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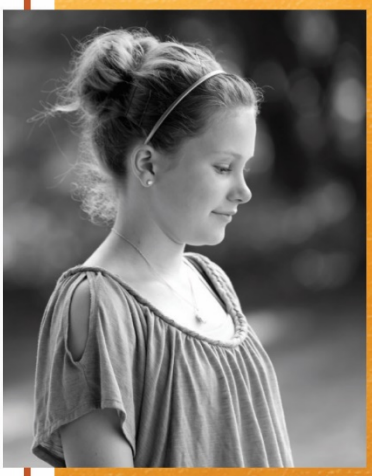


Program Evaluation of Child Protection Training Academy for New DCFS Investigators: Initial Report

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Executive Summary

Investigating child abuse and neglect is a difficult job and investigators need all the preparation they can get. Given the demands of working with families in child protections, transferring theory to practice is particularly essential. Ideally, the initial training that new child protection workers receive should give them opportunities to practice the skills they need such as engaging families and assessment and critical thinking skills for protecting child safety.

The Child Protection Training Academy at the University of Illinois at Springfield (UIS) has collaborated with the Illinois Department of Children and Family Services (DCFS) to add an innovative experiential component to the training of new DCFS investigators. All new investigators come to Child Protection Training Academy at UIS for a week at the end of their initial training to participate in simulations of real life situations that every DCFS investigator encounters.

This program evaluation is consistent with the formative state of knowledge in the field and the fact that the Child Protection Training Academy is in a comparatively early stage of development. At this early stage, the program evaluation has focused on gathering data to describe the program's objectives, methods and training theory, and examining trainees' and other stakeholders perception of the impact of the training. The goal is to inform program development and improvement, provide evidence of the program's immediate impact on trainees, and help prepare for more rigorous program evaluation in the future.

Method

The program evaluation employed a variety of qualitative methods. One important tool was observation; hence, one of evaluators (the second author) attended a four-day simulation training held in August, 2016. In addition, between October 2016 and March 2017, the evaluators conducted interviews with key informants with detailed knowledge about the Child Protection Training Academy. The key formants include two professionals in leadership positions in Illinois and two trainees who had participated in the simulation training program and were now working in investigative roles in DCFS. The program evaluators also employed data from a post-training satisfaction survey, administered by the Center for Applied Information Technology (CAIT) at Western Illinois University. We examine the frequency distributions, means and standard deviations for eight Likert-scaled items on simulation training, and conducted a content analysis of text responses to an open-ended item about simulation training.

Results

Development and Implementation of the Program.

The idea for the Child Protection Training Academy originated in Dr. Betsy Goulet's experience of simulation training at the National Child Protection Training Center in Minnesota in 2010. Dr. Goulet was working with DCFS to explore ways to extend the CAST curriculum to DCFS employees as well as UIS students. Dr. Goulet contracted with DCFS for a year of research and development to advance a simulation training program. UIS refurbished one of the structures to serve as a mock house. The mock house was completed in August 2014. Simulation training for new DCFS investigators was designed to be provided in conjunction with the Department's Foundation Training, its long-standing training program for new investigators. Dr. Goulet and Ms. Evans spent many hours in 2015 both designing simulation training and re-designing classroom training. In addition to designing the training, the two training developers developed the human capital for simulation training. They worked with DCFS' Office for Learning and Professional Development to prepare additional classroom trainers to work from the new curriculum. They also recruited actors from the long-established standardized patient program Southern Illinois University School of Medicine. Ms. Evans and Dr. Goulet created a conceptual tool to integrate all child protection training and connect the classroom and the simulation experience. They called it The Life of the Case. For the purpose of this report, we will call this family the Smiths. The thread running from the first day through the end of training is the trainees' responsibility to do an investigation in the case. The first combined classroom and simulation training was conducted in February, 2016. Approximately 10 to 14 new investigators are trained in the Child Protection Training Academy at a time. As of August 2017, 20 simulation trainings have been held and 261 child protection investigators have completed the trainings.

Description of Training.

Training begins in the classroom. Students receive a broad overview of the child welfare system and how child protection works, learn the DCFS practice model, and master an array of DCFS procedures. Simulation actually begins during the classroom phase of their training. Trainees simulate making telephone calls to collateral contacts to gather information about the Smith family. The four days in the laboratories focus both on simulation and debriefing students to enhance their learning. Simulations typically consist of 7 to 8 minutes of actual role-playing with actors for each student, followed by 5 minutes debriefing the student. Each day ends with a group debrief in which the trainees discuss their overall experience of the day, discuss what they have learned about the family that day, and begin to plan what they need to do the next day. Day One of simulation training begins with an orientation to simulation and then the trainer Ms. Evans simulates a supervision interaction. Day Two, titled Knock on the Door, focuses on engaging families. On Day Three, trainees do a scene investigation of the house and immerse themselves further in the critical thinking they need to consider evidence. Day Four is the courtroom simulation of a hearing regarding the Smith family. Simulation provides an

intensive though time-limited opportunity for investigators to practice important skills in a supportive, learning environment.

Logic Model.

As part of the initial program evaluation, the evaluators collaborated with the developers to create a program logic model, which is presented in the body of the text. The Activities column shows the wide variety of ways in which the new DCFS investigators learn in both the classroom and simulation training. The Outputs column shows that the trainees are expected to gain knowledge, skill, understanding, and confidence. The Short-Term Outcomes concern better performance on the job. The Intermediate Outcomes concern positive aspects of the service and working environment at DCFS and workers' careers. The Distal Outcomes include improved child safety, better relationships with families, better service delivery and reduced cost.

Trainees' Experience of the Program.

Post-training survey data were available for 154 trainees. Respondents participated in training at various dates between February 2016 and June 2017. The findings of the Likert-scaled questions on simulation training in the post-training survey show that the ratings were very high, the mean verging on strongly agree across most questions. Across the sample, for the seven evaluative questions on simulation training, there were 1,052 positive ratings (99.3%) and only 7 negative ratings (0.7%). Although ratings were consistently positive across the sample, they were somewhat less positive for later trainees than for earlier trainees. This needs be put in perspective, however, given the substantially positive overall ratings and the possible impact of a ceiling effect, since ratings approached the maximum early in the program.

The content analysis of open-ended items on the survey found that trainees frequently volunteered positive comments on the unique value of simulation training. Post-training survey respondents recommended extending simulation training to a wider range of topics, professionals, and locations. A number of respondents felt like more time in simulation training was needed. In addition to post-training survey analysis, the interviews with two DCFS investigators who had completed simulation training allowed the program evaluators to explore trainees' experience of simulation in greater depth. Both interviewees felt that simulation training effectively re-creates real life experience and provides greater understanding beyond the classroom training. They noticed the effects of simulation training on the process of understanding and engaging families. Both felt that, as a result of simulation training, they had become more attentive to verbal and non-verbal information from the family and more skilled with parental engagement. Both trainees suggested increasing the frequency of simulation training.

Discussion

The Child Protection Training Academy has made extraordinary progress in a comparatively short period of time. Simulation training is now a standard component of the training of DCFS investigators and 261 new investigators have received it. Simulation training has a well-

developed training model; dedicated and experienced trainers, actors and participating professionals; and realistic physical environments.

The most striking findings in this report concern the very positive experience of trainees in the program. The vast majority of respondents strongly agreed that simulation training was a safe learning environment that provided realistic challenges and was conducive to learning. They felt they were respected during debriefing and received valuable feedback from it. They felt that simulation training increased their confidence and could be incorporated into practice. The two investigators we interviewed who had graduated from the program were also enthusiastic about the program, and felt that it contributed to their skills in their current work.

One needs to be cautious in considering the effect of simulation training, however, because the amount of simulation training provided is limited in the number of days devoted to it and the amount of time each trainee spends in simulation scenarios. The size of the impact of simulation training may be limited because of the limited dose. On the other hand, it is possible to underestimate the effect of simulation training, because its effects have been described as powerful and qualitatively different, and even a small effect of simulation may accrue substantially in workers' on-the-job practice over time. Moreover, the fact that trainees' observe their peers simulations and debriefs could substantially augment simulation training's effects.

The Child Protection Training Academy is exploring opportunities to extend simulation training to different professionals, different child welfare challenges, and different client populations. Some stakeholders are interested in creating Child Protection Training Academy in other parts of the state. One challenge will be maintaining quality if simulation training expands, especially given the limited number of professionals developing and providing simulation training and a potential squeeze on the hours of availability of the residence.

The program evaluators are planning several methods to assess the impact of simulation training, including tracking trainees' self-perception day-by-day, a survey of simulation –trained investigators currently on the job, and a comparison of turnover between investigators who have and have not received simulation training. Extending simulation training to existing workers may provide an opportunity to use a rigorous randomized control group design that is the gold standard for program evaluation.

This program evaluation suggests that simulation training is a promising practice that deserves further development and testing. Continued research is needed, particularly if the model is extended to new problems, new client populations, different types of workers and different locations.

Introduction

Investigating child abuse and neglect is a difficult job and investigators need all the preparation they can get. Consider all that is required. Investigators must engage families who have reason to be suspicious and they must listen carefully and empathically. At the same time, they need to conduct a thorough investigation and think critically to assess the truth and insure children's safety. They must keep track of an array of different procedures and the necessity to document each one of them. They must be aware of service and health needs and be prepared to do immediate crisis intervention. They must engage and work with diverse professionals with varying goals, perspectives and values, and prepare if necessary to testify in family court and submit to cross-examination. They sometimes make the wrenching decision to remove children from their home to protect their safety. They must keep their emotional bearings while confronting human misery and dysfunction. They keep at it because they care about children and families.

It is not surprising then that child welfare research suggests that child protective services worker can experience considerable stress. One study found that almost half of workers in their sample had a high risk of compassion fatigue[1], and another reported that over a third of child welfare workers reported clinical levels of emotional distress related to secondary traumatic stress[2]. A 2003 General Accounting Office report found that average tenure in a child protection position is two years[3].

Given the demands of working with families in child protection, transferring knowledge gained in training into practice to bolster investigators' skills and confidence is essential[4]. Yet 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[5]. 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[6].

However, new child protection investigators have limited opportunities to practice skills compared to junior employees in other professions. Unlike doctors, lawyers, and many professionals, there are few opportunities to be a junior partner on a large team and there are few opportunities to observe more experienced colleagues in action. There are no student

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[1] Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30, 1071-1080.
[2] Cornille, T. A., & Meyers, T. W. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. *Traumatology*, 59(1).
[3] US General Accounting Office. (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies to recruit and retain staff* (Washington, DC: US General Accounting Office.
[4] Liu, J. & Smith, B.D. (2011). Transferring training to child welfare practice: Individual and collective efforts. *Children and Youth Services Review*, *33*, 149-156.
[5] See e.g., 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.
[6] 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.

teachers in child welfare. Although new investigators can partner with more experienced investigators for a period of time, caseloads are too high to allow long periods of apprenticeship and supervisors can rarely accompany their caseworkers. These realities increase the need for training to provide opportunities for practice that take new investigators out of the classroom and into situations that give them opportunities to apply new skills.

The Child Protection Training Academyat the University of Illinois at Springfield (UIS) has collaborated with the Illinois Department of Children and Family Services (DCFS) to add an innovative experiential component to the training of new DCFS investigators. All new investigators come to the Child Protection Training Academy at UIS for a week at the end of their initial training to participate in simulations of real life situations that every DCFS investigator encounters. A frame house on campus re-designed to simulate a family's home serves as the Residential Simulation Laboratory. A meeting room on campus is outfitted as the Courtroom Simulation Laboratory, a simulation of family court. Actors from Southern Illinois University School of Medicine's Standardized Patient Program play family members. In the courtroom simulation, retired and active professionals play roles matching their experience. This report presents results of an initial evaluation of the Simulation Laboratory Program at UIS. Through observation of the program, review of program documents, interviews with the program developers and other stakeholders, and an analysis of trainee satisfaction data, this evaluation examines the development and implementation of the Child Protection Training Academy, explores the logic model describing its theory, and examines its impact as reported by trainees and other stakeholders.

Simulation Training for Child Protection Investigators Nationally

The UIS Program is part of a growing national movement to provide simulation training to support learning how to investigate child maltreatment. In 2013, California State University at Los Angeles constructed a residential simulation laboratory "mock-up" and by the end of the year simulations were regularly provided as part of child protection workers training[7]. Residential simulations are now regularly offered in Los Angeles County through the University Consortium for Children and Families, a collaboration between the county's Department of Children and Family Services and the social work programs in four California universities. The National Child Protection Training Center (NCPTC) at Winona State University in Minnesota has provided simulation training in conjunction with its Child Advocacy Studies (CAST) program[8], a national project to implement curricula on child maltreatment in colleges and universities across the country. UIS has had a CAST certificate program with a child maltreatment curriculum since 2015. NCPTC offers simulation training both to professionals in the field and

[7] Lee, H. (2014). *Simulation training for newly hired children social workers.* Presentation for the Los Angeles County Department of Children and Family Services (DCFS) In partnership with the University Consortium for Children and Families (UCCF). Retrieved from calswec.berkeley.edu/sites/default/files/uploads/calswec_presentation_7.31.14.pptx

[8] See Berger, J. (Fall 2009). Learning to investigate and avert child abuse. *Minnesota State Colleges and Universities*. Retrieved from http://www.mnscu.edu/media/publications/pdf/mnstate_magazine_fall09.pdf ; Gundersen National Child Protection Training Center (n.d.) *CAST Child Advocacy Studies: Conference and Curricula*. Winona, MN: NCPTC. Retrieved from http://www.gundersenhealth.org/app/files/public/3142/NCPTC-CAST-Brochure.pdf .

students in its CAST courses. The University of Pittsburgh and the University of South Carolina Upstate are also providing simulation training in child protection investigation to professionals in conjunction with their CAST programs[9]. The University of Missouri at St. Louis (UMSL) recently received a 5-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to teach universities how to use simulation training to train both professionals and students in Trauma-Informed Experiential Reasoning Skills, which inform child investigation practice[10]. The University of Illinois at Springfield is a partner in both CAST and the UMSL SAMSHA grant.

Previous Research

Given how recently it has been developed, it is not surprising that little research has been conducted on simulation training for child protection and that the research conducted has not yet been rigorous. Leake and colleagues[11] conducted a formative evaluation that showed considerable participant satisfaction with a child protection simulation to improve cultural responsiveness to Latino families, but its resemblance to actual practice was probably limited given that the participants (mostly non-Latino, presumably) played the parts. Lexton and colleagues describe a long-term program of hiring actors to train child protection workers, but provide little information on what trainings were provided, whether trainees received feedback, or what the results of training evaluations were[12]. Bogo and colleagues' research review identified only three full-fledged studies of training in which facilitators led child protection workers through simulations with actors portraying clients[13]. All three studies focused on fairly specific forms of interviewing (child forensic interviewing, interviewing regarding domestic violence) and did not assess other child protection tasks. The outcome measures were also specific, including a knowledge questionnaire on child sexual abuse[14], observer ratings of workers skills in interviewing to assess domestic violence[15], and a count of

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[9] See Neail, E.L. & Frederick, R. (n.d.). *Simulation and collaboration*. Presentation of the University of Pittsburgh School of Social Work, PA Child Welfare Resources Center. Retrieved from https://imgsvr.eventrebels.com/ERImg/01/62/85/3500173/91922-0-30779.pdf ; University of South Carolina Upstate (2016). *First cohort graduates from center for child advocacy studies program*. University webpage. Retrieved from http://news.uscupstate.edu/2016/11/first-cohort-graduates-from-center-for-child-advocacy-studies-program/ ; University of South Carolina Upstate (2016). Child protection training center. University webpage. https://www.uscupstate.edu/outreach/child-protection-training-center/

[10] Athens State University (2017). *CAST Program to Act as Pilot Team for SAMSHA Grant*. University webpage. Retrieved from http://www.athens.edu/cast-program-to-act-as-pilot-team-for-samsha-grant/

[11] Leake, R., Holt, K., Potter, C., & Ortego, D.M. (2010). Using simulation training to improve culturally responsive child welfare practice. *Journal of Public Child Welfare*, *4*, 325- 346.

[12] Lexton, A., Smith, M., Olufemi, D., & Poole, G. (2005). Taking a risk and playing it safe: The use of actors in interagency child protection training. Child Abuse Review, 14, 195-206.

[13] Bogo, M., Shlonsky, A., Lee, D., & Serbinski, S. (2014). Acting like it matters: A scoping review of simulation in child welfare training. *Journal of Public Child Welfare*, *8*, 70-93.

[14] Freeman K. A. (1999). *Investigative interviewing with children: Evaluation of the effectiveness of a training program for child protective service workers*. Dissertation Abstracts International: Section B: Sciences and Engineering, 60(1-B), 0365. Freeman K. A., & Morris T. L. (1999). Investigative interviewing with children: Evaluation of the effectiveness of a training program for child protective service workers. *Child Abuse & Neglect*, *23*, 701-713.

[15] Friend, C. (2004). *Helping public child welfare workers learn interviewing skills*. Dissertation Abstracts International, 65-07A. Friend, C. (2009). *Helping child welfare workers learn interviewing skills: A research*

satisfaction data, though one recent quasi-experimental study found that simulation combined with training in critical thinking was more effective than simulation alone . the number of times interviewers used open-ended question in child interviews (which are considered superior because they are less suggestive)[16]. Although trainees showed progress in each study, none of the three studies had a training-as-usual comparison group that would have allowed the researchers to assess the impact of simulation over and above standard training. In an analysis testing different elements of simulating training, Powell[17] did compare different methods of providing feedback, and also compared the use of people trained in the parts they played in the simulation versus people who were untrained. She found no significant differences.

Other research has examined the use of simulation in other contexts and with other professionals. Simulation has been used in social work training and education, mainly to teach interviewing skills[18]. These efforts have generally been evaluated through post-evaluation trainee satisfaction measures, which have consistently yielded positive scores. Simulations have also been used to train nurses and doctors[19], sometimes on skills related to child abuse[20]. These trainings sometimes explicitly use simulation as a method to evaluate medical trainees, a method entitled Objective Structured Clinical Examinations (OSCEs)[21]. Like the studies in social work, most medical studies of simulation report positive trainee satisfaction. Thus the UIS team is developing the Child Protection Training Academy in the context of a growing national effort to teach child protection skills through simulation, and a wealth of other examples of simulation for adult trainees in a variety of fields. Simulation has been applied to many

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report. Berkeiey, CA: University of California at Berkeley, California Social Work Education Center. Retrieved from https://web.csulb.edu/projects/ccwrl/Friend_Research_Report.pdf

[16] Powell, M. B., Fisher, R. P., & Hughes-Scholes, C. H. (2008a). The effect of intra versus post-interview feedback during simulated practice interviews about child abuse. *Child Abuse & Neglect*, *32*, 213-227. Powell, M. B., Fisher, R. P., & Hughes-Scholes, C. H. (2008b). The effect of using trained versus untrained adult respondents in simulated practice interviews about child abuse. *Child Abuse & Neglect*, *32*, 1007-1016

[17] Powell (2008a, 2008b) ibid.

[18] See, e.g., Linsk, N.L., & Tunney, K. (1997). Learning to care: Use of Practice simulation to train health social workers. *Journal of Social Work Education, 33*(3), 473-489. Miller. M. (2002). Standardized clients: An Innovative approach to practice learning. *Social Work Education*, *21*, 663-670. Study: Miller, M. (2004). Implementing standardized client education in a combined BSW and MSW program. Journal of Social Work Education, 40(1), 87-102. Rawlings, M.A. (2012). Assessing BSW student direct practice skill using standardized clients and self-efficacy theory. *Journal of Social Work Education*, *48*, 553-576.

[19] See, e.g., Kim-Godwin, Y.S., Livsey, K.R., Ezzell, D., & Highsmith, C. (2013). Home visit simulation using a standardized patient. *Clinical Simulation in Nursing*, 9, e55-e61. Parikh, P.P., Brown, R., White, M., Markert, R.J., Eustace, R., & Tchorz, K. (2015). Simulation-based end-of-life care training during surgical clerkship: Assessment of skills and perceptions. *Journal of Surgical Research*, *196*, 258-263. Schram A.P., & Mudd, S. (2015). Implementing standardized patients within simulation in a nurse practitioner program. *Clinical Simulation in Nursing*, 11, 208-213.

[20] Anderst, J., Nielsen-Parker, M., Moffatt, M., Frazier, T., & Kennedy, C. (2016). Using simulation to identify sources of medical diagnostic error in child physical abuse. *Child Abuse & Neglect*, *52*, 62-69. Victor-Chmil, J., & Foote, E. (2016). An interprofessional simulation for child abuse reporting. *Clinical Simulation in Nursing*, *12*, 69-73.

[21] McWilliam, P., & Botwinski, C. (2010). Developing a successful nursing objective structured clinical examination. *Journal of Nursing Education*, *49*, 36-41; Mitchell, M.L., Henderson, A., Jeffrey, C., Nulty, D., Groves, M., Kelly, M., & Glover, P. (2015). Application of best practice guidelines for OSCEs-An Australian evaluation of their feasibility and value. *Nurse Education Today*, *35*, 700-715.

different professional challenges, and there have been a number of permutations of how to deliver the simulation experience. The diversity of different simulation programs has the advantage of showing a wide range of what is possible; it has the disadvantage that the sparse research is dispersed over this wide range of applications, making it more difficult to draw conclusions about any one simulation method. As is commonly the case for new methods, studies must catch up with practice and research is in a formative stage.

This program evaluation is consistent with the formative state of knowledge in the field and the fact that the Child Protection Training Academy is in a comparatively early stage of development. The program evaluation follows Jacobs' five-tiered approach[22]. This approach conceptualizes program evaluation as having multiple purposes and multiple possible levels or "tiers" of data collection and research rigor. Different tiers of data collection are appropriate for different programs, and newly developed programs will tend to start at lower tiers and over time develop higher level program evaluation plans as they mature. This program evaluation focused on Tiers 2 and 3 in Jacobs' model. At this early stage, the program evaluation has focused on gathering data to describe the program's objectives, methods and training theory; and examining trainees' and other stakeholders perception of the impact of the training. The goal is to inform program development and improvement, provide evidence of the program's immediate impact on trainees, and help prepare for more rigorous program evaluation in the future.

Methods

The program evaluation employed a variety of methods. One important tool was observation; one of evaluators (the second author) attended a four-day simulation training held in August, 2016 and took detailed notes on the training structure and process, the laboratories' physical environment, and the interaction among the trainers and trainees.

In addition, between October 2016 and March 2017, the evaluators conducted interviews with key informants with detailed knowledge about the Child Protection Training Academy. Two interviews were conducted with key professionals in leadership positions in Illinois who the program developers identified as important contributors to the implementation and management of the program. In addition, interviews were conducted with two trainees who had participated in the simulation training program and were now working in investigative roles in DCFS. The program developers assisted the evaluators by contacting these alumni of the program and seeing if they would be willing to be contacted by the program evaluators. The purpose of these interviews with the trainees was to explore more fully the process of simulation training from the trainee perspective.

The program evaluators also employed data from a post-training satisfaction survey that trainees completed. DCFS contracted with the Center for Applied Information Technology (CAIT) at Western Illinois University to collect online survey data on both the classroom Foundation training (see below) and simulation training that new investigators take. Trainees

[22] Jacobs. F.H. (2003). Child and family program evaluation: Learning to enjoy complexity. Applied Developmental Science, 7, 62–75.

are given the link to the survey, and encouraged to complete it following training. As shown in Table 1, the developers of the simulation training program wrote eight questions on simulation training for the survey that are scored on a five-point Likert scale from strongly disagree to strongly agree.

Table 1

Likert-Scaled Items on Simulation Training Included in the Post-Training Satisfaction Survey

Items
I felt prepared to participate in the SIM lab
The simulation environment was a safe learning environment.
I felt the training was conducted in an environment conducive to learning.
The scenario environment was realistic. I was able to incorporate my training into practice.
The SIM lab provided a realistic experience of the challenges I will face when working it the field.
Participating in the scenarios helped to increase my confidence in my role.
I felt respected during my debriefing.
The debriefing sessions provided valuable feedback.

The survey also included the following open-ended question: *Please add a few statements that summarize your experiences in the Simulation Labs to help us improve the scenarios*. Respondents also had an opportunity to contribute additional comments and questions elsewhere in the survey, and some of these pertained to simulation training. Data from the surveys had not previously been fully analyzed. Therefore, data from the surveys were downloaded and analyzed for this report.

Results

Development and Implementation of the Program

The idea for the Child Protection Training Academy originated in Dr. Betsy Goulet's experience of simulation training at the National Child Protection Training Center (see above) in Minnesota in 2010. Dr. Goulet is a faculty member in the Department of Public Administration at UIS, and has considerable experience related to child protection. She has been a child protection investigator, a founding director of the Sangamon County Children's Advocacy Center, and the first president of the Illinois Chapter of Children's Advocacy Centers. Following NCPTC's model, Dr. Goulet established a Child Advocacy Studies (CAST) educational program at UIS, and has collaborated with NCPTC on training and program development for a number of years.

Dr. Goulet worked with DCFS to explore ways to extend the CAST curriculum to DCFS employees as well as UIS students. She saw the potential of simulation training, which NCPTC has used in conjunction with CAST for years, and noticed two unused frame houses owned by UIS. She advocated for her idea and received considerable support from the university

administration. Dr. Goulet contracted with DCFS for a year of research and development to advance a simulation training program.

UIS refurbished one of the structures to serve as a mock house. The house is a two-bedroom, single story home, equipped with cameras and audio throughout. It includes an entryway, dining area, living room and child's bedroom. An environment was created to simulate the home of an economically disadvantaged and behaviorally challenged family struggling to care for their children. The house as outfitted is very messy, liquor and pill bottles are scattered about, and there are even simulated dog feces and a dirty diaper on the floor. The second bedroom is equipped with a computer for the trainers to observe the simulation. To make the simulation realistic and workable, only one or two trainees participate at a time while the others watch and learn on a large screen located in a campus classroom. For the courtroom simulation, the theater department at UIS has created a courtroom set that is installed in a room on campus. Materials were found on campus to put into the set to make it resemble a real courtroom.

The mock house was completed in August 2014, just in time for Dr. Goulet and colleagues to stage a two-day simulation demonstration at the house attended by approximately 60 DCFS administrators, supervisors, and other stakeholders, including the Deputy Director of DCFS and the UIS Chancellor. The two-day event, financially supported by the Children's Justice Task Force, cemented DCFS' and the university's commitment to simulation training.

Other factors have facilitated the program's development. The expectations of DCFS under the B.H. Consent Decree were newly re-examined under then DCFS director, George Sheldon, who began his tenure during the development of the Child Protection Training Academy. Director Sheldon became personally involved with and was committed to simulation training. The Center for State Policy and Leadership at UIS provided an interim home for the program until the simulation training contract was developed between UIS and DCFS, and the UIS Chancellor and Department of Public Administration enabled the use of the empty house. Dr. Goulet also advocated with legislators to write Public Act 99-0348, passed in 2016, which requires DCFS to maintain a child protection academy and provide a mock residence and courtroom. The act also requires medical mock medical facilities and mock forensic interview rooms, which the SIU team has been working with other Illinois stakeholders to develop. By establishing it in law, Public Act 99-0348 helps make simulation training resistant to changes in administration. Finally, DCFS approved hiring for a number of new DCFS investigative positions, facilitating the delivery of simulation training to a host of new investigators.

Simulation training for new DCFS investigators was designed to be provided in conjunction with the Department's Foundation Training, its long-standing training program for new investigators. Dr. Goulet met with Susan Evans of DCFS in 2015 to explore how to combine the two forms of training. Ms. Evans was a former child protection investigator and a long-time trainer at DCFS. She did not design Foundation Training, but was the primary trainer using it. Dr. Goulet and Ms. Evans quickly formed a strong partnership and have collaborated on developing and running simulation training to the present. In 2016, Ms. Evans moved from DCFS to UIS and is now the primary simulation trainer.

For many years, Ms. Evans had been aware of problems with the Foundation Training, and Dr. Goulet concurred when she examined Foundation Training materials. The training was a patchwork that had developed by accretion over the course of many years. New PowerPoint slides developed in response to emerging issues were simply added without being integrated with existing slides. Little or no editing or necessary discarding took place, and much material, including important demonstration videos, was outdated or even counter-productive, because it demonstrated poor practice. There was little continuity, and it was even difficult to ascertain what files were current. Symptomatic of the problem was the hodgepodge of different templates, fonts, colors and DCFS logos across the accumulated slides. Trainers like Ms. Evans were forced to improvise when using the Foundation training materials, using a whiteboard to draw diagrams and write important text to make up for the deficiency in the materials.

DCFS recognized the problem at that point, and gave Dr. Goulet and Ms. Evans considerable latitude both to design simulation training and to re-design Foundation training. An additional reason to re-design Foundation training was DCFS' publication in October 2015 of a substantially revised set of procedures on investigation, the so-called the Section 300 procedures[23]. Foundation training not only needed to be improved but needed to be consistent with 300.

Dr. Goulet and Ms. Evans spent many hours in 2015 both designing simulation training and re-designing classroom training. They reached out to the Residential Simulation Lab (RSL) of California State University to understand how simulations work in social work trainings, and labored over creating the simulation scenarios.

Dr. Goulet and Ms. Evans also developed the human capital for simulation training. They worked with DCFS' Office for Learning and Professional Development to prepare additional classroom trainers to work from the new curriculum. They also recruited actors from the long-established standardized patient program Southern Illinois University School of Medicine[24]. Standardized patients are members of the community who learn to play the role of patients in order to train medical and other service professionals. Though typically not individuals with formal theater training, standardized patients learn to be in character and simulate how patients actually interact with professionals. They are also trained to provide feedback after the simulation, an important learning function. Dr. Goulet and Ms. Evans also recruited a retired judge and other current or former professionals to donate their time to play the state's attorney, defense attorney, judge, and Guardian Ad Litem, professionals with whom child protection workers work in the courtroom simulation.

Ms. Evans created a "life of the case" approach, to integrate all child protection training and connect the classroom and the simulation experience. Early in the re-designed classroom training, the trainer introduces students to an actual DCFS case that ended tragically with the

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[23] Illinois Department of Children and Family Services (2015). *300.Appendix B – The allegations system* Retrieved from https://www.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_300_Appendix_B.pdf

[24] See SIU School of Medicine (2017). *Become a standardized patient.* Retrieved from https://www.siumed.edu/oec/sp

death of a child. This case had been studied carefully in conjunction with an investigation by the Illinois Office of the Inspector General. Trainees learn about the family members, the facts of the case, and DCFS' intervention, with identifying information changed to protect the family's privacy. The case then becomes the touchstone for all the trainees' learning, both in the classroom and the simulation laboratories. For the purpose of this report, we will call this family the Smiths. Like the family on which they were based, the Smiths are bi-racial and economically disadvantaged, and the allegations concern child neglect and physical abuse. The thread running from the first day through the end of training is each trainee's simulated responsibility to do an investigation in the case. Throughout, trainees must ask these questions: What did we know about this family? What have we just learned? What more do we need to learn? How do we think critically about everything we have learned to make good decisions? Students are taught to use this conceptual thread throughout every didactic and simulation experience. New lessons are continually related back to this family.

The classroom and simulation training are also designed to encourage trainees to examine their own feelings and values related to child protection work. Ms. Evans and Dr. Goulet emphasize making simulation training safe for trainees to explore and share their experience; to that end, they do not evaluate the trainees or provide any data post-training on trainees' progress. Child protection work is not for everyone, and some trainees may discover that investigating child abuse and neglect is unlike what they imagined working for DCFS to be, or is too emotionally challenging for them. This can be a good outcome if it prevents individuals from undertaking work they are not suited for. Simulation training may lead to more self-examination than traditional training. This could lead appropriately to more self-selections out of working for DCFS, which could reduce worker turnover later.

Based on literature on transfer of learning in child welfare[25], the program developers preferred to provide one day a week of simulation in the standard training regimen, each simulation related to that week's classroom content. The cost of trainees traveling weekly to Springfield was prohibitive, however, and training was instead structured as five weeks of classroom and in-service training in an agency, followed by four days of simulation training. Trainees take an examination on their training as a whole on the last day.

The first combined classroom and simulation training was conducted in February 2016. Approximately 10 to 14 new investigators are trained in the Child Protection Training Academy at a time. As of August 2017, 20 simulation trainings have been held and 261 child protection investigators have completed the training.

The DCFS and UIS partnership is considering extending simulation training in a variety of ways. One goal in Fiscal Year 2018 is for DCFS and UIS to develop a plan to extend simulation training to current investigators and supervisors, not just new hires. DCFS and UIS have also discussed broadening simulation training to cover families of different races, ethnicities and economic circumstances. Professionals from DCFS and UIS imagine a range of future applications,

[25] 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.

addressing other child investigation tasks such as protection orders and eventually training caseworkers supporting placements and serving intact families, and foster parents providing care. The current courtroom simulation draws on the experience downstate; an alternative form of the courtroom simulation could be designed to resemble Cook County courts more closely. One vision is to create additional laboratories in the state, which would make simulation more accessible to DCFS professionals throughout Illinois; this would of course require additional financial resources.

The DCFS Office of Learning and Professional Development conceptualizes simulation training as part of a continuum of training activities that follow a transfer of learning approach, including observations during in-service training and coaching to support investigators practice post-training. The Office also aims to increase transfer of learning through increased supervisor support, which research has shown to be a key factor in transfer of learning[26].

Description of Training

Training begins in the classroom and covers a great deal. Students receive a broad overview of the child welfare system and how child protection works, learn the DCFS practice model, and cover an array of DCFS procedures. There is also an in-service component in which trainees spend time in an agency office and can later discuss their observation with trainers. In the classroom, they return again and again to the implications for the investigation of the Smith family. Simulation actually begins during the classroom phase of their training. Trainees simulate making telephone calls to collateral contacts to gather information about the Smith family. Trainees call, in succession, 1) the emergency department nurse who made the report of suspicion of child maltreatment, 2) the emergency department doctor who treated the child's injuries, 3) the child's grandmother, and 4) the primary care physician who has previously seen the child. For each call, a trainer in another location answers the telephone and plays the part.

The four days in the laboratories focus both on simulation and on immediate debriefs to enhance student learning. Simulations typically consist of 7 to 8 minutes of actual role-playing with actors for each student, followed by 5 minutes debriefing the student. Debriefs are immediate because research has shown that trainees learn more effective this way. Given the time for simulation and debrief per trainee and the total number of trainees, working through one simulation takes most of the day. During the debrief, the trainer first checks in with the trainee to learn about their experience and assure their well-being. Then the trainer and actors gently provide feedback. The actors' feedback often includes non-verbal components. In our observations of the simulation training, both the trainer's and the actors' feedback was consistently positive and constructive. The other students watch throughout and learn from their peers – one can often observe how students in simulations later in the day have learned from their peers earlier in the day.

[26] Lawler, M. J., Curry, D., Donnenwirth, J., Mangrich, M. E., & Times, T. N. (2012). Assessing transfer-of-learning potential with human services professionals. Journal of Social Service Research, 38, 402-412; Liu & Smith, 2011, ibid

Guided by the trainer, the actors vary their actions somewhat throughout the day to broaden students' experience. Actors playing different roles answer the door or speak up more in one iteration of the simulation versus another. One simulation featured a telephone call to the house from a grandmother who was seeking to distract the investigator, an action that did not occur in the same scenario earlier in the day. Each day ends with a group debrief in which the trainees discuss their overall experience of the day, consider what they have learned about the family that day, and plan what they need to do the next day.

The program developers had to prioritize in choosing simulation scenarios for the training. So many simulations could be developed, but only four days were available. Table 2 displays the content of the four days of simulation training, which is offered Monday to Thursday of the training week. Day One of simulation training begins later to allow for travel to Springfield. After an orientation to simulation, the trainer Ms. Evans simulates a supervision interaction on Monday afternoon to plan the investigation, based on all they have learned about the Smith family in the classroom.

Day Two, titled *Knock on the Door*, focuses on engaging families. The ability to engage families is central to investigators' mission and underlies every action they take with the family. The simulation literally begins with the trainee knocking on the door. Their goal is to introduce themselves and gain entry as gracefully as possible. Then they discuss the temporary safety plan and preview the steps in the investigation. They attempt to interview persons individually. This is the first time trainees actually talk to the family, and considerable attention is given to how trainees experience families, and how they can learn from and connect with families.

On Day Three, trainees do a scene investigation of the house and immerse themselves further in the critical thinking they need to consider evidence. Props are placed according to the "thread" of the case, which involves a child injury that may be a result of physical abuse or neglect. The parents maintain that the injury resulted from an accident with the child's rocking chair and a pole lamp. Investigators ask the parents to recreate what happened using a doll—part of the training is learning how to articulate this to parents. Trainees observe and measure objects, take photographs, and assess whether parents' accounts are plausible. Following the reenactment, the investigators walk through the house with the parents and check safety; discussing pill bottles, alcohol, dog feces, dirty diapers on floor, weights in the child's room, a pole lamp in the child's room, long cords on the blinds, and exposed wiring. They also take photographs. After the scene investigation, each trainee explains their observations (with photographs) to their supervisor, played by the trainer. They learn how to document their findings in preparation for court testimony. Trainees also spend some time on Day Three meeting with attorneys to prepare for the court hearing the next day.

Day Four is the courtroom simulation of a hearing regarding the Smith family, and again the thread is followed. The courtroom simulation was chosen in response to years of feedback from attorneys and judges that DCFS investigators often lack the skills to testify. Before the hearing, trainees simulate meetings with the parents (the actors again) and explain the purpose and possible outcomes of the hearing, including the chance of protective custody. Trainees then testify in the mock courtroom with attorneys for and against DCFS questioning them and both

Table 2. Schedule for a Simulation Training Week

	Monday	Tuesday	Wednesday	Thursday
Morning	Travel to Springfield	Knock on the Door	Scene Investigation	Pre-Hearing Meeting with Parents
Afternoon	Simulation Orientation Supervision Simulation			Courtroom Hearing
End of the day	Group Debrief			

the judge and the family listening. Trainees sit in the audience and take turns testifying. The questioning continues from where the last investigator left off. The trainer, the legal professionals and the family provide feedback to the investigators. Feedback concerns their self-presentation and verbal responses as well as how they present their observations in testimony.

Thus simulation provides an intensive though time-limited opportunity for investigators to practice important skills in a supportive, learning environment. Feedback from trainers, the actors, and the professionals is immediate and closely tied both to the simulation and to the conceptual thread that runs throughout their training. Each trainee's time as a player in simulations is actually relatively limited, totaling approximately 45 minutes over the four days, but each student is always observing and learning from the simulations and debriefs of other trainees.

Logic Model

As part of the initial program evaluation, we collaborated with the developers to create a program logic model. The logic model depicts the resources or *inputs* that contributed to developing the program, the *activities* the program employs, and the *outputs*, which are the immediate effects expected from these activities. The activities and outputs are thought then to lead to short-term, medium-term and distal outcomes. The distal outcomes concern the ultimate positive impact expected for children and families, and the short-term and medium-term outcomes are the means to get those ultimate outcomes. A logic model can help explain the nature of a program and help guide program planning and program evaluation.

Figure 1 shows the logic model. The Activities column shows the wide variety of ways in which the new DCFS investigators learn in both the classroom and simulation training. They learn through traditional didactic methods, but also through participating in simulations, observing simulations, and listening to the trainer, actors, and professionals provide feedback and insight

during simulation training. The Outputs column shows that the trainees are expected to gain knowledge, skill, understanding, and confidence. The Short-Term Outcomes concern greater confidence and better performance on the job. The Intermediate Outcomes concern positive aspects of the service and working environment at DCFS and workers' careers. The Distal Outcomes include improved child safety, better relationships with families, better service delivery and reduced cost. Thus simulation training is through to improve the effectiveness of investigators, enhance their careers, improve families' experiences with DCFS, and lead to better child outcomes.

Trainees' Experience of the Program

We had data on trainees' experience of the program from the post-training survey and from two interviews we conducted with alumni of the program. Both quantitative and qualitative data spoke to the positive value of trainees' experience of the program.

Analysis of Trainee Ratings on Post-Training Survey (N=154). Post-training survey data were available for 154 trainees. Respondents participated in training at various dates between February 2016 and June 2017.

Table 3 presents the means and standard deviations for the Likert-scaled questions on simulation training in the post-training survey. On each item, 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree. The ratings were very high, the mean verging on strongly agree across most questions. On every item except feeling prepared for simulation training, 76% to 84% of respondents strongly agreed. Consider that the last seven questions in Table 3 evaluate the quality of simulation training (the question about feeling prepared for simulation training assesses how respondents felt when they began simulation training, not the quality of simulation training). Across the sample for those seven questions, there were 1,052 positive ratings (99.3%) and only 7 negative ratings (0.7%). Ratings did not differ significantly by the location of respondents' classroom training.

Only half of respondents strongly agreed with the statement about feeling prepared for simulation training, though a majority chose either agree or strongly agree. The mean on this item was significantly below all the other means [(Bonferroni pairwise comparisons, $p < .001$, with multivariate $F(7,129)=10.16$, $p<.01$].

Although ratings were consistently positive across the sample, they were somewhat less positive for later trainees than for earlier trainees. Strongly agree was always the most common response, but later trainees had a higher proportion of agree responses than earlier trainees on several items. Small to medium size statistically significant negative correlations were found for the following items: Realistic Scenario ($r = -.19$, $p = .02$), Realistic Challenges ($r = -.23$, $p=.005$), Respected During Debriefing ($r = -.29$, $p <.001$), Provided Valuable Feedback, ($r = -.21$, $p=.008$). To illustrate these relationships, Figure 2 depicts the responses by date of training for the Respected During Debriefing item. One can see that the ratio of Agrees to Strongly Agrees increases over time, even though the Strongly Agrees predominate regardless of the date.

Figure 1. Child Protection Training Academy Logic Model

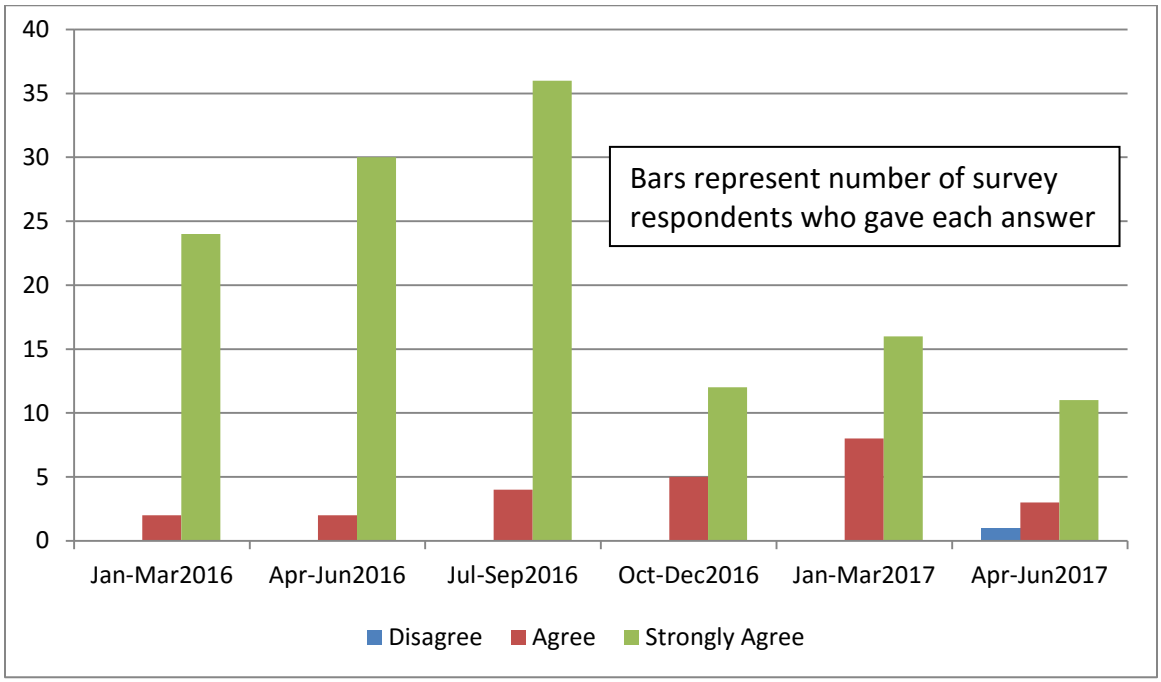
Inputs	Activities	Outputs	Outcomes		
			Short-Term	*Intermediate*	*Distal*
Classroom training Simulation Lab Training	Trainees receive in-class and on-line training Trainees participate in simulations of child protection duties Trainees observe others in child protection simulation Trainees receive feedback on their performance in simulations Trainees observe others receiving feedback on their performance in simulations Trainees provide feedback on others' performance in simulations Trainers comment on and provide supplementary information regarding simulation experiences Trainees ask questions in classes and debriefs and receive useful information and support	Trainees acquire content knowledge Trainees demonstrate competence in simulations of child protection duties Trainees develop better understanding of child protection duties Trainees develop child protection decision-making skills Trainees communicate effectively about child protection issues Trainees experience reduced anxiety in their child protection duties Trainees experience greater confidence in their abilities as child protection workers	Investigators are better prepared for practice. ■ Better assessment of family needs ■ Investigations are more ○ Strength-based ○ Trauma-informed ○ Family-centered Investigators are better able to integrate compassion and investigative skill Investigators have greater knowledge of and ability to work with allied disciplines Investigators are more empowered to provide feedback on training Investigators are better prepared to work with supervisors Investigators can produce more evidence-based documentation Investigators feel greater confidence and less anxiety in their work	Increased quality of child protection investigations Greater job satisfaction Greater voice in shaping worker training and support Diminished investigator turnover Improved relationship between investigators and supervisors Families have a more positive experience of DCFS investigations Families are more likely to receive services that match their needs	Children are safer Better relationship between families and DCFS Better service delivery to children and families Reduced costs for training new investigators

Table 3. Statistics for Likert-Scaled Simulation Items on the Post-Training Survey (N=154)

Item	Mean	SD
I felt prepared to participate in the SIM lab	3.5	.6
The simulation environment was a safe learning environment	3.8	.4
I felt the training was conducted in an environment conducive to learning	3.8	.4
The scenario environment was realistic. I was able to incorporate my training into practice	3.8	.4
The SIM lab provided a realistic experience of the challenges I will face when working in the field	3.8	.4
Participating in the scenarios helped to increase my confidence in my role	3.7	.5
I felt respected during my debriefing	3.8	.4
The debriefing sessions provided valuable feedback	3.8	.4

Note. 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

Figure 2 Ratings on *I felt respected during my debriefing* by survey respondents' date of training



Content Analysis of Survey Open-Ended Items. Our content analysis of open-ended items on the survey found that trainees frequently volunteered positive comments on the unique value of simulation training. This is significant in that it requires more effort for respondents to write in open-ended responses than check off scale scores, and they could easily complete the survey without writing in anything at all if they chose to. Here are examples of the positive comments:

> *The SIM Lab is an awesome opportunity to receive "hands on" experience in Training. This will be the "closest" that one can get to real life, prior to being out in the Field as an Investigator. I found it to be very useful and beneficial to the work that I will be doing.*
>
> *The simulation lab was an amazing experience. I felt it was as realistic as it could have been and it was a great general idea of the expectation of an investigation.*
>
> *It really gave you a realistic feeling when you entered the home. I am more of a hands on learner so this experience really worked for me.*
>
> *I definitely feel that more time and attention was given to this training than any other training with the department…I feel a lot more money and time was spent training future workers the right way. I am unsure how long this type of training has to last given the budget, but I am very glad I was able to go through it. Thank you!*
>
> *The simulation lab was a great experience and provides a realistic experience that investigators will face in the field.*
>
> *This was the best DCFS training I have had thus far. I feel very confident in my ability to implement information gained. I am also aware of the things I need to continue to work on to grow.*
>
> *The experience was very good in that it took myself away from my environment and put me in an environment set for learning.*
>
> *My experience in the simulation lab was valuable to me because I was able to experience that "first" knock on the door and all the nervousness and anxiety that comes with it, so now, I feel more secure in my ability as an investigator to go an introduce myself to future clients.*
>
> *The Sims were outstanding to experience and receive feedback. Equally important the physiological and psychological intent was powerful in strength and weakness to know for ourselves the reaction to each and every incident presented to us through the sims.*
>
> *Discussing procedures is beneficial in a classroom setting is, but physically applying techniques in simulations had a more dramatic, memorable and deeply ingrained effect on my learning and retention.*
>
> *This was by far the best experience I have had in regards to being able to APPLY the skills we learned in class. The actors and environment were realistic and I quickly forgot that I was part of a simulation.*

Respondents recommended extending simulation training to a wider range of topics, professionals, and locations. Several trainees and stakeholders mentioned that established investigators and supervisors could benefit from simulation training. Several also mentioned a variety of different skills that could be supported through the use of simulation training. Several respondents recommended opportunities to experience simulation training in other communities in Illinois. Examples of comments in this category are below.

> *I would have like the opportunity to practice in the SIM beyond the initial contact and reenactment. SIM should add a child interview (actor is better than nothing).*
>
> *I feel as though it address more of what may happen in a rural, suburban area. I believe it would be beneficial if the training could reflect an urban/city environment. I believe it would be helpful to simulate how someone would navigate having to go into an apartment type of dwelling with persons attending near the entrance of said building.*
>
> *I think a simulation based on the initial report coming in would be helpful in order to teach how to develop an original safety plan. It would also be helpful to go through the steps when taking PC of a child so that we can incorporate the DCFS forms that we are provided during the classroom time into the simulation environment.*
>
> *I wish we would have had the opportunity to interview a child.*
>
> *It would be great to do a simulation in different environments where investigations take place such as a hospital or a school.*
>
> *it would have been more beneficial for different people to act out different parts of an investigation so we can have an visual of what an investigation looks like when done properly, according to procedures… I recommend for the Sims lab to be used for acting out an entire investigation or unless the vital parts of it from beginning to end where one person starts with getting in the door, the next person does engagement, the next person does the CERAP, and the next person does something else.*
>
> *I would not mind more of the same sims and adding additional characters to the scenes such as law enforcement, Doctors, and or substance abuse clients.*
>
> *I also think something regarding safety and risk (CERAP) should have a bigger significance in the SIM lab*
>
> *The only thing I will say negative about the training is all of it should be in the classroom.*
>
> *I think it's helpful for investigators who have been in the field a while to go through the simulation lab as it provides a refresher.*
>
> *I think the simulation lab would be great for all new employees especially ones hired by private agencies.*
>
> *We need more Sim labs throughout this employment!*

The simulation lab was great and more of them should be offered periodically to investigators throughout the life of their career.

I believe it can be more realistic by seeking out volunteers within the community or county that you will be working in. The volunteers can be foster parents or birth parents that have been successful and want to be a part of training opportunities. There are areas in Cook County that can be very dangerous as I am sure other counties experience the same dangerous situations. It can be more realistic if we go into real neighborhoods.

A number of respondents felt that more time in simulation training was needed and more could be learned. Sometimes they felt that the amount of simulation training was not sufficient for the need:

I strongly agree the simulation labs need to be held for a longer period of time. It is not realistic to participate in a simulation for 5 minutes when in reality the investigator would be at a home for a much longer period of time.

Wish it could be incorporated throughout the training, as opposed to the very end.

Please, please keep the Simulation Lab and extend it to another week.

I would encourage more simulation labs training as one week is NOT enough. Please add more of the simulation labs…More simulation labs I can't say it enough.

MORE SIM. MORE SIM, MORE SIM.

I would have liked more time in the simulation in order to progress through the full process of an investigation. It would have been helpful to have more time to interview the parents one on one prior to the scene investigation.

The simulation was extremely beneficial and although training time is limited, the more simulations that can be incorporated into the training, the better.

I do not believe there is sufficient time afforded to this SIM lab. I think that this SIM should be incorporated throughout the training on numerous occasions with clear objectives given to individuals for each scenario.

There needs to be more SIMS in my opinion and there needs to be more SIM scenarios. Even if it is just through video.

My recommendation is that there be more simulation time. It would be great to follow a case in "real time" to show what is expected on the day or at least the sequence of when it is supposed to happen.

I think future classes would benefit from spending the entire training in Springfield and alternating between the classroom and the sim lab.

It is the best training that I have ever been through with the Department. The only thing that could be better is more of this type of training.

I feel that there should be more than just one week of simulation lab.

More time in each SIM Lab activity would be helpful. More time in SIM Lab scene reenactment would be especially important. It would be good to give us more time to be able process the scene more thoroughly, do measurements for inculpatory and exculpatory evidence, take more photos, identify safety risks, etc. More days in the SIM Lab would be beneficial.

As our class was large, each worker could have used more time in the SIM house.

Interviews with Trainees. Our interviews with two DCFS investigators who had completed simulation training allowed us to explore trainees' experience of simulation in greater depth and ask about its relationship to their current work. Both interviewees felt that simulation training effectively re-creates real life experience and provides greater understanding beyond the classroom training. One interviewee endorsed research findings that suggest that simulation training increases transfer of learning. They felt the trainers were experienced and knowledgeable, and recognized trainees' strengths and skills.

[the simulation] is the closest we can get to real life in terms of a true immersive model… it's going to better prepare the person on the front end so that when they go out, when they first knock on the door isn't their actual first knock on the door

You are hearing from people that have actually done the job and giving you back their professional feedback.

One theme was how real the simulations felt:

It exceeded all of my expectations.....from the moment that I look at the facility…interacting with the actors and doing all of that, it's so very real… I can tell you that because I felt very real sense anxiety, a real sense of urgency, like I really have to pay attention……It absolutely felt real from the moment that I knocked that door to the moment that I was leaving."…..it's all very realistic in terms of really really having to use those observational skills, really being able to be cautious and dealing with a lot of different factors coming in……You really really have to use all the skills that we have talked about the in classroom..

The role players were excellent. I thought the simulation lab was the most valuable part of the entire foundation training…In the classroom setting, you can't really mock the body language or how somebody is going to react to something you say or different movement.

Started working a case in the classroom.. Liked that... As real life as able to get. Plant seeds and watch them grow all the way through… Have the whole picture by the end of the sim lab.

The actors are phenomenal… they made it very real…the emotion they showed

They noticed the effects of simulation training on the process of understanding and engaging families:

It's also about really acknowledging and not dismissing the parents and the clients……this gives us an opportunity to remind ourselves that……it's our job to really engage that parent in the process so we can clarify some of those things

A more broad picture of different dynamics….what they [parents] are going through….you might take it for granted prior to going through the simulation lab. You might not pick up some of that until you kind of face with that.

One of the interviewees noted that simulation training helps investigators question assumptions and rely more on what they observe:

Before if I saw a case or investigation that was on a sequence….we immediately made an internal assumption. And I think this really afforded me an opportunity to say I have to look this picture right in front of me, right this second, this particular report, and yes, I have to take into account of all these other potential history. I have to give this parent and the family a fair shot by looking at the situation that is in front of me.

We asked the interviewees to reflect on the effect of simulation training on their current work. Both felt that they had become more attentive to verbal and non-verbal information from the family and more skilled with parental engagement. Also, they are more mindful and cautious about their own safety during the investigation.

Right after I was in simulation, I had 60 days in the field. I tell you what, I was much more cautious, I was much more mindful. I think I came much more prepared. I can anticipate things that maybe before I didn't anticipate

just be more aware of your surroundings and you know what you say and how you carry yourself can really be a good thing or a bad thing when engaging with family

One interviewee had been promoted to a supervisory position, and felt that simulation training was helpful in this role.

Every supervisor needs to go through the simulation, especially for those supervisors who never did this job….. Even if you have been out of direct service and you have been supervisors, I still think you should go back because I think there is something that we forget.

The interviewees also felt that more simulation training was needed.

Keep it forever……I would love to see simulation training happen to caseworkers [as well]….it's so helpful to me….there is nothing can prepare me in college like this.

Two-day sim lab is just not enough…… you got the entire class. They are only able to get maybe a minute or two of actual court room experience.

They had specific suggestions for improvements:

- provide simulation training when training workers with Procedure 300 and also later with other content
- combine simulation training with the classroom training interchangeably
- offer simulations regarding supervision
- Include supervisors in the same simulation training to help them relate to their workers and improve supervision

Discussion

The Child Protection Training Academy has made extraordinary progress in a comparatively short period of time. Just three years after the completion of the mock house at the University of Illinois at Springfield, DCFS Foundation Training has been overhauled, a standard simulation training curriculum has been developed, and the Life of the Case method connects the two. The carefully constructed sets and corps of actors and professionals regularly recreate child protection scenarios that participants find life-like and compelling. Considerable thought has been devoted to methods of maximizing the learning in simulation training, leading to the relatively sophisticated logic model we present in this report. Simulation training is now a standard component of the training of DCFS investigators and 261 new investigators have received it. Extensions of simulation training are seriously being considered for a variety of DCFS staff and practice demands, not just new investigators in their initial training.

The most striking findings in this report concern the very positive experience of trainees in the program. The vast majority of respondents strongly agreed that simulation training was a safe learning environment that provided realistic challenges and was conducive to learning. They felt they were respected during debriefing and received valuable feedback from it. They felt that simulation training increased their confidence and could be incorporated into practice. Another indicator of their enthusiasm was the number of strongly positive comments about simulation training that respondents volunteered in open-ended items on the survey. The survey respondents articulately described how important the realism of simulations was. This supports the central hypothesis of simulation training: that creating a simulation qualitatively enhances the learning experience over and above what students can learn in the classroom. The two investigators we interviewed who had graduated from the program were also enthusiastic about the program, and felt that it contributed to their skills in their current work.

We have no ready explanation for the comparatively lower ratings of later trainees compared to earlier trainees. Although the program should reflect on what it means, this finding needs to be seen in perspective: ratings were consistently positive across the entire sample, and the later ratings just *relatively* lower. The large number of *strongly agrees* creates a ceiling effect, so that there can only be change toward lower scores, and even small changes in this situation are more likely to be statistically significant. It is reassuring that trainees from different parts of

Illinois valued simulation training about equally; having to travel farther does not appear to decrease their enthusiasm for the training.

One needs to be cautious in considering the effect of simulation training, however, because the amount of simulation training provided is actually limited in a number of ways. Although some simulation occurs in the classroom, only about 3 ½ days are dedicated to simulation training in the laboratories. Simulations are designed for only some of the tasks that investigators are responsible for, and does not cover the diversity of clients investigators will see and allegations they must assess. Each trainee typically spends no more than an hour in the laboratory week acting in a simulation. The survey respondents often called for more simulation training in the post-training survey comments, both because they recognized the limitations of the current "dose" of simulation and because they were excited about its potential to teach them more. While the logic model posits that simulation training will affect workers' practice and thereby benefit children and families, the size of this effect may be limited because of the limited dose of simulation training.

On the other hand, it is possible to underestimate the effect of simulation training. It is so different from classroom training and its effects have been described as powerful enough that it may create "aha" experiences that qualitatively change how investigators think about and approach their work. If it truly teaches different ways of thinking, gives investigators' insights into clients they would not otherwise get, and transfers into practice more thoroughly than classroom training, even a small effect of simulation may accrue substantially in their on-the-job practice over time. One crucial question is how much trainees gain vicariously from watching other trainees' simulations and debriefs. If what one learns vicariously approximates what one learns from doing a simulation, the effect may be multiplied tenfold.

The Child Protection Training Academy is at a critical juncture. It is exploring opportunities to offer simulation training to different types of professionals and receiving requests to expand to new tasks and different populations. Some stakeholders are interested in creating Child Protection Training Academy in other parts of the state. Geography can be a limiting factor, as the cost of supporting workers' travel to Springfield has influenced how simulation training is delivered and may also limit how much simulation training workers can receive. One challenge will be maintaining quality if simulation training expands, especially given the limited number of professionals developing and providing simulation training and a potential squeeze on the hours of availability of the residence.

The next phase of program evaluation of simulation training can begin to evaluate its impact on practice. The program evaluators are planning: a) a method of tracking trainees' self-perception day-by-day over the week of simulation training, b) a survey of investigators who have received simulation training, to assess their current job satisfaction and their perception of the impact of simulation on their current practice, and c) a comparison of turnover between investigators who have and have not received simulation training. Because simulation trainers emphasize keeping the learning environment safe and therefore *not* evaluating trainees, gathering ratings based on observation of trainees cannot currently be used as a program evaluation tool.

One factor limiting the evaluation of the impact of simulation training is the difficulty of finding a comparison group. All new investigators receive simulation training, so there is no opportunity for a prospective comparison group among them. For some analyses, investigators whose entry into DCFS pre-dated simulation training can serve as a comparison—in analyses of turnover, for example. Extending simulation training to existing workers may provide an opportunity to use a rigorous randomized control group design that is the gold standard for program evaluation. Let us assume that some workers will have to wait a significant amount of time to receive simulation training because of the limited number who can be trained at any one time. If workers could be randomly assigned to receive training sooner versus later, those on the waiting list could serve as a control group to compare with those who receive the training earlier. This method of program evaluation helps assess the impact of simulation training while ruling out alternative explanations, because the trained and waiting list groups, randomly created, should be comparable.

This program evaluation suggests that simulation training is a promising practice that deserves further development and testing. Continued research is needed, particularly if the model is extended to new problems, new client populations, different types of workers and different locations. More rigorous program evaluation examining impact will be pursued in Fiscal Year 2018 and continually more rigorous research designs should be employed as simulation training develops further. At the same time, additional formative research will be needed to understand any new applications of simulation training.

Appendix A: Interview Protocols

Interview Protocol for Program Developers and Trainer	1. Please describe the process of developing the program. 2. What factors facilitated program development? 3. What obstacles did you need to overcome? 4. Please describe briefly the development of the following elements of simulation training and discuss the rationale for your choices in each area: a. Content b. Length of the training c. Sequence of learning activities d. Role of the trainer e. Role of the actors f. Role of the video equipment and participation of remote learners 5. Please describe the learning process for each day of the simulation training 6. What are the learning objectives for each day of the simulation training? 7. Please describe the impact of simulation training on the way that investigator: a. Observe b. Listen c. Think d. Feel e. Interact with families f. Interact with colleagues 8. How do you interact with investigators during the training and what is the rationale for your interactions? 9. What is the relationship between the classroom training for investigators and the simulation training? 10. In what ways does the simulation training add value above and beyond the classroom training?
Interview Protocol for DFCS Staff	1. Please describe your role in the development of the simulation training program. 2. What factors facilitated program development? 3. What obstacles did you need to overcome? 4. What is the relationship between the classroom training for investigators and the simulation training? 5. In what ways does the simulation training add value above and beyond the classroom training? 6. What role does simulation training play in DCFS overall training effort? 7. What plans does DCFS have for simulation training? 8. What is needed to sustain simulation training and develop it further?
Interview Protocol for	1. Please describe the impact of simulation training on the way that you… a. Observe

Trainees	b. Listen c. Think d. Feel e. Interact with families f. Interact with colleagues 2. How did you interact with trainers during the training? 3. What is the relationship between the classroom training for investigators and the simulation training? 4. In what ways does the simulation training add to or detract from the classroom training? 5. How has simulation training influenced your current work? 6. Has the impact of simulation training on your work changed over time? 7. In what ways could simulation training be improved? 8. What should DCFS do regarding simulation training in the future?

Appendix B: Simulation Training Observation Notes

During the classroom training prior to the simulation training, trainees were introduced to a CPS case and have used this case for various aspects of the training. The CPS case is an actual one that had a poor outcome, but trainees don't know this. About two weeks prior to the on-site sim training, trainees began conversing on the phone with actors, portraying various persons (ER nurse, ER doctor, pediatrician, etc.) related to the case. They had three groups, with each having the lead for one of the calls.

This 2-day simulation takes place at the house. The house is a 2-bedroom, single story home and is equipped with cameras and audio throughout. It is furnished appropriately and in a condition that allows for an authentic perspective of a client's home. Liquor and pill bottles are scattered about, and dog feces and a dirty diaper are on the floor. The investigators use the entryway, dining area, living room and child's bedroom for their investigation. The 2nd bedroom is equipped with a computer for the trainers to observe the simulation.

Day 1– Engagement

The first day of the simulation is about engagement. Trainees are prepared by the trainer in the classroom as to what they are to do. The task is for the student to introduce him or herself and get into the house. Each student is given approximately 7-8 minutes.

Trainees come to the house in pairs while the rest of the class observes the simulations from a classroom. The video and audio is linked to a computer in the classroom and the trainees can observe their classmates on a large screen as they conduct their investigations. The screen for this simulation allows for observing four scenes: the doorway, entry hallway, dining area, and living room.

There are three actors who perform the parts of the mom, the dad, and the maternal grandmother for this simulation. Before each investigator begins their simulation, the trainer (Susan) privately discusses with the actors what the scenario they will use. They change who answers the door, who is present in the home, and other variables to allow for continual learning and new experiences for the investigator and for the trainees observing from the classroom.

One person of the pair of trainees conducts the investigation while the other remains outside. They then switch after the first sim. The engagement scenario is for the investigator to come to the door, knock, introduce him or herself, and get into the house. They then discuss the temporary safety plan in place for the child (the subject of the investigation) with the family member(s) and the next steps that are to take place. They are to attempt to interview persons individually.

During the simulation, Director Susan Evans, the trainer, takes notes of what the investigator says and does. She waits for an appropriate time at about 7- 8 minutes to stop the sim to

debrief then comes out from the side bedroom where she is observing from a laptop computer. Her first question is always, “How do you feel?” She asks if the student is open to feedback. The feedback is presented positively and she coaches the student, noting the things they did well and suggesting different ways to do or say something. She stated that they are doing this training to “build muscle of confidence and competence.” She instructs them to always ask, “Are you alone.”

Following the trainer’s feedback, the actors are given the opportunity to provide feedback. They are able to provide information from their perspective as the parent or grandparent. They, too, present their feedback positively and helpfully.

Day 2– Scene Investigation and Court Preparation

For day two of the sim training, the class is divided in half. Trainees spend half of the day conducting the simulated scene investigation and the other half in a classroom with an attorney preparing for testifying in court. The court preparation links the investigation with the court process, with a focus on the Shelter Care Hearing and Adjudication Hearing and what the investigator needs to know and do at these hearings.

For the scene investigation, trainees conduct the simulation in pairs with one taking the lead and the other shadowing and then switching roles during the simulation. This was necessary due to the large class size (13 trainees). Two actors play the roles of mom and dad. Scenarios are changed as to with which parent the investigator conducts the investigation. Investigators are given about 15 minutes per pair to ask questions and attempt to have the parent simulate what took place that caused the injury to the child. In this case, they are to measure and observe the child’s rocking chair and a pole lamp. They use a training doll of a toddler to set up the reenactment. By physically setting up the scene in the home, trainees are able to observe whether the conditions presented by the parent are realistic or plausible. Investigators also have a camera to take pictures of the scene. Following the reenactment, the investigators conduct a safety check of the home by doing a walk through with the parent. They discuss safety issues with the parent: pill bottles, alcohol, dog feces, dirty diapers on floor, weights in child’s room, pole lamp in child’s room, long blinds cords, exposed wiring in the house.

Courtroom Simulation Laboratory Observation

The Shelter Care Hearing is conducted in a courtroom simulation laboratory that looked and felt very realistic. The set was designed with various materials scrounged from the UIS, and trainees from the theater department helped build it.

Day 3– Shelter Care Hearing

Actors are hired through UIS-School of Medicine to play the parts of clients. They are paid actors who regularly perform for clinical practice at the medical school. The legal staff (state’s attorney, defense attorney, judge, and Guardian Ad Litem) are active or retired attorneys and

judges who are not paid for their assistance. Trainees take turns that morning prior to the court simulation speaking with the client actors in preparation for court.

Two actors played the parts of the mom and dad and were very realistic, fidgeting, interrupting, etc. Trainees sit in the back of the simulated courtroom in chairs lined up to look like a normal seating area in a courtroom. They have already determined in which order they will take the stand as the investigator who is testifying. Each CPS investigator, in turn, takes the stand after swearing in and stating their name and position. The questioning for the case is then continued from where the last investigator left off. Each of the trainees seemed nervous as they awaited their turn and took the stand, making this a good simulation of real court.

Susan, the trainer, sits on the side in front nearer to the witness chair. She steps up, stops the case, and questions each caseworker after about 4 minutes. She first asks the trainee how s/he was doing. She asks, “What felt good?” and asks if she can give feedback. She then talks about additional information the CPS investigator should have stated and gives feedback on their demeanor and speech patterns. In the debrief, the trainer gives feedback that the investigator should state clearly their position/job title and show confidence. Specific feedback included stating clearly and knowing the child’s injuries, as well as knowing dates. The attorneys and judge also give feedback. Positive feedback is given to each student followed by constructive criticism or feedback. Trainees take the feedback well because of how the critique is given. All feedback is given positively, respectfully, and helpfully, and so is well received. Subsequent trainees are able to use the feedback as the case proceeds.