



Guidelines for Learning Objectives and Supporting References

Guidance for Writing Behavioral Learning Objectives

There are key components of well-written behavioral learning objectives that – when incorporated – allow for an optimal, articulated experience for learners. Consider using the below checklist when developing your objectives.

Are my learning objectives:

- observable and measurable (i.e., use action verbs that describe measurable behaviors)?
- statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity?
- focused on the learner?
- appropriate in breadth (not too few or too many – e.g., 3-4 objectives for a four-hour program)?
- sufficient in depth (at the postdoctoral level for psychologists and clearly articulated – e.g., does the whole of the objective make sense and is it appropriate for CE)?
- fully linked to: (a) the program narrative, (b) adequate references that support content

Verbs to consider when writing learning objectives	Verbs to avoid when writing learning objectives
✓ list, describe, recite, write, identify	⊗ know, understand
✓ compute, discuss, explain, predict	⊗ learn, appreciate
✓ apply, demonstrate, prepare, use	⊗ become aware of, become familiar with
✓ analyze, design, select, utilize	
✓ compile, create, plan, revise	
✓ assess, compare, rate, critique	

Example of well-written learning objectives for a 4-hour CE session on hypnosis and pain:

At the end of this workshop, the learner will be able to:

1. Describe 3 key aspects of basic hypnosis theory and technique;
2. Explain differences between demonstrations of hypnotic technique and phenomena;
3. Identify 2 differences between acute and chronic pain; and
4. Demonstrate effective use of hypnosis in controlling acute pain.

Further Clarification for References with Examples:

In general, every session for which CE is available should have at least three **relevant** (e.g., reflective of the breadth and depth of the session content), **current** (e.g., within the past 10 years), **sufficient, and evidence-based** references (e.g., 3 peer-reviewed references - these are normally journal articles).

References should be listed in APA format, per the following examples:

American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist*, 70 (9), 832-864. doi: 10.1037/a0039906

Brand, R. M., McEnery, C., Rossell, S., Bendall, S., & Thomas, N. (2018). Do trauma-focussed psychological interventions have an effect on psychotic symptoms? A systematic review and meta-analysis. *Schizophrenia Research*, 13-22. doi.org/10.1016/j.schres.2017.08.037

Briggs, S., Netuveli, G., Gould, N., Gkaravella, A., Gluckman, N., Kangogyere, P., . . . Lindner, R. (2019). The effectiveness of psychoanalytic/psychodynamic psychotherapy for reducing suicide attempts and self-harm: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 1-9. doi:10.1192/bjp.2019.33

Holtforth, M. G., Krieger, T., Zimmermann, J., Altenstein-Yamanaka, D., Dörig, N., Meisch, L., & Hayes, A. M. (2019). A randomized-controlled trial of cognitive-behavioral therapy for depression with integrated techniques from emotion-focused and exposure therapies. *Psychotherapy Research*, 29 (1), 30-44. doi: 10.1080/10503307.2017.1397796