Guiding Principles

Findings Are:
- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client's perspective in determining self-neglect

Findings Are <u>Not</u>:
- Tied to services, i.e., you do not have to have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county's or agency's political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement's response to the finding

Guidance on Findings:
- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers' synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

Guidance on Information Gathering:
- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.
- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

Types of Evidence:
- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

Finding Standards:
- Findings are a combination of both judgment and a reasoned approach.
- They are based upon
  - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
  - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
  - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
  - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
  - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule
  Because of the complexity and uniqueness of abuse and neglect investigations exceptions can and do happen.   When that occurs the worker should consult with his/her supervisor.

Introduction to California Adult Protective Services
Standards for Consistency in Determining Findings 2011

In 2006, because of concerns voiced by the CWDA Protective Services Operations Committee (PSOC) about the inconsistency of data reported on the SOC 242, the Archstone Foundation funded a research project to investigate this issue.   Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) was the primary investigator.

The research verified many areas of inconsistencies, the greatest of which was the determination of findings.   Findings varied from:
- confirmed investigations ranging from 0% to 68.1%
- inconclusive investigations ranging from 8.1% to 100.0%
- unfounded investigations ranging from 0% to 79.33%.

These ranges far exceeded normal variations and were a reflection of inconsistent definitions and practices across counties.

In response to this information PSOC formed a committee to address the issues of inconsistency in APS practice. The group was made up of APS managers from throughout the state and they made improving the consistency in determining findings their first priority.

Because of the complexity and uniqueness of elder and dependent adult abuse and neglect and because ascertaining findings is a subjective process it was not possible to develop a fixed formula for determining findings. Instead, the committee concentrated on developing a consistent approach to understanding and evaluating the information gathered, and focusing the investigation on the relevant information. The protocol created uses a reasoned, thoughtful approach to formulating findings.   It clearly delineates the essential defining elements of each type of abuse/neglect which gives workers direction and focus for gathering information, and provides them with a structure for evaluating the relative strength and integrity of that information.   The resulting findings are based on both the facts gathered and the social worker's expertise.

There are two components to the protocol which complement each other and are designed to be used in concert. They are:
- Guiding Principles which focus workers on the relevant information
- Matrix which outlines standards to improve the consistency of how cases are approached and understood

Guiding Principles
- Define the basis for findings
- Identify extraneous information which may be important in formulating the plan of action but are not relevant to the determination of findings
- Focus workers on what is important

- Recommend good casework practices
- Outline types of evidence
- Define standards for findings

While careful consideration has been given to the development of these standards for findings, they must be understood as a general rule not an absolute dictate. Unusual and unique situations sometimes arise and workers must have flexibility to adjust their findings to reflect those situations. However, the decision to overrule the standards should be made in conjunction with the worker and his/her supervisor.

Matrix
- Creates operational definitions that are in common, everyday language
- Identifies the key elements of those definitions which provide the focus of the investigative process
- Suggests areas to be explored and raises questions which should act as a prompt for information gathering
- Provides examples of evidence which would be indicators of abuse

Together these tools will provide structure to the decision-making process and provide workers with standards which will improve the consistency of APS practice throughout the state.

Online Training Evaluation and Research
Participants engage in various evaluation activities before, during and after the online training, including a 3 and 6 month follow-up survey. These activities and the data collected will be evaluated to measure if this training has a direct impact on APS practice in CA.

Dr. Aileen Wiglesworth of the University of California at Irvine (UCI) has agreed to evaluate the data in an effort to come "full circle" with the process, that is, research to subject matter experts to policy to training and back to research. This research is also part of a larger national movement to develop best practice standards in APS – California is currently a leader in this movement.

Participation in training evaluation activities is voluntary and confidential. Full participation in these activities is encouraged and appreciated.

For information on online course registration or evaluation, please contact Krista Brown – krbrown@projects.sdsu.edu

California APS* Standards for Consistency in Determining Findings
2011

Key: APS = Adult Protective Services
Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse

Physical Abuse
Welfare and Institutions Code (W&IC) 15610.63 (a)(b)(c)(d)(f)
	Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.	1. Non-accidental use of physical force
		
		and
		
		2. Bodily injury, physical pain or impairment occurred
		
		or
		
		3. Bodily injury, physical pain or impairment could have occurred.
			Examples include, but are not limited to:
			
			General Considerations
			• What are the indications, if any, that the client is being or has been:
			  o Hit, beaten, pushed, shaken, slapped, or kicked
			  o Struck with or without an object
			  o Given unwarranted drugs
			  o Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness
			  o Force-fed
			  o Deprived of food or water for a prolonged period or continually
			
			• Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional?
			
			• Are there power and control issues in the relationship between the suspected abuser and the client?
			
			• Is there a need for a safety plan?
			
			• Are the client and suspected abuser known to APS because of prior reports?
			
			• Is law enforcement investigating this as a crime, e.g. assault, battery?
			
			Client Considerations
			• Is the injury the result of a normal part of aging or disease process?
				Examples include, but are not limited to:
				• Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)
				
				• Burns from such things as: cigarettes, appliances, or hot water
				
				• Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint
				
				• Signs of traumatic hair and tooth loss
				
				• Bruises from abuse can be anywhere on the body but the following types of bruises are more likely to be from abuse than accidental:
				  o Bruises on the:
				    ▪ head, i.e., face, ears, and neck
				    ▪ arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm)
				    ▪ genitalia
				    ▪ soles of the feet
				    ▪ posterior torso (including
				    ▪ chest, upper and lower

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse (continued) W&IC 15610.63 (a)(b)(c)(d)(f)			• Is the client taking any medication that would make him/her bruise easily, such as, prednisone, warfarin, plavix? • Is the client cognitively impaired? • Does the client use an assistive device for mobility? • Does the client require assistance with ADLs? • If the client is bruised, does he/she remember how he/she got the bruise(s)? • Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another? • Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation? Suspected Abuser Considerations • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	back, and buttocks) ○ Larger bruise(s) --accidental bruises tend to be smaller than deliberate ones. ○ Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) ○ Bilateral bruising of the inner thighs (indicating sexual abuse) • History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries • Injuries in various stages of healing including multicolored bruises (indicating they occurred over time). • Medical assessment and lab work including medical opinion on the results • Signs of malnutrition or dehydration without illness-related cause • Police arresting the accused for battery or assault

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse (continued) W&IC 15610.63 (a)(b)(c)(d)(f)			• Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse

Sexual Abuse
W&IC
15610.63 (e)
	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to:
	
	• Unwanted touching
	
	• All types of sexual assault or battery such as rape, sodomy, and coerced nudity
	
	• Sexually explicit photographing
	
	• Forced exposure to pornography
	
	• Unwanted sexual relations with a spouse, partner, significant other or anyone else.
		1. Evidence a sexual incident(s) or situation(s) occurred
		
		and
		
		2. The incident or situation is unwanted or non-consensual in nature.
			Examples include, but are not limited to:
			General Considerations
			• What are the indications, if any, that the client is being or has been:
			
			   o Touched in an unwanted fashion
			
			   o Raped, sodomized, or forced to take off his/her clothes
			
			   o Photographed in a sexually explicit way
			
			   o Forced to look at pornography
			
			   o Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.
			
			• Are there power and control issues in the relationship between the suspected abuser and the client?
			
			• Is there a need for a safety plan?
			
			• Are this client and suspected abuser known to APS because of prior reports?
			
			• Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?
			
			Client Considerations
			• Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act?
			
			• Does the client have family or friends to provide emotional support or to advocate on his/her behalf?
				Examples include, but are not limited to:
				
				• Genital or anal pain, irritation or bleeding
				
				• Bruising on external genitalia or inner thighs
				
				• Difficulty walking or sitting
				
				• Torn, stained or bloody underclothing
				
				• Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.
				
				• Client forced to watch pornography on the television and/or computer
				
				• Client is newly diagnosed with a sexually transmitted disease
				
				• Medical assessment and lab work, including a medical opinion support the report of sexual assault
				
				• The dependent adult is pregnant
				
				• Sudden, marked change in personality or demeanor

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
Sexual Abuse (continued) W&IC 15610.63 (e)			• Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? Suspected Abuser Considerations • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse

Financial Abuse W&IC 15610.3 (a)(b)	**Financial abuse** is the illegal or improper use of a client's funds, property or assets.	1. Funds, property or assets belonging to the client
		
		2. Have been taken, secreted, appropriated and/or retained
		
		AND
		
		3. For a wrongful use (likely to be harmful to the client)
		
		or
		
		4. With intent to defraud
		
		or
		
		5. By undue influence
			Examples include, but are not limited to:
			General Considerations
			• What are the indications, if any, that the client is being or has been financially exploited by someone, e.g.
			  o Cashing a client's check or using/misusing a client's debit card without authorization or permission
			  o Forging the client's signature
			  o Misusing or stealing the client's money or possessions
			  o Taking the client's funds or property by using undue influence
			  o Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will.
			  o Improperly executing the duties of conservatorship, guardianship, or powers of attorney
			
			• Scams such as ID theft, telemarketing/ lottery/investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors.
			
			• Who is making the financial decisions and are the decisions being made in the client's best interest?
			
			• Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?
			
			• Is the suspected abuser targeting vulnerabilities (e.g., takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money
				Examples include, but are not limited to:
				• Unpaid bills, eviction notices or notices to discontinue utilities
				
				• Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client
				
				• Bank statements and canceled checks no longer delivered to the client's home
				
				• New "best friends" who take an interest in the client's finances
				
				• Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation
				
				• Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals
				
				• Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)
				
				• A suspected abuser's excessive interest in the amount of money spent on the client
				
				• Missing belongings or property
				
				• Suspicious signatures on checks or other documents

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse

Financial Abuse (continued) W&IC 15610.3 (a)(b)			or signatures or takes advantage of confusion)?
			
			• Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud?
			
			• Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative?
			
			• Are there any indicators of undue influence, such as:
			  o Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness & vulnerability?
			  o Is the suspected abuser attempting to make the client emotionally dependent?
			  o Is the suspected abuser trying to isolate the client?
			  o Is the suspected abuser attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances?
			  o Is the suspected abuser creating an "us against them" mentality?
			  o Is the suspected abuser exploiting his/her emotional relationship with client?
			  o Is the client susceptible to threats of abandonment?
				• Absence of documentation about financial arrangements
				
				• Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client's finances
				
				• Client's ignorance or lack of understanding regarding financial arrangements made on his/her behalf
				
				• The client is not receiving care nor is his/her living arrangements commensurate with his/her assets.
				
				• The scope/quality of care the client has been receiving is reduced
				
				• The suspected abuser cues or prompts the client or interrupts the client in interviews
				
				• There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories.
				
				• Changes in the ownership of property and other assets.
				
				• Client has received a foreclosure notice.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
Financial Abuse (continued) W&IC 15610.3 (a)(b)			• Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? Client Considerations • Does the client have mobility problems and physical ailments that make him/her more dependent on others? • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? • Are the client's needs being adequately met—medical, environmental, etc or is the suspected abuser benefiting from the client's resources while the client does not have necessary care, supplies or affordable amenities? • Have there been any changes in the client's contact with his/her social network? • Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? • What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client? • Is the client depressed, anxious, or fearful?	Client's service providers were changed after the suspected abuser became involved in the client's life. • Access to the client is limited by the suspected abuser. • The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
Financial Abuse (continued) W&IC 15610.3 (a)(b)			<u>Suspected Abuser Considerations</u> • Does the suspected abuser resist or try to interfere with the client being interviewed alone? • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • What was the suspected abuser's financial history before becoming actively involved with the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect

Neglect
W&IC 15610.57 (a)(b)
	Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.	1. Negligent failure to take action, whether intentional or unintentional.
		
		2. Could be:
		• Caretaker
		• Care Custodian*
		• Person providing services (e.g. home health nurse)
		• Person in a position of trust or fiduciary (e.g. POA)
		
		3. Level of care or service is what a reasonable person would provide.
		
		*'"Care custodian' means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)
			Examples include, but are not limited to:
			General Considerations
			• What are the indications, if any, that the client is being or has been neglected because:
			  o A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care
			  o An in-home service provider has failed to provide the client with necessary care.
			  o The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client.
			  o A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering**.**
			
			• Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)?
			
			• Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?
			
			• What is the level of stress in the in the household due to financial, family, marital, or health problems?
			
			• Are the client and suspected abuser known to APS because of prior reports?
			
			• Is law enforcement investigating this as a crime?
				Examples include, but are not limited to:
				• Client has bad hygiene and smells of foul odor.
				
				• Client has long, dirty, and unkempt finger and toe nails.
				
				• The suspected abuser is creating a risk to the client's health by
				  o not providing the prescribed medication properly (e.g. diabetes or high blood pressure)
				  o not providing transportation to medical/mental health visits
				  o not complying with the client's medical appointments
				
				• Client's home is in dilapidated condition.
				
				• Client is living in hoarding conditions.
				
				• Client has been living with no running water, heat, or electricity.
				
				• Client is found soiled and the house smells of feces.
				
				• The suspected abuser refuses to dress the client or dresses the client inappropriately.
				
				• The suspected abuser fails to

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
Neglect (continued) W&IC 15610.57 (a)(b)			Client Considerations • Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client's capacity? • Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect. • Does the client have a mental illness or drug or alcohol problems that make providing care difficult? • Does the client have an abusive or dominating personality? • Does the client resist help? Suspected Abuser Considerations • Is neglect intentional or unintentional? • Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication? • Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)? • Does the suspected abuser have a drug/alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client? • Is the suspected abuser overwhelmed with	protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home). • Deprivation by care custodian: WI&C 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following: (a) The provision of medical care for physical and mental health needs. (b) Assistance in personal hygiene. (c) Adequate clothing. (d) Adequately heated and ventilated shelter. (e) Protection from health and safety hazards. (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment. (g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
Neglect (continued) W&IC 15610.57 (a)(b)			his/her duties or lacks the training to provide appropriate care? • Does the suspected abuser have Durable Power of Attorney over client? • Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would? • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a criminal record? • If a licensed agency is responsible, is a cross report warranted?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect

Self Neglect
W&IC
15610.57
(a)(2), (b)(5)
	Self-Neglect is an adult's refusal or failure to perform essential self-care tasks.	1. Client is refusing or failing to exercise self care.
		
		and
		
		2. The level of self care is not reasonable.
			Examples include, but are not limited to:
			General Considerations
			• What are the indications, if any, that the client's self care is or has been inadequate, for example:
			  o Not obtaining essential food, clothing, shelter, and medical care or
			  o Not maintaining physical health, mental health, financial health, or general safety?
			
			• Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect.
			
			• Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency.
			
			• Is this client known to APS because of prior reports?
			
			Client Considerations
			• Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect.
			
			• Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?
			
			• Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?
				Examples include, but are not limited to:
				• Client is unable/fails/refuses to take in adequate amounts of food and fluids.
				
				• Client has a noticeable weight loss or is showing signs of malnutrition.
				
				• Client's physical appearance shows sunken eyes.
				
				• Client is eating food that is potentially unsafe or harmful to his/her health condition.
				
				• Client is unable/fails/refuses to dress himself appropriately.
				
				• Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor.
				
				• Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity).
				
				• Client is unable/fails/refuses medical care and/or mental health services.
				
				• Client is unable/fails/refuses to take his/her medication.
				
				• Bills are unpaid or payments are late.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
Self Neglect (continued) W&IC 15610.57 (a)(2), (b)(5)			• Does the client exhibit hoarding behavior, including animal hoarding? • Is the self-neglect a result of lack of awareness or inability? • Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health? • What resources were available to the client and how reasonable is it that the client could have accessed them? • If resources were available combined with functional ability and balancing safety – could safety be maintained? • Is the client able to manage his/her finances?	• Utilities are shut off or at risk of being shut off. • Client is unable/fails/refuses to protect his/her money from scams or others.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse

Psychological Abuse (Mental Suffering) W&IC 15610.53	**Psychological abuse** is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.	1. Emotional distress exhibited by client
		
		and
		
		2. The emotional distress is a result of someone else's behavior/actions.
			Examples include, but are not limited to:
			General Considerations
			• What are the indications, if any, that the client is being or has been
			  o Verbally assaulted, insulted, and threatened
			  o Intimidated, humiliated (e.g., treated as an infant), and harassed.
			  o Given the "silent treatment" or had affection withdrawn
			  o Told misleading comments made with malicious intent to inflict emotional harm.
			
			• Are there power and control issues in the relationship between the suspected abuser and the client?
			
			• Are the client and suspected abuser known to APS because of prior reports?
			
			Client Considerations
			• Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others?
			
			• Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity?
			
			• Is the response of others to the client's cognitive impairment causing the client additional emotional distress?
			
			Suspected Abuser Considerations
			• Is the suspected abuser dependent, financially or otherwise, on the client?
			
			• Does the suspected abuser have a substance or mental health problem?
				Examples include, but are not limited to:
				• Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.
				
				• Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc.
				
				• Client looks depressed.
				
				• Client is confused or disoriented.
				
				• Client is showing signs of confinement.
				
				• Suspected abuser lying to the client deliberately to upset him/her.
				
				• Client being intimidated/ harassed by others

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
Psychological Abuse (Mental Suffering) (continued) W&IC 15610.53			• Does the suspected abuser have a criminal record?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
Abandonment W&IC 15610.05	**Abandonment** is intentionally leaving or forsaking a client	1. Desertion is deliberate 2. Could be: • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) 3. Reasonable person would continue to provide care and custody. *"**Care custodian'** means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)	**Examples include, but are not limited to:** <u>General Considerations</u> • What are the indications, if any, that the client has been abandoned? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? • Is the abandonment part of a threat? • Is there a risk to the client's safety because of where he/she was left? <u>Client Considerations</u> • Is the client cognitively impaired? • Did the client consent to be left? • Is it in the client's best interests to be left where he/she is? <u>Suspected abuser Considerations</u> • Was the client abandoned for the personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent financially or otherwise on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	**Examples include, but are not limited to:** • Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return • Caregiver for a client who cannot manage without assistance goes away without making plans for coverage • Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care • Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
Isolation W&IC 15610.43	**Isolation** is the purposeful prevention of communication between a client and others without the client's consent or knowledge when the action is not in the client's best interest.	1. The action of the suspected abuser is purposeful 2. Client does not or cannot consent **and** 3. Not in the client's best interest	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been isolated such as: 　• Restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: 　o attempting to make the client emotionally dependent 　o attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances 　o creating an "us against them" mentality 　o fostering powerlessness & vulnerability in the client 　o exploiting his/her emotional relationship with client? • Is the suspected abuser trying to control the client's through deceit, coercion, force, or threats? • Are the client and suspected abuser known to APS because of prior reports? Client Considerations • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair	**Examples include, but are not limited to:** • Client's support system, both formal and informal, has increasingly restricted access to the client, e.g., 　o visitors are turned away 　o phone calls blocked 　o phone number changed 　o mail not given to the client • The client's ability to contact others is made difficult by 　o denying the client access to a phone. 　o disconnecting the client's phone • There is a change in the client's doctors, attorneys, etc. • Caregivers not hired by the suspected abuser are fired. • Client's mailing address is changed to a PO Box or the suspected abuser's address. • Client is told that friends and/or family are mad at him/her (as reason they are not visiting). • Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
Isolation (continued) W&IC 15610.43			his/her capacity? • Does the client have mobility problems and physical ailments that make him/her more dependent on others? Suspected abuser Considerations • Is the suspected abuser isolating the client for personal gain? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
Abduction W&IC 15610.06	**Abduction** is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.	1. The client was taken from California and is not being allowed to return. **or** 2. The client is a California resident who is out of state and wants to return but is not being allowed to. **and** 3. The client did not leave of his/her own volition or the conservator hasn't consented. **or** 4. The client does not have the capacity to consent	**Examples include, but are not limited to:** General Considerations • What are the indications, if any, that the client is being or has been abducted? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. kidnapping? Client Considerations • Does the client have the capacity to consent to the move or is the client conserved? • Did the client consent or did the conservator give permission for the move? • Is it in the client's best interests to move? Suspected abuser Considerations • Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record?	**Examples include, but are not limited to:** • The client was taken from California and is not being allowed to return. • A California resident is out of state, wants to return but is not being allowed to. • The client adult did not leave of his/her own volition. • The client was not removed from the state as protective measure or because it was in his/her best interest.

"INSPIRING INNOVATIVE SOLUTIONS IN HUMAN SERVICES"

TRANSFER OF LEARNING GUIDE

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TRANSFER OF LEARNING GUIDE

PURPOSE OF THIS DOCUMENT

The Academy for Professional Excellence has a deep commitment to quality training. As such, we evaluate each and every training. We use a multi-level evaluation to evaluate training, which includes: Tracking, Formative, Satisfaction/Opinion, Knowledge, Behavior, and Outcomes. In keeping with our commitment to quality training, it is a goal of the Academy for Professional Excellence that each training we provide includes strategies to increase Transfer of Learning, in other words, the ability of trainees to apply what they've learned to the job or their Transfer of Learning.

This guide will provide you with an overview of what TOL is, why TOL activities are important, strategies to increase TOL, and examples of TOL activities. Some of the examples within this guide are complex and require the coordination between the trainer and multiple Academy staff. If you would like to utilize any of the examples within this guide, please meet with your Academy contact.

WHAT IS TOL?

Transfer of learning is the degree to which trainees apply the knowledge, skills, and attitudes learned in training when they return to the job, and the degree to which the new learning is maintained over time (Baldwin and Ford, 1988).

THE "TRANSFER PROBLEM"

According to Curry and Caplan (1996) "Research suggests that there is a typical transfer skill dollar loss ranging from 28 to 90 cents on every training dollar spent." In addition, Burke (1997) found that "immediately following training, trainees are able to recall and use approximately 40% of the training material. However, this learning and training transfer diminishes to 25% at six months and 15% at one year."

This transfer problem could translate into increased staff turnover, problems for the agency in meeting federal, state and local requirements, and, possibly, increased risk of harm to populations served by our trainees. Beyond dollars and cents, increasing transfer of learning is important to ensure the application of best practices.

TRANSFER OF LEARNING GUIDE

WHAT DOES RESEARCH TELL US ABOUT FACTORS THAT PROMOTE TRANSFER?

Considerable research has been done on the factors that promote or inhibit transfer of learning.[1] Current theorists take an ecological approach that considers influences that go beyond what happens in the training room. These factors may be related to the participant, the training design and delivery, or the environment the trainee returns to, and may operate before, during and/or after training. The factors that research has found to relate to transfer of learning include: participant factors, training design and delivery factors, and work environment/climate factors.

PARTICIPANT FACTORS:

- Motivation to learn and to apply what has been learned
- Self-efficacy (participants' beliefs that they can learn and apply the learning successfully)
- Personality dimensions such as conscientiousness/goal orientation
- Expectations that training will be valuable
- Control over attending or not attending training
- Ability, including prior knowledge/skill level/strategies.
- Learning the acquisition of knowledge and skill being taught

TRAINING DESIGN AND DELIVERY FACTORS:

- Quality of the training
  - Clear learning objectives
  - Content and methods that support desired levels of learning
  - Opportunities for practice and feedback
  - Repetition of key ideas
- Trainer skills
- Fidelity true to training design
- Relevance of training content to the job
- Alignment of training to trainee's organizational mission and values
- Follow-up (coaching, mentoring, feedback, peer networks, booster sessions)
- New ideas presented by training

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[1] e.g. Antle, Barbee, Sullivan, & Christensen, 2009; Arthur, Bennett, Stanush, and McNelly 1998; Broad & Newstrom, 1992; Baker and Mayer, 1999; Burke & Hutchins, 2007; Curry & Caplan, 1996; Curry, Caplan, & Knuppel, 1991; Curry, Caplan, & Knuppel, 1994; Ford, 2009; Holton, 1996; Noe & Schmitt, 1986; Rouiller & Goldstein, 1993; Yamnill & Mclean, 2001

WORK ENVIRONMENT/TRANSFER CLIMATE FACTORS:
- Management, supervisor, and peer support
- Opportunity to use what has been learned
- Time and resources to implement new practices
- Incentives
- Organizational openness to change

WHAT CAN BE DONE TO PROMOTE TRANSFER?[2]

The following table provides a list of strategies that a training organization can use to promote transfer and when these strategies should be done in association with the training.

Examples for each of the strategies are provided throughout the table. Some of these examples may be specific to a particular trainee group and are included since they can be modified to fit another trainee group.

Some of the examples within this guide are complex and require the coordination between the trainer and multiple staff of the training organization. If you would like to utilize any of the examples within this guide, please meet with your Academy contact.

LIST OF STRATEGIES
1. Set clear course goals and objectives
2. Orient supervisors to the course
3. Orient trainees to the course
4. Invite input
5. Help create preliminary action plans
6. Connect new knowledge and skills to future use
7. Use authentic learning tasks that are similar to job requirements and have sufficient complexity to encourage deeper thinking and longer term retention
8. Use activities and questions that tap into the trainees' existing knowledge and skill and engage them as participants

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[2] Adapted from Learning for Transfer: Hugging and Bridging. Downloaded 6/15/10 from http://www.teachingexpertise.com/e-bulletins/learning-transfer-hugging-and-bridging-8011; Transfer of Learning: a Guide for Strengthening the Performance of Health Care workers, downloaded 6/15/10 from www.reproline.jhu.edu/english/6read/6training/tol.

9. Provide enough repetition, practice and feedback to prepare people to use a new behavior on the job
10. Provide opportunities for reflection and self-monitoring
11. Help trainees develop job aids (e.g. checklists, posters, index cards, or other job aids they can use to recall information, procedures, etc.)
12. Provide tools to help supervisors coach, evaluate, and support transfer
13. Provide feedback to and solicit feedback from supervisors
14. Provide "booster shot" training either in person or by webinar

TRANSFER OF LEARNING GUIDE

STRATEGIES	WHEN TO USE		
	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
1. SET CLEAR COURSE GOALS AND OBJECTIVES. • Brown (2005) found that goal-setting helps individuals regulate their behavior by directing attention and action, mobilizing energy expenditure or effort, prolonging effort over time, and motivating the individual to develop relevant strategies for goal attainment; all necessary behaviors for transfer. • Kontoghiorghes (2001) found that the development of learning goals and objectives was significantly correlated with transfer, indicating that participants are likely to transfer when they have a clear understanding of what knowledge and behaviors are required after training. **Example(s):** • Make sure objectives are behavioral or SMART (specific, measurable, attainable, realistic, and time sensitive). • Provide a course description including goals, objectives, content highlights, and expectations for performance on the job as a result of training.	✓		
2. ORIENT SUPERVISORS TO THE COURSE. • Baumgartel, Reynolds, & Pathan (1984) showed that employees whose managers believe in the utility of training or value the outcomes training will provide are more likely to apply skills learned in training. • Antle, Barbee, & van Zyl (2008) found that the individual variable of learning readiness and the organizational variable of supervisor support of training predict training transfer.	✓		

	WHEN TO USE		
STRATEGIES	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
Example(s): • Provide a course description including goals, objectives, content highlights, and expectations for performance on the job as a result of training.			
3. <u>ORIENT TRAINEES TO THE COURSE.</u> • Chiaburu & Marinova (2005) found that pre-training motivation has been shown to influence actual transfer outcomes. • Motivation to transfer is the trainee's intended efforts to utilize skills and knowledge learned in the training setting to a real world situation. **Example(s):** • Provide a course description including goals, objectives, content, expectations for applicability, and any assignments/pre-work.	✓		
4. <u>INVITE INPUT.</u> • Brinkerhoff & Montesino (1995) suggest including stakeholders in the design of training. • Gaudine & Saks (2004) suggests the use of a needs analysis approach that specifically identifies obstacles to positive transfer. **Example(s):** • Provide an opportunity for stakeholders/trainees to state their expectations and desired outcomes.	✓	✓	
5. <u>HELP CREATE PRELIMINARY ACTION PLANS.</u> • Kontoghiorghes (2001) found that the development of learning goals and objectives was significantly correlated with transfer,	✓	✓	

STRATEGIES	WHEN TO USE		
	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
indicating that participants are likely to transfer when they have a clear understanding of what knowledge and behaviors are required after training. • Brown (2005) found that participants who set short-term goals plus long-term outcome goals reported increased transfer over those who set only long-term outcome goals. **Example(s):** • Encourage trainees to develop a preliminary Action Plan (preferably with their supervisor) that describes how they will apply their new knowledge and skills after training.			
6. CONNECT NEW KNOWLEDGE AND SKILLS TO FUTURE USE. • Brown (2005) found that participants who set short-term goals plus long-term outcome goals reported increased transfer over those who set only long-term outcome goals. • Axtell, Maitlis, & Yearta (1997) found that the content validity of the training information was highly correlated to transfer after and at the one month mark after training. **Example(s):** • Directly alert trainees to occasions where they can apply what they are learning. • Ask students to predict possible on the job applications for learning. • Challenge students to come up with a convincing reason why a particular skill is useful now; might still be useful a year from		✓	

STRATEGIES	WHEN TO USE		
	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
now; and five years from now. Thus, participants are encouraged to take 'the long view' and consider how certain skills and concepts that they are discussing now might be necessary in the future. • Help trainees develop realistic action plans that describe how they will apply their new knowledge and skills immediately after the training and six-months after the training.			
7. <u>USE AUTHENTIC LEARNING TASKS THAT ARE SIMILAR TO JOB REQUIREMENTS AND HAVE SUFFICIENT COMPLEXITY TO ENCOURAGE DEEPER THINKING AND LONGER TERM RETENTION.</u> • Burke, Sarpy, Smith-Crowe, Chan-Serafin, Salvador, & Islam (2006) found that including active training methods (such as behavioral modeling, feedback, and dialogue) increased learning and decreased negative outcomes. • Salas, Rozell, Mullen, & Driskell (1999) suggest that learning interventions be designed to provide adequate practice and feedback to enhance long-term maintenance and application of skills. • Holladay & Quinones (2003) found that cognitive or mental rehearsal and behavioral practice strategies during training are positively correlated with transfer. **Example(s):** • Make the learning task mimic the ultimate applications (e.g. using an actual form to record case data in an exercise). • Use simulations or role-playing to approximate		✓	

STRATEGIES	WHEN TO USE		
	BEFORE TRAINING	**DURING TRAINING**	**AFTER TRAINING**
the situation in which the knowledge or skill will be used and help students practice new roles in diverse situations. • Have students learn content through solving problems similar to those on the job.			
8. <u>USE ACTIVITIES AND QUESTIONS THAT TAP INTO THE TRAINEES' EXISTING KNOWLEDGE AND SKILL AND ENGAGE THEM AS PARTICIPANTS.</u> • McKeachie, Pintrich, Lin, & Smith (1987) found that discussion-based techniques were superior to lecture only. **Example(s):** • Consider brainstorming with the participants early in the course to identify work related issues and then use those issues as the basis for activities throughout the course (e.g. use real case descriptions to apply concepts and provide practice scenarios). • Use realistic exercises/scenarios that address the challenges being faced by the trainees at their work sites. • Consider exercises involving problem solving or troubleshooting a typical/ actual problem faced by one of the trainees. • Use analogies and parallel processing. For example, help reinforce learning by finding and discussing parallels between training concepts and trainees' home or work lives.		✓	

	WHEN TO USE		
STRATEGIES	**BEFORE TRAINING**	**DURING TRAINING**	**AFTER TRAINING**
9. PROVIDE ENOUGH REPETITION, PRACTICE AND FEEDBACK TO PREPARE PEOPLE TO USE A NEW BEHAVIOR ON THE JOB. • Repetition and over learning (practicing a new skill beyond mastery to automaticity) are the single most important predictors of retention of information. • Fisk & Hodge (1992) found that over learning can improve transfer especially for skills that may go unused for long intervals. • Fisk, Lee, & Rogers (1991) demonstrated that transfer of automatized task components is successful if the component is applied in a similarly fashion across tasks. **Example(s):** • Use a variety of examples to illustrate key points. • Provide opportunities for trainees to support each other by giving each other feedback and discussing how they will use their new knowledge and skills. • Give immediate, individualized, constructive and clear feedback as part of skills practice, presentations, or other classroom activities or informally at breaks or after class. • Use multiple activities that reinforce the same skill set.		✓	
10. PROVIDE OPPORTUNITIES FOR REFLECTION AND SELF-MONITORING. • Self-monitoring strategies work to equip trainees with necessary skills to help them transfer		✓	✓

	WHEN TO USE		
STRATEGIES	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING

successfully back to the workplace.
 	
 • Gist, Bavetta, & Stevens (1990) found that having trainees engage in self-regulatory/monitoring behaviors have a direct and indirect effect on trainee transfer.
 	
 Example(s):
 • Provide frequent opportunities for trainees to reflect on what they are learning and plan how they will use their new knowledge and skills on the job.
 	
 • Give them a notebook to use as a learning journal. Periodically ask specific questions for trainees to answer in their journals about:
     o how they will apply their new knowledge/skills,
     o what problems they will need to resolve and how they will overcome them, and
     o what resources and support they will need and how they can obtain them.
 	
 • Encourage them to use their notebook as a reference on the job and to note any issues or questions they have as they try new ideas or strategies.
 	
 • Encourage "high road" transfer, or deliberate and mindful transfer of concepts or skills learned in one context to new and different situation. Ask questions to cue trainees to use learning from an earlier time to solve a current problem such as:
     o What does this remind you of?
     o Have you done anything similar before?
     o What strategies could you try that have been successful before?
     o Do you think they will work here?			

	WHEN TO USE		
STRATEGIES	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
o How could I handle what was hard better next time, what skills/strategies have I learned that I might be able to use again? o What situations might these skills be useful for? o What do I still need to learn? • Use analogies and parallel processing. For example, help reinforce learning by finding and discussing parallels between training concepts and trainees' home or work lives.			
11. HELP TRAINEES DEVELOP JOB AIDS (E.G. CHECKLISTS, POSTERS, INDEX CARDS, OR OTHER JOB AIDS THEY CAN USE TO RECALL INFORMATION, PROCEDURES, ETC.) • Clarke (2002) found that a limited opportunity to peform skills on the job was the highest impediment to successful training transfer. • Bates (2003) found that training goals and materials should be content valid or closely relevant to the transfer task. Example(s): • Developing a personalized job aid provides an opportunity for further repetition and practice of key points and encourages connections to future applications. • Have trainees practice using their job aids in situations similar to those on the job.		✓	✓
12. PROVIDE TOOLS TO HELP SUPERVISORS COACH, EVALUATE, AND SUPPORT TRANSFER. • Richman-Hirsch (2001) found trainees who perceived a supportive transfer climate were more likely to use training goals to support			✓

	WHEN TO USE		
STRATEGIES	**BEFORE TRAINING**	**DURING TRAINING**	**AFTER TRAINING**

transfer of skills than those that perceived an unsupportive transfer climate.
 	
• Foxon (1997) found that trainees' perception of managerial support for using skills on the job correlates with increased report of transfer.
 	
• Smith-Jentsch, Salas, & Brannick (2001) have identified manager supportive behaviors such as providing encouragement and coaching to trainees about use of new knowledge and skills on the job as salient contributors to positive transfer.
 	
Example(s):
• Provide checklists for supervisors to use to evaluate trainee performance.
 	
• Provide job aids for supervisors that give them:
  o information about key concepts, procedures, or skills that trainees were taught,
  o guidance for how to support these skills, and
  o how to contact the training academy with questions or feedback.			

13. <u>**PROVIDE FEEDBACK TO AND SOLICIT FEEDBACK FROM SUPERVISORS.**</u> • Lim & Johnson (2002) identified that discussion with supervisors on using new learning, supervisor's involvement in training, and positive feedback from supervisors were forms of support most recognized by trainees as positively influencing their transfer of learning. **Example(s):** • Provide supervisors with research-based steps for helping trainee transfer learning to the job.			✓

STRATEGIES	WHEN TO USE		
	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
• Solicit input from trainees supervisors on how the training has improved performance and suggestions on what can be done to improve the training based on the performance outcomes that the supervisors are observing. • Provide a tool that assesses a trainee's learning from both the trainee and the supervisor.			
14. PROVIDE "BOOSTER SHOT" TRAININGS EITHER IN PERSON OR BY WEBINAR. • Rossett & Mohr (2004) report on the usefulness of e-tools for supporting on the job performance. • Rossett & Marino (2005) detail various successes and uses of e-coaching. **Example(s):** • Provide "booster shot" trainings either in person or by webinar.			✓

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Transfer of Learning (APPLI 24) Questions

1. As a result of the training, I substantially increased my knowledge on this topic.
2. As a result of the training, I have developed new skills.
3. The training has affected some of my attitudes concerning this topic area.
4. As a result of this training, I have a better conceptualization of what I already do on the job.
5. I am motivated to put this training into practice on the job.
6. I will meet with my supervisor to discuss application of this training on the job.
7. My supervisor expects me to use this training on the job.
8. I have already made a plan with a co-worker to use this training.
9. There is at least one co-worker who will be supportive of my application attempts.
10. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.
11. My organization expects me to use the training on the job.
12. When I think back to other training I have attended, I can say that I have used the training on the job. I can even think of specific application examples.
13. I have a plan to implement this training.
14. I am very confident that I will use the training on the job.
15. I will have the time to review materials and make an implementation plan.
16. Prior to the workshop, I was motivated to attend.
17. During the training, I was thinking of ways I could apply the training content to the job.
18. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.
19. This training content is consistent with my agency's mission, philosophy and goals.
20. This training content is consistent with my agency's policies and my individual responsibilities.
21. This training will help me to continue learning in this topic area.
22. As a result of the training, I will be a more effective worker.
23. The information I learned today can help make a difference with people I serve.
24. Overall, I am satisfied with this training.

HSTEP Survey

1. Introduction

This survey should only take up to 5 minutes of your time.

All responses are anonymous and results will be reported in aggregate. Your feedback will be instrumental in helping to improve training for future participants.

Your help with this process is greatly appreciated.

2. HSTEP Survey

1. For each statement, please check the box under the number that best represents your assessment of the course, using the scale of 1=strongly disagree and 5=strongly agree.

	1 - Strongly Disagree	2 - Disagree	3 - Neutral	4 - Agree	5 - Strongly Agree
Overall, I am very satisfied with the training.	○	○	○	○	○
During the training, I learned a substantial amount of information.	○	○	○	○	○
I have used the knowledge and/or skills I learned from the training on the job.	○	○	○	○	○
As a result of using the knowledge and/or skills from the training I have observed progress with people I serve.	○	○	○	○	○
As a result of training, I am a more effective worker.	○	○	○	○	○

2. Please list factors which HELPED your application of learning on the job.

3. Please list factors which HINDERED your application of learning on the job.