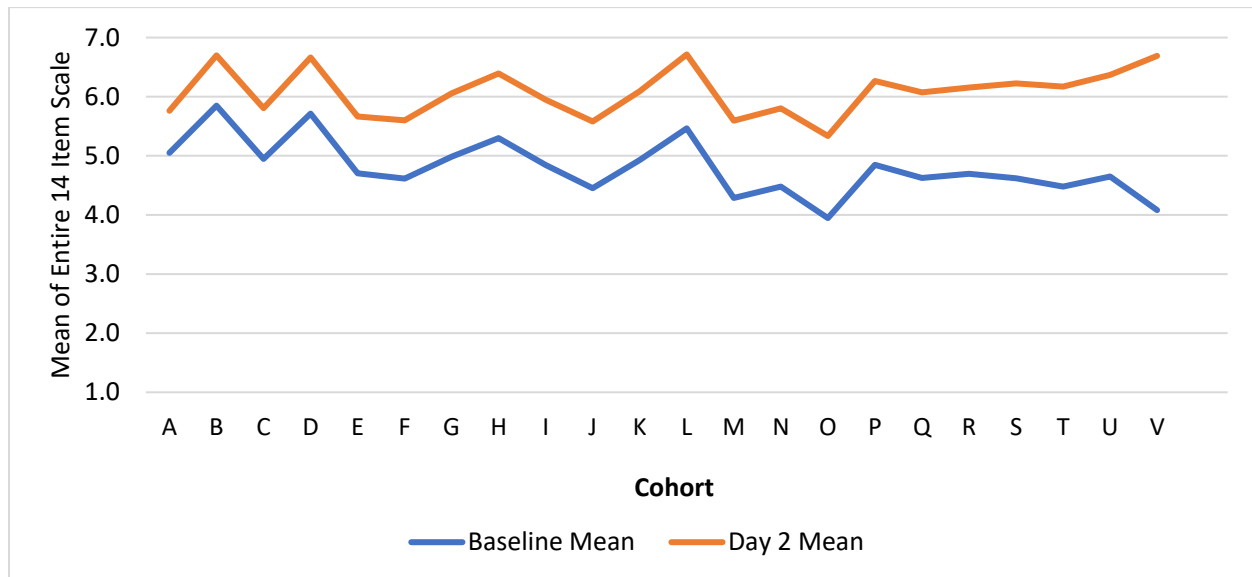
Confidence Scale	N	<u>Baseline</u>		<u>Day 2</u>		Cohen's <i>d</i>
		Mean	SD	Mean	SD	
Gather info from collateral contacts	112	4.7	1.32	6.0	0.90	1.13
Think critically on facts vs. hypotheses	110	5.1	1.20	6.2	0.82	1.02
Engage families	113	5.0	1.26	6.1	0.96	0.98
Assess safety	113	5.3	1.21	6.1	0.97	0.78
Integrate compassion and investigative skill	112	5.5	1.19	6.2	0.84	0.69
Address any concerns about alleged victim's statements and behaviors	113	4.8	1.35	5.9	0.90	0.99
Address any concerns about alleged abuser's statements and behaviors	114	4.5	1.43	5.8	1.02	1.08
Identify family strengths	110	5.0	1.27	6.0	1.01	0.89
Explain APSCW role and expectations for keeping an alleged victim safe	112	4.9	1.25	6.1	0.90	1.12
Conduct an interview with an alleged abuser	112	3.9	1.59	5.9	0.99	1.45
Answer pointed questions from an alleged victim	113	4.4	1.44	6.0	0.88	1.34
Answer pointed questions from an alleged abuser	108	4.1	1.51	5.8	0.95	1.35
Address underlying conditions such as domestic violence, substance abuse, mental health, developmental disabilities	112	4.5	1.41	5.9	1.03	1.10
Work as an APSCW	111	4.9	1.36	6.0	0.99	0.88
Total Scale Mean	114	4.7	1.06	6.0	0.80	1.32

Examining DEST Results Across Cohorts

Comparing confidence scale scores across training cohorts enabled us to see if changes in trainees' confidence have been consistent across trainings. We examined the mean of the confidence scale by training cohort for all 22 cohorts during the report period. The sample size of each cohort ranged from 3 to 10. Figure 2.3 depicts the results of the cohorts in order from smallest to greatest change. The blue line shows the mean confidence level (across the 14 skills) at baseline for each cohort and the orange line shows the mean confidence level for each cohort on Day 2. Thus, the gap between the blue line and orange line represents the increase in confidence over the course of the training. We can see that there is a noticeable gap for all between the blue line and the orange line, indicating substantial change in all the training cohorts. Though the sample size of each cohort is small, these results suggested that most cohorts, on average, experienced meaningful increases in confidence during virtual simulation training.

Figure 2.3

Trainee Confidence Levels at the Beginning and End of the Simulation Training by Cohort



Maintenance of Confidence at Follow-Up

We examined whether trainees maintained their confidence following the training when they were working as APSCWs. We conducted an one-way analysis of variance (ANOVA) comparing average confidence scores (across items) at the end of the training, at the three-month follow-up, and at the six-month follow-up. The average confidence score across all items were almost identical at these three time points with no significant differences ($F(2,186)=0.136$, NS). At each point, the mean confidence score was about 6 on the 7-point confidence scale, indicating a high degree of confidence (mean score at training end = 6.04, SD = 0.77; mean score at three months = 5.96, SD = 0.79; mean score at six months = 6.01, SD = 0.91). These results suggested that trainees maintained their confidence over six months following the training. We also conducted one-way ANOVA with each of the 14 skills and obtained equivalent results: on each item, the average confidence score was about 6, and this was maintained at each follow-up point (additional details on these analyses are available from the authors).

Appraisal of Feedback and Debriefing

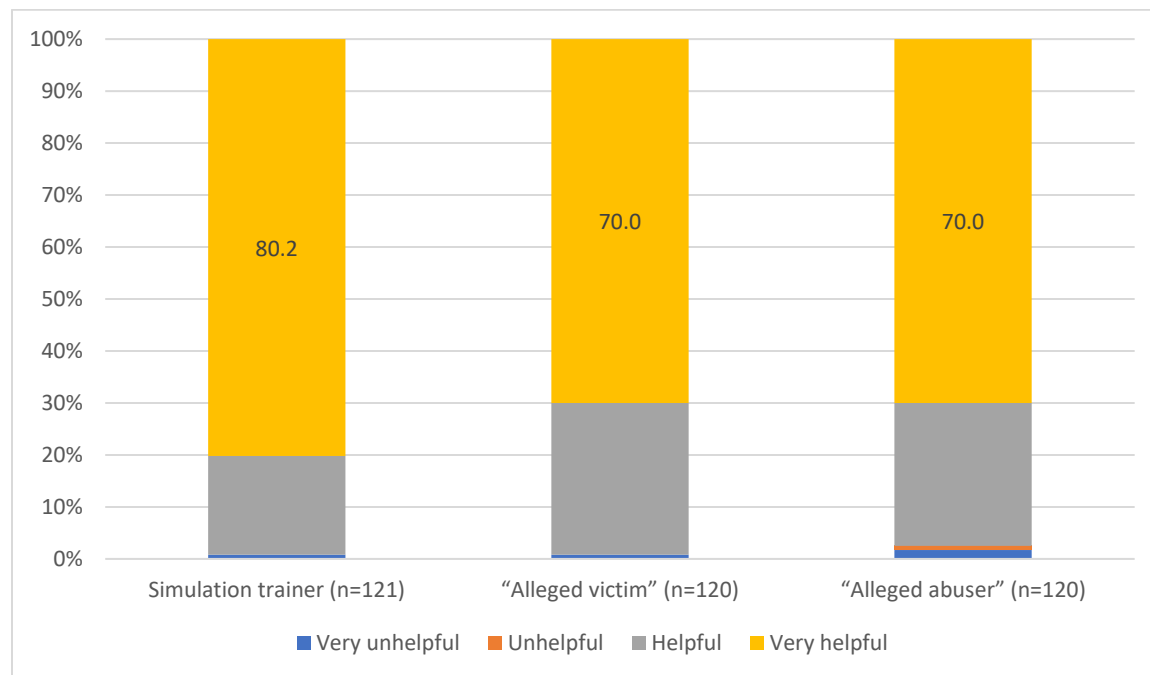
Feedback from the training team during individual and group debriefings is important for facilitating trainees' learning. In the DEST-APS, we asked participants to rate the helpfulness of the training team's feedback and the effectiveness of individual and group debriefings.

After each trainee went through the "Engagement and Scene Investigations" simulation on Day 1, they received feedback from simulation trainer and standardized clients. On the Day 1 DEST-APS, trainees were asked to rate the helpfulness of the feedback on a 4-point Likert scale from 1 – very unhelpful to 4 – very helpful. Figure 2.4 showed very positive ratings for the training

team. Eighty percent of respondents found the simulation trainers' feedback very helpful and 70% gave the same rating to both of the standardized clients. All respondents reported that both were helpful or very helpful, and none reported it was unhelpful.

Figure 2.4

Trainees' Ratings of Training Team's Feedback



DEST-APS also asked trainees to rate the effectiveness of the individual debriefing related to the "Engagement and Scene Investigations" simulation, using a 7-point Likert scale from 1 – extremely ineffective to 7 – extremely effective. Three specific prompts were presented: 1) debriefing identified the areas in which I need to grow; 2) debriefing provoked in-depth discussion that led me to reflect on my skills; and 3) debriefing allowed me to connect with class materials and their practical application.³⁹ The average rating of individual debriefing effectiveness was 6.1 in response to each of the three prompts, representing a high average rating of high effectiveness.

The same set of questions was asked to assess the effectiveness of the in-class group debriefing on Day 2. The average ratings of in-class group debriefing was 6.4 for the first two prompts and 6.5 for the third prompt. These means are just under the scale point for "extremely effective."

³⁹ The Center for Medical Simulation (2009). *Debriefing Assessment for Simulation in Healthcare (DASH)*. Authors: Boston, MA. https://www.unmc.edu/academy/community/simulation/wp-content/uploads/sites/5/2017/04/IMSH_2009_DASH.pdf

Impact of Feedback and Debriefing on Trainees' Confidence Level

Because the quality of feedback and debriefing might affect the amount of confidence trainees gained over the course of the training, we conducted a hierarchical multiple regression analysis to assess the relationship between trainees' ratings of the feedback and debriefing and their change in average confidence across the 14 skills. As Table 2.6 shows, we entered the following sets of variables into the regression model in sequence:⁴⁰ a) average baseline confidence score, b) helpfulness of feedback ratings (for simulation trainers and standardized clients, c) ratings of effectiveness of individual debriefing, and d) ratings of effectiveness of in-class group debriefing. The three helpfulness of feedback variables explained 2.9% of the variance in average Day 2 confidence scores, over and above what was explained by average baseline confidence scores [F change (3, 99) = 4.109, p = .192]. The three individual debriefing variables explained 6.8% of the variance in average Day 2 confidence, over and above the previous variables in the model [F change (3, 96) = 4.109, p = .009]. The three in-class group debriefing variables explained 5.5% of the variance in average Day 2 confidence, over and above the previous variables in the model [F change (3, 93) = 3.595, p = .016]. These results indicate that effectiveness of the individual and in-class group debriefings were both significantly related to increases in trainees' confidence.

The results for the individual predictor variables in Table 2.6 further our understanding of the relationship of debriefing to increases in confidence. While the two sets of debriefing variables had a significant relationship to increases in confidence, it was both the individual and group debriefing scores for "identified the areas in which I need to grow" that had the largest effect, an effect that was statistically significant in itself (p = .011 and .039, respectively).

⁴⁰ See Cohen, Cohen, West & Aiken, *ibid*.

Table 2.6*Final Multiple Regression Model Predicting Day 5 Confidence Score (Mean) (N=110)*

Variables	<i>B</i>	<i>SE</i>	<i>Beta</i> (β)	<i>p</i>	<i>R</i> ² <i>Change</i>	<i>Sig. F</i> <i>Change</i>
Baseline Confidence Score (Mean)	.444	.060	.576	<.001	.376	<.001
Helpfulness of Simulation Trainers' Feedback	.127	.238	.074	.596	.029	.192
Helpfulness of Standardized Client's Feedback-Alleged Victim	.133	.362	.085	.714		
Helpfulness of Standardized Client's Feedback-Alleged Abuser	-.057	.325	-.038	.861		
Effectiveness of Individual Debriefing-Identified the areas in which I need to grow	-.356	.138	-.450	.011	.068	.009
Effectiveness of Individual Debriefing-Provoked in-depth discussion that led me to reflect on my skills	.100	.223	.126	.654		
Effectiveness of Individual Debriefing-Allowed me to connect with class materials and their practical application	.339	.216	.438	.120		
Effectiveness of Group Debriefing-Identified the areas in which I need to grow	.417	.199	.412	.039	.055	.016
Effectiveness of Group Debriefing-Provoked in-depth discussion that led me to reflect on my skills	-.067	.259	-.061	.797		
Effectiveness of Group Debriefing-Allowed me to connect with class materials and their practical application	-.147	.187	-.130	.433		

Note. Constant = 1.338, $F(10,103) = 10.383$, $p < .001$, $R^2 = .544$. Font colors show sets of variables that were entered into a hierarchical multiple regression model in sequence.

Feedback at 3- and 6-months Post-Simulation Training

On the post-training surveys at 3- and 6-months, we also asked DEST-APS participants to rate the quality and impact of simulation training at 3- and 6-months post training surveys. Participants responded to a list of positive statements about their experience of simulation training using a 5-point Likert scale, from 1 - strongly disagree to 5 - strongly agree. The average rating was between 3.7 and 4.0 at 3-month (n=29) and then between 3.8 and 4.1 at 6-month (n=20-21) (Figure 2.5). These results indicate that respondents still highly appreciated the debriefing sessions after they entered the field.

Another set of questions asked participants to assess how useful the specific training activities are to their current work, using a 5-point Likert scale from 1 – useless to 5 – very useful. Figure 2.6 showed that the average rating was above 4 (useful) across all four training activities (interview with alleged victim, interview with alleged abuser, individual debriefing, and in-class group debriefing) at both 3- and 6-month timepoints. Even though the results at 3- and 6-month timepoints were positive, we need to interpret them cautiously because of the small sample sizes and low response rates for the follow-up surveys.

Figure 2.5

Appraisal of simulation training at 3-month and 6-month post training

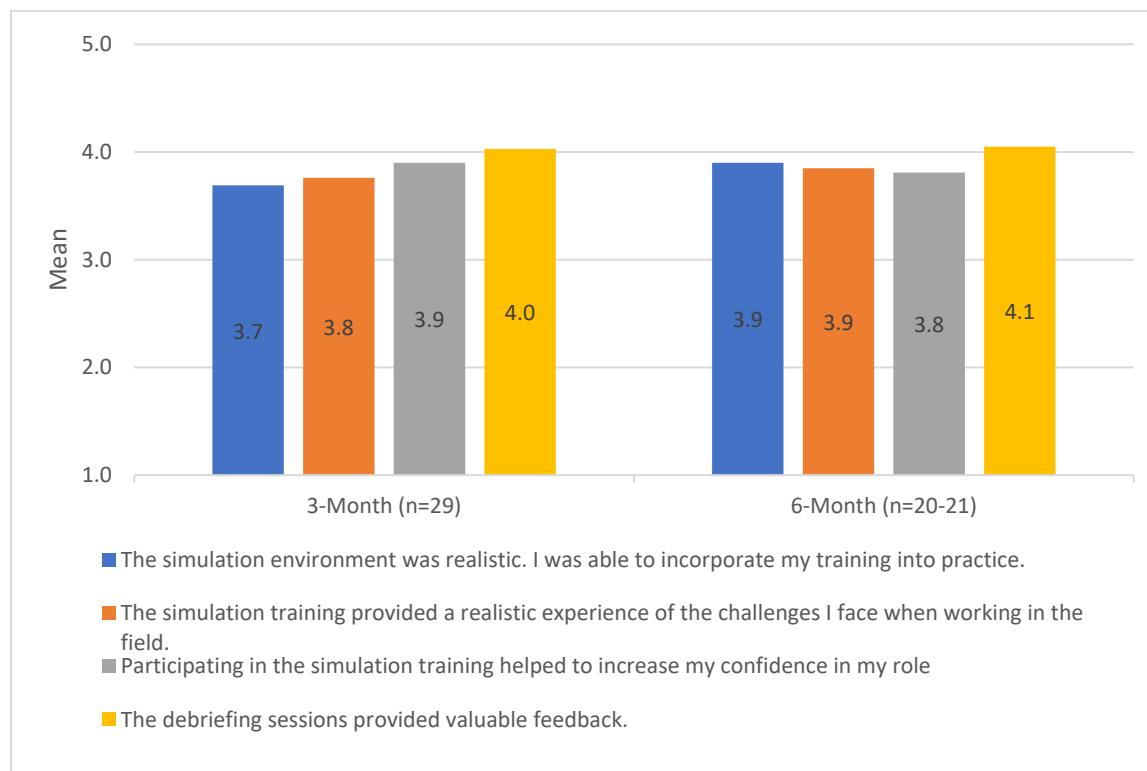
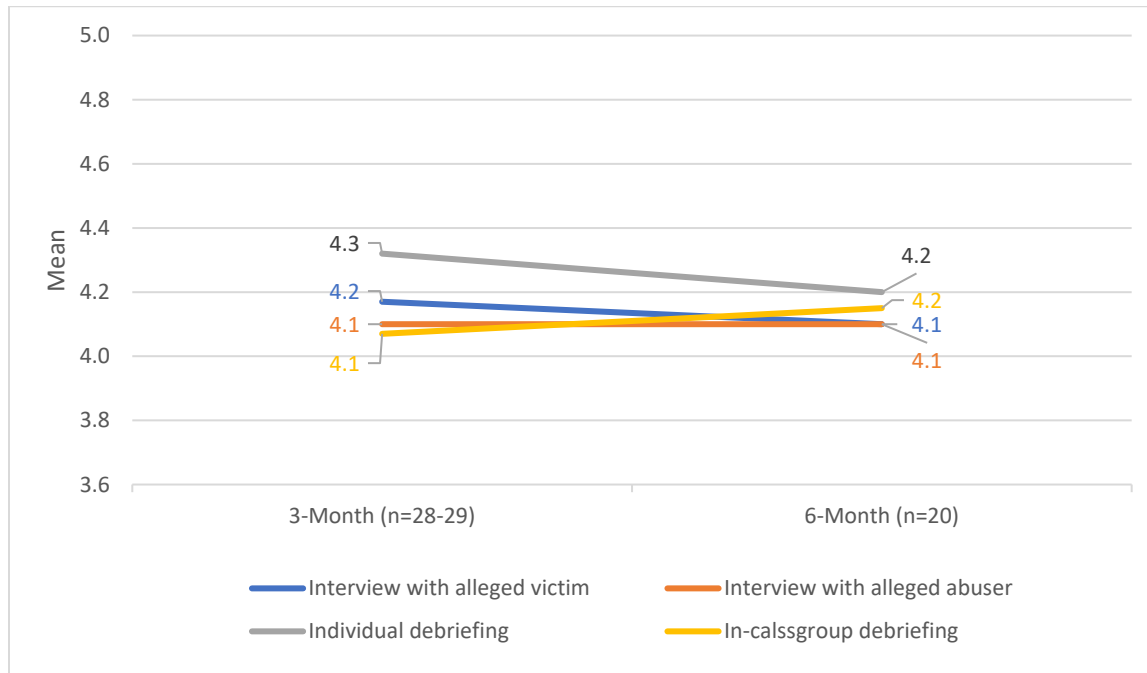


Figure 2.7

Ratings of Impact of Training Activities on Current Work



Summary

Consistent with the original DEST, both the Cronbach's alpha reliability coefficients and principal component analysis indicate that the DEST-APS confidence scale reflects one confidence dimension for required skills for the adult protection workers and that the confidence scores for the 14 skills are strongly interrelated. The analyses of changes in trainee confidence showed that the large increase between the Baseline and Day 2 across all 14 skills, especially the three skills (conduct an interview with an alleged abuser, answer pointed questions from an alleged victim and an alleged abuser) that trainees practiced in the interview simulations. Survey participants also found the training team's feedback very helpful, especially the individualized feedback from the trainers. Both individual and in-class debriefings were rated highly effective. The hierarchical multiple regression analysis further showed that effectiveness of the individual and in-class group debriefings were both significantly related to increases in trainees' confidence.

Chapter 3: Qualitative Findings from the DEST-APS

Several open-ended questions on the DEST-APS survey asked for text answers, which are a form of qualitative data. This chapter analyzes the text answers that trainees wrote in response to these questions. First, we examine what trainees wrote about the most helpful feedback they received from the debriefings. Second, we look at the most meaningful concepts or skills that trainees reported that they learned. Third, we report on the feedback trainees shared about their simulation training. There were 145 trainees who completed the DEST-APS, but not all added comments and not all comments were substantive (e.g., some were one-word responses).

Most Helpful Feedback Trainees Received from Debriefings

Several themes emerged from the responses to the question that asked trainees for the most helpful feedback they learned from their debriefing. Below we review what feedback trainees found to be most helpful.

Being clear about your role and purpose. Many of the participants mentioned that the debriefing helped them to learn about being clear about who they are and why they are there.

I need to be clear about who I am and why I am there. I need to make sure I go over the questions slowly and wait for the AV [alleged victim] and AA [alleged abuser] to speak.

I learned how important it is to use the phrase "I'm here to gather facts." I learned how important it is to avoid giving time frames or promises.

The most helpful feedback that I received during today's debriefing was the importance of being clear as to why I was visiting their home and explaining that we received a call of concern right off the bat.

I need to be more clear on who I am and why I am there. [To] use: "I received a call of concern" etc.

Incorporating the use of the APS Act as to why we can be in the house and speak with client. It helped gain easier access and cooperation from clients.

Provide more concise [information] when describing why I was there.

Not to forget that we are there to assist the AA. I do have an understanding and knowledge to do well at APS.

How to explain an APS call of concern to an alleged abuser.

Engagement. The debriefing helped trainees to reflect on their engagement skills, including being respectful and non-judgmental. To some trainees, this means avoiding using "trigger words" or phrases that could make clients uncomfortable.

Avoid "trigger words" allegations, investigate, etc.

Learning about phrases that can be "triggering" for the client.

The most meaningful concept I've learned was the rewording of trigger words. Trigger words are words that put a person on edge or make them stress. It could have them worried about wrongdoing or punishment.

Stay away from terms i.e., "wellness checks, well-being...etc.," as these terms are indicative of law enforcement involvement and can cause clients to "shy" away.

Learning to deflect language that may alert AV or AA and cause them distress.

Learning how to ask questions when observing something uncomfortable without judgement.

Better language tactics to get inside the home.

Key words to use and to avoid.

Knowing the cautionary words or gestures.

The most helpful feedback was the words of caution of what could've been said better or what should be said.

Be careful with the words you said and how you say things, it can either benefit you or hinder your ability to build a relationship with AA and AV and get the information you need.

To pay more attention to the AV if they have cognitive deficits and not make them feel ignored.

That building a rapport is very important to gain the trust of the client. Once that is established, we should let the questions flow and make the clients feel comfortable.

How to integrate compassion and investigative skills.

The most helpful feedback was when getting into the house and ...to allow everyone in the same room to make proper introductions so that they're no confusion.

They also learned the importance of listening actively to the alleged abuser (AA) and alleged victim (AV). This means paying attention to both their verbal and nonverbal communication.

I've learned that I need to slow down when speaking and listen for the answers when questions are asked. To listen to what all parties are saying and to gather evidence/facts.

I feel like hearing about what everyone thought was important to ask was super insightful. Learning new ways to get to the point and to make the AA/ AV feel comfortable.

Acknowledge AV and AA's pain and feelings as they are verbalized.

I learned that it's better to have a casual conversation and allow the client to lead.

Everyone has different point[s] of view of the situation.

Listen to AA and AV conversation to learn more details.

Listen to everything you are being told during investigation because you can learn from anything the clients say.

It's okay to sit and listen to engagement between with AV and AA without rapidly firing questions to meet objectives on the first visit, there is always another visit that you can go out on.

Effective interview skills. The data suggests that the feedback helped trainees learn about how to conduct effective interviews.

State the facts, know the facts.

I learned to make sure I pay attention to the important facts and asking the right questions.

To make sure you as a CW are addressing the facts and being willing to address other situations as needed.

Asking open ended questions for clarity.

How to transition in the flow of conversation with the Alleged Victim and Alleged Abuser. How to go about answering concerns the Alleged Abuser and Alleged Victim had.

It was helpful to hear the appropriate follow-up questions we should ask when using our 'help lines'.

I learned how to answer very tough questions that can derail the conversation if not answered appropriately.

I learned to ask more pointed questions rather than to ask open ended when I need to be direct about allegations.

I thought it was helpful going over the supporting statements and refuting statements to see how that is done.

It's okay to not to talk the whole time.

That I need to clarify things as much as possible because it is important that everyone is on the same page about something and not to assume something.

That it is okay to backtrack to subjects if something is forgotten the first go, don't be afraid to ask more questions.

That sometimes you need to ask the hard questions and it's ok to not know the answers to some questions. You can always come back for another FTF.

The most helpful feedback was about how to interview an abuser and how to downplay the abuser registry.

The most helpful was to make sure that questions are thorough and follow-up questions are asked after getting responses to ensure the most information is obtained.

To be flexible and not stick to a rigid agenda of questions.

Today's debriefing helped me stay on topic when asking questions and make sure I wasn't steered into answering questions I cannot answer.

Have the chance to come back and ask more questions.

Wording is very important and that each family is different in their responses.

What phrases or keywords to use, and what words to stay away from.

What questions to ask because it could help me in the future.

Learning how to find ways to rephrase wording to get the answers that we need.

Using a little bit of information to gather more information from client.

On how to limit distractions and to ask the AV again if they would like to speak alone and then ask AA to stay in room for a bit or go on a quick walk so I would have time to privately speak with AV.

I am able to ask other questions that does not pertain to why the report was reported in the first place. It allows me to understand how I can interview AA and AV.

To be kind but assertive.

De-escalation was an important skill that they learned during the interview simulations.

How to deescalate and how to ask open ended questions.

Remember to stay calm when things get escalated.

To stay calm, I learned that it is very important to stay calm because it helps the AV and AA to remain calm as well and helps to build trust.

How to de-escalate an anger-based situation within the home. It is important to have the skills to calm a room to prevent any accidents or incidents happening.

How to be direct and matter of fact/to-the-point without coming off as too harsh or abrasive.

How to de-escalate and explain who/why you're there, what was done well/what wasn't.

I learned how to handle the interview when dealing when someone is angry.

The most helpful feedback was ways to navigate questions from the AA that might suggest that he or she is being investigated for abuse. This is important because we do not want a hostile environment.

Being aware of your tone and demeanor when interviewing clients

Slowing down was frequently mentioned.

Just too slow down and that silence is okay sometimes.

Speak more slowly, allow ample time for reflection and response.

Slow down when speaking and listen for the answers when questions are asked.

Slow down and pay attention to details and be as thorough as possible in my explanations.

It's important to talk slower so people can understand what is being said better and to avoid having to repeat yourself. Also to not just focus on what is needed to be asked because that makes it seem too investigative.

Being more open-minded, and also being able to slow down and think of follow up questions.

The most helpful feedback I received on my debriefing was that it is going to take time to know how and when to say things that will put my clients' mind at ease, especially when it comes to legal issues that could possibly arise.

I need to make sure I go over the questions slowly and wait for the AV and AA to speak.

To slow down and allow others to talk.

The trainers also taught them that it was okay to tell clients if they are not able to answer questions.

I learned it is okay to ask questions and let the AA and AV know that you may not have the answer right now, but you will get the information for them.

Just knowing that I won't be able to ask/answer all the questions that I or a client may have and it is okay to say "I don't know but I will find out and get back to you" or to redirect them to someone who may know the answer.

Learning about one's strengths and weaknesses. The participants received feedback on their specific strengths and weaknesses, and this was a key lesson for many.

I found out that I have a calming voice and demeanor.

I was told to slow down.

Learning what my strengths and weaknesses are and how to adapt it into the simulation that we had participated in.

I am giving the kind of empathy and care that I'm trying to convey was helpful, because I wasn't sure I was doing that well.

My personality is very strong and direct and although my intentions are [good], I come off strong. Therefore I need to more aware of how I deliver.

That I was persistent in gaining entry and that I [am] able to get both the AA and the AV to engage with me during the interview.

That it was okay for me to make a mistake. And that sitting with silence is okay.

The most helpful feedback I learned from today's debriefing is my diction usage, the way in which I present information and how to make the conversation in general between the Client and/or AA flow better and intercept with questions to get the information you need. This was the most helpful because it will help with how I will deal with future cases and make the process of gathering information more smoothly.

I learned the importance of articulating myself when speaking to the demographic I service.

Debriefing allowed me quickly to gain control of my Do's and Don'ts. Not so much of things that I am doing wrong but more of where I can improve such as choices of words and delivery.

Don't call people "dear."

Honestly, it helped to recognize that I talk fast when I am nervous and how important it is to be aware of that. It is important to collect myself, stay calm, and breathe.

I learned that I ... lose my confidence when nervous and need to stay relaxed and focused and empathize on the client needs.

I learned that I tend to distance myself when I am nervous. This can cause the client/AA to feel ignored.

Learning about the things that I did right and the things that I didn't do so well.

Pushing past personal issues.

That I explained some things well to clients.

Reminder that we all are at a starting point and the reassurance that our skills will continue to grow. It's ok not to know everything.

That no matter what you will make mistakes and that it is okay. You'll keep learning and continue to grow in this position.

That we don't make mistakes, but we have new opportunities to learn and grow.

I learned to be more patient with my words, and just overall have an understanding that I'm not perfect so as long as I do my best to learn from my mistakes, it will benefit me further in my search for knowledge.

That I can relax and let the conversation flow naturally instead of just listing out questions.

The participants learned that each case is different, and that they need to be flexible and adaptable in their approach. This means being willing to change their plans if necessary, and to adapt their communication style to the individual.

I learned that there is no one way to obtain information. Different cases will require different styles.

The feedback that I learned is that each case is different and to be open to different things.

I learned multiple, different ways one can go about gathering pertinent information. I learned that IDOA takes the CWs safety very seriously and encourages that if a CW feels unsafe, they are clear to leave the situation. I learned how to best provide services when dealing with a very complex situation.

I learned to treat each situation differently, that there is no set way to approach someone.

The most helpful skill I learned was the different styles I can investigate a victim or abuser.

Several trainees commented on the confidence they gained from the feedback they received.

I gained confidence when interviewing an AA.

I think it was the most helpful as I realize I do need to be more confident. I feel as though I just need more experience conducting interviews myself.

The most helpful feedback that I learned was that my demeanor and staying calm was effective in the family feeling comfortable in talking to me and open to receive services like home health aide.

That we have all grown and that they think we can do the job. This means a lot to me because I got my case load and read the files already. Some of them look difficult and I am not sure what I should do with them yet.

The positive and skillful feedback was great to build confidence.

I feel this training is absolutely necessary. This training was helpful in making me feel more confident in my interviewing skills. I look forward to applying things I learned today in my day-to-day work schedule.

I absolutely enjoyed this training I was very impressed with the encouraging criticism given, it gave me the confidence I needed to complete the training.

Overall, these qualitative data suggest the value of the training for trainees' learning. The feedback they received helped them to improve their skills, increase their self-awareness, and increase their confidence.

The Most Meaningful Concepts or Skills Trainees Learned

Trainees mentioned a wide range of most meaningful concepts or skills that they learned during the simulation training.

Safety assessment and determination. Trainees identified enhanced ability to complete adult and home environment safety assessments as well as appropriate allegation determination resulting from the simulation experience.

It's important to address each allegation and to get the most information possible.

The most meaningful concepts or skills that I learned is the skill of thinking about possible situations the client might be facing and gathering questions from that and the facts in order to get a clearer picture of what is actually going on.

Learning the meaning of the registry.

Most meaningful concept/skill I learned was using our information that was gathered to either support or refute the allegations and how to put the pieces together.

I learned to stick with the facts in determining the substantiation and not going off of what "I feel."

The different categories that go along with an investigation (mental health, financial, etc.).

Once you get the facts you need, move on to give time to address all allegations if possible.

How to observe and assess the environment, tone and body language.

We really need to look at all things when making a substantiation and also need to know more about the IDoA guidelines in case we have to explain them to a client.

Being honest with what you see, hear, and know the facts about. Having the information to justify your decision will help others see why you made that choice.

Fact gathering is imperative to make conclusive decisions and determinations.

That we need to not use our personal opinion because then our decisions will be biased.

It was helpful to talk through substantiation determination.

Rapport-Building Skills. To improve client outcomes, building rapport using a strength-based approach is essential. Many of the participants mentioned that they learned the importance of building rapport with the AV and AA in order to encourage them to share information.

How to engage with the family, as it is an important way to get answers accurately.

I learned the importance of gathering information while maintaining the client consents.

Building rapport with clients and their families; acknowledging the situation and feelings but staying persistent in what is needed; patience and listening are vital skills!

It was meaningful to learn how to properly engage empathetically and compassionately with the alleged abuser, as well as the alleged victim.

Building rapport and engagement is extremely critical and effective.

Build my rapport skills and gaining my confidence on interacting with the individuals that I interacted with today.

How to go about intentional skill building and how to make the FTF more like a conversation than an interrogation.

Engaging with the family and getting them to accept you into the home. Attempting to build rapport.

Learning how to approach a victim or abuser gently in order to gain entry into or near the home to discuss what the program can do to help.

I learned more about how to address an AA as well as help relieve some of their concerns as the AV's concerns.

I learned to be an active listener that listening instead of talking is more helpful.

Letting the conversation flow naturally in order to engage properly and efficiently.

I learned the importance of being gentle and not aggressive in your approach while also maintaining authority.

I think sometimes we want to ask questions of what is going on but need to take time to engage with AV more, so AV feels more comfortable talking to APSCW.

Listen to the AV and the AA. Let the AV and the AA talk. Try and make the AV and the AA feel comfortable about the situation.

Communication and Information-Gathering Skills. Interviewing with alleged victim (AV) and alleged abuser (AA) to complete an investigation is an important skill for APSCW. Participants commented what specifically they developed from the simulation training.

The most meaningful skills I learned was how to talk with an AA and how to approach various things when talking to them.

Meaningful skills were knowing how to transition in order to get additional information.

How to ask difficult questions with AA or AV.

How to lead into questions you want answered.

Engaging and building trust is key to gather important information.

Finding a connection with AA and AV and using that to get info you need but also to reassure them that you are really there to help.

I learned how to approach difficult questions such as, "Will I be on the registry when the investigation is over?"

I cannot predict what is about to happen. Be aware but be conversational in gathering information.

Navigating trends of conversations as they intersect with APSCW assignments.

I learned different ways of addressing concerns about being placed on the registry to acknowledge how they feel about it and tell them all of their options and to work with them.

How to appropriately approach concepts such as finance.

That if the person that you are interviewing needs a minute, offer that time and ask a different question to distract them for a moment. This gives them the chance to regroup.

How the entire interview process flows gather all needed material and information.

I learned to let others talk to be able to get more information.

I learned the importance of observations and following conversation without peppering questions.

How to introduce myself. How to obtain entry for home visit. Tactics/tools I can use while interviewing AV or AA. Examples of other's techniques and feedback.

I think the most meaningful concepts today that I learned was how to communicate efficiently and respectfully with the AA/ AV. Learning about how to ask questions in a way that open up conversations to tell the story of the AA/ AV.

How to explain things to both AA and AV and follow up questions to ask to gauge what is really in the best interest.

Directly answering questions without giving too much detail.

How to formulate questions so that the AA/AV will be open to responding.

Managing Emotional Intensity. Encounters with clients in adult protection can be intense. They can evoke strong emotional reactions in investigators as well as clients. Simulations gave trainees an opportunity to develop greater competence in dealing with both clients' and their own emotional intensity.

How to address mean or rude comments; a way of trying to stay calm while it happened.

Staying calm in the heat of the moment.

How to de-escalate an irritated person at the door.

Communicating with parties who aren't very cooperative or who give push back, engaging them as well.

All of the concepts and skills were meaningful, but it was beneficial to learn how to talk to the alleged abuser while remaining calm and collected. It was meaningful to be able to learn to stay calm when you are being pelted with questions as a caseworker, since this happens in the field all of the time.

I learned how to calm down or deescalate a situation when the AA is upset and overwhelmed.

Learning how to speak with an AA when they may get disgruntled or not want to leave the room. That was something that I was very nervous for in the field and I feel like I have a better handle on it today.

Doing the actual work with the family. Although the family was kinda rude.

That remaining calm in situations can really help. Also, the AA could be very mean but knowing how to navigate through questions would be very useful.

Acknowledge anger in a meaningful way. Just to take deep breaths and learn what to ask and look for while in a home.

Critical Thinking. IDoA's simulation training used Problem-Based Learning (PBL) to enhance trainees' critical thinking on safety assessment and documentation. Many participants perceived PBL as an effective method to learn critical thinking.

Applying problem-based learning and gathering the facts first, to avoid bias and our own hypotheses.

How to implement the PBL in the interview aspect with the AV and AA.

The concept of thinking of a hypothesis/hunch surrounds the case and thinking of alternatives really helped with coming into the initial FTF with an open mind.

The most meaningful concepts were distinguishing from fact and assumptions as well as the hunches and hypothesis and how all components flow with one another to get an end result in the Problem-Based Learning.

Learning how to use PBL and think critically about interactions with the alleged victim and alleged abuser.

To focus on the facts, pay more attention to detail, and to use more critical thinking skills.

Skill building concepts using the PBL method.

PBL - understanding facts vs hypothesis. Learning how to lead into questions when there are opportunities to discuss. Remaining calm.

More detail about the PBL and how to bring it into the role as a caseworker.

I learned how important PBL is for avoiding biases and keeping things subjective to the facts. Critical thinking discussion helped with learning how to verify cases.

The difference between Refuting fact and Supporting facts.

I liked the problem-based learning and how it all fit together.

Separate fact from observation.

The most important feedback from today is getting the full facts and not going off of bias. It is imperative to obtain all of the facts of a concern of abuse because what could appear to be abuse could be the opposite.

To make sure to have the facts. Even if you are familiar with the person or situation don't always assume it will turn out the same.

Further explanation on how to PBL after meeting with AV and again after AA.

The most meaningful skill I learned today utilizing critical thinking to prevent confirmation bias.

Feedback or Suggestion about Simulation Training

At the end of the training, an open-ended question asked trainees for feedback or suggestions regarding their simulation training experience. The participants provided overwhelmingly positive feedback. Of 102 participants who responded to this question, only two wrote negative comments while three wrote "N/A."

Amazing training. Genuinely, loved it all!

Great training, as stressful as it can be doing role playing in front of people, it's needed and appreciated in the end.

I really enjoyed simulation training. It was engaging, and I believe it was a lot more useful than just sitting and listening to a PowerPoint. It is beneficial and enjoyable to be able to interact with the instructors and classmates and receive constructive and supportive feedback.

Building the PBL was super helpful and integrated well.

The training was comprehensive and done very well. I took away a lot of meaningful skills to aid in the successful implementation of my job.

The training was good and I feel like it helped. As someone with anxiety though I feel like the secretiveness of it all did not help much, as I was worried about the simulation itself for quite some time before I even did it. I also personally work better if I know what I'm walking into from the beginning.

Excellent training. Enjoyed the simulation training and would advise to use more of it in future trainings.

I also think that watching other people in simulation is awesome because you get to see so many different ways of doing something and provides you with a different way of handling a situation that you may not have thought of before.

Several trainees praised trainers highly:

The instructors were patient and knowledgeable on the topics. The instructors took the time to make training fun and enjoyable learning with difficult topics and situations.

Simulation training was highly beneficial and [trainers] were wonderful trainers. Feedback was always constructive and never made me feel bad.... The actors, the house, and watching others role play as social workers all made it a wonderful learning experience.

The training was awesome, [trainers] did a phenomenal job. They made training engaging, insightful and so helpful.

Simulation training was great, very useful. The [trainers] were patient and knowledgeable on the topics. The [trainers] took the time to make training fun and enjoyable learning with difficult topics and situations. Another day of training would be helpful.

A common suggestion for improvement was to offer the training in person. Some trainees may have found that the virtual format made it difficult for them to fully immerse themselves in the training experience.

Would be much more beneficial in person especially for the first day when we are trying to get into the house and build rapport. Also when we are gathering more information it would be easier to see the house in person and harder online.

[A] great training tool. This would be better served if it were in person. This would allow trainees a more authentic simulation what it would be like entering homes, environments and family engagements.

I feel like this training would go over better in person as we would get a more immersive experience.

Also, might be easier to do in person trainings since we couldn't really experience every aspect of simulation fully.

I think it would be more beneficial to have the training in person.

I think simulation training would be more helpful in person. I feel I would have learned more if I wasn't sitting at a computer. Sitting at a computer, I longed for more CMP resources/help/guidance.

As someone with VERY little Zoom usage ever the dynamic of online training for me was pure torture. Distractions from the multi screens kept me from focusing and I often doubted myself after not hearing what was being said from distractions. I like the Simulation training and felt that [it is] helpful... just would personally have paid out of pocket to be in person to learn.

I would enjoy this more if it was in person. I believe having it online poses a barrier in many areas.

I would like to have stimulation in person. I also would like to have ability to say pause when I did the first interview.

I would like to see in person simulations put back in place.

I would like to train in person and for future APS workers because it would be more beneficial. You would be able to determine the physical aspects.

I would prefer Face to face training.

IN PERSON PLEASE!!!! This would be much more effective if we were able to fully immerse in the experience. THANK YOU!!

In person simulation would be much more effective!

It would be better in person. Zoom is great but in-person would be best.

Please make this training in person to be more effective.

Simulation would be even more helpful if it was in person. That way, training feels closer to the "real thing," vs. behind a screen.

The training was organized very nicely. It was a lot of fun and informative for how cases should go. I would prefer to have done it in person, but I still think the simulation was very beneficial.

This training would be much more helpful in person in order to limit the internet issues and the disconnect from the actual individuals.

It would be more beneficial if the training was in person to cut out the barriers that a virtual meetings can cause. In person would be helpful and make it feel more that a real home visit.

Many trainees wanted the simulation training to be extended to more than two days. Some had specific suggestions for additional training contents, on such topics as preparing case notes, investigating different allegations, and using the Statewide Web Based Case Management Portal (CMP).

I wish the training was in person and that it was longer than two days. I really benefited from the simulation in developing my skills. I feel less nervous and more confident in being able to do my job effectively.

Possibly one more day of training, in person if allowed, go out in field prior to simulation.

Awesome training...learned so much. Simulation Training could be longer and include taking us through the actual stimulation and report procedures.

I feel that this simulation could be longer than two days to really get and understand how to do be a APSCW, to help get all the questions answered and make sure things are done correct.

This was really good but having this training in person and for longer than 2 days would improve this training.

We need more time, 2 days to pack in all the information it's a lot, I wish there was more time to talk about other aspects of fulfilling our jobs as APS workers.

I feel as though I learned a lot in a short period of time. I think if multiple days were possible, extending training would be great.

I only wish it was a little longer, but I still feel like they prepared me to go out into the field.

I really enjoyed the simulation, but I wish it was longer and we would be able to learn more in-depth and just learn more about some other things that Caseworkers have to go through (process-wise).

I believe it should be longer than two days in order to discuss case notes and what not.

Simulation training was great, very useful. Another day of training would be helpful.

I think that this training should be lengthened to at least 3 days. We get a lot of information and although they do a GREAT job of condensing that information. It would be very helpful to have it stretched out a little better.

The simulation was short. I would have preferred the simulation to be 4 days instead of phase I.

Overall, it was helpful. However, I feel it would be made better if it was four days instead of two. With the extra two days it would be helpful to have another case to look at with a different type of abuse.

I would love to have the simulation training in person and for more than two days. We learned a lot in two days, so having it be weeklong would be even more helpful.

I think more days of training and simulation would be more beneficial. I think two long days can be very tiring and long. Maybe doing 3 days or even 5 days would be better. Doing 2 different kinds of allegations would [have] been great. To get experience in both ABE and Self neglect.

I think more time in simulation to get through case notes and forms from beginning to end with simulation engagement would be awesome.

Simulation could be more beneficial if it is played out longer, meaning going through a case from start to finish, including filling out forms in CMP.

The training has been great! I really liked the feedback, I feel like it will definitely help me so much. I do wish there was an extra day of simulation training, just so you have more time to gather any other information. I also think that having more hands-on experience with CMP would be extremely helpful.

A couple of trainees suggested refresher training.

APS would benefit from doing this as a refresher course. Maybe every 2 years.

I believe that every APSCW should do this yearly to reflect on how they conduct their visits. Putting APSCW from different areas can help each APSCW learn new tactics on what works in their areas that could be beneficial to their area.

Trainees had a range of other suggestions as well:

I liked it overall, but I felt that using the extremes is not always beneficial because not every case is going to involve rude clients. The family gave important feedback and so did

the instructors. It would have great though to get feedback today on how it went one on one with the clients.

I would like to do a case in CMP from start to close, based on the Simulation.

Keep the number of students to a maximum of 7 or 8.

Perhaps using a scenario involving pets would be beneficial as many people own pets I have no additional feedback. Keep up the great work!

Materials emailed out sooner would allow me time to feel more prepared.

Comments from the follow-up surveys. The question asking for feedback and suggestions was also asked on the 3- and 6-month surveys. All the comments from the 3- and 6-month surveys are listed below. Three trainees volunteered that the simulation training still helped their confidence after they entered the field.

I was very nervous when doing the Simulations in the beginning, but I focused on what the instructors were saying. I am so thankful that those were done because I came across clients and families who were exactly like that. I have become more confident and observant to small details of the clients or abusers.

I found simulation training to be very helpful and I do believe it helped with my confidence as an APSCW, despite it being virtually done. It was so helpful to be able to learn from each other during simulation.

I found the debriefings and feedback following each simulation, (whether it was me or another classmate) very helpful. It strengthened my confidence and allowed me to see and hear conversations I would not have otherwise known.

Three trainees mentioned in the follow-up surveys the training would be more helpful in person.

Would have been more helpful if it was in person.

I think the simulation training was very helpful [but] would have been even better if it was in person!

It would have been more beneficial to do the mock interviewing training in person in order to be more realistic.

One trainee suggested a refresher training.

Simulation training was very useful in preparing me for my job, especially when it came time to go out alone without someone shadowing me. I think it would be a good idea for all APS staff (new and old) to take simulation training. Perhaps for staff who have already been through it, there could be a mini refresher every 1-2 years just to keep things fresh and stay updated on any changes in policy or procedure.

One other comment with mixed feedback was also made:

The simulation training has a lot of strengths and does give good information but I personally feel as though it would be better given by everyone's individual agency, as those that provide the simulation and the training do not experience what each individual APSCW experiences and that each APSCW's agency would have a better handle on describing certain situations and how to handle them. I also believe there was a lot of fear mongering and that some [agencies] in high crime areas or higher populated areas may experience more dangerous situations but that is not the case for everyone. The training is also very long and could more than likely be condensed. The phase 2 training also seemed redundant in some aspects as many things were just review from phase 1 and almost all of it are things that people should know by phase 2. Overall, the training was somewhat helpful but can be done differently.

Overall, the qualitative data indicated the success of the simulation training. The training delivered effective debriefing, enhanced specific skills, and provided invaluable experiences that trainees felt were helping them improve their practice.

Chapter 4: Conclusion

Illinois Department on Aging (IDoA) is the first state to implement a statewide simulation training in its adult protection services training. An evaluation team from the Children and Family Research Center (CFRC) worked with IDoA to conduct a program evaluation between March 2022 and August 2023. The Daily Experience of Simulation Training for Adult Protection Services (DEST-APS) survey was developed to evaluate their simulation training experience and administered between March 2023 and August 2023. The evaluation team described the IDoA's simulation training program's objectives, methods, theory, and implementation; examined trainees' change in confidence over the course of the training, assessed the maintenance of confidence at follow-up, and learned about trainees' perception of the impact of the training. Both quantitative and qualitative analyses suggest the value of simulation training for meeting trainees' needs and promoting their learning.

IDoA's Simulation Training Program

Chapter 1 described how the IDoA developed a simulation training program to meet the needs of adult protection services caseworkers (APSCW). The training focuses on trainees' skills in engagement, scene investigation, and interviewing. The learning objectives were clearly defined (see Table 1.1), and related to the core competencies for new APS workers identified by the National Adult Protective Services Association (NAPSA).⁴¹ The IDoA's simulation training also provides trainees with a hands-on experience to enact practice that follows ethical principles, manifests core values, demonstrates cultural competence.

This simulation training helps address concerns about insufficient training for the APS workforce.⁴² For all the newly hired APSCWs, IDoA provides a total 8 days of training (6 days of in-class training and 2 days of simulation training) before they enter the field. In addition, all newly hired APSCWs are required to attend a two-day refresher training within 6 months of completing Phase I training. The added days of training are consistent with research that shows the advantage of longer training programs.⁴³ Many DEST-APS survey participants valued more training, expressing the desire to extend the length of simulation training (see Chapter 3).

⁴¹ Liu, P.-J. & Ross, L. (2021). Adult Protective Services Training: A brief report on the state of the nation. *Journal of Elder Abuse & Neglect*, 33:1, 82-95, DOI:10.1080/08946566.2020.1845271.

⁴² National Adult Protective Services Association and the National Association of State Units on Aging. (2012). *Adult protective services in 2012: Increasingly vulnerable*. Retrieved from <http://www.napsa-now.org/wp-content/uploads/2012/06/BaselineSurveyFinal.pdf>; Liu, P.-J. & Ross, L. (2021). *Adult Protective Services Training: A Brief Report on the State of the Nation*. *Journal of Elder Abuse & Neglect*, 33:1, 82-95, DOI:10.1080/08946566.2020.1845271.

⁴³ Jogerst, G. J., Daly, J. M., Schmuck, G. A., Dawson, J. D., Brinig, M. F., & Peek-Asa, C. (2004). APS investigative systems associated with county reported domestic elder abuse. *Journal of Elder Abuse and Neglect*, 16(3), 1-17-17. https://doi-org.proxy2.library.illinois.edu/10.1300/J084v16n03_01; Connell-Carrick, K., & Scannapieco, M. (2008). Adult protective services: State of the workforce and worker development. *Gerontology & Geriatrics Education*, 29(2), 189-206. <https://doi.org/10.1080/02701960802223290>

A successful training program requires an effective training team. Liu et al. pointed out the importance of trainers having local knowledge.⁴⁴ Chiu and Cross emphasized the value of simulation trainers having a blend of skills and a dedication to collaborating closely with those in the role of actors in the simulations.⁴⁵ The two IDoA simulation trainers have many years of experience as caseworkers and trainers, including experience both with older adults and with younger adults with disabilities. The evaluation data on the effectiveness of their feedback suggest their value. Over 99% of DEST-APS survey participants found their feedback either very helpful (80.2%) or helpful (19.0%). Numerous survey participants also praised the trainers in their responses to the open-ended questions, writing such comments as “the [trainers] were patient and knowledgeable on the topics. The [trainers] took the time to make training fun and enjoyable learning with difficult topics and situations.” In addition to the trainers, both standardized clients were also perceived as effective. The survey data showed the majority of participants rated standardized clients’ feedback as either very helpful (70% respectively) or helpful (29.7% and 27.5% respectively) (see Figure 2.4). A survey participant commented “*the actors, the house, and watching others role play as social workers all made it a wonderful learning experience.*”

Trainees’ Confidence Change Over the Training

The Daily Experience of Simulation Training for Adult Protection Services (DEST-APS) provided valuable real-time data on trainees’ changes in confidence during simulation training. All but two of the simulation training participants completed the DEST at least once during their training. The high response rates during the two-day training enhance the validity of the results (Table 2.1). Our evaluation results over the course of the training showed statistically significant linear increases in confidence for all the 14 skills, with effect sizes in the large range (Table 2.2). This suggests that simulation training is helping increase trainees’ confidence in their skills over the course of the training week. This is consistent with Connell-Carrick and Scannapieco’s research finding that a training with experiential learning could increase APS workers’ confidence.⁴⁶

Our analysis also showed that increases in confidence were consistent across all 22 cohorts. Because sample sizes for this analysis were small and the reliability of individual results is limited, we think it is inadvisable to examine individual cohorts with smaller changes in the DEST-APS. A better use of the cohort results is to conclude that increases in confidence during the simulation training week are typical but not guaranteed, so quality control remains important.

We further examined whether trainees maintained their confidence following the training, when they were working as APSCWs. We conducted an one-way analysis of variance (ANOVA)

⁴⁴ Liu, P.-J., Neumann, A., Radcliffe, K., & Chodos, A. (2021). Adult Protective Services Training: Insights from California Caseworkers. *Journal of Gerontological Social Work*, 64(3), 274–290.

⁴⁵ Chiu, Y. L. & Cross, T. P. (2020). How a training team delivers simulation training of child protection investigators. *Children and Youth Services Review*, 118(1), 9p. DOI:10.1016/j.childyouth.2020.105390

⁴⁶ Connell-Carrick, K., & Scannapieco, M. (2008). Adult protective services: State of the workforce and worker development. *Gerontology & Geriatrics Education*, 29(2), 189–206. <https://doi.org/10.1080/02701960802223290>

comparing average confidence scores (across items) at the end of the training, at the three-month follow-up, and at the six-month follow-up. At each point, the mean confidence score was about 6 on the 7-point confidence scale, indicating a high degree of confidence. These results suggest that trainees maintained their confidence over six months following the training.

The qualitative data echoed what we found from the quantitative data. Several survey participants commented how the training helped them with their confidence in APS work over the two-day training. For example, a trainee commented *“I believe that this training was extremely helpful for me as I struggle with confidence at times.”* A trainee who completed the survey at 3-month post training commented *“I found the debriefings and feedback following each simulation [...] very helpful. It strengthened my confidence and allowed me to see and hear conversations I would not have otherwise known.”* Another trainee who completed the follow-up survey at 6-months commented

I was very nervous when doing the Simulations in the beginning, but I focused on what the instructors were saying. I am so thankful that those were done because I came across clients and families who were exactly like that. I have become more confident and observant to small details of the clients or abusers.

Both data sources indicated the impact of the simulation training on trainees’ confidence during the training and after the training.

Trainees’ Appraisal of the Simulation Training

Debriefing is considered an essential component of simulation training that is designed to help trainees transfer learning from simulation encounters.⁴⁷ The training team provided positive feedback first and then constructive criticisms, which helped trainees to analyze their performance and process their emotion. Our analysis showed that trainees found both individual and in-class group debriefings highly effective, which helped them identify the areas in which they need to grow; reflect on their skills and connect with class materials and their practical application. The regression analysis results also suggest the importance of the debriefings since higher ratings on debriefing were related to greater increases in confidence.

Qualitative data also showed that the debriefing helped trainees to enhance the skills that they need for their work. Halarewicz et al. pointed out the importance of self-awareness for future APS workers. A simulation encounter alone would not accomplish the goal.⁴⁸ Through the debriefing with trainers (an observer) and standardized clients (an interactor), trainees can review and reflect on the experience. With increased self-awareness, trainees can

⁴⁷ Arafeh, J. M. R., Hansen, S. S., & Nichols, A. (2010). Debriefing in simulated-based learning: Facilitating a reflective discussion. *Journal of Perinatal and Neonatal Nursing*, 24(4), 302-309–309.

⁴⁸ Halarewicz, A. K., Gelman, C., Ghesquiere, A., & Rogers, G. (2019). “Opening the door”: developing and pilot testing an adult protective services worker engagement training in New York city. *Journal of Elder Abuse and Neglect*, 31(3), 191–208.

conceptualize their experience and apply it in their work.⁴⁹ One DEST-APS survey participant's provides an example of this:

The most helpful feedback I learned from today's debriefing is my diction usage, the way in which I present information and how to make the conversation in general between the Client and/or AA flow better and intercept with questions to get the information you need. This was the most helpful because it will help with how I will deal with future cases and make the process of gathering information more smoothly.

The simulation training received very positive appraisals. Over 95% of DEST-APS survey participants who responded to the open-ended question asking for feedback and suggestions of the simulation training on Day 2 made positive comments, indicating that they found it invaluable. Many trainees would like to participate in simulation training in person and spend more time in simulation training. Even though we only received nine responses on this question from the follow-up survey, most of these trainees continued to share the same appreciation after they entered the field.

Limitation and Future Research

One limitation of the DEST-APS is that it measures trainees' subjective sense of their abilities and is not an objective measure of their skills. So, we cannot know for certain from the DEST-APS whether trainees' skills are actually increasing over the two days of simulation training. Nevertheless, it is sensible to judge that trainees have a reasonably accurate appraisal of their own skills. Moreover, developing confidence through training is certainly a prerequisite to doing one's job well, and people's appraisal of their skills is likely to be correlated with their actual skills, even though the correlation may be modest. In addition, training is unlikely to be effective if trainees do not believe that their skills are increasing.

Another limitation is that changes in trainees' confidence is an imperfect measure of the impact of simulation training. Our thinking was that the most plausible explanation for changes in confidence during the training is the effect of what the trainers provided. But an alternative explanation is possible. Trainees may give themselves ratings indicating increasing confidence but believe that this was due to their own effort to learn the skills during the week, and not credit the trainers with help in increasing their confidence. The high ratings on both feedback and debriefing suggest that trainees do credit the training team with helping them, and a regression analysis suggests that more value placed on debriefings predicts greater increase in confidence. These results suggest that IDOA's simulation training is likely to improve trainees' confidence.

Future research can employ additional methods to assess the value of simulation training for APSCWs. Ratings by expert observers can provide a more objective measure of changes in

⁴⁹ Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning*. Englewood Cliffs, NJ: Prentice Hall; Kolb, D.A. (2015). *Experiential learning: Experience as the source of learning and development*. 2nd Edition. Upper Saddle River, NJ: Pearson Education.

trainees' competence in response to simulation training (see Havig, et al., 2020).⁵⁰ A survey of alumni of simulation training who are currently APSCWs can examine whether they feel simulation training has contributed to their skill and confidence in the field (see Cross, et al., 2021).⁵¹

Final Words

In conclusion, our evaluation provides important information on trainees' simulation training experience and data on their appraisal of growth in skills that are important for practice. Analysis of quantitative data collected in the past 17 months indicates that trainees experience increases in skills over the course of simulation training and support the value of the training. Their text responses indicated that they received feedback they appreciated and felt they gained ability on a range of different skills. The program evaluation suggests that the simulation training makes a valued and effective contribution to IDoA's Certification training of APS caseworkers.

⁵⁰ Havig, K., Pharris, A., McLeod, D. A., Natale, A. P., & Miller-Cribbs, J. (2020). Assessing new child welfare worker competency through social simulation with standardized clients: Rubric development and pilot testing. *Journal of Public Child Welfare*, 14(5), 531-552.

⁵¹ Cross, T. P., Chiu, Y. L., Havig, K., Lee, L., & Tran, S. P. (2021). Evaluation of a simulation training program for new child protection investigators: A survey of Investigators in the Field. *Children and Youth Service Review*, 131, 9p. DOI:10.1016/j.childyouth.2021.106295.

Appendix: Content of DEST-APS

- **Research ID**

- Please enter your work email address, using all lowercase letters. We will use it to send confirmation messages and the subsequent surveys. (on the first administration of DEST-APS, required)

Please enter you're agency email address: _

Please enter your agency email address again: _

- Timepoint: ☐ Wednesday Morning (pre) ☐ Day1 ☐ Day 2
- Your Education Background (on the first administration of DEST-APS; required; single choice)
 - ☐ a Master's or higher degree in health, social services, social work, health care administration, gerontology, criminal justice, or public administration.
 - ☐ a BA or a B.S. in health, social sciences, social work, health care administration, gerontology, or criminal justice, with one year experience in health or human services.
 - ☐ a B.S.N. or a RN license, with one year experience in health or human services.
 - ☐ a LPN license, with two years' experience in health or human services.
 - ☐ None of the above. I received a waiver. Please write down your highest education degree____(Required)_____
- Have you been doing Adult Protection Service field visits for at least 1 year? Yes/ No (baseline only)
- With (1) being lowest and (7) being highest, please check the appropriate number to indicate your level of confidence in the following skill areas TODAY.

	(1) Low	(2)	(3)	(4) Moderate	(5)	(6)	(7) High
1. Gather info from collateral contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Think critically on facts vs. hypotheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Engage families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assess safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Integrate compassion and investigative skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Address any concerns about alleged victim's statements and behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Address any concerns about alleged abuser's statements and behaviors							

8. Identify family strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Explain APSCW* role and expectations for keeping an alleged victim safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Conduct an interview with an alleged abuser							
11. Answer pointed questions from an alleged victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Answer pointed questions from an alleged abuser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Address underlying conditions such as domestic violence, substance abuse, mental health, developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Work as an APSCW*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*APSCW stands for Adult Protection Services Caseworkers.

- With (1) being lowest and (7) being highest, please rate the effectiveness of the individual debriefing on **Day 1 afternoon**.

	(1) Extremely ineffective	(2)	(3)	(4) Somewhat effective	(5)	(6)	(7) Extremely effective
Debriefing identified the areas in which I need to grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing provoked in-depth discussion that led me to reflect on my skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing allowed me to connect with class materials and their practical application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- With (1) being lowest and (7) being highest, please rate the effectiveness of the in-class group debriefing **on Day 2**.

	(1) Extremely ineffective	(2)	(3)	(4) Somewhat effective	(5)	(6)	(7) Extremely effective
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Debriefing identified the areas in which I need to grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing provoked in-depth discussion that led me to reflect on my skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing allowed me to connect with class materials and their practical application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please answer the following questions regarding the feedback that you received in **Day 1 training**: (Wednesday afternoon)

	very unhelpful	unhelpful	helpful	very helpful
I found the simulation facilitator's feedback to be...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the feedback of "alleged victim" in general				
I found the feedback of "alleged abuser" in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Today's reflective log: (On Day 1 and Day 2 afternoons)
 - What was the most helpful feedback that you learned from today's debriefing? And why?
 - What were the most meaningful concepts or skills you learned today?
- Please share if you have any feedback about your simulation training this week. (Thursday afternoon)

- Post Training questions: (On 3-month and 6-month surveys)
 - Looking back again, how much do you agree or disagree with the following statements about the APS Simulation training at IDOA?

1) The simulation environment was realistic. I was able to incorporate my training into practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) The simulation training provided a realistic experience of the challenges I face when working in the field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Participating in the simulation training helped to increase my confidence in my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) The debriefing sessions provided valuable feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Looking back on the training at the APS Simulation Training at the IDOA, how useful were the following to you in your current work?
-

1) Interview with alleged victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Interview with alleged abuser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Individual Debriefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Group Debriefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Please share if you have any feedback or suggestions about the simulation training.