

# CE

## CONTINUING EDUCATION FIRST-EVER APA GUIDELINES FOR TREATMENT OF GRADUATE STUDENTS FOCUS ON EQUITY, RESPECT

BY STEPHANIE PAPPAS

**A**PA's new *Guidelines on Equitable and Respectful Treatment of Students in Graduate Psychology Programs* aim to promote ethical educational practices for the next generation of psychologists and to give psychology programs a road map for fairness, equity, and respect.

### CE credits: 1

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

- 1 Describe some of the stressors facing current psychology graduate students.
- 2 Explain the four dimensions of support that programs can offer, from the individual level to the societal level.
- 3 Discuss specific examples of how faculty and administration can promote equity, fairness, and inclusion in their programs.

**For more information on earning CE credit for this article, go to [www.apa.org/ed/ce/resources/ce-corner](http://www.apa.org/ed/ce/resources/ce-corner).**

Approved by APA's Council of Representatives in February 2023, the educational guidelines are the first on this topic released by APA, an effort motivated by the importance of graduate education in introducing future psychologists to the career. The process of penning them began in 2015 with the American Psychological Association of Graduate Students (APAGS) and the Board of Educational Affairs (BEA). The final educational guidelines were strongly influenced by many of the socio-political events that occurred during their development, including the COVID-19 pandemic and the Black Lives Matter movement. As educational guidelines, not clinical practice guidelines, the document is intended to act more like a starting point for conversation in programs rather than a rigid checklist to follow.

"These are aspirational but hopefully will become less so over time," said Erica Wise, PhD, a clinical psychologist and clinical professor emerita at the University of North Carolina at Chapel Hill, former BEA member, and cochair of the guideline task force. "We're hoping they will be like a framework, and that people will adopt and share resources about how they've implemented them."

The guidelines—intended for use by anyone overseeing graduate education—are organized into four dimensions, spanning the individual level to the societal level: support for graduate students, policies and procedures, professional socialization, and social and political responsiveness. The guidelines in each dimension are written with the awareness that graduate school

is a defining life stage that can be either a time of meaningful growth for students or a time of damaging stress.

"It's a complex and beautiful relationship when it works," Susan Opatow, PhD, a social psychologist at City University of New York and the current chair of BEA, said of the relationships between faculty and students. "And it can be a fraught and terrible experience when it doesn't."

### SUPPORTING GRADUATE STUDENTS

The first of the four dimensions of the educational guidelines calls on programs to support the physical, psychological, and financial wellness of graduate students. This includes providing students professional support and creating an environment of personal and psychological safety.

In the name of promoting physical and psychological wellness, graduate schools can combat some of the perceived barriers to health care for graduate students by aiming to provide access to affordable health insurance and by sharing resources for mental health treatment as well as accessibility resources for students with disabilities (Klein, A. B. et al., *Training and Education in Professional Psychology*, Vol. 17, No. 2, 2023). This generation of graduate students is under a lot of stress, both financial and otherwise, Wise said. "We need to both build in learning to care for yourself and provide an environment that really fosters self-care in graduate training," she said. "Otherwise, we're going to lose very valuable students who are the future of psychology."

Faculty and administration can consider sharing their own self-care strategies and show respect for the challenges graduate students face, according to the guidelines. They can support students who are navigating their personal paths, knowing that any guidance they can provide will likely have lifelong benefits.

Also key is recognizing the need for financial support. Money is a major stressor for many graduate students; something as simple as having to pay in advance to attend a conference (with reimbursement only after the event) can put a huge amount of strain on students. When feasible, the educational guidelines urge paying for costs up front rather than requiring a reimbursement process; programs are encouraged to provide emergency funds or referrals to community resources for things like food, housing, and medical care.

Tiffany Parisi, a doctoral candidate in clinical psychology at Fielding Graduate University in Santa Barbara, California, and the past chair of APAGS, said programs can help by prioritizing transparency. At Fielding, she said, clinical psychology faculty member Daniel Holland, PhD, MPH, provides a financial literacy seminar for graduate students to walk through the realities of student loans and what finances look like throughout the internship, postdoctoral fellowship, and early career stages.

"Those have been so well attended," Parisi said. "It really speaks to a faculty member identifying a need and a gap and stepping in to provide information and support."

## KEY POINTS

1

Graduate school is a meaningful life stage for psychology students and can be very rewarding or very damaging.

2

APA's new guidelines are designed to help graduate schools share best practices and to start conversations and participate meaningfully in department policies.

3

Equity, respect, and transparency are the three key goals of the new recommendations.

**Faculty should show respect for the challenges graduate students face and consider sharing their own self-care strategies, according to the new educational guidelines.**



On an individual level, programs can consider offering the professional resources their students need, ranging from adequate physical workspaces to technology to professional development opportunities. Faculty and staff could also consider ways to create an overall environment of interpersonal safety and respect, including by modeling ethical

behavior and demonstrating integrity and compassion. "We have to think about psychological safety as something that needs to continuously be cultivated and nurtured," Parisi said.

## POLICIES AND PROCEDURES

The second dimension of the educational guidelines, covering



the policy level, encourages programs to strive for transparent, fair, and consistent policies—in a system in which students have a say in the process of creating those policies.

“We need to empower students in advocating for their own treatment in their graduate programs so that they can thrive,” said Quincy Guinadi, PsyD, the

current chair of APAGS and a recent graduate of Saint Mary’s University of Minnesota.

Programs might consider ways to commit to enacting equitable and inclusive policies and to address problematic policies when issues become evident. Communication and dissemination of information around program rules and requirements are also

## FURTHER READING

### **When the *expected* happens: Facing a major life event in graduate school**

Sosoo, E. E., & Wise, E. H.

*Training and Education in Professional Psychology*, 2022

### **Self-care as a competency benchmark: Creating a culture of shared responsibility**

Miller, A. E.

*Training and Education in Professional Psychology*, 2022

### **Stalling at the starting line: First-generation college students’ debt, economic stressors, and delayed life milestones in professional psychology**

Wilcox, M. M., et al.

*Training and Education in Professional Psychology*, 2022

### **Financial Expenditure Evaluation for Students (FEES):**

A resource on graduate student costs provided by APAGS

<https://www.apa.org/apags/resources/fees-tool>

key parts of this section of the guidelines; programs are encouraged to provide students written information as much as possible to avoid informal, inconsistent application of expectations. For example, it is important to make deadlines and evaluation criteria for courses clear.

The educational guidelines encourage programs to protect their graduate students’ freedom of inquiry, freedom of speech, and due process rights, and to develop clear procedures for reporting grievances. Sometimes the impact of policy is not immediately apparent to faculty and administration, said Blanka Angyal, PhD, a counseling psychologist at the Audie L. Murphy Memorial Veterans’ Hospital in San Antonio who cochaired the guideline task force with Wise. But responsiveness to student concerns can clear up issues.

For example, students training at their university counseling center cannot also use that counseling center for their own mental health needs, but faculty in Angyal’s program listened to student voices and set aside funds for community care access. “Faculty are sometimes the first ones to be aware of what some of the challenges and struggles are,” Angyal said, “and may need to step into an advocate role and adjust policies and procedures to center their students’ personal and professional development.”

That’s why the educational guidelines urge programs to find ways to include students in policy establishment. “This point really encourages programs to take a bottom-up approach, where they take input and feedback from students,” Guinadi said.

Some examples include having seats for students on hiring committees for new faculty and on program executive committees that oversee curriculum and scheduling. It is best to reserve several seats for students on such committees, Opatow said, so that one student is not charged with acting as the sole student voice for the entire program. Student representatives can also be included at faculty meetings where important decisions are made, said Rosanna Breaux, PhD, a clinical psychologist and director of the Child Study Center at Virginia Tech.

### PROFESSIONAL SOCIALIZATION

Because of the importance of professional identity to psychologists, the third dimension of the educational guidelines calls for explicitly acknowledging the need for professional socialization for trainees. This involves modeling professional involvement, providing advocacy training for students, and offering graduate students feedback on their progress toward their professional goals.

Mentorship is a crucial aspect of professional socialization. Programs can encourage productive mentoring relationships and hold mentors accountable for responsibilities to their mentees by establishing a process to address the problem when mentors fall short. “[Mentorship] is particularly a salient point for first-gen college students in terms of learning what it means to be a psychologist, how do you show up in the world, how do you navigate this community?” said Parisi, a first-generation student herself.

Mentorship relationships are

**“WE NEED TO BOTH BUILD IN LEARNING TO CARE FOR YOURSELF AND PROVIDE AN ENVIRONMENT THAT REALLY FOSTERS SELF-CARE IN GRADUATE TRAINING. OTHERWISE, WE’RE GOING TO LOSE VERY VALUABLE STUDENTS WHO ARE THE FUTURE OF PSYCHOLOGY.”**

ERICA WISE, PHD, CLINICAL PROFESSOR EMERITA,  
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

one area where inequity can easily creep in, especially given that graduate programs are often so siloed and there is little oversight into whether mentors are prioritizing their mentee relationships, said Briana Brownlow, PhD, a clinical associate in the Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine. Mentors “really have a make-or-break role,” Brownlow said.

One way to ensure these relationships will be beneficial is to require mentorship contracts, said Breaux. These contracts, she said, can cover everything from student goals to expectations for responding to emails to how the student will manage self-care.

“It puts it on the mentors to be the ones having those difficult conversations so that the students, who are the ones not in a position of power, aren’t having to be the ones to raise those concerns,” Breaux said.

The educational guidelines also suggest that programs consider peer mentorship programs, which can strengthen professional networks for students and provide another source of personal support.

### SOCIAL AND POLITICAL RESPONSIVENESS

The final dimension of the guidelines highlights that students are not just trainees in a program but humans living in a complicated world. This subsection encourages programs to make visible the sociopolitical context surrounding education.

Doing this involves committing to diversity, equity, inclusion, and social justice. The murders of George Floyd and Breonna Taylor by police in 2020 underscored how much students need responsiveness from their faculty and mentors about large-scale sociopolitical events, Wise said. The pandemic also brought up issues of inequality that informed this section, she said. Though many of these events are, by their nature, politically sensitive, there are often ways to acknowledge their impact on students rather than remain silent, Wise said. For example, she recalls that in 2016 when North Carolina passed House Bill 2, colloquially known as the bathroom bill because it prohibited people from using single-gender bathrooms that did not match the sex listed on their birth certificates, the University



of North Carolina's LGBTQ center disseminated a map listing single-seat, non-gendered bathrooms around campus, an acknowledgment of how the new law might be affecting students. (The bathroom portion of the bill was repealed in 2017, and the rest was repealed in 2020.)

Faculty may not always see responding to big-picture events as part of their job, Breau said, but this segment of the educational guidelines challenges programs to think about how to go beyond lip service and meet students where they are.

Almost all universities are already doing some of the things discussed in the educational

guidelines, Breau said, but what is often lacking is the knowledge of what is working and information sharing between institutions. Ideally, she said, the existence of the educational guidelines will help frame those conversations around implementation across programs.

As higher education has lost funding over the last decade, and as more first-generation students are—fortunately—entering psychology, later-career professionals may not always grasp the struggles their students are facing, Angyal said. One goal of the guidelines is to spark conversations between generations of psychologists so that trainees get

**The educational guidelines emphasize the importance of professional socialization for trainees, including mentorship.**

a leg up on facing these challenges. Programs can also use the educational guidelines as a road map for internal conversations about their goals, Guinadi said.

“We hope that programs will take time to use these guidelines to assess whether their programs are equitable and respectful toward students,” Guinadi said. “It benefits programs, too, because we know that when students study in a conducive, supportive, respectful environment, they thrive. They become great psychologists.” ■

● **Access the full text** of APA's *Guidelines on Equitable and Respectful Treatment of Students in Graduate Psychology Programs*.



DRAZEN ZIGIC/GETTY IMAGES

# 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

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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

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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

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