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Education and Training of Mandated Reporters: Innovative Models, Overcoming Challenges, and Lessons Learned

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Education and Training of Mandated Reporters: Innovative Models, Overcoming Challenges, and Lessons Learned

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Several Archstone Foundation funded projects developed and implemented training curricula on elder abuse for mandated reporters such as dentists, adult protective services workers, paramedics, and coroner investigators. Common education and training issues emerged, including the need to provide basic content on normal aging and the need for creating standardized trainings. Strategies include integrating elder abuse and neglect content into existing courses, building relationships with stakeholders, and customizing content and delivery to student needs and preferences. Projects developed relevant, practice-based content, decided on curriculum delivery methods, engaged learners, and provided feedback to them. A main outcome is the permanent institution of elder abuse content in training curricula.

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INTRODUCTION

As the older adult population in the United States continues to grow, it is anticipated that the amount of elder abuse and neglect also will increase. In an effort to respond to issues of elder abuse and neglect (EAN), the Archstone Foundation launched the *Elder Abuse and Neglect Initiative* (the Initiative) and issued an open call for proposals in 2005. Four projects were funded under the *Education and Training for Mandated Reporters* funding category of the Initiative; however, nearly all projects (16 out of 18) conducted some type of education and training for professionals in the field. Six projects with a specific focus on education and training are presented in this article. Some projects designed curricula and delivered information to specific, targeted groups of professionals who are mandated reporters, while others focused on cross-training a variety of professionals and lay volunteers. This article aims to inform the next generation of EAN training programs; in presenting each project's unique story of how they began, their accomplishments thus far, and lessons learned, the innovations and catalytic qualities of each project can be considered and incorporated in the design and implementation of future training programs.

UCLA School of Dentistry

PROJECT OVERVIEW

The University of California, Los Angeles (UCLA) School of Dentistry project developed curriculum modules around aging and EAN that could be infused into preprofessional and existing dental school courses (ethics, regulation, cultural competency, health policy, and practice management) with the goal of increasing future dental professionals' awareness of EAN, knowledge of their responsibilities as mandated reporters, and skills and comfort level with respect to recognizing and reporting EAN. Prior to the initiative, there was no training specific to elder abuse and neglect. By the end of Phase One of the program, 488 future dentists had received training from at least one of the EAN modules. Through the use of focus groups to gather faculty input on the content of each module, we also raised the awareness of key dental school didactic and clinical faculty in issues of aging. As a result, influential voices were raised for including biopsychosocial issues of aging in the Growth & Development curriculum track (now called Growth, Development, & Aging) when significant curriculum reform was being planned. Moving forward,

each year approximately 100 future dentists will graduate from this program having received training in detecting and responding to EAN as mandated reporters.

PROJECT DEVELOPMENT

The lack of elder abuse and neglect content in the dental school curriculum was identified by the first author (Gironda) of this article, who was asked to teach in the division of Public Health and Community Dentistry, part of the School of Dentistry at UCLA. A review of the scant literature related to elder abuse and dentistry found that while dentists are in a unique position to detect elder abuse and neglect, among health care clinicians they are the least likely to suspect it (Tilden, Schmidt, Limandri, Chiodo, Garland, & Loveless, 1994). Approximately 75% of all physical domestic violence results in injuries to the head, neck, and/or mouth areas of the body clearly visible to a dental team during examinations and treatment (Tilden et al., 1994). Changes in medical insurance have limited the continuity of care between older adults and primary care physicians, leaving the dentist as the health care provider who still treats multigenerational families across the life course. Therefore, dentists may be the first people outside the elder's home with the opportunity to recognize signs and symptoms of abuse and neglect. They also have the opportunity to see a patient and caregiver over the course of many months and years, enabling the detection of other forms of elder abuse, such as psychological abuse, self-neglect, and financial exploitation.

Looking specifically at UCLA School of Dentistry, it became clear in small group seminars with dental students discussing issues of ethics, cultural competence, patient-provider communication, and how to discuss sensitive topics, that for this group of health professionals, the topic of elder abuse and neglect was not on their radar. UCLA dental students had some basic knowledge about child abuse, but elder abuse was something they simply had not considered. Systematically identifying what needed to be included in dental school curricula proved serendipitous as the Archstone Foundation's *Elder Abuse and Neglect Initiative* issued a call for proposals. With funding from the initiative, a more formal needs assessment was initiated to better understand this particular group of mandated reporters. The first task was to ascertain baseline knowledge of both students and dental school faculty by conducting focus groups and administering surveys to gather qualitative and quantitative data (Gironda & Lefever, 2007). An examination of the initial focus group data found that dental students and faculty were (a) unaware of elder abuse and/or neglect as a problem that they would encounter in practice, (b) unaware of their role as mandated reporters, and (c) unaware of what to do if presented with a case of elder abuse and/or neglect. For those with some awareness of elder abuse, their knowledge was heavily

influence by mass media, citing television shows (e.g., *Law & Order*, *CSI*, *20/20*, and *Nightline*) as their primary source of information. Quantitative analyses of a 24-item survey administered to four class cohorts of dental students ($N = 229$) during Fall 2006 found that 95% of first-year dental students reported never receiving EAN training. By their fourth year of dental school, only 29% felt adequately trained to detect and report EAN. Most dental students responded as “unsure” to questions related to attitudes and beliefs about EAN. Most dental students knew they must report EAN, but were unsure about the “how, when, and where” of reporting. These data informed the development of teaching materials to be incorporated into existing curricula.

The UCLA School of Dentistry project developed curriculum modules around aging and EAN that could be infused into preprofessional and existing dental school courses (ethics, regulation, cultural competency, health policy, and practice management) with the goal of increasing future dental professionals’ awareness of EAN, knowledge of their responsibilities as mandated reporters, and skills and comfort level with respect to recognizing and reporting EAN. In collaboration with the faculty of the UCLA School of Dentistry, the project team developed and tested modules that used interactive role playing; modeling of screening and response techniques; case-based scenarios; self-assessment and didactic content to address awareness, recognition, and reporting of EAN; and the dentist’s potential role as a patient advocate and member of an interdisciplinary team. The curriculum accounts for beliefs and values of various ethnic and cultural groups. Clinical training includes how to screen, assess, intervene, support, and document appropriately. The didactic portion of the curriculum provides conceptualization of definitions, guiding principles, reporting laws, issues of confidentiality, and ethical and cultural considerations.

City College of San Francisco (CCSF)

PROJECT OVERVIEW

CCSF sought to enhance training of frontline health care paraprofessionals to improve skills in identifying and reporting elder abuse and neglect. This project focused on developing customized curricula for Emergency Medical Technicians and Paramedics (EMT/Ps), Health Care Interpreters (HCIs), and Community Health Workers (CHWs). Additionally an 8-hour half-unit credit course open to the public is taught every semester. In total, 185 CCSF students have taken the .5 credit course or received 1.5 to 7 hours of training. As a result of the project, the course, “Health 9A: Elder Abuse Prevention” (Health 9A) will continue to be offered at CCSF. Students in the Paramedic, HCI, and CHW programs will continue to receive the content. As the project continues, it is anticipated that hundreds of community college students

across the state will be able to sign up for the class or receive the information and materials for many years to come.

PROJECT DEVELOPMENT

Community colleges train and credential health care workers in many disciplines where elder abuse is encountered—in California, 80% of firefighters, law enforcement officers, and emergency medical technicians; 70% of the state's nurses; and more than 80% of paraprofessionals are trained in community colleges.

When the Archstone Foundation released the request for proposals for its elder abuse and neglect initiative, it prompted widespread interest by San Francisco agencies and a flurry of meetings to discuss community needs and partnerships. CCSF administrators responded by inviting aging and elder abuse specialists to meet with faculty from the Health Education and Community Health Studies (Health Ed) Department to explore CCSF's potential role. The Health Ed Department, in addition to offering a variety of courses in all aspects of health, has Career and Technical Education (CTE) certificate programs that prepare students for a variety of health service positions such as HCIs, CHWs, paramedics, and EMTs. HCIs facilitate linguistic and cultural communication between patients and their health care providers (under the Civil Rights Act of 1965, federally funded hospitals and clinics are required to provide patients who have limited English proficiency with trained interpreters). They also serve as patient advocates and cultural brokers, interpreting cultural cues to health care providers. CHWs provide health education, information and referrals, and client advocacy in clinic and community settings. They have such titles as health worker, outreach worker, community health outreach worker, public health aide, case manager/case worker, *promotora*, health ambassador, and peer counselor.

These discussions led to the conclusion that CCSF could play a key role in educating front-line health care providers about EAN and their duty to report under the state's mandatory elder and dependent adult abuse reporting laws. These individuals are uniquely positioned to observe signs that may not be readily apparent to others, including untreated injuries, nutritional deficiencies, the abuse or misuse of medications, and substandard living environments. In addition to its access to aspiring front-line workers in the San Francisco Bay Area, CCSF is part of a network of community colleges across the state, thus providing the potential for others to adopt or adapt an elder abuse curriculum in their training programs.

To assess specific needs of frontline workers, the CCSF developed a project team, which included CCSF faculty and consultants in aging and elder abuse prevention. Once formed, the team met with representatives from

targeted Health Ed Department programs. While several program administrators expressed interest, the team decided to begin with the paramedic program because of the paramedics' pivotal role in abuse detection and response. Since many students in the program currently worked as EMTs, it provided an opportunity to learn more about the training needs of both EMTs and paramedics. The project team worked closely with faculty, students, and current employees and their employers. The team used informal conversations to solicit feedback, met with a group of firefighters over breakfast, and talked to a class of paramedics that had just taken a final exam and was waiting to get grades. The project team also met with faculty members, most of who had previously worked in the field, and the training coordinator for Alameda County's Fire Department. The project leaders talked to other community stakeholders including police, prosecutors, APS, and the Long-Term Care Ombudsman, who offered candid observations about EMTs' and paramedics' training needs.

These discussions yielded rich insights. Among the most remarkable discoveries was the sheer number of cases involving elders that paramedics and EMTs encounter. Some estimated that over 90% of the calls they respond to involve elders, many of whom are considered "frequent flyers," or repeat callers experiencing emergencies or problems that could potentially be prevented through social services, home safety checks, or assistive devices. Most paramedics and EMTs had encountered serious cases of neglect and self-neglect but were unaware of resources to address the situation, and felt that little could be done or were afraid of making matters worse. Those who worked for private companies that provide interfacility transfers between hospitals, long-term care facilities, and patients' homes were discouraged from reporting by their employers as it could jeopardize contracts. Others were afraid of the legal ramifications of making reports that could not be substantiated. A few technicians made reports in the past, but felt that there had not been any follow-up to address the abuse. Some didn't realize that they could report neglect or self-neglect, and some apparently saw so many cases that they did not consider it out of the ordinary or reportable. Many reported that they lacked the time to explore suspicions. Local APS and Ombudsman acknowledged that EMTs and paramedics were probably underreporting. Similarly, prosecutors and police raised concerns that EMTs and paramedics were not recognizing elder abuse crimes and therefore did not make reports to law enforcement, collect evidence, or preserve crime scenes.

This project focused on developing customized curricula for EMTs and paramedics, HCIs, and CHWs. Additionally an 8-hour half-unit credit course open to anyone is taught every semester. Health 9A: Elder Abuse Prevention has been taught as a computer-enhanced course and will be taught as an online course in Spring 2009. Ties continue to be made with other departments, programs, and courses at CCSF to elevate awareness of elder abuse and neglect. Health 9A is being added as an elective or recommended by

certificate programs in Trauma Prevention and Recovery, Administration of Justice and Fire Science, and Sexual Health Educator.

San Diego State University Project Multidisciplinary Adult Services Training and Evaluation for Results (Project MASTER)

PROJECT OVERVIEW

Project MASTER, part of a regional nonprofit “Academy” system in California responsible for standardizing statewide curricula for child protective services workers, sought to develop, deliver, and evaluate a multidisciplinary competency-based advanced curriculum for APS workers. During the two years of Phase One, MASTER provided three days of advanced training on the topic of self-neglect to 82 APS workers, their multidisciplinary partners, and future trainers in three different locations. Before the creation of Project MASTER, the only statewide training available to APS workers were on specialty topics delivered approximately twice a year. MASTER now provides a standardized and interactive curriculum, based on adult learning theory, which has been proven to increase workers’ knowledge and decision making skills.

PROJECT DEVELOPMENT

In California, the training of APS workers is the responsibility of individual counties, so the quantity and quality of the trainings varies greatly. In order to determine training needs of APS workers, Project MASTER began by assembling a group of project staff, topic experts, and APS workers to identify content for an advanced curriculum. Training needs were determined through key informant interviews and questionnaires administered to over 200 APS workers. Managers, trainers, and line workers were asked to identify top training needs from a list of 65 topics. The results showed strong agreement that additional training was needed in the areas of

- Balancing safety with self-determination
- Capacity issues
- Working with resistant clients

These three topics are especially entwined with difficulties associated with self-neglect, the most common category of abuse encountered by APS workers.

Based on the results of the needs assessments, Project MASTER identified specific topics within these three areas, including

- Differentiating between dementia, delirium, and depression
- Evaluating medication influences on capacity
- Clinical skills for working with reluctant clients
- Legal and ethical issues raised when balancing safety with the client's right to self-determination

A review of the applicable literature was conducted to ensure that the curriculum was based on current, reliable information. Concurrent with curriculum development, a formal infrastructure for Project MASTER was developed to coordinate project staff, academic advisors, subject matter experts, and county APS. Project MASTER engaged the services of nationally recognized experts in the areas of APS training development (Susan Castano, MSW, LCSW), clinical issues for seniors (Patrick Arbore, EdD), and legal issues in elder abuse (Candace Heisler, Esq.) to develop the content for each of the training modules. The Advanced Series on Self-Neglect was pilot tested in October 2006 to 32 APS workers and their multidisciplinary partners from six Southern California counties. The finalized modules were delivered to 30 APS workers from six Southern California counties in April 2007 and to 20 APS workers and future trainers from four Central California counties in November 2007. MASTER is continuing to deliver the advanced series on self-neglect throughout California three times a year and continually receives requests for additional trainings.

University of California (UC), Irvine—Center of Excellence on Elder Abuse and Neglect

PROJECT OVERVIEW

The Center of Excellence on Elder Abuse and Neglect developed a pilot curriculum on Elder Death Investigation for Coroner/Medical Examiner Investigators. Working closely with training partners at the Orange County Sheriff's Department-Coroner Division and the California State Coroners' Association's Coroner Curriculum Development Committee, UC Irvine faculty and staff members participated in discussions to identify the training needs of this professional group. The total number trained by the end of Phase One of this project was 18 pilot group members. Before the project, no trainings were available to California death investigators that were specific to handling elder deaths with a spotlight on detecting mistreatment. Now, a board certified three-day training provides information and simulated experiences to help coroner/medical examiners apply new medical knowledge and utilize multiagency resources in addressing suspected abuse or neglect. A research study on coroner and medical examiner decision-making in elder deaths was developed as a result of participant and faculty discussions and is now underway.

PROJECT DEVELOPMENT

In California, Coroner/Medical Examiner agencies employ the medicolegal investigators who gather evidence to assist medical examiners and coroners in determining circumstances, manner, and cause of death. By law, they must investigate various categories of deaths such as “violent, sudden or unusual deaths,” cases in which a physician has not seen the deceased in the 20 days prior to death, and deaths suspected to be “occasioned by criminal means, in whole or in part” (California Government Code Section 27491). Coroners and Medical Examiners have the statutory responsibility to inquire into the circumstances leading to and surrounding all deaths that fall within their jurisdiction and to determine the extent of the inquiry. Based on communications with other agency representatives knowledgeable about the decedent, such as law enforcement, medical community, licensing agencies, and APS, the Coroner/Medical Examiner has to decide whether or not circumstances surrounding an elder death warrant further investigation. Their death investigations are aided by the legislated authority to obtain any medical information of the decedent that is directly related to the death. Coroners also have the right to order the body’s removal for further investigation (California Government Code Section 27491.2[a]) and may take charge of personal effects (California Government Code Section 27491.3[a]).

Although specialized trainings are offered for Coroner/Medical Examiner investigators in California on the topic of child deaths and child abuse, no specialized trainings on elder deaths and elder abuse were available. Having learned about the Elder Abuse Investigations course for law enforcement offered by UC Irvine, Orange County Sheriff’s Department, and other members of the Orange County Elder Abuse Forensic Center, the California Coroner Curriculum Committee suggested that it was time to provide a training to help Coroner/Medical Examiner death investigators to identify and respond to elder abuse and neglect. Because heterogeneity and complexity of medical problems increase with aging and because death is often expected in elders, deciding when and how to pursue an investigation of an elder death is difficult.

Using the existing Elder Abuse Investigations Course that was designed for law enforcement detectives as a starting point, the project team and local partners met numerous times to identify content areas, discuss how information should be presented, identify appropriate instructors, and determine how to organize the pilot. Project staff conducted literature reviews and discussions with the instructors to identify key learning points for the course. The Commission on Peace Officer Standards and Training (POST), the agency responsible for setting minimum selection and training standards for all California law enforcement, approved the pilot project and supported the effort by providing funding for the Coroner/Medical Examiner subject matter experts. Today, the Elder Death Investigation Course is a POST

certified course that provides not only professional law enforcement education credit, but also reimburses law enforcement agencies for the travel and per diem costs associated with sending personnel. It is endorsed by California State Coroners' Association and affiliated with Rancho Santiago Community College to help offset costs and provide education credits.

Training Provided by Other Grantees

The projects described thus far addressed the training needs of specific disciplines and professional groups in a focused and deliberate manner. Prior to designing curricula, project personnel assessed the training needs of target groups, solicited feedback by those currently working in the field, customized training accordingly, and engaged in pre and post testing. Among the primary goals of these projects were to customize and test training curricula and ensure their continued use in specific institutions.

It should be noted, however, that other Initiative projects also engaged in training in response to needs that emerged during the course of their work. Some, including the multidisciplinary teams and forensics centers, recognized that achieving their goals required that everyone involved had a basic understanding of abuse and of the roles and outlooks of various disciplines. Projects that focused on raising public awareness recognized the need to provide accurate and up-to-date information to outreach workers and the public.

The following examples highlight the training activities of three projects that were not included in the Professional Training category of the Initiative. They are included to demonstrate the dynamic and changing nature of the need for training by diverse stakeholder groups and how these needs have been addressed. The Institute on Aging created a Multidisciplinary Assessment Team (MAT) with the primary purpose of reviewing cases of elder abuse and providing comprehensive assessments to appropriate clients and cases. Through the development of the team, it was discovered that different disciplines use different jargon, terms, and operational priorities. Coordination and intervention on behalf of the victim can be hindered by these differences in outlooks, language, mandates, and roles and responsibilities. To address these differences, the team added a training component, where different disciplines would conduct training at each monthly case review.

WISE and Healthy Aging Seniors Against Investment Fraud (SAIF) sought to train California seniors to make informed financial decisions using a "train-the-trainer" model. The program used the existing network of 12 Retired and Senior Volunteer Programs (RSVP) throughout the State of California to recruit 200 senior volunteers who, in turn, provided educational seminars to over 100,000 seniors about recognizing and reporting investment fraud schemes that target the elderly. Although members of the

public are not required to report EAN, they are trained and encouraged to report in order to have an informed public citizenry.

Designed to interact with clergy and lay leaders of all faith traditions about the problem of elder abuse and how to successfully intervene, Santa Clara County's Department of Aging and Adult Services (DAAS) developed a project largely because APS had not received any reports of suspected elder abuse from clergy since 2005, when clergy became mandated reporters in California. This project's components include (a) educating and training clergy and lay leaders across different faiths, (b) conducting focus groups of clergy and congregants, (c) developing educational materials and online resources for clergy's easy access, and (d) convening and sustaining a clergy advisory board.

ACCOMPLISHMENTS AND LESSONS LEARNED

Perhaps the most significant accomplishment of the educational component of the Archstone Initiative is the formal and permanent institution of EAN content in training curricula for mandated reporters, some of whom were only vaguely aware of this topic. While each project had its challenges with introducing new content and courses, creative ways to move the training from pilot programs to core parts of the curricula were demonstrated.

Lesson One: Adaptability and Flexibility—The Modular Approach

Project MASTER, CCSF, and UCLA found that adding new courses targeted to specific groups is not always a feasible option. Instead, project teams achieved buy-in for their project goals by creating modularized content that could be integrated it into existing courses. This modular design allows for flexibility to update and modify courses as new research emerges, with minimal effects on the overall curriculum. CCSF found that the fixed requirements for the paramedic program necessitated integrating EAN content into existing classes. A new course, Health 9A, is now open to all CCSF students and community members.

Another innovative approach to course overload was to take advantage of CCSF's emphasis on distance learning and its potential for extending the reach of the project. They developed online content and offered Health 9A as a computer-enhanced class, in which classroom activities were supplemented by online assignments, including exercises that provide immediate feedback and online discussions that solicit students' experiences and attitudes. The computer-enhanced course was refined further and offered again in subsequent semesters. The benefits and feasibility of developing a fully online version are currently being considered by the project faculty. To meet the educational needs of different programs and colleges, curricula

are being developed for traditional classroom use, classroom enhanced with computer-based components, and fully online courses.

CCSF also has instituted long-term programmatic change. Beyond helping students recognize and report abuse, the project team has instilled an understanding of the important role that front-line emergency responders play in preventing abuse and the benefits of reporting. Since the class was extremely well-received and subsequently approved as an ongoing course, it is now assured that the course will continue to be offered as long as there is an adequate demand from students. A companion manual was developed to assist others in replicating the course at other colleges.

Lesson Two: Need for Basic Knowledge of the Aging Process

It was apparent at the beginning of this initiative that many professionals did not have adequate basic information on normal aging by which to measure issues of neglect and abuse. Even mandated reporters needed accurate benchmarks for interpreting behavior of elderly patients and caregivers. For example, a baseline survey of UCLA dental students and faculty showed that students lacked real-life experience with older adults and that both faculty and students' limited knowledge of aging issues was primarily stereotypic and heavily influenced by mass media.

Similarly, UC Irvine Center of Excellence's Training Institute and Project MASTER found that meaningful discussion about elder abuse required a basic understanding of geriatrics and gerontology. For example, Project MASTER learned that the level of education of APS frontline workers varied tremendously, as did their knowledge and skill. Although some workers came to their jobs equipped with master's level training in gerontology, many had no formal training in issues related to aging. Therefore, it was imperative that course content include foundational information to ensure all participants' were equipped with a baseline level of knowledge. Likewise, the UC Irvine Peace Officer Standards Training begins with a module on recognizing normal aging versus disease processes of aging. Many of the participants now report a cultural shift on the part of their institutions to not only recognize EAN, but ramp up efforts to provide more training on foundational knowledge of aging to give the proper context for understanding EAN. CCSF developed a brief introduction to aging for the health interpreters' standardized curriculum, which will be integrated into a section on special populations. Common myths about aging and the elderly are addressed in one of the initial activities of their first responder training and in computer-game format on differentiating delirium and dementia.

UC Irvine addressed a common ageist attitude among elder death investigators highlighted by the following remark: "I wouldn't want my grandma to die [with multiple untreated infections and in egregious filth] but other

people can make that choice in their lives.” Their training sessions aimed to help elder death investigators to lower their tolerance thresholds at the worst neglect scenes and to provide skills to look with a more critical eye for flags of neglect. UCLA also addressed ageism by involving students in small group work to become aware of their own feeling about the process of aging and older people. Many students have little contact with frail elders and their comments reflect patronizing attitudes rather than avoidance or dislike. They think of elders as “cute,” but this view undercuts patient autonomy and self-efficacy.

Lesson Three: A Demonstrated Need for Standardized Education and Training

Ensuring that targeted training conforms to state and local mandates and protocols proved to be a challenge for some of the projects. The way in which state laws are interpreted by local communities varies, as do the resources devoted to responding to reports. As a result, the police, APS, or Ombudsman response may differ from county to county. Policies and protocols are also subject to change. For example, San Francisco has an elder death review team, which recently discussed the role of EMTs and paramedics in abuse reporting. The group subsequently made recommendations to the City’s Fire Department for revising its current protocol such that paramedics will notify the police immediately if they observe neglect under certain conditions.

The project team at UC Irvine, using their Elder Abuse Investigations Peace Officer Standardized Training for police detectives and sheriff’s investigators as a starting point, met numerous times with the statewide curriculum committee and local partners to identify content areas, discuss how information should be presented, and develop the expanded outline to submit to the Peace Officer Standardized Training Commission for accreditation.

One of the best examples of how these training projects served as a catalyst for permanent change is the formal inclusion of elder abuse and neglect content in the preprofessional curriculum at the UCLA School of Dentistry. It should be noted that the UCLA team was especially fortunate to be in the midst of a major reform of the school’s curriculum as they sought to incorporate EAN modules into newly created courses. However, as a result of this project, every student who graduates from the UCLA School of Dentistry has been made aware of their reporting responsibilities regarding elder abuse and neglect before licensure. To continuously monitor the success of this approach, a question related to EAN has been added to the graduate exit survey.

During the development of Project MASTER’s advanced series on self-neglect, the need for standardized core competency training became evident.

MASTER partnered with the Statewide APS Training Project based in the Bay Area Academy and the National Adult Protective Services Association (NAPSA) to form the National APS Training Partnership and is currently collaborating to develop 23 standardized core competency modules.

Lesson Four: The Need for Customized Education and Training

Customized curricula used by the team at CCSF in the EMT/P class included panelists describing their agencies and roles as well as actual cases in which the agencies had collaborated with EMTs or paramedics. The deputy district attorney, for example, described a case in which he had relied heavily on the testimony of an Emergency Medical Services provider. Cutting-edge research on forensic markers, the role of frontline responders in preserving crime scenes, and cultural factors that contribute to risk were other content areas targeted specifically for EMT/paramedics.

Differences in types of abuse certain professionals are likely to see calls for a tailored approach to curriculum development. The UCLA team found that many of the cases presented by fourth-year students, as part of the EAN module in the Culture and Health course, involved issues of self-neglect. Therefore, the curriculum was designed with a heavy emphasis on neglect and caregiver issues. Self-neglect was one component of training identified as insufficient by all the training projects.

Lesson Five: The Imperative of Relationship Building between Stakeholders

Building a network of relationships between various stakeholders in order to move the projects forward and achieve set goals was pivotal for all the projects. The partnership between UC Irvine's Center of Excellence on Elder Abuse and Neglect and Orange County Sheriff's Department's Coroner Division allowed a melding of knowledge and resources in elder abuse and death investigation.

Orange County Sheriff's Department manages the California Coroner Training Center, a state-of-the-art facility incorporating custom-built scenario rooms that allow participants to interact with actors in settings simulating real-world situations. This feature has been used in several coroner courses so that participants can practice new skills and apply their knowledge in realistic but controlled conditions, with feedback from instructors and fellow participants. Both the Coroner and the Center of Excellence were motivated to develop this training together and offered faculty to provide expertise in the areas of geriatrics, forensic pathology, psychology, and coroner investigation. Instructors from other agencies and disciplines contributed their valuable knowledge and perspectives to the course.

Project MASTER actively involved county APS staff in all aspects of the curriculum development and delivery in order to ensure that the training meets the specific needs of APS workers. Each of the six southern most California counties provided an APS trainer to act as a member of the project's Curriculum Advisory Committee who reviewed the needs assessments and identified the training topics developed. The trainers selected the learning objectives for each of the training modules. They collaborated to select training activities that would most effectively address these objectives, and involvement in this collaborative effort was crucial to the advancement of training within the state.

Lesson Six: The Importance of Cultural Considerations

The location of all the training projects in California's multicultural society necessitated recognizing the role culture plays in defining EAN and developing appropriate course content. All of the training projects strongly emphasized cultural competence, the role of culture in abuse, prevention, and impediments to services as well as the need for culturally specific training programs. Programs within CCSF that were targeted for training are among the school's most culturally and ethnically diverse. As part of their role as health care interpreters and community health workers, these individuals act as patient advocates and cultural brokers, interpreting cultural cues and nuances to health care providers and providing subtle indicators of abuse and potential barriers to reporting. Significant attention was paid to ensuring that both the content and instructional methods were culturally and linguistically appropriate. Language and methods were reviewed by faculty in the targeted departments at various points in the development of each curricula to identify content that was unclear or culturally biased and to suggest teaching methods that are commonly used and accepted (e.g., role-playing exercises are frequently used in the HCI programs). CCSF project personnel plan to share these materials and insights to other interested schools.

In the culture and health module at UCLA, students prepare a clinical case presentation for delivery in a small group setting. Generally, these patients are elderly patients who need dentures. A common theme that emerges from these presentations is the varying roles played by patients' families in treatment decision-making. The active involvement of family members in such a decision provides a cultural disconnect for many of the students. Group decision-making can be seen by a student of a highly individualistic Western culture as a threat to patient autonomy rather than a cultural norm in which family decisions are made communally.

Project MASTER made a conscious effort to incorporate training vignettes featuring clients from a variety of cultural backgrounds in order to address the diversity within the client population. However, when it was found that over half of the APS workers at one of the trainings spoke English

as their second language, MASTER needed to address the diversity of the trainees. At that point, all of the training materials were reviewed to determine their readability statistics (available under Microsoft Word spelling tools function). On average, the materials had a readability level of sixth grade, which was felt to be acceptable even for professionals working in their second language.

CHALLENGES AND WAYS TO ADDRESS THEM

Challenge One: Engaging the Reluctant Trainee

Some of the projects found their target trainees to be reluctant participants, believing that learning about elder abuse and neglect was either not within their professional responsibility or was not a problem among their clients. Clergy in the Santa Clara County program needed to work through the concern that addressing elder abuse and neglect would interfere with the clergy-congregation relationship and confidentiality. Dentists and dental students were initially unaware of the depth and breadth of elder abuse and neglect as a societal problem. Even after they were reminded of their mandated responsibility to report, many still felt that (a) elder abuse and neglect was not likely to happen with the patients in their practice, or (b) dealing with elder abuse and neglect was best left to other professionals. The coroner and medical examiner investigators targeted by the UC Irvine project were reluctant to consider the possibility of neglect or abuse in their investigations, perhaps in an effort to maintain emotional distance from more gruesome cases or to avoid being overwhelmed with cases. The projects successfully used creative methods to engage reluctant trainees: shocking statistics, video tapes, real-life cases examples, and role-playing (getting the trainee to walk in a vulnerable elder's shoes etc.).

Challenge Two: Reaching Busy Professionals

Curriculum content can be presented either synchronously or asynchronously. Synchronous delivery (e.g., the traditional PowerPoint lecture) presents the content to all learners as a group at a defined place and time. Asynchronous delivery (e.g., computer-based, Web-based, or CD) allows the learners to access the material when it is most convenient for them to do so. Each modality has characteristics that either enhance or detract from the training program, depending on the expectations of the learners and the nature of the content.

There are many positive aspects to synchronous delivery, which explains its popularity. Scheduled workplace sessions guarantee that the people who need the training are gathered; content questions can be answered immediately and misunderstandings clarified; learners can share

ideas, expertise; and they can work together in small groups, network, and develop bonds that might enhance motivation and persistence.

In the asynchronous mode (e.g., online course or CD), the learners select the time and place that is most convenient and move through the material at their own pace, repeating sections, and stopping at will. The ability to review a presentation as often as necessary can strengthen learning. A study at the State University of New York (SUNY) at Fredonia found that students who attended lectures and took notes scored lower on exams than students who listened to the same lectures as repeatable podcasts and also took notes (McKinney, Dyck, & Luber, 2009). This manner of instruction is an area to explore early, before materials are developed. Some content such as practicing communication skills is difficult to design for this type of learning, although online discussion rooms and bulletin boards can be set up for specific courses to provide a way for participants to share.

Asynchronous learning, information given at the learner's own pace and convenience, need not always be high tech. Seniors Against Investment Fraud (SAIF), a project of WISE & Healthy Aging in Santa Monica, supplemented training sessions of elder volunteers with brochures and tip sheets that trainees could carry with them. Tip sheets were also positively received by the clergy and by dental students and served to reinforce the key training points.

Course management software (e.g., Blackboard, Moodle) offers an innovative approach to formal curriculum delivery that combines the two methods. These software applications provide a controlled, online environment for uploading and storing course material, including PowerPoint presentations and video as well as tools for managing assessments, class e-mails, participation, and grading. Discussion boards allow learners to collaborate on projects and share the results with the rest of their class. At CCSF, for example, a traditionally presented course was supplemented by online assignments that provided immediate feedback to the learners and a discussion board that allowed the trainees to share related experiences. The management systems can also be used as a repository for information to be shared and consistently available. At UCLA, guidelines for mandated reporters of elder abuse and neglect were posted as a convenient online reference for faculty and students. The system also allows students to provide anonymous feedback to surveys on modules as they were piloted.

A concern in developing programs that combine class sessions and supplementary work is to make certain the amount of time required outside of class does not become onerous. While the flexibility of asynchronous delivery permits the learner to schedule instructional time, it is still time that the learner must devote to the course. Spending several hours three nights per week completing online assignments, responding to posts from faculty and other students, etc., can be more burdensome than attending a two-hour

training session once a week. This time commitment is especially important if the course is part of a broader training program such as that for emergency medical technicians or dentists.

An innovative method of convening trainees who are dispersed over a wide area is exemplified by the Webinar, selected by the Center of Excellence on Elder Abuse and Neglect at the UC Irvine Medical School for monthly convening of the Archstone Foundation Initiative grant recipients. Participants dial into a conference call and simultaneously access an interactive Web site. Materials can be posted to the Web site, viewed, and discussed in real time by the participants. This method maintains collaborations that develop during face-to-face meetings and could be effective to keep contact with trainees or disseminate new materials.

The creation of a dedicated elder abuse and neglect training and resource Web site requires extensive staff time and funding, but such sites are highly visible through search engines and provide universally accessible and up-to-date information and training. The wide-ranging site of the Center of Excellence on Elder Abuse and Neglect at the UC Irvine (<http://www.centeronelderabuse.org>) includes multimedia training opportunities, research reports, links to local and national resources on elder abuse and neglect, many targeted to specific professions, as well as opportunities for involvement in advocacy for elder abuse and neglect awareness and input to policymakers. Sites such as this can continue to inform and motivate those who have been trained after formal sessions have been completed as well as be a frontline resource for anyone searching for assistance or information regarding elder abuse and neglect.

Challenge Three: Determining Whether or Not You Are Getting Through to Learners

The most important component in any training program is the opportunity for the learners to interact directly with the content. Current research on learning emphasizes that effective long-term retention and application occurs when the learners construct their own knowledge systems from the material that is presented, integrating new ideas with previous experiences and existing knowledge (Silverman & Casazza, 2000). These knowledge systems figure prominently in helping learners to recall what they have been taught and to recognize when to use it. Key variables in this process are direct engagement with the content as it is being presented and frequent feedback to help the learners assess the accuracy of their constructions and connections. Whether the content is presented synchronously or asynchronously, learners need opportunities to reflect on what they are studying and to use their new knowledge in problem-solving situations. They also need feedback on the success of their attempts. For example, online or

CD-based training programs often have questions or even games embedded in the content. The program returns learners directly to the section of the material that they did not understand. CCSF developed a computer game to help emergency medical technicians distinguish between the symptoms of delirium and dementia.

It may seem that synchronous learning such as lectures would provide more opportunities to stop and pose questions or problems, but that is often not the case. Emphasis on covering the material within an allotted time period may overshadow the concern for ensuring that the students have learned the material at a level that ensures retention and applicability. The UCLA School of Dentistry uses audience response technology (clickers) in large group presentations to provide feedback more quickly than the usual quizzes. Using this technology, which can integrate with presentation applications such as PowerPoint, the lecturer projects a question and choice of alternatives on the screen. Listeners using wireless keypads or handheld computers, which have been distributed at the beginning of the training session, select a response. The responses are projected on the screen as a graph or chart. The technology increases attention and provides a quick way of assessing learner comprehension that many people also find fun and helpful.

Challenge Four: Keeping It Real

A common method of actively involving learners and one adopted by many of these projects is small group case discussions. Cases or vignettes are appropriate for working professionals as well as for groups in which there are a variety of backgrounds represented. A case vignette need not be elaborate and might focus only on one topic, such as initiating an intervention with an older dental patient who is experiencing abuse or discussing the possibility of self-neglect with a patient's family member. Visual cases—using images that are physical markers of abuse and neglect—can familiarize learners with the physical signs they might see as part of their work experience. By using small-group teaching combined with cases, the UCLA project team created a safe opportunity for dental students to practice their communication skills in asking sensitive questions and receive feedback from their peers and the instructor. UCLA and Santa Clara County used role-playing with experienced social service professionals to help their trainees become comfortable being interviewed by APS staff after making a report suspecting elder abuse and neglect. Trainee role-playing can be videotaped for playback and a more in-depth analysis. Finally, cases often encourage experienced professionals to recall similar instances and share their responses and feelings. This modeling is a very powerful educational experience for those entering or new to the profession.

Cases are also useful as assessment methods. In this application, learners are presented with a short case and might be asked to select or create an appropriate dialogue in response to a situation, or to describe what steps they would take and in what order. Case-based assessments ask learners to problem-solve and to actively use their new knowledge in situations that are models of those they may encounter in their work. Thus, the case leads to an authentic, work-related measure of their understanding.

PROGRAM EVALUATION

Each project instituted an evaluation component to their education and training project. Using initial needs assessment measures as baseline data, each project evaluated the most/least successful parts of their curricula or training sessions. Based on these evaluations, modifications and refinement of educational approaches continue to be made.

The team at UCLA School of Dentistry uses a pretest to evaluate baseline knowledge and awareness of EAN and then a posttest after taking required courses with EAN content during four years of dental school training. The pretest is administered to all incoming first-year dental students during fall quarter, and the posttest is administered at the end of their third year of study (the last time they are in class together and easily surveyed). Preliminary results from the initial survey of dental students showed a significant need for training on elder abuse and neglect: 7% of students had received training on elder abuse prior to the program and only 8% indicated they felt adequately trained to make a report of suspected elder abuse.

Project MASTER developed an evaluation methodology that included trainee satisfaction surveys, curriculum evaluation by a group of professional trainers, and a vignette-based evaluation instrument that required trainees to demonstrate their decision-making process. The knowledge portion of the test was used to determine whether trainees learned core concepts. Results were used to identify areas that needed to be expanded or clarified. It should be noted that analyses of answers to questions in the piloted vignette-based evaluation proved somewhat subjective and did not facilitate clear evaluation. For Phase Two of this project, the imbedded evaluation was revised and standardized with the assistance of professional curriculum evaluators. Project MASTER also collected demographic information about the trainees in order to determine whether the instructional level matched the education and experience level of the trainees. Comments about Phase One trainings include

I better understand how capacity is determined. [I understand the] ways to differentiate between reversible and nonreversible dementia.

I enjoyed the training. I came away feeling more in touch with the client's experience of having APS come into their life. [I will use this information] to train new workers re: resistance vs. fear [and] to share different techniques on how to work with a resistant client.

[The training] helped me more fully understand the legal implications of capacity, improve documentation [of] case content. The overall training was great! I liked the many group activities and discussions afterwards.

More APS workers need this training!

Trainees indicated that the level of complexity was appropriate for all three training modules, all topics were relevant to APS work, and they would recommend this training to other APS workers.

In UC Irvine's Elder Death Investigation pilot, participants were encouraged to share their perceptions and past experiences and asked to provide feedback on how to improve the course. Participants maintained a dialogue with faculty throughout the training and time was set aside at the end of the third day to further discuss next steps for the course as well as additional training needs. At the end of the training, evaluation forms for instructors, elder abuse training needs, and the course as a whole were collected, compiled, and analyzed. A link to an online follow-up survey was emailed six to eight weeks later to ask whether or not parts of the course were useful, what behavioral changes it brought about (if any), and what additional needs were identified. Responses from past participants include

What we do with children is different from what we do with elders right now. Very rarely will anything be missed with an infant or a small child in trouble. No one will fly to the scene of an elder death, so it's that much more important that our investigators know not to miss things.

One of the most beneficial areas was getting a better understanding of the mental and physical changes occurring in the elderly population as well as how to determine normal functional capacity. This is very important in interpreting the scene, i.e., Is what we see consistent with the functional ability of the decedent/resident?

[As a result of what I learned from this training,] [m]y main focus now will be a different approach with the other agencies.

[As a result of what I learned from this training, I will] [l]ook at signs of neglect when investigating deaths and change what questions I ask to caregivers.

One of the main goals of the education projects is to disseminate project findings so that others can utilize and/or replicate the project. The development of good curricula necessitates constant overview and updating, making sure the types of cases presented are those that the targeted audience would be likely to see. Potential reporters range from highly trained health professionals, to frontline workers, to experts in other areas needing cross-training, requiring educators to tailor their curricula accordingly. Through the evaluation process, it became apparent that self-neglect was an area of elder abuse that audiences were frequently dealing with. As a result, many of the projects reported a need to rethink their content to add more self-neglect cases. This is an example where the field of elder abuse and neglect is advancing through a continuing loop of feedback from frontline workers to inform research, training, and practice methodology.

EVALUATION METHOD AND DATA

Data presented in this paper was collected through an independent cross-cutting evaluation of the Archstone Foundation Elder Abuse & Neglect Initiative, which was conducted by The Measurement Group (see Huba, Melchior, Philyaw, & Northington, this issue). Primary evaluation data were collected using quarterly report forms designed for this initiative, project-specific studies, and interviews with project directors and key staff. Using a mixed methods (quantitative-qualitative) design, more than 80 key areas of programmatic activity were examined through an empirically-derived and judgment-based coding system to develop a set of 19 major indicators of program activity and quality (for a summary of all indicators across all projects, see Huba et al., this issue).

Selected Aggregate Outcomes

Examples of outcomes are given below. Most projects are not designed to produce more than several of these outcomes and no project is designed to produce all of them.

- *Infrastructure Development Meetings.* The projects conducted or participated in 576 meetings for infrastructure development, planning, or coordination to build lasting capacity for services related to elder abuse and neglect prevention and intervention. For example, one project met numerous times with the director of an EMT/Paramedic Program to help develop a training for emergency response workers.
- *Trainings and Number Trained.* Across the five projects, 135 trainings were conducted for mandated reporters of elder abuse. A total of 2,494

mandated reporters received training including law enforcement, judicial officers, physicians, and medical and dental students.

- *Presentations and Attendance.* The five projects gave 805 formal presentations to mandated reporters, staff members, other agencies, and the elderly. In total, 77,284 individuals attended such presentations. Of the 805 presentations, 129 were moderate-intensity sessions attended by 7,813 people, including mandated reporters and elders. The remaining 676 sessions were low-intensity sessions or health fairs for elders attended by 69,470 individuals.
- *Media Events.* The five projects participated in 100 media events, which included television and radio appearances, newspaper articles, and flyers. It is estimated that the media events reached more than 10 million people.
- *Volunteers.* Across four projects, 246 volunteers were recruited to assist and deliver trainings.
- *National and International Impact.* As part of their activities, three projects have provided technical assistance, training, information presentations, or case consultations to professionals and agencies located in 28 other states and the District of Columbia as well as five foreign countries (Canada, Philippines, South Africa, England, and Australia). For instance, one project provided materials to interested parties in Delaware, Texas, Washington and Maryland.

Table 1 lists some examples of the major outcomes achieved by the Education and Training projects. These highly selective exemplars come from the quarterly reports submitted by the grantees and are chosen from what they reported as their most significant successes and lessons learned over the course of the project thus far. Information from the reports was reworded to form stand-alone statements that reflect outcomes of the individual projects as well as aspects of the group overall. The statements then were grouped by theme to show major outcomes of the Education and Training group.

FUTURE DIRECTIONS

Features of future EAN training programs, inspired by experiences of existing training projects, include the need to be flexible, able to be presented on multiple educational platforms, asynchronous (available any time the users need them or are available), self-contained, and continuously monitored for accuracy and currency. All of the projects presented in this report operate as part of a larger system, providing both opportunities and barriers for training mandated reporters as well as laypersons.

The convenience and economy provided by large scale professional education programs may also be achieved through asynchronous learning

TABLE 1 Selected Exemplars: Major Outcomes Achieved by Education and Training Projects*Training Innovations*

- Project developed a conceptual model for the development of Adult Protective Services (APS) trainings that brings together the micro and macro aspects of a specific type of APS case.
- Project successfully completed and launched the first training for Health Care Interpreters who can reach a growing segment of the population and connect victims of elder abuse to the resources that are available to them.
- Project joined with local agencies to form the National Adult Protective Services Training Partnership to ensure that trainings continue to meet the highest standards.

Education and Curriculum Changes

- Project ensured that beginning with the dental class of 2008 each graduating class will have formal elder abuse and neglect training.
- Project piloted an Elder Death Investigators course, marking the first time a course on this topic was offered in California.
- Project institutionalized an elder abuse prevention course for students enrolled in health education and community health studies.
- Project developed and piloted two APS core competency training modules with input from local, state, and national experts.
- Project added a question to their graduate survey—administered to and completed by all graduating seniors—that was related to the understanding of principles in recognizing and responding to instances of elder abuse/neglect.

such as online self-study and Webinars. Future programs will have modules ready to respond to opportunities for training as they arise, allowing for continuous revision that ensures appropriate, timely, and up-to-date content. Future training programs will also make use of online ability for interactive role playing and responding to relevant, real-world scenarios developed for the particular professional target group. It may be more efficient and cost-effective to focus on specific types of abuse and/or neglect most pertinent to specific target groups such as the health professional.

CONCLUSION

Each of the Archstone Initiative Education and Training projects began by recognizing the need to involve the trainee populations in identifying their own informational needs regarding elder abuse and neglect. They used a variety of delivery methods, some new and innovative, some familiar and traditional, to provide the trainees with different ways to access the information. They developed active learning experiences that gave the trainees practice in using their new knowledge; provided frequent feedback on their progress; and created opportunities to reflect, share, and use their existing expertise.

Finally, findings from these training programs show that the most well-developed and well-crafted EAN training program can be entirely lost on an audience that does not have the requisite background knowledge. It is

prudent to assume that most audiences have limited knowledge necessary to place issues of elder abuse and neglect in the context of normal aging, even a target audience consisting of advanced level health professionals. As these EAN programs move forward and become self-sustaining and institutionalized, all now begin with basic information on normal aging, ageism, and issues of capacity before addressing issues of EAN.

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