DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date: May 8, 2001

From: Roy M. Fleming, Sc.D., Director, Research Grants Program RMF
Office of Extramural Programs, NIOSH, D30

Subject: Final Report Submitted for Entry into NTIS for Grant 5 R44 OH003407-03.

To: William D. Bennett
Data Systems Team, Information Resources Branch, EID, NIOSH, P03/C18

The attached final report has been received from the principal investigator on the subject NIOSH grant. If this document is forwarded to the National Technical Information Service, please let us know when a document number is known so that we can inform anyone who inquires about this final report.

Any publications that are included with this report are highlighted on the list below.

Attachment
cc: Sherri Diana, EID, P03/C13

List of Publications None

Title: Personal Safety for Social Services Providers
Investigator: William Griffin, MSW,MPA
Affiliation: Independent Living Resources, Inc.
City & State: Durham, NC
Telephone: (919) 402-0262
Award Number: 5 R44 OH003407-03
Start & End Date: 9/30/1998–9/29/2000
Total Project Cost: $579,749
Program Area: Intervention Effectiveness Research Methods
Key Words:

Abstract:
The goal of this project was to produce and evaluate a video-based training program on personal safety for social services providers, the Staff Safety Awareness and Knowledge Inventory (SSAKI). The intent of the program is to heighten awareness to areas of risk and to reduce dangers related to threats and violence. In Phase I, a 30-minute video was developed and produced that introduces social services staffs and others to basic personal safety issues. In Phase II, program content was expanded to include a full two and ½ day training program with four additional 20-30 minutes videos that provide in-depth examination of the wide range of issues introduced in Phase I. Content is focused on all aspects of delivery of social services. Video and companion training curricula provide high-quality skill-based training, and is being marketed as a key segment of comprehensive on site training and as stand alone videos with accompanying manuals for training participants and curriculum trainers. The programming includes a Unit on Introduction of Safety, and Units with specific concerns in relation to Field Safety (Unit 2), Office Safety (Unit 3), Interviewing/Dealing with Individuals (Unit 4), and Post Incident: Victimization and Trauma (Unit 5).

Presentation of the videos and other training activities occurred in three North Carolina County Department of Social Services and one county government office. Two counties were large with respect to population, with mixed urban and suburban (and some rural) populations. Each of the two large counties contained a large metropolitan area with more than 500,000 persons. The other two counties were medium sized with large proportions of their population residing in suburban or rural settings. One of these counties had an urban population of about 150,000, and the other had an urban population of about 80,000.

All training sessions were held in county office buildings. Five sessions were held at each site, and were spread over a 2 ½ day period with each of the five training units being allocated ½ day. Staff development personnel employed by the County Division of Social Services coordinated registration for three training (Mecklenburg, Wake, Durham), and a county government personnel office (Orange) coordinated the fourth training.

In summary, there is sufficient evidence to continue the development of the SSAKI, and apply it on a larger scale with a participant pool more closely resembling the intended

population. There is insufficient evidence in this study to support the idea that the Pretest is instructive in its own right, although that idea was supported theoretically in the Phase I study. Additional work is needed on item content and item distribution across varying content in the training modules. More testing of the SSAKI is required.

There is also evidence that the worker safety training is effective in increasing participants knowledge and awareness of personal and coworker safety, and that the videos that accompany the training substantially increase the effectiveness of the entire curriculum. The data from the SSAKI are supported by very high self-reported ratings of increasing knowledge and by the ways participants suggested that they could be more attentive to threatening circumstances or change their behavior in order to increase personal safety and the safety of their co-workers.

Publications

No publications to date.

Final Performance Report

Personal Safety for Social Services Providers

"Working Safe Working Smart"

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Small Business Innovation Research Program Grant
Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
Grant Number: 5 R44 OH03407-03
Project Period: 09/30/96-09/29/00

Performance Sites:

Mecklenburg County Department of Social Services
Charlotte, North Carolina

Durham County Department of Social Services
Durham, North Carolina

Wake County Human Services
Raleigh, North Carolina

Orange County Government
Hillsborough, North Carolina

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Abstract

The goal of this project was to produce and evaluate a video-based training program on personal safety for social services providers. The intent of the program is to heighten awareness to areas of risk and to reduce dangers related to threats and violence. In Phase I, a 30-minute video was developed and produced that introduces social services staffs and others to basic personal safety issues. In Phase II, program content was expanded to include a full two and ½-day training program with four additional 20-30 minute videos that provide in-depth examination of the wide-range of issues introduced in Phase I. Content is focused on all aspects of delivery of social services. Video and companion training curricula provide high-quality skill-based training, and is being marketed as a key segment of comprehensive on-site training and as stand-alone videos with accompanying manuals for training participants and curriculum trainers. The programming includes a Unit on Introduction to Safety, and Units with specific concerns in relation to Field Safety (Unit 2), Office Safety (Unit 3), Interviewing/Dealing with Individuals (Unit 4), and Post-Incident: Victimization and Trauma (Unit 5).

Significant Findings - Project Evaluation

General - Presentation of the videos and other training activities occurred in three North Carolina County Departments of Social Services and one county government office. Two counties were large with respect to population, with mixed urban and suburban (and some rural) populations. Each of the two large counties contained a large metropolitan area with more than 500,000 persons. The other two counties were medium sized with large proportions of their populations residing in suburban or rural settings. One of these counties had an urban population of about 150,000, and the other had an urban population of about 80,000.

All training sessions were held in county office buildings. Five sessions were held at each site, and were spread over a 2½-day period with each of the five training units being allocated ½ day. Staff development personnel employed by the County Division of Social Services coordinated registration for three trainings (Mecklenburg, Wake, Durham), and a county government personnel office (Orange) coordinated the fourth training.

Participants - Participants included 61 agency workers representing either the Division of Social Services, Division of Youth Services, and other county level agencies. The two large counties contributed 41% and 25% of the participants, and the two medium size counties contributed 21% and 13% of the participants.

Racial distribution among the participants very closely paralleled the racial make up of the agencies: 53% African American; 38% white, and 7% Hispanic, and 1% "other." Overall, workers were very experienced, with 53% having more than 10 years of experience, and a combined total of 83% having more than 4 years of experience. A

large majority of these workers (68%) also had received previous training on worker safety.

The demographic characteristics of the participants created some problems for data analysis and interpretation, as did the small total number of participants. The design (see below) anticipated larger numbers of participants from both the large and medium size counties. It was expected that data could be collapsed across counties for some of the analyses. However, a power analysis conducted prior to implementation required an overall sample size of 100 (or more), and the participating counties had agreed to provide, at a minimum, that number of participants (30 from each of the large counties and 20 from each of the medium sized counties). Further, they had agreed to assign new or inexperienced staff, as well as staff who had not had previous training. None of the counties met the requested numbers. Further, the majority was experienced and many had received previous safety training.

Design and Procedures - The purpose of the specified design was to test: a) the main effect of receiving the videos on staff knowledge and awareness of safety issues, when compared to subjects that did not receive the videos but received traditional training; and b) the main effect of taking a pretest on knowledge and awareness prior to receiving either the video or traditional training (i.e., to test for any instructional value of taking the pretest). There was also the possibility that the video and the Pretest might interact, to enhance the overall learning.

In order to test the main effect of the training videos for enhancing training, the design specified that two of the four sites received the full worker safety training curriculum including the videos, and the other two sites received the training curriculum without the videos. At each of the four sites the subjects were sub-divided into two groups, with one group receiving the Staff Safety Awareness and Knowledge Inventory (SSAKI) Pretest and the other group not receiving the SSAKI Pretest. This subdivision within the groups was intended to detect any instructional value of taking the Pretest prior to receiving the training. The Pretest variable was treated as a within-site variable so that data from a large county could be combined with data from a medium county to increase the sample size for analyzing the between-groups variable of video/no video. These requirements resulted in the four counties being assigned to the following conditions:

Large County 1:	video, ½ participants receive Pretest, all participants receive Posttest
Medium County 1:	video, ½ participants receive Pretest, all participants receive Posttest
Large County 2:	no video, ½ participants receive Pretest, all participants receive Posttest
Medium County 2:	no video, ½ participants receive Pretest, all participants receive Posttest

This design allowed the testing of the main effect of the video condition (between groups), and main effect of the pretest condition (within groups), and the interaction of the video and pre-test conditions. It also allowed the combining of data from the "#1" counties and the "#2" counties for testing the effect of the videos.

Measures - The Staff Safety Awareness and Knowledge Inventory (SSAKI) was developed during Phase I of this project, as no previously developed instruments

appropriate for this research were known to exist. The SSAKI relies on Likert-type items that scale awareness, knowledge and perceptions of knowledge gained during the training. Two versions of the original SSAKI were developed, identical in all respects except that the post-test version contained items on perceived knowledge gained and behavioral intentions based upon training.

A total of 31 Likert-type items were employed on the pretest, and 36 Likert-type items and five open-ended behavioral intention items were employed on the posttest. Each Likert-type item employed a seven-point scale with traditional anchors (e.g., strongly agree - strongly disagree; no knowledge whatever - fully knowledgeable, etc.). Content for the items on the SSAKI were derived from the training curriculum.

At the end of Phase I, after several items were eliminated due to problems in their construction or lack of ability to discriminate between pre- and post-training subjects, a total of 25 Likert-type items were retained. This resulted in a possible low composite score on the SSAKI of 25, and a possible high composite score of 175. The revised scale was determined to discriminate significantly between the groups that had received the enhanced training as well as between the groups that had taken the Pretest. All differences were found to be in the hypothesized directions, supporting the efficacy of the video treatment, and demonstrating the overall effect of training.

The SSAKI demonstrated promise for its intended purpose, and was developed further for use in Phase II. Because four additional videos were produced, each based on enhanced curriculum content; the SSAKI Pretest was expanded to include 37 items. The training in Phase II comprised five separate training modules. The first safety-training module was associated with nine items on the SSAKI, and the remaining four modules were each associated with seven items. The SSAKI Posttest was similarly expanded, and the Posttest was broken into five separate smaller units corresponding to the five distinct safety-training modules. Thus, at the end of Safety Training Module 1, only the nine items associated with Module 1 were presented during the Posttest, and so on for each of the four remaining modules.

Each of the 5 Posttest units of the SSAKI also contained Likert-type items designed to assess the degree of knowledge gained by the participant through self report, as well as some open ended questions relating to actions that could be taken by the participants to increase personal safety or the safety of coworkers.

Hypotheses - It was hypothesized that:

1. If the video was an effective training aide, the composite mean SSAKI score on the Posttest for the video treatment group would be higher than the composite mean Posttest score for the non-video group;
2. If there was educational value to taking the Pretest, the composite mean SSAKI score on the Posttest would be higher for the groups that took the Pretest, when compared to groups that only took the Posttest;
3. There would be an interaction between the video and the pre-test conditions such that the group that received both would have the highest composite mean SSAKI

Posttest score, when compared to the groups that received the other three combinations of these variables; and

4. The SSAKI would be able to discriminate between those that had experienced the video-enhanced safety awareness training and those that had not, irrespective of other factors, such that the difference between the mean composite Pretest scores and the mean composite Posttest scores would be greater for those who received the video than for those who did not.

Analyses - An Analysis of Variance (ANOVA) was used to test hypotheses 1, 2 and 3, above, with the main effect of "video/no video" being the between-groups variable and the "pretest/no pretest" being the within-groups variable. The interaction of the two main effects was also tested. To test hypothesis 4, above, a matched pairs t-test was used, since this was a within-subjects treatment involving half of the subjects.

These analyses were conducted on the data gathered from the complete set of items on the SSAKI, and they were conducted again on a reduced set of SSAKI items following item analysis. Because the demographic characteristics of the participants were not concordant with expectations, the evenness of the distributions of various participant characteristics across the treatment conditions was tested using the Chi Square analytic technique.

Results - Using the complete set of SSAKI items, the ANOVA testing the main effects where the Posttest scores was the dependent variable (hypotheses 1, 2 and 3) resulted in no statistically significant findings. There were no differences between the means. The mean Posttest scores for the groups are presented in Table 1, below.

Table 1. Mean composite SSAKI Posttest scores, using the full set of 37 items.

	Posttest Only	**Pretest and Posttest**
No Video	191.3	191.0
Video	197.8	189.8

The means in Table 1 are virtually identical except for the "Video/Posttest Only" group, and it is only slightly higher than the other three. Had the treatment effects occurred as expected, the "Video/Pretest and Posttest" group should have had the highest score, but it had the lowest.

To explore the possibility that "bad" test items were contributing error variance to the measurement of the main effects; an item analysis of the SSAKI was undertaken. Chronbach's Alpha for the 37-item SSAKI administered as a Pretest was .67. While an Alpha of this level is modest, it is also respectable for a test in the early stages of development. However, when the 37-item SSAKI was administered as a Posttest, the Alpha fell to .55. While this drop is both undesirable and unexpected, it should be noted that the Posttest sample contains data from many persons who did not take the pretest, and did not contribute to the Alpha of the Pretest. The lowering of the SSAKI's Alpha

after training and previous exposure to the items suggests that there may be a priori group differences contributing to the measurement variance.

Additional analyses were conducted and items were eliminated from the SSAKI if the item met one of three elimination criteria. First, individual t-tests were performed between the Pretest and Posttest items using paired samples t-test techniques. A 95% confidence interval was used, 2-tailed. If the individual items' Pretest/Posttest difference score was not statistically significant, it was eliminated.

The restriction of a 2-tailed application is noteworthy, because in a few cases the means changed in an unexpected direction. This finding led to a closer examination of individual scores and several of the items were found to be "double barreled," or ambiguous. This phenomenon is a nettlesome one in scale construction, and it is often not revealed until sufficiently large field test samples are obtained allowing it to manifest during analyses. In this analysis, if the item seemed to change in the wrong direction, indicating confusion or faulty item construction, it was eliminated.

The third criterion for elimination related to the distribution of response scores about the means for each item. If the variance on a Pretest item was highly skewed, it was eliminated. In most cases, when highly skewed, the Pretest composite mean score for the item was six or greater on the seven-point scale, leaving too little available scale movement on the Posttest to provide meaningful discrimination.

As a result of these analyses, 13 items were removed, still leaving a reasonable number of items associated with each of the modules (ranging from 3 items to 6 items per module). The net result was a 24-item SSAKI.

When used as a Pretest, Chronbach's Alpha for the SSAKI improved to .76, a respectable increase (from .67) due to elimination of weak items. However, when administered as a Posttest, Chronbach's Alpha for the retained 24 items again dropped, this time to .58. This is only slightly higher than the original 37-item Posttest Alpha of .55, and is again not consistent with expectations. However, when Alpha is computed on Posttest scores only for participants who took the Pretest, Alpha increases to .64, compared to and Alpha of only .52 for those who did not take the Pretest. This finding provides additional evidence that the participant groups were not equivalent prior to training, and that the variance contributed by pooling data across groups on the Posttest mitigated the reliability measure. It may also have mitigated detection of treatment effects..

The ANOVA was conducted on the data from the 24-item SSAKI, again no significant differences were found between Posttest means. The SSAKI Posttest group means are presented in Table 2.

Table 2. Mean composite SSAKI Posttest scores, using the reduced set of 24 items

	Posttest Only	**Pretest and Posttest**
No Video	127.0	127.25
Video	131.62	126.12

Although the means are smaller in Table 2 than in Table 1, reflecting the lower possible scale points available from the smaller number of items, the relationship among the group means after item elimination is virtually identical in the two tables. Since item elimination increased the Pre-test Alpha level to .76 but had no effect on the relationship among group means, and also because the Alpha dropped to .58 when the group sizes expanded to include the non-Pretest participants, the composition of the groups was examined more thoroughly.

The variables of race, years of experience and prior safety training were cross-tabulated with assignment to treatment conditions. No differences were found, but the number of participants populating the cells in the contingency table was so low that the assumptions underlying the test were violated. In fact, the low number of participants is suspected as being a major impediment to detecting treatment effects in this study. Group sizes ranged from a high of 21, to a low of only 7. The original design had specified a minimum of 25 participants in each group, or a minimum of 50 in each of the groups used to test the main effect of the video treatment. As conducted, the groups numbered 38 receiving the video, but only 23 who did not.

The last analysis that could illuminate these unremarkable findings was the Pretest/Posttest difference scores looking simply at the effect of training, and then between the Video and Non-Video groups. These comparisons involve only the 33 participants who received the pretest. When the Pretest/Posttest data are analyzed as matched pairs and used to test the effect of training, per se, and the effect of video on learning, the SSAKI scores are significantly different for the entire scale and for each of the five Posttest units. In every case, the Posttest scores are higher than the Pretest scores, indicating positive effects of training. These data on training, per se, are presented in Table 3.

Table 3. Differences between mean composite Pretest and Posttest scores as a function of receiving the safety-training curriculum, per se.

Unit of Analysis	Mean Pretest Score	Mean Posttest Score	t-statistic	df	p value
24-Item SSAKI	106.9	126.7	t=6.58	32	p<.000
Posttest Module 1	27.5	33.3	t=7.81	31	p<.000
Posttest Module 2	21.4	27.6	t=6.79	31	p<.000
Posttest Module 3	32.6	38.3	t=5.56	31	p<.000
Posttest Module 4	12.7	15.9	t=4.92	30	p<.000
Posttest Module 5	12.4	16.0	t=5.85	31	p<.000

The figures in Table 3 indicate that after training the mean composite Posttest score for the SSAKI is nearly 20 points higher than the Pretest (pre-training) score. Examining each of the changes in composite module scores indicate that the positive treatment effect of training is distributed across the entire curriculum.

When these same data are analyzed with respect to the video treatment, they are quite illuminating. The Pretest and Posttest scores and the change scores are presented in Table 4.

Table 4. Mean composite SSAKI Pretest and Posttest scores, using the reduced set of 24 items

	Mean Pretest Score	Mean Posttest Score	Difference Between Means
Video	101.24	126.12	25
No Video	112.94	127.25	14

These data indicate that the group of 17 participants that was to receive the video treatment obtained the lowest pretest scores: more than 11½ points, or about 10%, below the no-video group. The training that included the video component was associated with a much larger improvement in SSAKI scores than was the training without the video, even though it is already clear from the data in Table 3 that the training, per se, was effective in increasing SSAKI scores. The "video" group appears to have been much less knowledgeable, a priori, than the "no-video" group prior to training, yet at the end of training the group means are less than 1¼ point apart. The video was associated with 25-point increase in-group mean scores compared with a 14-point improvement due to training alone. The difference between the groups' means scores on the pretest approaches statistical significance ($F=1.84$, $df=3/29$, $p=.16$). Thus, the group differences are meaningful in explaining the apparent lack of a main treatment effect using the original analytic strategy (which looked only at post-training scores and assumed equivalent groups, a priori), and clearly demonstrate the value of the video to the safety-training curriculum.

The SSAKI-Posttest provided two questions at the end of each of the five modules of training for workers to rate themselves on the amount of knowledge they had acquired, compared to the amount they had prior to training. Content on the questions was tailored to the content in each training module. The same seven-point, Likert-type scaling strategy was used. The scale anchors ranged from "1 = My Knowledge did not increase at all" to "7 = My Knowledge increased a great deal." The mid-point of "4" on each scale was defined as a "moderate increase" in knowledge.

If the highest three categories are collapsed (that is all categories above "moderately increased," the reports of participants are overwhelmingly positive with regard to the training curriculum's effects on self-perceptions of increased knowledge. The percentages of participants rating themselves in one of the top three categories are presented in Table 5.

These data are quite compelling, indicating that the training as perceived by participants is very effective in increasing knowledge of those who experience it. Recall that the participants in this study are quite experienced in their jobs and that the majority had received previous safety training. Therefore, the increase in knowledge might logically be expected to be much greater among 'ab initio' or inexperienced workers.

These same items of "self report of knowledge gained" were cross tabulated with the Video/no Video conditions to see if the knowledge gain was increased by the videos. Chi Square analysis was used to test the effect. In every case, the trends favored the video group for having the most knowledge gained. In two cases the increase was statistically significant ($p>.05$). Given the directionality of the data it is likely that several additional comparisons would have achieved statistical significance had the groups been larger, and the groups more equivalent prior to training.

Table 5. Percent of participants rating themselves in the top three categories of knowledge gained during training, measured by the SSAKI Posttest questions.

Knowledge content area	**% Of respondents rating "more than moderately"**
Assessing risk factors about safety	65%
Agency's responsibility for staff safety	52%
Link between supervision and safety	78%
Safety of staff working "in the field	79%
Building design/room setup and safety	81%
How to handle clients safely in the workplace	83%
How to identify dangerous clients	73%
Safe interviewing techniques	72%
Staff victimization and trauma	84%
Advancing a safety program at work	91%

Discussion of Main Effects and Interactions - Utilizing the ANOVA performed on the between-groups Posttest scores, two main effects of "video" and "Pretest" were not statistically significant. However, that analytic model tested the main effects by relying on assumptions that the treatment groups were equivalent, a priori. The design called for a minimum of 100 inexperienced participants, if not ab initio, and participants who had not had prior worker safety training. None of these criteria were met by the agencies receiving the training. The participant pool was not large enough to meet the power requirements; the large majority of the participant pool was both very experienced in their jobs and had received prior worker safety training. The differences in contribution to the sample pool by each of the counties further complicated the analysis.

However, post hoc analyses of the treatment effects and the item analysis of the SSAKI are quite informative, if not definitive. There is strong evidence that the participant groups were not equivalent, a priori, as reflected in the much lower Pretest scores among the "video" group. There is also strong and statistically significant evidence that the video treatment is effective when difference scores between pre-training and post-training knowledge and awareness are measured with the SSAKI. Individual module Posttest scores show that the treatment effect of the videos is well distributed across the full range of topics in training curriculum.

The analysis of the SSAKI is informative and yields a sense of optimism that the instrument can be developed into a valid and reliable instrument that is sensitive to

detecting change in knowledge and awareness of safety issues following worker safety training. The scale Alpha of .76 is respectable for the scale at its present level of development, particularly when considered in light of some of the characteristics of the participants in this study. Their experience and prior worker safety training would each tend to mitigate treatment effects, yet the SSAKI detected change across the entire range of content. The reduction in Alpha at Posttest is a concern, but is substantially worse when data were pooled across the four participant groups. The pooling of data is suspected of contributing substantial measurement variance due to error associated with the groups' non-equivalence. Unfortunately the low number of participants severely limits the degree of within-group difference testing that can be performed to try to isolate sources of error variance.

The 10 self-report items on increased knowledge on all content areas following training strongly support the efficacy of the training program. The trends evident (some of them statistically significant) also suggest that the videos enhance the perception of knowledge gained by self-report. This is consistent with the SSAKI scores that indicated a differential gain on the standardized test items for video versus non-video participants.

The participants' suggestions about how they might address their own safety or safety of coworkers were also reviewed. The comments ranged from the general to the specific, and covered a broad array of issues touched on in the five content areas of the training.

Generally, comments related to increased vigilance; increased communication about risks, incidents and concerns; changing work patterns to reduce risks; working in teams or with police in high risk situations; and generally taking more seriously the idea of improving worker safety. Virtually all the comments were appropriate. This was true as well in the Phase I study, and the results could be used to shape a study of changes in organizational culture and in future reductions of incidents in a study large enough to provide sufficient statistical power.

Summary of Evaluation Findings - In summary, there is sufficient evidence to continue the development of the SSAKI, and apply it on a larger scale with a participant pool more closely resembling the intended population. There is insufficient evidence in this study to support the idea that the Pretest is instructive in its own right, although that idea was supported theoretically and statistically in the Phase 1 study. Additional work is needed on item content and item distribution across varying content in the training modules. More testing of the SSAKI is required.

There is also evidence that the worker safety training is effective in increasing participants knowledge and awareness of personal and coworker safety, and that the videos that accompany the training substantially increase the effectiveness of the entire curriculum. The data from the SSAKI are supported by very high self-reported ratings of increased knowledge and by the ways participants suggested that they could be more attentive to threatening circumstances or change their behavior in order to increase personal safety and the safety of their co-workers.

List of Publications

The following are publications developed in Phase I and included in the training curriculum.

Working Safe Working Smart Curriculum Package

Participant's Manual
Master Participant's Manual – Hardcopy
Master Participant's Manual – CD Rom *(Adobe Reader 4.05)*
Trainer's Manual
Set of Five Videos:

Unit 1 – Introduction *(Safe At Work* – from Phase I*)*
Unit 2 - Field Safety *(How to Prepare for a Field Visit)*
(Field Safety Scenes)
Unit 3 - Office Safety *(Office Scenes)*
(Codes to Live By)
(Safe Rooms)
Unit 4 - Interviewing/Dealing with Individuals
(General Interviewing Techniques)
(Different Realities)
(Re-framing)
Unit 5 - Post-Incident: Victimization and Trauma
(Initial Reactions)
(Media Response)
(Shattered Reality)

Staff Safety Awareness and Knowledge Instrument (SSAKI) - This research instrument was developed for use in both Phase I and Phase II.

The Staff Safety Awareness and Knowledge Inventory (SSAKI) was developed specifically for this project (Phases I and II), as no previously developed instruments appropriate for this research were known to exist. The SSAKI relies on Likert-type items that scale awareness, knowledge and perceptions of knowledge gained during the training. Two versions of the SSAKI were developed for each Phase and were virtually identical in all respects except that the posttest version added items on perceived knowledge gained and behavioral intentions based upon training. And the Phase II version contained an expanded group of items related to the overall "new" curriculum.

The publications (products) were developed specifically to meet the aims of both Phases of the project.

Specific Aims

The goal of this project is to heighten staff awareness to areas of risk and reduce both exposure and actual violence to social services staffs through a video-based training program that teaches personal safety skills and awareness of risk. In Phase I, a 30-minute video was written and produced that introduces social services staffs to basic personal safety issues. In Phase II, program content was expanded to provide in-depth

examination of critical issues introduced in the Phase I video. Content was also adapted to make it relevant to a wide-range of social service providers, such as those in public health, mental health, youth services, and other social services settings. The training program, which provides high quality skill-based training, will be marketed as both a key segment of comprehensive on-site training and as stand-alone videos with accompanying manuals to state and local child welfare, public health, mental health, and social service agencies.

Phase I Objectives

1. Develop content for video to be produced in Phase I, select specific issues to be addressed in the video-based programming series, and determine how to maximize the effectiveness and value of program content and format.
2. Write treatments for video program produced in Phase I.
3. Conduct fact-gathering focus groups with managers and staffs from social service settings to evaluate the treatments.
4. Produce a video program (approximately 30 minutes). The program will introduce social service staffs at all levels—from front desk receptionist to top level administrators—to the need for increased awareness about staff personal safety and provide specific steps that can be taken to respond to work conditions reflecting varying levels of risk. Realistic vignettes illustrating staff personal safety will be developed that draw upon actual experiences of social service staffs.
5. Produce a viewer guide that summarizes and reviews the video program.
6. Evaluate the effectiveness of the introductory program.

The objectives in Phase I were to develop and produce one 30-minute introductory video on personal safety in the workplace and to develop a staff awareness and knowledge assessment instrument to measure the change in safety awareness and knowledge as a result of viewing the video, or participating in other safety training (Staff Safety Awareness and Knowledge Instrument—SSAKI). The video was the first in a proposed series to increase the internal staff development capacity of social service agencies in the area of staff personal safety issues. This first video, titled *Safe at Work* was designed to elevate social service agencies' awareness and to assist them in developing a process for dealing with personal safety issues in the workplace.

The educational aim of the Phase I video was to inform and assist social services staffs at all levels in clarifying the areas of concern for personal safety within their programs. The video was also intended to serve as a vehicle for agencies to present to their governing bodies (boards of commissioners, city councils, legislatures, etc.) an overview of the issues that raise the levels of concern of their staffs in relation to personal safety. The presentation format blended a safety committee discussion with footage of real-life field and office situations. The research goal of the project was to evaluate whether the video affected viewers' attitudes about personal safety and increased their understanding of what personal safety encompasses. As part of the research goal, the SSAKI was developed and field-tested during all combinations of "treatment," including the "video enhanced" training, employing a controlled, experimental design. All objectives were met and in Phase I.

Phase II Objectives

1. Develop content for a complete personal safety-training program, titled *Working Safe Working Smart,* for social service agencies. Topics will be comprehensive and cover all aspects of social service operations in relation to personal safety when dealing with clients and the general public. The programming will include specific content in relation to field and office safety, as well as a number of special topics:

Unit 1: An Introduction to Personal Safety Principles

Activity 1: Welcome, Introductions, and Expectations
Activity 2: Seminar Objectives, Agenda, and Materials
Activity 3: Preliminary Questions
Activity 4: Video: *"Safe at Work"* **(Phase I video)**
Activity 5: Quick Sheets: General Prevention Guidelines-Non-Physical Intervention
Activity 6: Constructive Use of Authority

Unit 2: Field Safety

Activity 1: Field Situations
Activity 2: Video: *"Preparing for Field Visits"*
Activity 3: Risk Scale
Activity 4 Video: *"Field Safety Scenes"* and Quick Sheets - Gangs

Unit 3: Office Safety

Activity 1: Video: *"Office Scenes"*
Activity 2: Office Scenarios
Activity 3: Codes and Strategies
Activity 4: Video: *"Codes to Live By"*
Activity 5: Building and Room Safety
Activity 6: Video: *"Safe Rooms"*
Activity 7: Quick Sheet: Working in Court Buildings

Unit 4: Interviewing and Behaviors

Activity 1: Potential for Violence
Activity 2: Interviewing and Behaviors
Activity 3: Video: *"General Interviewing Techniques"*
Activity 4: Video: *"Different Realities"* Quick Sheets: Dealing with the Mentally Ill
Activity 5: Video: *"Reframing"* - Quick Sheets: General Techniques

Unit 5: Post-Incident Victimization and Trauma

Activity 1: Overview of Crisis
Activity 2: Introduction to CASS
Activity 3: Video: *"Initial Reactions"*
Activity 4: Aftermath of Trauma: Shattered Reality
Activity 5: Stages of Recovery from a Traumatic Event
Activity 6: Video: *"Media Response"*
Activity 7: The Role of the Unit in Recovery
Activity 8: Video: *"Shattered Reality"*
Activity 9: Assessing the Impact of Trauma
Activity 10: Identifying the Victims of Trauma
Activity 11: CASS – Wrap-Up
Activity 12: Bibliography and Evaluation

2. Produce a comprehensive manual for train-the-trainer activities: *Trainer's Manual with Flipchart/Overhead sheets* designed to help a prospective trainer plan and teach a two and ½-day seminar covering the topics described above.

3. Produce a *Participant's Manual* for distribution to social services staff as part of the video training program and as a stand-alone reference guide. The *Participant's Manual* will serve as a supplement for instruction and as an ongoing reference source for trainees.
4. Produce four videos to accompany the Phase I video. These videos will cover four broad areas of the safety-training program: field safety, office safety, individual assessments and interviewing techniques, and post-incident victimization and trauma response.
5. Develop an introductory unit on safety, incorporating the Phase I video *Safe At Work* into the content.
6. Continue development and refinement of the Staff Safety and Awareness Knowledge Inventory (SSAKI), used in Phase I. Items will be refined to maximize discrimination capabilities, and reliability and validity analyses will be undertaken.
7. Conduct a comprehensive quasi-experimental field study to assess the effectiveness of the training program with various social service staffs. Groups would include income maintenance/public welfare, adult and child protective services, foster care, adoption, financial support, emergency assistance, and other social service staffs.
8. Develop an ongoing system for long-term evaluation of worker safety training by establishing incident recording/reporting information systems in participating agencies. With the cooperation of these agencies, researchers can determine if there is a decrease in the number of worker injuries, assaults, threats, etc., over time, as well as a decrease in staff turnover due to these incidents.

The overall objective of Phase II was to develop the full curriculum for personal safety that was formulated in Phase I. Secondarily, Phase II objectives were to develop all aspects of the curriculum, package the materials as a marketable product, and evaluate the full curriculum in sessions with newly hired staffs at three social service agencies and one general government office in North Carolina.

Objective Three was expanded to include development of the *Participant's Manual* in two master formats. First is a *hardcopy* of the manual suitable for photocopying. Second, the manual was placed on *CD Rom* in *Adobe Reader 4.05,* to give agencies greater control over reproduction of the manual via in-house printers. The CD allows agencies' to reproduce (print from computer) the complete manual or individual units (1,2,3,4, or 5) as needed based on either the number of staff to be trained or training units to be taught.

Objective Seven was somewhat limited due to the host agencies' inability to identify agreed upon staff participants (newly employed and without prior safety training) and to then ensure their participation in the training sessions. Steps were taken to reschedule and add sessions to increase the number of participants but those actions also had limited success. The evaluation team realized post-training that a different research formula and design might have been needed to keep the host sites more actively involved and supportive of the training effort. One such change would have been to attempt to minimize agencies' staff time away from the job. Changing the method of training to deliver one or two units at a time over a two-week period versus providing all five units

in a straight 2½-day format might have made supervisors more inclined to follow through on designation of staff and mandating their attendance at the training.

In addition, a new staff coordinator was hired in one county just prior to the scheduled training in her county. Thus, she was limited in her ability to provide staffs for the sessions. In a second county a key person, the DSS Director, had her health deteriorate to the point where she was not available to support the project. (She subsequently passed away.) The sessions at these two sites were the least attended.

Even with these problem areas, as the training developed, the method of delivery and number of participants involved was thought to be sufficient. The data analysis supports that conclusion, but not with the strength of data originally thought possible.

Objective Eight was not implemented. Agencies were very reluctant to try to setup and maintain an ongoing system for long-term evaluation of worker safety training by establishing staff incident reporting. Without the cooperation of these agencies, researchers could not establish a system for determining if there might be a correlation between training and a decrease in the number of worker injuries, assaults, threats, etc., over time, as well as a decrease in staff turnover due to these incidents. In discussions with agencies this objective was seen as being too ambitious and not possible within the scope of the project.

It has been project staff experience that most social service agencies do not consider the need for staff personal safety training or its impact on staffs over time. Couple this with the fact that most of social service agencies are already overwhelmed with various data gathering efforts prevents developing an additional reporting system at this time. Use of the new curriculum could lead some of the site agencies to consider implementing this objective in the future.

Financial Status Report – Original and two copies are attached.
Equipment Inventory – No equipment was purchased under this grant.
Final Invention Statement – No inventions were conceived under this grant.

Audit – As referenced in 48 CFR Part 45.5 this project received less than $300,000 per accounting year and does not require a formal audit. The Principal Investigator ascertains that all budgeted funds were used in accordance with SBIR rules. All records are retained by ILR, Inc., 411 Andrews Road, Suite 230, Durham NC 27705.

Appendix A – Attached are copies of all the SSAKI instruments used in the study, Leader's Instructions, pretest, and all posttests.

Appendix B - Included with this report is one complete training package. The package has two plastic binders (boxes) holding five videos and *Participant and Trainer's Manuals*, CD ROM, and a shrink-wrapped copy of the *Participant's Manual*.

Appendix A

SSAKI - Procedures for Administration

At EACH SITE, one half (½) of the participants should get the SSAKI Pre-Training Assessment form to fill out before the beginning of day 1. Allow about 20 minutes for this. (We do not need participant's names on the forms. Rather, have them use the last four digits of their Social Security Number. Explain that we are protecting their confidentiality, and that the forms will be destroyed one the data are entered. We will assign a different random number to our data file to further protect their confidentiality. The choice to use of the last four digits of the Social Security Number is really to help them remember what number they used so that we can "match" the series of forms to the same "unknown" participant. This way we can match the pretest and posttest ratings of those who get the pretest, and calculate difference scores.)

At EACH site, ALL of the participants are given the five SSAKI-Post-Training Assessment forms – There is one form for each Unit (1-5) and every participant should fill one out at the END of the training for that unit. (Similar to the pre-assessment form, we do not need participants names on the forms. Have them use the last four digits of their Social Security Number, which we will destroy after we have entered the data into an anonymous data base after the training.)

Design: The pretest may be instructive (we hope that it is) but we have to separate out the effects of the pre-test from the effects of the videos. That's why only half of each group gets the pre-test. The videos should be very instructive, when compared to the training without videos, which is why two of the groups get the videos and two do not. We want to know what level of awareness and knowledge participants have at the end of the training, regardless of whether they got the videos or not, so ALL participants get all five post-training SSAKI Post Training Assessment forms. The result of this assignment strategy is as follows:

Matrix of Combinations of:

- **SSAKI Pre-Assessment**
- **SSAKI Post-Assessment, and**
- **Video/Non/Video**

Conditions at each of the four sites:

Program	SSAKI Pre-Training Assessment Form[1]	SSAKI Post Training Assessment Forms 1 thru 5[2]	Safety Training Alone	Safety Training PLUS Videos
Site #1	½ of all participants	All participants	X	
Site #2	½ of all participants	All participants	X	
Site #3	½ of all participants	All participants		X
Site #4	½ of all participants	All participants		X

1 Given at the beginning of the first day, only.

2 A separate, pre-numbered SSAKI Post-Training Assessment Form for each Unit of training, given immediately at the end of the training session.

SSAKI©[1]

Staff Safety Awareness and Knowledge Inventory
Pre-Training Assessment Form

Name or ID #: _____ Agency: _____ Age (years): _____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of a variety of factors that may affect your safety during the performance of your duties delivering social services. The value of using this instrument is to demonstrate the increase in knowledge and awareness that you gain during the training you are about to experience. When answering the questions herein it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues prior to the training program. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1 2 3 4 5 (6) 7

never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) In Your opinion, how much training does your agency need in the area of personal safety?

1	2	3	4	5	6	7
None			Some			A Great Amount

2) Just like young or newly hired staff, older, more experienced staffs are likely to need training on worker safety.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

3) Gender of a worker is very important to understanding a worker's response to different situations that may present safety risks.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

4) There are always clues that a client may become aggressive or assaultive.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

5) Body language is a likely clue that a client may become aggressive or assaultive.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

6) News media are good sources of information about individual clients who are likely to pose a threat to you or other workers in your agency.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

7) People are more likely to become assaultive after they lose power in an interpersonal relationship.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

8) If threatened, "standing your ground" squarely in front of an angry client will help you maintain control of the situation.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

9) It is important to approach all of your clients from a position of official authority, in order to establish control immediately.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

10) It is part of a supervisor's responsibility to determine personal risk to workers.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

11) It is appropriate to use a certain amount of authority when you experience interpersonal confrontation during your work?

1_____2_____3_____4_____5_____6_____7
Never — Sometimes — Always

12) Staff should never go out to unsafe neighborhoods at night.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

13) Working in "teams of 2" in the field is much safer than working alone.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

14) It is important that workers involve supervisors in the determination of risk prior to workers making contact with clients.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

15) A "risk rating" should be made in every case and it should be part of official agency record.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

16) Tattoos or manner of dress can be a clear indication of high risk of violence or confrontation.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

17) It is never appropriate for staff to be alone in their office building at night or on weekends.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

18) Building design and room set up can affect worker safety in human services agencies.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

19) Signs directing "foot traffic" in your building can improve worker safety.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

20) Some clients should be interviewed in a "risk area" rather than in your office.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

21) If a worker is being assaulted, other staff should be expected to physically intervene.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

22) Cleaning off your desk before an interview can provide some measure of protection from assault.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

23) Secret code words describing risk can be a good way of alerting fellow workers of risk.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

24) Clients who are mentally ill are quite likely to become violent or assaultive.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

25) Does gender, ethnicity or culture ever affect the level of risk experienced during your work?

1_____2_____3_____4_____5_____6_____7
Never — Sometimes — Always

26) Members of minority groups do not pose any greater threat to your personal safety or safety of other agency staff than do non-minority clients.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

27) When a client appears to be very depressed, it is not a good idea to ask them about suicidal thoughts because they are likely to become angry or aggressive towards you.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

28) Instructing a client of his or her legal rights may be very useful in preventing assault by that client.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

29) Violent outbursts by clients are often the result of staff interfering in personal relationships between clients.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

30) When someone acts aggressively towards you, your options are pretty much limited to "fight or flight."

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

31) All incidents in which a staff person is threatened are serious and should be reported to your supervisor.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

32) An agency-conducted investigation is necessary after any incident involving staff safety.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

33) In your opinion, how many threatening or assaultive incidents involving staff in your agency go unreported?

1_____2_____3_____4_____5_____6_____7
None Some Very Many

34) Experiencing a crisis always leaves you better prepared to deal with a similar crisis in the future.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree Neither Agree Nor Disagree Strongly Agree

35) Most people protect themselves from the stress or anxiety of trauma by believing that they are invulnerable.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree Neither Agree Nor Disagree Strongly Agree

36) Being the victim of assault can result in strong, negative self-images.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree Neither Agree Nor Disagree Strongly Agree

37) Careful planning can eliminate the risks of trauma or assault.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree Neither Agree Nor Disagree Strongly Agree

SSAKI©[2]

Staff Safety Awareness and Knowledge Inventory
Post-Training Assessment Form

Unit 1. Introduction to Personal and Workplace Safety

Name or ID #: _____ Agency: _____ Age (years): _____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of worker safety issues and factors that were covered during today's training. When answering the questions that follow it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues since receiving the safety training. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker-safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1_____2_____3_____4_____5_____(6)_____7

never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) In your opinion, how much training does your agency need in the area of personal safety?

1	2	3	4	5	6	7
None			Some			A Great Amount

2) Just like young or newly hired staff, older, more experienced staffs are likely to need training on worker safety.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

3) Gender of a worker is very important to understanding a worker's response to different situations that may present safety risks.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

4) There are always clues that a client may become aggressive or assaultive.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

5) Body language is a likely clue that a client may become aggressive or assaultive.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

6) News media are good sources of information about individual clients who are likely to pose a threat to you or other workers in your agency.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

7) People are more likely to become assaultive after they lose power in an interpersonal relationship.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

8) If threatened, "standing your ground" squarely in front of an angry client will help you maintain control of the situation.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

9) It is important to approach all of your clients from a position of official authority, in order to establish control immediately.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

Unit 1. Introduction to Personal and Workplace Safety

Personal Assessment of Training Effectiveness and Knowledge Gained

The following items assess *your opinion* of the impact that today's training session has had on your knowledge of staff safety issues, and how you might apply some new knowledge gained to improve your own safety and the safety of others in your agency.

Please circle the appropriate number on each scale corresponding to the level of increase in your knowledge, or the lack thereof. When responding to the inquiries about what you might do to improve safety, a few key phrases that express your intentions will suffice; complete sentences are not necessary.

Again, ***thank you*** for providing us with this information.

1) Compared to my knowledge prior to this training, my knowledge about *assessing risk factors relating to staff safety* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do personally to improve *assessment of risk factors relating to staff safety?*

2) Compared to my knowledge prior to this training, my knowledge about *my agency's responsibilities (training, policies, security, post-incident counseling, etc.) regarding the safety of staff* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do personally to improve *your agency's approach towards staff safety?*

SSAKI©[3]

Staff Safety Awareness and Knowledge Inventory
Post-Training Assessment Form

Unit 2. Field Safety

Name or ID #: _____ Agency: _____ Age (years): _____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of worker safety issues and factors that were covered during today's training. When answering the questions that follow it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues since receiving the safety training. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker-safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1_____2_____3_____4_____5_____(6)_____7

never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) It is part of a supervisor's responsibility to determine personal risk to workers.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

2) It is appropriate to use a certain amount of authority when you experience interpersonal confrontation during your work?

1	2	3	4	5	6	7
Never			Sometimes			Always

3) Staff should never go out to unsafe neighborhoods at night.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

4) Working in "teams of 2" in the field is much safer than working alone.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

5) It is important that workers involve supervisors in the determination of risk prior to workers making contact with clients.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

6) A "risk rating" should be made in every case and it should be part of the official agency record.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

7) Tattoos or manner of dress can be a clear indication of high risk of violence or confrontation.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

Unit 2. Field Safety

Personal Assessment of Training Effectiveness and Knowledge Gained

The following items assess *your opinion* of the impact that today's training session has had on your knowledge of staff safety issues, and how you might apply some new knowledge gained to improve your own safety and the safety of others in your agency.

Please circle the appropriate number on each scale corresponding to the level of increase in your knowledge, or the lack thereof. When responding to the inquiries about what you might do to improve safety, a few key phrases that express your intentions will suffice; complete sentences are not necessary.

Again, ***thank you*** for providing us with this information.

1) Compared to my knowledge prior to this training, my knowledge about *the link between caseload supervision and staff safety* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to improve the *contribution of supervision to staff safety?*

_____
_____
_____
_____
_____

2) Compared to my knowledge prior to this training, my knowledge about *personal safety of staff working in the field* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to improve *personal safety of staff working in the field?*

_____
_____
_____
_____
_____

SSAKI©[4]

Staff Safety Awareness and Knowledge Inventory
Post-Training Assessment Form

Unit 3. Office Safety

Name or ID #: _____ Agency: _____ Age (years): _____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of worker safety issues and factors that were covered during today's training. When answering the questions that follow it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues since receiving the safety training. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker-safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ (6) _____ 7
never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) It is never appropriate for staff to be alone in their office building at night or on weekends.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

2) Building design and room set up can affect worker safety in human services agencies.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

3) Signs directing "foot traffic" in your building can improve worker safety.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

4) Some clients should be interviewed in a "risk area" rather than in your office.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

5) If a worker is being assaulted, other staff should be expected to physically intervene.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

6) Cleaning off your desk before an interview can provide some measure of protection from assault.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

7) Secret code words describing risk can be good way of alerting fellow workers of danger.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

Unit 3. Office Safety

Personal Assessment of Training Effectiveness and Knowledge Gained

The following items assess *your opinion* of the impact that today's training session has had on your knowledge of staff safety issues, and how you might apply some new knowledge gained to improve your own safety and the safety of others in your agency.

Please circle the appropriate number on each scale corresponding to the level of increase in your knowledge, or the lack thereof. When responding to the inquiries about what you might do to improve safety, a few key phrases that express your intentions will suffice; complete sentences are not necessary.

Again, ***thank you*** for providing us with this information.

1) Compared to my knowledge prior to this training, my knowledge about *building design/room setup and staff safety* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to improve *staff safety through workspace set up?*

_____
_____
_____
_____
_____

2) Compared to my knowledge prior to this training, my knowledge about *staff safety and specific procedures for handling clients in the work place* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal [3]

What are some things you can do to improve *procedures for handling clients in your office space?*

_____
_____
_____
_____
_____
_____

SSAKI©[5]

Staff Safety Awareness and Knowledge Inventory
Post-Training Assessment Form

Unit 4. Interviewing Techniques

Name or ID #: _____ Agency: _____ Age (years): ____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of worker safety issues and factors that were covered during today's training. When answering the questions that follow it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues since receiving the safety training. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker-safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1_____2_____3_____4_____5_____(6)_____7
never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) Clients who are mentally ill are quite likely to become violent or assaultive.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

2) Does gender, ethnicity or culture ever affect the level of risk experienced during your work?

1_____2_____3_____4_____5_____6_____7
Never — Sometimes — Always [4]

3) Members of minority groups pose no greater threat to your personal safety or safety of other agency staff than do non-minority clients.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

4) When a client appears to be very depressed, it is not a good idea to ask them about suicidal thoughts because they are likely to become angry or aggressive towards you.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

5) Instructing a client of his or her legal rights may be very useful in preventing assault by that client.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

6) Violent outbursts by clients are often the result of staff interfering in personal relationships between clients.

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

7) When someone acts aggressively towards you, your options are pretty much limited to "fight or flight."

1_____2_____3_____4_____5_____6_____7
Strongly Disagree — Neither Agree Nor Disagree — Strongly Agree

Unit 4. Interviewing Techniques

Personal Assessment of Training Effectiveness and Knowledge Gained

The following items assess *your opinion* of the impact that today's training session has had on your knowledge of staff safety issues, and how you might apply some new knowledge gained to improve your own safety and the safety of others in your agency.

Please circle the appropriate number on each scale corresponding to the level of increase in your knowledge, or the lack thereof. When responding to the inquiries about what you might do to improve safety, a few key phrases that express your intentions will suffice; complete sentences are not necessary.

Again, ***thank you*** for providing us with this information.

1) Compared to my knowledge prior to this training, my knowledge about *which types of clients might or might not be dangerous* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to *increase your ability to anticipate potential hostile actions from clients* in order to improve personal and workplace safety?

2) Compared to my knowledge prior to this training, my knowledge about *particular interviewing techniques to use while conducting interviews with clients* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to improve *your interviewing techniques or behaviors* to improve safety?

SSAKI©[6]

Staff Safety Awareness and Knowledge Inventory
Post-Training Assessment Form

Unit 5. Post-Incident Trauma

Name or ID #: _____ Agency: _____ Age (years): _____

Race: Black ▒; White ▒; Hispanic ▒; American Indian ▒; other ▒

Years of work experience: 0<1 ▒; 1<2 ▒; 2<4 ▒; 4<6 ▒; 6<10 ▒; 10+ ▒

Have you ever received previous training on worker safety? Yes ▒; No ▒

This instrument is designed to assess your knowledge and awareness of worker safety issues and factors that were covered during today's training. When answering the questions that follow it is important that you answer the questions honestly; please do not try to anticipate or guess a "favored" or desirable response. The only use of the data from this instrument will be to assess the general knowledge and awareness of safety issues since receiving the safety training. This information will not be reported to your agency on an individual basis. Rather, it will be used to evaluate the worker-safety training program.

A 7-point scale that indicates the manner in which you should respond accompanies each question or statement below. The scales may ask you to indicate the extent to which you *agree* or *disagree* with a statement; or it may ask your opinion about how frequently something happens (e.g., *never* to *all of the time*); and so on. *Please read the scale labels carefully before answering, as the labels sometimes change from question to question.*

Please read each statement or question carefully, and circle on the accompanying scale the value (from "1" to "7") that most accurately reflects how you feel about the item. See the example below.

Example:

I enjoy completing survey forms like this one.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ (6) _____ 7

never sometimes always

If you "almost always" enjoy completing forms, you would circle the number "6", as indicated in the example above. Please be sure to circle a number; do not mark between the numbers.

Please turn the page and complete the survey items in sequence. **Thank you!**

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1) All incidents in which a staff person is threatened are serious and should be reported to your supervisor.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

2) An agency-conducted investigation is necessary after any incident involving staff safety.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

3) In your opinion, how many threatening or assaultive incidents involving staff in your agency go unreported?

1	2	3	4	5	6	7
None			Some			Very Many

4) Experiencing a crisis always leaves you better prepared to deal with a similar crisis in the future.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

5) Most people protect themselves from the stress or anxiety of trauma by believing that they are invulnerable.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

6) Being the victim of assault can result in strong, negative self-images.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

7) Careful planning can eliminate the risks of trauma or assault.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

Unit 5. Post-Incident Trauma

Personal Assessment of Training Effectiveness and Knowledge Gained

The following items assess *your opinion* of the impact that today's training session has had on your knowledge of staff safety issues, and how you might apply some new knowledge gained to improve your own safety and the safety of others in your agency.

Please circle the appropriate number on each scale corresponding to the level of increase in your knowledge, or the lack thereof. When responding to the inquiries about what you might do to improve safety, a few key phrases that express your intentions will suffice; complete sentences are not necessary.

Again, ***thank you*** for providing us with this information.

1) Compared to my knowledge prior to this training, my knowledge about *issues relating to staff victimization and trauma* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do to improve *my agency's response to staff victimization and trauma?*

_____
_____
_____
_____
_____

2) Compared to my knowledge prior to this training, my knowledge about *how to advance a worker safety program in my agency* has:

1	2	3	4	5	6	7
Not Increased At All			Moderately Increased			Increased A Great Deal

What are some things you can do *to advance a safety program* in your agency?

_____
_____
_____
_____

Appendix B – Curriculum Package