

CE

CONTINUING EDUCATION NEW GUIDELINES FOR CHILD CUSTODY EVALUATIONS

BY STEPHANIE PAPPAS

APA's revised *Guidelines for Child Custody Evaluations*, adopted in February 2022, are an updated iteration of guidelines released in 2010 to guide clinicians on conducting methodologically sound child custody evaluations that are helpful to the courts making the final custody decisions. The guidelines were due for an update because state laws and psychological science have evolved dramatically over the past decade, said Helen Brantley, PhD, the chair of the working group that revised the guidelines and former director of the forensic psychiatry service at the University of North Carolina.

"There was a tremendous growth in research regarding some of the issues in child custody within the 10 years between versions," Brantley said. "Relocation, parent-child contact problems, culture, trauma-informed practice—these all had rapidly developed."

CE credits: 1

Learning objectives: After reading this article, CE candidates will be able to:

1. Explain the use of the "best interests of the child" axiom in child custody evaluations.
2. Describe the competencies that psychologists should develop to responsibly conduct child custody evaluations.
3. Identify important considerations during the evaluation process, including factors to consider when conducting parent interviews and parent-child observations.

For more information on earning CE credit for this article, go to www.apa.org/ed/ce/resources/ce-corner.

The updated guidelines emphasize the newer research and underscore the key maxim of child custody evaluations: the best interests of the child (see sidebar) or the solution that will best support the child's mental health, physical health, and other factors involved in healthy development. The goal of the guidelines is to provide psychologists direction on how to plan for and conduct child custody evaluations while still allowing for the flexibility required in real-world practice, said Jemour Maddux, PsyD, a board-certified forensic psychologist, an assistant professor at William Paterson University in Wayne, New Jersey, and a member of the working group.

For example, Brantley said, in some cases, evaluators may need to find a test that has been officially translated into a language not commonly spoken in the United States. The guidelines are designed to give flexibility to use the test required in that situation, while still providing evaluators with a road map for incorporating the information from whichever test they choose into their recommendations. The new guidelines offer more detail regarding issues of language and culture compared with the previous version, according to the working group.

"Psychological science, professional knowledge, and the public comments were our guides," Maddux said. "What emerged was a modern update that's less impressionistic and emphasizes diversity, science, structure, specialization, humility, and safety. In other words, users will find helpful guidance for structuring their evaluations whether specialized in relocation, resistance-refusal, child

maltreatment, or other custody cases. They will also find new recommendations to screen for safety concerns, such as family violence."

PREPARING FOR CHILD CUSTODY EVALUATIONS

The first three sections of the guidelines cover the work a psychologist must do before beginning an evaluation: understanding the evaluation's scope, ensuring their own professional competency, and prepping for a particular case.

The first guideline emphasizes the best interests of the child. This concept was first introduced in the Uniform Marriage and Divorce Act of 1970. The definition in that act is vague, Brantley said, encompassing the wishes of the parents, the wishes of the child, the interaction and relationship of the child with parents and siblings, and the child's adjustment to school, home, and community, as well as mental and physical health. States have their own definitions, Brantley said, some more specific than others. Psychologists should be aware of the definition in their own states, she said, but also look at in-depth definitions as a reference. For example, she said, Michigan's Child Custody Act of 1970 defines "best interests of the child" over 12 dimensions, including the love and affection existing between child and parents, the child's preferences, and the parents' capacity and disposition toward providing the child with material needs, a safe and stable environment, and guidance. "What's in the best interests of the child is a child-specific determination," Maddux said. "It's not about some gold-standard 10-step process, '20 tips of what a

good parent does' type of thing. It requires there to be an understanding of what the children or the child in this family needs."

There are times when the best interests of the parents and the best interests of the child clash, sometimes in heartbreaking ways. In one of Brantley's cases, a terminally ill mother wished to keep her children in her custody; however, the children had experienced neglect due to the pressures of their mother's medical care. Brantley ultimately recommended the children live with their father, who was moving thousands of miles away from the mother. However, the father had offered to pay for the mother to move to the same location so the kids would still be able to visit their mother in her final days. "It was a very tough one," Brantley said. "Your heart goes out to a mother like this. As a parent, of course you would want the children to be with you, but it was not in the best interests of the children."

With the best interests of the child as a guiding star, the psychologist can focus on the key aspects of an evaluation's scope: parenting abilities, the children's needs, and the resulting parent-child fit. This means communicating to the court about the parenting capacities of the parents or other guardians who are seeking custody. The evaluation's contents are most helpful if they are germane to the legal question of parenting the child or children.

The guidelines recommend that when agreeing to conduct an evaluation, psychologists be very clear with the court about logistical matters such as deadlines and expectations for communication with court officials and completion

of the final report. Failing to meet court deadlines in a timely manner can cause undue delays, leaving families in stressful limbo situations, potentially harming children's mental health. Child custody evaluations are complex and happen in cases where parents or guardians cannot compromise or agree on custody decisions, even with the help of a mediator.

"It's almost always high conflict, and that can be for any reason," Brantley said. "It could be for revenge. It could be because the parent, legitimately or not legitimately, feels that they are the better parent."

Money is typically at play—the parent with less physical custody time is usually required to pay more in child support—which may also cloud the issue. Evaluations may involve many areas of psychology, from child development to trauma.

The guidelines also recommend that psychologists have the competency needed to conduct a particular evaluation. For instance, if they do not speak the language of the family at the center of the evaluation, they look for trustworthy and appropriate translation or interpretative services. If there are accusations of particular kinds of abuse or trauma that the evaluator is not competent to assess, the evaluator should be prepared to consult a peer with those specializations or not accept the case.

Minimum requirements for custody evaluators' training and education differ by state, but in general, custody evaluators must be mental health professionals with a doctoral degree and specialized training in child development, family systems, and interview techniques. Psychologists interested in

the work should ensure they are well trained in forensic assessment skills such as gathering information from a variety of sources and interviewing children as well as adults. For high-risk and complex cases involving substance use or child abuse allegations, psychologists are encouraged to seek out certified continuing-education courses. For cases in which the psychologist lacks expertise but there are no better qualified professionals available to conduct an evaluation—as may sometimes occur in smaller communities—the psychologist can seek out supervision or consultation with experts to be sure they can proceed and should inform the court about their concerns.

The working group that created the guidelines was particularly focused on including recommendations around cultural competency for psychologists working in the child custody arena, said working group member Giselle Hass, PsyD, a forensic psychologist who practices in Washington, D.C. In most cases, there are not evaluators available to match culturally with the diverse array of families who need services; even if there were, there is never a complete one-to-one match between people in terms of identity, acculturation, class, background, and all other facets of life experience, Hass said. This means that no one evaluator can have personal experience to help them understand what every family might be going through, which makes it important for evaluators to continue to research and educate themselves on issues of class, culture, and religion. Evaluators can also consider whether the evaluation tools they are using have been normed for non-majority

KEY POINTS

1

Child custody evaluation work is complex and touches on many areas of psychology, from developmental science to trauma-informed practice.

2

Psychologists doing child custody evaluations strive to be fair and impartial and to put the best interests of the child at the center of their recommendations.

3

The 2022 *Guidelines for Child Custody Evaluations* highlight the importance of cultural competency and screening for intimate partner violence, child maltreatment, and substance use disorders.



ethnic groups (Weiss, R. A., & Rosenfeld, B., *Professional Psychology: Research and Practice*, Vol. 43, No. 3, 2012).

"It is important for psychologists to be conversant with all the many dimensions of families and individuals so that they are able to serve the majority of people," Hass said. For example, the guidelines specify that all household members be interviewed as part of child custody evaluations, so psychologists need to be informed about the extended family members included in some households and the ways in which cultural considerations can influence how they relate.

The guidelines also offer a map for the preparation stage of an evaluation, including obtaining informed consent or assent, reviewing records to get a full picture of the case history, and plotting out the structure of the evaluation.

The recommendation is that evaluations are evidence-based and multimodal, using valid and reliable tools for data gathering.

CONDUCTING THE EVALUATION

The fourth section of the guidelines focuses on the evaluation itself. The guidelines recommend fairness and impartiality and avoiding conflicts of interest. Some of these guidelines overlap with APA ethical standards about multiple relationships. For example, it may not be ethically sound to conduct a custody evaluation with one's psychotherapy patient because the multiple relationships involved may bring up questions about impartiality and confidentiality. Multiple relationships are also a focus of the APA Ethics Code, noted Robin McLeod, PhD, APA's senior director of strategic

APA has updated its guidelines on child custody evaluations because state laws and psychological science on the topic have evolved dramatically over the past decade.

relations and leadership, who was not part of the guidelines development. "They did a nice job of developing this guideline and aligning it with the APA Ethics Code," McLeod said.

The guidelines include steps for putting together a methodologically sound evaluation, from using developmentally appropriate, empirically supported tools and techniques drawn from written evaluations to parent-child observations. One new aspect of these guidelines is the recommendation to screen for coercive behavior, intimate partner violence, substance use disorders, and child maltreatment, Brantley said. "The parents need to be screened for domestic violence and particularly domestic violence that the children have witnessed, because that is traumatizing to children," she said.

Coercive control exhibited by either parent can be harmful for the children. For psychologists evaluating custody, it is thus crucial to understand pathogenic behaviors that can affect the child's perception and welfare, "including loyalty binding, enmeshment, role reversal, and alienating behaviors," according to the guidelines. Alienating behaviors can include one parent bad-mouthing the other parent to the child or refusing to participate in therapy to reconcile the child with the other parent. Sometimes these situations are easy to pinpoint, Brantley said. If a child is unable to respond to the request "Name one good thing about your father or mother" without even a single positive attribute, it suggests they may have been subject to alienating behaviors from the preferred parent. Most people, even if they have a difficult parental



relationship, can name one positive thing about that parent, she said.

"We're not talking about abusive parents or violent parents," Brantley noted. Sometimes the phrase "parental alienation" is used by abusive parents to deny the abuse and to claim the child has been unfairly turned against them. That is why screening for domestic violence and child abuse is crucial in child custody evaluations. However, there are cases without abuse where the parental relationship is so contentious that the child might have been made to feel they are betraying one parent by loving the other (loyalty binding) or that they are responsible for one

parent's well-being, even at their own expense (role reversal). There are also cases of enmeshment, where a parent does not allow the child to form an identity separate from themselves. Yet it is important to differentiate enmeshment from situations where a child and a parent happen to share an interest that bonds them, Brantley said. For example, the soccer mom who takes a soccer-loving child to soccer practice every other night is not necessarily enmeshed; indeed, it may be in the best interests of that child to spend more time with the parent who shares their passion.

These situations can be challenging to unravel. Research cited

Interviews to assess parenting strengths and weaknesses should use robust, methodologically sound assessment measures.

in the guidelines found that often both parents have some responsibility for the child being caught in their conflict (Fidler, B. J., & Bala, N., *Family Court Review: An Interdisciplinary Journal*, Vol. 58, No. 2, 2020).

Another special situation involves requests to relocate by one parent who wants to take the child with them. Moving can effectively cut the child off from seeing their other parent, so these cases must be considered carefully. Recent research has found that long-term separation from biological fathers before age 12 is associated with behavior problems, anxiety, and depression in

adolescence and young adulthood, for example (Stevenson, M. M., et al., *Psychology, Public Policy, and Law*, Vol. 24, No. 3, 2018).

The guidelines recommend that evaluators consider all aspects of a relocation request, including the level of parent conflict, the difficulty of travel between the two locations, and the likely effect on contact with the noncustodial parent.

The guidelines recommend that psychologists conduct parent interviews to assess parenting strengths and weaknesses, and that they use robust, methodologically sound assessment measures in the evaluation. A key recommendation, Brantley said, is to strive to include an observation of parent-child interactions in the evaluation. This step is not always taken, she said, but it can provide valuable information about the parenting fit between adult and child. In these observations, psychologists must consider elements such as how the parent guides and redirects the child, how they work together, the parent's affection for and sensitivity to the child, and the child's willingness to engage with the parent. The guidelines also advise evaluators to consider factors that might influence these interactions, such as where the observation is taking place, cultural factors in family relationships, and the fact that both parents and children are aware they are being observed. These observations should not be done casually, Hass added, but structured in accordance with specific, developmentally appropriate methods.

"We do have to build in what the guidelines refer to as 'reasonable flexibility,'" Maddux said. "That needs to be there because

FURTHER RESOURCES

Guidelines for child custody evaluations in family law proceedings
APA, 2022

Child custody evaluation practices: Where we were, where we are, and where we are going
Ackerman, M. J., et al.
Professional Psychology: Research and Practice, 2021

On developing a child custody practice
Bow, J. N., & Gottlieb, M. C.
Practice Innovations, 2021

Making the case for videoconferencing and remote child custody evaluations (RCCEs): The empirical, ethical, and evidentiary arguments for accepting new technology
Dale, M. D., & Smith, D.
Psychology, Public Policy, and Law, 2021

Examining cognitive performance and psychopathology in individuals undergoing parental competency evaluations
Terry, C., & Lecci, L.
Professional Psychology: Research and Practice, 2022

DEFINING THE BEST INTERESTS OF THE CHILD

There is no single all-encompassing definition of the "best interests of the child," as the term is designed to allow for consideration of each child's unique circumstances. However, one of the more in-depth lists of factors at play is provided in Michigan's Child Custody Act of 1970, which defines "best interests of the child" as follows:

"[B]est interests of the child" means the sum total of the following factors to be considered, evaluated, and determined by the court:

- (a) The love, affection, and other emotional ties existing between the parties involved and the child.
- (b) The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue the education and raising of the child in his or her religion or creed, if any.
- (c) The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.
- (d) The length of time the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity.
- (e) The permanence, as a family unit, of the existing or proposed custodial home or homes.
- (f) The moral fitness of the parties involved.
- (g) The mental and physical health of the parties involved.
- (h) The home, school, and community record of the child.
- (i) The reasonable preference of the child, if the court considers the child to be of sufficient age to express preference.
- (j) The willingness and ability of each of the parties to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent or the child and the parents. A court may not consider negatively for the purposes of this factor any reasonable action taken by a parent to protect a child or that parent from sexual assault or domestic violence by the child's other parent.
- (k) Domestic violence, regardless of whether the violence was directed against or witnessed by the child.
- (l) Any other factor considered by the court to be relevant to a particular child custody dispute.

Courtesy of www.legislature.mi.gov

there could be risks involved, or there could be challenges involved. [For example,] if a child ultimately refuses to be in the room with a parent because of resist-and-refuse dynamics, that might just be a limitation of the process. You would obviously make that known to the court and explain why you were unable to [carry out the observation].”

One newer focus, said Eric Drogin, PhD, a Boston-based forensic psychologist and member of the working group, is the use of telepsychology in evaluations. The guidelines do not explicitly recommend remote interviews, but they do encourage psychologists to consider possible complications, such as privacy issues for the adult being interviewed and one parent having more access to technology and privacy than another. Evaluators might also consider

“PEOPLE’S LIVES, CHILDREN’S LIVES, ARE AT STAKE HERE. ALL PRACTITIONERS WHO DO THESE VERY COMPLEX AND DEMANDING, AND SOMETIMES EVEN OVERWHELMING, EVALUATIONS NEED ALL THE REFERENCES THEY CAN PULL ON. THESE GUIDELINES ARE A GOOD PLACE TO GET STARTED.”

—HELEN BRANTLEY, PHD, CHAIR OF THE WORKING GROUP THAT REVISED THE GUIDELINES

In some cases, the best interests of the parent and the best interests of the child can clash, sometimes in heart-breaking ways.

the possibility that things might be going on off-screen in a virtual interview, such as an examinee being coached by another family member. Forensic assessment over video has often been used in situations where safety is paramount, as during COVID-19 pandemic restrictions (Dale, M. D., & Smith, D., *Psychology, Public Policy and Law*, Vol. 27, No. 1, 2021).

To be most helpful to the court, psychologists strive to collect sufficient data. They should also create, maintain, communicate, and dispose of records in accordance with ethical standards and legal and regulatory obligations. “Much of what’s here will already be spelled out in the regulatory standards of that psychologist’s jurisdiction,” Maddux noted.

REPORTING RESULTS

Organization and clear communication are key to a good evaluation. A good evaluation will not have a strong impact in court unless it is written clearly and in language accessible to court officials. The guidelines recommend that psychologists integrate and analyze their data based on psychological science and with the court’s referral questions firmly in mind. This guideline discourages cherry-picking information that might bias the argument unfairly toward one party or another, Maddux said: Psychologists can be most helpful and fair when they consider the information from their evaluation in context. For example, families undergoing child custody evaluations are typically under great stress and



THE GOOD BRIGADE/GETTY IMAGES

may not be functioning as well as usual. Coincidental outside events, such as natural disasters or political upheaval, might also influence individuals' behavior, so psychologists are encouraged to take these factors into account.

Psychologists might also consider the audience of their report. While avoiding talking down to the court, psychologists can explain key mental health terms. But too much detail can sometimes be nearly as harmful as not enough. Irrelevant information, Maddux said, may unfairly bias the ultimate recommendations. Families will see these reports, too, so it is important to avoid including irrelevant personal

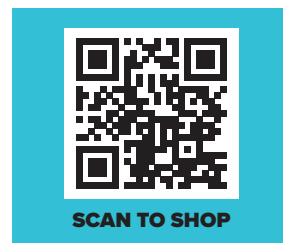
information. It is also important to keep the family in mind when writing out recommendations of how best to support the child's interests. Ultimately, the guidelines encourage psychologists to aim for reports that are clear, concise, accurate, and objective.

The guidelines are not only useful for psychologists who are conducting child custody evaluations or looking to begin that kind of work, said Lynn Bufka, PhD, APA's deputy chief of professional practice. Family therapists or other providers who work with families undergoing evaluations may also find the guidelines useful to understand what their patients are going through and to help them navigate

the process. "It provides an educational tool," Bufka said.

The document is aspirational, Brantley added: These are guidelines, not standards. But, she said, she hopes evaluators will use them almost like a checklist to make sure they have considered all relevant recommendations in each case. The guidelines can supplement continuing education in forensic psychology, she said.

"People's lives, children's lives, are at stake here," Brantley said. "All practitioners who do these very complex and demanding, and sometimes even overwhelming, evaluations need all the references they can pull on. These guidelines are a good place to get started." ■



APA Merch

Show your love of psychology with unique swag from the APA Merch Store. Choose from a collection of fresh t-shirts, stylish drinkware, colorful socks, and more! **Now featuring products from APA Style.**



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

apamerchstore.com

Enhancing Learning through Commitment to Change

Greg J. Neimeyer, Ph.D.

The rapid proliferation of new knowledge in psychology has placed renewed demands on professional practitioners to keep pace with ongoing advances. Overall, knowledge may remain current in professional psychology for as little as about 6-7 years, with more rapidly diminishing durability in key areas of practice, such as psychopharmacology, child health, forensics, substance use, or neuropsychology, among others (Neimeyer, Taylor & Rozensky, 2014). This means that, in the absence of a commitment to ongoing professional development, many practitioners may begin to experience knowledge obsolescence even while they are still in the early stages of their career (Neimeyer, Taylor & Rozensky, 2012).

BEST PRACTICES

In response, the field of professional psychology, together with other allied health professions, have redoubled their efforts to formulate sets of “best practices” that can enhance learning and the translation of that learning into practice (Institute on Medicine, 2010; Taylor and Neimeyer, 2017). The collective objective of these best practices is to enhance the comprehension, retention, and application of new knowledge in support of ongoing professional competence. Some of these practices focus on the value of adapting the learning strategies to individuals’ unique learning styles, presenting information multiple times utilizing different media, and providing opportunities for individuals’ input, application and behavioral rehearsal of the material, in addition to receiving peer, or instructor, review and feedback (Neimeyer & Taylor, 2014; Taylor and Neimeyer, 2017).

In addition to identifying current best practices, the allied health fields have long dedicated themselves to the development and evaluation of novel mechanisms for enhancing new learning, as well, drawing from a wide range of literatures with common objectives. Research within the science-of-learning, adult education, and performance enhancement literatures have been particularly productive in identifying and assessing novel methods of learning and facilitating the translation of that learning into

practice. *Benchmarking* and *self-assessment* are two examples of educational practices that have arisen as mechanisms designed to facilitate quality assurance and ongoing professional development (Neimeyer and Taylor, 2014).

Benchmarking and Self-Assessment. *Benchmarking* refers to the express comparison of one’s own work with the work of other professionals in the field. Benchmarking can be understood as the systematic process of evaluating work based on best practices and using evidence-based practice (EBP) to improve performance. In a typical benchmarking procedure, a psychologist might be given videotapes of peers who are conducting a procedure, such as a substance use screening. The videos are pre-determined to depict varying levels of quality. They might range from depicting relatively poor, informal questioning through more thorough, systematic, structured interviews. The psychologist is then asked to evaluate his or her screenings in relation to those he or she has seen, and given information about key components that are present, and absent, in each of the video “benchmarks.” Benchmarking provides an anchor against which psychologists can compare themselves, increasing the accuracy of their self-assessment and incorporating elements of the “higher” benchmarks into their own practice.

Research has demonstrated the effectiveness of benchmarking in relation to improving the accuracy of self-assessment, which is a critical pre-condition for evaluating current clinical skills and needs. Lane and Gottlieb (2004), for example, found that when medical residents viewed videotapes of their performance, their self-assessment accuracy increased significantly. And their accuracy increased still more when they watched the videos with a faculty member. Similarly, Martin et al., (1998) found that comparing one's own performance to the performance of others increased the accuracy of self-assessment. In their study, these researchers invited family practice residents to conduct mock interviews with a mother suspected of physically abusing her child. The residents were then asked to rate their performance. Next, residents watched their videotaped interview, in addition to watching four benchmark interviews depicting varying levels of competence. After watching the benchmark interviews, the relationship between the residents' self-ratings and the independent ratings of the supervisor was significantly stronger.

Self-assessment can take many different forms. All forms share in common express efforts to reflect upon, and evaluate, one's own current skills and/or future professional needs and interests. The Quality Assurance Program in Ontario, Canada, is one example of a well-articulated program of self-assessment (Morris, 2011). The Quality Assurance Program requires that each psychologist undertakes a self-review every other year, though the completion of a stipulated Self-Assessment Guide and a Continuing Professional Development Plan. Through a series of questions, psychologists critically evaluate their strengths, growth areas, and gaps in their learning. After conducting the self-assessment, they develop their own personal plan to remediate areas of identified weakness and to enhance their overall professional competence, sharing their plans with a colleague who reviews it and provides

input. The Continuing Professional Development Plan is designed to 1) promote continuing competence and quality improvement, 2) remedy gaps in knowledge and skills identified in the self-assessments, 3) address changes in practice environments and workplace needs, and 4) incorporate evolving standards of practice and advances in technology. These Continuing Professional Development Plans are subject to peer review by members of the College of Psychology of Ontario according to stipulated regulatory requirements.

Both benchmarking and self-assessment reflect the considerable effort that can accompany efforts designed to promote professional growth and development. Facilitating new learning, and the translation of that knowledge or skill into practice can be an effortful process, requiring reflection, formulation and deliberate application. Transitioning new learning to practice often requires an individual to reflect on how new knowledge or skills may apply to their own experience and to formulate ways in which the new material can be modified, adapted, or utilized within their own professional contexts or workplace environments. If the value of this effort is justified by the anticipated improvement or outcomes that may follow from it, then individuals are more prone to commit themselves to changes in what they do, or how they go about doing it.

Although some mechanisms for triggering change are designed to be intensive and may require considerable time, others are designed as brief reflective exercises that can occur immediately after, or even during, a learning event. A longstanding literature on the concept of a Commitment to Change illustrates the value of utilizing this simple technique in the service of generating greater learning and the translation of that learning into actual practice (Mazmanian & Mazmanian, 1999).

COMMITMENTS TO CHANGE (CTCS)

CTCs have been the subject of attention for the last few decades, but only recently have they been imported into the fields of allied health, or more recently still within psychology. CTCs are generally generated following an educational event such as attending a lecture, participating in a workshop, or reading an article (Wakefield, 2004). To complete a CTC, participants are asked to identify a set of possible changes they would like to make in their own practice based on the educational event. They are asked to formulate these changes in specific, behavioral form, which requires them to reflect on the relevance and applicability of the new information, and to adapt its application to their own interests and experience. They are then asked to indicate a level of commitment to each of the changes they have formulated, utilizing a rating scale that reflects their commitment to change, from low (1) to high (5). In the Commitment to Change procedure, participants are often reminded of their commitments 1-2 months

later, and asked to indicate if they actually enacted, or attempted to enact, each of their stipulated CTCs and to describe their experience or outcomes.

The effectiveness of the CTC procedure seems to be related to its three steps. The timing of the administration, immediately after the learning event, provides the participant an opportunity to reflect on the most salient elements of the material and to formulate it in terms that are most relevant to their own experience, interests, or needs. Rating the level of commitment provides a concrete mechanism for reflecting on the importance or value of the change, and anchors the individual in a level of expectation about completing it. And the subsequent follow-up provides a sense of accountability and the opportunity to reflect on the translation of the material into practice, or the barriers that may have impeded or prevented that translation.

THE BACKGROUND ON CTCs

CTCs have been the subject of attention in relation to the organizational change literature for several decades, as a tool for facilitating critical shifts in organizational structure, processes or style. Within the allied health literatures, medicine was among the first to explore the utility of CTCs as a mechanism for facilitating the translation of new knowledge into actual clinical practice. Within this literature, the actual performance of CTCs varies widely, from 47-87% (Wakefield, 2004), based on a number of identified factors. These factors include the extent to which individuals feel as if the CTCs are relatively easy to do, and the extent to which they feel as though they have personal control over completing them (Fidler et al., 1999, Lockyer et al., 2001). The greater the environmental or institutional constraints, the less likely individuals are to be able to follow through on their commitments and accomplish the behavioral changes they have formulated (Parochka and Paprockas, 2001). A number of studies have demonstrated that the CTC procedure can trigger actual changes in practice-related behavior, including the specific prescriptions that physicians write following educational programs (Wakefield et al., 2003), and the specific interventions utilized by occupational therapists over the course of their work with their clients (Lowe, Rappolt, Jaglal, & Macdonald, 2007).

The precise mechanisms involved in triggering this translation into practice are not fully known, but recent work has begun to address them. Herbert, Lowe and Rappolt (cited in Lowe, Hebert & Rappolt, 2009), for example, wondered whether reflection alone at the end of a new learning experience was sufficient to promote practice change, or whether the express formulation of a commitment of change was an essential element. Reflection has long been a key component of ongoing professional development programs, as reflected in the Mann et al., (2009) systematic review of reflection within continuing medication education courses. In their study, Hebert et al. (2009) asked half of their participants to complete CTCs while the other half

were prompted to reflect on the workshop using the Critical Incident Questionnaire (CIQ). Two months following the workshop, there was a modest difference favoring the CTC group over the reflection-only group. The percentage of those who demonstrated significant change was significant in both groups, but it favored those who had formulated specific commitments to change. Overall, 67% of the individuals who used CTCs made changes in practice, compared to 50% of those in the CIQ group who reported doing likewise.

A recent study of the relationship between reflection and behavior change in continuing medical education provides further evidence in this regard (Ratelle, et al., 2017). In a cohort study of attendees at a national hospital continuing medical education course, 223 participants provided reflection scores for each presentation they attended, and formulated commitment-to-change statements at the conclusion of each course. Reflection scores consisted of ratings, on a 5-point scale, about the extent to which the presentation had prompted reflection, re-consideration, deliberation or critical re-evaluation of their practices. A 3-month post-course survey was conducted to determine whether planned CTCs were successfully implemented, and whether they were related to higher levels of reflection.

Overall, participants indicated that 65.5% of the CTC statements were implemented. Reflection scores correlated significantly with the number of planned CTC statements ($r=.65$, $p<.01$), suggesting the potential role of the CTC procedure in enhancing reflection and, potentially, translation into actual practice. In addition, higher reflection scores were related to the greater availability of opportunities for audience response and the use of clinical case illustrations. The researchers concluded that, “we found that reflection strongly correlates with CTC” and that “continuing education “curricula that stimulate reflections may actually promote positive patient care behaviors” (Ratelle et al., 2017, p. 166).

SUMMARY

Educators or learners who are interested in enhancing learning, and the translation of that learning into practice, may increase the retention and translation of material by incorporating CTCs into their programs. Although the overall effectiveness of CTCs as a tool to enhance the integration of new learning into practice is still under study, the current evidence is promising. The incorporation of simple reflective questions into a learning experience may itself be useful, as when the psychologist asks, “How can I use this new knowledge?”, “How does this apply to my practice and to what I do?”, or “What might I do differently based on what I have learned today?” Although simple reflection itself appears to facilitate both learning and the translation of that learning into practice, the express formulation of potential changes and a commitment to those changes may add further value (Lowe et al., 2009). Overall,

the formulation of CTCs represents a relatively simple mechanism for promoting reflection, anchoring expectations regarding adoption, and leveraging new learning into novel practice behaviors. Simple extensions to the CTC procedure that may provide additional benefit include conducting surveys of post-course behaviors to assess compliance with the CTCs, encouraging reports to colleagues or other peers regarding CTCs in order to build in additional elements of accountability, or establishing timelines for the completion of CTCs. With continued utilization and examination, Commitment-to-Change procedures may join the ranks of other processes, procedures and techniques that jointly constitute what has increasingly come to be recognized as the set of “Best Practices” in the field of ongoing professional education and continuing professional competence.

ABOUT THE AUTHOR

Greg J. Neimeyer, Ph.D. is professor emeritus at the University of Florida in Gainesville, Florida, where he has served as the Director of Training and Graduate Coordinator, while practicing in the Family Practice Medical Residency Training Program in the Department of Community Health and Family Medicine. Past Chair of the Executive Board in the Council of Counseling Psychology Training Programs in the United States, Dr. Neimeyer's research has focused on aspects of ongoing professional development and lifelong learning. A recipient of the American Psychological Association's Award for Outstanding Research in Career and Personality Research, Dr. Neimeyer has also been inducted into the Academy of Distinguished Teaching Scholars. He currently serves as the Director of the Office of Continuing Education and the Center for Learning and Career Development at the American Psychological Association in Washington, D.C.

REFERENCES

- Fidler, H., Lockyer, J.M., Towes, J., and Violato, C. (1999). Changing physicians' practices: the effect of individual feedback. *Academic Medicine*, *74*, 702-714.
- Institute on Medicine (2010). *Redesigning continuing education in the health professions*. Washington, D.C.: Academies Press.
- Lane, J.L., and Gottlieb, R.P., (2004). Improving the interviewing and self-assessment skills of medical students: Is it time to readopt videotaping as an educational tool? *Ambulatory Pediatrics*, *4*, 244-248.
- Lockyer, J.M., Fidler, H., Ward, R., Basson, R.J., Elliot, S., and Toews, J., (2001). Commitment to change statements: A way of understanding how participants use information and skills taught in an educational session. *The Journal of Continuing Education in the Health Professions*, *21*, 82-89.
- Lowe, M., Hebert, D., and Rappolt, S. (2009). ABCs of CTCs: An introduction to Commitments to Change. *Occupational Therapy New*, *11*, 20-23.
- Lowe, M., Rappolt, S., Jaglal, S., and Macdonald, G. (2007). The role of reflection in implementing learning from continuing education into practice. *Journal of Continuing Education in the Health Professions*, *27*, 143-148.
- Mann, K., Gordon, J., and MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Science Education*, *14*, 595-621.
- Martin, D., Regehr, G., Hodges, B., and McNaughton, N. (1998). Using videotaped benchmarks to improve the self-assessment ability of family practice residents. *Academic Medicine*, *73*, 1201-1206.
- Mazmanian, P.E., and Mazmanian, P.M. (1999). Commitment to change: theoretical foundations, methods, and outcomes. *Journal of Continuing Education in the Health Professions*, *19*, 200-207.
- Morris, R., (2011). Self-Assessment Guide and Professional Development Plan: Facilitating Individualized Continuing Professional Development. In G.J. Neimeyer and J.M. Taylor (Eds.), *Continuing Professional Development and Lifelong Learning: Issues, Outcomes and Impacts* (pp. 101-133). Hauppauge, New York: Nova Science Publishers.
- Neimeyer, G.J., and Taylor, J.M. (2014). Ten trends in lifelong learning and continuing professional development. In N.J. Kaslow and W.B. Johnson (Eds.), *The Oxford Handbook of Education and Training in Professional Psychology*. New York: Oxford University Press.
- Neimeyer, G.J., Taylor, J.M. and Rozensky, R. (2012). The diminishing durability of knowledge in professional psychology: A Delphi Poll of specialties and proficiencies. *Professional Psychology: Research and Practice*, *43*, 364-371.
- Neimeyer, G.J., Taylor, J.M., Rozensky, R.H. and Cox, D.R. (2014) The diminishing durability of knowledge in professional psychology: A second look at specializations. *Professional Psychology: Research and Practice*, *45*, 92-98.
- Parochka, J., and Paprockas, K. (2001). A continuing medical education lecture and workshop, physician behavior and barriers to change. *The Journal of Continuing Education in the Health Professions*, *21*, 110-116.
- Ratelle, J.T., Wittich, C.M, Yu, R.C., Newman, J.S., Jenkins, S.M., and Beckman, T.J. (2017). Relationships between reflection and behavior change in CME. *Journal of Continuing Education in the Health Professions* *37*, 161-167.
- Taylor, J.M., and Neimeyer, G.J. (2017). Continuing education and lifelong learning strategies. In S. Walfish, J.E. Barnett, and J. Zimmerman (Eds.), *Handbook of Private Practice* (pp. 602-618). New York: Oxford University Press.
- Taylor, J.M., and Neimeyer, G.J. (2016). Continuing education and lifelong learning strategies. In J.C. Norcross, G.R. VandenBos, and D.K. Freedheim (Eds.), *APA Handbook of Clinical Psychology*, *5*, (pp.135-152). Washington, D.C.: APA Books.
- Wakefield, J.G. Commitment to change: Exploring its role in changing physician behavior through continuing education. *Journal of Continuing Education in the Health Professions*, *24*, 197-204.