December 26, 2014

TO: The Commission for the Recognition of specialties and Proficiencies in Professional

 Psychology

FROM: The Group Specialty Council (Nina Brown signing for the committee)

RE: Petition for Recognition of Group Psychology and Group Psychotherapy

We are pleased to submit the Petition for Recognition of Group Psychology and Group Psychotherapy as a post-licensure Specialty in Professional Psychology. APA Division 49) The Society of Group Psychology and Group Psychotherapy sponsored the creation of the Group Specialty Council and the development and preparation of the petition.

Specialty training for competent and ethical practice of group psychology and group psychotherapy is needed because these services are prominent in numerous settings, such as hospitals, the military, and university counseling centers, for clients ranging in age from pre-school to the elderly, and to address conditions and concerns experienced across the life-span. In order to provide effective and efficient services, group psychologists should have the specialized knowledge, skills, and expertise to best use the resources of the group for individual members’ benefit. Specialized training for group leaders may be more important in the near and far future because of the increased recognition of the importance of mental health services as shown in the budget just passed by congress where new mental health benefits are provided for active duty military personnel and their families, and by the increased number of newly insured people as provided under the Affordable Care Act. It will be important to provide access to the best mental health services psychology can offer with conscious attention to cost and availability, both of which group psychology and group psychotherapy can offer.

This petition presents considerable research findings that support a body of knowledge and skills specific to the specialty, training and practice guidelines, and a rationale for the effectiveness of group as compared to other forms of service delivery. We are committed to the recognition of cultural and diversity, continuing preparation and training, evaluation of competencies, evidence based techniques and procedures, theoretical approaches, and the need for research as integral to the specialty to ensure ethical and responsible practice.

Group psychology and group psychotherapy are currently recognized by the American Psychological Association, the American Board of Professional Psychology, and the Council of Specialties. The recognition that would be provided by CRSPPP would assist to ensure that the formal and informal training in the specialty is in accord with the highest principles of professional psychology.

We stand ready to provide any additional information or other materials that may be required for the review of the petition.

**PETITION FOR THE RECOGNITION OF A**

 **SPECIALTY IN PROFESSIONAL PSYCHOLOGY**

THIS PETITION gives guidance to the types and amounts of information necessary for a formal decision to be reached. Petitioning organizations may use additional pages where necessary. The petitioning organization is free to provide any additional material deemed relevant.

 AMERICAN PSYCHOLOGICAL ASSOCIATION

 750 First Street, NE

 Washington, D.C. 20002‑4242

 (202) 336‑5500

 **PETITION PACKAGE**

Name of Proposed Specialty: \_\_Group Psychology and Group Psychotherapy

Please check one:

X Petition for Initial Recognition

 Petition for Renewal of Recognition

**Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council or one or more organizations that provide systems and structures sufficient to assure the organized development of the specialty. *Commentary****: The evolution of a specialty generally proceeds from networks of psychologists interested in the area to the eventual establishment of organized administrative bodies which carry out specific responsibilities for the specialty and its practitioners. These responsibilities include governance structures which meet regularly to review and further describe the specialty and appropriate policies for education and training in the specialty*

The Group Specialty Council is a part of The Society of Group Psychology and Group Psychotherapy (APA Division 49) who sponsored its formation, provided funding for initiating petition activities, and hosts relevant Council’s documents, such as the Council’s By-laws, on its website. The Group Specialty Council has existed in some form since the first petition for recognition as a specialty was sought in 2009, and was reformulated in 2012 to incorporate representatives from organizations how support the bid for specialty recognition. The Council has met via-e-mail, telephone conference calls, and had a face to face meeting during the 2014 APA Convention. This group has developed and approved By-laws, initiated a dues structure for the Council members, and began the work to develop the petition.

Required information for the Society of Group Psychology and Group Psychotherapy (SGPGP) and the Group Specialty Council will be presented separately.

1. Please provide the following information for the organization or specialty council submitting the petition:

Name of organization or specialty council: Group Specialty Council

Address: c/o Nina W. Brown, Old Dominion University; Hampton Blvd.

City/State/Zip: Norfolk, VA 23529

Phone: 757 683-3245 FAX: 757 683-5756

E-mail address:nbrown@odu.edu

Website of organization:www.apa49.org ( leadership tab, click Group Specialty Council)

2. Please provide the following information for the President, Chair, or representative of the organization or specialty council submitting the petition:

Name: Nina W. Brown APA membership status: Life Member

Address: see # 1 above

City/State/Zip:

Phone: FAX:

E-mail address:

3A. Please provide the following information for the organization or specialty council submitting the petition:

The Society of Group Psychology and Group Psychotherapy (SGPGP)

**1. Year founded – 1991**

**2. The Society is not incorporated**

Describe the purpose and objectives of the administrative organization or specialty council submitting the petition.

Purpose

“Division 49 is an organization that welcomes all psychologists interested in the study and application of group dynamics. The purpose of Div. 49 (Group Psychology and Group Psychotherapy shall be to promote the development and advancement of the field of group psychology and the modality of group psychotherapy through research, teaching and education, and clinical practice and to further the general objectives of the APA.”

Objectives

1. Developing and testing new theories about group processes.

2. Applying knowledge about group processes to help solve psychological and social problems.

3. Expanding the training of graduate students to include group dynamics.

4. Educating the public about the value of group dynamics and the benefits of group psychotherapy.

 Please append the bylaws for the petitioning organization or specialty council if bylaws are not provided on the website.

**(b) The By-laws are in Criterion I Appendix**

**(c) The Procedural Manual is in Criterion I Appendix**

Outline the structure and functions of the administrative organization or specialty council (frequency of meetings, number of meetings per year, membership size, functions performed, how decisions are made, types of committees, dues structure, publications, etc.) using the table below. Provide samples of newsletters, journals, and other publications, etc.

|  |  |
| --- | --- |
| Name of Organization | **The Society of Group Psychology and Group Psychotherapy** |
| Frequency of Meetings | Once a year |
| Number of Meetings per year  | There is one general membership meeting held each year at the APA Convention, two Board meetings one at mid-winter and one during the convention, and the Executive Committee meets on an as needed basis. |
| Membership size | **Membership size: 405** |
| Functions Performed | **Functions performed:**1. Exercising general supervision over the affairs of the Division and the transaction of the necessary business of the Division, provided that the actions shall not conflict with these Bylaws or with recorded votes of the membership and shall be subject to the review of the members at the annual meeting;
2. Reporting of its activities to the members and recommending matters for the consideration of the membership;
3. Filling such vacancies in an Office of the Division
4. Advising the President regarding the appointment of Chairs and members of Committees of the Division in accordance with these Bylaws;
5. Advising the Officers of the Division regarding the performance of their duties;
6. Advising the Division’s APA Council Representatives as to matters concerning the relationship between the Division and APA on issues either currently before, or which may be desirable to place before, APA Council;
7. Adopting a final budget upon appropriate review;
8. Recommending or approving the disbursement of funds of the Division in accordance with Article IX of these Bylaws;
9. Advising the President regarding the appointment of the Editor of any of the Division’s publications.
10. Setting policies for the conduct of its own affairs or for the affairs of the Division, provided, however, that such policies are not in conflict with any of the terms of these Bylaws;

K. Authorizing the adaptation and publication of rules and codes for the transaction of the business of the Division provided that the same do not conflict with the Bylaws of the APA |
| How are decisions made | Decisions are either made or ratified by the Board except for By-law changes and these are sent to the entire membership. |
| Types of committees | There are two types of committees; standing committees and ad hoc committees. Standing Committees* Awards
* Diversity
* Education, Research and Training
* Federal Advocacy Coordinator
* Fellows
* Finance
* Membership
* Nominations and Elections
* Program
* Publications
 |
| Dues Structure | Member, Associate Member, Fellow - $35.00; Life status without journal – free; Life status with journal - $22.00; Professional affiliate (Non-APA member) - $35.50; Student affiliate - $14.50. |
| Names of Publications | The Group Psychologist and Group Dynamics: Theory, Research and Practice |
| Website | [**www.apa49.org**](http://www.apa49.org) |

**(d) Samples** of the newsletter, The Group Psychologists, and the journal, Group Dynamics are in Criterion I Appendix .

*Present a rationale that describes how your organization or specialty council**provides systems and structures which make a significant contribution to the organized development of the specialty.*

**Rationale (**How systems and structures make a significant contribution)

The Division encourages, fosters and publishes research on group psychology and group psychotherapy, promotes early career psychologists ( the division won APA’s 2014 award for this endeavor); recognizes exemplary contributions to the specialty with the Fellows, Group Psychologist of the year, and other awards, provides a venue for research and theory through yearly conference presentations at the American Psychological Association’s convention, and recognizes contributions to cultural and diversity understandings with a special yearly award.

 The organization is dedicated to presenting relevant information on group organization, development, and processes to guide programs and individuals who desire to develop and increase expertise in group research, theories and practices. It also is involved in efforts that are designed to support the efficacy of group treatment.

4. Signatures of official representing the organization or specialty council submitting the petition:

name title date

Nina W. Brown President, Group Specialty Council December

3B. Please provide the following information for the organization or specialty council submitting the petition:

The Group Specialty Council

**1. Year founded – 2012**

**2. Not incorporated**

Describe the purpose and objectives of the administrative organization or specialty council submitting the petition.

**Purpose and objectives**

1. Develop education and training standards for the doctoral, internship, postdoctoral, and post-licensure specialty in group psychology and group psychotherapy.

2. Provide support and information for graduate and doctoral programs in group psychology and group psychotherapy.

Please append the bylaws for the petitioning organization or specialty council if bylaws are not provided on the website.

**By-laws are in Criterion I Appendix.**

Outline the structure and functions of the administrative organization or specialty council (frequency of meetings, number of meetings per year, membership size, functions performed, how decisions are made, types of committees, dues structure, publications, etc.) using the table below. Provide samples of newsletters, journals, and other publications, etc.

|  |  |
| --- | --- |
| Name of Organization | The Group Specialty Council |
| Frequency of Meetings | One face to face meeting each year, and telephone conferencing as needed. One face to face meeting and 3 telephone conferences were held in 2014. |
| Number of Meetings per year  | 5 to date in 2014 |
| Membership size | 9 |
| Functions Performed | To develop and submit the petition to CRSPPP for designation of group as a specialty; develop education and training standards for the specialty |
| How are decisions made | Decisions are made collaboratively after discussions with members. |
| Types of committees | The Council is small enough to work as a group. No committees at this point, but anticipate that there will be some in the future. |
| Dues Structure | $100.00 each member/organization. |
| Names of Publications | None |
| Website | [www.apa40.org](http://www.apa40.org); click leadership tab and then click Group Specialty Council |

Present a rationale that describes how your organization or specialty councilprovides systems and structures which make a significant contribution to the organized development of the specialty.

The Group Council was created to develop a system and process for interorganizational collaboration; develop education and training standards for doctoral, internship, post-doctoral and post-licensure group specialties; refine the breadth and depth of knowledge and experiences that promote effective responsible and ethical group leaders; provide for continuing education and research to guide group leaders, and to publicize the efficacy of group treatment.

4. Signatures of official representing the organization or specialty council submitting the petition:

name title date

**Nina W. Brown Group Specialty Council President 12/26/2014Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs**

***Commentary****: Specialties may evolve from the professions’ recognition that there is a particular public need for applications of psychology. Specialties may also develop from advances in scientific psychology from which applications to serve the public may be derived*.

***1. Describe the public needs that this specialty fulfills with relevant references. Under each need specify the populations served and relevant references.***

Group psychology and group psychotherapy contribute to the public’s needs by developing knowledge, research based interventions, and effective practices that serve individuals to grow, develop and heal; studies that guide group leadership to assist groups to function and address group members’ needs; and to show the efficacy of groups in different settings such as schools, universities, and hospitals. The specialty addresses formal groups such as those formed for education, skills development, task groups and committees, and therapy/psychotherapy groups. Groups are found in a variety of settings such as hospitals, outpatient and inpatient treatment facilities, sports teams, business and industry, prisons and other parts of the criminal justice system, college counseling centers, K-12 schools, and community treatment agencies. It contributes to the public need through its psychological research, development and use of theories to frame procedures, process and outcomes, and guidelines for effective and safe practices.

The specialty has a solid research base that demonstrates clinical efficacy equal or better than individual based interventions; has significant functional and foundational competences with impacts on doctoral, internship and post graduate education that are distinct and define lines of proficiency above and beyond that of generalist clinical and counseling psychology training; effective approaches to behavioral health and mental health services that can increase access to care and reduce cost of service delivery especially for underserved populations.

 Two recent events underscore the public need for the specialty. The first is the increase of people eligible for mental health services under the Affordable Health Care Act. (Shern, 2014) The estimated number of enrollees is expected to increase, many of these are new to insured health care, and the numbers who are expected to use mental health care services is also expected to increase. The specialty provides a cost effective and timely means to serve more of the public needs for mental health services. The second event is the newly passed national budget (The Virginian-Pilot, 12/20/2014) that contained new benefits for active duty service members and their families. That act provides resources for the Pentagon to provide every active-duty service member with an annual mental health assessment, and a removal on the length of time Tricare will cover psychiatric services. It also newly provides for counseling during pregnancy and after childbirth for service connected personnel

Blanch, A., Shern, D. & A. Seberman (2014). Toxic stress, behavioral health and the next major

 era in public health. *Mental Health America.* (Cited in a lecture by Dr. Shern at the Rosalynn

 Carter Symposium on Mental Health, November 20, 2014)

Examples of Public Needs and Populations Served With References : Schizophrenia, Addictions, Medical illness, Culturally diverse groups, Depression, Eating disorders, Children, Psychopathology, Alzheimer's, Military, Colleges and Universities, Criminal justice.

**Schizophrenia**

Agulia, E., Pascolo-Fabric E., Bertossi , F. & Bassi, M. (2007). Psychoeducational intervention and prevention of relapse among schizophrenic disorders in the Italian community network. *Clinical Practice Epidemiology in Menal Health.* 3, 7.

Cummings, S., Long, J., Peterson-Hazan, S., & Harrison, J. (1999). The efficacy of a group treatment model in helping spouses meet the emotional and practical challenges of early stage caregiving. *Clinical Gerontologist,* 20(1), 29–45.

Jewell, T., Dowing, D., & McFarlane, W. (2009). Partnering with families: Multiple family group psychoeducation for schizophrenia. *Journal of Clinical Psychology,* 65, 8, 868 – 878.

Mueser, K. Meyer, P., Penn, D., Clancy, R., Clancy, D., & Salyers, M. (2006). The illness management and recovery program: Rationale , development, and preliminary findings. *Schizophrenia Bulletin.* 32, 1.

Vallian-Fernandez, O., Lemos-Giraldez, S., Roder, V., Garcia-Saiz, A., Otero-Garcia, A., Alonso-Sanchez, M., & Gutierrez-Perez, A. (2001). Controlled study of an integrated psychological intervention in schizophrenia. *European Journal of Psychiatry, 15*(3), 167–179.

Wai Tong Chen (2008). Effectiveness of psychoeducation and mutual support group program for family caregivers of Chinese People with schizophrenia. *The Open Nursing Journal.* 2, 28 – 39.

**Alcohol Abuse/Addictions**

Arledge, S. (1997). An evaluation of For Kids Only: An intervention, education, and support program for children of alcoholics. *Dissertation Abstracts International 57* (12-A) 5310 US: University Microfilms International.

la Salivia, T. A. (1993). Enhancing addictions treatment through psychoeducational groups. *Journal of Substance Abuse Treatment, 10*(5), 439–444.

Sandahl, C, & Ronnbers, S. (1990). Brief group psychotherapy in relapse prevention for alcohol dependent patients. *International Journal of Group Psychotherapy, 40*(4), 453–476.

**Medical Illness**

Aronson, S. (1995). Five girls in search of a group: A group experience for adolescents of parents with AIDS. *International Journal of Group Psychotherapy, 45*(2), 223–235.

Bultz, B., Speca, M., Brasker, P., Geggie, P., & Page, S. (2000). A randomized controlled trial of a brief psychoeducational support group for partners of early stage breast cancer patients. *Psycho-Oncology,* 9(4), 303–313.

Conn, V. Hafdahl, A., Brown, S., & Brown, L. (2007). Meta-analysis of patient education interventions to increase physical activity among chronically ill adults. *Patient Education Counseling.* 70, 2, 157 – 172.

Devine, E., O’Connor, F., Cook, T., Wenk, V. & Curtin, T. (1988). Clinical and financial effects of psychoeducational care provided by staff nurses to adult surgical patients in the post-DRG environment. *American journal of Public Health.* 78.10. 1293 – 1297.

Devine, E. C. (1992). Effects of psychoeducational care for adult surgical patients: A meta-analysis of 191 studies. *Patient Education and Counseling, 19*(2), 129–142.

Deving, E. (1996. Meta-analysis of the effects of psychoeducational care in adults with asthma. *Research in Nursing & Health.*  19, 5, 367 – 376.

Dunbar, S. Langberg, J., Reilly, C., Viswanathan, B., McCarthy, F., Culler, S., O’Brien, M., & Weintraub, W. (2009). Effect of a psychoeducational intervention on depression anxiety, and health resource in ICD patients. *Pacing Clinical Elecrophysiology.* 32. 10. 1259 – 1271.

Fawzy, I., & Fawzy, N. W. (1994). A structured psychoeducational intervention for cancer patients. *General Hospital Psychiatry,* 16(3), 149–192.

Fawzy, I., Fawzy, N. W., Aront, L. A., & Pasnau, R. O. (1995). Critical review of psychosocial interventions in cancer care. *Archives of General Psychiatry,* 52(2), 100–113.

Fernandez, R. Penarubia, M., Luciano, J., Bianco, M., Jimenez, M., Montensano, A., Verduras, C., Ruiz, J., Serrano-Blanco, A., & FibroQOL study group (2008). Effectiveness of a psychoeducational program for improving quality of life of fibromyalgia patients. doi:10.1186/1471-2474-9-2.

Forester, B., Cornfield, D. S., Fleiss, J. L., & Thomas, S. (1993). Group psychotherapy during radiotherapy. *American Journal of Psychiatry, 150(1*1), 1700–1706.

Haeherli, S., Grotzer, M, Niggli, F., Landolt, M., Linsenmeier, C., Ammann, R., & Bodner, N. (2008). A psychoeducational intervention reduces the need for anesthesia during radiotherapy for young childhood cancer patients. *Radiation Oncology.* doe:10.1186/1748 – 717X – 3 – 17.

Helgeson,V., Lepore, S., & Eton, D. (2006). Moderators of the benefits of psychoeducational interventions for men with prostate cancer. *Health Psychology.* 25, 3, 348 – 354.

Jefferies, S. (2004). Sexuality and gynaecological cancer: A randomized control trial to evaluate the effectiveness of a group psychoeducational intervention in improving the sexual health of women with gynaecological cancer treated with radiotherapy. *Dissertation Abstracts International: Physical Sciences and Engineering,* 65, 1.

Karp, J., Brown, K., Sullivan, M., & Massie, M. (1999). The prophylactic mastectomy dilemma: A support group for women at high genetic risk for breast cancer. *Journal of Genetic Counseling,* 8(3), 163–173.

McGellion, M., Authur, H., victor, J., Watt-Watson, J., & Cosman, T. (2008). Effectiveness of psychoeducational interventions for improving symptoms, health related quality of life and psychological well-being in patients with stable angina. *Current Cardiology Reviews.* 4, 1, 1 – 11.

Payne, D., Lundberg, J., Brennan, M., & Holland, J. (1997). A psychosocial intervention for patients with soft tissue sarcoma. *Psycho-Oncology,* 6(1), 65–72.

Roberts, C, Piper, L., Denny, J., & Cuddeback, G. (1997). A support group intervention to facilitate young adults’ adjustment to cancer. *Health and Social Work, 22*(2), 133–141.

Schulz, C. (1993). Helping factors in a peer-developed support group for persons with head injury, Part 2: Survivor interview perspective. *American Journal of Occupational Therapy, 48,* 305–309.

Schwartzberg, S. L. (1993). Helping factors in a peer-developed support group for persons with head injury. Part 1: Participant-observer perspective. *American Journal of Occupational Therapy, 48,* 297–304.

Taylor, K., Lamdan, R., Siegel, J., Shelby, Rl, Moran-Klimi, K., & Hrywna, M. (2003). Psychological adjustment among African-American breast cancer patients: One-year follow-up results of a randomized psychoeducational group intervention. *Health Psychology.* 22, 3, 316 – 323.

Trozzolino, L., Thompson, P., Tansman, M. & Azen, S. (2003). Adults with diabetes and visual impairments. *Journal of Visual Impairment & Blindness,* 97, 4, 230 – 239.

**Culture and Diversity**

Arrendondo, P., Toporek, R., Brown, S., Jones, J., Locke, D., Sanchez, J. et al.(1996) Operalization of multicultural counseling competencies. *Journal of Counseling and Development.* 24, 42 – 78.

Au., A., Li, S., Lee, K., Leung, P., Pan, P., Thompson, L. & Gallagher-Thompson, D.

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 patients with Alzheimer’s disease in Hong Kong. *Patient Education and Counseling.*

Breaux, C., & Ryujin, D. (1999). Use of mental health services by ethnically diverse groups within the United States. *Clinical Psychologist.* 52, 4 – 15.

Caluza, K. (2000). A psychoeducational support group for multiracial adolescents: A twelve session treatment manual. *Dissertation Abstracts International* 61(1-B). Ann Arbor, MI: University Microfilms International.

Franklin, R., & Pack-Brown, S. (2001). Team brothers: An Africentric approach to group work with African American male adolescents. *Journal for Specialists in Group Work,* 26(3), 237–245.

Jones, L. (2001). Enhancing psychosocial competence among black women through an innovative psychoeducational group intervention. *Dissertation Abstracts* 61 (11-A) 4550. Ann Arbor, MI: University Microfilms International.

Salvendy, J. (1999). Ethnocultural considerations in group therapy. *International Journal of Group Psychotherapy, 49*(4), 429–463.

**Depression**

Azocar, F., Miranda, J., & Dwyer, E. (1996). Treatment of depression in disadvantaged women. In M. Hill & E. Rothblum (Eds.) *Classism and feminist therapy: Counting costs.*(91 – 106). New York: Harrington Park.

Dalgard, O. (2006). A randomized controlled trial of a psychoeducational group program for unipolar depression in adults in Norway. *Clinical Practice & Epidemiology in Mental Health.*2, 8 – 15.

Donker, T., Griffiths, K., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis.  *BMC medicine.*

Misri, W., Kostaras, X., Fox, D., & Kostaras, D. (2000). The impact of partner support in the treatment of postpartum depression. *Canadian Journal of Psychiatry, 45*(6), 554–558.

**Adolescents**

Baker, S. (2001). Coping-skills training for adolescents: Applying cognitive-behavioral principles to psychoeducational groups. *Journal for Specialists in Group Work, 26*(3), 219–227.

Beeferman, D., & Orvaschel (1994). Group psychotherapy for depressed adolescents: A critical review. *International Journal of Group Psychotherapy, 44*(4), 463–474.

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Fine, S., Forth, A., Gilbert, M., & Haley, G. (1991). Group therapy for adolescent depressive disorder: Comparison of social skills and therapeutic support. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 79–85.

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Kiselica, M. (1994). Preparing teenage fathers for parenthood: A group psychoeducational approach. *Journal for Specialists in Group Work,* 79(2), 83–94.

Pressman, M., & Brook, D. (1999). A multiple group psychotherapy approach to adolescents with psychiatric and substance abuse comorbidity. *International Journal of Group Psychotherapy, 49*(4), 486–512.

**Anxiety**

Belfer, PI, Munoz, L., Schachter, J., & Levendusky, P. (1995). Cognitive-behavioral group psychotherapy for agoraphobia and panic disorder. *International Journal of Group Psychotherapy, 45*(2), 185–206.

**Anti-Social**

Catalano, R. R, & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149–197). New York: Cambridge University Press.

Coie, J., Miller-Johnson, S., Terry, R., Maummary-Gremaud, A., & Lochman, J. (1996). The influence of deviant peers on types of adolescent delinquency. *Symposium conducted at the meeting of the American Society of Criminology.* Chicago, IL.

**Eating Disorders**

Celio. A., Winzelberg, A., Wilfley, D., Eppstein-Herald, D., Springer, E., Dev, P. & Taylor, C. (2000). Reducing risk factors for eating disorders: Comparison of an Internet and a classroom delivered psychoeducational program. *Journal of Consulting and clinical Psychology,* 68, 4, 650 – 657.

Geist, R. Heinmma, M., Stephens, D., Davis, R., & Katzman, D. (2000). Comparison of family therapy and family group psychoeducation in adolescents with anorexia nervosa. *Canadian Journal of Psychiatry.* 45, 2, 173 – 178.

**Chronically Mentally Ill**

Douglas, M., & Mueser, K. T. (1990). Teaching conflict resolution skills to the chronically mentally ill: Social skills training groups for briefly hospitalized patients. *Behavior Modification, 124*(4), 519–547.

**Children**

Durlak, J. A., Fuhrman, T, & Lampman, C. (1991). Effectiveness of cognitive-behavior therapy for maladapting children: A meta-analysis. *Psychological Bulletin, 110,* 204–214.

Fristad, M. Veiducci, J., Walters, K., & Young, M. (2009). Impact of multifamily psychoeducational psychotherapy in treating children aged 8 to 12 years with mood disorders. *Archives of General Psychiatry.* 9, 1013 – 1021.

Garrett, M., & Cruchfield, L. (1997). Moving full circle: A unity model of group work with children. *Journal for Specialists in Group Work,* 22(3), 175–188.

Kamps, D. M., Leonard, B. R., Vernon, S., & Dugan, E. P. (1992, Summer). Teaching social skills to students with autism to increase peer interactions in an integrated

first-grade classroom. *Journal of Applied Behavior Analysis,* 29(2), 281–288.

Sheckman, Z. (1994). Group counseling/psychotherapy as a school intervention to enhance close friendships in preadolescence. *Journal for Specialists in Group Work, 44*(3), 377–391.

Sheckman, Z. (2001). Prevention groups for angry and aggressive children. *Journal for Specialists in Group Work,* 26(3), 228–236.

**Psychopathology**

Gearing, R. (2007). Evidence-based family psychoeducational interventions for children and adolescent with psychotic disorders. *Journal of Canadian Academy of Child and Adolescent psychiatry.* 17, 1, 2 – 11.

Snijders, Trijsburg & de Groot (2006). Group cohesion, working alliance and therapeutic interventions as variables predicting outcomes in group psychotherapy for personality

 disorders. *Society for Psychotherapy Research, International meeting.*

Veltro, F., Falloon, I., Vendittelli, N., Oricchio, I., Scinto, A., Gigantesco, A., & Morosini, P. (2006). Effectiveness of cognitive-behavioral group therapy for inpatients. *Clinical practice and Epiditomology in Mental Health.* 2,16.

**Alzheimers**

Gonyea, J. O’connor, M. & Boye, P. (2006) Project CARE: A randomized controlled trial of a behavioral intervention group for Alzheimer’s disease caregivers. *Gerontologist,* 46, 6, 827 – 832.

McFarlane, P. & Saunders, S. (2000). Educational support groups for male caregivers of individuals with Alzheimers disease. *Alzheimers Disease.* 15, 6, 367 – 373.

**Military**

Greene, L., Meisler, A., Pilkey, D., Alexander, G., Cardella, L., Sirosis, B., & Burg, M. (2004). Psychological work with groups in Veterans Administration. In S. Wheelan (Ed.) *Handbook of group research and practice.* Thousand Oaks, CA: Sage.

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**College and Universities**

Kincade, E., & Kalodner, C. (2004). The use of groups in college and university counseling centers. In J. DeLuccia-Waack, D. Gerrity, C. Kalodner, & M. Riva (Eds.) *Handbook of group counseling and psychotherapy.* Thousand Oaks, CA: Sage.

Martin, V., & Thomas, C. (2000). A model psychoeducation group for shy college students. *Journal for Specialists in Group Work,* 25(1), 79–88.

Stein, C. H., Cislo, D. A., & Ward, M. (1994, July 18). Collaboration in the college classroom: Evaluation of a social network and social skills program for undergraduates and people with serious mental illnesses. *Psychosocial Rehabilitation Journal, 1,* 13–33.

**Criminal Justice**

Lefley, H. (2001). Helping families of criminal offenders with mental illness. In G. Landsberg & A. Smiley (Eds.), *Forensic Mental Health.* 40-1-40-13. American Psychological Association.

Pomeroy, E., Kiam, R., & Green, D. (2000). Reducing depression, anxiety, and trauma of male inmates: An HIV/AIDS psychoeducational group intervention. *Social Work Research.* 24, 3, 156 – 167.

**Sexual Abuse**

Mara, B., & Winton, M. (1990). Sexual abuse intervention: A support group for parents who have a sexually abused child. *International Journal of Group Psychotherapy, 40*(1), 63–76.

Weist, M. D., Vannatta, K., & Wayland, K. (1993). Social skills training for abused girls: Interpersonal skills training for sexually abused girls. *Behavior Change 10*(4), 244–252.

Zamanian, K., & Adams, C. (1997). Group psychotherapy with sexually abused boys: Dynamics and interventions. *International Journal of Group Psychotherapy, 47*(1), 109–126.

**Parenting**

Morgan, B., & Hensley, L. (1998). Supporting mothers through group work: A multimodal psychoeducational approach. *Journal for Specialists in Group Work, 23*(3), 298–311.

Vacha-Haase, T., Ness, C, Dannison, L., & Smith, A. (2000). Grandparents raising

 grandchildren: A psychoeducational group approach. *Journal for Specialists in*

 *Group Work,* 25(1), 67–78.

**Gender**

Ulman, K. (2000). An integrative model of stress management groups for women. *International Journal of Group Psychotherapy, 50*(3), 341–362.

***2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes public needs.***

Group Psychology and Group Psychotherapy is a unique specialty domain in professional psychology because the functional and foundational competency domains and their concomitant stages of professional development have historically been assumed to fall within the generalist competencies for clinical and counseling psychology. With the adoption of the cube model for competency in professional psychology (Rodolfa et al 2005) it can be seen that changing economic, policy, health care, social justice issues in our society as well as access to cost effective scientifically verified care suggests that a greater number of people will benefit from the granting of this petition for Specialty Practice.

The roots of group psychology and group psychotherapy have their origins within the time of the first talking therapists and share an equal and longstanding path of developing theory, practice and professional membership organizations (Barlow 2013, Ettin 1992, Mackenzie 1992). Over the last twenty five years research , scope of practice and levels of professional organization have led to increased levels of structure for certification at both the proficiency and specialty practice levels of continuing practice competency such as the AGPA Certified Group Psychotherapist credential and the American Board of Professional Psychology Specialty Diploma in Group Psychology and Group Psychotherapy

Group Psychology and Group Psychotherapy are again unique in that some of our best established professional organizations that support psychology practice are multidisciplinary. American Group Psychotherapy Association and the Association for Specialists in Group Work, a Division of The American Counseling represent many licensed mental health professions and promulgate group psychotherapy and the application of group psychology theory to that diverse membership. Many psychologists who practice Group Psychology and Group Psychotherapy call these organizations their professional home while also maintaining membership in The Society for Group Psychology and Group Psychotherapy, Division 49 of the American Psychological Association. Accordingly this petition presents proficiency level benchmarks that may be available to individuals not trained as psychologists as well as many who are. In this regard many proficiency level group psychologists may obtain the Certified Group Psychotherapist credential from AGPA as a milestone on their process toward achieving specialty level practice upon successfully obtaining the Group Psychology and Group Psychotherapy diploma from ABPP and that they each demonstrate specific levels of practice competency.

AGPA (2007) Practice Guidelines For Group Psychotherapy. Science to Service Task Force

Barlow, S.H. (2013) *Specialty Competencies in Group Psychology. Oxford: New York.*

Ettin, M.F. (1992) *Foundations and Applications of Group Psychotherapy. Allyn & Bacon: Boston.*

McKenzie, K.R. (1992) *Classics in Group Psychotherapy. The Guilford Press: New York.*

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005) A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Theory, Research and Practice, 36,347-354*

Thomas, R.V. & Pender, D.A. (2007) Association for Specialists in Group Work: Best Practice Guidelines 2007 Revisions

Wilson, F.R., Rapin, L.S., Haley-Banez, L., Conyne, R.K. & Ward, D.E. (2000) Professional Standards for the Training of Group Workers.

***3. Describe how the specialty attends to public need***

Group psychology and group psychotherapy attend to public need through research, education, training and scholarly work. Research is conducted on the many and varied aspects of factors affecting the understanding of how group work and are effective (Castano et al. 2014), the effectiveness of treatment modalities ( Cook et al, 2014), exploration of possible new techniques, (Cook et al., 2014), and factors predicting outcomes for group treatment ( Crits-Christoph, 2011) as examples. Examples of education for treatment providers, instructors of group courses and workshops, and other health professionals are the conference presentations by The Society of Group Psychology and Group Psychotherapy, the American Group Psychotherapy Association, and the Association for Specialists in Group Work; the journals and newsletters published by these organizations and by other journals, the information available on the websites of these organizations; and through didactics and courses presented in many APA accredited doctoral and internship degree programs.

Castano, N., T. Watts, & A. Tekleab (2014). A reexamination of the Cohesion-performance relationship: A comprehensive approach. Group Dynamics: Theory, Research, and Practice, 17 (4), 207 – 231.

Cook, W. G., Arechiga, A., Dobson, L. A. V., & Boyd, K. (2014). Brief heterogeneous inpatient psychotherapy groups: A process-oriented psychoeducational (POP) model. *International Journal of Group Psychotherapy*, *64*, 181-206.

 doi:10.1521/ijgp.2014.64.2.180

Crits-Christoph, P., Johnson, J. E., Connolly Gibbons, M., & Gallop, R. (2013). Process predictors of the outcome of group drug counseling. *Journal of Consulting and Clinical Psychology*, *81*, 23-34. doi: 10.1037/a0030101

**Criterion III. Diversity**. **The specialty demonstrates recognition of the importance of cultural and individual differences and diversity.**

***Commentary:*** *The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness*

Because the population is diverse:

***1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.***

Culturally competent practice in the specialty is derived from the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Changes for Psychologists (APA, 2002), the requirements for cultural and diversity competencies as outcomes for students from accredited doctoral, internship and post-doctoral psychology programs, and the continued research and literature found in leading psychology journals and books. (See the abbreviated list of references below)

 The essential knowledge includes self and other multiple identities and how these impact the individual and the group, implicit and explicit manifestations of prejudice and stereotyping, building awareness and understandings for the many variations and interactions for cultural and diversity variables, guided supervised practice for inclusion of cultural and diversity aspects for individuals and for the group, and building appreciation and respect for differences. These proficiencies are first obtained in formal doctoral, internship and or post-doctoral programs accredited by APA; and through workshops and conferences such as those offered by APA, The Society of Group Psychology and Group Psychotherapy, the American Group Psychotherapy Association, and other professional meetings such as the Multicultural Summit hosted by APA divisions 17, 35, 44, and 45; readings from journals and books; the certification process and requirements of ABPP; and the AGPA Certified Group Psychotherapist (CGP) credentialing.

**Multicultural**

Boyd-Franklin, N. (1991). Recurrent themes in the treatment of African American women in group. *Women & Therapy*, *11*, 25-40. doi: 10.1300/J015V11N02\_04

Brown, S. P., Lipford-Sanders, J., & Shaw, M. (1995). Kujichagulia–Uncovering the secrets of the heart: Group work with African American women on predominantly White campuses. *The Journal of Specialists in Group Work*, *20*, 151-158. doi: 10.1080/01933929508411339

Carr, J. L., Koyama, M., & Thiagarajan, M. (2003). A women’s support group for Asian international students. *Journal of American College Health, 52*, 131-134.

Chung, M., Tsu, J., Kuo, C., Lin, P., Chang, T. (2014). Therapeutic effect of dynamic interpersonal group psychotherapy for Taiwanese patients with depressive disorder. *International Journal of Group Psychotherapy, 64*(4), 537-545.

Fierstein, B. A. (1999). New perspectives on group treatment with women of diverse sexual identities. *The Journal for Specialists in Group Work*, *23*, 306-315. doi: 10.1080/01933929908411438

Hsu, Y. C., & Wang, J. J. (2009). Physical, affective, and behavioral effects of group reminiscence on depressed institutionalized elders in Taiwan. *Nursing Research, 58*(4), 294-299.

Lee, J. (2014). Asian international students’ barriers to joining group counseling. *International Journal of Group Psychotherapy, 64*(4), 445-464.

Loewy, M. I., Williams, D. T., & Keleta, A. (2002). Group counseling with traumatized East African refugee women in the United States: Using the Kaffa Ceremony intervention. *The Journal for Specialists in Group Work*, *27*, 173-191. doi: 10.1080/742848689

Queener, J. E., & Kenyon, c. B. (2001). Providing mental health services to Southeast Asian adolescent girls: Integration of a primary prevention paradigm and group counseling. *The Journal for Specialists in Group Work*, *26*, 350-367. doi: 10.1080/01933920108413784

Rayle, A. D., Sand, J. K., Brucato, T., & Ortega, J. (2006). The “Comadre” group approach: A wellness-based group model for monolingual Mexican women. *The Journal for Specialists in Group Work*, *31*, 5-24. doi: 10.1080/01933920500341424

Rice, C., & Benson, J. (2005). Hungering for revenge: The Irish famine, the troubles, and shame-rage cycles, and their role in group therapy. *Group Analysis, 38*(2), 219-235.

Schulte, R., Lovett, H., Rice, C., & Williams, R. (2014). The power of the group in Northern Ireland. *International Journal of Group Psychotherapy, 64*(4), 467-491.

Short, E. L., & Williams, W. S. (2014). From the inside out: Group work with women of color. *The Journal for Specialists in Group Work*, *39*, 71-91. doi: 10.1080/01933922.2013.859191

Stark-Rose, R. M., Livingston-Sacin, T. M., Merchant, N., & Finley, A. C. (2012). Group counseling with United States racial minority groups: A 25-year content analysis. *The Journal for Specialists in Group Work*, *37*, 277-296. doi: 10.1080/01933922.2012.690831

Subramanian, K., Hernandez, S., & Martinez, A. (1995). Psychoeducational group work for low-income Latina mothers with HIV infection. *Social Work with Groups*, *18*, 53-64. doi: 10.1300/J009v18n02\_05

Villalba, J. A., Gonzalez, L. M., Hines, E. M., & Borders, L. D. (2014). The Latino parents-learning about college (LaP-LAC) program: Educational empowerment of Latino families through educational group work. *The Journal for Specialists in Group Work*, *39*, 47-70. doi: 10.1080/01933922.2013.859192

Walker, L. A., & Conyne, R. K. (2007). Group work with international students. In H. D. Singaravelu & M. Pope (Eds.), *A handbook for counseling international students in the United States* (pp. 299-310). Alexandria, VA: American Counseling Association.

Williams, C. B., Frame, M. W., & Green, E. (1999). Counseling groups for African-American women: A focus on spirituality. *The Journal for Specialists in Group Work*, *24*, 260-273. doi: 10.1080/01933929908411435

Yakunina, E. S., Weigold, I. K., & McCarthy, A. S. (2011). Group counseling with international students: Practical, ethical, and cultural considerations. *Journal of College Student Psychotherapy, 25*, 67-78.

***2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.***

Preparation for cultural competence for the specialty incorporates formal coursework on entry level group leadership skills and tasks, group membership selections and the roles and impact of culture and diversity for group members, fostering the emergence of group therapeutic or curative factors, and group processes. This preparation also includes didactics, readings, observation, and supervised practice. Some knowledge and skills are developed through informal means such as workshops, conference presentations, webinars and podcasts. The integration of understanding, the cultural and diversity components for individual group members and for the group as a whole relies on the awareness, sensitivity and self-understanding of the group leader. Thus, psychologists with the specialty have numerous ways to acquire and maintain cultural competence during their academic preparation and afterwards through continuing education. Cultural competence is demonstrated when their attitudes and behaviors enable them to effectively work with individuals with diverse backgrounds.

3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).

Human service psychology has a rich legacy of adapting education, training, research and practice as we are presented with more, and new, research and information. Our job is to offer the best care and training possible within the context of a fluid standard, a standard that continuously evolves. Changing demographics are reflected in studies of race/ethnicity, sex, sexual orientation, socioeconomic status, disability, age, etc. The changing demographics are monitored through APA Reports (<http://apa.org/pubs/info/reports/index.aspx>) and local and national surveys that reflect important information for planning service delivery. In addition, the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists provide important guidelines for multicultural psychological practice.

Artman, L. K., & Daniels, J. A. (2010). Disability and psychotherapy practice: Cultural competence and practical tips. *Professional Psychology: Research and Practice*, *41*(5), 442–448.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, *58*(5), 377-402.

American Psychological Association. (2007). Guidelines for psychological practice with girls and women. *American Psychologist, 62*(9), 949-979.

APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association.

American Psychological Association, Task Force on Socioeconomic Status. (2007). Report of the APA Task Force on Socioeconomic Status. Washington, DC: American Psychological Association.

Balsam, K., Beauchine, T., Rothblum, E., & Solomon, S. (2008). Three-year follow-up of same-sex couples who had civil unions in Vermont, same-sex couples not in civil unions, and heterosexual married couples. *Developmental Psychology, 44*(1), 102-116.

Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 54–65.

Liu, F., & Goto, S. (2007). Self-construal, mental distress and family relations: A mediated moderation analysis with Asian American adolescents. *Cultural Diversity and Ethnic Minority Psychology, 13*(2), 134-142.

Ponterotto, J. G. (2010). Multicultural personality: An evolving theory of optimal functioning in culturally heterogeneous societies. *The Counseling Psychologist, 38*(5), 714–758.

Riva, M. (2010). Supervision in group counseling. In R. K. Coyne (Ed.), *The Oxford handbook of group counseling*  (pp. 370-382). Oxford, England, and New York: Oxford University Press.

Shultz, K. S., & Wang, M. (2011). Psychological perspectives on the changing nature of retirement. *American Psychologist, 66*(3), 170–179.

Task Force on Resources for Inclusion of Social Class in Psychology Curricula,

jointly sponsored by Divisions 9 and 35 of the American Psychological Association.

4. Describe how the education and training and practice guidelines for the specialty reflect the specialty’s recognition of the importance of cultural and individual differences and diversity.

As with the functional competencies, the specialty incorporates the foundational competency of individual and cultural diversity and Principle D of the Ethics Code in education, training and practice (see below). Group leaders are particularly encouraged to examine how issues of privilege, power, and dominance might be functioning and how they may shape their assumptions and beliefs about group participants and create inequitable outcomes. These activities are important in the context of rapid demographic shifts and gaps. Self-examination is important as unintentional actions and beliefs often create enclaves of exclusivity that impact certain demographic groups that are left neglected and end in failure or mediocrity.

Individual and Cultural Diversity-Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy (Fouad et al., 2009).

Principle D. Principle D: Justice

 Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.

Fouad, N.A., Grus, C.L., Hatcher, R.L., Kaslow, N.J., Hutchings, P.S., Madson, M., Collins, F.L., Jr., & Crossman, R.E. (2009). Competency benchmarks: A developmental model for understanding and measuring competence in professional psychology. *Training and Education in Professional Psychology,* 3(4, Suppl), Nov 2009, S5-S26.

**Criterion IV. Distinctiveness. A specialty differs from other recognized specialties in its body of specialized scientific knowledge and professional application.**

***Commentary****: While it is recognized that there will be overlap in the knowledge and skill among various specialties in psychology, the petitioning organizations must describe the specialty in detail to demonstrate that it is distinct from other recognized specialties in the knowledge and skills required or the need or population served, problems addressed and procedures and techniques used.*

***1. Identify how the following parameters differentiate and where they might overlap with other specialties. Describe how these parameters define professional practice in the specialty.***

***a. populations***

***b. problems (psychological, biological, and/or social that are specific to this specialty):***

***c. procedures and techniques***

a. 1 Populations (Overlap)

 Populations for the specialty overlap with populations for clinical, counseling and school psychology as well as those for other specialties as the group specialty is broad and deep with overarching commonalties. Populations include children, adolescents, adults, the elderly, as well as populations with common conditions such as emotional disorders, medical conditions, psychopathology; or in special settings such as hospitals, prisons, schools, and universities. Following is a selected list of citations.

**Inpatient**

Beutel, M. E., Knickenberg, R. J., Krug, B, Mund, S., Schattenburg, L., & Zwerenz, R. (2006). Psychodynamic focal group treatment for psychosomatic inpatients–With an emphasis on work-related conflicts. *International Journal of Group Psychotherapy*, *56*, 285-305.

Bilynsky, N. S. & Lyke, J. (2001). Interactional psychotherapy groups on inpatient units: Recent changes and challenges. *Group Psychologist*, *11*, 20-21.

Cook, W. G., Arechiga, A., Dobson, L. A. V., & Boyd, K. (2014). Brief heterogeneous inpatient psychotherapy groups: A process-oriented psychoeducational (POP) model. *International Journal of Group Psychotherapy*, *64*, 181-206. doi:10.1521/ijgp.2014.64.2.180

De Chavez, M. G., Guitierrez, M., Ducaju, M., & Fraile, J. C. (2000). Comparative study of therapeutic factors of group therapy in schizophrenic inpatients and outpatients. *Group Analysis*, *33*, 251-264. doi: 10.1177/0533316400332006

Deering, C. G. (2014). Process-oriented inpatient groups: Alive and Well? *International Journal of Group Psychotherapy*, *64*, 165-180. doi: 10.1521/ijgp.2014.64.2.164

Emond, S. & Rasmussen, B. (2012). The status of psychiatric inpatient group therapy: Past, present, and future. *Social Work with Groups*, *35*, 68-91. doi: 10.1080/01609513.2011.553711

Hajek, K. (2007). Interpersonal group therapy on acute inpatient depression treatment. *European Psychiatric Review*, *4*, 32-34.

Kösters, M., Burlingame, G. M., Nachtigall, C., Strauss, B. (2006). A meta-analytic review of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory, Research, and Practice*, *10*, 146-163. doi: 10.1037/1089-2699.10.2.146

Lothstein, L. M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. *International Journal of Group Psychotherapy*, *64*, 229-244. doi: 10.1521/ijgp.2014.64.2.228

Peters, T. & Kanas, N. (2014). Cognitive-behavioral group therapy in the acute care inpatient setting. *International Journal of Group Psychotherapy*, *64*, 272-276. doi: 10.1521/ijgp.2014.64.2.272

Radcliffe, J. & Diamond, D. (2010). A psychodynamic inpatient group. In J. Radcliffe, K. Hajek, J. Carson, & O. Manor (Eds.), *Psychological groupwork with acute psychiatric inpatients*. London: Whiting & Birch.

 Rosner, R., Lumbeck, G. & Geissner, E. (2011). Effectiveness of an inpatient group therapy for comorbid complicated grief disorder. *Psychotherapy Research*, *21*, 210-218. doi: 10.1080/10503307.2010.545839

Wright, D. C., Woo, W. W., Muller, R. T., Fernandes, C. B., & Kraftcheck, E. R. (2003). An investigation of trauma-centered inpatient treatment for adult survivors of abuse. *Child Abuse & Neglect*, *27*, 393-406. doi: 10.1016/S0145-2134(03)00026-7

**Mental Disorders**

Ansell, E. B., Grilo, C. M., & White, M. A. (2012). Examining the interpersonal model of binge eating and loss of control over eating in women. *International Journal of Eating Disorders*, *45*, 43-50. doi: 10.1002/eat.20897

Ascher-Svanum, H. & Whitesel, J. (1999). A randomized controlled study of two styles of group patient education about schizophrenia. *Journal of Psychiatric Services*, *50*, 926-930.

Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A. R., & Pukrop, R. (2010). Randomized comparison of group cognitive behavior therapy and group psychoeducation in acute patients with schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*. doi: 10.3109/00048670903393571

Bockting, C. L. H., Spinhoven, P., Wouters, L. F., Koeter, M. W. J., & Schene, A. H. (2009). Long-term effects of preventive cognitive therapy in recurrent depression: A 5.5-year follow-up study. *Journal of Clinical Psychiatry, 70*(12), 1621-1628.

Bonsaksen, T., Lerdal, A., Borge, F. M., Sexton, H., & Hoffart, A. (2011). Residential cognitive therapy versus residential interpersonal therapy for social phobia: A randomized controlled trial. *Journal of Anxiety Disorders*, *22*, 991-1010. doi: 10.1016/j.janxdis.2007.10.002

Bonsaksen, T., Borge, F., Hofart, A. (2013). Group climate as a predictor of short- and long-term outcome in group therapy for social phobia. *International Journal of Group Psychotherapy*, *63*, 395-417. doi: 10.1521/ijgp.2013.63.3.394

Castle, D., Berk, M., Berk, L., Lauder, S., Chamberlain, J., & Gilbert, M. (2007). Pilot of group intervention for bipolar disorder. *International Journal of Psychiatry in Clinical Practice, 11*(4), 279-284.

Castle, D., White, C., Chamberlain, J., Berk, M., Berk, L., Lauder, S., Murray, G., Schweitzer, I., Piterman, L., & Gilbert, M. (2010). Group-based psychosocial intervention for bipolar disorder: A randomized controlled trial. *British Journal of Psychiatry, 196,* 383-388.

Castonguay, L., Pincus, A., Agras, W., & Hines, C. (1998). The role of emotion in group cognitive-behavioral therapy for binge eating disorder: When things have to feel worse before they get better. *Psychotherapy Research*, *8*, 225-238.

Colom, F., Vieta, E., Reinares, M., Martinez-Arán, A, Torrent, C., Goikolea, J. M. & Gastó, C. (2003). Psychoeducation efficacy in bipolar disorders: Beyond compliance enhancement. *Journal of Clinical Psychiatry*, *64*, 1101-1105.

Crits-Christoph, P., Johnson, J. E., Connolly Gibbons, M., & Gallop, R. (2013). Process predictors of the outcome of group drug counseling. *Journal of Consulting and Clinical Psychology*, *81*, 23-34. doi: 10.1037/a0030101

Daniels, L. (1998). A group cognitive-behavioral and process-oriented approach to treating the social impairment and negative symptoms associated with chronic mental illness. *Journal of Psychotherapy Practice and Research*, *7*, 67-76.

Dingemans, A. E., Martijn, C., Jansen, A. T. M., & van Furth, E. F. (2009). The effect of suppressing negative emotions on eating behavior in binge eating disorder. *Appetite*, *52*, 51-57. doi: 10-1016/j.appet.2008.08.004

Driessen, E., Cuijpers, P., de Maat, S. C., Abbass, A. A., de Jonghe, F., & Dekker, J. J. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. *Clinical Psychology Review, 30*(1), 25-36.

Farrell, J. M., Shaw, I. A., Fuller, K., & Silver, V. (2008, August). *Group psychotherapy for borderline personality treatment: Ordeal or opportunity?* Paper presented at the American Psychological Association 2008 Convention.

Flores, P. J. & Brook, D. W.(2013). Group psychotherapy approaches to addiction and substance abuse. New York: American Group Psychotherapy Association.

Gallagher, M. E., Tasca, G. A., Ritchie, K., Balfour, L., & Bissada, H. (2014). Attachment anxiety moderates the relationship between growth in group cohesion and treatment outcomes in group psychodynamic interpersonal psychotherapy for women with binge eating disorder. *Group Dynamics: Theory, Research, and Practice*, 38-52. doi: 10.1037/a0034760

Hagen, R., Nordahl, H. M., & Grawe, R. W. (2005). Cognitive-behavioral group treatment of depression in patients with psychotic disorders. *Clinical Psychology and Psychotherapy*, *12*, 465-474. doi: 10.1002/cpp.474

Johnson, J. (2010). Cohesion in cognitive behavioral group therapy for anxiety disorders and major depression. *International Journal of Group Psychotherapy*, *60*, 153-158. doi:10.1016/j.brat.2006.06.004

Kanas, N. (1999). Group therapy with schizophrenic and bipolar patients: Integrative approaches. In V. Schermer & M. Pines (Eds.), *Group psychotherapy of the psychoses: Concepts, interventions and contexts* (pp. 129-147). London: Jessica Kingsley.

Kopelowitcz, A., Liberman, R. P., & Zarate, R. (2006). Recent advances in social skills training in schizophrenia. *Schizophrenia Bulletin, 32*(1), 12-23.

Lothstein, L. (2013a). Group therapy for patients suffering from eating disorders. *International Journal of Group Psychotherapy*, *62*, 473-476. doi: 10.1521/ijgp.2012.62.3.473

Pearson, M. J., & Burlingame, G. M. (2013). Cognitive approaches to group therapy: Prevention of relapse in major depressive and bipolar disorders. *International Journal of Group Psychotherapy, 63*(2), 303-309. doi: 10.1521/ijgp.2013.63.2.303.

Pitschel-Walz, G., Bäuml, J., Froböse, T., Gsottscheieder, A., & Jahn, T. (2009). Do individuals with schizophrenia and a borderline intellectual disability benefit from pyschoeducational groups? *Journal of Intellectual Disabilities*, *13*, 305-320. doi: 10.177/1744629509353237

Sarol-Kulka, A. (2001). Group dynamics in psychotherapy of patients with personality disorders. *Archives of Psychiatry and Psychotherapy*, *3*, 31-41.

Substance Abuse and Mental Health Services Administration. (2004). *Survey of Mental Health Organizations (SMHO)*. Rockville, MD: Author.

Tasca, G. A., Balfour, L., Ritchie, K., & Bissada, H. (2006). Developmental changes in group climate in two types of group therapy for binge eating disorder: A growth curve analysis. *Psychotherapy Research*, *16*, 499-514. doi: 10.1080/10503300600593359

Tasca, G. A., Balfour, L., Ritchie, K., & Bissada, H. (2007). The relationship between attachment scales and group therapy alliance growth differs by treatment type for women with binge eating disorder. *Group Dynamics: Theory, Research, and Practice*, *11*, 1-4.

Tasca, G. A., Mikail, S., & Hewitt, P. (2005). Group psychodynamic interpersonal psychotherapy: Summary of a treatment model and outcomes for depressive symptoms. In M. E. Abelian (Ed.), *Focus on psychotherapy research* (pp. 159-188). New York, NY: Nova.

Tomasulo, D. (1990). *Group counseling for people with mild to moderate mental retardation and developmental disabilities: An interactive-behavioral model* [Video and training manual]. New York: Young Adult Institute.

Verheul, R. & Herbrink, M. (2007). The efficacy of various modalities of psychotherapy for personality disorders: A systematic review of the evidence and clinical recommendations. *International Review of Psychiatry*, *19*, 25-38. doi: 10.1080/09540260601095399

Vukov, M. G., Moore, L. J., & Cupina, D. (2007). Bipolar disorder: From psychoeducational to existential group therapy. *American Psychiatry*, *15*, 30-34. doi: 10.1080/10398560601083100

Wilfley, D. E., Welch, R. R., Stein, R. I., Spurrell, E. B., Cohen, L. R., Saelens, B. E., . . . Matt, G. E. (2002). A randomized comparison of group cognitive-behavioral therapy and group interpersonal psychotherapy for the treatment of overweight individuals with binge eating disorder. *Archives of General Psychiatry*, *59*, 713-721. doi: 10.1001/archpsyc.59.8.713

 ***a.2. Distinctiveness***

 The specialty has its distinctiveness for populations grounded in the theory and practice derived from Harry Stack Sullivan, Wilford Bion, Irvin Yalom and other major group luminaries. The populations served by this specialty use the social interactions and factors found to be therapeutic/curative, such as socializing techniques, imitative behavior, group cohesion, and the interpersonal feedback loop.

Group processes from the psychological laboratory are well integrated into group therapy. The APA Journal Group Dynamics and AGPA’s International Journal of Group Psychotherapy both contain applications from laboratory work. Moreover, the number of journals that contain articles related to the application of laboratory findings to group therapy are almost too numerous to mention. For example: The Journal of Personality and Social Psychology; The Journal of Applied Social Psychology; Journal for Specialists in Group Work; Basic and Applied Social Psychology; Clinical Psychology Science and Practice; Counseling and Clinical Psychology; The Journal of Counseling Psychology; The Counseling Psychologist; Group Processes and Intergroup Relations; Journal of Child and Adolescent Group Therapy; Psychotherapy Research. Each of these journals contains multiple articles related to group therapy. A search on EBSCO host using the parameters of group and (psychotherapy or counseling or therapy) yields over 162,000 references. The following list briefly captures a few examples of the scope of writing on group therapy just in the last twelve months. It covers diagnostic difference, methodological diversity, national and international contributions and basic science to applied science.

Gallagher, M. E., Tasca, G. A., Ritchie, K., Balfour, L., & Bissada, H. (2014). Attachment Anxiety Moderates the Relationship Between Growth in Group Cohesion and Treatment Outcomes in Group Psychodynamic Interpersonal Psychotherapy for Women With Binge Eating Disorder. Group Dynamics, 18(1), 38-52. doi:10.1037/a0034760

Krishna, M., Honagodu, A., Rajendra, R., Sundarachar, R., Lane, S., & Lepping, P. (2013). A systematic review and meta-analysis of group psychotherapy for sub-clinical depression in older adults. International Journal Of Geriatric Psychiatry, 28(9), 881-888. doi:10.1002/gps.3905

Erskine, R. G. (2013). Relational Group Process: Developments in a Transactional Analysis Model of Group Psychotherapy. Transactional Analysis Journal, 43(4), 262-275. doi:10.1177/0362153713515179

Pessagno, R. A., & Hunker, D. (2013). Using Short-Term Group Psychotherapy as an Evidence-Based Intervention for First-Time Mothers at Risk for Postpartum Depression. Perspectives In Psychiatric Care, 49(3), 202-209. doi:10.1111/j.1744-6163.2012.00350.x

Mott, J., Barrera, T., Hernandez, C., Graham, D., & Teng, E. (2014). Rates and Predictors of Referral for Individual Psychotherapy, Group Psychotherapy, and Medications among Iraq and Afghanistan Veterans with PTSD. Journal Of Behavioral Health Services & Research, 41(2), 99-109. doi:10.1007/s11414-013-9352-0

Kirchmann, H., Steyer, R., Mayer, A., Joraschky, P., Schreiber-Willnow, K., & Strauss, B. (2012). Effects of adult inpatient group psychotherapy on attachment characteristics: An observational study comparing routine care to an untreated comparison group. Psychotherapy Research, 22(1), 95-114. doi:10.1080/10503307.2011.626807

Honagodu, A., Krishna, M., Sundarachar, R., & Lepping, P. (2013). Group psychotherapies for depression with HIV: A systematic review. Indian Journal Of Psychiatry, 55(4), 323-330. doi:10.4103/0019-5545.120541

b. Problems Overlap and Distinctiveness

b. 1 Overlap

The problems that are researched and addressed overlap with those addressed by other psychology specialties and disciplines such as the following.

* Teambuilding ( Sports Psychology, Organizational Psychology) (Markin, 2011; Ellis, 2011; Wann, et al., 2011; Molleman & Broekhuis, 2012)
* Interpersonal and communication skills building, effective work groups, problem solving, decision making, effective work groups, leadership development (Organizational Psychology) ( Johnson & Johnson, 2013)
* Diagnosis and treatment of mental and emotional disorders ( Clinical Psychology) (Ansell et al. 2012, Bechdolf et al. 2010, Gallager et al., 2014)
* Counseling psychology (Kivlighan, D. Jr. & B. Tibbits, 2012)
* Social psychology (Amiot et al., 2012; Fiske, 2010)
* School psychology (Luke & Goodrich ,2013; Shechtman, Z. 2003; Schechtman, 2005)

Amiot, C., Sansafacon, S., Louis, W., & Yelle, M. (2012). Testing the role of group norms and

 behavioral congruence in the internalization of discriminatory and parity behaviors.

 Personality and Social Psychology Bulletin, 38, 63 – 76. Doi: 10:1177/0146167211429804.

Ansell, E. B., Grilo, C. M., & White, M. A. (2012). Examining the interpersonal model of binge

 eating and loss of control over eating in women. *International Journal of Eating Disorders*,

 *45*, 43-50. doi: 10.1002/eat.20897

Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A. R., & Pukrop, R. (20100. Randomized comparison of group cognitive behavior therapy and group psychoeducation in acute patients with schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*. doi: 10.3109/00048670903393571

Burke, S. M., Carron, A. V., Eys, M. A., Ntoumanis, N., & Estabrooks, P. A. (2006). Group versus individual approach? A meta-analysis of the effectiveness of interventions to promote physical activity. *Sport and Exercise Psychology Review, 2*, 13-29.

Ellis, A. & M. Pearsall (2011). Reducing the negative effects of stress in teams through cross-

 Training: A job demands-resources model. Group Dynamics Theory, Research, and Practice,

 15(1), 16 – 31.

Fiske, S. (2010). Interpersonal stratification: Status, power and subordination. In S. T. Fiske, D.

 Gilbert & G. Lindzey (eds.) Handbook of Social Psychology (5th ed.), Vol. 2, pp.l941 – 982.

 Hoboken NJ:Wiley.

Gallagher, M. E., Tasca, G. A., Ritchie, K., Balfour, L., & Bissada, H. (2014). Attachment

 anxiety moderates the relationship between growth in group cohesion and treatment outcomes

 in group psychodynamic interpersonal psychotherapy for women with binge eating disorder.

 *Group Dynamics: Theory, Research, and Practice*, 38-52. doi: 10.1037/a0034760

Johnson, D. & Johnson, F. (2013). *Joining together: Group Theory and Group Skills*. (11th ed.)

 Upper Saddle River, NJ: Pearson.

Kivlighan, D. Jr. & B. Tibbits (2012). Silence is mean and other misconceptions of group

 counseling trainees: Identifying errors of commission and omission in trainees’ knowledge

 structures. *Group Dynamics, Theory, Research and Practice*, 16(1), 14 – 34.

Luke, M. & K. Goodrich. (2013). Investigating the LGBTQ Responsive Model for supervision of

 group work. *The Journal for Specialists in Group Work*, 38(2), 96 – 120.

Markin, R. (2011). Does my group know how I feel? Measuring intellectual empathy in groups

 Using the Social Relations Model. *Group Dynamics Theory, Research, and Practice*, 15(1), 1,

 1 – 15.

Molleman, E., & M. Broekhuis (2012). How working in cross-functional teams relates to core

 attributes of professional occupations and the moderating role of personality. *Group*

 *Dynamics Theory, Research, and Practice*, 16(1), 50 – 67.

Shechtman, Z. (2003). Therapeutic factors and outcomes in group and individual therapy of

 aggressive boys. *Group Dynamics: Theory, Research, and Practice, 7*, 225-237. doi:

 10.1037/1089-2699.7.3.225

Shechtman, Z., & Gluk, O. (2005). An investigation of therapeutic factors in children’s groups.

 *Group Dynamics: Theory, Research, and Practice, 9,* 127-134. doi: 10.1037/1089-

 2699.9.2.127

Wann, D., P. Waddill, J. Polk, & S. Weaver (2011). The team identification-social psychological

 Health model: Sports fans gaining connections to others via sport team identification. *Group*

 *Dynamics Theory, Research, and Practice*, 15(1), 75 – 89.

***b. 2. Distinctiveness***

 Problems addressed by the specialty overlap with other specialties, but have a distinctiveness. This distinctiveness is embedded in the interpersonal/intrapersonal functioning for individual group members as well as collectively for the group. The use of these factors is dependent on the expertise of the group leader to identify and capitalize on its learning, development, and healing possibilities. Although this is important for psychological and biological problems ( see citations below) it is most clearly applied to social deficits and problems, such as relating and communication attributes and skills; the use of therapeutic factors such as universality, interpersonal learning, imitative behavior, group cohesion and socializing techniques. Even when the problems addressed are psychological or biological based, there can be an interpersonal component where the specialty plays a considerable role in the growth, development or healing process. This specialty contribution is illustrated in the Dialectical Behavioral Therapy (DBT) developed by Marsha Linenhan (1996) for treatment of Borderline Personality Disorder which has been extended to effective treatment for other conditions and problems, and the Multifamily treatment of William MCFarlane (2002) where group forms a significant component of the treatment process.

 Examples of the problems addressed by the specialty include the following.

* Scientific study on optimal functioning for groups. (Johnson, 2006)
* Teaching and promoting group leadership skills (Johnson, 2005)
* Existential concerns and how to address them. (Kivlighan, 2011; Yalom, 2005)
* Use of socializing forces. (Kopelowit, 2006; Ellis, 2014, Badenoch)
* Prevention programs. ( Conyne, 2014; Gudmundsson, 2014)
* Social justice ( Rayle, 2006; Villalba, 2014)
* Cost effective treatment. (Bonsaken et al., 2010; Kosters et al., 2006)
* Patient education. (Bechdolf, 2010)
* Skills training ( Cloitre, 2002)

Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A. R., & Pukrop, R. (2010).

 Randomized comparison of group cognitive behavior therapy and group psychoeducation in

 acute patients with schizophrenia: Effects on subjective quality of life. *Australian and New*

 *Zealand Journal of Psychiatry*. doi: 10.3109/00048670903393571

Cloitre, M., Koenen, K., Cohen, L., & Hans, H. (2002). Skills training in affective and

 interpersonal regulation followed by exposure: A phased-based treatment for PTSD related to

 childhood abuse. *Journal of Consulting & Clinical Psychology, 70*, 1067-1074.

Ellis, C. C., Peterson, M., Bufford, R., & Benson, J. (2014). The importance of group cohesion

 in intpatient treatment of combat-related PTSD. *International Journal of Group*

 *Psychotherapy*, *64*, 209-226. doi: 10.1521/ijgp.2014.64.2.208

Kopelowitcz, A., Liberman, R. P., & Zarate, R. (2006). Recent advances in social skills training

 in schizophrenia. *Schizophrenia Bulletin, 32*(1), 12-23.

Kösters, M., Burlingame, G. M., Nachtigall, C., Strauss, B. (2006). A meta-analytic review of

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Linehan, M. M. (1996) Dialectical behavior therapy for borderline personality disorder. In B.

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Rayle, A. D., Sand, J. K., Brucato, T., & Ortega, J. (2006). The “Comadre” group approach: A

 wellness-based group model for monolingual Mexican women. *The Journal for Specialists in*

 *Group Work*, *31*, 5-24. doi: 10.1080/01933920500341424

Rosner, R., Lumbeck, G. & Geissner, E. (2011). Effectiveness of an inpatient group therapy for

 comorbid complicated grief disorder. *Psychotherapy Research*, *21*, 210-218. doi:

 10.1080/10503307.2010.545839

Villalba, J. A., Gonzalez, L. M., Hines, E. M., & Borders, L. D. (2014). The Latino parents-

 learning about college (LaP-LAC) program: Educational empowerment of Latino families

 through educational group work. *The Journal for Specialists in Group Work*, *39*, 47-70. doi:

 10.1080/01933922.2013.859192

Sample Citations

**Adolescents**

Baker, S. (2001). Coping-skills training for adolescents: Applying cognitive-behavioral principles to psychoeducational groups. *Journal for Specialists in Group Work, 26*(3), 219–227.

Beeferman, D., & Orvaschel (1994). Group psychotherapy for depressed adolescents: A critical review. *International Journal of Group Psychotherapy, 44*(4), 463–474.

Diegel, R. (1999). Participation in a dating violence prevention psychoeducational support group for adolescent females: A phenomenological inquiry. *Dissertation Abstracts* 60 (6-B). Ann Arbor, MI: University Microfilms International.

Fine, S., Forth, A., Gilbert, M., & Haley, G. (1991). Group therapy for adolescent depressive disorder: Comparison of social skills and therapeutic support. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 79–85.

Hanna, F., Hanna, C, & Keys, S. (1999). Fifty strategies for counseling defiant, aggressive adolescents: Reaching, accepting, and relating. *Journal of Counseling and Development, 77,* 395–404.

Kiselica, M. (1994). Preparing teenage fathers for parenthood: A group psychoeducational approach. *Journal for Specialists in Group Work,* 79(2), 83–94.

Pressman, M., & Brook, D. (1999). A multiple group psychotherapy approach to adolescents with psychiatric and substance abuse comorbidity. *International Journal of Group Psychotherapy, 49*(4), 486–512.

**Children**

Durlak, J. A., Fuhrman, T, & Lampman, C. (1991). Effectiveness of cognitive-behavior therapy for maladapting children: A meta-analysis. *Psychological Bulletin, 110,* 204–214.

Fristad, M. Veiducci, J., Walters, K., & Young, M. (2009). Impact of multifamily psychoeducational psychotherapy in treating children aged 8 to 12 years with mood disorders. *Archives of General Psychiatry.* 9, 1013 – 1021.

Garrett, M., & Cruchfield, L. (1997). Moving full circle: A unity model of group work with children. *Journal for Specialists in Group Work,* 22(3), 175–188.

Kamps, D. M., Leonard, B. R., Vernon, S., & Dugan, E. P. (1992, Summer). Teaching social skills to students with autism to increase peer interactions in an integrated

first-grade classroom. *Journal of Applied Behavior Analysis,* 29(2), 281–288.

Sheckman, Z. (1994). Group counseling/psychotherapy as a school intervention to enhance close friendships in preadolescence. *Journal for Specialists in Group Work, 44*(3), 377–391.

Sheckman, Z. (2001). Prevention groups for angry and aggressive children. *Journal for Specialists in Group Work,* 26(3), 228–236.

***2. In addition to the professional practice domains described above, describe the theoretical and scientific knowledge required for the specialty and provide references for each domain as described below. For each of the following core professional practice domains, provide a brief description of the specialized knowledge that is required and provide the most current available published references in each area (e.g., books, chapters, articles in refereed journals, etc.) While reliance on some classic references is acceptable, the majority of references provided should be from last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty***.

***a. assessment:***

 Assessment is a foundational skill and competency for the specialty that extends and builds on assessment knowledge, strategies and skills developed by successful completion of psychology doctoral and internship programs. Applied to the group specialty are four major components for assessment.

1. Assessing individual’s appropriateness for the particular group (screening), such as level of interpersonal skills and the capacity to engage in group process. ( Alonso & Rutan, 1993; Rutan, Stone & Shay, 2012)

2. Psychological assessment of group members’ issues, motivation, diagnoses, and the like.

( Yalom, 2005)

3. Assessment of the interactional nature of group sessions. (Agazarian, 1997)

4. Assessment of group outcomes for individual members and for the group as a whole.

( Burlingame et al., 2012)

Group therapy has a rich history of utilization of assessment to augment and inform its processes of screening, process and outcome. Screening measures currently used in both practice and research include the Group Therapy Questionnaire (MacNair-Semands, 2004) and Group Readiness Questionnaire (Baker, Burlingame, Cox, Beecher & Gleave, 2013). These measures identify evidence-based predictors of likelihood of group members dropping out and are used to improve group therapist awareness of how to better prepare and motivate clients toward positive outcomes. Group Process measures include but are not limited to, the Group Questionnaire (Krogel, Burlingame, Chapman, Renshaw, Gleave, Beecher, MacNair-Semands, 2013), the Group Climate Questionnaire (MacKenzie, 1983), the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000), the Critical Incidents Questionnaire (Bloch, Reibenstein, Crouch, Holroyd & Themen, 1979) and the Working Alliance Inventory (Horvath & Grennberg, 1989). Outcome measures include the Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner & Reisinger, 1996), an NREPP/SAMHSA-validated measure; the Inventory of Interpersonal Problems (IIP-32; Horowitz, Wiggins & Pincus, 2000) and the Group Evaluation Scale (Hess, 1996).Many of these instruments are collected in the CORE-R Battery (AGPA, 2006), a compendium of assessment instruments produced by the AGPA in 2006.

Diagnostic procedures specific to group (as opposed to DSM-V diagnosis) takes many forms within the world of group therapy. Some approaches, such as Focused Brief Group Therapy (Whittingham, 2010), utilize formal assessment from a psychometrically-established instrument, the IIP-32 to place clients on a circumplex score related to interpersonal distress. This evaluation then serves to focus treatment. Other group approaches utilize group role analysis or theoretically-derived means to analyze group process*.*

Agazarian, Y. (1997). *Systems-Centered Therapy for Groups.* New York: Guilford Press.

Alonso, A. & Rutan, S. (1993). Character change in group therapy. *International Journal of*

 *group psychotherapy*, 43(4), 439 – 452.

Badenoch, B. & P.Cox (2010). Integrating interpersonal neurobiology with group psychotherapy.

 *International Journal of Group Psychotherapy*, 60, (2) 463 – 481.

Barlow, S. (2013). *Specialty competencies in group psychology*. New York: Oxford University

 Press.

Burlingame, G., B. Strauss, & A. Joyce (2013). Change mechanisms and effectiveness of small

 group treatment. In M. J. Lambert (Eds) *Bergen and Garfield’s Handbook of Psychotherapy*

 *and Behavior Change*. (6th ed. Pp. 640 – 689) Hoboken, NJ: Wiley.

Rutan, S., Stone, W., & Shay, J. (2012). *Psychodynamic Group Psychotherapy*. (5th ed.)

 Guilford Press: New York.

Thayer, S. (2012). The validity of the group questionnaire: Construct clarity and construct drift.

 Unpublished dissertation. Brigham Young University.

Yalom, I.( with M. Leszcz) (2005). *Theory and Practice of Group Psychothera*py. Basic Books:

 New York.

***b. intervention***:

Leader interventions go beyond acquiring a set of skills and techniques as a basis for understanding when and how to intervene in a group. Also included are the importance of the development of the group leader’s self (Messa, 2002), clinical practice guidelines that propose that the group leader’s personal attributes of empathy, warmth and unconditional positive regard ( Rogers, ; Kivlighan et al. 1994) as essential for establishing the therapeutic relationship, and the leader’s understanding of his/her personal issues especially those that may be unresolved and could contribute to the leader’s countertransference and the other skills and techniques that guide interventions. Sample references are presented below.

Bechdolf, A., B. Knost, B. Nelson, N.Schneider, V. Veith, A. Yung, et.al. (2010). Randomized

 comparison of group cognitive behavior and psychoeducation in acute patients with

 schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of*

 *Psychiatry*, 44, 144 – 150.

Bonsaken, T., F. Borge, A. Hofart (2013). Group climate as a predictor of short-and long-term

 outcome in group therapy for social phobia. *International Journal of Group Psychotherapy*,

 64, 395 – 417.

Kivlighan, D. M. Kivlighan Jr.(2011). Individual and group perceptions of therapeutic factors

 and session evaluation: An actor-partner interdependence analysis. *Group Dynamics: Theory,*

 *Research, and Practice*, 15, 147 – 160.

Messer, S. (1991). The case formulation approach: Issues of reliability and validity. *American*

 *Psychologist*. 46 (12), 1348 - 1350.

Rogers, C. (1970). *Carl Rogers on encounter groups*. New York: Harper and Row.

***c. consultation***:

 Consultation for the specialty recognizes the knowledgeable input that other mental and physical health professionals outside of health services psychology can provide for the understanding and treatment of group members. These professionals can include social workers, psychiatrists, counselors, marriage and family therapists, medical personnel, pastoral counselors, military mental health specialists and others. Consultation can add to the group leader’s knowledge and understanding of the varied and many issues, concerns and problems affecting and relevant to each group member so that the group leader can select the most appropriate and effective interventions for the individual group members and for the group as a whole. Consultation is encouraged as it is very helpful for group leaders to consult other resources for information and guidance on topics such as cultural and diversity issues, ethics, medical needs and concerns of group members, possible familial problems, school related issues, and other issues outside of the group leader’s area of expertise.

Consultative methods in group therapy are multifarious. From group leaders who consult with business organizations on team meetings and group processes to regular “ask the expert” columns in newsletters such as those produced by the AGPA (“The Group Circle”) and APA (“The Group Psychologist”) There are also regional group therapy organizations, such as the many affiliates of AGPA (e.g. Eastern Group Psychotherapy Society, Northeastern Society for Group Psychotherapy, Tri-State Group Psychotherapy Society); listservs such as the University Counseling Centers Group Coordinator Listserv (now with over 500 members) and a wide variety of workshops and symposia involving panel discussions with experts. There are also groups devoted to ongoing training in specific methods of group therapy. For example, Systems-Centered Therapy Training and Research Institute and the New York Center for Group Studies.

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Brabender, V. (2013). The group psychotherapist consulting in organizations: Toward less fear

 and more treading. *International Journal of Group Psychotherapy*, 63 (2), 259 – 266.

Gantt, S. (2013). Applying Systems-Centered Theory (SCT) and methods to organizational

 contexts: Putting SCT to work. *International Journal of Group Psycho*therapy, 63 (2), 235 –

 258.

Gumpert, P. & D. Dill (2013). Transforming medical practices: A significant opportunity for group

 psychotherapists*. International Journal of Group Psychotherapy*, 63(2), 179 – 206.

Hopper, E. (2013). Consulting in/to organizations/societies as traumatized living human social

 systems. *International Journal of Group Psychotherapy*, 63(2), 267 – 274.

Noumair, D. (2013). Cultural revelations: Shining a light on organizational dynamics.

 *International Journal of Group Psychotherap*y, 63(2), 153 – 178.

O’Doherty, H. & D. Kennedy (2013). On the similarities of mind and peace in the valley.

 *International Journal of Group Psychotherapy*, 63(2), 207 – 234.

Schermer, V. & C. Rice (2013). Introduction: Group psychotherapists as organizational

 consultants: Diverse contexts, models and approaches. *International Journal of Group*

 *Psychotherapy*, 63(2), 147 – 152.

*d. supervision*

 Practice under appropriate supervision is an essential component for developing clinical skills. Current COA guidelines require that students in doctoral, internship and post-doctoral residency programs receive practice and appropriate supervision. ( APA, 2013) These guidelines provide for doctoral students to receive “exposure to the current body of knowledge” in supervision (p. 7), that interns demonstrate and intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies and knowledge in the “Theories and/or method of consultation, evaluation and supervision (p. 15), and that residents in postdoctoral programs be required to “demonstrate an advanced level of professional competencies, skills, abilities, proficiencies, and knowledge” (p ) in supervision. It is clear that APA accredited programs for professional psychology provide graduates with the knowledge and achievement of skills and competencies for theories and methods for supervision.

 The group specialty has additional knowledge and competencies for supervision, that of group supervision. Group supervision theories and models include concept mapping ( Carter et al. 2009), taxonomy development (Coleman et al. 2009), measures and definitions for outcomes (Whipple & Lambert, 2011) , and competencies (Falender et al, 2004).

American Psychological Association (2013). *Guidelines and Principles for Accreditation of*

 *Programs in Professional Psychology*. Washington, DC: Author.

Carter, J., K. Enyendy, R. Goodyear, F. Arceine, & N. Puri (2009). Concept mapping of the

 events supervisees find helpful in group supervision. *Training and Education in Professional*

 *Psychology, 3,(*1), 1 – 9).

Coleman, M. D. Kivlighan, & H. Roehlke (2009). A taxonomy of the feedback given in group

 supervision of counselor trainees. *Group Dynamics: Theory, Research and Practice*, 13(4),

 300 – 315.

Falender, D., J. Cornish, & R. Goodyear (2004). Defining competencies in psychology

 supervision. A consensus statement. *Journal of Clinical Psychology*, 60, 771 – 785.

Whipple, J. & M. Lambert, M. (2011). Outcomes measures for practice. *Annual Review of*

 *Clinical Psychology*, 7, 87 – 111.

e. research and inquiry:

The group specialty has a long history of research and inquiry that addresses the many and varied components relative to group psychology and group psychotherapy. The complexity of group processes; the knowledge, skills and self-development of the group leader; best and effective evidence based interventions; and effectiveness and outcomes are some of the major areas that continue as emphases and foci for research and inquiry. Examples of recent studies and professional writings include the following.

Randomized clinical trial on suicide ideation:

Ebrahimi, H., Kazemi, A, Fallahi, K. & Modabber, R. (2014). The effect of spiritual and

 religious group psychotherapy on suicide ideation in depressed patients: A randomized

 clinical trial. *Journal of Caring Science*, 3(2): 131 – 40.

A meta-analysis on group cohesion:

Castano, N., Watts, T. & Tekleah, A. (2014). A reexamination of the cohesion-performance

relationship: A comprehensive approach. *Group Dynamics: Theory, Research, and Practice*, 17, 4, 207-231.

Validation of group assessment measures:

 Baker, E. G. Burlingame, J. Cox, M. Beecher and R. Gleave. (2014). The Group Readiness

 Questionnaire: A convergent validity analysis. *Group Dynamics: Theory, Research and*

 *Practice*, 17, 4, 299 – 314.

Research methods:

 Macgowan, M. & S. Wong ( 2014). Single case-designs in group work: Past

 applications, Future directions. *Group Dynamics: Theory, Research and Practice*. 18, 2, 159.

Stockton, R. & K. Morran ( 2010) General research models. In *The Oxford Handbook of Group*

 *Counseling.* (231 – 244) (R. Conyne ed.). The Oxford University Press: New York.

Rubel, D. & J. Okech (2010). Qualitative research approaches and group counseling. In *The*

 *Oxford Handbook of Group Counseling.* (260 – 284) (R. Conyne ed.). The Oxford University

 Press: New York.

***f. public interest***:

Following are some examples of the recent research for the specialty that addresses topics relevant to the public interest.

**Cancer**

Power, S. & Hegarty, J. (2010). Facilitated peer support in breast cancer: A pre- and post program evaluation of women’s expectations and experiences of a facilitated peer support program. *Cancer Nursing*, *33*, E9–E16. doi: 10.1097/NCC.0b013e3181ba9296

Shannonhouse, L., Myers, J., Barden, S., Clarke, P., Weimann, R., Forti, A., … Porter, M. (2014). Finding your new normal: Outcomes of a wellness-oriented psychoeducational support group for cancer survivors. *The Journal for Specialists in Group Work*, *39*, 3-28. doi: 10.1080/01933922.2013.863257

Sherman, K. A., Heard, G., & Cavanagh, K. L. (2010). Psychological effects and mediators of a group multi-component program for breast cancer survivors. *Journal of Behavioral Medicine*, *33*, 378-391. doi: 10.1007/s10865-010-9265-9

**Multicultural**

Carr, J. L., Koyama, M., & Thiagarajan, M. (2003). A women’s support group for Asian

 international students. *Journal of American College Health, 52*, 131-134.

Chung, M., Tsu, J., Kuo, C., Lin, P., Chang, T. (2014). Therapeutic effect of dynamic

 interpersonal group psychotherapy for Taiwanese patients with depressive disorder.

 *International Journal of Group Psychotherapy, 64*(4), 537-545.

Lee, J. (2014). Asian international students’ barriers to joining group counseling. *International*

 *Journal of Group Psychotherapy, 64*(4), 445-464.

Schulte, R., Lovett, H., Rice, C., & Williams, R. (2014). The power of the group in Northern

 Ireland. *International Journal of Group Psychotherapy, 64*(4), 467-491.

Short, E. L. & Williams, W. S. (2014). From the inside out: Group work with women of color.

 *The Journal for Specialists in Group Work*, *39*, 71-91. doi: 10.1080/01933922.2013.859191

Stark-Rose, R. M., Livingston-Sacin, T. M., Merchant, N., & Finley, A. C. (2012). Group counseling with United States racial minority groups: A 25-year content analysis. *The Journal*

 *for Specialists in Group Work*, *37*, 277-296. doi: 10.1080/01933922.2012.690831

Villalba, J. A., Gonzalez, L. M., Hines, E. M., & Borders, L. D. (2014). The Latino parents-

 learning about college (LaP-LAC) program: Educational empowerment of Latino families

 through educational group work. *The Journal for Specialists in Group Work*, *39*, 47-70. doi:

 10.1080/01933922.2013.859192

Yakunina, E. S., Weigold, I. K., & McCarthy, A. S. (2011). Group counseling with international students: Practical, ethical, and cultural considerations. *Journal of College Student Psychotherapy, 25*, 67-78.

**Inpatient**

Cook, W. G., Arechiga, A., Dobson, L. A. V., & Boyd, K. (2014). Brief heterogeneous inpatient

 psychotherapy groups: A process-oriented psychoeducational (POP) model. *International*

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***g. continuing professional development***

 Professional development for the specialty is an expectation for group psychologists. The need for group psychologists to maintain and extend their knowledge, skills, professional attitudes, and competencies is an expectation of the professional standards and ethics for the American Psychological Association, ABPP, AGPA’s Certification of Group Psychotherapists, and licensure boards. The maintenance and extension of competences can be assisted when they participate in APA approved formal classroom and workshop activities, and the ASPPB recommended Continuing Professional Development Model (CPD). These activities refer to more than updates for ethics and the law, and are extended to include advances in theory, practice and empirical research findings.

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***3. Identify professional practice activities associated with the specialty in each of the following domains and how they differentiate and where they might overlap with other specialties***.

a. assessment:

Shared

* Knowledge to evaluate assessment instruments: validity, reliability, suitability, and usability for individuals.
* Ability to administer, score and interpret test results for individuals.
* Compiles test results for individuals, analyzes, evaluates and synthesizes these results in written reports.
* Understands the roles for other non-measurable factors for individuals, such as the impact of family culture and environment on their development.
* Demonstrates the correct use of the DSM diagnostic categories.
* Seeks consultation when necessary.

Different

* Assesses suitability for group.
* Evaluates the group’s climate.
* Assesses group outcomes

b. intervention:

Shared

* Uses change mechanisms within a theoretical framework.
* Selects interventions based on client’s needs and characteristics.
* Demonstrates an awareness of core client issues, concerns or problems.
* Sensitive to the cultural and/or diversity characteristics of individuals and how these impact selection of interventions.
* Assist clients to express emotions, identify core areas of concerns, and to evaluate the status of their meaningful relationships.
* Teach problem-solving skills
* Demonstrates core relating attributes such as warmth, caring, concern and positive regard.

Different

* Applies group level change mechanisms for the whole group’s system.
* Facilitates interactions among and between group members and with the leader.
* Assists group members to identify important commonalties, uses socializing techniques, and other group therapeutic/curative factors.
* Understand and applies the use of group developmental stages to further the process and progress of the group and for its members.
* Intervenes at the group level and provides group process commentary.
* Understands and reflects back to members how their behavior and relationships in the group are reflective of their behavior and relationships outside the group.
* Uses a here and now focus.
* Understands the group as a whole system.

c. consultation:

Shared

* Knowledge of ethics, professional standards, and legal issues.
* An understanding of the contributions that other professionals make to the mental health care for individuals.
* Demonstrates respect for other mental health care professionals and systems
* Cooperates with other agencies, teams, and the like.

Different

* Understand the complexity and boundaries for ethical concerns for the group, such as confidentiality, documentation, reporting duties and responsibilities, informed consent, and how these apply to the group and its members.
* Seeks consultation for group related issues, such as ethical decision making.

d. supervision:

Shared

* Demonstrates interpersonal skills of communication with individual supervisees.
* Has the ability to provide constructive feedback in a sensitive and caring manner.
* Can assist supervisees to integrate feedback into practice.
* Knows and uses the principles of ethical practices.

Different

* Provides group supervision.
* Applies the principles of supervision to group supervision.
* Uses group process for supervision.
* Establishes a teaching/advocacy relationship with supervisees.
* Understands group development, processes, and factors that contribute to effective giving and receiving of feedback in a group situation.
* Understands the interplay and interaction of the group supervisor for the group and supervisees.
* Uses a here and now focus

***e. research and inquiry:***

Shared

* Shows an awareness of scientific methods, the literature and other scholarly/scientific contributions.
* Can use qualitative and quantitative research designs.
* Critically reads and analyzes research from the professional psychology literature.
* Effectively applies the outcomes from relevant research.

Different

* Applies the scientific methods for research and inquiry to group processes, functioning and outcomes.
* Reads and critically analyzes research relevant to groups.
* Understands the complexity of designing research on groups.

***f. public interest:***

Shared

* Has an understanding of cultural/diversity factors and how these can impact individuals.
* Learning the emergence of societal issues and concerns that are relevant to professional practice, such as caretakers for adults, unemployment, social justice, and so on.
* Applying theory to practice.

Different

* Cost effective in providing treatment to larger numbers of clients.
* Reducing isolation and alienation among group members.
* Instills hope through seeing other group members get better.
* Establishes meaningful relationships.
* Provides encouragement and support.
* Allows for the corrective emotional experience by expression of feelings and having those responded to with acceptance and understanding which is contrary to past experiences.
* Receiving and giving constructive feedback that can produce inter and intra personal learning.
* Teaches socializing techniques.

***g. continuing professional development:***

Shared

* Following APA standards for continued professional development
* Obtaining additional training for practice within the scope of knowledge and training
* Formal continuing education credits

Different

* Professional development activities are focused on topics relevant to group for example; leadership, the group, group members and their interactions; the roles for culture and diversity; assessment for group dynamics, climate, outcomes; ethics specific to groups
* Obtaining additional training for leading groups
* Research and inquiry related to groups
* Meeting the minimum expectations for continuing education for ABPP and CGP

**Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and attitudes required of all practitioners, a specialty requires advanced, specialty‑specific scientific knowledge.**

***Commentary****: Petitions demonstrate how advanced scientific and theoretical knowledge is acquired and how the basic preparation is extended.*

1. Specialty education and training may occur at the doctoral (including internship), postdoctoral or post-licensure levels. State the level of training of the proposed specialty.

NA

1. Training at the doctoral level is assumed to be primarily broad and general. If specialty training occurs in whole or in part at the doctoral level, describe that training. If there is specialty specific scientific knowledge that is typically integrated with aspects of the broad and general psych curriculum (e.g., biological bases of behavior, cognitive-affective bases of behavior, individual bases of behavior, ethics (science and practice) rather than taught as a freestanding course or clinical experience, specify how this integration occurs.

NA

1. If specialty training occurs in full or in part during a formal postdoctoral program describe the required education and training and other experiences during the postdoctoral residency. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for postdoctoral training?

NA

1. If specialty training occurs in full or in part post-licensure, describe the required education and training during this training. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training?

 **(Post-licensure)**

4. *If specialty training occurs in full or in part post-licensure, describe the required education and training during this training. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training?*

Group Specialty Curriculum – (Post-licensure)

Preamble: The specialty post-licensure program is an organized program of study and practice in group psychology/group psychotherapy that builds on and extends the knowledge, skills and professional development provided by doctoral level preparation and internship in counseling, clinical or school psychology. It is clearly differentiated from these programs in its focus and emphasis on education and training on group studies and practices. The specialty program has sufficient breadth and flexibility to ensure specialty competence.

I. Admissions Standards

a. Earned doctorate in Counseling, Clinical or School Psychology from an APA accredited program and includes formal course work and other experiences and who hold a state professional psychology license. Coursework completed in Foundations of Psychology: **Biological aspects of behavior, Cognitive and social aspects of behavior, History and systems of psychology, Psychological measurement, Research methodology, Techniques of data analysis:**

***Practice Foundations*: Individual differences in behavior, Human development, Psychopathology/other dysfunctional behavior, Professional standards and ethics:**

 ***Diagnosis and Treatment Planning:* Theories and methods of assessment and diagnosis, Effective and evidence based intervention, Consultation and supervision, Evaluation theories and methods:**

***Culture and Diversity:* Relevant to foundations, practice foundations and diagnosis and treatment planning (above):**

***Attitudes and Perspectives:* Lifelong learning, Scholarly inquiry, Problem solving:**

***Practicum and APA accredited internship experiences.***

 b. A process is in place for assessing the preparation of specialty candidates whose doctoral and/or internship programs were not APA accredited.

2. A training philosophy and purpose consistent with professional psychology standards and with the specialty’s standards to emphasize the uniqueness of group psychology and group psychotherapy.

3. The program has a curriculum that ensures that the preparation includes sufficient knowledge, skills, and competencies at the advanced doctoral level for the following topics.

* The history and development of group psychology and group psychotherapy.
* Theories and systems of group psychology and group psychotherapy.
* An understanding of group development theories and process.
* The role of group therapeutic factors for group members’ healing, growth and development.
* Group leaders’ skills, tasks and techniques.
* Empirically supported group interventions.
* The impact and roles for culture and diversity for group members, the group, and the leader.
* Group leaders’ personal development, self-reflection, and monitoring of countertransference.
* Ethical, legal and professional standards relevant to group.
* Scholarly inquiry for groups that includes methods, data collection and analysis, and appropriate use for findings.
* Selection and use of assessment and measurement appropriate for groups.
* Group planning, facilitation, outcome assessment and follow-up.
* Applications for target audiences, settings and conditions. Examples include but are not limited to audiences such as children, adolescents, adults and the elderly; for settings such as inpatient, outpatient, schools, colleges and universities, business and industry; and for conditions such as medical illnesses mental and emotional disturbances, life transitions, personal development, and interpersonal relating and communication skill development.
* Supervised practice in leading groups.
* Consultation and supervision theories, issues and skills relevant for groups.

4. Provisions are in place to provide appropriate venues and considerations for obtaining the knowledge, skills, and experiences required in the curriculum. Provisions can include a combination of the following.

* Credit for previous formal learning experiences about group psychology and group psychotherapy such as doctoral level classes, practica, and internship.
* Documentation of supervised training, didactics, and the like during the APA approved internship.
* Procedures for assessing previously obtained knowledge, skills, and competencies from non-APA accredited doctoral programs and internships.
* APA approved continuing educational units (CEU).
* Formal academic classroom instruction during doctoral level preparation, or after receiving the doctorate.
* Supervised group leadership practice during doctoral level training or after receiving the doctorate.

5. The curriculum must include a minimum of 96 contact hours of approved didactic instruction. This is the equivalent of two university courses (48 hours each) and can be obtained in a variety of ways as described in item #4.

 Group leadership skills development must be a minimum of 50 contact hours as a group leader during which time there is also a minimum of 30 supervision hours. The program must ensure that the supervisor had the appropriate training and/or credentials to function in this capacity.

Currently, there are no formal doctoral training programs in group psychology. In fact, most group therapy training at this time occurs at the postgraduate level. Psychologist with post-licensure group specialty training must have the solid clinical foundations obtained in a professional psychology training program. What is unique about the specialty of group therapy is the interaction between individual and group dynamics. The specialty of group psychology demands advanced knowledge of group dynamics and it is possible at this time to receive a professional psychology doctorate without that education.

Many organizations offer didactic training at the postgraduate level in group dynamics and psychology. A comprehensive course should cover: history of group psychology; the role of the leader; group dynamics including cohesion, boundary maintenance, scapegoating, stages of group development, impact of significant events in groups, and termination; member assessment and selection; preparation of members for group; time-limited groups; diversity in groups; and ethical and legal aspects of group therapy

Training in the specialty of group psychology must also include supervised experience, just as training in other forms of therapy does. Again there is wide range of requirements for various certificates for example, the National Group Psychotherapy Institute (of the Washington School of Psychiatry) requires 75 weekly supervision sessions and 75 hours of personal group psychotherapy; the International Board of Certified Group Psychotherapists requires 75 hours of supervision and 300 hours of group therapy experience; the Eastern Group Psychotherapy Society requires 30 weeks of participation in an experience group and 30 weeks of group consultation and of didactic.

There are also no formal post-licensure requirements for the specialty. However there is an American Board of Professional Psychology Diploma in Group Psychology (American Board of Group Psychology). This level of certification is the gold standard of competence in the specialty of group psychology and psychotherapy.

Candidates for the ABPP in Group Specialty must meet generic requirements necessary for any ABPP diploma: a doctoral degree from a program in professional psychology that meets ABPP Generic Doctoral Program Eligibility Requirements and licensure as a psychologist at the independent practice level in the US, territories, or Canada.

Group Psychology Specialty specific requirements in addition are: a one year full-time or two year half-time internship (APA or CPA-accredited, listed in APPIC or meeting APPIC equivalency guidelines, or listed in NRHSPP or CRHSPP Directories or hold the CPQ); three years of group experience (one may be pre-doctoral/internship). A minimum of 150 hours of group contact supervised by a psychologist with group expertise must be documented; and a minimum of 600 hours of unsupervised group contact must also be documented.

Candidates for the ABPP in Group Specialty must submit a work sample that demonstrates assessment, intervention, and a conceptual competency in addition to professional practice competency in diversity, ethical, and legal areas.

Candidates must demonstrate a theoretical foundation for their practice of group therapy. This theoretical system must be evidence-based and grounded in research. In the practice sample they must be able to discuss the organizing principles for their therapy group, individual member descriptions, group and individual issues, how diversity is shown in the group, leader interventions and their rationale.

**Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice. The parameters to be considered include: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs. If the specialty training occurs at more than one level (e.g., doctoral, postdoctoral, post-licensure) please list the levels of preparation separately.**

***Commentary:***

***A) Populations.***  *This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples include but are not limited to the following: children, youth and families; older adults; workforce participants and those who seek employment; men and women; racial, ethnic, and language minorities; gay, lesbian, bisexual and transgender individuals; persons of various socioeconomic status groups; religion;**and those with physical and/or mental disabilities.*

***B) Psychological, Biological, and/or Social Problems.*** *This parameter focuses on symptoms, problem behaviors, rehabilitation, prevention, health promotion and enhancement of psychological well-being addressed by the specialty. It also includes attention to physical and mental health, organizational, educational, vocational, and developmental problems.*

***C) Procedures and Techniques.*** *This parameter consists of the procedures and techniques utilized in the specialty. This includes assessment techniques, intervention strategies, consultative methods, diagnostic procedures, ecological strategies, and applications from the psychological laboratory to serve a public need for psychological assistance.*

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:

a. populations (target groups, other specifications):

b. problems (psychological, biological, and/or social (including symptoms, problems behaviors, prevention, etc):

c. procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):

***Criterion VI. (****Post-licensure):*

The group psychology and psychotherapy specialty emphasizes a combination of didactic and experiential training at the post-licensure level, and such training is available nationally, regionally, and by teleconference. The three major providers of such training are: The American Psychological Association Division 49, the American Group Psychotherapy Association (AGPA), and local or regional affiliate societies of AGPA. Several free-standing institutes offering training in group psychotherapy also exist:

The Washington School of Psychiatry; Molly Donovan, Ph.D., CGP, Dean of the National Group Psychotherapy.

The Gordon F. Derner Institute of Advanced Psychological Studies at Adelphi University; Richard Billow, Ph.D., ABPP, CGP.

**A. Populations:**

Group psychologists and psychotherapists serve a wide variety of populations, including children, adolescents, college students, men, women, older adults, minorities and multicultural, trauma and disaster response, eating disorders, medical illness, chronic mental illness, and supervision of other clinicians in groups. As noted earlier in this petition there is need for mental health services at all ages and in many different populations. Post-licensure training is obtained in specific continuing education offerings and supervised clinical experience. Here are selected examples of recent CE offerings through which group therapists may obtain advanced training in work with specific populations:

The Society of Group Psychology and Group Psychotherapy (APA Division 49) offerings are in Criterion VI appendix. Following are the offerings by AGPA.

Children and Adolescents

 “Acting Like Kids: Using Structured Role Play Techniques to Teach Group Therapy with Children and Adolescents;” Tony Sheppard, Psy. D., CGP. Half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Adolescent Group Psychotherapy: Methods, Madness, and the Basics;” David J. Dumais, LCSW, CGP, Seth Aronson, PsyD., CGP, Craig Haen, PhD, CGP, and Andrew Pojman, Ed.D., CGP, All day course, American Group Psychotherapy Association 2014 Annual Meeting.

“Activity Group Therapy and Supportive Ego Functioning with Severe ADHD Children;” Mary Gallagher, PhD and Andrea Grunblatt, PhD, CGP, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Prevention and Postvention of Youth Suicide;” Suzanne Phillips, PsyD, CGP and Maureen Underwood, LCSW, CGP. American Group Psychotherapy Association Teleconference 2011.

“Adolescent Group Psychotherapy: The Method, Madness, and the Basics;” Andrew Pojman, Ed.D., CGP, American Group Psychotherapy Association Teleconference 2012.

“Building a Successful and Effective Group Program for Children & Adolescents;” Tony Sheppard, PsyD, CGP, American Group Psychotherapy Association Teleconference 2010.

“Groups for Boys;” David Dumais, LCSW, CGP, halfday workshop at the Northeastern Society for Group Psychotherapy Conference, 2012.

“Program of Reproductive and Sexual Rights Promotion for Adolescents at School;” J. Lopes De Menezes, S. Murta, I. de Oliveira Rosa, A. Del Prette, A. Del Prette, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

College Students

“Challenges and Lessons Learned from a DBT-Based Skills Group in a College Counseling Center;” Claire Shen, PhD., open session, American Group Psychotherapy Association 2014 Annual Meeting.

”Supervision and Training in College Counseling Centers;” Mikhail Bogomaz, PsyD, chair, open session, American Group Psychotherapy Association 2014 Annual Meeting.

“Roses, Thorns, and Buds: Effective Therapy Groups for College Students;” Adam J. Silk, MD, Alex Prior, LICSW, halfday workshop at the Northeastern Society for Group Psychotherapy Conference, 2012.

Multicultural:

“Addressing Issues of Diversity in General Process Groups,” Eri Bentley, PhD., CGP, Colloquy, American Group Psychotherapy Association 2014 Annual Meeting.

“Intersecting Minority Identities in Groups: Sexual Orientation, Ethnicity, and Physical Disability,;” Reginald Nettles, PhD., CGP, two day institute (didactic and experiential), American Group Psychotherapy Association 2014 Annual Meeting.

“Multi-culturalism, Cross-culturalism, and Multi-nationalism;” Orit Nuttman-Shwartz, PhD, and Sarit Shay, MSW, one hour colloquy, American Group Psychotherapy Association 2014 Annual Meeting.

“Cultural Sensitivity in Disaster Response: Japan and the Japanese Community;” Suzanne Phillips, PsyD, CGP and Cecil Rice, PhD, CGP, Chairs, American Group Psychotherapy Association Teleconference 2011.

“Neutrality is a Myth: Considering Class, Gender, Race and Sexuality;” Barbara, McQueen, LICSW, Day long experience group, Northeastern Society for Group Psychotherapy Conference, June 2014.

“Transcultural Approaches to Sexual Matters – Similarities and Differences;” A. Kayir, Workshop, International Group Psychotherapy Association Conference, 2012.

“A Transcultural Approach: Following in the Steps of Karen Horney;” Nicoletta Chirico, Workshop presented at the conference of the International Group Psychotherapy Association, 2012.

 Supervision Groups:

“Effective and Efficient Supervision: Doing It in Group;” Arthur Gray, PhD, CGP, Half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Relational Group Supervision and Training Model: Working with Therapeutic Impasses;” A. Michael, Workshop presented at the Annual Meeeting of the Eastern Group Psychotherapy Association, 2014.

“Affect in Supervision;” E.F. Counselman and K. Ulman, Workshop presented at the Annual Conference of the Northeastern Society for Group Psychotherapy, 2012.

Trauma and Disaster Response:

“26.2 – Boston and Surviving in the Long Run;” Siddharth Shah, MD, Half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Reverberations of Trauma in Community: Three Group Therapists Speak Out;” Thomas Stone, PhD, CGP, chair; half day open session, American Group Psychotherapy Association 2014 Annual Meeting.

 “A Stage 2 Interpersonal Trauma Group: Working With Traumatic Reenactments;” Catherine Classen, PhD and Felisa Shizgal; half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

 “Healing as a Group in the Aftermath of the Boston Marathon Bombing and the Echoes of Earlier Trauma;” Suzanne Phillips, PsyD, CGP and Kathleen Ulman, PhD, CGP. American Group Psychotherapy Association Teleconference 2013.

“9/11: The Long Term Impact – Chronic Post-Traumatic Stress Disorder, Survival Missions, Post-Traumatic Growth;” Suzanne Phillips, PsyD, CGP and Cecil Rice, PhD, CGP, Chairs. American Group Psychotherapy Association Teleconference 2011.

“When Disaster Strikes;” Richard Beck, Workshop presented at the conference of the International Group Psychotherapy Association, 2012.

Women

“Women and Leadership – Catching Up with the 21st Century: Implications for Group Therapy;” Shoshona Ben-Noam, PsyD, CGP, half day open session, American Group Psychotherapy Association 2014 Annual Meeting.

“Men and Women: Crossing the Gender Divide;” Helen Chong, LCSW, CGP, Charels Pohl, ACSW, LCSW, CGP, Half day workshop, Houston Group Psychotherapy Society Concference, 2013.

“ A Group for Women: Understanding the Psychological Effects of Culture;” Kathleen Ulman Ph. D., Lillian Klein-Bicas Stern, Four day reflecting group. International Association of Group Psychotherapy Conference, 2012.

“Women Therapeutic Group in Italy Today and Yesterday (1982-2012) – Social Changes and Inner Transformation in Three Decades;” G Canterella, Workshop presented at the conference of the International Group Psychotherapy Assocciation, 2012.

“When Powerful Women Turn to be Conquerors Women;” L. Cuschnir, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

Men

“The Hole in the Middle of the Room: Using Metaphors to Explore Masculinities in a Men’s Group;” Jonathan Silverman, PhD, CGP, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Men and Friendship;” Jerry Sachs, LCSW, all day workshop, Eastern Group Psychotherapy Association Conference, November, 2014

“Coming Out of Isolation: Fathers in Group;” John C. Carr, LCSW-R, Benjamin Yost, LCSW, David Younger, Ph.D., CGP, half day workshop, Eastern Group Psychotherapy Association Conference, November, 2014.

“Men and Women: Crossing the Gender Divide;” Helen Chong, LCSW, CGP, Charles Pohl, ACSW, LCSW, CGP, Half day workshop at the Houston Group Psychotherapy Society Conference, 2013.

Older Adults

“Surviving and Thriving in the Midst of Medical Illness: Facilitating Deep Connections in Older Adults Through Group Therapy;” Andrea Barker, MA, Kenneth Schwartz, MD, and William Shapiro, PsyD, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Are You Ready for the Silver?: Creating Groups for Aging Adults;” Venus Masselam, PhD, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“The Third Age: Making Sense of the Next Stage of Life;” Bruce Bernstein, Ph.D., ABPP, FAGPA, hald day workshop at the Eastern Group Psychotherapy Association Conference, November, 2014.

“Psycho-educational Groups for the Elderly with Bipolar Disorder;” R. de Oliveira and W. Bruscato, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

Medical

“Expand Your Horizons into the 21st Century: Cutting Edge Use of Group” (Groups in Medical Settings); Kathleen Ulman, PhD, CGP, chair, open session, American Group Psychotherapy Association 2014 Annual Meeting.

“ Finding Your New Normal: A Holistic Recovery Group for Cancer Survivors;” Laura Shannnonhouse, PhD and Huan Ye, PhD, colloquy, American Group Psychotherapy Association 2014 Annual Meeting.

“Psychosomatic Medicine and Pain Disorder: A Group Analysis of the Responses Psicoplsicas that Affect the General Medical Condition;” O. Dornelles, Wokrshop presented at the Conference of the International Group Psychotherapy Association, 2012.

“Encounter with MS (Multiple Sclerosis) in a Group Setting;” M Gorgun, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

Inpatients

Road to Home: Creative Group Programming that Supports Change on an Inpatient Unit. Barbara Bronman, MA, RDT/BCT, LCAT, Eastern Group Psychotherapy Society Conference, Nov. 21 and 22, 2014.

**B. Psychological, Biological, and/or Social Problems:**

Group psychotherapy provides effective accessible treatment for a wide variety of psychological, biological, and/or social problems, including schizophrenia, depression, bipolar, social phobia, panic disorder, obsessive-compulsive, bulimia nervosa, binge eating disorders, cancer, HIV, personality disorder, pain management, stress, and sexual abuse. (Burlingame, 2014) Groups are also used for chronic medical conditions such as diabetes and heart disease, physical rehabilitation, insomnia, anger management, and substance abuse. (Do we have research supporting these uses?)

Post-licensure training is obtained in specific continuing education offerings and supervised clinical experience. Here are selected examples of recent CE offerings through which group therapists may obtain advanced training in work with specific problems.

The conference offerings by The Society of Group Psychology and Group Psychotherapy are in Criterion VI appendix. Following are a sample of offerings from AGPA.

Eating Disorders:

“’Why Am I So Fat?’ Group Integration of Neuroscience, Modern Attachment Theory, and Sensorimotor Skills;” Fran Weiss, LCSW, CGP, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“A Substance Called Food: Group Psychotherapy for the Treatment of Eating Disorders; “ Marcia Nickow, PhD, CGP and Deborah Schwartz, MD, CGP. Half day workshop, American Group Psychotherapy Association 2013 Annual Meeting.

“Eating Disorders and Group: Symptoms, Bodies, Meaning, Change, and Resilience;” Anne McEneaney, PhD, CGP, American Group Psychotherapy Association Teleconference 2012.

“Dysregulated Eating Groups: The Integration and Application of Modern Attachment Theory, Sensorimotor Skills and Neuroscience;” Fran Weiss, LCSW-R, BCD, DCSW, CGP, Northeastern Society for Group Psychotherapy Conference, June, 2014.

“Eating Disorder Recovery: Healing Through the Process of Group;” Jana Rosenbaum, LCSW, CGP, Linda Chase, LCSW, Half day workshop, CGP Houston Group Psychotherapy Society Conference 2013.

“Group Psychotherapy with Narcissistic Patients and Obesity;” E. Rigotto, T. de Camargo Viana, C. Franca, B. Machado Soli, N. Lourenco, A Costa, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

 “Dysregulated Eating Groups: The Integration and Application of Modern Attachment Theory, Sensorimotor Skills and Neuroscience;” Fran Weiss, LCSW-R, BCD, DCSW, CGP, Half day workshop presented at the Northeastern Society for Group Psychotherapy Conference, 2014.

 “Eating Disorder Recovery: Healing Through the Process of Group;” Jane Rosenbaum, LCSW, CGP, Linda Chase, LCSW, CGP. Halfday workshop presented at the Houston Group Psychotherapy Association Conference 2013.

Bipolar Disorder:

“Psycho-Educational Group for the Elderly with Bipolar Disorder;” R. de Oliveira and R. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

Anger Management:

 “Combating DV with the Three Rs: Receptivity, Responsibility, and Romance in Batterer’s Intervention Groups;” Tracy Mallett, PsyD. Half day workshop, American Group Psychotherapy Association 2013 Annual Meeting.

 “Managing Anger for PTSD: Skills-Focused Group Treatment;” Barbara Niles, Phd, Willian Unger, PhD, and Melissa Wattenberg, PhD, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

A New Dawn in Anger Management: Integrating Compassionate Communication and Neuroscience Breakthroughs;” Newton Hightower, LCSW, FAGPA, halfday workshop at the Houston Group Psychotherapy Association Conference, 2013.

“The Constructive Expression of Aggression;” L. B. Furgeri, Workshop presented at the Conference of the International Group Psychotherapy Association, 2012.

“Treating Anger in Group;” Neal Spivack, Workshop presented at the Annual Meeting of the Eastern Group Psychotherapy Association, 2014.

Anxiety Disorders:

“Integrative Cognitive-Behavioral Group Therapy (for depression and anxiety);” Greg Crosby, MA, CGP. All day course, American Group Psychotherapy Association 2014 Annual Meeting.

“Intensive Cognitive-Behavioral Therapy for Anxiety Disorders;” M. deCastro Comis, R. de Oliveira and W. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

Depression:

“Treating Depression Using Interactive Cognitive Group Therapy;” Robert Schachter, Ed.D. Half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Cognitive-Behavioral Group Therapy for Depressed Men with Co-morbid Personality Disorder;” R. de Oliveira and W. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

Trauma and Posttraumatic Stress Disorder:

“ Creating Connection: Mindfulness-Based Groups for Veterans Coping with PTSD;” Gabrielle Lawhon, PhDand Susan Maxwell, PsyD, half day workshop, American Group Psychotherapy Association 2014 Annual Meeting.

“Near and Distant Trauma: The Efficacy of Group Response for Survivors and Caregivers;” Suzanne Phillips, PsyD, CGP, ABPP. All day course, American Group Psychotherapy Association 2014 Annual Meeting.

“Trauma in Societies: The Recovery of Cohesion through Functional Subgrouping;” Robert Klein, PhD, CGP, ABPP, chair. Half day open session, American Group Psychotherapy Association 2014 Annual Meeting.

“Where the Wild Things Are: A Group Approach to Homicide and Healing;” Charles Anderson, PhD. One hour colloquy, American Group Psychotherapy Association 2014 Annual Meeting.

Addictions:

“Group Psychotherapy and Recovery from Addiction;” Jeffrey Roth, MD. Two day experience group training, American Group Psychotherapy Association 2013 Annual Meeting.

“Group Psychotherapy in the Treatment of Alcohol Abuse and Alcoholism;” David Brook, MD, CGP, Ninety minute open session, American Group Psychotherapy Association 2013 Annual Meeting.

“Multidisciplinary Groups for Treatment of Smoking;” V. do Amaral and W. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

Medical Conditions:

“Account of the Experience with a Group of Complete Laryngectomized Patients with a Focus on Psychosocial Rehabilitation;” D. Lopes, W. Bruscato and A Goncalves, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

Schizophrenia:

“Working with Severely Mentally Ill Clients: Learning to See the World Through Both a Psychotic and Non-Psychotic Lens;” Larry Ende, PhD, Karen Farrell, PhD, Clive Hazell, PhD, Diana Semmelhack, PsyD. Half day workshop, American Group Psychotherapy Association 2013 Annual Meeting.

“Psycho-Educational Group for Relatives and Patients with Schizophrenia;” R. de Oliveira and W. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

“CBT Group for Schizophrenic Patients;” R. de Olveira and W. Bruscato, Poster presented at the Conference of the International Group Psychotherapy Association, 2012.

**C. Procedures and techniques**

Group therapy has a rich history of utilization of assessment to augment and inform its processes of screening, process and outcome.

Screening:

Measures currently used in both practice and research include the Group Therapy Questionnaire (MacNair-Semands, 2004) and Group Readiness Questionnaire (Baker, Burlingame, Cox, Beecher & Gleave, 2013). These measures identify evidence-based predictors of likelihood of group members dropping out and are used to improve group therapist awareness of how to better prepare and motivate clients toward positive outcomes. Group Process measures include but are not limited to, the Group Questionnaire (Krogel, Burlingame, Chapman, Renshaw, Gleave, Beecher, MacNair-Semands, 2013), the Group Climate Questionnaire (MacKenzie, 1983), the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000), the Critical Incidents Questionnaire (Bloch, Reibenstein, Crouch, Holroyd & Themen, 1979) and the Working Alliance Inventory (Horvath & Grennberg, 1989). Outcome measures include the Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner & Reisinger, 1996), an NREPP/SAMHSA-validated measure; the Inventory of Interpersonal Problems (IIP-32; Horowitz, Wiggins & Pincus, 2000) and the Group Evaluation Scale (Hess, 1996).

Many of these instruments are collected in the CORE-R Battery (AGPA, 2006), a compendium of assessment instruments produced by the AGPA in 2006. Trainings on these assessments take place in national and regional conferences

Consultation:

Consultative methods in group therapy are multifarious. Opportunities range from group leaders who consult with business organizations on team meetings and group processes to regular “ask the expert” columns in newsletters such as those produced by the AGPA (“The Group Circle”) and APA (“The Group Psychologist”) There are also regional group therapy organizations, such as the many affiliates of AGPA (e.g. Eastern Group Psychotherapy Society, Northeastern Society for Group Psychotherapy, Tri-State Group Psychotherapy Society); listservs such as the University Counseling Centers Group Coordinator Listserve (now with over 500 members) and a wide variety of workshops and symposia involving panel discussions with experts. There are also groups devoted to ongoing training in specific methods of group therapy. For example, Systems-Centered Therapy Training and Research Institute and the New York Center for Group Studies.

Diagnostic procedures:

Diagnostic procedures specific to group (as opposed to DSM-V diagnosis) take many forms within the world of group therapy. Some approaches, such as Focused Brief Group Therapy (Whittingham, 2010), utilize formal assessment from a psychometrically-established instrument, the IIP-32 to place clients on a circumplex score related to interpersonal distress. This evaluation then serves to focus treatment. Other group approaches utilize group role analysis, theoretically-derived means to analyze group process, or a structured screening interview. Components of a pre-group screening interview are found in the literature, e.g. Gans, J.S. & Counselman, E.F (2010)). Such interviews assess for proper group placement, focus of group treatment, and for capacity to uphold the group contract.

Group processes from the psychological laboratory are well integrated into group therapy. The APA Journal *Group Dynamics* and AGPA’s *International Journal of Group Psychotherapy* both contain applications from laboratory work. Moreover, the number of journals that contain articles related to the application of laboratory findings to group therapy are almost too numerous to mention. For example: The Journal of Personality and Social Psychology; The Journal of Applied Social Psychology; Journal for Specialists in Group Work; Basic and Applied Social Psychology; Clinical Psychology Science and Practice; Counseling and Clinical Psychology; The Journal of Counseling Psychology; The Counseling Psychologist; Group Processes and Intergroup Relations; Journal of Child and Adolescent Group Therapy; Psychotherapy Research. Each of these journals contains multiple articles related to group therapy. A search on EBSCO host using the parameters of group and (psychotherapy or counseling or therapy) yields over 162,000 references. The following list briefly captures a few examples of the scope of writing on group therapy just in the last twelve months. It covers diagnostic difference, methodological diversity, national and international contributions and basic science to applied science.

References for Criterion VI

Burlingame, G. (2014). Small groups built on research. *International Journal of Group*

 *Psychotherapy, 64*(4), 567-583.

Erskine, R. G. (2013). Relational group process: developments in a transactional analysis

 model of group psychotherapy. *Transactional Analysis Journal*, *43*(4), 262-275.

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Gallagher, M. E., Tasca, G. A., Ritchie, K., Balfour, L., & Bissada, H. (2014). Attachment anxiety moderates the relationship between growth in group cohesion and treatment outcomes in group psychodynamic interpersonal psychotherapy for women with binge eating disorder. *Group Dynamics*, *18*(1), 38-52. doi:10.1037/a0034760

Gans, J.S., & Counselman, E.F (2010)). Patient selection for psychodynamic group psychotherapy: Practical and dynamic considerations. *International Journal of Group*

 *Psychotherapy, 60*(2), 197-220.

Honagodu, A., Krishna, M., Sundarachar, R., & Lepping, P. (2013). Group psychotherapies for

 depression with HIV: A systematic review. *Indian Journal of Psychiatry*, *55*(4), 323-330.

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Kirchmann, H., Steyer, R., Mayer, A., Joraschky, P., Schreiber-Willnow, K., & Strauss, B. (2012). Effects of adult inpatient group psychotherapy on attachment characteristics: An

 observational study comparing routine care to an untreated comparison group.

 *Psychotherapy Research*, *22*(1), 95-114. doi:10.1080/10503307.2011.626807

Krishna, M., Honagodu, A., Rajendra, R., Sundarachar, R., Lane, S., & Lepping, P. (2013). A

 systematic review and meta-analysis of group psychotherapy for sub-clinical depression in

 older adults. *International Journal of Geriatric Psychiatry*, *28*(9), 881-888.

 doi:10.1002/gps.3905

Mott, J., Barrera, T., Hernandez, C., Graham, D., & Teng, E. (2014). Rates and predictors of

 referral for individual psychotherapy, group psychotherapy, and medications among Iraq

 and Afghanistan veterans with PTSD. *Journal of Behavioral Health Services & Research*,

 *41*(2), 99-109. doi:10.1007/s11414-013-9352-0

Pessagno, R. A., & Hunker, D. (2013). Using short-term group psychotherapy as an evidence-

 based intervention for first-time mothers at risk for postpartum depression. *Perspectives In*

 *Psychiatric Care*, *49*(3), 202-209. doi:10.1111/j.1744-6163.2012.00350.x

**Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty. The structures are stable, sufficient in number, and geographically distributed. Specialty education and training may occur at the doctoral, postdoctoral, or both.**

***NA The program is post-licensure.***

***Commentary:***

***A) Sequence of Training.*** *A petition describes a typical sequence of training, including curriculum, research, and supervision.*

***B) History and Geographic Distribution****. A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country that are geographically distributed and which have produced an identifiable body of graduates over a period of years. .*

***C) Psychology Faculty****. Specialty programs have an identifiable psychology faculty responsible for the education and, training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has credentials of excellence (e.g., the diplomate from one of the specialty boards affiliated with the American Board of Professional Psychology, or status as a fellow of the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition) and a record of scholarly productivity as well as other clear evidence of professional competence and leadership.*

***D) Procedures for Evaluation.***  *Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance based feedback is provided to trainees in the program.*

***E) Admission to the Program****. Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as well as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.*

**The specialty is post-licensure.**

1. How are education and training programs in the specialty recognized? How many programs exist in the specialty? NA

2. Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs. NA

3. If programs are doctoral level, what are the requirements for admission? Provide sample evaluation forms. NA

4. If programs are postdoctoral, what are the requirements for admission ? Provide sample evaluation forms. NA

5. Include or attach education and training guidelines, for this specialty as appropriate for doctoral training, postdoctoral training, or both.(In this context, education and training guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.) NA

6. Provide sample curriculum expected of model programs.NA

7. Select four exemplary doctoral and/or postdoctoral level geographically distributed, and publicly identified programs in psychology in this specialty and provide the requested contact information. If no example programs that are APA accredited are available, please complete the appropriate Attachment (A or B) for the level of the program. If the specialty education an

Name of University, School, or Ins d training occurs at both the doctoral and postdoctoral level provide examples of both and not from the same institution NA

**Criterion VIII. Continuing Professional Development and Continuing Education. A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.**

***Commentary****: With rapidly developing knowledge and professional applications in psychology, it is increasingly difficult for professionals to deliver high quality services unless they update themselves regularly throughout their professional lives through continuing education mechanisms. A variety of mechanisms may be used to achieve these goals*

1. ***Describe the opportunities for continuing professional development and education in the specialty practice. Provide detailed examples, such as CE offerings that are available***.

Many opportunities for continuing professional education on the post-licensure level exist for the specialty of group psychology and group psychotherapy. These are available on the national, regional, and local levels mainly through the American Psychological Association Division 49 and the American Group Psychotherapy Association (AGPA) and its regional affiliate societies as well as several free standing training institutions. AGPA also has a robust distance learning program via teleconferences. In addition, the International Journal of Group Psychotherapy offers CE credits for many of its articles.

The following are examples of continuing professional education at the post-licensure level.

The APA national convention offerings by The Society of Group Psychology and Group Psychotherapy for 2012, 2013 and 2014 are presented in Criterion VIII Appendix. These are representative of continuing professional opportunities on the post-licensure level.

 Following are examples of continuing professional opportunities for the specialty that are offered by AGPA and for some of its regional affiliates.

Process group experience. As stated in the conference brochure description “These small Process groups are offered each year at the AGPA Annual Meeting at different levels of provide participants with an environment to obtain, expand and retain their skills in conducting group therapy.” Each group is two full days long, and participants receive 13 CE credits. Eleanor Counselman, Ed.D., CGP, and Alexis Abernethy, PhD, CGP, Chairs.

“Ethical Principles in the Clinical Practice of Group Psychotherapy;” Eleanor Komet, PhD, CGP and Thomas Stone, PhD, CGP, All day course, American Group Psychotherapy Association Annual Meeting 2014.

“Focused Brief Group Psychotherapy:A Practice Based Evidence Approach;” Martyn Whittingham, PhD, CGP. All day course, All day course, American Group Psychotherapy Association Annual Meeting 2014.

“The Role of the Leader in Group;” Lawrence Viers, PhD, CGP, 2012 teleconference, American Group Psychotherapy Association.

“Exploring Group Therapy from Multiple Perspectives;” Joseph Shay, PhD, CGP, 2011 teleconference, American Group Psychotherapy Association.

Regional:

“Context and Multiculturalism: Explorations Through Large Group Experience;**”**Washington School of Psychiatry Group Training Program, Molly Donovan, PhD, CGP, Chair, 2016.

“Introduction to the Basics of Group Psychotherapy;” Barbara Cohn, Ph.D., ABPP, LFAGPA, Ellen Rubin, Psy.D., Alan Shanel LCSW, BCD, CGP, Phyllis Wright, LCSW, BCD. Training Institute offered at the Annual Meeting of the Easter Group Psychotherapy Association, 2013.

“Relational Group Psychotherapy: A Supervisory Workshop Embracing Turbulence;” Richard Billow, Ph.D., ABPP. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association, 2013.

“The Leader’s Role in Managing Stimulation in Group Treatment;” Elliot Zeisel, Ph.D., LCSW, CGP, DFAGPA. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association, 2013.

“Becoming Effective with Uncomfortable Group Feelings;” Ronnie Levine, Ph.D., Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association.

“Entering the Sandbox: Attachment Styles in the Early Life in the Group;” Dan Raviv, Ph. D. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association, 2012.

“Promoting Neuroplasticity and Intimacy in Relationship Focused Group Therapy;” Darryl Feldman, Ph.D., ABPP, CGP. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association, 2012.

“What, No Words? Working with Symbolic and Non-Verbal Communications in Group;” Phyllis Cohen, Ph.D., Psy.D. Workshop presented at the Annual Meeting of the Eastern Group Psychotherapy Association, 2012.

“Let’s Talk About Ethics and Values”, Eleanor Komet, Ph.D. CGP. Workshop presented at the Annual Meeting of the Southwestern Group Psychotherapy Society, 2012.

“Applying Practice Guidelines in Group Psychotherapy;” Joseph C. Kobos, Ph.D. ABPP. Workshop presented at the Annual Meeting of the Southwestern Group Psychotherapy Society, 2014.

“What is at the Heart of an Effective Therapy Group?” Scott Rutan, Ph.D.CGP, DFAGPA. Demonstration Group presented at the Annual Meeting of the Northeastern Group Psychotherapy Association, 2012.

“Building Your Tool Box: Integrating A Skills Based Approach into Your Group Therapy Treatment;” Rowell Levy, Psy.D., Workshop presented at the Annual Meeting of the Northeastern Society for Group Psychotherapy, 2012.

“Working with Attachment in Group Psychotherapy;” Robert S. Pepper, LCSW, Ph.D. Workshop presented at the Annual Meeting of the Northeastern Society for Group Psychotherapy, 2012.

“The Large Group: Being in a Crowd;” Sara Emerson, LICSW, CGP, FAGPA and H. Shmuel Erlich, Ph.D. ABPP. Three Session Large group offered at the Annual Meeting of the Northeastern Society for Group Psychotherapy, 2014.

“Leading Groups and Organizations: Hidden Affect and Motives?’ Darryl L. Pure, Ph.D. ABPP, CGP, FAGPA. Workshop offered at the Annual Meeting of the Northeastern Grou Psychotherapy Association, 2014.

“The Therapy Group as a Microcosm of a Troubled Society American Society;” Robert H. Klein, Ph.D., ABPP, CGP, DLFAGPA and Victor L. Schermer, MA, LPC, LFAGPA. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association , 2014.

“Ethics and Preferred Boundaries in Psychotherapy in the Office and in Cyberspace;” Glen Gabbard, M.D., Plenary presented at the Annual Meeting of the Houston Group Psychotherapy Association, 2014.

“Interpersonal Neurobiology and Group Therapy;” Phillip J. Flores, Ph.D. ABPP, CGP, FAGPA. Four session workshop presented at the Annual meeting of the Houston Group Psychotherapy Assocation, 2014.

 “Lost and Found: Beginnings and Endings in Group Therapy;” Phyllis F. Cohen, Ph.D., Psy.D., CGP, FAGPA. Workshop offered at the Annual Meeting of the Eastern Group Psychotherapy Association, 2014.

“Becoming Who We are in Groups: Jungian Ideas on Individual Fulfillment and Personal Authenticity;” Justin Hecht, Ph.D., Presented at the Mid-Atlantic Group Psychotherpy Association, 2014.

2. Describe the formal requirements, if any, for continuing professional development and education to maintain competence in the specialty

 The formal requirement for continuing professional development is a minimum of 10 contact hours per year of activities relevant to group psychology and group psychotherapy. These hours can be achieved in a variety of ways.

1. Participation in formal programs such as those described below.

2. Attending conferences and workshop that provide APA approved CEUs.

3. Reading journal articles that offer approved CEUs.

4. Providing/Receiving professional presentations relative to group issues and topics.

Following are descriptions of two formal group training programs.

Washington School of Psychiatry: The Washington School of Psychiatry is a free standing psychodynamic psychotherapy training institute that offers training in group psychotherapy via its National Group Psychotherapy Institute (NGPI). The NGPI is directed by two senior psychologists: Molly Donovan, Ph.D., CGP, Chair and Steve Van Wagoner, Ph.D, CGP, Dean.

The training program consists of six two day weekend conferences over the course of two years. Each conference focuses on a different aspect of group: from beginning a group, to middle stages, and to terminations. Contemporary psychodynamic approaches are presented, along with a full weekend focused on diversity and multiculturalism, examining the broad range of significant differences such as race, ethnicity, gender, religion, disability, sexual orientation, social class, and age, and the interaction between social forces, such differences, and group behavior.

The NGPI also offers a Certificate Training Track that includes these six weekends, along with completion of the 12 hour Principles of Group Psychotherapy didactic course (developed by the American Group Psychotherapy Association), minimum of 75 hours of weekly supervision with a faculty member, and personal group psychotherapy. Completion of this Certificate Training Track fulfills the requirements of the International Board for Certification of Group Psychotherapists for the Certified Group Psychotherapist  (CGP) designation.

The Gordon F. Derner Institute of Advanced Psychological Studies at Adelphi University offers a two year certificate program in group psychotherapy. The program consists of didactic and experiential course work, clinical supervision, and personal group therapy. Applicants must have completed a doctorate or master’s in a mental health field.

The specific requirements are: four 2.0 hour courses for each of four semesters, 85 sessions as the therapist to an ongoing group therapy, 75 hours of personal supervision (group supervision for up to 50 hours), a case presentation during the second year or later, and 15 months of personal group therapy, concurrent with the program.

The program is directed by Richard Billow, Ph.D., CGP, ABPP, and the dean of the Derner Institute is Jacques Barber, Ph.D., ABPP. The faculty of the group psychotherapy program are Ph.D. psychologists, the majority of whom are at the ABPP level.

The International Board of Certified Group Psychotherapists, chaired by Tony Sheppard, Psy.D., CGP, offers a certificate (Certified Group Psychotherapist – CGP) that requires completion of 300 hours of group psychotherapy leadership, 75 hours of supervision of group psychotherapy, and a 12 hour course in Principles of Group Psychotherapy. The CGP must be renewed every two years with 18 hours of continuing education in group psychotherapy required for renewal.

**3. Describe the minimum expectations, if any, for continuing professional development and education to maintain competence in the specialty.**

Minimum expectations for maintaining competence in the group psychology and group psychotherapy specialty would be 10 hours each year of participation in ongoing or episodic formal or informal learning experiences. These include accredited CE events, such as conference attendance or reading journal articles if accredited, as well as more informal learning experiences such as supervision, study groups, peer supervision groups, teaching, and attendance at non-accredited professional events that focus on group psychology and psychotherapy

**Criterion IX. Effectiveness. Petitions demonstrate the effectiveness of the services provided by its specialist practitioners with research evidence that is consistent with the APA 2005 Policy on Evidence-based Practice.**

***Commentary****:  A body of evidence is be presented that demonstrates the effectiveness of the specialty in serving specific populations, addressing certain types of psychological, biological and social  behaviors, or in the types of settings where the specialty is practiced.*

*PLEASE NOTE: If the same article illustrates more than one of these items, it may be referenced under each applicable category. Evidence should include**the most current available published references in each area (e.g., books, chapters, articles in refereed journals, etc.) While reliance on some on classic references is acceptable, the majority of references provided should be from last five years.*

1. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of clients or populations (including groups with a diverse range of characteristics and human endeavors) usually served by this specialty. Summarize and discuss the relevance of the findings of the studies, specify populations, interventions, and outcomes in relation to the specialty practice.

The efficacy of the specialty’s service is illustrated in the example research studies that follow. The populations usually served include all age groups; children, adolescents, adults and the elderly; psychiatric inpatient and outpatient clients, people experiencing medical illness and/or alcohol or substance abuse, traumatized people to include children, adult survivors and veterans, sports and work teams, and people in the criminal justice system including incarcerated felons.

 Following are some illustrative examples for research with some of the usual populations served. A more extensive list is provided in Criterion IX Appendix. The research to date supports the efficacy and effectiveness of the specialty’s delivery of services. Among the many benefits for the specialty’s approach in addition to relief of symptoms and helping clients grow, develop and heal are the ability to serve a variety of clients and conditions. Other benefits are cost effectiveness and the other human factors that can be changed, improved, and addressed by the group. These factors include reduction of isolation and alienation, increased socializing and building of socialization skills, promotion of an understanding for commonalties among people, an opportunity for corrective emotional experiencing, seeing behavior change for others that can promote hope and provide encouragement, receiving significant and meaningful feedback, receiving understanding for feeling expressions, and fostering of meaningful connections to other people. Other intangibles that can occur in the group setting include learning and practicing better communication and relating skills in a safe environment, learning from the modeling provided by the leader and by other members, receiving guidance and other needed information from the group leader and from other group members, and learning conflict resolution, problem solving and emotional management skills and strategies.

Karatzias, E., S. Fergerson, Z. Chouliara, A. Gullone, K. Cosgrove & A. Douglas (2014). Effectiveness and acceptability of group psychoeducation for the management of mental health problems in survivors of child sexual abuse. *International Journal of Group Psychotherapy*, 64 (4), 493 – 514.

 Karatzias et al. (2014) investigated the efficacy of manualized psychoeducational approaches for survivors of child sexual abuse. A ten session psychoeducational group was presented to 37 clients on the wait list for treatment for a variety of mental and behaviors health problems. The intervention was initiated to try to help stabilize clients until more in-depth formal treatment began and to reduce the likelihood of self-harm. Participants completed a battery of assessment measures at pre-treatment, post-treatment and 3 month follow-up. The intervention used the cognitive behavioral approach presented in the Survive and Thrive workbook by Fergerson (2008) Both quantitative and qualitative data were collected. Data analyses included descriptive statistics, Intent to treat (Last-Observation-Carried-Forward); completer analyses, interpretive phenomenal analysis (IPA) using Nvivo. Completers reported less intent for self-harm, decreased rates of smoking , alcohol and substance misuse, and less involvement in illegal and other anti-social behaviors at post-treatment and follow-up. The authors called for more research and concluded that the intervention showed promise for stabilizing behavior while waiting for treatment.

Zorella, K., R. Muller, & C. Classen (2014). Trauma group therapy: The role of attachment and therapeutic alliance. *International Journal of Group Psychot*herapy, 64(1), 25 – 47.

 This study focused on 62 women attending a group based day treatment program for childhood interpersonal trauma. Assessed were the variables attachment at pre-treatment, alliance and group climate at 8 different times during the treatment phase. Data analyses used a mixed linear model for repeated using dependent variables of perceptions of relationship with the group leader and perceptions of group climate. Significant effects were found for between subjects on attachment.

 Nyklicek, I., M. Paula, C. Mommersteeg, S. Van Beugen, C. Ramakers, & G. Van Boxtel (

 2013). Mindfulness-based stress reduction and physiological activity during acute stress: A

 randomized controlled trial. *Health Psychology*, <http://psycnet.apa.org/doi/so.1037/a0033187>

Eighty-eight healthy participants who reported elevated stress levels were randomly assigned to the mindfulness based stress reduction protocol (MBSR) or a waitlist control group. When compared to the control group and controlling for age, sex, bass mass index, and beta-blockers, members of the MBSR protocol participants showed larger pre- to post intervention decreases in overall systolic and diastolic blood pressure and exhibited smaller SBP and DBP stress related changes. (MBSR is comprised of mindfulness psychoeducational group, mindfulness practice, and sharing experiences plus 45 minutes of home practice.)

Bouwkamp, D., M. deKruiff, T. van Troost, D. Snippe, M. Blom, R. de Winter, J. Haffmans (2013). Interpersonal and social rhythm group therapy for patients with bipolar disorder. *International Journal of Group Psychotherapy*, 63(1), 97 – 115. Doi:10.1521/ijgp.2013.63.1.97

Interpersonal and Social Rhythm Therapy (IPSRT) was modified to use in a group setting for patients with bipolar disorder to determine the effect on affective symptoms compared with a control group. The one-year pre-post findings for the IPSRT group showed a reduction in depressive symptoms and for the number of hospital admissions. This is suggested as a possible adjunct treat for patients with bipolar disorder whose pharmacotherapy and psychoeducation are not sufficient to reduce or prevent mood episodes.

Tauber, S., K. Sassenberg (2012). The impact of identification on adherence to group norms in team sports: Who is going the extra mile? *Group Dynamics: Theory, Research, and Practice,* 16(4), 231 – 240. Doi:.org/10.1037/a0028377

The Normative Confict Model of Dissent (NCMD) was used with a football team over a season (N=22 times) to determine the relationship between players’ identification with their team and their adherence to individual and team goals, and disengagement as willingness to leave the team. Results showed that the strength of the identification was connected to less adherence with unambitious team goals and as having less disengagement as willingness to leave the team.

Maxwell. H., G. Tasca, M. Gick; K. Richie, L. Balfour, & H. Bissada ( 2012). The impact of attachment anxiety of interpersonal complementarity in early group therapy interactions among women with binge eating disorder. *Group Dynamics: Theory, Research, and Practice,* 16(4), 255 – 271. Doi.org/10.1037/a0029464

Assessed was complementarity in group psychotherapy with the Structural Analysis of Social Behavior for 60 women with Binge Eating Disorder who were then assigned to a group on the basis of their attachment anxiety with low attachment anxiety assigned to one group and high attachment anxiety assigned to another group. The low attachment anxiety condition group had greater therapist-patient complementary interactions during the early treatment sessions. For both groups, the higher therapist complementarity during the early sessions was related to a decrease in binge eating frequency at posttreatment assessment.

Du, J., J. Choi, & F. Hashem ( 2012). Interaction between one’s own and others’ procedural justice perceptions and citizenship behaviors in organizational teams. *Group Dynamics: Theory, Research, and Practice*, 16(4), 289 – 302. Doi.org/10.1037/a0028524.

Examined were the interactions between personal and others’ perception of procedural justice (PJ) for 21 work teams ( N participants = 183). Personal perceptions of PJ were a positive predictor of helping and creative behavior when others’ PJ perception is low.

Wiedow, A., U. Konradt, T. Ellwart & C. Steenfatt ( 2013). Direct and indirect effects of team learning on team outcomes: A multiple mediator analysis. *Group Dynamics: Theory, Research, and Practice*, 17(4), 232 – 251. Doi.org/10.1037/a0034149

A laboratory-based experimental study and a cross-sectional study were conducted to determine the effects of team learning on team outcomes of coordination quality and team performance. Task knowledge and role based trust were used as mediators. Results showed that the direct effects of team learning are associated with better coordination quality and team performance. The effect was mediated by task knowledge and role based trust, with role based trust having a lesser extent for the experimental study.

O’Neill, R., S. Gantt, G. Burlingame, J. Mogle, J. Johnson, & R. Silver (2013). Developing the Systems-Centered functional subgrouping questionnaire-2. *Group Dynamics: Theory, Research, and Practice*, 17(4), 252 – 269. Doi.org/10.1037/a0034925

Functional subgrouping is a concept in the Systems-Centered Approach to Group Therapy. This study examined the Functional subgrouping Questionnaire-2(FSQ-2) to determine if it discriminated between groups that use functional subgrouping from those who do not. The instruments was created using Guttman scaling, piloted the instrument on 8 SCT groups (n=106), revised the instrument and tested it on 7 SCT groups (n=177) and non-SCT groups. Results showed that the FSQ-2) discriminated between SCT group members and non SCT group members.

2. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.

 The types of problems addressed by the specialty range from those encountered in work and sports teams to enhance the collective climate and performance to severe and persistent mental disorders that require inpatient and hospital treatment. The example published manuscripts show that group treatment is effective for a variety of psychological, biological, and/or social problems. These include complicated grief, schizophrenia, psychosomatic disorder, PTSD, mood disorders, stress, sexual abuse, binge eating, social phobia, bipolar disorder, drug use and abuse, depression, survivors of childhood sexual abuse, domestic violence and obsessive-compulsive disorder. Methods used for research and data analysis included meta-analysis, randomized controlled trials, comparisons of experimental and control groups, and pilot studies. Results indicate that group treatment is as effective as individual therapy and other modalities.

 The specialty provides more access to needed mental, behaviors and skills development resources, treatment and support than could be accomplished in other ways. The effectiveness of groups for these purposes continues to be monitored and researched. Research in the coming years will most likely continue to provide evidence for the specialty’s efficacy and will also expand to try and more precisely identify the variables for group leaders, the group as a whole, individual groups members, and treatment procedures that will optimize positive outcomes, and how the interactions of these contribute to members’ learning, behavior change, improved quality of life, growth in resilience, management of life transitions, and skills development.

Rosner, R., Lumbeck, G., and Geissner, E. (2011). Effectiveness of an inpatient group therapy for comorbid complicated grief disorder. *Psychotherapy research*, 21(2), 210-218. doi:10.1080/10503307.2010.545839

An inpatient population diagnosed with comorbid complicated grief disorder received nine sessions of a manualized group therapy treatment for this disorder. This group was compared to a control group of inpatients also diagnosed with comorbid complicated grief who received only usual treatment. The group therapy group showed significant improvement in complicated grief symptoms compared to the control group.

Bechdolf, A, Knost, B, Nelson, B, Schneider, N, Veith, V, Yung, A, and Pukrop, R. (2010) Randomized comparison of group cognitive behavior therapy and group psychoeducation for adult patients with schizophrenia: Effects on subjective quality of life. *Aust N Z J psychiatry,*44 (2) 144-150. doi: 10.3109/00048670903393571

The effectiveness of brief group CBT and a group psychoeducational program for improving Quality of Life in schizophrenics was measured. Patients diagnosed with schizophrenia were randomly assigned to either type of group. Quality of Life was measured pre-group, post-group, and at a six month follow up. Both types of group therapy were found to be significantly effective in improving Quality of Life, and the improvement was maintained.

Kösters, Markus; Burlingame, Gary M.; Nachtigall, Christof; Strauss, Bernhard . (2006)

 A meta-analytic review of the effectiveness of inpatient group psychotherapy.

 *Group Dynamics: Theory, Research, and Practice*, 10(2), 146-163. doi: 10.1037/1089-2699.10.2.146

A meta-analysis of 24 controlled studies and 46 studies that used pre and post-measures significantly demonstrated the effectiveness of inpatient group therapy. Patients with mood disorders showed greater improvement than patients with mixed, psychosomatic, PTSD, and schizophrenic disorders. This result replicated findings from previous meta-analyses of outpatient group therapy. No improvement was shown for waitlist patients, contradicting previous studies.

Nyklicek, I., M. Paula, C. Mommersteeg, S. Van Beugen, C. Ramakers, & G. Van Boxtel ( 2013). Mindfulness-based stress reduction and physiological activity during acute stress: Arandomizedcontrolledtrial. *HealthPsychology*, <http://psycnet.apa.org/doi/so.1037/a0033187>

Eighty-eight healthy participants who reported elevated stress levels were randomly assigned to the mindfulness based stress reduction protocol (MBSR) or a waitlist control group. When compared to the control group and controlling for age, sex, bass mass index, and beta-blockers, members of the MBSR protocol participants showed larger pre- to post intervention decreases in overall systolic and diastolic blood pressure and exhibited smaller SBP and DBP stress related changes. (MBSR is comprised of mindfulness psychoeducational group, mindfulness practice, and sharing experiences plus 45 minutes of home practice.)

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Castle, D., White, C., Chamberlain, J., Berk, M., Berk, L., Lauder, S., Murray, G., Schweitzer, I., Piterman, L., & Gilbert, M. (2010). Group-based psychosocial intervention for bipolar disorder: A randomized controlled trial. *British Journal of Psychiatry, 196,* 383-388.

The study was conducted to determine whether a group based psychosocial intervention could reduce the rate of relapse, and improve the function and quality of life in people with bipolar disorder. Baseline assessment included psychiatric status, mood episode, function and medication adherence after which they were assigned to either the 12 week structured group based therapy or the usual treatment with weekly phone calls. The group-based intervention produced significant improvement for GAF, social relationships, and a positive trend in reduction of relapses.

Anderson, R. & C. Rees ( 2007). Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: a controlled trial. *Behavioral Research Therapy*, 45(1), 123 – 137.

A controlled study was conducted to compare a CBT protocol for individual and group therapy. Participants were randomly assigned to either individual CBT therapy, or to group CBT therapy, or to a wait-list for 10 weeks. Intention-to-treat and completer analyses were conducted and the results indicated no differences between the group and individual treatments on outcomes measures where both treatments showed large effect sizes. Both treatments had equivalent rates of recovered participants at the follow-up.

Edwards, M. E. Adams, M. Waldo, O. Hadfield & G. Biegel ( 2014). Effects of a mindfulness group on Latino adolescent students: Examining levels of perceived stress, mindfulness, self-compassion, and psychological systems. *The Journal for Specialists in Group Work*, 39 (2), 145 – 163. doi: 10.1080/01933922.2014.891683

This was a pilot study to evaluate the impact of an eight session mindfulness group for 20 Latino middle school students. The group used the Mindfulness-Based Stress Reduction for Teens curriculum. Pre to post-test results showed that the participants’ mindfulness and self-compassion scores increased significantly while their perceived stress and depression scores were significantly decreased.

Petek, J. (2009). A psychotic patient’s relapse during group psychotherapy treatment (Case study). *Psychiatria Danubina*, 21, Suppl.1, 117 – 119.

Described is the course of the seventh relapse of a 25 year old female in a extra-hospital psychotherapy group for patients with psychosis. A brief history is provided as is the course of the development of the disorder. A description is given for how she behaved in the group, how other group members related to her, the group leaders’ countertransference, and the impact of the acute psychotic relapse on her and on group members. The author invites discussion of possible interventions during acute relapses during the course of group therapy, and sharing of similar experiences.

3. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.

 The specialty does not have a set of procedures and/or techniques that are uniformly applied to all group leadership across problems, target audiences, and for a variety of settings. Practitioners also apply a variety of theoretical approaches and use these theoretical principles to meet the needs of the particular group and its members. Greene (2013) notes that the research is moving toward “more theoretically and clinically sophisticated guidelines that allow for idiographic response to the exigencies of the clinical context” (p. 479). This movement is expected to produce more empirical evidence for the efficacy of group that also includes a better understanding of the complexity, nuances, and other intangibles that groups encounter and provide for the benefit of its members. Research on groups is in the process of gathering evidence for earlier prediction of which group interventions work best for particular group members, under what conditions, the extent to which individual group members are impacted and how this occurs, mediating group factors, group composition and other such moderators. The specialty is starting to move beyond research that is focused primarily on the efficacy of a particular treatment although that continues to be important, to obtaining evidence that can assist current clinicians and other practitioners as well as for the education and training for future group psychologists.

 The following examples provided cover a range of conditions and group treatments and tend to focus on outcomes. This is valuable information that supports the efficacy of group treatments when compared to other modalities, and it does so in a cost effective way.

Kozlowski, K. & C. Holmes (2014). Experiences in online process groups: A qualitative study.

*The Journal for Specialists in Group Work*, 39 (4), 276 – 300. doi:10.1080/01933922.2014.948235.

Twelve master’s-level counseling students participated in two online process groups. Themes identified included the linear nature of the group, superficial engagement within the group, and group members feeling disconnected from each other.

Bressi, C., M. Porcellana, P. Marinaccio, E. Nocito, & L. Magri (2010). Short-term psychodynamic psychotherapy versus treatment as usual for depressive and anxiety disorders: A randomized clinical trial of efficacy. *Journal of Nervous and Mental Disease.*198 (9), 647 – 652. doi: 10.1097/NMD.0b013e318ef3ebb

Sixty patients diagnosed with depressive or anxiety disorders were randomly assigned to an intervention group (STPP, short-term psychodynamic psychotherapy) or control group for 12 months. Members of the STPP group showed significantly more improvement for Clinical Global Impression Improvement and for on the Inventory of Interpersonal Personal Problems Scale. The study offered evidence that STPP is an effective treatment for patients with anxiety or depressive disorders.

Castle, D., White, C., Chamberlain, J., Berk, M., Berk, L., Lauder, S., Murray, G., Schweitzer, I., Piterman, L., & Gilbert, M. (2010). Group-based psychosocial intervention for bipolar disorder: A randomized controlled trial. *British Journal of Psychiatry, 196,* 383-388.

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Levesque, D., M. Clayatta, P. Castle, J. Prochaska & J. Prochaska (2012). Evaluation of a stage-based, computer-tailored adjunct to usual care for domestic violence offenders. *Psychology of Violence*, 2(4), 368-384. doi: org/10.1037/a0027501

Four hundred and ninety-two male domestic violence offenders attending court-mandated batterer treatment received either the usual care or the group based program. The attendees to the group were less likely to engage in physical violence during the 12 month follow-up. The group attendees also had lower rates of documented violence and physical injury.

McRoberts, C., G. Burlingame, & M. Hoag ( 1998). Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice,* 2 (2), 101-117.

A meta-analysis of 23 outcome studies that directly compared the effectiveness of individual and group therapy used within the same study to minimize the influence of confounding variables. Group and individual therapy achieved equivalent effects across 55 of the 60 analyses encompassing five content domains. The analyses showed that even when differences were found between the two, these tended to be negligible and the authors did not find them to be clinically significant.

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4. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.

 The group psychology/group psychotherapy specialty training prepares practitioners to function competently in a variety of settings; schools, colleges and universities, business and industry, private practice, hospitals and other medical facilities, sports, in the criminal justice system, developing emergency responding teams, veterans facilities, and public outpatient facilities. Thus, the specialty providers are expected to know and understand how groups function; evidence-based practices and procedures for group provided learning, growth, development, healing and skills enhancement; but must also know how to access the particulars for specific and different settings.

 The articles cited below demonstrate the variety of the types of groups that the specialty uses; psychoeducational groups, interpersonal process groups, psychotherapy groups, task and work groups, transition group and, in some cases, a combination of types. The findings are suggestive of the efficacy and cost effectiveness for the implementation of groups to address problems and concerns, promote and encourage group members’ empowerment, guide members’ skills development, and to optimize social, educational, and behavioral effects for members.

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Post, B., N. Wade & M. Cornish (2014). Religion and spirituality in group counseling: Beliefs and preferences of university counseling center clients. *Group Dynamics: Theory, Research, and Practice,* 18 (1), 53 – 68. Doi: 10.1037/a0034759

Explored were sixty-eight clients attending a university counseling center beliefs and preferences about the discussion of religion and spiritual issues in group counseling. While the majority (85%) felt that religious and spiritual concerns are appropriate topics for group counseling, 24% wanted to discuss religion and 47% spiritual topics. Regression analyses, client spirituality and group engagement significantly predicted client’s preferences to discuss both religion and spiritual issues.

Westwood, M.J., McLean, H. Cave, D. Borgen, W. & Slakov, P. (2010). Coming home: A group-based approach for assisting military veterans in transition. *The Journal for Specialists in Group Work, 35*(1),44-68. doi: 10.1080/01933920903466059

Soldiers who participate in active combat duty have a greater chance of developing debilitating outcomes with mental health consequences such as PTSD. This study (n=18) examined the impact of a Veterans Transition Program. This study was a repeated measure quasi-experimental design. Assessments and interviews were administered pre- and post-program participation, and 3 months after program completion. The program was found to be highly beneficial to participants with quantitative (descriptive statistics only due to low power and small n, and Cohen’s d to assess levels of improvement) and qualitative (for the interviews, categorical content analysis; for the third interview Critical Incident Technique was used) results showing improvement in traumatic stress symptoms and overall sense of well-being. This study supports a group-based approach with peers for Veterans suffering with PTSD.

Cox, D.W., Westwood, M.J., Hoover, S.M., Chan, E.K.H., Kivari, C. A., Dadson, M.R., & Sumbo, B.D. (2014). Evaluation of a group intervention for veterans who experienced military-related trauma. *International Journal of Group Psychotherapy, 64*(3), 367-380. doi: 10.1037/a0034142

This is a follow up study to the 2010 study by Westwood et al. The N was increased to 56 veterans with PTSD who had active duty experience. The results supported the effectiveness of the Veterans Transition Program, a group-based treatment. A pre- to post-test design was used to determine the effective of the program. Paired-sample t tests were conducted to analyze pre- and post-test differences and Cohen’s d standardized mean difference effect size was reported. A second set of analyses (statistical reliability and scale scores that indicated dysfunction to function) were performed to assess clinically significant change from pre to post-test. Veterans experienced symptom reduction, with the greatest impact on depressive symptoms. Study limitations were discussed.

Jensen, H.H., Mortensen, E.L., and Lotz, M. (2010). Effectiveness of short-term psychodynamic group therapy in a public outpatient psychotherapy unit. *Nordic Journal of Psychiatry, 64*(2), 106-114.

This study investigated the effects of 39 session psychodynamic group psychotherapy on 236 outpatients in public outpatient treatment settings in Denmark with diagnoses of mood (9.7%), neurotic (50.8%), and personality disorders (39.4%). This was a pre-post treatment naturalistic design using SCL-90-R and the Global Severity Index and subscales to evaluate symptom change. The analyses showed a moderate to large effect size (ranging from 0.67 in depressed to 0.74 in neurotic and personality disorder patients). However, 43.1% of the pre-treatment case sample was unchanged or deteriorated, 27% reliably improved and 29.9% obtained clinical significant change status (ranging from 23.8% of the neurotic to 42.9% of the depressed patients). The authors concluded that short-term psychodynamic group therapy is associated with medium to large or large effect sizes. However, a substantial part of the sample was still, after therapy, in the pathological range compared with Danish norms. Patients may need more than 39 session of psychodynamic group therapy.

Costano, N., Watts, T., Teklead., (2013). A Reexamination of the Cohesion-Performance Relationship Meta-Analyses: A Comprehensive Approach. *Group Dynamics: Theory, Research, and Practice*, *17*(4), 207-231. doi: 10.1037/a0034142

The researchers conducted a meta-analysis of 132 number of studies and 159 independent effect sizes to look at moderators of the cohesion-performance relationship. The moderations looked at were: group size, setting, study design, team tenure, level of measurement (aggregated, group level), and performance management. The study confirmed cohesion was meaningfully related to performance. Only business and sports setting differed in the task-cohesion performance relationship, with business setting having the strongest effect. The other moderators failed to show an effect on cohesion-performance relationship.

Gantt, S. (2013). Applying Systems-Centered Theory (SCT) and Methods in Organizational Context: Putting SCT to Work. *International Journal of Group Psychotherapy*, *63*(2), 235-258. doi: 10.1521/ijgp.2013.63.2.234

The article looked at the application of Systems-Centered Theory in organizational setting. It highlights the importance of influencing the systems and its norms instead of working on an individual level. System-Centered Theory encourages an understanding of the systems dynamics that enhance or limit the development of an organization and the ability of its members. The author provided various case examples that illustrate how SCT has been used in coaching context and organizations.

Paquin, J., D. Kivlighan Jr., & L. Drogosz (2013). Person-group fit, group climate and outcomes in a sample of incarcerated women participating in trauma recovery groups. *Group Dynamics: Theory, Research, and Practice*, 17 (2), 95 – 109. doi: 10.1037/a0032702

The concept of person-group (P-G) fit was applied to group psychotherapy. A time-series design was used to examine the relationship between individual group member’s fit ( defined as congruence and convergence) with perceptions of group climate, attendance and change in PTSD symptoms. Fifty-one women participated in 6 manualized groups using the trauma recovery and empowerment model. Hierarchical linear modeling was used to examine session level fit across rime. Results indicated that avoidance decreased and conflict increased across time. Both attendance and conflict avoidance were associated with PTSD symptom change.

Marques-Quinterio, P, L. Curral, A. Passos & K. Lewis ( 2013). And now what do we do? The role of transactive memory systems and task coordination in action teams. *Group Dynamics: Theory, Research, and Practice*, 17 (3), 194 – 206. doi.org/10.1037/a0033304

The study examined the combined effects of team implicit coordination and transactive memory on team adaptive behaviors and performance for a sample of 42 real police tactical teams. The findings suggested that team implicit coordination can benefit performance for non-routine tasks. Both team implicit coordination and team adaptive behaviors relationships were strengthened by transactive memory systems.

**Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.**

***Commentary****: The public interest requires that a specialty provides the best services possible to consumers. A specialty, therefore, continues to seek ways to improve the quality and usefulness of its practitioners' services beyond its original determination of effectiveness .Such investigations may take many forms. Specialties promote and participate in the process of accreditation in order to enhance the quality of specialty education and training. Petitions describe how research and practice literatures are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated*

Introduction

 Greene (2012) wrote that group therapy outcome research must move beyond the notion that RCT (Randomized Clinical Trial) is the only means t produce valid findings because the methodological problems with RTC are exacerbated with groups. This occurs because RCT designs do not take into account the nonindependence of group-level data and the statistical differences for missing longitudinal data for members’ premature termination or new members entering the group as what happens in many private practices and mental health agencies that use group treatment. Although RCT can provide much important data and conclusions the APA Presidential Task Force on Evidence-Based Practice (2005) broadened the definition of legitimate evidence by the inclusion of clinical observation and case studies.

 The specialty subscribes to the integrated package of methodologies proposed by Datillio et al.(2010). The methodologies include quantitative and qualitative methods, and experimental and quasi-experimental strategies. Wachtel’s(2010) proposal that research on process as well as than on principles and outcomes could produce meaningful understanding of how therapeutic change takes place and the factors that facilitate these changes, and the understanding for this at the individual group member level and at the group as a whole level which is essential for meaningful clinical practice.

APA Presidential Task Force on Evidence-Based Practice. (2005). *Report of the 2005 Presidential Task Force on Evidence Based Practice.* Retrieved from http:www.apa.org/practice/resources/evidence/evidence-based report.pdf

Datilio, F., D. Edwards, & D. Fishman (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy research. *Psychotherapy: Theory, Research, Practice, Training* 47, 427 – 441. Doi: 10.1037/a0021181

Greene, L. (2012). Group therapist as social scientist, with special reference to the psychodynamically oriented therapist. *American Psychologist*, 67(6), 477 – 489. doi:10.1037/a0029147

Wachtel, P. (2010). Beyond “ESTs”: Problematic assumptions in the pursuit of evidence-based practice. *Psychoanalytic Psychology*, 27, 251 - 272. doi:10.1037/a0020523

***1. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.***

The types of investigations that are designed to evaluate and increase the usefulness of the skills and services include literature reviews ( Burlingame et al. 2013) program evaluation ( Power & Hegarty, 2010), meta-analyses (Kosters et al. 2006; Krishna et al. 2013)), randomized clinical trials (Bechdolf et al. 2010; Alexander et al. 2010)), case studies (Petek, 2009; Tasca et al. 2011), pilot studies (Castle, 2007) and quasi-experimental studies.

Alexander, P., E. Morris, A. Tracy & A. Frye (2010) Stages of change and the group treatment of batterers: A randomized control trial. *Violence and Victims*, 25 571 – 187. Doi:10.1891/0886-6708.25.5.571

Bechdolf, A., B. Knost, B. Nelson, N. Schneider, V. Veith, A. yung & R. Pukrop (2010). Randomized comparison of group cognitive behavior therapy and group psychoeducation in acute patients with schizophrenia: Effects of subjective quality of life. *Australian and New Zealand Journal of Psychiatry.* doi: 10.3109/00048670903393571

Burlingame, G., B. Strauss & A. Joyce (2013). Change mechanisms and effectiveness of small group treatment. In M. J. Lambert (Ed.), *Bergin and Garfield’s Handbook of psychotherapy and behavior change* (6th ed.) pp. 640 – 689). Hoboken, NJ: Wiley.

Castle, D., M. Berk, S. Lauder, J. Chamberlain & M. Gilbert (2007). Pilot of group intervention for bipolar disorder. *International Journal of Psychiatry in Clinical Practice,* 196, 383-388.

Krishna, M., A. Honagodu, R. Rajendra, R. Sundarachar, S. Lane & P. Lepping (2013). A systematic review and meta-analysis of group psychotherapy for sub-clinical depression in older adults. *International Journal of Geriatric Psychiatry*, 28 (9), 881 – 888. doi:10.1002/gps.3905

Kosters, M., G. Burlingame, C. Nachtigall, & B. Strauss (2006). A meta-analytic review of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory, Research, and Practice, 10, 146 – 163.* doi: 10.1037/1089-2699.10.2.146

Petek, J. (2009). A psychotic patient’s relapse during group psychotherapy treatment. *Psychiatria Danubina*, 21(1), 117 – 119.

Power. S. & J.Hegrety 2010). Facilitated peer support in breast cancer: A pre-and post program evaluation of women’s expectations and experiences of a facilitated peer support program. *Cancer Nursing*, 33, E9 - #16. Doi: 10.1097/NCC.0b013e3181ba9296

Tasca, G., M. Foot, C. Leite, & H.Maxwell ( 2011). Interpersonal processes in psychodynamic-interpersonal and cognitive behavioral group therapy: A systematic case study of two groups, *Psychotherapy*, 48,(3), 260 – 273

***2. Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.***

The specialty provide numerous opportunities for practitioners to improve their services through

activities such as those presented by The Society of Group Psychology and Group Psychotherapy at the APA national convention (a partial listing is provided in Criterion X appendix), at the national and regional conventions and workshops provided by AGPA ( partial listing in Criterion X appendix), through the special convention produced by the Association for Specialists in Group Work (ASGW). Additional opportunities are provided by regional conferences, webinars, readings, and other appropriate CE activities. The Group Specialty Council is dedicated to continuous quality improvement of knowledge, skills and competencies for the specialty.

 Other ways to improve quality are seen in the continuing education requirements for the ABPP and CGP certifications. This also allows for self-monitoring and addresses our purpose for continual improvement. A major step in ensuring continual improvement is the publication by AGPA of training curricula on topics relevant to group psychotherapy:

Korshak, S., M. Nickow & B. Straus – A group therapist’s guide to process addictions.

Pojman, A. – Adolescent group psychotherapy: Method, madness and the basic curriculum guide.

Burlingame, G. & B. Strauss ( Task Force Co-chairs) CORE Battery revised.

Brown, N. – Curriculum for psychoeducational groups.

MacNair-Semands, R. – Ethics in group psychotherapy.

Buchele, B. & H. Spitz – Group interventions for treatment of psychological trauma.

Flores, P. & D. Brook – Group psychotherapy approaches to addictions and substance abuse.

Sheppard, T. – Group psychotherapy with children.

Weber, R. – Principles of group psychotherapy (under revision)

Klein, R. & S. Phillips – Public Mental Health Service Delivery Protocols: Group interventions for disaster preparedness and responses

Bernard, H. & H. Spitz – Training in group supervision.

 One of the most distinctive ways the specialty helps practitioners stay current is through the revisions for the AGPA Science to Service publication which presents the evidence base for competent practice in the specialty. This document is in the process of being revised and is expected to be available early in 2015.

***3. Describe how the research and practice literature are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.***

The research and practice literature are regularly reviewed for new developments, findings, challenges, and other topics relevant to the specialty and is disseminated in a variety of ways; books and book chapters, refereed articles, development and revisions for guidelines, and for the presentations provided at national conventions. Following is a list of sample recent books

( 2010 – 2015) that illustrate the reviews and dissemination. An abbreviated list of published journal articles during the same time period is in Criterion X Appendix.

Barlow, S. ( 2013). *Specialty competencies in group psychology*. New York: Oxford University Press.

Bitter, J. & M. Sonstegard (2015). *Adlerian group counseling and therapy*. New York: Routledge.

Brown, N. (2011). *Psychoeducational groups*. New York: Routledge.

Brown, N. ( 2013). *Creative activities for group therapy*. New York: Routledge.

Brown, N. (2014). *Facilitating challenging groups: Open ended, leaderless and single session*. New York: Routledge.

Carrell, R. ( 2010). *Group exercises for adolescents*. Washington, DC: Sage

Clanton-Harpine, E. (2012). *Prevention groups*. Washington, DC: Sage.

Conyne, R. (Ed.) (2010). *The Oxford handbook of group counseling*. New York: Oxford University Press.

Conyne, R., A. Horne & K. Raczynski (2013). *Prevention in psychology: An introduction to the prevention practice kit.* Washington, DC: Sage.

Conyne, R. (2013) *Group work practice kit*. Washington, DC: Sage.

Davies, A. & E. Richards (2014). *Group music therapy: A group analytic approach*. New York: Routledge.

Earley, J. (2014). *Interactive group therapy: Integrating, interpersonal, action-orientated and psychodynamic approaches*. New York: Routledge.

Garmston, R. & V. von Frank (2012). *Unlocking group potential to improve schools.* Washington, DC: Sage.

Hunter, M. & M. Smith (2014). *Managing hot flashes with group cognitive behavior therapy*. New York: Routledge.

Kleinberg, J. (Ed.) (2012). *The Wiley-Blackwell handbook of group psychotherapy*. West Sussex UK; John Wiley & Sons.

Maines, B. & G. Robinson (2010). *The support group method training pack: Effective anti-bullying intervention.* Washington, DC: Sage.

Maramosh, C., R. Markin & E. Spigel (2013). *Attachment in group psychotherapy*. Washington, DC: APA Press.

Motherwell, L. & J. Shay (Eds.) (2014). *Complex dilemmas in group therapy*. New York: Routledge.

Ney, P. & A. Peters (2015). *Ending the cycle of abuse: The stories of women abused as children & the group therapy techniques that helped them heal*. New York: Routledge.

Nicholas, M. (2014). *Change in the context of group therapy*. New York: Routledge.

Oatley, K. (2014). *Selves in relation (REL: group therapy): An introduction to psychotherapy and groups.* New York: Routledge

Reddy, L. (2012). *Group plan interventions for children: Strategies for teaching prosocial skills*. Washington, DC: APA Press.

Riley, S. (2014). *Group process made visible: The use of art in group therapy*. New York: Routledge.

Rutan, S., W. Stone, J. Shay (2014). *Psychodynamic psychotherapy*. (5th ed.). New York: Guilford Press.

Saiger, G. & S. Rubenfeld (2015). *Windows into today’s group therapy*. New York: Routledge.

Scott, M. (2011). *Simply effective group cognitive behavior therapy*. New York: Routledge.

Semmelhak, D., L. Ende, & C. Hazell (2013). *Group therapy for adults with severe mental illness*. New York: Routledge.

Sweeney, D. (2014). *Group play therapy*. New York: Routledge.

Waller, D. (2014). *Group interactive art therapy*. New York: Routledge.

\*\*Routledge began publishing the Library Editions: Group therapy in 2014. Titles and authors in that series include the following.

Anzieu, D. *The group and the unconscious*.

Caine, R, and O. Wijesinghe. *Personal styles in neurosis: Implications for small group psychotherapy* *and behavior therapy.*

deMare, P. *Perspectives in group psychotherapy: A theoretical background.*

Grobman, J. (Ed). *Group psychotherapy for students and teachers.*

Janssen, P. *Psychoanalytic therapy in the hospital setting*.

Kutter, P. *Basic aspects of psychoanalytic group therapy*.

Rabin, H. & M. Rosenbaum. *How to begin a psychotherapy group*.

Rosenbaum (Ed.). *Group psychotherapy from the southwest*.

***4. Describe how the specialty promotes and participates in the process of accreditation in order to enhance the quality of specialty education and training. How many programs in this specialty are accredited at the doctoral and/or postdoctoral level?***

***NA – the specialty is post – licensure.***

**Criterion XI. Guidelines for Specialty Service Delivery. The specialty has developed and disseminated guidelines for practice in the specialty that expand on the profession's general practice guidelines and ethical principles3.**

***Commentary:*** *Such guidelines are readily available to specialty practitioners and to members of the public and describe the characteristic ways in which specialty practitioners make decisions about specialty services and about how such services are delivered to the public*

1. ***Describe the specialty-specific practice guidelines for this specialty. Please attach. How do such guidelines differ from general practice guidelines and ethics guidelines? (In this context, professional specialty guidelines refer to modes of conceptualization, identification and assessment of issues, and intervention planning and execution common to those trained and experienced in the practice of the specialty. Such professional guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)***

The specialty of group psychology and group psychotherapy is based on a foundation of general practice and ethics guidelines, found on the American Psychological Association website (APA Guidelines for Practitioners). Specific practice guidelines for the specialty are being developed by the Education, Research and Training Committee of Division 49. These will use as a model the guidelines in place by ASGW and AGPA (Criterion XI appendix) . In addition, the specialty of group psychology and group psychotherapy has specific guidelines that are found on several websites.

The American Group Psychotherapy Association Practice Guidelines were initiated in 2004 as part of AGPA’s recognition of the need for group therapy practitioners to meet demands for evidence-based practice and accountability. The Science to Service Task Force combined leading researchers, educators, and practitioners to develop the clinical practice guidelines.

The guidelines are for practitioners of dynamic, interactional, and relational group psychotherapy, using the group setting as agent of change and harnessing individual, interpersonal, and whole group dynamics. The group therapist must integrate these components, being mindful of the stages of group development, assessment of individual members, population of group, resistances, and external factors. Rather than a “disorder-based approach,” the AGPA Practice Guidelines present “an alternative approach to evidence-based practice (that) integrates the best available research with clinical expertise applied within the context of client characteristics, culture, and preferences (AGPA, 2005).” The guidelines are a client-based model intended to support practitioners in their clinical practice. The guidelines can be linked with a research instrument, the CORE-R Battery (Burlingame et al., 2006), that allows collection of data about the effectiveness of group treatment and provides process and outcome data for therapists about their work.

A copy of the 2007 AGPA Practice Guidelines (http://www.agpa.org/home/practice-resources/practice-guidelines-for-group-psychotherapy) is found in the Criterion XI appendix.

The Association for Specialists in Group Work (AGSW) has a set of guidelines (Criterion XI appendix) that includes general practice and ethics guidelines with the addition of “Section B: Best Practice in Performing.” This section notes that “Group Workers have a basic knowledge of groups and the principles of group dynamics, and are able to perform the core group competencies, as described in the ASGW Professional Standards for the Training of Group Workers (ASGW, 2000). They gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. Additionally, Group Workers have adequate understanding and skill in any group specialty area chosen for practice (psychotherapy, counseling, task, psychoeducation, as described in the ASGW Training Standards).”

The AGSW guidelines delineate the specific skills for leading groups, and further delineate group specialty practice areas, such as psychotherapy counseling, and psychoeducation. According to the AGSW guidelines, group workers must have understanding of models of group development, group dynamics, member assessment and preparation, informed consent, setting, communicating, and maintaining group policies, and sensitivity to working with diverse populations in group settings. The need for ongoing professional development is recognized.

The ASGW also stresses that group work requires specialty training: “Specialist Training in GroupWork. The independent practice of group work requires training beyond core competencies. ASGW advocates that independent practitioners of group work must possess advanced competencies relevant to the particular kind of group work practice in which the group work student wants to specialize (e.g., facilitation of task groups, group psychoeducation, group counseling, or group psychotherapy).

To encourage program creativity in development of specialization training, the specialization guidelines do not prescribe minimum trainee competencies. Rather, the guidelines establish a framework within which programs can develop unique training experiences utilizing scientific foundations and best practices to achieve their training objectives. In providing these guidelines for specialized training, ASGW makes no presumption that a graduate program in counseling must provide training in a group work specialization nor that adequate training in a specialization can be accomplished solely within a well-rounded master’s degree program in counseling. To provide adequate specialization training, completion of post-master’s options such as certificates of post-master’s study or doctoral degrees maybe required. Further, there is no presumption that an individual who may have received adequate training in a given declared specialization will be prepared to function effectively with all group situations in which the graduate may want to or be required to work. It is recognized that the characteristics of specific client populations and employments settings vary widely. Additional training beyond that which was acquired in a specific graduate program may be necessary for optimal, diversity-competent, group work practice with a given population in a given setting.

The ACGW identifies four different areas of advanced practice, or specialty: Task Group Facilitation, Group Psychoeducation, Group Counseling, and Group Psychotherapy, each with defined core knowledge, skills and experiences. (The ASGW Training Standards are in the Appendix .)

***2. How does the specialty encourage the continued development and review of practice guidelines?***

The specialty encourages the continued development and review of practice guidelines by consulting with AGPA and ASGW who have these guidelines in place. The development of practice guidelines by Division 49 will use consultation with these organizations and others that have an interest in the specialty to continually revise and update these. The American Group Psychotherapy Association has a Standing Committee called Science to Service. The purpose of the committee is to maintain an ongoing reference base of group therapy research and to apply current research to Practice Guidelines. The current Practice Guidelines were published in 2007 and have a “sunset clause” requiring revision in 2015, and this revision is underway. This clause assures that the Practice Guidelines are regularly and thorough updated.

1. ***Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications***.

The specialty of group psychotherapy relies on local and national conferences, publications, and social media to communicate new developments, trends and research results to members, group practitioners and the public. National conferences include the APA convention and The American Group Psychotherapy Association Annual Meeting. Many local divisions of AGPA (affiliate societies) also hold annual meetings that offer continuing education. Journals and publications include *The International Journal of Group Psychotherapy, the Group Circle (newsletter of AGPA) GROUP (* the journal of the Eastern Group Psychotherapy Society)*,* and *The Group Psychologist* and *Group Dynamics* (the APA Division 49 newsletter and journal*).* The American Group Psychotherapy Association uses a listserv, Facebook, Twitter, and online newsletter for communication among its members and Division 49 has a newsletter available online for communication among its members. Special Interest Groups of the American Group Psychotherapy Association, made up of group psychotherapists who share the same interest, use listservs to communicate to their members. For example the College Counseling Special Interest Group has a listserv that is disseminated to 190 members. Local affiliates of the American Group Psychotherapy Association use listservs and newsletters to communicate to their members.

1. ***How does the specialty communicate its identity and services to the public?***

For Group Psychotherapy the “public” could be defined as: all psychologists who are not group psychotherapists, all mental health professionals who do not practice group therapy, all potential referral sources such as school personnel, medical clinicians, employers and the general population at large, including potential group psychotherapy patients and their families. The most significant access to these populations is through Division 49 of APA and the American Group Psychotherapy Association and the regional affiliates of the American Group Psychotherapy Association. The American Group Psychotherapy Association has a section on its website for the public which includes a definition and explanation of group psychotherapy and presents an online version of its pamphlet “Group Works” that was written for the public to explain: who can be helped by group therapy and how group therapy helps. The AGPA website also includes a copy of the Group Psychotherapy Practice Guidelines.

Group psychotherapists make professional presentations at the APA Annual Convention, Conferences of state psychological associations, AGPA Annual Meeting, Annual Meetings of the local Affiliates of AGPA, conferences for medical professionals such as the Society of General Internal Medicine, local and national conferences of National Association of Social Workers and Mental Health Workers.

The Psychotherapy Networker, read by a large number of psychologists, published an article about the use of group therapy (Counselman, 2010).

Additionally, publications such as *The International Journal of Group Psychotherapy*, *Group*,and *Group Dynamics* are distributed internationally and are available to the public. These journals present articles that report research results on efficacy of particular types of group psychotherapy for specific populations, describe particular approaches to group therapy dilemmas by the presentation of case examples and elucidation of theory. For example recent issues of *The International Journal of Group Psychotherapy* and *Group Dynamics: Theory, Research and Practice* contained the following articles:

Vannicelli, M. (2014). Supervising the beginning group leader in inpatient and partial hospital settings. *International Journal of Group Psychotherapy, 64*(2), 145-164.

Deering, C.G., (2014) Process-oriented inpatient groups alive and well? *International Journal of Group Psychotherapy, 64*(2),165-180.

Lee, J. (2014) Asian international students’ barriers to joining groups counseling. *International Journal of Group Psychotherapy, 64*(4), 445-466.

Kanatsias, T., Ferguson, S., Chouliara, Z., Gullone, A., Gosgrove, K., & Douglas, A. (2014). Effectiveness and acceptability of group psychoeducation for the management of mental health problems in survivors of child sexual abuse. *International Journal of Group Psychotherapy, 64*(4), 493-516.

Abernethy, A.D., Tadie, J.T., & Tilahun, B.S. (2014). Empathy in group therapy: facilitating resonant chords. *International Journal of Group Psychotherapy, 64*(4), 517-535.

Gallagher, M.E., Tasca, G.A., Ritchie, K., Balfour, L., and Bissada, H. (2014). Attachment anxiety moderates the relationship between growth in group cohesion and treatment outcomes in group psychodynamic interpersonal psychotherapy for women with binge eating disorder. *Group Dynamics: Theory, Research and Practice 18*(1), 38-52.

Poepsel, D. L. and Schroeder, D.A. (2013). Joining groups: How resources are to be divided matters. *International Journal of Group Psychotherapy, 17*(3), 180-193.

Publications such as *Psychodynamic group psychotherapy* by Rutan, Stone and Shay. *Complex dilemmas in group therapy* by Motherwell and Shay, *Theory and practice of group psychotherapy* Yalom and Leszcz, *A group therapist’s guide to process addictions* by Korshak, Nickow, and Straus, *The Wiley-Blackwell handbook of group psychotherapy* by Kleinberg, *Group interventions for treatment of psychological trauma* by Buchele and Spitz and *Specialty competencies in group psychology* by Barlow are available to the public.

References:

Barlow, S. (2013). *Specialty competencies in group psychology.* New York” Oxford University Press.

Buchele, B.J. & Spitz, H.I. (2004). *Group interventions for treatment of psychological trauma.* New York: The American Group Psychotherapy Association.

Counselman, E.F. (2010) In consultation: group therapy. Psychotherapy Networker.. November/December.

Kleinberg, J., (2011). *The Wiley-Blackwell handbook of group psychotherapy.* New York: Wiley Blackwell.

Korshak, S. J., Nickow, M., & Straus, B. (2014) *A group therapist’s guide to process addictions.* New York: The American Group Psychotherapy Association.

Motherwell, L, & Shay, J.J. (2014). *Complex dilemmas in group therapy*. 2nd edition.. New York: Brunner-Routledge.

Rutan, J.S, Stone, W.N, & Shay, J.J. (2014) *Psychodynamic group psychotherapy*, 5th edition. New York: Guilford.

Yalom, ID, & Leszcz, M (2005). *Theory and practice of group psychotherapy*, 5th edition. New York: Basic Books.

**Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an evaluation of their knowledge and skill and to be identified as meeting the qualifications for competent practice in the specialty.**

***Commentary:*** *Identifying psychologists who are competent to practice the specialty provides a significant service to the public. Assessing the knowledge and skill levels of these professionals helps increase the ability to improve the quality of the services provided. Initially practitioners competent to practice in the specialty may simply be identified by their successful completion of an organized sequence of education and training. As the specialty matures it is expected that the specialty will develop more formal structures for the recognition of competency in practitioners.*

1. ***Describe the formal peer review-based examination process of board certification including its use of a review and verification of the individual’s training, licensure, ethical conduct status, and a peer assessment of specialty competence.***

***\*If this is a new petition for recognition describe a) current methods by which individual practitioners can secure an evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty and b) efforts to establish a formal peer review-based examination process of board certification including a detailed plan and timeline.***

a) Current methods by which individual group practitioners can secure evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty of group.

Group psychologists are evaluated regarding their knowledge and skills at all levels of professional development. Initially this evaluation occurs while graduate students are successfully completing intervention courses that include group skills (group dynamics, group psychotherapy, and advanced group supervision). Academic programs utilize standard mechanisms for evaluating student performance, although the matrices invoked might take different forms.

Doctoral level group psychologists with the requisite amount of postdoctoral supervised experience can apply to sit for the ABPP examination (in this case, the American Board of Group Psychology). Because board certification in group psychology identifies the most skilled group psychology practitioners, it is described in detail below.

b)Efforts to establish a formal peer review-based examination process of board certification including a detailed plan and timeline.

**Board Certification in Group Psychology**

The Society of Group Psychology and Group Psychotherapy (Division 49, American Psychological Association) recognizes that board certification in group psychology is one mechanism through which group psychology practitioners can obtain an evaluation of their knowledge and skill at the highest level of advanced skill. While the examination process is complex, a brief overview chart is provided below, as well as a link to the ABGP Exam manual.

<http://www.abpp.org/files/page-specific/3357%20Group/12_ABGP_Candidate_Manual.pdf>

The American Board of Group Psychology (ABGP) is affiliated with the American Board of Professional Psychology (ABPP) as a member specialty board, along with 14 other specialty boards --Clinical Child and Adolescent, Clinical Health, Clinical Neuro, Clinical, Cognitive and Behavioral, Counseling, Couple and Family, Forensic, Gero, Organizational and Business Consulting, Police and Public Safety, Psychoanalysis, Rehabilitation, and School Psychology. The ABGP successfully underwent its first ever Periodic Comprehensive Review in 2012. The PCR is an ongoing continuous quality improvement process in ABPP that began in 2006. Certification in Group Psychology became available in 1999. A brief historical context follows.

The American Board of Examiners in Professional Psychology (ABEPP), founded in 1947, was established in order to replace the APA committee formed to create a credentialing body for psychologists (Bent, Packard & Goldberg, 1999) when it became apparent that being a member of an APA division could not serve both as indication of interest *and* a guarantee of proficiency. Since 1947, a number of specialties have been added to the original three--Clinical, Personnel-educational (later known as Counseling), Personnel-industrial (later known as Industrial). This august body set a standard then and now of the highest order of advanced skill in any specialty. In 1968 the ABEPP was changed to ABPP, and by the 1970s a formal relationship developed between ABPP and APA.

Any candidate for board certification undergoes a rigorous vetting process whereby his or her credentials are initially evaluated through ABPP Central Office regarding training, supervision, letters of reference, ethics, and so on. Once that candidate has passed this portion of the exam evaluation he or she is allowed to submit work samples. The Group ABPP (ABGP) exam coordinator evaluates the suitability of the work sample. If the candidate passes this phase of the examination process, he or she is scheduled for an oral exam where credentials, work sample, and general group knowledge is subjected to the oral examination process.

***History of Group Specialty Practice****:* Society for Group Psychology and Group Psychotherapy (APA) and the American Board of Group Psychology (ABGP)

The development of the Group specialty grew out of the work of several individuals associated with different Divisions within APA. The primary leader for the Development of the Group Division was Arthur Teicher of New York City. In the 1980’s Dr. Teicher and colleagues helped to stimulate “special interest groups” in a number of APA Divisions these included Clinical (12), Counseling (16), Psychotherapy (29), and Psychoanalysis (39). These special interest groups sometimes organized as sections of the Division had their own governance format and typically submitted program suggestions for Division meetings both the annual and midwinter meetings. The goal was to increase the visibility of practitioners, trainers, researchers and students who were committed to the group treatment modality. Eventually, some participants felt that the sections/special interest group model was not adequate to serve the needs of psychologists who were involved in group work.

Teicher, along with Morris Goodman of New Jersey, Michael Andronico of New Jersey and Joseph Kobos of Texas, organized a petition drive to request that APA recognize the formation of a new Division. The drive produced more than 900 signatures. Teicher, Goodman and Andronico prepared the required documentation for APA and the petition for the Division went through all of the required steps with the APA Council of Representatives voting to approve Division 49 in 1991. Dr. Teicher became the first President of the Division. Recently, the Division has been renamed the Society of Group Psychology and Group Psychotherapy. The Society is currently being led by its’ 21th President, Lee Gillis.

It should be noted that the founding leaders of the new Division all had been active in other organizations that focused on some aspect of group treatment or group training. Many were affiliated with the American Group Therapy Association, the Association for Group Work, or Psychodrama organizations. All of these organizations are multidisciplinary in format. The founding leaders of the new Division were committed to developing an organization that focused on the unique training and practice patterns of psychologists who specialized in doing group work. The name of the new Division, Group Psychology and Group Psychotherapy emphasized the interaction between theory and practice as well as the multiple settings in which group theory and technique may be utilized.

Beginning in 1994, the leadership of the new Division formed a working committee to pursue recognition of group work as a specialty practice under the aegis of the American Board of Professional Psychology (ABPP). The committee was chaired by Goodman and Kobos. The first step was to develop and write the petition to ABPP. In this process, Goodman and Kobos communicated with ABPP and the Standards Committee which provided consultation to applicant Boards re: format of the petition and the requirements that all Boards must satisfy. The financial support for underwriting the new Board was provided by soliciting contributions from a wide range of individuals in the professional community who used groups in their professional practice.

The background material that formed the basis for the application was prepared under the leadership of Morris Goodman with the help of Bert Schwartz (New Jersey, deceased), Mike Andronico, John Gladfelter (Texas, deceased), and Joe Kobos. This document reviewed the theoretical and practice literature that provides the basis for the establishment of group psychology as a specialty technique with its own unique theories and practice formats. The document enumerated the post-doctoral education and supervised practice experiences that prepare an individual as a group specialist. The document also described the proposed examination model.

In 1998, the BOT approved the application and authorized the new Board to offer the initial exams. The initial examinations were conducted in Chicago, Ill in February, 1999. Thirty individuals were examined. This initial cadre of examinees was from the original group of contributors. Each individual submitted a complete application that included documentation of licensure, academic training, internship, and post-doctoral training in group which included courses, workshops and supervised group experience, as well as a work sample that included an audio or videotape of an individual interview and an audio or video of the individual working in a group. Since 1999, the work samples have been altered to clearly highlight group specialization. Specifics can be found in the examiner manual—portions of which are reproduced below.

The website for the American Board of Group Psychology (ABBP.org) list its activities as follows:

*The American Board of Group Psychology (ABGP) is a member board of the American Board of Professional Psychology (ABPP). The latter board oversees the standards and operations of its 15 member boards. The ABGP is responsible for establishing criteria related to the definition, education, training, competencies, and the examination leading to certification as a specialist in Group Psychology. The ABGP is governed by members who are board certified in group psychology and representative of the specialty on a national basis.*

*Board Certification assures the public and the profession that the group psychologist specialist has successfully completed the educational, training, and experience requirements of the specialty including an examination designed to assess the competencies required to provide services in group psychology.*

**Definition of Group Psychology Services**

Group Psychology is a specific intervention based upon the foundation of Group Dynamics, as well as a health service provider specialty in professional psychology. Group Psychologists provide professional services relating to the diagnosis, assessment, evaluation, treatment and prevention of psychological, emotional, psychophysiological and behavioral disorders in individuals who are part of group treatments across the lifespan. These services include procedures for understanding, predicting, and alleviating intellectual, emotional, physical, psychological, social and behavioral maladjustment, and mental illness, as well as other forms of discomfort. In addition, group psychology includes services for the *enhancement* of functioning in all of these areas.

Group psychologists who demonstrate expertise in group skills represent a specialty of professional psychology that integrates the basic tenets of group psychotherapy and group dynamics theory, research, and application. Group specialty practice is based upon group dynamics principles such as communication, leadership, member-leader interactions, power, norms, and stages that Kurt Lewin (1951), Wilfred Bion (1961), Urie Bronfenbrenner (1979) and others wrote about in the mid-20th century. Group psychotherapy utilizes a format that is based upon a number of therapy models from psychodynamic to CBT, which includes small groups of approximately 8-10 clients, led by a skilled leader. Together members and (co)leader(s) explore roles, norms, stages, and group therapeutic factors (Yalom & Leszcz, 2005) by engaging in interpersonal interactions in order to a) ameliorate symptoms, b) learn new ways of behaving, and c) enact character change, depending upon the focus of the group. Groups can range from time-limited structured topic-centered groups (e.g., Psychoeducation, Anger Management) to on-going unstructured groups (e.g., Yalom Process Group). Group types are represented on the left side of Figure 1. Ongoing process and outcome evidence-based research informs standards of care for members of groups and constitutes the foundation of scientific knowledge.

Research strongly suggests that skilled group leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, Mackenzie & Strauss, 2003; Burlingame, Strauss, & Joyce, 2013). As stated, group leaders may identify with any number of therapy schools (CBT, Psychodynamic, Interpersonal and so on), but as a whole, they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion’s Basic Assumption of Dependency (1961), must be dealt with effectively at the group level. For instance, the leader might say, “This group appears to be certain I have all the answers for you. What do you think about this?”

Perhaps the above explanation illustrates most importantly that group therapy is not individual therapy with an audience. It is the skillful management of interpersonal processes in the here and now by the leader (and/or co-leader) as these processes interact with individual member’s symptomatology and character stances, and as group members help each other work towards the improvement they seek.

**ABGP COMPETENCY AREAS CHARACTERISTIC OF GROUP SPECIALTY**

The ABGP examination process encompasses the interrelated domains of the competencies required by the specialty of Group Psychology, and are based upon the mission statement of ABGP: “We are dedicated to understanding the foundational group forces and dynamics that undergird and affect all levels of social life.  These levels include human attachment and functioning within dyadic, family, small and large groups and socio-organizational structures”. Technically, groups exist whether comprised of 2 or 2,000 members. But generally, groups can be categorized as small (4-9) medium (10-20) and large (21-100 and above). (Barlow, 2008, 2012)

The American Psychological Association and the American Board of Professional Psychology have adopted an educational and training matrix based upon a-theoretical Foundational and Functional competencies, which can be overlaid upon any theoretical framework. The domains of professional behavior for the psychologist are detailed below. (Also, see: <http://www.apa.org/ed/graduate/competency.aspx>.) A successful candidate demonstrates knowledge, skills, competencies, attitudes/values and the experience necessary to provide specialty level services in the practice of Group Psychology, facilitated by discussion of the candidate’s Curriculum Vitae, letters of reference, Professional Statement, and Practice Sample.

***Functional Competencies***

**Assessment/Diagnosis/Conceptualization**

Group Psychologists understand both individual and group-level assessments, diagnosis and conceptualization. The essential knowledge component includes knowledge of and expertise in valid and reliable group verbal analysis systems. The accompanying behavioral anchor includes ability to distinguish between process and outcome in groups, and the application of one of the valid and reliable verbal analysis systems. Diagnosis in groups is based upon the essential knowledge component of nomothetic and idiographic individual measures as well group-level measures, which allow the group leader to understand the group-as-a-whole on a diagnostic level. Behavioral anchors include expert application of diagnosis at both individual and group levels in order to best conceptualize the individual group member within the group process. Finally, experts in Group Psychology are able to communicate these findings in written form to other professionals (reports, evaluations, recommendations).

**Intervention**

Group Psychologists are able to understand essential knowledge components of group intervention. Successful candidates demonstrate this by appropriate application of the following behavioral anchors: 1) Referral to groups, 2) Composition of groups, 3) Pre-Group Preparation for group members, 4) Therapeutic Mechanisms and Factors, 5) Group Therapist Interventions --e.g. at the individual member level, member-to-member level (dyads, triads), and group-as-a-whole level; 6) Group Development—stages from beginning to end; 7) Termination, and 8) Reduction of Adverse Group Effects.

**Consultation**

Group Psychologists are able to share their expertise in group treatment with other professionals (educational, legal, medical etc.), interdisciplinary teams (Psychiatry, Social Work, Couples and Family Therapists etc.) by offering expert consultation about group clinical application and clinical group research where appropriate. Expert group consultants increase awareness of interactions from the small group level to the large group level when appropriate, as well as issues of individual/cultural/other diversities (see Footnote 1), ethics and legal foundations, and professional identification. Group psychologists possess the essential knowledge component of understanding key interactions with other agencies, settings, disciplines, and professionals. Behavioral anchors include: Contributing to and collaborating with multidisciplinary and interdisciplinary teams.

**Supervision**

Group Psychologists who supervise and teach group skills possess the essential knowledge components of supervisor expectations and roles, processes and procedures of supervision. Behavioral anchors of these knowledge components include clear skill development in group-trainees (group roles, norms, stages, therapeutic factors; process and content, group-as-a-whole and so on), and keen awareness of factors affecting supervision (countertransference, fear of exposure, potential for dual roles etc.) Group supervisors and teachers are able to encourage full participation in the supervisory process by modeling appropriate transparency, utilizing role-play, encouraging students to show videos. Supervisors are up-to-date on educational and training guidelines for group skill development, which include both didactic and experiential education interventions.

**Research and Evaluation**

This competency domain is for those Group Psychologists who engage in research and/or evaluation. Each of these can be scored independently for those who engage in one activity, but not the other. A successful candidate engages in research designed to increase evidence bases for group treatments and/or engages in professional group practice that evaluates the effectiveness of programs and activities. If applicable, the candidate’s own scholarly contributions are considered as they inform the practice of group psychology. Behavioral anchors include evidence of scholarly contributions to the group literature in refereed journals, which reflects appropriate research methods and statistical procedures to demonstrate essential knowledge of scientific method. Behavior anchors may alternatively include analysis of practice and/or program effectiveness.

**Teaching**

Teaching refers to providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Knowledge: A successful Candidate demonstrates knowledge of outcome assessment of teaching effectiveness. They demonstrate knowledge of one technique of outcome assessment and of methodological considerations in assessment of teaching effectiveness.

Skills: They evaluate the effectiveness of learning/teaching strategies addressing key skill sets. They demonstrate strategies to evaluate teaching effectiveness of targeted skill sets. They articulate concepts to be taught and research/empirical support. They integrate feedback to modify future teaching strategies.

**Management-Administration**

Management: A successful Candidate manages direct delivery of professional services, and demonstrates awareness of basic principles of resource allocation and oversight. They regularly manage direct delivery of their own services, identifying opportunities for improvement. They recognize the role of and need for clerical and other staff, including the role of human resources in these activities.

Administration: They are aware of the principles of policy and procedures manuals of organization, programs, and agencies. Also, they are aware of basic business, financial and fiscal management issues. They respond promptly to organizational demands. They participate in the development of policies. They function within their budget. They negotiate and collect fees and pay bills. They use technology for information management. They identify resources needed to develop a basic business plan.

Leadership: They develop a mission, set goals, implement systems to accomplish goals and objectives, and build teams using motivational skills. They develop statements of mission or purpose of the direct deliver services, organization, programs, or agency. They provide others with face to face and written direction. They demonstrate capacity to develop a system for evaluating subordinates (supervisees, staff, and employees). They communicate appropriately to parties at all levels of the organization.

Evaluation of management and leadership: They develop plans for how best to manage and lead their organization. They articulate steps and actions to be an effective manager or leader appropriate to the specifics of the organization.

**Advocacy**

Advocacy relates to actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and system level.)

Empowerment: A successful Candidate intervenes with the client to promote action on factors impacting their development and functioning. They promote client self-advocacy.

Systems change: They promote change at the level of institutions, community, or society. They develop alliances with relevant individuals and groups. They engage with groups with differing viewpoints around an issue to promote change.

***Foundational Competencies***

**Science Knowledge and Methods**

Group Psychologists are conversant in essential knowledge components of the scientific method. Behavioral anchors include adequate application of group research methods, and evaluation of the group literature. Research and Evaluation is based upon the Foundational competency, Scientific Knowledge and Methods. Group Psychologist candidates for the ABGP will know current issues in the group research, and routinely read and/or contribute to the literature.

**Individual/Cultural/Other Diversities**

Group Psychologists possess the essential knowledge component regarding Majority and Minority group behavior (realizing that even those labels can be politically charged for some groups) based on diversity composition. They are aware of “Self” as shaped by culture and context including but not limited to race, ethnicity, gender, age, religion, sexual orientation, disability, and SES or class. Behavioral components include clear ability to interact with diversities, which may occur in their groups as most groups are a microcosm of the larger society. The Group Academy of ABPP strongly supports this statement found on the APA website: “Valuing diversity is what institutions and members of a community do to acknowledge the benefits of their differences and similarities. They intentionally work to build sustainable relationships among people and institutions with diverse membership. A community that values diversity ensures that institutions provide equal treatment and access to resources and decisions for all community members regardless of race, ethnicity, sexual orientation, and physical disability.” <http://www.apa.org/pi/oema/programs/valuing/final-report.pdf>

**Relationship (Interpersonal Interactions)**

A successful candidate demonstrates sensitivity to the welfare, rights and dignity of others as well as an ability to relate to individuals, groups, and communities in ways that enhance delivery of the services provided. The relationally-skilled group psychologist relates interpersonally, affectively and expressively. Moreover, the group psychologist is able to track multiple levels of interactions at the group level. Behavioral anchors include clear evidence of effective negotiation of conflictual relationships, understanding of diverse points of view in complicated interactions, a non-defensive posture when receiving feedback from others, and effective communication in both verbal and written interactions. Other behavioral anchors include the ability to track interaction analysis during developmental stages and member roles, as well as from member-leader, leader–member, and member-member interactions. Finally, successful candidates demonstrate these interpersonal, affective and expressive competencies at various levels of group (small, medium and large groups).

**Ethical and Legal Standards/Policy Issues**

The Group Psychologist possesses the essential knowledge component of ethical, legal standards and guidelines for Group Practice, which includes up-to-date awareness of state or provincial statutes relevant to group practice. Behavioral anchors include reading current journals regarding ethical and legal issues, actively practicing with an eye to ethics and legalities, and seeking consultation when needed.

**Group Professional Identification**

Professionalism is not technically one of the foundational or functional competencies; however, the advanced clinician who is applying to sit for an ABPP exam no doubt has developed a strong sense of professionalism. Professional values and ethics of a group leader or therapist reflect behavior and attitudes that represent integrity, personal responsibility, and adherence to professional standards. Behavioral anchors include deportment and accountability, concern for the welfare of group members, and a firm identification as a Group Psychologist.

**Reflective Practice/Self-Assessment/Self-Care**

Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies, with appropriate self-care.

Reflective practice: A successful candidate demonstrates reflectivity in the context of professional practice, this reflection is acted upon, and one’s self is used as a therapeutic tool. They demonstrate frequent congruence between own and others’ assessment and seek to resolve incongruities. They model self-care and they monitor and evaluate attitudes, values and beliefs toward diverse others. They systematically and effectively monitor and adjust their professional performance in action as situations require. They consistently recognize and address their own problems, minimizing interference with competent professional functioning.

Self-assessment: They accurately self-assess their competence in all competency domains and integrate this self-assessment in practice. They accurately identify levels of competence across all competency domains, accurately assess their own strengths and weaknesses, and seek to prevent or ameliorate the impact of this assessment on their professional functioning. They recognized when new or improved competencies are required for effective practice.

Self-care (attention to personal health and well-being to assure effective professional functioning.): They monitor themselves for issues related to self-care and prompt interventions-when disruptions occur. They anticipate and self-identify disruptions in functioning and intervene at an early stage with minimal support from supervisors. They model self-care.

**Interdisciplinary Systems**

Knowledge of the shared and distinctive contributions of other professions: A successful Candidate demonstrates a working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, and knowledge of common and distinctive roles of other professions. They demonstrate ability to articulate the role that others provide in service to clients and display the ability to work successfully on interdisciplinary teams.

Functioning in multidisciplinary and interdisciplinary contexts: Group Psychologists demonstrate basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members. They demonstrate skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.

Understands how participation in interdisciplinary collaboration/consultation enhances outcomes: Group Psychologists recognize and engage in opportunities for effective collaboration with other professionals toward shared goals. They systematically collaborate successfully with other relevant partners.

Respectful and productive relationships with individuals from other professions: Group Psychologists develop and maintain collaborative relationships over time despite differences. They communicate effectively with individuals from other professions. They appreciate, honor and integrate perspectives from multiple professions.

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1. ***Describe how the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty. How does the public identify practitioners of this specialty?***

Increasingly, people turn to the internet for mental health information. Group therapy as a specialty is well described on the APA website (<http://www.apa.org/helpcenter/group-therapy>), noting that “Group therapy sessions are led by one or more psychologists with specialized training.” However, no guidance is offered to the public as to what the specialized training should be. The APA website suggests that the ways to find a group practitioner are to ask one’s individual psychologist, one’s physician, or check with hospitals and medical centers.

The American Board of Professional Psychology offers an online directory of board certified psychologists, and it is possible to search for a psychologist with an ABGP in one’s area. However no information about group therapy itself is offered on the website.

The American Group Psychotherapy Association has considerable information for finding group therapists on its website ([www.agpa.org](http://www.agpa.org)). On its home page, there is a link to “Find a Certified Group Therapist,” that leads to a page where visitors can search by geographical location.

The Certified Group Therapist credential (CGP), developed by the American Group Psychotherapy Association and offered under its affiliate board, the International Board of Certified Group Psychotherapists, demonstrates specialized training in group therapy. In order to apply for the CGP, clinicians must have completed at least a masters level degree in a mental health field and have their state clinical licensure to practice independently. They must have completed 12 hours of group psychotherapy education that covers: foundations of group psychotherapy, group dynamics and process, role of the group leader, and the change process in group therapy. They must show evidence of 300 hours of experience as leader or co-leader of group therapy accumulated during or after graduate training and 75 hours of supervision by an approved group psychotherapy supervisor. Two letters of professional reference and current professional liability insurance are also required.

The CGP is valid for two years. Recertification requires 18 hours of continuing education credits in the field of group psychotherapy within the past two years as well as a valid state independent practice license and current professional liability insurance.

The AGPA website also has a section on Commonly Asked Questions about group therapy that includes how to find a qualified group therapist (http://www.agpa.org/home/developing-healthy-communities/what-is-group-psychotherapy-):

 ***How do I find a good group therapist?***

It's important to consider the qualifications of a potential therapist. A professional group therapist has received special training in group therapy and meets certain professional standards. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available.

and

***What do I ask the group therapist?***

When talking with therapists, here are four simple questions you may want to ask.

* What is your background?
* Given my specific situation, how do you think group would work for me?
* What are your credentials as a group therapist?

 Do you have special training that is relevant to my problem?

Psychology Today, a highly used website for finding therapists, has separate listings for group therapists but seemingly no criteria for describing oneself as a group therapist. The website has an interview with a CGP-credentialed group therapist who describes group therapy and the misperceptions that have been created by such tv shows as “The Bob Newhart Show” or Austin Powers. The recommendation from the interview is to search the AGPA website to find a qualified group leader in one’s area.

1. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available) and how many are board certified through the process decried in item 1

Since most practitioners of group psychotherapy also offer other services, the best estimate of number of practitioners who spend at least 25% of their time in the specialty of group therapy is their membership in one of the group therapy specialty organizations. As of 2013 Division 49 of the American Psychological Association had 368 members. The geographical distribution of the membership is:

New England 8%

Middle Atlantic 25%

South Atlantic 19%

North Central 15%

South Central 10%

Mountain 5%

Pacific 16%

Canada 2%

Currently there are 45 group psychologists certified at the ABBP level. The distribution of these psychologists is:

Northeast: 40%

Southeast: 18%

North Central: 13%

South Central: 13%

West: 16%

For the 2013-14 Membership year, the American Group Psychotherapy Association had 738 psychologist members. This reflects approximately 1/3 of the membership of this interdisciplinary organization. Psychologists constitute the largest single membership category.

The six day 2014 AGPA Annual Meeting was attended by 310 psychologists, the six day 2013 Annual Meeting was attended by 289 psychologists, and the six day 2012 Annual Meeting was attended by 326 psychologists. Psychologists constitute approximately one third of the attendance at the AGPA Annual Meeting and once again represent the largest discipline.

The Certified Group Psychotherapist (CGP) credential is held by 371 members of the American Group Psychotherapy Association.

**Public Description:**

***An important component of the recognition process is to develop a public description of the specialty that can be used to inform the public about the specialty area. Please develop a brief description of the specialty by responding to the question below (limit 400 words). This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public. Descriptions will be edited for consistency to conform to the CRSPPP website standards.***

1. ***Provide a brief (2-3 sentences) definition of the specialty.***

Group psychotherapy is a health service provider specialty in which a small number of people (typically eight to ten) meet regularly with trained group therapist to address life concerns, relationship problems, treat emotional and mental disorders and other such issues. In group therapy people learn about themselves, develop and practice new behaviors, increase communication and relationship skills, and address other concerns and problems. Group therapists integrate professional knowledge of individual psychology with principles of group dynamics and use the resources in the group to help individual group members.

Group therapists function in the areas of

* assessment,
* treatment,
* supervision,
* consultation,
* and research.
1. What specialized knowledge is key to the specialty?

Group psychotherapists need specialized training in group dynamics and their application for positive and lasting behavioral health outcomes. Specialized training in group psychology and group psychotherapy is essential because of the unique nature of group psychology. When people come together in groups they feel more powerful and the resultant energy can be directed in positive and constructive directions or destructive ways such as scapegoating. Group leaders need specialized training in order to direct the group in constructive directions and to manage negative emotions and behaviors. For a group to function therapeutically its leader must set and maintain clear firm boundaries and expectations that create a sense of predictability and safety. Group cohesion has been found to be the single best predictor of group success, and group therapists are trained in techniques to increase group cohesion.

There are a number of other unique skills associated with this specialty. The following are the most important: an understanding of interpersonal dynamics, and the abilities to create a safe with sufficient boundaries, to anticipate and address scapegoating, to include the silent group members, to facilitate group interactions without causing interference, to protect the safety of all group members, and to manage negative behaviors or even remove group members who pose a significant threat to the emotional or physical well being of the group members.

There are a number of other unique skills associated with this specialty. The following are the most important: an understanding of interpersonal dynamics and the developmental stages of groups, and the abilities to create a safe group, to set and maintain boundaries, to anticipate and address scapegoating, to include the silent group members, to facilitate group interactions without causing interference, to protect the safety of all group members, and to manage negative behaviors or even remove group members who pose a significant threat to the emotional or physical well being of the group members.

1. ***What problems does this specialty specifically address?***

Group psychotherapy can address many psychosocial and mental health problems including depression, anxiety, substance abuse, trauma and PTSD, anger management, and medical illness. This specialty also addresses the problems of isolation, shame, interpersonal inhibition, and self consciousness that individuals across many diagnostic categories experience. Additionally, group therapists can apply the principles of group dynamics to other settings and situations such as businesses, schools and community organizations by serving in consultative roles.

1. ***What populations does this specialty specifically serve?***

This specialty serves individuals with depression, anxiety, grief, social isolation, PTSD, severe mental illness, medical illness, as well as parents of medically ill children, parents of children with emotional problems, and those who are divorcing or dealing with the illness or loss of a family member. There are age-related therapy groups for children, adolescents, young adults, adults, and the elderly. Because a group can serve eight to ten people simultaneously, group therapy can allow easier and faster access to treatment which is of obvious benefit to society.

1. ***What are the essential skills and procedures associated with the specialty?***

The essential skills associated with the specialty of group psychology and psychotherapy are 1) assessment of problems and individual behavioral, affective, cognitive, and biological characteristics plus suitability for group, 2) referral and preparation of individuals for group therapy, 3) knowledge of small group dynamics including systems theory and developmental stages of groups, 4) therapeutic factors in group, and 5) group leadership skills. Training in this specialty additionally includes review of research on the efficacy of group therapy, ethical issues specific to group therapy, and diversity and multicultural issues in group. Group therapists employ a variety of theoretical modalities, e.g. psychodynamic, interpersonal, or CBT, and methods, e.g. short-term, brief, or long-term, and should be trained in the particular model being used.