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A Survey of Georgia Adult Protective Services Staff Regarding Elder Abuse Laws and Policies:
Determining Training Needs

Judith Kerr

B.A., Georgia State University, 2007

A Thesis Submitted to the Graduate Faculty of Georgia State University in Partial Fulfillment

of the Requirements for the Degree

Master of Public Health

Atlanta, GA 30303

2010

Abstract

Background: The aging population is a rapidly growing demographic. Isolation and limited autonomy render many of the elderly vulnerable to abuse, neglect and exploitation. As the population grows, so does the need for Adult Protective Services (APS). This study was conducted to examine current knowledge of Georgia older adult protection laws and to identify training opportunities to better prepare the APS workforce in case detection and intervention.

Methods: A primary survey was developed in partnership with the Georgia Division of Aging Services' leadership to identify key training priority issues APS caseworkers and investigators. A 47-item, electronic questionnaire was delivered (using Psychdata) to all APS employees via work- issued email accounts. Descriptive analyses, t-tests, and chi-square analyses were conducted to determine APS employees' baseline knowledge of Georgia's elder abuse policies, laws, and practices as well as examine associations of age, ethnicity, and educational attainment with knowledge. A p-value of <0 .05 and 95% confidence intervals were used to determine statistical significance of the analyses performed.

Results: In total, 92 out of 175 APS staff responded to the survey (53% response rate). The majority of respondents were Caucasian (56%) women (92%). For over half the survey items, paired sample t-tests revealed significant differences between what APS staff reported as known and what APS staff members indicated they needed to know more about in terms of elder abuse and current policies. Chi-square tests revealed that non-Caucasians significantly preferred video conferencing as a training format (44% compared to 18%), [$\chi^2(1) = 7.102$, $p \leq .008$] whereas Caucasians preferred asynchronous online learning formats (55% compared to 28%) [$\chi^2(1) = 5.951$, $p \leq .015$].

Conclusions: Results from this study provides the Georgia Division of Aging with insights into specific content areas that can be emphasized in future trainings. Soliciting input from intended trainees allows public health educators to tailor and improve training sessions. Trainee input may result in optimization of attendance, knowledge acquisition, and intervention practices regarding APS service delivery. This in turn can enhance APS staff efficiency and response to cases of violence against older adults.

Key Words: Adult Protective Services, APS, Training, Survey

A Survey of Georgia Adult Protective Services Staff Regarding Elder Abuse Laws and Policies:
Determining Training Needs

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Authors' Statement

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CHAPTER I
INTRODUCTION

1.1 Background

Adult Protective Services (APS) are first responders in cases of abuse, exploitation and neglect (ANE) of the elderly and adults with disabilities (Teaster et al, 2006; Teaster, Wangmo, & Anetzberger, 2010). The majority of APS programs, about 90%, serve adults deemed vulnerable due to their age or ability status. However, there are few programs that provide services to the either the elderly, age 60 years or older (or 65 years or older in some states) or adults with disabilities ages 18-59 (or ages 18-64 years in some states) through separate programs (Teaster et al, 2006; Otto, 2002). APS are state level programs created under federal mandate (Teaster et al, 2006). Limited federal oversight in the development of APS programs yielded programs that are state specific and vary greatly across state lines (Mixson, 1995; Otto, 2002). Nonetheless, amid the variation, there are common guiding principles found in most APS programs (Otto, 2002; Mixson, 1995). In 2004, The National Adult Protective Services Administrators (NAPSA) published Ethical Principles and Best Practice Guidelines for APS service providers. These guidelines charge the APS to treat clients with respect and honesty and to ensure the maintenance of autonomy while simultaneously providing protection (Mixson, 2010; McClennen, 2010; Ethical principles and, 2004).

Adhering to basic principles of APS program delivery has proven to be a challenging task for many APS employees. While elder maltreatment legislation and programs share features with child maltreatment, elder maltreatment has distinct challenges (Nerenberg, 2002). The elderly are a unique population in that some are considered vulnerable and in need of protection;

however, intervention must be accepted and, alternately, can be rejected by the clients due to their adult status (Nerenberg, 2002). Providing the least disruptive intervention while simultaneously ensuring a safe environment for the client often puts APS staff members in a highly stressful situation. Even when a client refuses intervention, APS employees face societal pressure to remedy the threats faced by their clients. In turn, APS staff members are often frustrated by the inability to improve their client's situation, particularly in cases where the client's cognitive ability is questionable and harm is apparent (Nerenberg, 2002, Mixson, 1995).

1.2 Purpose of Study

This study responds to the recommendation put forth by the National Association of Adult Protective Service Administrators (NAAPSA), in partnership with the National Center on Elder Abuse (NCEA), to provide comprehensive training for new and experienced APS employees and their supervisors (Otto, Castano, & Marlatt, 2002). Constructed from the methodology and instruments used in past research to address APS staff proficiency in carrying out their duties (Payne, 2008), this study will establish baseline data specific to Georgia APS staff demographic characteristics, knowledge levels and training preferences. The primary purpose of this study is to ascertain the level of knowledge Georgia APS staff members have pertaining to service delivery, compared to the level of knowledge these staff members need in order to provide the best service to clients. In addition to measuring knowledge, this study will assess training needs as well as preferred training methods of APS workers. Finally, this study extends national baseline data published in the 2002 Report on State Adult Protective Services Training Programs (Otto, Castano, Marlatt, 2002). Providing baseline data specific to Georgia APS is instrumental in the development of future training protocols that may be used for Georgia

APS employees. Improved training will result in staff members' increased ability to best provide services to the elderly in need of assistance (Otto, Castano, Marlatt 2002).

1.3 Research Questions

The purpose of this study is to gather data from Georgia (GA) APS staff members in order to answer the following questions:

I. What is the demographic profile of GA APS staff members?

II. What are the greatest training needs for GA APS staff members that exist in terms of service delivery?

III. What are general learning preferences among GA APS staff members, and are those preferences associated with demographic characteristics?

CHAPTER II
REVIEW OF THE LITERATURE

2.1 Elder Abuse Defined

The aging population in America is a rapidly growing demographic. In 2010, about 40 million persons in the population, or 13%, were age 65 and older (Vincent and Velkoff, 2010). Projections speculate that by year 2050, the aged population will more than double to about 88.5 million people or about 20% of the population (Vincent and Velkoff, 2010). This population growth can be attributed to the aging of the large "baby-boomer" generation, and improvements in medical technology, which, as a result, have contributed to increased life span (Daichman, Aguas, Spencer, 2008; Dauenhauer, Mayer, Mason, 2007). As the elderly population increases, so will the number of people living with chronic illnesses, resulting in a greater need for APS. To date, the APS has already begun to feel an increased reliance on their services. A recent report published by Teaster et al, (2006) found that during a 4-year period, there was a 16% increase in the reporting of ANE to the APS nationally (Park et al, 2010). Complementary to these findings, Jogerst et al, (2003) found that states with mandated reporters receive significantly more reports to APS than states that do not mandate reporting.

The aged population is a potentially vulnerable population in that some elderly lack autonomy and the ability to access care or needed services (Epstien, 2001). Limited autonomy contributes to inability to protect one's self from abuse, neglect and exploitation (Teaster et al, 2006). Elder maltreatment is highly problematic in that it is associated with distress and increased mortality in victims and psychological morbidity in caregivers (Cooper et al, 2008). Currently, there is no standard definition of elder abuse, however, common features of widely used definitions include a violation of trust and causation of harm (World Report on, 2002;

Bonnie, & Wallace, 2003; Elder Maltreatment, 2010). For example, the US National Academy of Sciences defines elder abuse as " intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended), to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm" (Bonnie, & Wallace, 2003). This definition is illustrative of acts of omission as in the case of neglect as well as acts of commission as in the various types of abuse (Lachs & Pillemer, 1995; Daichman, Aguas, Spencer, 2008).

Categorization of elder abuse is typically as follows: physical abuse, sexual abuse, psychological/emotional abuse, exploitation, neglect and abandonment (Daichman, Aguas, Spencer, 2008; Lachs & Pillemer, 1995; Elder Maltreatment, 2010).

Physical Abuse (including sexual abuse): Inappropriate restraint, physical harm or injury to an older person, including non-consensual sexual contact (Daichman, Aguas, Spencer, 2008; Elder Maltreatment, 2010).

Psychological/ Emotional Abuse: Acts carried out with the intention of causing emotional pain such as verbal aggression, threats, and humiliating statements (Daichman, Aguas, Spencer, 2008; Lachs & Pillemer, 1995).

Financial Exploitation: Illegal/ unauthorized use of funds/resources of an elderly individual (Daichman, Aguas, Spencer, 2008).

Neglect (Active): The intentional withholding of essential provisions such as food, water, medication and shelter in an attempt to cause physical and/or emotional distress in an elderly person (Daichman, Aguas, Spencer, 2008).

Neglect (Passive): Failure to provide adequate care to an elderly individual due to poor training or lack of knowledge (Daichman, Aguas, Spencer, 2008).

Abandonment: Desertion of an elderly person by a caregiver (Elder Maltreatment, 2010).

Research and general understanding of elder maltreatment lag behind other forms of family violence by at least 20 years (Daichman, Aguas and Spencer, 2008). Ehrlich & Aneetzberger further substantiate this assertion by bringing light to the fact that the majority of laws pertaining to protection and reporting were enacted decades following the initial entrance of the problem into public attention (Ehrlich & Anetzberger, 1991; Mixson, 2010; Mixson 1995).

Alternatively, Bonnie and Wallace (2003), emphasize that while the progression of research, knowledge and policies pertaining to elder maltreatment lag behind those of child abuse and intimate partner violence, the progress that is being made follows the pattern of progression these more evolved fields experienced. Meaning that while elder maltreatment has not made the same progress as child maltreatment and intimate partner violence, the progress is in fact being made (Bonnie & Wallace, 2003).

2.2 Risk Factors

Factors associated with maltreatment are multidimensional. There are commonly cited individual, relationship and social level risk factors associated with elder maltreatment. According to an ecological approach to elder maltreatment, understanding the various levels of contributing factors to abuse will help to provide a complete understanding of the problem as well as target areas for prevention (Daichman, Aguas and Spencer 2008;Elder Maltreatment, 2010).

Individual Level Risk Factors

On the part of the perpetrator, common risk factors include history of child abuse, history of hostility or aggression, alcohol abuse, mental illness and inadequate training to be a caretaker (Bonnie & Wallace, 2003; Reay & Browne, 2001; Lachs & Pillemer, 1995; Teaster et al, 2006). The National Elder Abuse Incident Study published 1998 found that women were more likely to be perpetrators of neglect while men were more likely to be perpetrators of all other types of elder abuse.

Individual level risk factors of the victim include functional and cognitive impairment, aggressive/hostile behavior toward caregiver, past caregiver abuse, alcohol abuse, being over the age of 80 and being a woman (Wolf & Li, 1999; Reay & Browne 2001; Bonnie & Wallace, 2003; Teaster et al, 2006; Daichman, Aguas and Spencer, 2008). When considering gender as a risk factor Bonnie and Wallace (2003, p. 60) noted that it is unclear if gender is a factor due to the differential mortality between men and women or because women are truly more likely to be victims of abuse.

Relationship Level Risk Factors

A comprehensive study by Teaster et al. published in 2006 outlined interpersonal level factors correlated with elder maltreatment. These factors include victim and caretaker living together, history of aggressive relationship between victim and perpetrator, perpetrator dependence on the victim and perpetrator being a family member of the victim (Bonnie & Wallace, 2003; Teaster et al, 2006).

Environmental Level Risk Factors

On the social level, social isolation puts both perpetrator and victim at an increased risk for abuse (Bonnie & Wallace, 2003). According to the World Report on Violence and Health

(2002) isolation may be both a cause and consequence of abuse. Social isolation lends itself to an environment devoid of social support. Social support both mitigates effects of stress as well as allows for interactions that may lead to the detection of abuse (Daichman, Aguas and Spencer, 2008). Conversely, living in a crowded environment with limited privacy is also an environmental risk factor associated with abuse (World Report on, 2002). Ageism, or the marginalization of the elderly, is also a widely cited environmental level risk factor for abuse (Lachs and Mason, 2008; World Report on, 2002; O'Brien, 2010).

2.3 Theories Related to Persistence

Ecological Model

The Ecological model investigates the intersectionality of individual and interpersonal level factors occurring within environmental, social, historical and behavioral contexts to culminate in elder maltreatment. The socio-cultural context in which elder maltreatment occurs, maps the individual factors of the person at risk for abuse and those of their trusted other, or caretaker (Bonnie & Wallace, 2003). The individual characteristics of each person influences both individual behavior and interpersonal interaction. Elder maltreatment is a function of the power dynamic, status inequality and type of relationship shared by the victim and perpetrator. This is, in turn influenced by each person's individual characteristics (Bonnie & Wallace, 2003). These interactions are simultaneously influenced by the larger environment, such as the region of the country in which the individuals reside, the type of housing in which they reside, and ethnic group affiliation (Bonnie & Wallace, 2003). Prominent theories of abuse elaborate on specific components of this general model of interactions to describe the dynamics at play in situations of elder maltreatment.

Exchange Theory

The exchange theory also identifies risk factors that are present outside a single abusive episode. The exchange theory examines the power dynamic between the elderly and his/her caretaker (Pillemer, 1985). This theory reasons that caretaker dependency on the elderly prompts feelings of powerlessness. As a result, power is regained through abuse. Pillemer (1985) suggests this is especially true in the case a child who has not had the ability to live independently of a parent. Living with parents as an adult is contrary to social norms and may spark feelings of inadequacy in the adult child that are minimized by episodes of violence (Pillemer, 1985).

Routine Activities Framework

The Routine Activities framework approaches elder maltreatment as a criminal act. Elder maltreatment occurs in the presence of three factors: a motivated offender, a suitable target and the lack of a capable guardian (Payne & Gainey, 2006). This model claims any individual is capable of being a motivated offender especially if the elderly person has a resource the offender will benefit from or if the offender is under large amounts of pressure in caring for the elderly. Likewise, a suitable target can be anything from the weaker, elderly person or their material resource. A capable guardian runs the gamut from a supervisor, another adult, or a camera capturing activities in the elderly persons' environment (Payne & Gainey, 2006).

Social Learning/ Transgenerational Theory

According to the Social Learning and Transgenerational theories, abuse is a learned behavior modeled to children in the home environment. When children from an abusive environment grow into adults who care for the elderly, the shift in the power dynamic coupled

with the learned norm of aggression may come together to result in elder maltreatment (Mildenberger & Wessman, 1986; Fisher & Lab, 2010).

Psychopathological Model

The Psychopathological Model posits that the perpetuation of abuse on the part of the abuser is due to psychological impairment. The perpetrator may suffer from mental illness, substance abuse addiction and, potentially, unresolved psychiatric problems; all of which are characteristics highly correlated with elder maltreatment (Mildenberger & Wessman, 1986; Fisher & Lab, 2010).

Ageism/ Functionalism/ Political Economy Theory

Theories of ageism posit that the elderly are less valued in society and are therefore less protected (O'Brien, 2010; World Report on, 2002). The Political Economy and Functionalism theories add that the changing role of the aging population removes elderly from the workforce and reduces their independence. Stereotypes of the aged as frail, and having limited cognitive coherence are often times the rationale for ignoring signs of abuse. Associating characteristic signs of abuse with age- related illness rather than maltreatment, allows the maltreatment to persist without detection (Lachs and Mason, 2008; World Report on, 2002; O'Brien, 2010).

The multitude of theories on elder maltreatment is insufficient in capturing all facets of maltreatment. Each theory may prove true in some instances or for a particular type of maltreatment, however, there has yet to be a theory universal to all situations of abuse (Filinson, & Ingman, 1989 Fisher & Lab, 2010).

2.4 Reporting Abuse

Underreporting of abusive episodes further compounds the general problem of ANE (Bonnie and Wallace, 2003). Inconsistent definitions of what is considered abuse across state, ethnic and economic lines add to reporting difficulties (Daichman, Aguas, Spencer, 2008). What is reported, who reports and how reports are made differs across state APS programs as guiding definitions for those programs differ (McClennen, 2010, p.278). Dakin and Pearlmutter (2009) conducted focus groups with white, black and Latina women and found that ethnic background also influences individual definitions of abuse. For example, acts that constituted financial exploitation in the eyes of working class black and white women were considered "caring for one's family" by working class Latinas. Aside from exploitation, Dakin & Pearlmutter, (2009) found ethnicity also influenced differential sensitivity to verbal and emotional abuse.

Mandated Reporters

As of 2006, every state and territory, barring five- Colorado, New Jersey, New York, North Dakota, and South Dakota, has legally mandated reporters of ANE (Stiegel & Klem, 2007). While the majority of states mandate persons to report acts of ANE, those designated to report differs across states. Designated reporter, ranging from medical professionals to "any person," in some states and commonly include social workers, such as those found working for APS (Stiegel & Klem, 2007; McClennen, 2010, p.278). Typically, the report's identity is confidential and reporting in good faith protects the reporter from litigation. Failure to report is punishable by a criminal misdemeanor.

Physicians played a primary role in reporting cases of child abuse; however, they have yet to approach elder maltreatment reporting with the same rigor (Rodriguez et al, 2006; Daichman, Aguas, Spencer, 2008). Unlike child abuse or intimate partner violence, physical

evidence of elder maltreatment may go unseen because the elderly are easily isolated from individuals other than their caretakers (Lachs and Mason, 2008). Even when reporting is mandatory and abuse is suspected, practitioners may choose not to report (Lachs et al, 1998; Rodriguez et al, 2006).

Physicians purposefully abstain from reporting potential cases of elder maltreatment in order to preserve rapport with the patient and his/her family (Rodriguez, 2006). Additionally, some physicians do not perceive protective services as having adequate capacity to manage cases of maltreatment (Rodriguez et al, 2006; Lachs et al, 1998). Some physicians assume reporting will result in an unwanted re-location of the victim or may cue caseworkers to confront perpetrators without properly protecting the aged individuals from retaliation. On the part of the caseworkers, however, ethical guidelines charge caseworkers to respect the autonomy of cognitively functional adults. Therefore, the victim's refusal of APS intervention may bar APS employees from resolving maltreatment (McClennen, 2010, p. 278).

Self-Reports

Under reporting is also due, in part, to the victim as well as the individuals with whom the individuals interacts (O'Brien, 2010). Often times, elder maltreatment happens at the hands of a family member (Lynette et al, 2009). The victim may decide not to report maltreatment due to dependence on the abuser, family loyalty, fear of consequences of reporting, embarrassment associated with being abused, and desire to stay in the home (Bonnie & Wallace, 2003; Reay & Browne, 2001). Even in cases where the elderly individual lives alone, abuse may still occur in the form of self-neglect (Dyer et al, 2007).

Self-neglect is the refusal or inability to maintain health and safety, provide one's self with adequate food, water, clothing, shelter, personal hygiene, and manage financial affairs (Dong et al, 2009, Mixson, 2010). According to a national survey of APS programs conducted in 2004, self-neglect is the most commonly investigated and substantiated form of elder maltreatment (Teaster et al, 2006). Self-neglect covers a range of behaviors including hoarding, lack of utilities (e.g. light, water, gas) and laying in one's own filth (Dyer et al, 2007). Those who self-neglect are represented across the spectrum of cognitive functioning and do not/refuse to realize the potential consequences of their behaviors. These individuals typically interface with the medical system only after an emergency event has occurred (Dong et al, 2009). Cases of self-neglect are often brought to the attention of the APS by one or more individuals including family members, health or legal professionals, community members or anyone who comes into contact with an elderly individual and perceives inadequate self-care (Dyer et al, 2007; Dong et al, 2009). As with addressing other types of maltreatment, APS efforts to address self-neglect are limited by the clients' decisions to accept or refuse care (O'Brien, 2010; McClennen, 2010, p.278).

2.5 Adult Protective Services

Adult Protective Services is a local agency that intervenes on behalf of abused, exploited and neglected adults (Teaster, Wangmo, & Anetzberger, 2010). Since the early 1980's every state has had an office tasked with providing protective services to the vulnerable, adult population (Otto, 2002). Elder abuse first became an issue of governmental concern in the 1940' and '50's (Bonnie & Wallace, 2003. p.13; Mixson, 2010). However, elder maltreatment received increased federal attention during the rise of human rights initiatives aimed at

providing equal resources to marginalized groups in the 1960's (Teaster, Wangmo, Anetzberger, 2010);). In 1961, the White House Conference on Aging put forth a call for more attention from social, medical and legal agencies given to the needs of older persons (Mixson, 1995; Teaster, Wangmo, Anetzberger, 2010; Otto, 2002; Segal, 2009). The first response to this call came in 1962 with the passage of the Public Welfare Amendments to the Social Security Act (Teaster, Wangmo, Anetzberger, 2010); Bonnie & Wallace, 2003.p.13). The Public Welfare Amendments provided financial support to states that established protective services for adults with developmental disabilities who were incapable of managing their personal affairs and were abused, neglected or exploited (Teaster, Wangmo, Anetzberger, 2010) Bonnie & Wallace, 2003.p.13). Three years later, the establishment of Older Americans Act was further federal support of the elderly and disabled populations (Segal, 2009).

Social Security Act

Following the Public Welfare Amendments in 1962, further amendments were made to the Social Security Act. In 1975, federal funding for APS became available to each state through the Social Security Act Title XX, later known as Social Services Block Grant (SSBG) (Mixson, 1995; Teaster, Wangmo, Anetzberger, 2010). States wrongfully perceived this funding stream to be indicative of increased federal technical assistance in managing APS programs funded through the grant (Otto, 2002). Initially, money provided to states through Title XX were provided to address five goals, elder abuse among them (Mixson, 2010). Conversion of Title XX to SSBG in 1987 widened the spectrum of activities and services states could provide in order to pull down funding (Mixson, 2010). Broadening the scope of programs able to satisfy funding requirements of the SSBG removes programs addressing elder maltreatment as a focal point of

services supported through this grant (Mixson, 2010). For example, SSBG are distributed to the states in support of state level Child and Adult Protective Services Programs. The percentage of grant funding distributed to each protective program is left up to the discretion of each state. (Mixson, 1995; Teaster, Wangmo, & Anetzberger, 2010). The absence of federal regulations related to the distribution of grant funds and cultural paternalism towards children has resulted in the bulk of SSBG funding spent on child services. Such practices are illustrated by reports from 1990 that indicate, on average, states were only spending 4% of monies received from SSBG on adult protective services (Otto, 2002).

Older Americans Act

The Older Americans Act (OAA) of 1965 mandated funding for community based services for the elderly. The aim of the act is to provide services in a comprehensive manner that allows the elderly to maintain their independence and remain in their homes and communities (Segal, 2009; Georgia Department of; Segal, 2009). The OAA is responsible for a variety of local programs that sustain the elderly in the community. From under the umbrella of the National Aging Services Network, nutritional services, transportation services, adult day care, personal care, case management, information and assistance contacts and homemaker services are rolled out through local level programs.

At its inception, the OAA did not specifically address elder maltreatment, however, in the 1980's and early 1990's, the OAA delineated funds for addressing elder maltreatment in the institutional setting (Teaster, Wangmo, Anetzberger, 2010). Title II of the OAA established Administration on Aging (AoA) as the lead federal agency designated to advocate on behalf of the aged and remains the only full-time government entity dedicated to elder abuse and

prevention (Teaster, Wangmo, & Anetzberger, 2010; Georgia Department of). The AoA, established in 1973, coordinates community services for the elderly through Area Agencies on Aging (AAA), or local entities that carry out programs and streamline resources through local public and private entities (Segal, 2009, p.280). Amendments to the OAA in 1987 stipulated distinct authorization of services targeted towards elder ANE (Administration on Aging, 2009).

In 1992, reauthorization of OAA established Title VII of the act. Title VII, the Vulnerable Rights Protection Title, calls for enhanced coordination of elder advocacy programs designated under previous titles of the OAA in an effort to develop a stronger system dedicated to vulnerable adults (Adult Protective Services, 2010; Mixson, 1995). The 1992 amendments to Title II of the OAA also established the National Center on Elder Abuse (NCEA) as a national repository dedicated to the compilation and provision of information and materials to support efforts to ameliorate elder maltreatment (Administration on Aging, 2010). NCEA is a consortium of experts and advocates dedicated to addressing elder maltreatment. A leading partner of the NCEA is National Adult Protective Services Administrators (NAPSA) a non-profit organization with members in each state and territory of the United States (Who/What is, 2010). Formed in 1987, NAPSA is dedicated to providing a forum for APS employees to gain knowledge, share experiences and increase public awareness of APS and the clients they served (Otto, 2002; Who/What is, 2010). Information sharing and collaboration of NCEA and its partners is in step with recent amendments to the OAA focusing on long-term, strategic planning using a multi-disciplinary approach to support the elderly population (Administration on Aging, 2010).

General APS Activities and Services

The absence of federal guidance, lack of influential legislation pertaining to elder maltreatment, and limited funding resulted in APS programs that vary across states. APS programmatic variation exists with regard to services provided, laws that govern those services, divisions under which protective services are found, target populations of APS programs, and what constitutes abuse (Otto, 2002; Mixson, 1995). For example, the majority of APS services are typically found within the department of social services, but about one-third houses APS in the state units on aging (Otto, 2002). Notwithstanding these differences, there are a number of consistent features found across APS programs (Otto, 2010; Mixson, 1995).

Adult Protective Services primarily focuses on the individual client and the preservation of her autonomy and status in the community (Otto, 2002; NAPSA, 2005). Focus on autonomy and individual rights of the client is a paramount feature of APS service delivery that allows clients to refuse services, even when APS assessment indicate they are needed (Nerenberg, 2002). APS staff members perform routine activities in an effort to maintain the elderly population in the community and provide protection. These activities include receiving reports, conducting investigations, evaluating risks to clients, assessing the clients' capacity to understand his/her current situation and agree to services, developing and implementing case plans, counseling clients, arranging for external services and benefits and continual monitoring of service delivery (Mixson, 1995; Otto, 200; NAPSA, 2005). Table 1 lists common principles found in most APS programs.

Adult Protective Services is modeled from a social work approach applied within a systems framework (Mixson, 1995; Otto, 200; Filinson & Ingman, 1989). A social work approach is important in building rapport with clients in order to gain their trust (Otto, 2002).

Application of this approach within a systems framework implies utilization of the perspective that the client does not exist alone. Especiall (Mixson, 1995; Otto, 2002; NAPSA, 2005) networks typically involve the family unit (Filinson & Ingman, 1989). The maltreatment suffered by the elderly and the solutions to the maltreatment must be considered within the environment and relationships in which the aged individual resides (Filinson & Ingman, 1989). According to the systems approach, APS employees working in direct service provision should manage cases with services provided through formal and informal community-based networks (Filinson & Ingman, 1989). Mixson (1995) cautions that in taking a systems approach to elder maltreatment, limitations within the system translate to limitations in service delivery (Mixson, 1995).

Table 1 *Common Principles of APS Programs*

Basic Guiding Principles of APS Programs	
- The client's right to self determination - Client is presumed to be mentally competent and in control of decision-making, until otherwise proven - The client has the right to refuse services as long as the individual has the capacity to understands the consequences of that choice - Use of the least restrictive alternative first - Involve client in service planning - Avoid imposing personal values	- Obtain informed consent - Maintenance of the family unit - Use of community based services rather than institutionalization when possible - Avoid ascription of blame - Inadequate or inappropriate services are worse than no service intervention - When legal remedies are unavoidable, the client has the right to an attorney *ad litem* to represent his interests in court

Adult Protective Services Employee Proficiency

In 2001, the National Association of Adult Protective Services Administrators (NAAPSA or NAPSA) conducted phone interviews with state APS administrators gathering their opinions on two questions: "what do you see as the most significant problems facing the field of Adult Protective Services at this time?" and "what assistance do you need to improve protective services to vulnerable adults?" (National association of, 2003). The two most commonly cited problems facing state APS service delivery were insufficient state/federal funding and staffing issues/problems. The two most commonly cited solutions were increase federal and state funding for APS and improvements in training and best practice models (National association of, 2003).

Training is key in ensuring APS staff members are able to effectively functions in all capacities required for service delivery. According to National Center on Elder Abuse, the charge to APS employees to respond to potential cases of elder maltreatment or maltreatment of adults with disabilities, investigate, and intervene with protective services when necessary is challenging work often done with limited resources (Adult Protective Service, 2007). Valid protocols allow mandated reporters to readily identify abuse and coordinate appropriate improvement strategies for victims (Ehrlich & Anetzberger, 1991). APS employees have the ability to request a multitude of services on behalf of their clients. Therefore, knowledge of services available to the elderly and proficiency in accessing those services is imperative (Ehrlich & Anetzberger, 1991). Otto, points out "that APS caseworkers are only as effective as the practitioners ability to work collaboratively with others on behalf of the client."

Chapter III

METHODOLOGY

3.1 Data Sources

In the state of Georgia, APS is part of the Division of Aging Services housed in the Department of Human Resources. State variation in APS programmatic features make it imperative that Georgia APS training needs are assessed through research questions answered by APS staff members who serve communities similar to those found in Georgia under the same regulations. In accordance with this criterion, Georgia APS staff members were surveyed directly for the most accurate representation of their service area and training needs. To gain understanding of the training needs of Georgia APS employees, a brief, one-time, electronic questionnaire entitled "Elder Abuse Training Survey for Georgia Adult Protective Services' Staff" was delivered indiscriminately to all 175 APS workers via work issued email accounts. Surveys were emailed to APS employees following a department-wide monthly meeting where the surveys and their importance were an item on the meeting agenda. A week following the primary email distribution of the survey, a second round of emails were distributed to the entire sample pool to prompt APS staff to participate in the survey if they had not already done so. The link to the survey was included in each email and remained active for one month, from October through November 2010, after which, the link would no longer lead participants to the survey. The questionnaire was delivered with an introductory paragraph describing the goals of the study and the training implications of the data gained. Of the 175 surveys administered to Georgia APS 138 or 78% proceeded to take the survey. However, a number of surveys were

insufficiently completed and were therefore dropped from analysis; the final sample size was 92 APS employees yielding a complete response rate of 52.6%.

3.2 Study Measures

The survey delivered to GA APS employees was developed by input from a variety of sources. The structure of the survey, the progression of questions and the way in which questions were asked, were modeled after surveys found in the literature, specifically those aimed at training needs. The content of the questions were developed through collaboration between the Division of Aging Services leadership and Georgia State University, Institute of Public Health research partners. From multiple iterations, a final, 47- item survey was developed that would sufficiently establish baseline information pertaining to GA APS employee demographics and training needs. The final version of the survey gathers information on GA APS demographic characteristics and training needs by addressing four target areas.

The first section of the survey sampled the perception of staff's knowledge by asking 26 questions that assess current knowledge versus needed knowledge pertaining to APS service delivery. The section heading reads "how much do your fellow APS staff members know about the following" for both current knowledge and needed knowledge columns of each question, participants have the choice of selecting 1= they need almost no knowledge, 2= they need a little knowledge, 3= they need some knowledge, 4= they need a lot of knowledge.

The second section of the questionnaire asked questions related to frequent partners used by APS staff members. Respondents were provided with a list of social services and asked to indicate the frequency at which each service is typically contacted. Participants chose from frequencies ranging from daily, once/twice weekly, monthly, or, never.

The third section of the survey gathered information on training practices and policies at APS. Respondents were asked, "How would you describe the minimum standards for training currently in place for all APS staff?" Response categories included- no policy, staff is encouraged to seek training, some staff are required to attend training, depending upon the topic, all staff are required to attend training, or not applicable.

The final section of the questionnaire gathered demographic information as well as preferred training methods. Respondents were asked to identify their preferred method of training by marking all the applicable items. Participants were asked "What type of training delivery methods would you prefer (select all that apply)?" Response categories included video conferences, video tapes, web-based- asynchronous, web-based-live, classroom led/ instructor lead work-shops, self-study workbooks, and other with a field for elaboration.

3.3 Analysis

Surveys submitted by participants were collected and stored electronically via PsychData and downloaded into SPSS version17.0 for analysis. Alpha levels of <0.05 was used for all statistical tests. Univariate analyses were performed to reveal descriptive statistics regarding the study population. These analyses categorized and identified frequencies and central tendencies around age distribution of APS staff members, length of time staff members have worked for APS, educational level and race of staff members as well as regional descriptions of service areas.

Differences in current versus needed knowledge were analyzed using paired sample t-tests. Each participants' response to each of the 26 items directly addressing current knowledge and needed knowledge was aggregated to yield one average score for each measure, 52 separate

means total. Due to repeated sampling of the same participants from one study population, paired sample t-tests was an appropriate analytical tool. This test reveals whether the differences in the reported means of current knowledge versus those of needed knowledge for each of the 26 questions are significantly different from zero.

Cross-tabulations were conducted to investigate desired training methods along demographic lines. Specifically, chi-squared analyses were used to find associations between demographic information and training preferences. For the purposes of this analysis, demographic variables were re-coded in a variety of ways that differed from the original coding of the data. The re-coding structure is illustrated in table 2. Specifically, race, years worked at APS, age, and education were re-coded to form more condensed and representative groups found within the study population.

Race was re-coded from four original categories- African-American, Caucasian, Hispanic and Asian to dichotomous categories- non-Caucasian and Caucasian. Group one, or non-Caucasian, included African-American, Hispanic and participants who indicated they were of an Other race not listed. Both the Hispanic and Other categories were represented by one individual each and were therefore quantified with African-American participants in the non-Caucasian category. Original coding of years worked at APS contained 40 categories. Category 1 representing one year working at APS and subsequent categories followed chronologically in one-year intervals, with the final category, category 40, representing 40 years or greater. This measure was re-coded into two categories; Category 1 representing those working for APS from 1-10 years and Category 2 representing working for APS for 11 or more years. Originally, age was coded into 76 categories, 1 representing 18 years of age and subsequent categories following chronologically in one-year intervals, with the final category representing ages 93+. As the

youngest employee was 30 years of age, ages18-29 were immediately eliminated from analysis. The remaining participants were re-coded into two even groups. Group one represented APS employees ages 30-54 and group two represented APS employees ages 55 and older. Education was re-coded from the original five categories a number of ways to discern the effects different educational levels on training preferences.

Table 2 *Initial and Re-coded Demographic Information*

Characteristic	**Initial Coding**	**Re-coded**
Race	1- African American 2- Caucasian 3- Hispanic 4- Asian 5- Other	1- Non-Caucasian 2- Caucasian
Age	1- 18 years old 2- 19 years old 3- 20 years old -Etc.- 74- 91 Years Old 75- 92 Years Old 76- 93+ Years Old	1- 30-54 years old 2- 55+
Years worked at APS	1- 1 Year 2- 2 Years 3- 3 Years -Etc.- 38- 38 Years 39- 39 Years 40- 40+ Years	1- 1-10 years 2- 11+ years
Education	1- High School 2- Some College 3- 2 years of College 4- 4 years of College 5- Graduate School	EDU1. 1- High school 2- 4 years of college and above EDU2. 1- High school through some college 2- 2-4 years of college EDU3. 1- College 2- Graduate school

Chapter IV

RESULTS

Results from the questionnaire distributed to GA APS employees measuring baseline demographic information and training needs are explained below. The results presented address the three research questions posed at the onset of the study and outlined in chapter one of this paper.

4.1 Georgia Adult Protective Services Employee Demographics

Prior to recoding demographic variables from initial categories, frequency statistics were run on the following demographic markers: age, gender, highest level of education, service area and number of years worked for GA APS. An overwhelming majority of participating APS employees are women (92%) with college (50%) or graduate school (30%) education. Over half of APS staff self-identify as Caucasian (56%), followed by African American (41%), Hispanic (1%) and other (1%). The majority of respondents have worked for APS between 1 and 15 years with a mean of 11.5 years, a median of 8.5 years and a reported mode of 6 years. The mean age of GA APS staff is 32.8 years (SD=10) with ages ranging from 30 years old to 62 years old. According to respondents, APS employees deliver services equally in rural (39.8%) and urban (38.6%) areas and less so in suburban areas (21.6%). Results of frequency statistics under initial coding are further depicted in Table 3.

Table 3 *Adult Protective Services Staff Demographic Profile*

Characteristic	Number	Percent	Characteristic	Number	Percent
RACE			**EDUCATION**		
African-American	36	41.4	High School	3	3.4
Caucasian	49	56.3	Some College	6	6.8
Hispanic	1	1.1	Two Years of College	7	8.0
Other	1	1.1	Four Years of College	44	50.0
			Graduate School	26	29.5
SERVICE AREA			**GENDER**		
Urban	34	38.6	Female	83	92.2
Suburban	19	21.6	Male	7	7.8
Rural	35	39.8			
Years Working for APS			**Age**		
1 year	4	4.4	30 years of age	1	1.1
2 years	5	5.6	32 years of age	3	3.4
3 years	3	3.3	33 years of age	2	2.3
4 years	7	7.8	34 years of age	2	2.3
5 years	8	8.9	35 years of age	3	3.4
6 years	10	11.1	36 years of age	1	1.1
7 years	4	4.4	37 years of age	2	2.3
8 years	4	4.4	38 years of age	1	1.1
9 years	1	1.1	40 years of age	1	1.1
10 years	7	7.8	41 years of age	3	3.4
11 years	4	4.4	42 years of age	2	2.3
12 years	3	3.3	43 years of age	1	1.1
13 years	1	1.1	44 years of age	3	3.4
14 years	3	3.3	45 years of age	1	1.1
15 years	4	4.4	47 years of age	3	3.4
16 years	1	1.1	48 years of age	2	2.3
17 years	1	1.1	49 years of age	6	6.8
20 years	2	2.2	50 years of age	6	6.8
22 years	3	3.3	51 years of age	5	5.7
23 years	4	4.4	52 years of age	5	5.7
26 years	6	6.7	53 years of age	2	2.3
30 years	2	2.2	54 years of age	8	9.1
32 years	2	2.2	55 years of age	4	4.5
			57 years of age	3	3.4
			58 years of age	8	9.1
			59 years of age	5	5.7
			60 years of age	1	1.1
			61 years of age	1	1.1
			62 years of age	1	1.1

4.2 Current Knowledge versus Needed Knowledge

Following the establishment of baseline demographic characteristics of GA APS staff, self-reported, perceived knowledge of components of service delivery was compared to self-reported needed knowledge. A series of paired-sample t-tests were conducted to compare the knowledge APS employees currently have to the knowledge needed in order to carry out job functions. Figure1 provides a graphical representation of the results of the paired-sample t-tests assessing knowledge. The lines on the graph with boxes at each mean is representative of perceived current knowledge APS staff rate themselves as having, while the line with diamond markings at each mean represents self-reported, needed knowledge. Results of each paired-sample t-test are depicted in table 5; significant differences in current versus needed knowledge are bolded.

Significant differences between current and needed knowledge were identified in eighteen out of twenty-six items measuring knowledge had. Of the 18 areas of knowledge with significant differences, on only one measure, *Basic dynamics of abuse, neglect, and exploitation (ANE)*, did APS staff members' current knowledge ($M=3.71$, $SD=.53$) exceeded needed knowledge ($M=3.4831$, $SD=.92$), $t(88)=2.13$, $p< 0.05$ (two tailed) at a statistical level. For the remaining 17 knowledge areas, APS staff members knew significantly less than what was needed pertaining to service delivery. These 17significant items can be condensed into four, more general categories.

APS staff indicated the greatest knowledge needs are in areas of evidence collection, legal procedures, cross training, and serving clients with mental health disabilities. Each of these

four categories contains at least two items reported as areas of needed knowledge. Cross training contains the fewest items and serving clients with mental health disabilities has the most.

Figure 1 *APS Staff Members' Needed and Current Levels of Knowledge*

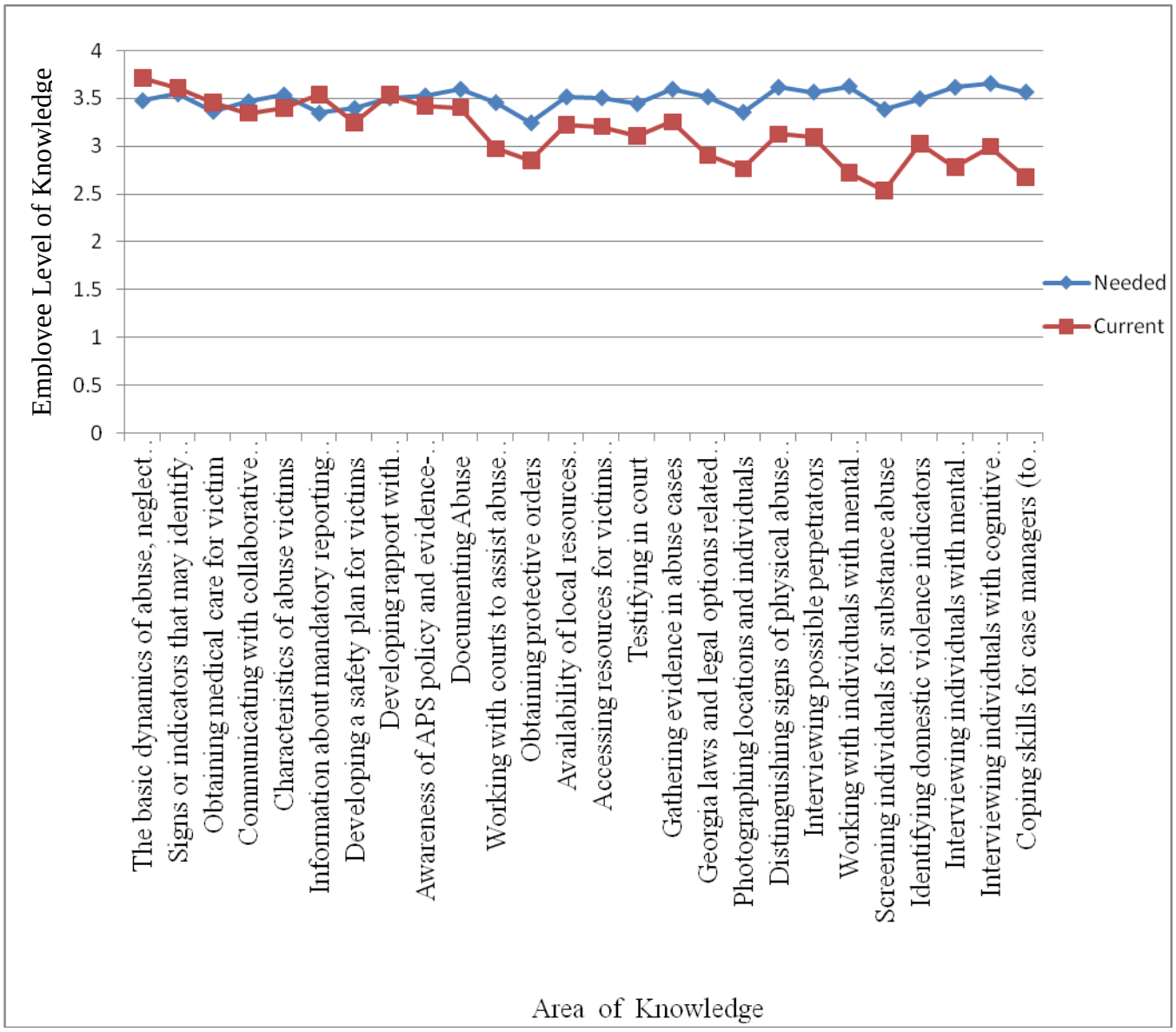

Table 4 *Paired Sample t Test for Current Versus Needed Knowledge Among APS Employees*

Area of Knowledge	Current M (SD)	Needed M (SD)	t.	Sig.
The basic dynamics of abuse, neglect and exploitation (ANE)	**3.71 (.53)**	**3.48 (.92)**	**2.126**	**.036**
Signs or indicators that may identify ANE victims	3.60 (.62)	3.55 (.75)	.469	.640
Documenting abuse in records	**3.40 (.63)**	**3.60 (.69)**	**-2.232**	**.028**
Communicating with collaborative agencies in abuse situations	3.34 (.66)	3.47 (.82)	-1.182	.240
Georgia laws and legal options related to abuse	**2.90 (.75)**	**3.52 (.69)**	**-6.583**	**.000**
Characteristics of abuse victims	3.39 (.65)	3.54 (.74)	-1.555	.124
Gathering evidence in abuse cases	**3.25 (.79)**	**3.55 (.71)**	**-2.701**	**.008**
Photographing locations and individuals	**2.76 (.83)**	**3.36 (.82)**	**-5.132**	**.000**
Information about mandatory reporting laws	3.53 (.64)	3.35 (.92)	1.483	.142
Distinguishing signs of physical abuse from signs of aging	**3.12 (.70)**	**3.62 (.63)**	**-4.946**	**.000**
Interviewing possible perpetrators	**3.09 (.76)**	**3.57 (.62)**	**-4.359**	**.000**
Working with individuals with mental health disabilities	**2.75 (.74)**	**3.63 (.57)**	**-8.691**	**.000**
Screening individuals for substance abuse	**2.53 (1.00)**	**3.39 (.76)**	**-6.921**	**.000**
Developing a safety plan for victims	3.24 (.87)	3.40 (.89)	-1.326	.188
Identifying domestic violence indicators	**3.02 (.77)**	**3.49 (.69)**	**-4.785**	**.000**
Interviewing individuals with mental health disabilities	**2.78 (.86)**	**3.62 (.59)**	**-7.870**	**.000**
Interviewing individuals with cognitive impairment (such as dementia)	**2.99 (.76)**	**3.66 (.60)**	**-6.607**	**.000**
Developing rapport with individuals/families	3.53 (.62)	3.51 (.91)	.203	.840

Working with courts to assist abuse victims	**2.97(.76)**	**3.46 (.72)**	**-4.767**	**.000**
Obtaining protective orders	**2.85 (.86)**	**3.25 (.78)**	**-3.496**	**.001**
Availability of local resources (including resources for individuals with special needs)	**3.22 (.69)**	**3.52 (.73)**	**-3.042**	**.003**
Accessing resources for victims (including resources for individuals with special needs)	**3.20 (.66)**	**3.51 (.77)**	**-2.987**	**.004**
Obtaining medical care for victim	3.45 (.67)	3.37 (.83)	.740	.461
Testifying in court	**3.10 (.72)**	**3.45 (.75)**	**-3.079**	**.003**
Awareness of APS policy and evidence-based practice	3.42 (.69)	3.53 (.77)	-1.120	.266
Coping skills for case managers (to avoid burn-out and/or vicarious victimization)	**2.67 (.77)**	**3.57 (.64)**	**-8.780**	**.000**

Table 5 *Suggested Content Area for Training Modules*

Theme of Training Module	Specific Items Addressed
Evidence Collection	- Documenting abuse in records - Gathering evidence in abuse cases - Interviewing possible perpetrators - Photographing locations and individuals
Legal Procedures	- Georgia laws and legal options related to abuse - Working with courts to assist abuse victims - Obtaining protective orders - Testifying in court
Serving Clients with Cognitive Impairments	- Working with individuals with mental health disorders - Screening individuals for substance abuse - Interviewing individuals with mental health disorders - interviewing individuals with cognitive impairment (such as dementia) - Availability of local resources (including resources for individuals with special needs) - Accessing resources for victims (including resources for individuals with special needs)
Cross training	- Distinguishing signs of physical abuse from signs of aging - Identifying domestic violence indicators - Coping skills for case managers (to avoid burn-out and/or vicarious victimization)

4.3Preferred Method of Training and Demographic Correlates

In addition to identifying areas where APS staff training is needed, it was of interest to discern the preferred method of training as reported by survey participants. To that end, cross-tabulations were performed to identify associations between demographic markers identified earlier during analysis- race, age, gender, years worked at APS, service area, education - and preferred training methods. Prior to investigating demographic associations, preferred training methodology was found using frequency statistics shown in table 5 below. Training preferences were assessed with the question *what type of training delivery methods would you prefer (select all that apply)*? Each training option was treated as a dichotomous variable in that it could either be selected or not selected. Dichotomous demographic characteristics, gender, age and race, demographic characteristics, service area, years working for APS, and education were each assessed for associations with training methodology in a 2-by-2 table. To compensate for overestimates of the chi-squared values associated with 2-by-2 analysis conducted with SPSS version 17.0, continuity correction statistic was used to assess significance. Chi-square tests revealed that non-Caucasians significantly preferred video conferencing as a training format

Table 6 *Rank of Preferred Training Modality by APS Staff Members*

Type of training	**Number**	**Percent**
Classroom led/ instructor led training workshops in your region	72	80
Web-based - live (people have to log in at certain times for the 'live' class)	52	57.8
Web-based - asynchronous	39	43.3
Video conferences	27	30
Self-study workbooks	17	18.9
Video tapes	14	15.6

(44% compared to 18%), [$\chi^2(1) = 5.900$ $p \leq .015$] whereas Caucasians preferred asynchronous online learning formats (55% compared to 28%), [$\chi^2(1) = 4.936$, $p \leq .026$].

Significant associations were also found between training preferences and educational attainment. Education level was associated with a number of training preferences. Staff members with graduate level education were more likely than those with 4 year college education to choose self-study workbooks as a viable training option (34.6% compared to 11.4%), [$\chi^2(1)=4.165$, $p \leq .041$]. Staff members with a Graduate education were also more likely to choose video conferences (46.2% compared to 18.2%), [χ^2 $(1)=4.970$, $p \leq .026$] than employees with 4-year college education. All training preferences associated with training methodology are shown below in table 7.

Table 7 *Demographic Characteristics Associated with Training Preferences*

Demographic Characteristic	Training Method	Test	Value	df	Sig.
Race	Video Conference	Continuity Correction	5.900	1	.015
Non-Caucasian	44.7%				
Caucasian	18.4%				
Race	Asynchronous Online Learning	Continuity Correction	4.936	1	.026
Non-Caucasian	28.9%				
Caucasian	55.1%				
Education	Self-Study Workbooks	Continuity Correction	4.165	1	.041
4 years of College	11.4%				
Graduate School	34.6%				
Education	Video Conferences	Continuity Correction	4.970	1	.026
4 years of College	18.2%				
Graduate School	46.2%				

Chapter V

DISCUSSION AND CONCLUSION

5.1 Discussion

This study provides insight into features of Georgia's Adult Protective Services program. The collaborative process of creating the survey, APS staff response to the survey and the data gained are all important components needed to develop a protocol to guide future engagement of APS in an effort to improve service delivery.

Collaboration between Georgia State University's Institute of Public Health and the Division of Aging reflects academic and practical entities working synergistically to accomplish a common goal. These efforts, if properly managed, have the potential to result in service delivery that is informed by research and research that is conducted in a practical environment. The rate at which participants responded to the survey and the number of respondents may also be indicative of the potential borne out of the relationship between these two institutions.

A paramount feature of this project is that it engages an important population that has yet to undergo formal investigation pertaining to baseline markers, gaps in knowledge and training modalities. One week following initial distribution of the survey to APS staff, a subsequent email announcement was delivered to staff members encouraging participation in the survey. Without any additional reminders, 137 people agreed to take the survey before the link became inactive. Within two weeks, the survey captured the attention of almost 80% of the total population and 97% of those who completed the survey correctly. This response rate is indicative of the ability to engage and sampled this population in the future. An especially

important feature as training methodologies are evaluated for effectiveness and staff members are sampled on fidelity.

Fixsen et al (2005), leaders in the field of implementation, have well documented the importance of engaging the target audience in processes of change. Addressing self-reported needs with the preferred learning techniques of the target audience is likely to result in greater adherence to and acceptance of training modules than if staff members were not included in training development.

Training modules should address items that differed significantly between current knowledge versus needed knowledge. Collapsing each of the 17 individual items where more knowledge is needed into four content areas will organize training sessions as well as potentially minimize the time needed to acquire specific skills and information. The organization of these four content areas- evidence collection, legal procedures, serving clients with mental health disabilities and cross training- may be further condensed if needed due to the overlap of potential information conveyed.

While there were significant associations between demographic characteristics and training methods, it is important to look at the population size from which those significant findings occurred. It stands to reason that the effects seen may be due to sample size rather than demographic markers. For example, individuals with graduate level education were more likely than those with 4 years of college education to prefer self-study workbooks as a mode of training. However, upon closer investigation of this association, it becomes evident that the small number of people included in the analysis, 14 people in this case, may have amplified the

effect seen. Analysis of training methods more commonly preferred by participants, using the same tests, demonstrated a lack of these associations.

If leadership in the Division of Aging Services does in fact intend to use this data as a guideline for future training modules, it may be most beneficial to look at the rank order of training by the raw numbers rather than by demographic associations; this methodology will best capture the learning preferences of APS staff. Specific to the training needs identified in this study, it may be advantageous to begin with classroom based training and determine subsequent, supplemental training modalities in the future as needed. Along the same lines, to deal with budgetary issues commonly cited by public agencies, the Division of Aging Services should also consider live web-based training. Web-based training was the second most preferred training and its usage may capture the learning preferences of the most staff members while using the least amount of resources by eliminating time and travel costs associated with attending classroom trainings as well as those associated with hosting an outside trainer.

5.2 Study Limitations

The study conducted is not without limitations. Response bias is a major limitation of this study. Of 175 potential participants, 92 participants or 53% fully completed the questionnaire and were included in the analysis. The information from this study used to establish baseline demographics and training needs only represents slightly more than half of the APS staff population. It is uncertain if those individuals missed by the survey are demographically similar to those who were captured, just as it is uncertain if knowledge areas and preferred training methods reported in the survey are reflective of those who were not quantified.

Qualitative data provided by participants was not included in the analysis performed for the purposes of this paper. Qualitative data may provide additional insights into the knowledge and training needs of APS staff members as well as identify barriers to training or service delivery.

An additional limitation to this study was the way in which knowledge was measured. Participants were asked to record their perception of fellow staff members' knowledge rather than actual knowledge. Under or over estimates of fellow staff members' knowledge may exist especially in the case of staff members who are not of the same race or work in the same service area.

5.3 Recommendations

This study serves as a potential starting point to improved service delivery on the part of GA APS staff. It is imperative that collaboration and momentum around key topic areas identified in the survey are maintained. The next important steps are to continue to engage staff members, including those missed by the survey, develop training modules, and evaluate the entire process. In engaging staff members, qualitative meetings, or focus groups, will allow for elaboration on significant training areas identified in this survey. Additional efforts to engage those who were missed in the first stage of this process are needed. If efforts are not made in the forefront, it may be more difficult to engage those individuals as the process moves forward. Training modules should be developed based on the combined content from the survey and focus groups. Those who participate in the focus groups should be encouraged to participate in the modules and provide feedback on the training techniques, the information taught and the overall

process. In this way, an information feedback loop is developed, allowing a pathway through which evaluation and improvement strategies may flow.

5.4 Conclusion

It is projected that as the aging population grows, so will the need for protective services. The nature of Adult Protective Servicers programs requires staff members to have a broad skill-set to address maltreatment effectively. Training is an important factor in broadening APS staff members' skill-set and improving service delivery to the elderly. When a program is inefficient, it is common for an organization to call for blind training. However, the decision by the Division of Aging to assess training needs prior to offering more training opportunities illustrates a departure from this trend. The data generated by this survey should not be used to criticize APS staff based on their gaps in knowledge. Rather, it should be used as a tool to develop training modules that will optimize service delivery to the elderly population.

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