

MICHIGAN'S ADULT ABUSE AND NEGLECT PREVENTION
TRAINING PROGRAM

FINAL REPORT

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Executive Summary

In 2004, Michigan was selected by the Centers for Medicare & Medicaid Services (CMS) to participate in the Background Check Pilot Program and was awarded \$1,500,000 additional funding to deliver a comprehensive abuse prevention training program. The Michigan Workforce Background Check Program and the Adult Abuse & Neglect Prevention Training Program shared the overarching goal of reducing abuse and neglect of vulnerable adults in Michigan. These programs represent two specific, complementary strategies for abuse reduction, 1) a standardized, improved system of criminal background checks for all long-term care direct access staff, and 2) a direct access staff-training program on the identification, reporting and prevention of elder abuse. This report summarizes the implementation and research findings of the training project.

A main goal of the training project was to expand existing abuse and neglect prevention curricula to incorporate methods of staff empowerment, culture change and person-centered care. The curriculum specifically addresses modifiable aspects of staff work and life that might contribute to abuse or abuse prevention and in which they have some measure of control. For example, strategies for how to recognize and defuse stress and how to engage in active listening are taught. The training empowers staff with skills they can use to make a difference in their own lives as well as the lives of those for whom they provide care. The distinguishing feature of the training project is the added focus on prevention, specifically on how individual direct access staff can prevent abusive situations from occurring. The curriculum is delivered using principles of adult learning, which are highly interactive, case-based and reflective, enabling learners to build on their existing knowledge and fit learning into real life practices.

Organizations eligible for the training included skilled nursing facilities, long-term care hospitals, and intermediate care facilities for individuals with mental retardation, psychiatric hospitals, hospices, assisted living facilities (including adult foster care homes and homes for the aged), home health agencies, and others. Each setting is characterized by a varying array of work and personal demands, abuse reporting requirements, and training objectives.

The Michigan training program was successfully implemented due in large part to an important state-academic-community partnership that included Michigan State University/College of Human Medicine, Michigan Office of Services to the Aging, and BEAM, a wholly owned subsidiary of MPRO and a major culture change organization. BEAM was primarily responsible for developing and executing all training operations. Michigan State University led the evaluation component. The Michigan Office of Services to the Aging provided oversight and served as liaison to the Michigan Department of Community Health and Centers for Medicare & Medicaid Services. Two committees were established to support activities. The Curricula Committee, comprised of long-term care experts, wrote and revised the curricula. The Advisory Committee, with broad representation from provider associations, advocates, government agencies, and researchers, provided ongoing input on curricula and product development throughout the project period.

The primary products developed because of these partnerships include:

- Eight-hour *Adult Abuse & Neglect Prevention (AANP)* Training Program
- Four-hour *Preventing Adult Abuse and Neglect (PAAN)* Training Program

- Supervisor Training – *Supervisor Neglect and Adult Abuse Prevention (SNAAP)*
- One-hour *Facilitator Instruction Modules (FIMS)*
- A research report on Michigan’s formal system for reporting abuse. This report provides in-depth analysis of the reporting practices of six key state agencies responsible for abuse reporting. Key recommendations include establishing a unified definition of abuse, one central agency or portal to handle the routing of all adult abuse complaints, one toll-free phone number, and a centralized electronic database.

The scope of the training program was far-reaching. In total, 156 provider entities scheduled either eight- or four-hour training sessions, 459 trainings were held, and 7,804 direct access staff were trained. Eight-hour trainings were scheduled by 107 entities and 358 eight-hour trainings were held, representing 6,012 direct access staff trained across all settings from April 2006 through July 2007. Four-hour trainings were held from July 2007 through August 2007 with 49 entities scheduling trainings and 101 four-hour trainings held representing 1,792 direct access staff trained across all settings. By the end of the project period, both the eight- and four-hour trainings were taking place throughout the entire state of Michigan. Since 2005, BEAM has had a web page available as an additional tool for disseminating information about training opportunities, providing online registration, scheduling trainings, and other support services. Curriculum materials are now available online at www.mibeam.org and the site links to the OSA website at www.michigan.gov/miseniors, substantially extending access to a broad audience.

One of the strengths of the Adult Abuse & Neglect Prevention program is an emphasis on evaluation. From the onset, evaluation was considered a valuable component based on the following principles:

- Program changes should relate to performance, measured against program values and standards;
- Empirical evidence of program impact can determine sustainability; and
- Baseline data related to elder abuse could ultimately inform state policy and abuse reduction initiatives.

Multiple methods of evaluation were used. Levels of assessment were focused on the scope of participation, changes in learner knowledge and behavior, program implementation and performance, and product need, dissemination and availability. For the training itself, evaluation included continuing education evaluations, a trainer survey, a provider survey, and a formal Michigan State University evaluation all of which are described separately in the full report.

Continuing education credits were secured for nurses and administrators/licenseses of adult foster care homes. Findings from the continuing education credit evaluations indicate that participants in both the eight- and four-hour trainings overwhelmingly agreed on its applicability and relevance to their work. More than 98 percent responded that they agreed or strongly agreed that the trainer was effective.

A survey administered to the trainers found that they perceived the train-the-trainer sessions to have adequately prepared them to conduct trainings; materials were appropriate and valued; and communication between trainers and BEAM staff was adequate to meet trainer needs. Concerns were expressed regarding excessive preparation time and scheduling of training

sessions. However, responses also indicated that these concerns were alleviated over time as BEAM staff incorporated trainer feedback into operations.

A provider survey was conducted to identify factors contributing to provider decisions to hold a pilot training, such as training length, cost, whether or not it was mandatory, and other factors. Responses were received from providers who had registered staff for the training as well as those who did not. Although the provider response rate was low, findings provide initial insight into the value providers place on the program and their perceptions of training preferences and needs. This important information will help guide decisions related to program access and sustainability. Key findings indicate the following:

- Among respondents who had registered staff for the project trainings, the majority were either “very satisfied” or “satisfied” with the program (94 percent).
- More than half of respondents who registered staff indicated that they noticed a positive change in staff behavior or performance as a result of the training, particularly related to direct access staff/client relationships.
- 60 percent of those who had some staff trained stated that they did not have all staff trained due to the need to cover client care.
- 49 percent of those who did not register for the training indicated that they had obtained abuse training from another source.
- Among the entire sample of respondents, provider preferences regarding length of training are for one-hour, two-hours, four-hours and then eight-hours.
- Among the entire sample, provider preferences regarding method of training are for on-site sessions with an outside presenter, video presentations, and then facilitator-guided instructional materials.

The primary goal of the formal Michigan State University evaluation was to determine the impact of the training program on direct access staff knowledge and work behavior related to abuse. The research design involved two arms. The first arm consisted of a pre-post knowledge test administered to each direct access staff member that participated in the training. The specific aim of this arm was to assess change in direct access staff knowledge related to the training. The second arm involved a paid, longitudinal, automated phone survey conducted with a voluntary subset of the training program participants. The specific aim of this phone survey was to determine if 1) direct access staff knowledge gained during the training was sustained, and 2) the extent to which the training had an impact on actual work performance related to abuse.

Overall, the research findings provide empirical evidence to support the conclusion that the Adult Abuse & Neglect Prevention training program successfully met its goal to increase Direct Access Staff knowledge of abuse. Key findings of the pre-post knowledge test include the following:

- Significant improvements in knowledge occurred across all three curricular domains: identification, reporting, and prevention of abuse. A positive change was noted on more than half of the items, many of these by a substantial degree. For example, when asked if not placing a call light in a client’s reach when in a hurry is a form of abuse, the correct responses from pre- to post-test jumped from 5.2 percent to 91.8 percent.

- The vast majority of participants (92.7 percent) indicated that they felt they had learned new ways to handle stressful situations. This held true across all settings, positions, and length of time on the job.

Although the response rate to the longitudinal phone survey was relatively low, findings suggest that staff may be retaining the knowledge gained during the pilot project trainings and translating it into actual job performance and behavior.

- *Identifying Abuse:* 280 (92.11 percent) respondents indicated that the training improved their ability to recognize abuse and more than half (205/67.43 percent) indicated that they recognize abuse more often since the training.
- *Reporting Abuse:* Nearly half of direct access staff respondents (147/48.36 percent) stated that they actually report suspected abuse more often because of the training. The vast majority of respondents (all but three) indicated they knew to whom to report abuse.
- *Preventing Abuse:* 278 (91.45 percent) of direct access staff perceived that the training improved their ability to prevent potentially abusive situations from developing; 183 direct access staff (60.20 percent) indicated that they had actually used prevention techniques learned in the training, since the training; and of these, 95.63 percent indicated that the techniques helped prevent an abusive situation from occurring.

A secondary aim of both the pre-post test and the phone survey was to begin to establish baseline data on abuse prevalence based on what staff members have actually observed rather than relying only on suspected abuse that has been officially reported to reporting agencies. Questions were asked regarding the frequency and type of abuse witnessed or suspected over the course of their career as well as within the past month. Of interest was the degree to which these observations varied by employment longevity, work setting and/or position. Key findings are consistent with what is reported in abuse literature.

- Approximately 20-23 percent of respondents indicated they had witnessed abuse.
- Actual witnessing of abusive situations increased linearly with work longevity. A positive relationship exists between years working in health care and the likelihood that an individual has witnessed an abusive situation. The same was true for reporting abuse.
- Licensed and professional staff as well as managers were the most likely to have witnessed abuse compared to other positions. This may be due to added training as well as greater longevity in health care resulting in greater awareness of requirements and more opportunity to witness cases of abuse.
- Verbal or emotional abuse was the most common type of abuse witnessed. Sexual abuse was the least common. No noted differences were seen in the types of abuse when compared across work setting, longevity or job position.

In addition to the findings from the various methods of evaluation conducted, the project team determined a number of unexpected outcomes and *Lessons Learned* from developing and implementing the pilot training. These lessons are relevant to those who may wish to replicate the program and include the following:

- State-academic-community partnerships among leaders in Michigan's long-term care system were pivotal to the project's outcomes.
- BEAM's affiliation with the corporate division of its parent company, MPRO, was valuable. It allowed the project to access quality accounting, human resources, web

design, graphics and editing on a fee-for-service basis and helped make the project cost-effective.

- Pre-ordering of printed materials should be approached with caution as it limits the ability to modify products and can add additional costs for reproduction when changes occur.
- Realistic goals need to be set with regard to the number of individuals to be trained and the amount of resources needed to effectively accomplish project goals. The Adult Abuse & Neglect Prevention program began with minimal staffing. It later increased in both size and skill-set to accommodate effectively the workload of the project.
- BEAM developed a system to address the complex scheduling of the trainings with providers and direct access staff.
- Multi-method marketing was important and included bulk United States mail and email to providers and organizations, word-of-mouth, presentations, newsletters and networking with the Advisory Committee.
- Trainers were provided a train-the-trainer course and once trained, became a critical extension of the staff with good communication that ensured the trainings were held in a quality manner.
- Required databases should be identified and developed in advance of start-up to adequately track operations and performance.
- Development of multiple products and delivery methods to ensure that all providers can use some or all components of the curricula is critical to sustainability.
- A website dedicated to the program became an invaluable communication and dissemination tool.

The project team also identified Best Practices including the following:

- Develop strong state-academic-community partnerships to guide and execute the project from its start to final products.
- Incorporate a strong evaluation component.
- Provide comprehensive curricula that are focused on prevention, person-centered care, and empowering direct access staff to take a direct, active role in abuse prevention.
- Utilize adult learning principles in all teaching delivery methods.
- Select Specialized Trainers using high standards, provide a quality train-the-trainer program and maintain close communication with all trainers throughout the project.
- Establish a partnership with an organization equipped to execute training operations.

The grant project operated successfully within the annual budgeted allowance over the three consecutive years of the project. In year three, Centers for Medicare & Medicaid Services approved scope of work changes and the reallocation of available funds. This was for the development of the Preventing Adult Abuse and Neglect, Supervisor Neglect and Adult Abuse Prevention, and Facilitator Instruction Modules training products, implementation of a provider survey, and a no-cost extension of the project into 2008 for the purpose of analysis and reporting. Access to the existing infrastructure and resources of BEAM's parent company proved to be very cost-effective and contributed to the program's success in terms of containing cost and being able to meet the program's full potential. Communication between multiple partners was challenging but critical. Sharing a common understanding of budget forms and reporting processes was essential. Reporting and follow-up activities will continue into the 2008 fiscal

year using a no-cost extension utilizing remaining funds. Detailed itemized costs for key aspects of the project are provided in the full report. A final cost report will be provided at the end of the grant project.

Plans to sustain Michigan's training program have been discussed by the project team and Curricula and Advisory Committees over several months. The merits of the hands-on training with small class sizes emphasizing person-centered care, prevention, communication, and how to report abuse are supported by the Michigan State University evaluation findings. All agree that there is value in sustaining the training program. Sustainability action plans include the following:

- Continue online posting of free training resources.
- Explore fee-for-service facilitated trainings.
- Establish a task force to explore ways in which to implement recommendations outlined in the reporting systems research report.
- Explore opportunities for external grant funding that builds upon existing state-academic-community relationships.
- Michigan State University to continue with more in-depth data analyses, share findings with BEAM and Michigan Office of Services to the Aging, and explore future research and joint projects.
- Present findings at national conferences regarding the state-academic-community partnership experiences of this project and how other states can utilize the "lessons-learned" to create and maximize collaborative relationships for a common goal.
- The Michigan Long-Term Care Advisory Commission's Workforce Workgroup and Michigan Office of Services to the Aging are actively exploring the potential for adding the Adult Abuse & Neglect Prevention training into the current nurse aides' certification curricula.
- Provide national access to the training tools through partnership with organizations and resources such as the National Center on Elder Abuse, Administration on Aging, and the National Institute for Health – Medline Plus.

In conclusion, the Michigan Adult Abuse & Neglect Prevention pilot training program has been highly successful in terms of meeting and exceeding its stated goals. In the course of the three-year project, the Adult Abuse & Neglect Prevention team has achieved multiple and lasting accomplishments including but not limited to the following:

- Established state-academic-community partnerships that are strong and upon which ongoing projects can be sustained and future projects launched.
- Established an infrastructure that has supported the training of nearly 8,000 Direct Access Staff and, with adequate resources, has the capacity to train thousands more for years to come.
- Recruited and trained over 75 highly specialized trainers of which more than half have expressed desire to continue training Direct Access Staff using the Adult Abuse & Neglect Prevention curricula.
- Developed a model curriculum that has empirical evidence to support its positive impact on Direct Access Staff knowledge related to identifying, reporting, and preventing abuse.
- Developed multiple methods of delivering this proven curriculum so that access is provided to the widest possible audience.

- Collected important data on Direct Access Staff observations of actual and suspected abuse. If such data collection was sustained, patterns and trends related to abuse prevalence and reporting could be identified that could inform state policies and resource expenditures directed at reducing abuse of vulnerable adults.
- Conducted extensive research on the formal abuse reporting systems in Michigan that provides an unprecedented understanding of the overall system and underscores the need for coordination. Discussions have already taken place on how to move ahead with implementing the recommendations outlined in this report.

All of these accomplishments now represent potential for making an indelible impact on abuse reduction in Michigan. Indeed, the lessons learned in Michigan can be applied most anywhere. By incorporating methods of staff empowerment, culture change and person-centered care, emphasizing prevention, and using adult learner methods of curriculum delivery, Direct Access Staff have been given practical tools to prevent abuse. The skills they have gained are applicable not only with the adults they care for in their professional lives, but also in relationships outside of the work environment. Ensuring that all direct access staff receive comparable training is a goal worth championing. Moreover, with an infrastructure already in place, trainers standing ready, and momentum established because of the Centers for Medicare & Medicaid Services funded pilot project, the window of opportunity is open. The Adult Abuse & Neglect Prevention team is committed to working with others to leverage this opportunity while it exists. Every aspect of the training program contributes to a culture change, from recognizing the importance of building relationships with organizational partners, clients and co-workers to raising awareness of individual strengths and needs, both workers and clients. Additional work is needed to continue to advance and measure such culture change at an organizational level.