CE

CONTINUING EDUCATION GAINING THE SKILLS TO HELP ADOPTED KIDS AND THEIR FAMILIES THRIVE

BY TORI DEANGELIS

Each year, some 115,353 children are adopted in the United States, with more than half adopted from foster care or the public welfare system. In 2022, the most recent year for which statistics are available, more than 100,000 children in foster care were awaiting adoption, 58% of whom had been in foster care for 2 to 5 years, according to the National Council for Adoption, a national network of adoption professionals. The U.S. Supreme Court's 2022 *Dobbs v. Jackson Women's Health* ruling is likely to raise those numbers even higher, with some states already seeing as much as a 30% increase in infant domestic adoptions, according to the Texas-based Gladney Center for Adoption.

CE credits: 1

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

1. Discuss specific mental health needs of the children and families who are adopted or moving toward the adoption process.
2. Discuss how to strengthen collaboration with child welfare teams and social service systems.
3. Discuss the role of evidence-based interventions in improving outcomes for adopted children and their adoptive parents.

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What is more, adopted children and their families are 2 to 5 times more likely to use outpatient mental health services than non-adoptive families, and adoptive parents are 4 to 7 times more likely to place their children in residential treatment centers than non-adoptive parents, research finds.

This is clearly a high-need area, and one well suited to many of psychologists' skills. Yet working with adopted and foster children and their parents also requires specialized understanding and clinical tools, and most psychologists receive almost no training in this area. Addressing this training deficit is of vital importance, both because the right kind of treatment can greatly benefit families and children, and because uninformed care can do the opposite, said licensed clinical social worker Lisa Maynard, a training and implementation specialist for the Center for Adoption Support and Education (C.A.S.E.), a leading U.S.-based adoption-competence training and mental health center specializing in supporting the foster, kinship, and adoption community.

"Behavioral issues are typically what brings adoptive or foster families into mental health services," she said. "But when providers don't have a good understanding of the core issues that kids come in with—abuse, neglect, loss and grief, ambiguous loss, complex trauma, identity issues—they can do more harm than good."

Added Maynard: "I can't tell you how many times I've had a family come to me and say, 'I was working with the therapist, and the therapist said, 'I understand that this isn't really what you expected—maybe you should just give the kid back.' But all that does is exacerbate the child's challenges and disrupt the possibility of having a permanent family."

Fortunately, good training in the area is available and growing all the time. For the past two decades, C.A.S.E. has rigorously developed and implemented training for mental health providers, child welfare workers, and school counselors. In 2009, the organization developed a manualized 72-hour training called Training for Adoption Competency, the only accredited and evidence-informed training in adoption competency rated by the California Evidence-Based Clearinghouse for Child Welfare.

Now, C.A.S.E. is further expanding its reach, thanks to a 5-year, $20 million cooperative agreement from the U.S. Department of Health and Human Services through the Administration for Children and Families to launch the National Center for Adoption Competent Mental Health Services, which C.A.S.E. rolled out in October 2023.

The funds will enable C.A.S.E. to provide technical assistance and evidence-informed training to strengthen coordination and capacity among child welfare and mental health systems, with the aim of improving the quality and accessibility of mental health services for children and families experiencing child welfare, said C.A.S.E. founder and chief executive officer Debbie Riley, a licensed marriage and family therapist. This mission is facilitated via free state-of-the-art, evidence-informed, web-based

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training called the National Adoption Competency Mental Health Training Initiative, available through the new center.

PREPARING PARENTS FOR ADOPTION

There are many ways that trained psychologists can help facilitate healthy adoption experiences for adopted kids and their adoptive families, starting with helping parents decide if they want to adopt in the first place.

In work David Brodzinsky, PhD, professor emeritus of clinical and developmental psychology at Rutgers University, has done over the years with adoption agencies and prospective parents, he first attempts to glean parents' motivation in wanting to adopt, to make sure they want to undertake this responsibility for reasons that are in the best interests of the adopted child. For example, if they want to fill a void due to infertility or a miscarriage, it is important they understand that adopting a child is different and more complex than having a biological child, particularly if the child has a significant history of early adversity. He also asks prospective parents if they understand the implications of those complexities for parenting and talks with them at greater length about behavioral issues that can arise and parenting strategies that can help in various circumstances.

Psychologists can also help prospective adoptive parents explore their views of adoption as a way of building a family, said Hal Grotevant, PhD, a psychologist and professor emeritus at the University of Massachusetts Amherst, who together with Ruth G. McRoy, PhD, professor emerita at the Boston School of Social Work, headed a major longitudinal study called the Minnesota/Texas Adoption Research Project, or MTARP, which played a significant role in the current trend toward open adoption. Their research showed that open adoptions—which involve the birth family in the child's life in varying degrees and now constitute 95% of all adoptions—can foster positive relationships for all if there is open and honest communication, mutual empathy, and flexibility among birth and adoptive parents.

Unlike in the era of closed adoptions, when families viewed adoption as adding a child to their existing family, the newer model of open adoption places the child at the center of a broader network that includes both the extended adoptive family and the extended birth family, Grotevant explained. Facilitating this wider view can start to prepare families for this reality, which will often be a lifelong relationship that can strengthen their adopted child's sense of identity as an individual and in the world.

Before adoption is finalized, psychologists can also help agencies determine whether prospective parents are well suited for adoption or not, Brodzinsky said. For example, this life choice may not be advisable for people who have serious mental health issues or who have highly unrealistic expectations about adoptive parenting.

"In general, we look for parents who are mature enough to understand in a real sense that these children's needs must be in the forefront of their minds, at all times," he said.

KEY POINTS

1. **Because of traumatic life experiences and early losses, many children who are adopted or in foster care experience elevated risks for developmental, health, emotional, and behavioral challenges.**
2. **Without an adequate understanding of the underlying, core issues of adoption, interventions can be ineffective or even harmful.**
3. **With the right clinical expertise, clinicians can help children and families navigate loss, separation, and grief, as well as form strong new family attachments.**
4. **Open adoptions—those that involve some contact with a child's birth parents or family—are now the norm. They present challenges that trained psychologists can help families address, as well as rewards.**

TEACHING COMMUNICATION SKILLS

Once a child has been adopted, one of the main skills that psychologists and other trained providers can impart is helping parents communicate effectively with their adopted children—an overarching skill that ideally starts upon adoption and continues throughout a child's life, said psychologist Rachel Farr, PhD, a professor at the University of Kentucky and current principal investigator of MTARP and a longitudinal study of adoptive families headed by lesbian, gay, and heterosexual parents called the Contemporary Adoptive Families Study, or CAFS.

The key to success is open, honest, and respectful communication. Data from MTARP and CAFS show major benefits of this kind of communication: "When adoptive families feel more cohesive, unified, and warmly toward each other, kids do better behaviorally and feel better about their adoption," Farr said (*Journal of Family Psychology*, Vol. 33, No. 8, 2019).

The same principle applies to any communication specifically related to adoption, Grotevant added. "The key is to start talking about adoption early and often, even before the child fully understands what the words mean," he said. For young children, there are many excellent books that address the topic of adoption and family diversity with sensitivity, and "looking at or reading books together makes it easier to open the door for further conversation," he said.

As children get older and start to raise questions about their origins, Brodzinsky advises communicating with them in ways that draw the child out, validate and normalize their feelings, and help them feel safe and supported. If, for example, their birth parents regularly used substances or fought all the time, Brodzinsky recommends discussing that history in a way that is realistic but does not demonize the parents—perhaps by telling the child that illness is something that everyone experiences at some point and that some illnesses are not easy to get over. Such an approach "helps the child internalize where they came from and who their birth parents are in a way that does not unduly damage their developing sense of self," he said.

Good communication skills are also essential in helping children, as well as birth and adoptive parents, successfully navigate open adoptions, Grotevant added. Several ingredients are involved: One is recognizing that open adoption is a process that evolves over time. When a child is young, it makes sense to start small, writing letters back and forth with biological parents or family members. As children get older, they may decide they want more contact; if so, parents can help foster larger forms of connection, including in-person visits. There are also cases where families start to have in-person contact very early on, such as when the birth mother and prospective adoptive parents meet before the child's birth. Such situations can work out well if all parents receive support from adoption-competent providers, Grotevant said.

It is also vital that everyone involved assesses how things are evolving over time, said Brodzinsky. The goal of open adoption is to foster positive family connections and a positive sense of identity for the child, he emphasized. When that arrangement is working well, communication can flow organically and often joyfully within practical limits. But if issues arise that impinge on the child's safety or well-being, it is imperative that adoptive parents take a stand, either by calling a time-out until the adults can renegotiate the process or, if things are truly damaging, stopping the arrangement entirely.

"The goal of the adoptive parent is always about supporting the child and keeping them safe," he said.

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Trained psychologists can help adoptive families by assessing parents' motivations, educating them on adoption complexities, and providing strategies for potential behavioral issues.

CONTINUING HELP FOR AN ONGOING RELATIONSHIP

If and when problems arise that parents have difficulty handling, it is a good time to see a trained provider. To help parents get comfortable using these services, Brodzinsky encourages adoption agencies to "normalize" these sessions by telling parents that raising an adopted child can be challenging and that it is a strength to seek appropriate help. "It doesn't mean parents have to go into long-term therapy," he said. "It means that when something arises, they can get some information that might be helpful to them."

He also encourages parents to interview therapists in the same way they would interview medical providers if they needed surgery—thoroughly and with whatever questions they think are important to raise. Besides asking about a provider's background and training, for example, it might mean asking them what they would do if a child exhibits a certain type of behavior.

"Just because a provider is child-oriented or has worked with adopted or foster kids doesn't always mean they're an expert in the area," he said.

Also important is helping psychologists and parents understand potential underlying reasons for a child's difficult behavior, Riley added. "We see a lot of behavioral manifestations of unresolved grief and loss in these children that often aren't treated as such," she said. "Instead, they'll be diagnosed with conduct disorder or treated for anxiety and depression." But "there are children who are grieving very deeply and intently, and they're struggling," she said. "They need to process the profound impact of significant losses and understand why and how these losses occurred—how they got here, why their parents could not care for them, why they were taken away."

Fortunately, there are evidence-based practices specifically developed to address common issues faced by adoptees, including those related to attachment difficulties, grief, trauma, and fetal alcohol (or drug) spectrum disorders. An example is Attachment and Biobehavioral Catch-up (ABC), an attachment-related protocol developed by Mary Dozier, PhD, of the University of Delaware, who is also ABC's principal investigator. The intervention—now implemented in 25 U.S. states and 10 countries—takes place over 10 weeks. It employs trained coaches who provide feedback to parents on a minute-to-minute basis to help them respond effectively to young children who have attachment issues that appear as avoidance, resistance, or fussiness. Instead of using time-outs or reprimands, parents learn to consistently behave in ways that are nurturing, responsive, and "non-teachy"—that give kids a soothing environment to develop in, Dozier said. Sessions are videotaped so parents can see their progress and changes in the child's behavior.

Randomized controlled trials show remarkable results: "We see these whopping effects on children's attachment to their parents, on cortisol production, on behavior regulation, on children's trust in their parents, on brain development, and on autonomic nervous system regulation," said Dozier (*Current Opinion in Psychology*, Vol. 15, 2017).

RESOURCES

Center for Adoption Support and Education
https://adoptionsupport.org

National Center on Adoption and Permanency
www.ncap-us.org

Rudd Adoption Research Program
https://umass.edu/ruddchair/

RACE AND CULTURE IN ADOPTIONS

When adopted children are of a different race or culture from their adoptive parents, there are

Using a Developmental Lens

Training in developmental psychology is extremely helpful when working with adopted and foster kids, especially in relation to how developmental issues intersect with adoption-related issues. In an article in *Professional Psychology: Research and Practice* (Vol. 42, No. 2, 2011), David Brodzinsky, PhD—professor emeritus at Rutgers University who has worked with and written extensively about adoptive families—outlines how therapists can use this framework to help parents communicate with children about their adoption. For example:

- **Ages 1–5:** As early as possible, parents should introduce children to the concept that they were adopted. Even though they will not really understand what that means, they will begin to gain "a language of adoption," Brodzinsky said. Emphasize that there are many ways families are formed and that there are all kinds of families. "We want to normalize family diversity," he said.
- **Ages 6–12:** At this stage, children are gaining the ability to think logically and to problem-solve, so they often begin to question realistic aspects of their adoptive history. In turn, that can lead to feelings of loss, grief, anger, and self-doubt. While honest answers to their questions are paramount, Brodzinsky recommends first exploring with the child what their questions mean to them, as well as the underlying emotions behind the questions. "As a therapist, I want to know what's going on in the child's mind, and that's important for parents, too," he said.

Parents can then share information about the child's adoption if they have it, as well as offer support and understanding. "They can also tell children that they're in this process with them, and that they don't have all the answers," he said.

- **Adolescents:** As children become adolescents, their ability to think abstractly and understand the meaning of events grows, as do questions about their identity. Parents can help by encouraging teenagers to take part in social and intellectual activities related to their racial and cultural identity and to talk about challenges they may face in fitting in with others and navigating two or more worlds.

"In essence, they are often experiencing a kind of ambiguous loss," Brodzinsky said, "and you want to validate those feelings."

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additional things to learn about and act on, other psychologists said. For one thing, it is never too early to expose kids to positive racial and ethnic role models and to share positive messages and materials about their heritage (Huff, C., *Monitor on Psychology*, October 2023).

Adoptive parents should also consider bringing the child's heritage into their home and lives, said Amanda L. Baden, PhD, a New York–based counseling psychologist and a professor at Montclair State University in New Jersey who specializes in treating these families.

"I have seen adult adoptees of color who are afraid of their same ethnic group because they don't know how to be Korean enough or Ethiopian enough," she said. Parents can mitigate this problem by befriending families of the child's ethnicity and inviting them over for meals, for instance, or taking the child on outings to sections of town related to their identity, for example Chinatown, Little Ethiopia, or Koreatown.

"I tell parents that they can't just live in a diverse area—they have to bring people into their lives," she said.

Baden also recommends that adoptive parents practice cultural humility—staying open to learning about the child's ethnic or cultural identity issues from the child's perspective and not thinking they always know best.

When parents do this work, there is an immense payoff, she said: Children in such families are often able to incorporate racial and cultural factors into a healthy and secure identity (*Journal of Social Distress & the Homeless*, Vol. 9, No. 4, 2000).

OTHER ISSUES TO CONSIDER

Psychologists can also remind parents that adoption per se does not explain all of the issues or behaviors that adopted children and teenagers might display. Some misbehaviors might just be typical acting out, while other problems might be intertwined with medical, environmental, social, or other factors, including issues within the adoptive family unrelated to the dynamics of adoption, such as parental illness or financial stress.

Adoption dissolution is rare but serious. Support and professional counseling can help families navigate and hopefully ultimately prevent such separations.

Similarly, each adoptive family is unique, Grotevant noted. For example, not all adopted children want the same amount of information about or contact with their birth parents, and adoptive parents should respect and work with that decision. (If a child is not interested at one point in time, they may be interested later, he added.) At the same time, parents should not hesitate to raise the topic if their child is remaining silent about their adoption, because talking about it can help to normalize it: Some children do not know how to talk about these feelings or are afraid of hurting their parents if they do. To help children feel comfortable expressing themselves, parents might gently suggest questions they think might be on the child's mind or hook those questions into a relevant activity they are doing together, like watching a TV show related to adoption.

Parents and psychologists also need to be savvy about how adopted children and teenagers use social media, as it is increasingly easy for young people to discover information about their genetic makeup, biological relatives, and more, Farr added.

"I've heard a lot of adopted people wanting that information—they're curious, they have legitimate reasons for wanting to know it, but it can be difficult when they find out certain things," she said. That reality is one more reason that ongoing family communication that is

open, warm, and respectful is important, because it can buffer whatever new information arises, she noted.

Farr also observes that adoptees often place different weight on their adoptive identity at different times. In her sample of teenagers, "we're seeing that the dynamics of their racial, ethnic, and gender and sexual identities are actually more interesting or central to them than their adoptive identities," she said. While their adoptive identity is always part of their experience, "other factors might be firing more strongly at a particular time."

WHEN MAJOR DIFFICULTIES ARISE

Unfortunately, there are times when adoptive parents cannot handle the stress of their children's behaviors—behaviors that are often fueled by difficult early experiences. When parents have not learned the skills to support these needs, sadly, they may think about ending the adoptive relationship. Known as adoption dissolution, it happens rarely, in only about 1% of cases, and involves returning a child to foster care. It is also very difficult and complicated to enact legally.

Other less drastic but still difficult separations may occur, as well. One is for parents to temporarily place a child into residential treatment, with the aim of returning the child to the family once the child's issues are better under control. Another is "psychological disruptions," where the relationship between an adoptive parent and child is fractured and distant even though the child is still living in the adoptive home. There is also a growing illegal movement known as "re-homing," where parents take it on themselves to find a new home for the child.

With the increasing availability of adoption-competent training, Riley said she hopes all of these situations become less common or nonexistent in the future. But if parents cannot see their way forward, it is critical that both children and parents receive professional counseling to help them navigate these profound separations and their psychological impact, she said.

"Placement disruptions should not be an option," as she put it. "If we engage parents and children with supports early on and with trained professionals," she added, "we can mitigate these risks."

THE REWARDS OF ADOPTION

Thankfully, most adoptions do work out. And in the many cases when they do, they represent a transformative opportunity for adoptive parents to stretch emotionally, psychologically, and experientially, and for adopted children to gain a true sense of family security, said Farr. For psychologists, adoptions in general and open adoptions specifically can bring to bear all the skills and interests in their bailiwick. Adoptions also offer a fascinating up-close look into trends that are already happening in society, including the shift toward greater numbers of blended families and a continued trend toward "chosen families."

"With adoption, there is this dynamic of becoming intimately connected to people who are often strangers but who are very likely to become family in all senses of the word," said Farr.

"When adoptive parents stay open to this experience and roll lovingly and with grace with the parts that feel difficult," she added, "it will be so positive for their kids. And the parents are going to learn and grow, too." ■

FURTHER READING

Additional Adoption Resources

The following resources are recommended for those interested in or already working with adoptive or prospective adoptive families.

Addressing adoption in counseling: A study of adult adoptees' counseling satisfaction
Baden, A. L., et al.
Families in Society, 2017

An introduction to the adoption and trauma special issue
McSherry, D., et al.
Child Abuse & Neglect, 2022

Adoption-related gains, losses and difficulties: The adopted child's perspective
Soares, J. L., et al.
Child and Adolescent Social Work Journal, 2019

Beyond culture camp: Promoting healthy identity formation in adoption
Evan B. Donaldson Adoption Institute, 2009

Being adopted: The lifelong search for self
Brodzinsky, D. M., et al.
Anchor, 1993

Beneath the mask: Understanding adopted teens
Riley, D.
Center for Adoption Support and Education, 2005

Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families, and third party reproductions
Roszia, S., & Maxon, A. D.
Jessica Kingsley Publishers, 2019

Open adoption
Grotevant, H. D.
In Wrobel, G. M., et al. (Eds.), *The Routledge Handbook of Adoption*
Routledge, 2020

Trajectories of birth family contact in domestic adoptions
Grotevant, H. D., et al.
Journal of Family Psychology, 2019

AMERICAN PSYCHOLOGICAL ASSOCIATION

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 heath, 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 feels 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 psychologists 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.

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