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.

NOTE: Complete responses to all questions posed in each of the criteria are required. Appendix materials should not be considered as substitutes for the completion of responses to questions in the criteria.

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:

☐ Petition for Initial Recognition
☑ Petition for Renewal of Recognition

Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council of one or more organizations that provide systems and structures sufficient to support 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.*

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 Div. 49 Administrative Office, American Psychological Association, 750 First St. NE

   City/State/Zip: Washington, DC 20002-4242

   Phone: 202-336-6013

   E-mail address: C/O div49group@gmail.com

   Website of organization: https://www.apadivisions.org/division-49/leadership/committees/groupspecialty

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

   Name: Noelle Lefforge, PhD, ABPP APA membership status: APA Fellow

   Address: 2450 S. Vine St.

   City/State/Zip: Denver, CO 80210

   Phone: 702-757-8601

   E-mail address: nlefforge@gmail.com; Noelle.Lefforge@du.edu

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

   Year founded? 2012 Incorporated? Yes_____ No__X___

   State incorporated ____

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

Purpose: The purpose of the Group Specialty Council shall be to promote, serve and protect the interests of Group Psychology and Group Psychotherapy as a specialty in professional psychology.

Objectives:

1. Ensure the development and maintenance of education and training guidelines for the specialty of Group Psychology and Group Psychotherapy that conform to the education and training guidelines of the American Psychological Association.

2. Review and periodically update the "core domains and proficiencies" of the specialty of Group Psychology and Group Psychotherapy, as necessary, to reflect the contemporary state of the specialty.

3. Represent the specialty of Group Psychology and Group Psychotherapy to the American Psychological Association Commission on Accreditation (CoA), Council of Specialties in Professional Psychology (CoS), and the American Psychological Association Commission on Specialties and Proficiencies in Professional Psychology (CRSPPP).

4. Petition the American Psychological Association (APA), consistent with procedures and timelines established by CRSPPP, for periodic renewal of APA recognition of Group Psychology and Group Psychotherapy as a specialty in professional psychology.

5. Engage in other activities or initiatives for the betterment of the specialty of Group Psychology and Group Psychotherapy and in the service of its role as a CoS member.

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

The Group Specialty Council bylaws are available on the website: https://www.apadivisions.org/division-49/leadership/committees/specialty-council-bylaws.pdf.

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	Group Specialty Council
Frequency of Meetings	Meetings are held on the last Monday of the month from 1-2pm ET during most months.
Number of Meetings per Year	At least quarterly (4x/year) with additional monthly meetings scheduled and held as needed.

Membership Size	~12: Membership consists of the President, Vice-President, Secretary, and Treasurer of the Group Specialty Council. Each invested organization (APA DIV 49, AGPA, ABGP) has a seat for their President and President-Elect. ASGW has one seat appointed by the ASGW Board. Approved training programs can have a seat; currently there is one representative from St. Elizabeth's Hospital. Past-presidents of the Group Specialty Council or invested organizations may continue to attend meetings.
Functions Performed	1. Objective: Assist training programs to review for the specialty Actions: Develop tools for programs to use to align with taxonomy (doctoral, internship, postdoctoral) and appropriately advertise to potential trainees; Create collaborative network with training programs. 2. Objective: Increase visibility of the specialty Actions: Facilitate conference presentations on the specialty (APA, AGPA, webinars); promote journal articles related to the specialty; contribute to updates regarding the specialty through websites and newsletters (DIV 49, AGPA, AGPA) 3. Objective: Increase the number of affiliated organizations represented on the Group Specialty Council Actions: Identify and invite organizations to participate (e.g., AMHCA) 4. Objective: Successful submission of the CRSSPP renewal petition Actions: Compile citation and abstracts of research studies, conference presentations, and other scholarly contributions in the specialty; Publish education and training guidelines; publish clinical guidelines; write, edit, finalize, and submit renewal petition to CRSSPP 5. Objective: Maintain organizational structure of the Group Specialty Council Actions: Fill vacant seats on the Council; set up and maintain archives; meet regularly and ensure high-level record keeping; maintain Council's website
How Decisions are Made	Voting of eligible members per our bylaws.
Types of Committees	Executive Committee (President, Vice President, Secretary, Treasurer); Committee of the Whole; work groups convened to accomplish specific tasks as needed.
Dues Structure	Per our bylaws, initial membership dues shall be set at $100 annually and may be modified by majority vote of the Specialty Council. The Specialty Council. In 2022 the Specialty Council shifted its financial structure to expect contributions from the three primary organizations represented on the Council (APA Division 49; the American Board of Group Psychology, and the American

	Group Psychotherapy Association). Each of these organizations' boards has approved annual contributions to the Group Specialty Council as follows: APA DIV 49 - $7325; AGPA - $3662.50, and AGBP - $3662.50.
Names of Publications	The Group Specialty Council regularly provides a column in *The Group Psychologist* (Division 49's newsletter) and *The Group Circle* (ABGP's newsletter). Group Specialty Council leadership have been actively involved in contributing to and/or serving in editorial roles on *Group Dynamics* (Division 49's journal) and *The International Journal of Group Psychotherapy* (AGPA's journal). All issues can be browsed using the links provided.
Website	https://www.apadivisions.org/division-49/leadership/committees/group-specialty

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.

The Group Specialty Council is a consistent and structured organization that has bylaws and an Executive Committee comprised of President, Vice President, Secretary, and Treasurer. Vice President was a role created following initial CRSSPP recognition in 2018 for succession planning. The Specialty Council is tasked with identifying the specialty's representation on the Council of Specialties (CoS). The Specialty Council develops and secures CoS approval of its education and training taxonomy; the Council coordinates efforts to increase training programs' alignment with the taxonomy. Leadership of training programs centered on group work are also represented on the Group Specialty Council, ensuring coordination between organizations and trainers. The Specialty Council monitors knowledge accumulation and dissemination in the specialty.

Specifically tasking this Council to maintain specialty recognition ensures that its leadership is coordinating efforts of invested organizations to develop the specialty. Specifically, the Group Specialty Council is primarily responsible for bringing together the organizations that significantly contribute to the organized development of the specialty in psychology (i.e., APA Division 49, AGPA, and ABGP), as well as other disciplines (i.e., Associations of Specialists in Group Work which is affiliated with the American Counseling Association). Each of these organizations, coordinated through the Council, also provides significant contributions to the organized development of the specialty.

APA Division 49: Society of Group Psychology and Group Psychotherapy encourages, fosters, and publishes research on group psychology and group psychotherapy; recognizes exemplary contributions to the specialty with Division Fellow status and annual awards; provides a venue for research and theory through yearly conference presentations at the American Psychological Association's convention; bridges the science-practice chasm by creating and maintain an evidence-based group treatments website; recognizes contributions to cultural and diversity understandings with a special yearly award; and offers continuing education in the specialty to psychologists and other audiences.

AGPA disseminates information on group psychology and group psychotherapy's recognition as a specialty and related implications. AGPA is a major advocate for widespread acknowledgement that specialized knowledge and skill is needed to competently deliver services in the specialty. AGPA offers the certified group psychotherapist credential to recognize professionals across mental/behavioral healthcare fields who have expertise in the specialty. AGPA is an APA-approved continuing education provider that offers a robust CE program in the specialty. AGPA annually hosts a conference focused on disseminating research and developing evidence-based practitioner skills in group psychotherapy.

ABGP is the entity within the American Board of Professional Psychology that board-certifies individual psychologists in group psychology. They ensure that board-certified psychologists have achieved the competencies expected of a specialist in group psychology and group psychotherapy. ABGP is involved in efforts to increase public and professional understanding of the need for advanced and specialized competency development for group psychologists and group psychotherapists. ABGP recruits and examines new specialists and provides an identifier for board-certified specialists to be publicly recognizable as competent in group psychology and group psychotherapy. The ABGP also distributes information on group psychology and group psychotherapy's status as a CRSSPP-recognized specialty and its implications.

Thus, the Group Specialty Council coordinates among these units to identify and support training programs at all levels that offer training in group psychology and group psychotherapy. The Specialty Council is engaged in an initiative to increase these program's alignment with the approved education and training taxonomy. The Specialty Council helps ensure that resources provided to students by programs, by APPIC, and by Division 49 are in alignment with the taxonomy. Leadership of the Group Specialty Council (Nina Brown, Past President, and Noelle Lefforge, President) published the Group Psychology and Group Psychotherapy Education and Training Guidelines in the journal, *Training and Education of Professional Psychology*. This effort helps establish consistency in specialist competencies across psychology.

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

Name	Title	Date
Noelle Lefforge, PhD, ABPP	President, Group Specialty Council	1/1/2025

Criterion 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 address public needs by providing a knowledge base that allows skillful intervention at the individual, organizational, and societal levels. At the individual level, psychological science related to group psychotherapy continuously evolves a highly effective, efficient, and equivalent treatment modality which addresses public needs related to the national mental health crisis exacerbated by the COVID pandemic and marked by enormous health disparities. At the organizational level, psychological science related to group psychology offers an evidence-base to help organizations and their leaders optimize their workforce and address issues related to work-life balance. These developments address public needs related to navigating the changing landscape of employment, improving psychological safety in the workplace, decreasing workplace toxicity, and others identified in APA's Work in America survey reports (2024). At the societal level, psychological science on groups is helping us to better understand large scale societal problems and how to mitigate them. This is an area of importance to the public given America's rising stress levels as reported in APA's Stress in America Report (2023) in which societal issues' role was an identified contributor. Each of these areas is described in further detail with supporting references below.

Public Need: Addressing the National Mental Health Crisis

The Kaiser Family Foundation and CNN Mental Health in America Survey (2022) found that 90% of the public think that there is a national mental health crisis. In particular, the public is alarmed by the **opioid epidemic**, **children's and adolescent's mental health**, and **severe mental illness**. Ongoing concerns reflecting the public need are evidenced in the U.S. Surgeon General's priorities/advisories related to mental health which currently include: the mental health and well-being of **parents** (2024); protecting **youth mental health** (2021); and the epidemic of **loneliness as isolation** (2023). The Center for Disease Control (CDC) detected that the prevalence rates after the COVID-19 pandemic doubled for **depression** (31%), **substance abuse** (13%), and **stress** (26%; Czeisler et al., 2020). SAMHSA's 2023 report found that 58.7 million American adults had any mental illness during the past year and 5% of adults had serious thoughts of **suicide**. Among adolescents, 3.2 million (12.3%) had serious thoughts of suicide, 1.5 million (5.6%) made a suicide plan, and 856,000 (3.3%) attempted suicide. Among adults with any mental illness, slightly less than half received treatment. Among those who did not receive treatment, 36.7% of young adults, 25.4% of adults, and 11.5% of older adults want had perceived unmet need. The report highlighted the unmet need of people with severe mental illness (such as schizophrenia). The report found that 1.8 million adolescents with major depressive disorder during the past year did not receive treatment and among those not receiving treatment, 41.5% perceived an unmet need. Not knowing how or where to get treatment is a commonly endorsed reason for unmet need among both adults and adolescents. Combined, these national reports

(among others) consistently demonstrate that the nation is experiencing high rates of mental illness with limited access to care. Marginalized communities are disproportionally negatively affected by this misalignment and APA has taken steps to prioritize addressing **health disparities** (e.g., APA, 2021; APA, 2022).

Whittingham et al. (2023) provided compelling data regarding group psychotherapy's unique ability as a treatment modality to address the public's shortage of mental health services. They utilized scientific evidence to describe group psychotherapy as a "triple e treatment" meaning that is efficient (able to treat more patients per unit of clinician workforce units), effective (based on meta-analysis examining group psychotherapy's efficacy among various populations, settings, and disorders), and equivalent (meaning as effective as individual psychotherapy for most patients). Furthermore, their labor and financial impact analysis indicated that, "increasing group therapy by 10% nationally, particularly in private practice and primary care integration settings, would increase treatment access for over 3.5 million people while reducing the need for 34,473 additional new therapists and simultaneously saving over $5.6 billion" (abstract). Lastly, they provided evidence that group psychotherapy can effectively meet the needs of marginalized populations and reduce health inequities.

The compilation of evidence on the Evidence Based Group Treatments website (https://evidencebasedgrouptherapy.org/) includes systematic reviews and meta-analyses that support the utilization of group psychotherapy to address the public's areas of need as described above. Specifically, **children and adolescents** are commonly referred for mental health services due to behavioral problems such as aggression, delinquency, noncompliance, impulsivity, and more (Riise et al, 2021). Youth behavioral problems can be effectively treated with group therapies (Arnold et al., 2024). Group psychotherapy is also an effective treatment for substance use disorders (Lo Coco et al, 2019) including opioids use disorders that drive the **opiate epidemic**. **Severe mental illness**, such as schizophrenia, is also effectively treated by group psychotherapy (Burlingame et al., 2020), as is depression (Janis et al., 2021). A scoping review of suicide-focused group therapy concluded that it is feasible, acceptable, and may reduce **suicidal-related outcomes** (Chalker et al., 2022). Stress, loneliness & isolation, health equity/disparities. **Social connection and support** are shown to have many benefits to **address loneliness and isolation** (U.S. HHS, 2023) and **promote resilience to stress** (Ozbay et al., 2007). Group therapy is specifically designed to address social functioning and needs (Yalom & Leszcz, 2020).

Group psychotherapy can also assist the public's need for **medical services**. Specifically, chronic pain is one of the most common reasons individuals seek medical services in the United States. In fact, chronic pain impacts nearly 50 million Americans and up to 1.5 billion individuals worldwide (Dahlhamer et al., 2018). Group psychotherapy is an evidence-based treatment for chronic pain (Alldredge et al., 2023).

Public Need: Group Psychology to Improve Organizations

Workplace mental health and well-being is another area gaining national attention. In 2022, the U.S. surgeon general released *The Surgeon General's Framework for Workplace Mental Health and Well-Being.* This document is a first of its kind intended to frame workplace mental health and well-being as a national priority following the COVID-19 pandemic which exacerbated pre-

existing issues. Additionally, that same year the U.S. surgeon general also issued an advisory related to healthcare worker burnout (U.S. HHS, 2022). The report indicates that the National Academy of Medicine identified that burnout among the U.S. health workforce had reached critical levels before the pandemic, which only exacerbated experiences related to burnout such as chronic fatigue and moral distress.

Research generation related to group dynamics helps inform improving workplace mental health. Forsyth (2021) conducted a comprehensive review of 25 years of group research and found that the critical factor for developing highly effective groups, including workplace groups, is cohesion. Cohesive groups are more satisfying, productive, and engaging for their members, while also improving the group's performance. Group psychologists' work is informing us on how to help groups function in health ways through examination of topics such as cooperation (Parks, 2021), competition (McPherson & Parks, 2011), socially shared affect (Hinsz & Bui, 2023), the large effect of group perceptions on individuals (Kivlighan, 2021), and many other topics relevant to a healthy workforce. Additionally, interventions that are effective for addressing healthcare professionals' burnout include group-based interventions such as shared experience (Kelsey et al., 2023), peer support and group activities (Razai et al., 2023)

Public Need: Group Psychology to Address Societal Issues

American's well-being is also being negatively impacted by major societal issues. For example, the January 6 insurrection was related to increases in mental health symptoms that were unexpected immediately after the event (Das et al., 2023). A special issue of *Group Dynamics: Theory, Research, and Practice* offered explanation of the insurrection and related events with implications for preventing future events and alleviating social tensions that follow such events (Jackson & Hinsz, 2022).

Another clear example of a societal issue with broad implications is climate change. Given the extensive public need, APA is readily involved with the need for psychology to address climate change. For example, APA, Climate for Health, and ecoAmerica have issued the *Mental Health and Our Changing Climate: Children and Youth Report* (Clayton, Manning, Hill, & Speiser, 2023) and the APA Task Force on Climate Change has issued *Addressing the Climate Crisis: An Action Plan for Psychologists* (APA, 2022). Research on topics such as cooperation (Parks, ds2021) have implications for increasing the effectiveness of addressing problems, such as climate change, that involve widespread coordinated action.

Lastly, group psychology has been essential to understanding and recovering from the COVID-19 pandemic. For example, Marmarosh et al. (2020) article published during the pandemic provided group-based knowledge to prevent spread of illness, the importance of counteracting loneliness through social distancing during the pandemic, and an understanding of group-level factors that influenced how a society navigates a pandemic.

To competently practice group psychotherapy and meet the public need, psychologists need specialized training in group psychology and group psychotherapy while lacking specialized training poses risks to the public (Whittingham et al., 2021). The specialty in group psychology and group psychotherapy helps increase access to much needed mental health services and has defined the competencies practitioners need to safely and effectively deliver those services.

Formal recognition of the specialty helps the public clearly identify qualified professionals and recruits professionals to gain the necessary knowledge and skill to present themselves as specialists, thereby increasing overall access to quality mental health care.

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

To accurately gauge the constantly evolving public need, the Group Specialty Council engages in monitoring, networking, collaboration, and research.

In terms of monitoring, the Group Specialty Council reviews national-level reports to familiarize ourselves with large scale trends in public needs related to mental health and well-being. Several of us hold administrative positions in which we are expected to monitor the national and global landscape. We maintain familiarity with the annual reports of Substance Abuse and Mental Health Service Administration (SAMHSA), the National Institute of Mental Health (NIMH), the National Alliance on Mental Illness (NAMI), the Center for Disease Control (CDC), the U.S. Department of Health and Human Services, Mental Health America, the Kaiser Family Foundation, the World Health Organization (WHO), and others.

The Group Specialty Council maintains a close relationship with APA Division 49 and APA. Several of our members have held various positions in APA (e.g., Council of Representatives, Committee on Division/APA Relations, Board of Directors) so they are familiar with APA's strategic plan, current initiatives, advocacy efforts, and priorities. The Group Specialty Council receives reports to summarize APA policy implementation following Council of Representatives meetings. We also monitor APA's public comment portal and have taken action to provide public comment as a group when policy that is relevant to our interests is posted. This year, the Group Specialty Council formalized a liaison process with Division 49 so that our President attends their Board meetings and has time on the agenda to report out activities of the Specialty Council. This allows for increased opportunities to share information regarding priorities and initiatives. It has been helpful to learn from the feedback provided regarding APA Division 49's continuing education events which provide perspective on the training needs of clinicians to meet their patients' needs.

The Group Specialty Council also monitors relevant publications for trends. Specifically, we track content in group-focused platforms such as *Group Dynamics: Theory, Research and Practice, International Journal of Group Psychotherapy, The Group Psychologist,* and *The Group Circle*, as well as broader publications such as *American Psychologist, On Board with Professional Psychology,* and *Training and Education in Professional Psychology.*

The Group Specialty Council invests in networking to ensure we have an accurate and up-to-date sense of public needs. Specifically, we value close connections with clinicians who are directly working with the public to learn about their patients' needs. We are fortunate to have diverse representation within our leadership in terms of setting. Our frequent meetings allow us the opportunity to hear about trends and priorities across these settings which include college counseling centers, academic settings, private practice (both solo and group practices), hospitals, and agencies. Our close relationship with our affiliate organizations provides opportunities to

learn from psychologists working in additional settings such as the Department of Veteran Affairs, the Bureau of Prisons, organizations, and government. We are also interested in the student and early career psychologist (ECP) experience. We engage with students and ECPs through Division 49's student committee and Institute (a mentoring program to develop diversity-minded leaders).

Group Specialty Council members facilitate networking through annual attendance at various conferences. Group-related conferences such as AGPAConnect and Division 49 programming at APA Convention provide a platform for learning from presenters and attendees regarding the current public need. We also attend conferences with broader audiences, such as the National Council of Schools in Professional Psychology (NCSPP), to ensure our initiatives align with trends across the field in training and education. We also track salient issues in psychological practice through annual attendance at meetings like APA's Practice and SPTA Leadership Conference (PSLC). Furthermore, our members have attended Capitol Hill visits sponsored by APA, increasing awareness of APA's advocacy initiatives.

We also network with other entities involved in areas related to specialty work. Group Specialty Council members sit on the American Board of Professional Psychology's Board of Trustees which invests in initiatives to drives its mission of serving the public good by ensuring delivery of high-quality services through board certification. We also have a representative on the Council of Specialties (CoS), an organization that promotes organization among specialties and is dedicated to quality assurance. Through CoS, we have maintained awareness of changes within APA Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP). Our President is the APA Board of Directors liaison to the APA Board of Educational Affairs and attends some meetings of the Board of Professional Affairs, allowing us to track the most salient issues in education and practice. Additionally, our members are engaged members with State, Provincial, and Territorial Associations which allow us to track important issues at the regional level. Finally, we have a group psychology and group psychotherapy expert, Dr. Martyn Whittingham, on the APA Healthcare Finance Advising Group. This group advocates for improved reimbursement for psychologists and advises Dr. Stephen Gillaspy, APA's representative to the American Medical Association's CPT® Editorial Panel and Relative Value Scale Update Committee (RUC).

Research also provides invaluable information for tracking public needs across time. Hahn et al. (2022) conducted a study of expert group therapists' training experiences. Their analysis helped to evolve the definition of group psychotherapy competencies and increased our understanding of effective training experience to develop these competencies.

3. Describe how the specialty attends to public need

The group psychology and group psychotherapy specialty has been attentive and responsive to the public need by engaging in initiatives that promote training specialists and ensuring that they are properly recognized for their expertise, disseminating research that increases awareness of the value of group psychology and group psychotherapy among both the public and professionals, disseminates regarding group psychology and group psychotherapy as a

recognized specialty in psychology and its implications, and facilitating group psychotherapist's access to the group psychology and group psychotherapy scientific base to inform their practice.

Group specialists have worked on several initiatives to promote quality training of group psychology and group psychotherapy specialists. We recognize the need for a shared understanding of the competencies expected of a group psychology and group psychotherapy specialist and the adoption of standards for training them. Publication of the Education and Training Guidelines for Group Psychology and Group Psychotherapy in *Training and Education in Professional Psychology* (2023) helped widely distribute the distinct competencies expected of our specialists, as well as guidance on how to train toward them and how to measure achievement of them. Dissemination of this article also reaches training programs with the expectation that they will better understand group psychology and group psychotherapy's education and training taxonomy, which was approved by the CoS in 2022 (revised version for this petition pending CoS approval) and sets a consistent framework for provision of appropriate education and training. The Group Specialty Council has further pursued promoting training in alignment with the taxonomy has included cultivation of tools that program directors can utilize to understand what degree of training in our specialty their program offers. We had piloted several tools that both helped training directors understand their current taxonomy standing (i.e., whether their doctoral program or internship program met the exposure, emphasis, experience, or major area of study level of training in group psychology and group psychotherapy), as well as what changes needed to be made to the program to obtain a higher level of specialty training. However, in 2022 the Group Specialty Council learned that ABPP was developing and launching its taxonomy tools, and we decided that it would be confusing to have a separate set of tools. At this stage, we are waiting for ABPP's tools to fully launch so that we can supplement what they provide with enhanced tools that are specific to our specialty.

The Group Specialty Council worked closely with Division 49 as several initiatives were undertaken to respond to the public's need for training. APA's Center for Workforce Studies (https://www.apa.org/workforce) indicates that Hispanic, Asian, and Black people are underrepresented as psychologists compared to their representation in the general public, a phenomenon referred to as "psychology's diversity problem" (Huff, 2021). In an effort to address this problem among group specialist psychologists particularly, Division 49 launched its Institute in 2022 (Cole, 2021). The Institute is a leadership development and mentoring program that specifically supports students and ECPs from underrepresented groups and/or engaging in efforts to tackle issues related to representation. Division 49 also recognized the need to increase continuing education programming to increase the accessibility of training in the specialty. In 2021, Division 40 earned its APA continuing education sponsorship approval (Lefforge, 2021). This initiative was undertaken to promote group psychologist/psychotherapist as a professional identity and create psychology-specific training opportunities in the specialty. Division 49 also saw the need to make group psychology and group psychotherapy training broadly accessible. In 2020, Division 49 launched its YouTube channel (Lefforge, 2020). The channel features many tools to enhance training and education of specialists including a series dedicated to developing group psychotherapists' cultural responsiveness.

The specialty has also been responsive to the need to engage in dissemination for broader awareness of the value of group psychology and group psychotherapy to meet public needs. The

specialty gained momentum in this regard following Whittingham, Marmarosh, Mallow, and Scherer (2023) *American Psychologist* publication that established group psychotherapy as an integral piece to addressing the public's shortage of mental health services. This piece was followed by an APA-coordinated effort to answer the article's call to increase group service provision by 10%. APA's *Monitor on Psychology* featured two follow-up pieces intended to reach providers and encourage them to pursue specialty training with one being offered in the continuing education corner (Clay, 2022; Pappas, 2023). Group specialist collaborated to create a special issue of the *American Journal of Group Psychotherapy* dedicated to group psychotherapy. This issue was very well-received by the public; three of the articles (Rosendahl, Alldredge, Burlingame, & Strauss, 2021; Weinberg, 2021; Whittingham, Lefforge, & Marmarosh, 2021) were included among the top ten articles that increased the journal's impact factor. Group-specific journals have issued several special editions over the past several years to address areas of public need. Group-Dynamics: Research, Theory, and Practice issued Data Analytic Methods in Group Psychology and Group Psychotherapy (2023, Issue 3) and Statistical Methods in Group Psychology and Group Psychotherapy (2016, Issue 3) to address the public's need for increasing the quality of group evaluation research that informs practice; Group Dynamics of the U.S. Capitol Insurrection in response to the events on January 6, 2022 (2022, Issue 3); and Groups in Dangerous Time in response to the COVID-19 pandemic. (2020, Issue 3). These efforts are well-complemented by AGPA's Group Works! Campaign which is intended to enhance the public's understanding of group psychotherapy as an effective treatment modality and the need for provision by specially trained professionals.

The Group Specialty Council has been active in disseminating information about the specialty itself so that group psychologists and group psychotherapists understand what it means to be recognized as a specialty and how they can contribute to our initiatives. The group psychotherapy focused special edition of the *American Journal of Psychotherapy* included an article that specifically discussed the specialty (Whittingham et al., 2021). Division 49's YouTube channel includes a series "Group is Now a Specialty" which provides information on the specialty recognition processes, features presentations by group-specialty training programs in various settings, addresses common misconceptions about group as a specialty, and provides insights into the future directions of the specialty. Similar programming has been presented in conferences (Brown et al, 2020; Gross et al., 2020) and featured in newsletters (e.g., Burlingame et al., 2021).

Finally, group specialists have been heavily invested in ensuring that clinicians can utilize the growing evidence to support group psychotherapy as a "triple e" (described above) treatment to address areas identified as serving the public need. Efforts by APA Division 49 and AGPA, in collaboration with the German Health Ministry to ensure that this evidence base is utilized by clinicians are underway. Significant progress was made in 2023 with the launching of the Evidence-Based Group Treatments website (https://evidencebasedgrouptherapy.org/). Currently, the website provides a directory for evidence-based treatments based on disorder which are compiled from meta-analyses of randomized controlled trials (RCTs). APA Division 49 is currently working on initiatives to build out other components of the website so that clinicians can understand evidence underpinning all group treatments such as the importance of the therapeutic relationship and cohesion. They are also working on including evidence from ways of knowing beyond RCTs.

Criteria II References

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Criterion III. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity in the education and training of specialists.
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.

Required Scientific and Theoretical Knowledge
The APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017) are the foundation for the scientific and theoretical knowledge and skills required for culturally responsive practice of group psychology and group psychotherapy. Several of the guidelines specifically mention the need for psychologists to aspire to the guidelines when working with groups. 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.

While this foundational knowledge is highly relevant, group psychologists must hold specialty-specific competencies in individual and cultural diversity. The Group Specialty Council has identified 3 individual and cultural diversity competencies specific to group psychology and group psychotherapy: 1) facilitates the therapeutic experience for groups composed of diverse individuals, 2) conceptualizes the role of power dynamics in groups, and 3) demonstrates an ability to intervene effectively when issues, such as marginalization and microaggressions, occur in groups (Group Specialty Council, 2019).

Students/trainees completing group psychology and group psychotherapy training in doctoral programs, predoctoral internships, and postdoctoral fellowships are expected to receive training that aligns with both the 1) education and training taxonomy of the specialty (current version received Council of Specialties in Professional Psychology approval in 2024 and is being submitted with this petition), and 2) the APA Standards of Accreditation (APA CoA, 2015). The taxonomy requires that students accumulate knowledge and skills to competently practice in the specialty through didactic/coursework and supervised experience provided by specialists. This training is expected to occur through APA-accredited or equivalent placements. Therefore, students/trainees are expected to demonstrate profession-wide competencies in individual and cultural diversity throughout their training in group psychology and group psychotherapy. Also, in alignment with the standards of accreditation, the professional value of individual and cultural

diversity needs to be incorporated into the development of all of the profession-wide competencies (i.e., research; ethical and legal standards; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills).

Continued Development

Initial education and training at the post-licensure level is achieved through continuing education. Current continuing education in group psychology and group psychotherapy often includes extensive offerings related to specialty-specific multicultural responsiveness development (see references for a sample of recent offerings). Continued Education offerings include 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 (see references for a sample of readings).

Assessment

The Group Specialty Council provides a sample evaluation tool for postdoctoral residency competencies that corresponds the specialty-specific competencies in individual and cultural diversity (available at https://www.apadivisions.org/division-49/leadership/committees/group-specialty). This measure can be adapted to evaluate trainees at the doctoral program and predoctoral internship levels. Group psychologists are expected to obtain these competencies by the time they reach the level of independent practice, and to maintain them throughout their professional career by engaging in continuing education.

Specialty certification includes evaluation of the specialist's knowledge and abilities related to working with diverse populations. Specifically, the American Board of Group Psychology includes individual and cultural diversity as a foundational competency of group psychologists. Successful candidates must demonstrate: 1) knowledge about individual/cultural/other diversities, including but not limited to, race, ethnicity, culture, disability, age, SES, religion, gender identity, sexual orientation; 2) sensitivity and responsiveness to individual and cultural diversity in each competency domain; 3) awareness of the interaction between one' s own diversity characteristics and those of the people with whom or contexts in which one is functioning as a group psychologist is conveyed, and 4) awareness that diversity is a growing field and, as such, keeps as current as possible with those changes. These competencies must be demonstrated through all aspects of the exam including the professional statement, practice sample, and oral exam. Specific prompts are utilized to ensure candidates must discuss their competencies in these areas. For example, the professional statement requires a response to *"Describe an example of how you have dealt with a diversity issue in your professional practice.",* the practice sample requires inclusion of *"description of an issue of diversity salient to this group",* and the oral examination includes both a video stimulus and ethical vignettes that requires demonstration of multicultural responsiveness. Board certified specialists must complete their maintenance of certification every 10 years to ensure that they are maintaining competency in all expected areas (required for everyone board certified beginning in 2015; optional for those board certified prior).

AGPA's Certified Group Psychotherapist (CGP) credential requires specialists to complete 20 hours of continuing education every two years of which 3 hours must be on diversity, equity and inclusion.

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 (see next session for details on recent offerings). The group leader relies on self-awareness, sensitivity, and self-understanding to understanding and effectively work with cultural diversity components for individual group members and for the group-as-a-whole. Thus, psychologists within the specialty have numerous ways to acquire and maintain cultural competence during their academic preparation and afterwards through continuing education. Additionally, practitioners seek consultation on a variety of issues related to ongoing competency. AGPA offers consultation groups for practitioners, many of which are specifically focused on promoting culturally responsive practice. Resources like the Psychotherapy Practice Research Network specifically offer free training and consultation in maintaining a strong therapeutic alliance with diverse clients, identifying microaggressions, and repairing alliance ruptures (e.g., Tasca, et al, 2023).

Cultural competence is demonstrated when their attitudes and behaviors enable them to effectively work with individuals with diverse backgrounds (see previous section for specific evaluation tools). Group psychologists and group psychotherapists understand that cultural competency is a lifelong endeavor requiring ongoing education and training.

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).

To ensure that emerging research meets emergent needs of changing demographics, the flagship psychology-based group psychology and group psychotherapy journal, *Group Dynamics,* intentionally engages in equity, diversity, and inclusion initiatives. These efforts include inclusive reporting standards, an editorial fellowship program for early-career psychologists from historically excluded communities, and masked peer review. The journal regularly includes articles related to individual and cultural diversity, and periodically offers dedicated issues to these topics (e.g., 2022, Volume 26, Issue 1). The other leading journal in the specialty, *International Journal of Group Psychotherapy,* frequently offers special issues related to individual and cultural diversity, including:

- Social Justice, Spirituality, and Forgiveness in Group Psychotherapy: Special Issue Part Two (2024; Volume 74, Issue 3)
- Women and Group Work (2021; Volume 71, Issue 1)
- Migration Problems in the US and Their Implications for Group Work (2020, Volume 70, Issue 2)
- Race, Ethnicity, and Group Therapy (2018, Volume 68, Issue 4)

Both leading organizations of the specialty, APA Division 49: The Society for Group Psychology and Group Psychotherapy and the American Group Psychological Association heavily incorporate multiculturally focused content in their conference proceedings, thus helping practitioners integrate research findings into practice. For example, APA Division 49's last APA Conference program included a critical conversation on managing microaggressions that occur in group therapy courses (Silva & Marmarosh, 2024), a symposium on diversity and social justice in group work (Miles & Paquin, 2024), and a facilitated experiential training process group on working with intersectionality (Rivera & Kakluaskas, 2024).

AGPAConnect 2024: Turbulent Times; Using Groups to Overcome Divisions and Foster Engagement extensively featured programming related to individual and cultural diversity. Two of the six headlining events were specifically geared toward developing competency in these areas with presentations about addressing health inequities (de las Fuentes, 2024) and providing therapeutic services to forced migrants and survivors of torture (Akinsulure-Smith & Smith, 2024). In addition, 7 of the 21 offered two-day specific focus process group experiences centered training group therapists to meet the needs of diverse populations and consisted of the following titles:

- Groups as Cultures of Liberation: Unpacking Multi-generational Legacies of Trauma, Historical Trauma, and Addiction (Nickow & Whitlock, 2024)
- Leadership That Builds Strong Organizations and Groups by Connecting Across Differences (Carpenter & Pure, 2024)
- Managing Love and Hate in a Time of Social Crisis (Levine, 2024)
- Reconnecting Masculinity (Dumais & Haen, 2024)
- Social Identities, Power and Privilege: How Difference is Essential for Group Cohesion (Gitterman, 2024)
- Social Justice & Psychodynamic Group Psychotherapy (Avula & Black, 2024)
- Working with the Impact of Power and Privilege on Early Longing, Emotional Engagement and Sexual Desire (Acosta & Griffin, 2024)

During the 3-day conference portion of AGPAConnect 2024, just about every session included at least one offering related to DEI. Specifically, the following proceedings occurred:

- "How Could You Think That?": Understanding our Varied Responses to Incidents of Racism (Douyan & Weber, 2024)
- The Struggle is Real, The Time is Now, and Our Work is Mandatory: The Life-Altering Effects of an Anti-Racist, White+ Affinity Reading Group (Convery et al., 2024)
- Racism on the Couch (Ashley, 2024)

- Coping with Aging and Ageism in Ourselves and Others: Moving from Resignation to Engagement (Schwartz & Vitemb, 2024)
- The Dialectic of Intersectional Identities: Acknowledgement and Dialogue (Ribeiro & Reddy, 2024)
- "What Did I Miss and Why Did I Miss It?": Unresolved Attachment Pressures, Narcissistic Burdens, and Sociocultural Insensitivity in the Group Therapist (Shay et al., 2024)
- Thinking and Talking About Race in Interracial Relationships (Hsiung & Convery, 2024)
- Attachment and DBT: Culturally Responsive Mindfulness Groups for Struggling Families with Children (Baldwin, 2024)
- Improvisation for Decolonization: The Role of Improvisation in Ethical Decision-making Around Cultural Competence, Social Justice, and Anti-Racism (Kays, 2024)
- I am a Nomad: Identity and Difference in Group Life (Kaklauskas et al., 2024)
- Shame and Pain Addressing the Sticking and Break Points that Inhibit Anti-Racist Practice Within the Frame (Belcher Platt & Haen, 2024)
- Creating Safe Spaces for Marginalized Populations at University Counseling Centers (Lewis et al., 2024)
- Beyond Recovery - Using Group to Build Resilience in Face of Ongoing Trauma and Race-Based Medical Inequities (Phillips & Rene, 2024)
- Chaos, Terror, Rage, Despair: Groups as Agents for Harmony Amid the Collective Traumas of Systemic Racism, Oppression, Violence on a Grand Scale, War, Political Upheaval and Corruption (Friedman et al., 2024)
- On Being "Full of Beans": Uses of Poetry in Older Adult Groups (Saiger et al., 2024)
- Therapists as Racial Beings Leading Groups with People of Color Across the Lifespan (Owens et al., 2024)
- Examining Social Injustice Using the Oneness Framework (Hodge-Johnson et al., 2024)
- Bibliodrama: Enlivening Spiritual Texts for Psychological and Spiritual Awareness (Firestone & Barnum, 2024)
- Conflict, Competition and Camaraderie: Creating Deeper Contact in Men's Process Groups (Susskind, 2024)

One specific area of group psychotherapy research, culturally adapted group interventions and treatments, is growing to meet the emergent needs of various populations has expanded since our last specialty petition. Kunorubwe (2023) conducted a meta-analysis of cultural adaptations to group CBT for depression and found that typical cultural adaptations to group psychotherapy included modifications to how the group was delivered, the therapeutic content of the group, how the group was staffed, the processes utilized in the group, and client-specific factors. The study also showed promising outcomes for racially minoritized patients from Western countries and racial majority clients in non-Western countries.

Recent investigations of cultural adaptations to group interventions and treatments (listed in Culturally Adapted Group Psychotherapy labeled section in Criterion III References) are being conducted to address a variety of issues including anxiety, depression (including postnatal and

late-life depression), trauma/posttraumatic stress disorder, dementia, autism spectrum disorders, obsessive-compulsive disorder, bipolar disorder, first episode psychosis, alcohol use, mental health vulnerabilities related to the COVID-19 pandemic, burnout and to promote socialization, forgiveness, and well-being. Translations of measures used in group psychotherapy are being validated. Cultural and/or linguistic adaptations are occurring for both telehealth and in-person of cognitive/cognitive-behavioral/cognitive stimulation group therapies, interpersonal group therapies, psychoeducational groups, compassion-focused groups, gratitude-based groups, and other evidence-based and/or manualized group treatments. Adaptations for specific cultural identities are occurring across the world (e.g., Australia, Kenya, Tanzania, Uganda, Turkey, the United Kingdom, Germany, Italy, China, Nepal, The Bahamas, and the United States) in thoughtful ways to meet the needs across the lifespan of various racial/ethnic groups, LGBTQ+ people, religious/spiritual people, refugees and asylum seekers, HIV+ people, and others. Please see the Culturally Adapted Group Psychotherapy labeled section in Criterion III References for a sample of recent studies on culturally adapted group psychotherapies.

In addition to research efforts that are broadening the applicability of group psychotherapy to diverse demographics to meet identified emergent needs and changing demographics, organizational structures are in place to monitor emerging needs within the primary specialty-related organizations.

APA Division 49: The Society for Group Psychology and Group Psychotherapy has demonstrated a commitment to meeting the needs of changing demographics in several ways. Its Diversity, Equity, Inclusion, and Belonging Committee is ever evolving (Chen, 2022) and ensures that efforts to prioritize individual and cultural diversity is integrated throughout the organization. In 2021, APA Division 49 launched the Div. 49 Institute, a mentorship program to raise attention to the cultural, social, and political contexts that are a part of group psychology and group psychotherapy (Cole, 2021). The mission of Div. 49 Institute is to "build a network of support for future leaders who will raise awareness and attention around the intersectionality between BIPOC identities and group psychology and group psychotherapy." The 2-year program (2022-2024) recruited participants from underrepresented identities and/or an interest in serving underrepresented identities to participate in leadership trainings, observe and participate in the Board of Directors' meetings, and develop and execute a leadership project that contributes to increasing awareness of issues related to diversity, equity, and inclusion in group psychology and group psychotherapy for dissemination at APA Convention. The Institute provided each participant with a group specialist mentor and covered their membership dues. The inaugural 2 years of the program has served 16+ participants.

APA Division 49 is invested in disseminating multicultural training to group psychotherapists. For example, The Division hosts a multicultural series on its YouTube channel that is publicly available (APA Division 49, n.d.). Its opening event, Black Lives Matter in Therapy (Belcher Platt, 2020), was launched in September of 2020, in part as a response to nation-wide social justice reckoning ignited by the murder of George Floyd. The training, currently with over 3.7k views, promotes racial equity through culturally responsive group psychotherapy response and provides clinicians with a framework for engaging in anti-racist work in their practice. Other features within the series included an episode on training group therapists to respond to microaggressions (Mejia & Lefforge, 2020), examining social identities, intersectionality, and

systems of oppression in groups (Ribeiro, 2020), and engaging religious/spiritual diversity in groups (Wade, 2020). The remaining two episodes of the series explained how the power of groups can further social justice through an approach called intergroup dialogue (Miles, 2020) and how the multicultural orientation (MCO) framework can be applied to group psychotherapy (Kivlighan & Tao, 2020).

AGPA is also structured to monitor and respond to emergent needs. The organization's special interest groups (SIGs) which allow members with common interests to collaborate and advance initiatives. Several of the SIGs are particularly oriented toward promoting inclusivity of particular identity groups. These SIGs currently include the Gay, Lesbian, Bisexual, Transgender and Queer Identities SIG, International Relations SIG, Issues of Aging SIG, Racial and Ethnic Diversity SIG, and Women in Group Psychotherapy SIG.

In 2021, AGPA began extensive engagement in an intentional process to evolve as an anti-oppressive, anti-racist organization (AGPA, 2021; Leszcz, 2021). Specifically, the organization retained a consultant, Dr. Kumea Shorter-Gooden, and held a series of focus and consultation groups throughout the organization. Dr. Shorter-Gooden held consultations and trainings with the tri-organizational boards over the course of a year. The DEI Task Force worked with the consultant to produce actionable recommendations to AGPA. This process has led to concrete changes that included:

- Establishment of a DEI fund through the AGPA Foundation to support individuals and organizational activities to address disparities throughout the organization.
- New requirements for DEI training during the certification and recertification of certified group psychotherapists, as well as increased accessibility to credentialing.
- Revisions to organizational policies and procedures to align with the organization's anti-racism commitment.
- Increased accessibility to fellowship in the organization.
- Public posting of Social Justice and Anti-Racism Resources which are available at https://www.agpa.org/home/practice-resources/dei-tf-resources/social-justice-and-anti-racism-resources

AGPA also produced its *Safe Environment Conduct Policy* (AGPA, 2021) and *Guidelines for Creating Affirming Group Experiences* (AGPA Task Force for Diversity, Equity, and Inclusion, 2021), which have widespread applicability to increasing inclusivity across just about any group experience. This policy and guidelines are distributed at the beginning of each conference and all faculty are required to confirm their adherence to them. Opportunities exist for AGPA, as leaders in incorporating DEI into group work, to expand the reach of this type of work to other organizations.

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.

The education and training guidelines for group psychology and group psychotherapy (Brown & Lefforge, 2023) include integration of culture and diversity into all aspects of preparing and facilitating groups and group experiences as a basic specialty competency that must be

developed in trainees. The guidelines also state that education and training should include formal and informal evaluation anchored by the defined competencies. For example, group leaders should demonstrate the ability to effectively intervene when issues such as marginalization and microaggression occur in groups in alignment with specialty-specific expectations for the individual and cultural diversity competency domain. The guidelines recommend the utilization of evaluation tools and guide the reader to sample evaluation tools (see assessment section above for specific tools).

There are several practice guidelines relevant to group psychology and group psychotherapy. The Group Specialty Council's *Draft Clinical Practice Guidelines* (2018) include multicultural awareness, knowledge, and skills as a component of facets of treatment that facilitate change. The practice guidelines also include group leader's competencies to recognize and work with power and privilege dynamics to manage and enhance the group to facilitate change. Consideration of individual and cultural diversity are highly salient within various components of the clinical practice guidelines including developing and maintaining group cohesion, selecting group members and attending to the group composition, appropriately preparing group members, particularly in consideration of diverse identities, for group therapy, facilitating the therapeutic alliance, establishing and maintaining group norms, and therapeutically terminated group.

AGPA's Science to Service Task Force is responsibility for maintaining its *Practice Guidelines for Group Psychotherapy* (2007). Efforts are underway to update the current practice guidelines with a version that explicitly addresses the importance of individual and cultural diversity. The current guidelines include the need for group leaders to effectively facilitate heterogenous groups.

ASGW has the most recently updated group psychotherapy practice guidelines (2021). These practice guidelines, couched within the counseling discipline, align with group psychotherapy practice in other disciplines and are the most thorough in articulating the importance of individual and cultural diversity to group work. The document's opening consists of a statement of positionality and process. "Fidelity to diversity, equity, and inclusion" and "Development of cultural sensitivity, responsiveness, and competence, and the willingness to be informed by other cultures, communities, and disciplines" (p. 2) listed first and second respectively within the values of specialist in group work. The guidelines emphasize that specialists commit to life-long learning and development of multicultural and social justice competencies. Group work aspires to be inclusive, intersectional, and socially just. Specifically, the guidelines state:

> *"Group specialists promote socially and culturally diverse populations recognizing intersecting identity dimensions such as race, class, gender, sexuality, ability, and age. These best practices support group facilitators role as change agent in response to inequity and its harm to individuals, families, groups, communities, and society. Best practices inspired group facilitators strive to be anti-oppressive, antiracist, and attend to group members' and leaders' broadly-defined overlapping social and cultural realities. The best practices of The Association for Specialists in Group Work are informed by both cultural humility and scholarship on multiculturalism and social justice. The foundation*

upon which best practices are built rely on the life-long commitment of group specialists to awareness, knowledge, skills, and actions necessary for cultural competence, proficiency, and social justice advocacy. This foundation shapes all aspects of group work from research, training, supervision, group planning and leadership, interactions with group members, community engagement, and advocacy." (p.3)

Criterion III References

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Additional Specialty-Specific Education and Training Materials to Develop Individual and Cultural Diversity Competencies

Books

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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, 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

Group psychology and group psychotherapy is most distinctive in its techniques. The specialty is informed by a sophisticated understanding of group dynamics and processes. Specialists in group psychology and group psychotherapy have an extensive knowledge of group research and theory that informs their practice with groups. Specialty-defined competencies ensure that practitioners are able to deliver services to groups utilizing specific techniques that increase their benefit and mitigate the risk of harm. Generalist psychologists and psychologists in other specialties often utilize group services as a modality. However, group psychology and group psychotherapy specialists are narrowly interested in understanding the modality through and through and spearheading advances related to the delivery of group modality services. It is a professional identity, and its affiliated organizations are the professional home to many specialists.

Group psychology and group psychotherapy is both distinct and overlapping with other specialties in terms of problems it addresses. Group psychotherapy is utilized to treat common psychological problems, such as those categorized in the Diagnostic and Statistical Manual (DSM), as other specialties. However, the group psychology and group psychotherapy specialty is uniquely situated to handle social issues at various levels. Foundational theories of group psychotherapy support the unique opportunity created by conducting treatment in a group setting which recreates social dynamics (and corresponding issues) for which someone may seek treatment. Patients have increased opportunities to learn from one another and practice new social skills in group modality treatments. The therapeutic factors that drive outcomes in group psychotherapy are primarily related to social constructs (e.g., cohesion universality, universality, altruism, interpersonal learning, imitative behavior). Additionally, the specialty includes addressing the human condition through understanding and intervening with groups to which they belong (e.g., workplaces, communities).

Group psychology and group psychotherapy overlap with other specialties in populations served. The specialty is practiced across the lifespan, across psychological conditions and to promote well-being, and across many settings. Specific contrasts and comparisons with the most relevant specialties are described.

Clinical Health Psychology; Serious Mental Illness Psychology
Group psychology and group psychotherapy overlap in that group services may be delivered to promote health and well-being and to prevent, treat, and manage medical illnesses and disability. For example, group treatments have been developed to treat chronic pain. Oncology related groups are a developing area, and groups are often used to support family members coping with the medical illness of loved ones. Groups are commonly used among medical patients with similar conditions to teach them how to manage their condition and provide opportunities for mutual support. While some group specialists may provide these types of services and/or work primarily in medical-type settings, this expertise would set them apart from other group specialists. Along similar lines, group psychotherapies are effectively used with patients who have severe mental illness, but the specialty is not focused exclusively on these populations.

Psychoanalytic and Psychodynamic Psychology
Group psychology and group psychotherapy has been influenced since its origins by psychoanalytic and psychodynamic psychology. There are segments within the specialty, such as modern group analysis, that remain heavily steeped in psychoanalytic and psychodynamic psychology and practice accordingly. However, group psychology and group psychotherapy includes a broad representation of theoretical orientations, and many specialists are primarily or exclusively cognitive, behavioral, existential, and so on.

School Psychology; Forensic Psychology
There is some overlap between group psychology and group psychotherapy. The U.S.'s schooling process is largely group-based so school psychologists typically have familiarity with group concepts. However, school psychologists are concerned with children, youth, and families within the schooling process and primarily concerned with facilitating learning in those settings. While group specialists often work with children and families, we serve broader populations and address broader domains of functioning and well-being. Similarly, forensic psychologists may encounter group work given their proximity to correctional systems which are group-based, and group interventions are commonly delivered in these settings. However, forensic psychology's reach withing judicial and legal systems extends well beyond the provision of group services.

Clinical Psychology; Clinical Child and Adolescent Psychology; Counseling Psychology
Group psychotherapy is one modality used by clinical psychologists to provide comprehensive mental and behavioral healthcare; however, group-modality is not the focus of clinical psychology. Counseling psychologists may utilize group psychotherapy to improve wellness, however, group-modality is not the focus of counseling psychology. Although there are clinical and counseling psychologists who are also group specialists, there are many clinical and counseling psychologists who have received no education or training in group psychology and group psychotherapy. Similarly, there are clinical child adolescent psychologists who have training in our specialty, and there are those who do not. Efficacious group therapies have been developed for children and caregivers across perinatal through adolescent populations, but there are many group psychologists and group psychotherapists who only work with adults.

Industrial and Organizational Psychology
Group psychology and Industrial and Organizational (I/O) Psychology are distinct fields, though they both study human behavior in organizational contexts. Group Psychology focuses on the

behavior of individuals within groups. It examines how group dynamics, social influences, and interpersonal relationships affect individual behavior and group performance. Group psychologists focus on group formation and development, leadership and roles within groups, decision-making processes, conflict resolution and cooperation, and social identity and group cohesion. I/O Psychology, on the other hand, applies psychological principles to workplace settings to improve productivity, employee well-being, and organizational effectiveness. I/O psychologists focus on individual employees and their relationship with the workplace. They often consult on matters such as employee selection, training, performance appraisal, and job analysis.

Couple and Family Psychology
Although couples and families meet the definition of a "group", the dynamics within these relational units are distinct from other types of groups. The scientific literature bases that inform the delivery of services to couples and families is distinct from group psychology and group psychotherapy's delivery, as is the training and education consumed by practitioners.

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 the last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty.

a. assessment:

Specialists in group psychology and group psychology primarily use psychological assessment for the following specialty-specific tasks: 1) screening patients for group readiness and fit with consideration of group selection and group composition issues, 2) monitoring patient response to group interventions and adapting treatment accordingly, 3) evaluating the effectiveness of group psychotherapy, and 4) and measuring components of group therapy. MacNair-Semands and Whittingham (2023) recently authored the current definitive guide on our current understanding of assessment in each of these areas.

Individual Assessment
Individual assessment involves screening, observation, and/or completion of behavioral measurement questionnaire(s) to assess the relation of individual characteristics to success in achieving identified personal goals as well as success within the group dynamic. Personal experience, background/culture and environment play a significant role in assessing the individual's personal goals and the steps that will help the individual group members to achieve those goals.

Group Assessment
Group assessment is the evaluation of the group climate, including assessment of group cohesion, group dynamics (positive and negative), and how group members relate to one another

and to the group leader. Although the group-as-a-whole consists of multiple, individual members, the group creates its own dynamic, often working as a collective rather than a group of individuals. The group assessment details the ways in which this occurs, both to positive and negative effects.

Group psychology and group psychotherapy have 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 et al., 2013). These measures identify evidence-based predictors of the 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 et al., 2013); and the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000); and Outcome measures include: the Outcome Questionnaire (Lambert et al., 1996), an NREPP/SAMHSA-validated measure; and the Inventory of Interpersonal Problems (IIP- 32; Horowitz et al., 2000). Several of these instruments are collected in the CORE-R Battery (AGPA, 2007; Burlingame et al., 2006; MacNair-Semands & Lese, 2000), a compendium of assessment instruments produced by the AGPA (2007). Diagnostic procedures specific to group (as opposed to DSM-V diagnosis) take many forms within the field of group therapy. Some approaches, such as Focused Brief Group Therapy (Whittingham, 2024), 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. A group-specific measure for measuring cultural processes in group was recently developed and validated (Kivlighan et al., 2019; Meng 2024). Other processes in group therapy, such as alliance rupture and repair have been measured using specific measures such as the Group Questionnaire (Burlingame et al, 2021). Some of the measures, such as the Therapeutic Factors Inventory have been adapted into different forms such as a short-form (Joyce et al., 2011) or other languages (e.g., Czech; Dubovská et al., 2019).

Criterion IV.2.a References

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b. intervention:

Barlow (2013) summarized the competencies of group psychotherapists. Group interventions need to be based on a strong group conceptualization, which are often complex as group leaders are simultaneously considering all individual conceptualizations, what is occurring among and between group members, and what is happening with the group-as-a-whole. The group therapist must promote group therapeutic factors, such as cohesion. To do this, group leaders must be attuned to the interpersonal relationships within the group, which again is multifaceted and includes member-member, member-group, and member-leader interactions. To enhance group outcomes, additional group leader interventions are practiced that include group planning (group selection, composition, and pregroup orientation), and the ability to work with group development/stages, group processes, leader functions (e.g., norm setting), and reducing adverse outcomes.

Leader interventions go beyond acquiring a set of skills and techniques as a basis for understanding when and how to intervene in a group. Additional needed understandings and skills include the importance of the development of the group leader's self (Rubel, 2008), clinical practice guidelines that propose a group leader's personal attributes of empathy, warmth and unconditional positive regard (Kivlighan et al. 1994) are essential for establishing the therapeutic relationship, and the leader's understanding of his/her personal issues (particularly unresolved issues that contribute to the leader's countertransference and other skills and techniques that guide interventions).

The *Core Principles of Group Psychotherapy An Integrated Theory, Research, and Practice Training Manual* (Kaklauskas & Greene, 2019) consolidates the intervention skills needed to effectively facilitate group psychotherapy. Other books within the AGPA Group Training and Practice Series summarize the intervention skills needed to work in specific areas such as with children (Sheppard & Thieneman, 2023) or trauma (Leiderman & Buchele, 2025).

Criterion IV.2.b References

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c. consultation:

Consultation for the specialty recognizes the knowledgeable input that other mental and physical health professionals can provide for the understanding and treatment of group members (e.g., Cano-Vinde et al., 2022). 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 numerous, varied issues, concerns and problems affecting each group member. This enables the group leader to select the most appropriate and effective interventions for individual group members and for the group as a whole. Consultation is encouraged as it is helpful for group leaders to confer with other professionals and resources for information and guidance on topics such as culture and diversity, ethics, medical needs of group members, familial problems, school related issues, and other issues that may be outside of the group leader's area of expertise.

Ongoing consultation is an important part of the group therapist's self-care which is essential for effective group leadership (Burkman et al., 2024). Consultation regarding cultural responsiveness can be particularly helpful to conducting efficacious group therapy (Lewis, 2020). 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 Division 49 (*The Group Psychologist*). In addition, the following avenues provide consultative support: regional group therapy organizations, such as the many affiliates of AGPA (Eastern Group Psychotherapy Society, Northeastern Society for Group Psychotherapy, and Tri-State Group Psychotherapy Society); listservs such as the University Counseling Centers Group Coordinator Listserv (now with more than 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, such as the Systems-Centered Therapy Training and Research Institute and the New York Center for Group Studies.

Group psychologists and group psychotherapists are also engaging internationally as consultants to provide expertise where it has been requested (Kleinberg, 2018; Rose-Clarke et al., 2020). Group psychologists often act as consultants to organizations (e.g., Rogers, 2019).

Criterion IV.2.c References

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d. supervision

Practice under appropriate supervision is an essential component for developing clinical skills. Current CoA guidelines require that students in doctoral and internship 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), and interns demonstrate intermediate to advanced levels of professional psychological skills, abilities, proficiencies, competencies and knowledge in the "Theories and/or method of consultation, evaluation and supervision (p. 15). APA accredited programs for professional psychology provide graduates with the knowledge and achievement of skills and competencies for theories and methods for supervision.

Furthermore, a group therapist depends on both professional consultation and supervision to maintain competency about plans for each group member within a group setting throughout the sessions. Growing issues of group members result in complicated group interactions (as contrasted to individual therapy); the assurance of a clear vision of member-leader and member-member interactions is greatly assisted by consultation, as necessary (Barlow, 2013).

The existing manual for supervision (Bernard and Spitz, 2006) will soon be replaced by an extensively updated manual (under contract with Taylor & Francis for 2025 publication). This timely publication will address the need to better define group psychotherapy supervision (Hahn

et al., 2022) through setting guidelines for best practices. The manual will cover the group psychotherapy specific history of supervision, models of supervision and theoretical bases, ethics, culture and diversity, relational factors, evaluation, special settings and populations, and future directions (Collins-Greene et al, *in preparation*).

A selection of references on training and supervision of group psychotherapy is provided below.

Criterion IV.2.d References

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e. research and inquiry:

The specialty of group psychology and group psychotherapy 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 foci for research and inquiry.

Due to the complexity of group work, the specialty of group psychology and group psychotherapy requires distinct and ever-evolving research approaches to investigation (Rosendahl et al., 2021). Advances research methods and statistical analyses have been recently been updated and disseminated through special issues of *Group Dynamics: Theory, Research, and Practice* (An & Kivlighan, 2023; Berg et al., 2023; Bonito, 2016; Chiu & Lehmann-Willenbrock, 2016; Christensen & Feeney, 2016; Guastello & Peressini, 2023; Janis et al., 2016;

Kabe & Swol, 2023; Kivlighan & Kivlighan, 2016; Kivlighan & Miles, 2023; Klonek et al., 2016; Knight et al., 2016; Kush, 2023; Pilny et al., 2016; Tasca, 2016).

A major accomplishment of group psychotherapy was the launch of the evidence-based group treatments website (https://evidencebasedgrouptherapy.org/). The evidence-based group treatment (EBGT) literature has matured and strengthened over the past few decades producing multiple treatment protocols for common psychiatric disorders (Burlingame & Strauss, 2021) that needed to be summarized and presented in readily utilizable formats. Phase I of the website is complete and provides summaries of available evidence-based treatments for particular psychological disorders in a format that aligns with APA Division 12 (Clinical Psychology)'s website of evidence-based treatments. Future stages of the project will consist of completing resources under the Therapeutic Relationship as EBT tab, which will include meta-analytic support of the multi-faceted therapeutic relationship in group therapy and how the relationship can predict treatment process and outcome. The final stage will offer resources under the Alternative to RCTs tab, which will include other compelling sources of evidence such as the growing research base supporting routine-outcome monitoring that includes feedback to reduce treatment failures and improve outcomes. The current status of the EBGT website was disseminated through a special issue of *Group Dynamics: Theory, Research, and Practice* (Alldredge et al., 2024; Arnold et al., 2024l Burlingame et al., 2024; Clayton & Burlingame, 2024; Leszcz, 2024; Lo Coco et al., 2024; Marmarosh, 2024; O'Conner et al., 2024; Rands et al., 2024; Rosendahl et al., 2024).

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f. public interest:

Please see Criteria II which extensively describes how the specialty serves the public interest with associated references.

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 state licensure boards. The maintenance and extension of competences can be assisted when group psychologists 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. Since the submission of our last petition, APA Division 49: The Society for Group Psychology and Group Psychotherapy gained continuing education sponsorship approval from APA and has begun to offer group-specialty CE events.

ABGP is complying with ABPP's policies for maintenance of certification (MOC). Everyone who became board-certified starting January 1, 2015 (and specialists who board certified earlier who opt in) must undergo a maintenance of certification process every 10 years, thus 2025 will be the first year that ABGP reviews its specialists for recertification. MOC is a self-examination documenting a specialist's professional development (work experience and CEs) over the past 2 years. Activities are valued differently (typically 1 point per CE or hour) and the specialists must earn 40 points in 2 years, with at least 20 points in specialty-specific activities.

The Certified Group Psychotherapist credential (CGP) is valid for two years. Recertification requires 20 hours of continuing education credits (CEs) in group psychotherapy, of which at least 3 CEs must be related to diversity, equity, and inclusion, 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.

h. any relevant additional core professional practice domains.

There are no additional core professional practice domain areas.

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.
- Utilizes assessment to determine and work with group composition.
- Evaluates the group's climate.
- Assesses group outcomes.

h. 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.
- Understands and mitigates potentially harmful group processes.

i. 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.
- Coordinates treatment with other healthcare providers.
- Engages in integrated healthcare.

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.
- Applies principles of group psychology (e.g., group dynamics and process) to organizational consulting work.

j. 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.
- Provides group supervision.
- Utilizes models of supervision.
- May utilize a specific theoretical orientation.

Different

- Provides supervision of group psychotherapy through individual supervision, group supervision, and training group experiences.
- Applies the principles of supervision to supervision of group psychotherapy.
- Understands and utilizes parallel process in conducting group supervision of group psychotherapy.
- Establishes a teaching/advocacy relationship with supervisees specific to promoting their ability to lead groups.
- 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.
- Ensures supervision includes training to group specialty-specific competencies.

k. research and inquiry:

Shared

- Shows an awareness of scientific methods, literature and other scholarly/scientific contributions.
- Can use qualitative and quantitative research designs.

- Critically reads and analyzes research from the professional psychology literature.
- Effectively integrates findings from relevant research into practice.'
- Utilizes an evidence-based framework.

Different

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

l. 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.
- Meets public needs.

Different

- Cost effective in providing effective treatment to larger numbers of clients than other forms of psychotherapy.
- Reduces isolation and alienation among group members.
- Instills hope through seeing other group members get better.
- Establishing 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 among clients/patients that can produce inter and intrapersonal learning.
- Teaches socializing techniques.

m. 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 professional specialist credentials.

n. any relevant additional core professional practice domains.

There are no additional core professional practice domains to discuss in this section.

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and professional 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.

In alignment with the Education and Training Taxonomy for Group Psychology and Group Psychotherapy (**Appendix A**), training in the specialty begins during the doctoral program, predoctoral internship, postdoctoral training, and/or post-licensure. Doctoral, internship, postdoctoral, and post-licensure training programs can provide training at the major area of study, emphasis, experience, or exposure level. The Education and Training Taxonomy for Group Psychology and Group Psychotherapy aligns with the *APA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties* (APA CRSSPP, 2020)

Although training can begin at any of these levels, an individual psychologist can only become board-certified in the specialty at the post-licensure level. For the ABPP-affiliated certification in group psychology and group psychotherapy (the only credential recognized by CRSSPP), the specialist must have:

- Earned a doctoral degree in psychology from an APA or CPA accredited program (or prior to 2018 an equivalent program).
- Completed an APA or CPA accredited predoctoral internship (or prior to 2020 an APPIC accredited or equivalent internship)
- An active license for independent practice in psychology at the doctoral level in a jurisdiction in the US or Canada.
- Acquired two years of supervised group experience. One of these years may be predoctoral, while the other is required to be postdoctoral. Must acquire at least 500 hours of group contact, of which at least 100 hours are supervised.
- Acquired two years of professional experience. One of these years may be acquired through a predoctoral internship. Must acquire 90 hours of continuing education at the postdoctoral level.
- Provided two letters of recommendation with at least 1 being from an expert in group psychology.
- Provided curriculum vitae that support the candidates' professional identification with the specialty of group psychology.

The process of board certification in group psychology requires the candidate to demonstrate functional and foundational competencies through the following processes:

- Submission of a professional statement that details the candidate's general approaches to psychological assessment and intervention in groups, as well as the training and experience that led to these approaches.
- Submission of a practice sample that articulates the candidate's approach to group work (including assessment, intervention, and conceptual competencies to understanding problems, and their professional sensitivity, including diversity, ethical, interdisciplinary, and legal aspects of practice) which serves as a cornerstone for the oral examination.
- Successful completion of an oral examination that includes questioning related to the professional statement and practice sample, candidate's responses to a stimulus video of group work, and a group-oriented ethics vignette.

Given these requirements, a candidate must acquire education and training and the post-doctoral and/or post-licensure level to become eligible for board certification. However, training at the doctoral and internship level can either be used to 1) count directly to board certification requirements (i.e., supervised group experience and/or professional experience, and/or 2) indirectly contribute to meeting the requirements by gaining didactic knowledge, supervised experience, and accumulation of specialty-related experience that would help someone gain strong letters of recommendation, build a strong curriculum vitae, write a strong professional statement and practice sample, and perform well during the oral examination.

2. 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.

Doctoral Program

In alignment with the Education and Training Taxonomy for Group Psychology and Group Psychotherapy (**Appendix A)** training at the doctoral program level can meet standards as a major area of study, emphasis, experience, or exposure. As described in detail in the preceding section, training in the specialty can occur in part (but not whole) at the doctoral level. This section describes the education and training expectations that doctoral training programs provide to students before they leave for their predoctoral internship.

Doctoral programs that offer group psychology/psychotherapy as a major area of study level of training provide trainees with the opportunity to complete didactic course work, practica, a project in the specialty. At this level, at least two specialty-specific 3 semester-credit hours (or equivalent) must be offered. The content of the courses must align with Group Specialty Council's Practice Guidelines (https://www.apadivisions.org/division-49/leadership/committees/group-specialty; to be superseded by finalized and/or published versions). In addition, doctoral programs with Major Area of Study or Emphasis in the specialty are strongly encouraged to infuse group content across applicable courses outside of the specialty

when possible (e.g., multicultural courses should include information on group dynamics, social psychology should cover group behavior, research methods should include study design for evaluating groups, professional issues and ethics should cover content related to groups). The instructor of qualifying group psychology courses must be engaged in group psychology and group psychotherapy practice and/or research.

In terms of practica, doctoral programs offering group psychology/psychotherapy as a major area of study must offer the equivalent of two academic years of supervised training in the specialty (at least 8 hours per week with at least 50% of time in the provision of clinical services). The supervisor must be someone with expertise in the specialty.

Lastly, the doctoral programs offering group psychology/psychotherapy as a major area of study must offer students the opportunity to complete a project in the specialty area. This requirement can be met through a capstone paper, dissertation, publication, and/or equivalent work product in the area of group psychology and group psychotherapy. It can include empirical research, qualitative analyses, comprehensive literature reviews or literature critique/analysis, or extended case study/small-n design. Programs must have at least one faculty member whose area of expertise is in group psychology and group psychotherapy; this faculty member should chair or serve on the project committee in the specialty.

The next lower level in the taxonomy, experience level, indicates that doctoral programs expectation of offerings is reduced to 1 specialty course and their students do not need to complete a project in the specialty. Emphasis level programs require students to complete 2 years of supervised practica experience, the same as is required for major area of study programs.

Doctoral programs that offer experience level of training in group psychology and group psychotherapy only need to offer 1 specialty course and 1 year of supervised practica experience (with the same requirements for each as described above).

Doctoral programs that offer experience level of training in group psychology and group psychotherapy only need to offer 1 specialty course ***OR*** 1 year of supervised practica experience (with the same requirements as described above).

Predoctoral Internship

Education and training in group psychology and group psychotherapy can begin or continue during the predoctoral internship. As previously mentioned, the predoctoral internship can only be used to partially fulfill the requirements to become a board-certified specialist in group psychology and group psychotherapy.

The level of training within the education and training taxonomy in group psychology and group psychotherapy that a predoctoral internship offers is determined by what percentage of the trainee's supervised experience is spent in the specialty area. To count as supervised experience, at least half of the trainee's time must be spent on direct clinical hours and supervision (e.g., leading group psychotherapy with clinical contact, preparing and debriefing group therapy immediately before and after, providing peer consultation of group therapy, program development and evaluation, direct contact with individual group members in relation to group,

supervision of group, and/or participating in an experiential training group) or direct consultation to an organization and/or organizational development from a group dynamics perspective. The remaining supervised experience can be acquired through specialty-oriented experiences obtaining knowledge and skills in the specialty such as seminar attendance, interdisciplinary team participation, readings, and research may count as part of the supervised experience. The intern's primary supervisor must be a psychologist with expertise in the specialty as evidenced by holding a credential (e.g., Board Certified in GPGP by the American Board of Professional Psychology, Certified Group Psychotherapist) or equivalent experience. Predoctoral internships that provide at least 50% of the training in the specialty offer group psychology as a major area of study. Those that provide training of at least 30% offer emphasis level training, those that provide at least 20% offer experience level training, and those that offer at least 10% offer exposure level training.

3. 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?

Education and training in group psychology and group psychotherapy can begin or continue during a formal postdoctoral program. Only licensed psychologists who have two full years of experience in group psychology and group psychotherapy can become board-certified in the specialty, so the soonest that someone can become a board-certified specialist in group psychology is at the end of one full year of postdoctoral training in the specialty; and this would only be possible for someone who completed a full year of supervised group training during their doctoral program and/or predoctoral internship. Otherwise, postdoctoral training will partially contribute to board-certification requirements and the rest of the requirements will need to be obtained post-licensure.

Postdoctoral programs in group psychology and group psychotherapy can offer training at either the major area of study or exposure levels. The level of training is determined by the percentage of supervised experience the placement offers in the specialty. Supervised experience is defined in the same way as it is for predoctoral internship, but the percentage of time expected to occur within the specialty for a major area of study is higher (80-100%).

Currently, there are no postdoctoral fellowships that are APA-accredited in group psychology and group psychotherapy. However, as of 2024, many postdoctoral fellowships, including 66% that are APA-accredited (in general and/or other specialties), offer training in group psychology and group psychotherapy as a major area of study (63 programs) or emphasis (30 programs). Among these programs, there are no standardized prerequisites beyond an APA-accredited degree. However, some programs may prefer candidates who have formal education and training and/or supervised experience in group psychology and group psychotherapy.

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?

Education and training in group psychology and group psychotherapy can begin or continue during the post-licensure fellowship level.

There are no standardized doctoral level perquisites beyond an APA accredited degree to acquire the post-licensure training one would need to obtain the required experience to become board-certified. Some post-licensure programs may engage in selection process; for example, Adelphi University's two-year program (completion awards a Group Psychotherapy Certificate) requires applicants to submit transcripts, a curriculum vitae, a personal statement, and two letters of recommendation. However, the Center for Group Studies' 3-year training program only requires participants to report their professional license information to register.

Criterion V References

APA CRSSPP. (2020). *APA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties.* https://www.apa.org/ed/graduate/specialize/taxonomy.pdf

Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provide 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 and at each level that specialty training occurs.

Commentary:

A) Populations. *This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples of persons representing diversity include but are not limited to the following: children, youth and families; older adults; workforce participants and those who seek employment; men; women; persons of color, members of racial and ethnic, communities, and persons speaking English as a second or subsequent language; gay, lesbian, bisexual and transgender individuals; persons of various socioeconomic status groups; religious communities; 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.):

Advanced didactic and experiential preparation for practice in group psychology and group psychotherapy must occur at the postdoctoral and/or post-licensure level. Previous education and training through a doctoral program and/or predoctoral internship may have laid a foundation for this advanced preparation, but some specialists may not begin their training until they are post-degree. This section describes the populations, problems, and procedures and techniques that would need to occur via advanced training to prepare a psychologist for independent practice in

the specialty. While the formal postdoctoral residency program is the most comprehensive approach to ensuring that all aspects of advanced preparation are completed, we recognize that many psychologists obtain equivalent training through less formal postdoctoral and/or post-licensure training and experience (both through formal certificate programs and/or by piecing together other training opportunities).

The group psychology and group psychotherapy training model utilizes the group setting as an agent for change, paying careful attention to three primary forces: individual dynamics; interpersonal dynamics; and group dynamics. The group leader integrates these components into a coherent and complementary process, mindful of the multiple variables, such as stage of group development, ego strength of individual members, population being treated, group factors, and individual and group resistances, which influence the intervention to be emphasized at any particular moment in the group. The group psychology and group psychotherapy specialty emphasizes a combination of didactic and supervised experiential training that integrates science and practice. Postdoctoral residency programs that prepare residents for group psychology and group psychotherapy specialized practice should meet the general criteria for postdoctoral residency level training specified in the Standards of Accreditation (SoA; APA CoA, 2015), in addition to providing specific group psychology and group psychotherapy specialty training. Advanced preparation in group psychology and psychotherapy should provide the following:

1. Formal training programs should have the clear objective to train residents in group psychology and psychotherapy. In less formal training the trainee should be dedicated to developing the specialty as a significant part of their professional identity.

2. Substantial proportion of residents' time (e.g., 80% of residency hours in formal postdoctoral residency programs) is dedicated to group psychology and psychotherapy. These hours may be spent on group psychology and psychotherapy program development and management, group service delivery, group client assessment, group training and supervision, group research, and group program evaluation. For less formal training, advanced preparation should occur frequently enough that the trainee develops fluency in their practice through routine supervised practice and related developmental activities and they identify group psychology and group psychotherapy as a significant aspect of their professional identity.

3. To ensure a high quality of group psychology and group psychotherapy training at the residency and post-licensure level, supervision is provided by psychologists with adequate expertise in group psychology and psychotherapy. Specifically, supervision should be provided by a supervisor who qualifies for certification in group psychotherapy (e.g., completed 12 hours of coursework in group psychotherapy theory and practice, completed 300 hours of group psychotherapy experience post-clinical graduate training, and received 75 hours of group psychotherapy supervision by an approved supervisor). For APA-accredited postdoctoral training, residents must receive a minimum of one direct observation, one written and one orally presented evaluation per formal evaluation period (i.e., each semester and summer term). Training through less formal situations should also incorporate this standard.

4. Residency programs should have in place a formal system for formative and summative evaluation of the resident. Formal programs should have explicit admission criteria, remediation policies, due process, and grievance policies. Formal programs engage in self-assessment to meet all standards of residency level training. Less formal training should also incorporate formative and summative evaluation which may need to be adapted when training and education is provided by professional peers via consultation rather than traditional supervision.
5. Residency program in group psychotherapy occurs over a minimum of a full-time one year of training or a half-time two years of training. Less formal experience may take place over longer periods of time.
6. Successful completion of advanced preparation requires eligibility for licensure and the ability to function at an advanced level of competency as a group psychologist/psychotherapist.

Advanced preparation should include facilitating connection among people, which builds resilience in communities and helps prevent disease. They also develop skills to promote group psychology and psychotherapy within their organizational context. Advanced training develops increased understanding of societal conditions that worsen behavioral health and contribute to health disparities.

a. Populations

Advanced preparation should include work with a variety of populations but may emphasize specific populations served by the training arrangement. For example, some training sites generally focus on providing services for a restricted group of people, such as found in college/university counseling centers or veterans' hospitals. Many advanced training placements will include opportunities to develop competency related to working with intersectional identities through training experiences with specific populations for which there is evidence of group therapy's efficacy including children (Lomholt et al., 2015) and adolescents; LGBTQ+ individuals (Hall et al., 2019); People of Color (Fenster, 1996; Poquiz et al., 2022); men (Rabinowitz et al., 2019); women (Bryant-Davis, 2024); older adults (Dessureault et al., 2024); and university students (Lee & Arora, 2023). Many residency training programs are sponsored by institutions and agencies that provide clinical services to a sufficient patient/client-base to ensure that residents accumulate experience with diverse populations.

Advanced preparation develops the ability to serve populations within numerous group formats, including:

- Interpersonal Process Groups
- Theme Groups (e.g., LGBTQ+ affirming groups, trauma-survivors' groups)
- Disorder Specific Groups (e.g., group for anxiety, group for addiction)
- Specific Theoretical Orientation Groups (e.g., CBT groups, DBT groups)
- Psychoeducational Groups
- Support Groups

- Skills Groups

Advanced preparation extends knowledge and experience in individual and group therapy, crisis intervention, supervision skills, assessment, outreach and prevention, and diversity issues. Advanced preparation typically incorporates the delivery of evidence-based and effective group treatments for specific populations so that trainees gain experience in culturally adapted treatments for specific populations (e.g., language minority groups).

Advanced trainees also receive specific training relevant to working with diverse populations and fostering inclusion. Specifically, they develop competency in understanding power dynamics in groups and intervening with marginalization within groups.

b. Problems

Group treatment is being increasingly used for numerous conditions. The revised list of studies showing group treatment for various conditions indicates that there are broad applications. The conditions mirror those addressed at the doctoral and internship levels and are expected to be at an advanced level. In addition, group treatment is targeting specialized conditions for treatment, such as: cocaine disorder (Pavia et al., 2016); social anxiety (Montreui et al., 2016); personality disorders (Holas et al., 2016); academic and social success (Vagos et al., 2015); postpartum depression (Kao et al., 2015), depression; Hepatitis C (Dodd et al., 2016); psychosis (Restek-Petrović et al., 2016); medical illnesses (Blair et al., 2017); and many more. The conditions also mirror the variety of the populations served. Advanced preparation in group psychology and group psychotherapy should prepare the specialist for effectively treating a broad selection of problems affecting the human conditions and specific conditions, as well as possibly developing areas of focus.

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

Intervention

Advanced training involves developing clinicians' expertise in evidence-based group psychotherapy intervention. They develop a thorough understanding of the therapeutic factors and mechanisms of group psychotherapy and gain skill in implementing therapeutic factors into clinical practice (e.g., fostering group cohesion, universality, hope, and catharsis). Advanced training also promotes in-depth understanding of group stages and the ability to work with groups at all stages of development, and facilitation of group progression. Specialists become competent in techniques relevant to group psychotherapy, such as process illumination, beginning and ending a group, maintaining emotional presence, identification of empathic failures and their repair, collaborative goal setting, intervening to block nontherapeutic behaviors (e.g., microaggressions, storytelling), managing group processes, and monitoring and managing countertransference. Specialists gain proficiency in understanding the development of group norms and fostering a therapeutic group situation. Trainees gain experience in group facilitation and leadership with an emphasis on working with co-facilitation. They may have opportunities to gain experience with varying group modalities (e.g., cyber/virtual groups, peer support) and specific formats (e.g., manualized group treatments).

Group Program Coordination

Advanced training develops understanding of principles that underlie organizing a successful group psychotherapy program. Trainees receive training in evidence-based practices to select clients appropriate for group psychotherapy (e.g., the Group Readiness Questionnaire). Upon completion of training, specialists understand how to structure a group to maximize its effectiveness by considering factors such as the frequency of meetings, group member composition, group location, establishment of group norms, and so forth. Specialists also demonstrate adequate understanding of the importance of pre-group orientation to prevent early drop-out and ineffective intervention and can skillfully orient clients to group psychotherapy. Residency level training also includes developing an understanding of how group psychotherapy functions within clinical agencies that may provide other services.

Consultation and Collaborative Care

Advanced preparation in group psychology and group psychotherapy offers opportunities to interact with other mental health professionals, as well as outside agencies. Group psychology and group psychotherapy residents and post-licensure trainees should become competent in participating in interdisciplinary teams. They proficiently educate others about group psychotherapy and facilitate referral streams into group psychotherapy. Advanced preparation includes training experiences of managing clients in concurrent therapies in an ethically responsible, therapeutically enhancing manner.

Ethics

Group specialized advanced training in ethics is woven throughout residency and/or post-licensure experiences with the expectation that the specialist develops and implements an ethical decision-making model into their practice of group psychology and group psychotherapy. In addition to abiding by the ethical guidelines of psychologists, advanced preparation offers intensive focus on ethical dilemmas that are routinely encountered in group psychotherapy including boundaries, confidentiality, multicultural considerations, group consent and agreements, and group guidelines.

Assessment and Evaluation

Advanced preparation develops experience and competency with measures and processes to monitor change in group psychotherapy (e.g., the Group Questionnaire). Specialists are able to use psychometrically sound tools to accurately diagnose group clients and monitor their response to treatment. Residents and post-licensure trainees learn methods for detecting early drop-outs and other processes which may decrease therapeutic effectiveness of group and potentially cause harm. They may also participate in conducting program evaluation.

Supervision and Teaching

Advanced preparation shares models of supervision and begins to prepare the specialist for providing training to junior colleagues. In formal training programs, residents are able to present group psychology and group psychotherapy in professional settings such as case presentations

and grand rounds. All specialists-in-training should seek opportunities to present at conferences and/or participate in consultation groups. Residency training programs may offer opportunities for residents to teach group psychology and psychotherapy coursework. These types of experiences can also be accumulated through group-specific organizations such as APA Division 49 and AGPA.

Criterion VI References

APA Commission on Accreditation (2015). *Standard of Accreditation for Health Service Psychology and Accreditation Operating Procedures.* www.apa.org/ed/accreditation/standards-of-accreditation.pdf

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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 that reference and employ the American Psychological Association's *Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (APA, 2020)*. The structures are stable, sufficient in number, and geographically distributed and may be found at the doctoral, doctoral internship, postdoctoral, and/or post-licensure level.

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 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 an advanced credential from a recognized board certification organization attesting to their specialty knowledge and skills and a record of scholarly productivity as well as other clear evidence of professional competence and leadership like fellow status in the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition.*

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 doctoral internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.*

F) Post-licensure Training*. A petition describes acceptable post-licensure specialty training that may go beyond any state or providence licensing requirements for psychologists. This may include re-acquaintance with recommended specialty topics after certain time periods (e.g., recommending X hours of CEs in Evidence Based Practices every X number of years), additional contact hours treating clients within that specialty, and additional supervision hours by appropriately identified specialty supervisors. Specialties may give broad guidelines for maintaining competency in the specialty through continuing education and/or give detailed guidelines for Specialty sponsored credentialing programs.*

Post-licensure certificate programs are designed to allow psychologists to expand their areas of expertise throughout their careers. When programs offer different levels of competency training (e.g., Exposure, Experience, Emphasis and/or Major Area of Study) each level has clearly stated criteria for CE hours, required contact hours with clients being treated within that specialty, and required supervision hours with a supervisor that the program has vetted for expertise in that specialty area. Post-licensure programs may choose to give certificates at any or all levels of exposure.

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

Doctoral programs, internships, postdoctoral programs, and post-licensure programs should represent themselves accurately in terms of the training they offer in group psychology and group psychotherapy in accordance with the *APA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties* (APA CRSSPP, 2020). Only postdoctoral programs are APA-accredited in specialties.

Efforts are underway for group psychology and group psychotherapy to create a mechanism, such as a training council, to accurately identify programs that offer training in accordance with the education and training taxonomy and help increase their visibility. The Group Specialty Council had developed taxonomy tools to distribute to program directors to encourage them to recognize the extent to which they offer our specialty's training and education and more readily advertise that they do. One of the primary initiatives of the Group Specialty Council is to engage with training directors along these lines. However, these efforts have been slowed by a couple of factors. First, group psychology and group psychotherapy received specialty recognition in 2018 and the Group Specialty Council had made substantial progress in these areas when the COVID-19 pandemic occurred. The pandemic decreased the Council's bandwidth and caused focus to shift to other areas needed for continued recognition of the specialty (e.g., scientific generation and dissemination related to the specialty, public campaigns to increase the public's understanding of the value of group psychology and group psychotherapy to meet public needs, solidification of our education and training guidelines). Also, ABPP developed its own taxonomy tools to be utilized across specialties. The Group Specialty Council decided to wait until those tools were finalized before conducting further outreach to training programs. Upon successful renewal of the specialty, the Group Specialty Council will prioritize formalizing pathways for training programs to be recognized in the specialty.

In lieu of formalized mechanisms to verify programs' recognition in the specialty, informal mechanisms currently exist. All APA-accredited doctoral programs are listed in a publicly accessible database (https://accreditation.apa.org/accredited-programs). APA-accreditation requires these programs to represent information about themselves, including details regarding the training that they offer. From October 2020 to February 2021, the Group Specialty Council created a database of all doctoral programs. Two graduate students, Alee Rands (BYU) and Jessica Habashy (UNLV) reviewed the websites of all APA-accredited programs (doctoral programs in clinical, counseling, and school psychology). They identified which program offered group psychology/psychotherapy training. Of the 415 doctoral programs that they reviewed, 270 programs clearly identified themselves as offering training in group psychology and group psychotherapy, although programs did not clearly identify which level of the education and training taxonomy they aligned with (efforts are underway through the Council of Specialties to promote adherence to the education and taxonomy, but it is still early in the process). For each of the 270 programs, the database listed faculty involved with group specialty training, any listed practica experiences clearly affiliated with group training, and any courses offered in group psychology/psychotherapy. Programs varied widely in their offerings.

Currently, the primary way to recognize group psychology and group psychotherapy predoctoral internships is through the APPIC-directory. All listed sites self-identify the extent (major area of study, emphasis, experience, or exposure) that they offer training in group psychology. As of December 2024, 310 predoctoral internships (of 852 total internships listed) indicated that they offered group therapy training at the major area of study or emphasis level. Of these 310 predoctoral internships offering substantial training in the specialty, 252 (82%) were APA-accredited, 9 (3%) were APA-Accredited on Contingency, 19 (6%) were CPA-accredited, 27 (9%) were neither APA- nor CPA-accredited, and 3 (1%) were inactive.

APA-Accredited postdoctoral programs are listed on their directory (https://accreditation.apa.org/accredited-programs). The directory can be searched by accreditation in each specialty. However, there are no postdoctoral programs APA-accredited in group psychology and group psychotherapy. Therefore, currently, the primary way to recognize group psychology and group psychotherapy postdoctoral training programs is through the APPIC-directory. All listed sites self-identify the extent (major area of study, emphasis, experience, or exposure) that they offer training in group psychology. As of December 2024, 93 postdoctoral programs (of 260 total postdoctoral programs listed) indicated that they offered group therapy training at the major area of study or emphasis level. Of these 93 postdoctoral programs offering substantial training in the specialty, 61 (66%) were APA-accredited (though not in the group psychology and group psychotherapy specialty).

APA Division 49 has also attempted to identify training programs that offer specialty training. Training directors who complete a survey indicating that their placement offers training in group psychology and group psychotherapy are offered to Division 49's training site (https://www.apadivisions.org/division-49/about/resources/training/practicums), which caters to students looking for training opportunities. Currently 42 practicum placements, 92 predoctoral internships, and 36 postdoctoral programs associated with the specialty are listed on the website.

However, updates to the website have been on hold since 2021 due to efforts to better align the efforts of Division 49 with the Group Specialty Council.

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

Doctoral Psychology Faculty

All professional staff must be from APA-accredited doctoral programs in psychology and have successfully completed APA-accredited internships. All faculty should have training and experience working in therapy-related settings (clinics, hospitals, universities, community-based organizations) and remain active in clinical, training and administrative aspects of providing counseling services. The program should make efforts to attract faculty/staff from diverse backgrounds into the program and retain them.

Psychology faculty are expected to maintain involvement in relevant professional organizations at local, state, and national levels, including leadership positions and/or presenting at conferences. Active involvement and affiliation with these organizations helps faculty to stay current with scientific development and issues within the field and become familiar with relevant literature and research. A list of organizations in which faculty are encouraged to be involved include: American College Counseling Association; American Group Psychotherapy Association; American Psychological Association; Association for University and College Counseling Center Directors; Association of Counseling Center Training Agencies; and state/localized Psychological Associations. Faculty are also encouraged to obtain their board certification, such as Group Psychologists by ABPP.

Faculty Psychologists

Group psychology and group psychotherapy expects specific responsibilities of internships, such as: designated percentage of time spent on each of the teaching and research activities identified below, as needed

Clinical services

Provide individual, group, and couples therapy, assessment, consultation, intake, and crisis interventions; prepare for sessions; and maintain accurate and up to date records of clinical services. Outreach services: Prepare for and provide outreach presentations and workshops; participate on university committees; foster relationships with assigned liaisons; and attend liaison meetings and consultations with faculty, staff, and students.

Training services

Provide individual and group clinical supervision and training; prepare for meetings; review supervisees' clinical paperwork and session recordings; evaluate supervisees; provide meaningful feedback and letters of recommendation; and attend Training Committee meetings.

Other professional responsibilities

Practice all responsibilities in accordance with ethical and professional standards and state laws; understand and comply with university policies and procedures; effectively participate in administrative and professional activities (e.g., staff and division meetings, case conferences, peer consultations, professional development, reports, paperwork); foster excellent working relationships with co- workers; increase knowledge and develop new skills or abilities that contribute to effective service provision; contribute to the evaluation and improvement of the program.

Internship Psychology Faculty

Psychology staff members are expected to be graduates of APA-approved doctoral programs in professional psychology (i.e., educational, counseling, or clinical psychology programs), and licensed to practice psychology in the state of residence. All staff should be credentialed professional members of a local hospital and subscribe to a practitioner-scholar model of psychology. Psychology staff members will hold various professional memberships, such as APA, at state and national levels. Internship supervisors should be licensed two or more years and be able to independently provide formal supervision hours for licensure in the home state. Supervisors are clinically and legally responsible for all cases on which they provide supervision.

Interns receive modeling, mentoring, and collaborative interaction with staff members for optimal training. All psychology staff members strive to maintain professional and ethical conduct while conducting clinical and supervisory responsibilities and serve as professional role models to interns. Staff members and supervisors are visible on units in treatment team meetings, interacting with other staff and patients. Interns sit in on group therapy sessions and observe as supervisors provide consultation and conduct psychological evaluations. Exposure to competent, professional, and ethical psychologists ensures that interns are prepared to function independently as professional psychologists. Qualified adjunct staff/supervisors may augment and expand interns' training experiences, providing didactic seminars for interns.

Postdoctoral Program Faculty and Supervisors

Faculty

The program should have sufficient faculty with demonstrated competence in group psychology and group psychotherapy to meet the goals of the program, and who are licensed in the jurisdiction of the program. Programs should endeavor to provide diversity in the role for the specialty program. Supervisors: Primary supervisors are expected to be on-site, licensed in the jurisdiction, and have the necessary expertise in the specialty of group psychology and group psychotherapy. Supervisors will have the primary professional responsibility for residents' group services provided in the program, including attention to the diversity of the populations served.

Supervisors

Primary supervisors are expected to be on-site, licensed in the jurisdiction, and have the necessary expertise in the specialty of group psychology and group psychotherapy. Supervisors

will have the primary professional responsibility for residents' group services provided in the program, including attention to the diversity of the populations served.

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

Doctoral programs that offer specialty training in group psychology and group psychotherapy are likely to have admission policies that are similar to doctoral programs that do not offer specialty training. Thus, doctoral admission is likely based on previous academic performance (e.g., bachelor and/or master's degree in psychology or related field, high GPA), letters of recommendation, experience in the field (e.g., research and/or practice in psychology), personal essay, alignment with the program and its faculty, and/or GRE scores. It is unlikely that doctoral programs will specifically review students for experience in group psychology or group psychotherapy. However, if the doctoral program utilizes a faculty-match program, a faculty member who specifically works in group psychology and group psychotherapy may select students with readily evident interest and/or experience in the specialty.

APA-accredited predoctoral internship programs that offer extensive training in group psychology and group psychotherapy utilize the APPIC match process to secure their interns. It is unlikely that these programs have specific requirements that differ from other training sites, so they will be evaluating the applicant's APPI and considering aspects such as quality of their doctoral program, direct patient hours, supervision hours, number of comprehensive psychological reports generated, and so on. They will also be looking at the types of training experiences the student has accumulated and the degree to which the student aligns with their training model. Internship programs that expect trainees to engage in extensive group work may prefer students who have completed formal didactic training in group psychology and group psychotherapy and/or have practicum experience in group psychology and group psychotherapy.

Doctoral students completing course work and/or practicum that involves group psychology and group psychotherapy should be evaluated using a Benchmarks Competency Evaluation System (Kaslow et al., 2009; **see Appendix B**). Group psychology and group psychotherapy competencies may be a component of this type of evaluation tool if the student is completing coursework and/or practicum in the specialty. For example, if the supervisor is supervising the student leading groups, they will likely consider this work when evaluating most, if not all, of the competency areas (e.g., intervention, assessment, ethics). Evaluation tools that utilize the Benchmarks Competency Evaluation System represented in Appendix B will include items that align with each competency domain and a rating scale that indicates whether the student is meeting, exceeding, or deficient relative to developmental expectations in each area.

Programs may also utilize evaluation tools specific to group psychology and group psychotherapy, particularly when practicum has extensive requirements to conduct group services. Please see **Appendix C** for a group-specific evaluation tool that has been utilized with doctoral practicum students.

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

Postdoctoral programs that offer specialty training in group psychology and group psychotherapy are unlikely to have different admissions standards than postdoctoral programs that do not offer this training. Thus, they are likely to require applicants to have doctoral degrees from APA-accredited institutions and have completed APA-accredited predoctoral internships. They are likely to prefer applicants who have formal training and practicum/internship experience in group psychology and group psychotherapy.

For evaluation, the postdoctoral program should prepare the trainee for independent practice in psychology and thus also use a Benchmarks Competency Evaluation System (Kaslow et al., 2009; see **Appendix B**). Just as with doctoral-level training, group psychology and group psychotherapy competencies may be a component of this type of evaluation tool if the student is completing coursework and/or practicum in the specialty.

The evaluation tool recommended to measure group psychology and group psychology specific competencies at the postdoctoral level is available on the Group Specialty Council's website: https://www.apadivisions.org/division-49/leadership/committees/postdoctoral-competencies.pdf. It is also included in **Appendix D.**

5. Include or attach education and training guidelines, for this specialty as appropriate for doctoral training, doctoral internship, postdoctoral training, post-licensure, or all four. (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.)

The Education and Training Guidelines for Group Psychology and Group Psychotherapy were published in *Training and Education in Professional Psychology* in 2023 (Brown & Lefforge, 2023).

The publication was based on the posted education and training guidelines available on the Group Specialty Council website: https://www.apadivisions.org/division-49/leadership/committees/education-training.pdf (Group Specialty Council, 2018).

Please see also Criteria IV.2d- Supervision and associated references for resources that inform education and training in group psychology and group psychotherapy.

6. Provide sample curriculum expected of model programs.

Several model programs were included in a presentation on group as a specialty at APA Convention (Brown et al., 2020). Each program presented an overview of its curriculum. The programs were selected to show a variety of levels of training. The slides from each program are included in **Appendix E** (clinical psychology doctoral program), **Appendix F** (counseling psychology doctoral program), **Appendix G** (predoctoral internship – college counseling center), **Appendix H** (predoctoral internship – hospital), and **Appendix I** (postdoctoral programs). These slides provide an extensive sample of model program curriculum in group psychology and group psychotherapy.

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 and training occurs at both the doctoral and postdoctoral level provide examples of both and not from the same institution.

Program One Doctoral Postdoctoral Both Name of University, School, or Institution offering program:

Name of Program: Sharp Healthcare Predoctoral Internship

Address: 7850 Vista Hill Avenue; Sharp Mesa Vista Hospital

City/State/Zip: San Diego, California 92123-2790

Contact Person: Kelsey Bradshaw, PhD

Telephone No.: 858-836-8347

E-mail address: kelsey.bradshaw@sharp.com

Website: https://www.sharp.com/interns-fellows/doctoral-psychology-internship/

APA Accreditation: Yes

Program Two Doctoral Postdoctoral Both Name of University, School, or Institution offering program:

Name of Program: University of North Florida Counseling Center Predoctoral Internship

Address: 1 UNF Drive; Building 2, Room 2300

City/State/Zip: Jacksonville, Florida 32224

Contact Person: Misha Bogomaz, PsyD

Telephone No. (904) 620-2602

E-mail address: misha.bogomaz@unf.edu

Website: https://www.unf.edu/brooks/counseling-center/professionaltraining.html

APA Accreditation: Yes

Program Three Doctoral Postdoctoral Both Name of University, School, or Institution offering program:

Name of Program: Brigham Young University Clinical Psychology PhD Program

Address: 284 TLRB

City/State/Zip: Provo, UT 84602

Contact Person: Melissa Jones, PhD

Telephone No.: 801-422-6480

E-mail address: melissa_jones@byu.edu

Website: https://psychology.byu.edu/clinical-psychology-phd-progam-overview

APA Accreditation: Yes

Program Four Doctoral Postdoctoral Both Name of University, School, or Institution offering program:

Name of Program: Menninger Clinic Postdoctoral program

Address: 12301 Main St.

City/State/Zip: Houston, Texas 77035

Contact Person: Patty Daza, PhD

Telephone No.: 713-275-5339x

E-mail address: pdaza@menninger.edu

Website: http://www.menningerclinic.com

APA Accreditation: No (APPIC member since 2007)

Criteria VII References

APA CRSSPP. (2020). A*PA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties*. https://www.apa.org/ed/graduate/specialize/taxonomy.pdf

Brown, N. W., & Lefforge, N. L. (2023). Education and training guidelines for group psychology and group psychotherapy. *Training and Education in Professional Psychology, 17*(2), 126–132. https://doi-org.du.idm.oclc.org/10.1037/tep0000417

Brown, N., Lefforge, N. L., Lundgreen, R., Beecher, M., Griner, D., Hansen, K., Jones, M., & Rapacz, A. (2020). Group is Now a Specialty: Training Implications. Symposium Presented at the American Psychological Association Convention, Virtual.

Group Specialty Council (2018). Education and Training Guidelines – Group Psychology and Group Psychotherapy. https://www.apadivisions.org/division-49/leadership/committees/education-training.pdf

Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. T*raining and Education in Professional Psychology. 3*(4, Suppl), S27-S45. doi: 10.1037/a0015833

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.

There are several options for obtaining continuing professional development and education in group psychology and group psychology. These opportunities are commonly offered by APA Division 49: The Society for Group Psychology and Group Psychotherapy, the American Group Psychotherapy Association (AGPA), and AGPA-affiliate organizations.

APA Division 49 hosts both live continuing education (CE) events and home study. In 2024, DIV49 hosted seven CE events:

- Group for children and adolescents: Exploring Race, Culture, and Other Developmental Considerations. Presented by Sam Steen, PhD (George Mason University) and Sheri Bauman, PhD (University of Arizona). Presented via live webinar on September 26, 2024 and available for home study at https://www.youtube.com/watch?v=17YHIyAVW1M. 1.5 CEs.
- You do what?! The Challenges and Rewards of Group Therapy with Individuals who Sexually Abuse. Presented by Jerry L. Jennings, PhD & Steven Sawyer, MSSW, LICSW. Presented via live webinar on October 8, 2024 and available for home study at https://www.youtube.com/watch?v=mNeMXP1pi2o. 1.5 CEs.
- The Parents Circle – Families Forum (PCFF) Dialogue Encounters Between Palestinians and Israelis. Presented by Aziza Belcher Platt, PhD with The Parents Circle. Presented via live webinar on October 17, 2024 and available for home study at https://www.youtube.com/watch?v=36HpomTDLxE. 1.0 CE.
- Group Work with Persons With Disabilities. Presented by Sheri Bauman, PhD & Linda Shaw, PhD. Presented via live webinar on October 18, 2024. 1.0 CEs.
- AAPI Therapy Group. Presented by Nicole Benedicto Elden, PhD. Presented via live webinar on October 21, 2024 and available for home study at https://www.youtube.com/watch?v=pYI33fy0ydE. 1.0 CE.
- Sorrow, Solace, & Social Identities: Incorporating Aspects of Identity into Our Group & Grief Work. Presented by Aziza Belcher Platt, PhD. Presented via live webinar on December 20, 2024 and available for home study at https://www.youtube.com/watch?v=o7IrJ-f55Ls&t=10s. 1.5 CEs.

- Honoring and Working with Different Social Identities in Group. Presented by Donna Harris, LCSW, CGP. Available for home study at https://www.youtube.com/watch?v=KQH7ohkaCpA&t=45s. 1.5 CEs.

APA Division 49 also offers CE events in the specialty annually at APA Convention. During APA 2024, Division 49 offered three CE events:

- Group Treatment for the Concerned Family Members of Individuals with Substance Use Disorders. Presented by Jennifer Mauel (Department of Veterans Affairs) and Karen Osilla (Stanford University) on August 8, 2024. 1.0 CE.
- Sociometry in Action: Nurturing Human Connections in Group Therapy. Presented by Brittany Lakin-Starr (Chicago Center for Psychodrama), Mallory Primm (Chicago Center for Psychodrama), and Kate Merkle (Chicago Center for Psychodrama) on August 8, 2024. 1.0 CE.
- Hall of Mirrors on Stage: Psychotherapeutic Playback Theater as a Form of Action-Based Group Psychotherapy. Presented by Shoshi Keisari (University of Haifa) on August 8, 2024. 1.0 CE.

The American Group Psychotherapy's annual conference, AGPAConnect, offers many opportunities for accumulating CEs in the specialty. The full program for AGPAConnect 2024 can be accessed here: https://agpa.org/docs/default-source/agpa-connect-2024/2024-agpa-connect-printed-program-final-1-10-24.pdf. Just about all of the offerings are CE-eligible. In addition to CEs, the organization offers many opportunities for professional development including participation in special interest groups and/or free consultation groups for group psychotherapists.

Other regional organizations offer professional development and CE opportunities. For example, the Mid-Atlantic Group Psychotherapy Association hosted a conference November 15-17, 2024 in Baltimore on using somatic experiencing interventions in group. This event offered 11 CEs. Groups like the Toronto Institute of Group Studies (https://torontoinstitutegroupstudies.com/what-we-offer) and the Center for Group Studies (https://www.groupcenter.org/) offer various training, consultation, and CE opportunities. Specialists can find out more about their regional affiliate groups through AGPA's website: https://www.agpa.org/home/about-us/agpa/agpa-affiliate-societies.

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

Specialists board-certified by ABGP/ABPP must undergo a Maintenance of Certification (MOC) every 10 years). MOC is a self-examination documenting a specialist's professional development (work experience and CEs) over the past 2 years. Activities are valued differently (typically 1 point per CE or hour) and the specialists must earn 40 points in 2 years, with at least 20 points in specialty-specific activities.

To maintain status as a certified group psychotherapist (CGP), the specialist must complete 20 CEs in the specialty every 2 years. At least 3 of these CEs must be in the area of diversity, equity, and inclusion.

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

Specialists are expected to maintain a professional identity related to group psychology and group psychology. Therefore, they are expected to regularly engage in continuing education within the specialty. They are generally expected to maintain membership with one or more professional organizations affiliated with the specialty (e.g., APA Division 49, AGPA, ABGP).

Criterion IX. Effectiveness. A specialty demonstrates 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* to *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.*

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.

Group psychotherapy has efficacy with many populations. The following is a sample of recent studies demonstrating the efficacy of group psychotherapy with several different populations.

Children

Donovan et al. (2023) investigated the effectiveness of a group behavioral sleep intervention aimed at young children with sleep problems. The participants were children whose parents reported significant sleep issues, such as difficulties falling asleep or frequent night awakenings. The intervention was a group-based, parent-focused behavioral sleep program. This program involved educating parents on techniques to improve their children's sleep patterns, including establishing consistent bedtime routines and managing nighttime awakenings. The primary outcomes measured were improvements in children's sleep patterns and parental satisfaction with the intervention. The study found that children whose parents participated in the intervention showed significant improvements in sleep duration and quality. Additionally, parents reported high levels of satisfaction with the program and felt more confident in managing their children's sleep issues.

By focusing on educating and involving parents, the intervention empowers them to effectively manage their children's sleep problems, which can lead to more sustainable improvements. Overall, this study underscores the importance of addressing sleep issues in young children through parent-focused behavioral interventions, offering a practical and effective approach to improving sleep health in early childhood. In particular, the efficacy of the intervention offered in a group indicates that it could be widely utilized in an efficient manner.

Latinx Population

Hoskins et al. (2024) evaluated the effectiveness of a 10-week group therapy program designed for Latinx youth who have experienced multiple traumatic events, including caregiver deportation. The study focused on Latinx youth (N = 31) and their Spanish-speaking caregivers, recruited from two urban hospitals. All participating youth had experienced at least three traumatic events, with a subset having experienced caregiver deportation. The intervention,

PATH, is a manualized group therapy program that integrates trauma-informed interventions with positive psychology and resilience-building techniques. The program aims to reduce trauma-related symptoms and improve overall mental health. The primary outcomes measured were reductions in trauma symptoms, including anxiety, depression, anger, and PTSD. The study found statistically significant reductions in these symptoms, with larger reductions in anger and PTSD symptoms observed in youth who had experienced caregiver deportation.

The PATH program is tailored group intervention to meet the cultural and linguistic needs of Latinx youth and their caregivers, addressing a critical gap in mental health services for this population. The study highlights the severe impact of caregiver deportation on youth mental health and demonstrates the effectiveness of targeted interventions in mitigating these effects. Despite the small sample size, the study provides preliminary evidence supporting the feasibility and acceptability of the PATH program, suggesting it could be a valuable model for broader implementation. Overall, this study reflects the potential of group psychotherapy interventions to improve mental health outcomes for vulnerable populations.

LGBTQ+ Population

Hambrook et al. (2022) evaluated the effectiveness of a group intervention designed for sexual minority adults experiencing common mental health issues. The study targeted sexual minority adults (e.g., individuals identifying as LGBTQ+) who are often at higher risk for mental health problems due to factors like discrimination and social stigma. The intervention involved a structured group therapy program aimed at addressing mental health issues such as anxiety and depression. The program included cognitive-behavioral techniques, peer support, and psychoeducation tailored to the unique experiences of sexual minority individuals. The primary outcomes measured were changes in mental health symptoms, including reductions in anxiety and depression levels. The study found that participants showed significant improvements in their mental health following the intervention, indicating its potential effectiveness.

This study is particularly relevant for several reasons. First, it addresses health disparities in that sexual minority individuals often face unique challenges that can exacerbate mental health issues. This study highlights the importance of tailored interventions to address these specific needs. Second, the study promotes evidence-based practice with this population. The positive outcomes suggest that group interventions can be an effective way to support mental health in sexual minority populations, providing a model that can be replicated or adapted in other settings. Third, the findings can inform mental health policies and programs, advocating for more inclusive and specialized mental health services for sexual minority communities. Overall, this study contributes valuable insights into the development of effective mental health interventions for marginalized populations, emphasizing the need for inclusive and targeted approaches in mental health care.

Low-Income Population

Smith et al. (2021) evaluated the acceptability, feasibility, and initial outcomes of a group cognitive-behavioral therapy (CBT) intervention for mothers in the Temporary Assistance for Needy Families (TANF) program. The study focused on low-income parenting women (N = 40)

participating in the TANF program. This population is significant due to the high rates of depression and stress among low-income mothers, which can adversely affect their economic mobility and overall well-being. The intervention was an 8-week group CBT program designed to reduce depressive symptoms and perceived stress while increasing social support. TANF staff were trained to deliver the CBT sessions, integrating mental health support within the TANF system. The study found significant improvements in these areas, indicating that the intervention was both feasible and acceptable for the participants. Additionally, the integration of CBT within the TANF system showed potential for scalability.

Embedding mental health interventions within the TANF system provides a holistic approach to supporting low-income mothers, addressing both economic and mental health needs. The successful training of TANF staff to deliver CBT suggests that this model could be scaled up to reach a larger population, potentially improving outcomes for many more low-income families. The findings support the integration of mental health services into federal assistance programs, highlighting the potential for such group interventions to enhance economic mobility and overall well-being among low-income mothers. Overall, this study underscores the value of group interventions to address mental health as a pathway to economic mobility, providing a promising model for integrating mental health support within social service programs.

Veterans

Spiller et al. (2023) examined the relative effectiveness of group-based versus individual trauma-focused therapy for veterans with posttraumatic stress disorder (PTSD). This population is significant due to the high prevalence of PTSD among veterans, often resulting from combat and other military-related experiences. The interventions compared were group-based trauma-focused therapy and individual trauma-focused therapy. Both interventions utilized evidence-based therapeutic approaches, such as cognitive-behavioral therapy (CBT) and prolonged exposure therapy, tailored to address trauma-related symptoms. The primary outcomes measured were reductions in PTSD symptoms, as well as improvements in overall mental health and functioning. The study found that both group and individual therapies were effective in reducing PTSD symptoms. However, there were some differences in secondary outcomes, with group therapy showing additional benefits in social functioning and peer support.

These findings are important in terms of treatment accessibility as group therapy can be more accessible and cost-effective compared to individual therapy, potentially allowing more veterans to receive treatment. The additional benefits of group therapy in enhancing social functioning and providing peer support highlight the importance of social connections in the recovery process for PTSD. The findings suggest that both group and individual trauma-focused therapies are viable options for treating PTSD in veterans, providing flexibility in treatment planning based on individual needs and preferences. Overall, this study contributes valuable insights into the comparative effectiveness of different therapeutic modalities for PTSD, emphasizing the potential benefits of group therapy in fostering social support and improving mental health outcomes.

Criteria IX.1 References

Donovan, C. L., Shiels, A., Legg, M., Meltzer, L. J., Farrell, L. J., Waters, A. M., & Gradisar, M. (2023). Treating sleep problems in young children: A randomised controlled trial of a group-based, parent-focused behavioural sleep intervention. *Behaviour Research and Therapy, 167*, 1–12. https://doi-org.du.idm.oclc.org/10.1016/j.brat.2023.104366

Hambrook, D. G., Aries, D., Benjamin, L., & Rimes, K. A. (2022). Group intervention for sexual minority adults with common mental health problems: Preliminary evaluation. Behavioural and Cognitive Psychotherapy, 50(6), 575–589. https://doi-org.du.idm.oclc.org/10.1017/S1352465822000297

Hoskins, D., Hernández, M., Pérez, A., Spampinato, L., Tahir, P., & Chang, T. (2024). A novel multifamily treatment targeting symptoms related to Latinx caregiver deportation. *Psychological Trauma: Theory, Research, Practice, and Policy, 16*(Suppl 2), S409–S416. https://doi-org.du.idm.oclc.org/10.1037/tra0001379

Smith, M. V., Callinan, L. S., Posner, C. S., Holmes, S. C., & Ebling, R. (2021). Improving maternal mental health as a pathway to economic mobility in the TANF system. *Psychiatric Services, 72*(10), 1139–1144. https://doi-org.du.idm.oclc.org/10.1176/appi.ps.202000492

Spiller, T. R., Duek, O., Buta, E., Gross, G., Smith, N. B., & Harpaz-Rotem, I. (2023). Comparative effectiveness of group v individual trauma-focused treatment for posttraumatic stress disorder in veterans. *Psychological Medicine, 53*(10), 4561–4568. https://doi-org.du.idm.oclc.org/10.1017/S0033291722001441

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 Evidence-Based Group Treatments website summarizes the evidence-base for utilizing group psychotherapy to treat specific diagnoses which we review here. We provide citations for the summary statements made. Additional citations for treatment manuals, supplemental materials (such as workbooks), and supporting students can be found for each treatment on the website (https://evidencebasedgrouptherapy.org/).

Youth Behavioral Disorders

Meta-analysis of youth group therapy for behavioral issues (Arnold et al., 2024) supported utilizing cognitive behavioral group therapy and/or the Coping Power Group Therapy Program. They identified the following promising group treatments (those supported by encouraging, but insufficient at the current time, findings): group bibliotherapy, group play therapy, cognitive group therapy, and behavioral group therapy.

Eating Disorders
Meta-analysis of group therapy for eating disorders (Grenon et al., 2017) supported utilizing group enhanced cognitive behavior therapy for eating disorder, cognitive behavioral group therapy for binge eating disorder, dialectic behavior group therapy for binge eating disorder, and group psychodynamic interpersonal psychotherapy for binge eating disorder.

Substance-Use Disorders
Meta-analysis of group therapy for substance-use disorders (Lo Coco et al., 2019) supported utilizing group cognitive behavioral therapies (CBT), group contingency management, the Group MATRIX Model Therapy, group relapse prevention therapies, time-limited psychodynamic and interactional group therapy (IGT), group drug counseling, and mindfulness-based group therapy. The evidence supported utilization of these treatments specifically for substance-specific disorders as indicated in the table below. Promising group treatments include group motivational interviewing, substance abuse intensive outpatient programs, and women's recovery groups.

	Alcohol Use Disorder	Cocaine Use Disorder	Marijuana Use Disorder	Methamphetamine Use Disorder	Opioids Use Disorder
Group Cognitive Behavioral	X	X		X	X
Group Contingency Management		X		X	X
Group MATRIX Model		X		X	
Group Relapse Prevention		X	X		X
Time-limited psychodynamic and interactional group therapy	X				
Group Drug Counseling		X			
Mindfulness-based group therapy	X				

Post Traumatic Stress Disorder
Meta-analysis of group therapy for post-traumatic stress disorder (PTSD; Schwartze et al., 2019) supported utilizing cognitive processing group therapy for PTSD, cognitive-behavioral group therapy for PTSD, exposure group therapy for PTSD, and person-centered group therapy for PTSD. Promising group treatments include imagery rehearsal for PTSD and group interpersonal psychotherapy for PTSD.

Obsessive-Compulsive Disorder
Meta-analysis of group therapy for obsessive-compulsive disorder (OCD; Schwartze, et al., 2016) supported utilizing behavioral group therapy (exposure and response prevention for OCD, cognitive group therapy for OCD, and cognitive-behavioral group therapy for OCD.

Chronic Pain
Meta-analysis of group therapy for chronic pain (Alldredge et al., 2023) supported utilizing cognitive processing group therapy for PTSD, cognitive-behavioral group therapy for PTSD, exposure group therapy for PTSD, and person centered group therapy for PTSD. Promising group treatments include imagery rehearsal for PTSD and group interpersonal psychotherapy for PTSD.

Borderline Personality Disorder
Meta-analysis of group therapy for borderline personality disorder (BPD; Cristea, et al., 2017) supported utilizing dialectical behavioral group therapy for BPD, mentalization-based group treatment for BPD, and systems training for emotional predictability and problems solving (STEPPS) group therapy for BPD. Promising group treatments include schema focused therapy, emotion regulation group therapy, metacognitive training, problem solving therapy, psychoeducation, interpersonal group therapy, emotional intelligence training, cognitive rehabilitation, and acceptance and commitment therapy.

Schizophrenia
Meta-analysis of group therapy for schizophrenia (Burlingame et al., 2020) supported utilizing dialectical behavioral group therapy for BPD, mentalization-based group treatment for BPD, and systems training for emotional predictability and problems solving (STEPPS) group therapy for BPD. Promising group treatments include schema focused therapy, emotion regulation group therapy, metacognitive training, problem solving therapy, psychoeducation, interpersonal group therapy, emotional intelligence training, cognitive rehabilitation, and acceptance and commitment therapy.

Criteria IX.2 References

Alldredge, C. T., Rosendahl, J., Burlingame, G. (2023). Group psychotherapy for chronic pain: A meta-analysis. *Psychotherapy, 60*(2), 194-205. https://doi.org/10.1037/pst0000485

Arnold, R. A., Burlingame, G. M., & Rosendahl, J. (2024). Group therapy for youth behavioral concerns: A meta-analysis. *Group Dynamics: Theory, Research, and Practice*. . Advance online publication. https://dx.doi.org/10.1037/gdn0000225

Burlingame, G. M., Svien, H., Hoppe, L., Hunt, I., & Rosendahl, J. (2020). Group therapy for schizophrenia: A meta-analysis. *Psychotherapy, 57*(2), 219. https://doi.org/10.1037/pst0000293

Cristea, I., Gentili, C., Cotet C.D., Palomba D., Barbui C., & Cuijpers, P. (2017). Efficacy of psychotherapies for borderline personality disorder: A systematic review and meta-analysis. *JAMA Psychiatry, 74*(4), 319–328. https://doi.org/10.1001/jamapsychiatry.2016.4287

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Lo Coco, G., Melchiori, F., Oieni, V., Infurna, M. R., Strauss, B., Schwartze, D., Rosendahl, J., & Gullo, S. (2019). Group treatment for substance use disorder in adults: A systematic review and meta-analysis of randomized-controlled trials. *Journal of Substance Abuse Treatment, 99*, 104–116. https://doi.org/10.1016/j.jsat.2019.01.016

Schwartze, D., Barkowski, S., Burlingame, G. M., Strauss, B., & Rosendahl, J. (2016). Efficacy of group psychotherapy for obsessive-compulsive disorder: A meta-analysis of randomized controlled trials. *Journal of Obsessive-Compulsive and Related Disorders, 10*, 49–61. https://doi.org/10.1016/j.jocrd.2016.05.001

Schwartze, D., Barkowski, S., Strauss, B., Knaevelsrud, C., & Rosendahl, J. (2019). Efficacy of group psychotherapy for posttraumatic stress disorder: Systematic review and meta-analysis of randomized controlled trials. *Psychotherapy Research, 29*(4), 415–431. https://doi.org/10.1080/10503307.2017.1405168

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.

Framework of the Group

Howard and Wei (2022) examined the impact of group format (closed vs. open) on treatment attrition and recidivism rates among sex offenders in custody-based treatment programs. Closed group format refers to a planned group sequence in which all members start and end the group together, whereas an open group format is an ongoing group in which members join or depart as they are ready. This format consideration is unique to group psychotherapy. The primary outcomes measured were attrition rates (dropout rates from the program) and recidivism rates (reoffending rates after completing the program). The study found that both closed and open groups were effective in reducing recidivism rates, with no significant differences between the two formats. However, closed groups showed slightly lower attrition rates, suggesting that participants were more likely to complete the program in a closed group setting.

Group Climate

Arrow et al. (2021) found that online group dynamics develop in a manner similar to those in successful face-to-face group CBT (gCBT) for depression. The group climate significantly influences both short-term and long-term outcomes. Specifically, a positive working atmosphere and lower levels of perceived conflict at the latter stages of the online group, as measured by the Group Climate Questionnaire, predicted positive outcomes at the end of treatment. Overall, these findings indicate that a therapeutic factor unique to group interventions, group climate, contributes to therapeutic benefit.

Group Cohesion

Fjermestad et al. (2024) examined the role of group cohesion as a mediator in the effectiveness of group-based cognitive behavioral therapy (GCBT) for youth with anxiety disorders. The study found that higher group cohesion was associated with lower post-treatment clinical severity, indicating that group cohesion fully mediated the relationship between behavioral inhibition (a temperamental trait) and treatment outcomes. However, there was no significant association between behavioral inhibition and treatment satisfaction.

Fostering group cohesion can enhance the effectiveness of GCBT for youth with anxiety disorders, providing a potential target for clinicians to improve therapy outcomes. By identifying group cohesion as a mediator, the study contributes to a deeper understanding of the mechanisms through which GCBT works, which can inform the development of more effective therapeutic interventions.

Group Composition

Philipps et al. (2022) examined the effects of group composition on trauma-based group treatments. The women in the study participated in either women-only or mixed-gender groups, all in a closed group format. Women-only groups had higher positive bonding and working relationships, and lower negative relationship ratings, especially mid-treatment. However, group composition did not significantly affect overall therapy outcomes, except for increased perceived social support in women-only groups. Studies like this that examine group psychotherapy are unique to the group modality in which group composition must be considered.

Group Leader Behaviors

Tucker et al. (2020) investigated client variables, group characteristics, and first-session leader behaviors on changes in cohesion across time to better understand how group members develop a sense of belonging in brief group counseling. Their findings suggested that client characteristics (demographics, psychological distress, attachment style, and self-esteem) explained most change in cohesion, they dedicated noteworthy contributions from group leaders' behaviors. Specifically, group leaders who focused on structuring to the exclusion of fostering emotional belonging may inhibit the bonding of groups they lead.

Criteria IX.3 References

Arrow, K., Yap, K., & Chester, A. (2021). Group climate in online group cognitive behaviour therapy predicts treatment outcomes. Clinical Psychologist, 25(2), 153–163. https://doi-org.du.idm.oclc.org/10.1080/13284207.2020.1829944

Fjermestad, K. W., Naujokat, F., Wallin, M., & Wergeland, G. J. (2024). Mediation effects of group cohesion in group-based cognitive behavioral therapy for youth anxiety disorders. *International Journal of Group Psychotherapy*. https://doi-org.du.idm.oclc.org/10.1080/00207284.2024.2365718

Howard, M. V. A., & Wei, Z. (2022). Effects of closed versus open groups on attrition and recidivism outcomes for sex offenders in custody-based treatment programmes. *Journal of Sexual Aggression, 28*(1), 76–90. https://doi-org.du.idm.oclc.org/10.1080/13552600.2021.1905894

Philipps, A., Hepp, T., Silbermann, A., Morawa, E., Stemmler, M., & Erim, Y. (2022). Women-only versus mixed-gender groups in multimodal, day clinic treatment of trauma-related disorders. *Zeitschrift Für Psychosomatische Medizin Und Psychotherapie, 68*(4), 378–396. https://doi-org.du.idm.oclc.org/10.13109/zptm.2022.68.4.378

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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.

Community Mental Health Clinic

Villabø et al. (2020) compared the effectiveness of individual cognitive-behavioral therapy (ICBT) and group CBT (GCBT) for children with anxiety disorders in community mental health clinics. The randomized clinical trial included 165 children aged 7-13 years with separation anxiety disorder (SAD), social anxiety disorder (SOC), or generalized anxiety disorder (GAD). Participants were assigned to ICBT, GCBT, or a wait list (WL) control group. Results showed that both ICBT and GCBT were significantly more effective than the WL group in reducing anxiety symptoms. Specifically, 52% of children in ICBT, 65% in GCBT, and 14% in WL were treatment responders. There were no significant differences between ICBT and GCBT overall, but GCBT was more effective for children with SOC. Both treatments maintained their effectiveness over a 2-year follow-up period, with no significant differences between them.

Dropout rates were lower in GCBT, suggesting it may be better tolerated. The study concluded that both individual and group CBT can be effectively delivered in community settings, with

outcomes comparable to those in controlled trials. Group CBT, in particular, showed promise for children with social anxiety disorder.

Inpatient Hospitalization

Masoud and Baumgaertner (2024) assessed the effectiveness of communication-oriented group therapy (DGT) for individuals with non-progressive dysarthria. Fifty-six participants, aged 40-88 years, were randomly assigned to either DGT or a control group (CG) that participated in a non-specific social program.

Results showed that DGT participants had significantly better functional speech and communication participation immediately after the three-week program compared to the CG. However, the improvements in communication participation were not sustained at the three-month follow-up.

The study concluded that while DGT can improve speech and communication participation in the short term, a longer duration may be necessary to maintain these gains. Additionally, COVID-19 restrictions may have impacted the results by reducing social interaction opportunities.

Maintenance Treatment

MacDonald et al. (2022) compared the effectiveness of group-based intensive outpatient therapy and individual cognitive behavioral therapy (CBT) as maintenance treatments following inpatient or day treatment for eating disorders. This was an important study given the significant issue of relapses in eating disorders. Results showed that both group therapy and individual CBT were similarly effective in preventing relapse and maintaining treatment gains over 12 months. Neither treatment type predicted different rates of return to significant symptoms or changes in weight/shape concerns.

While both approaches are viable in clinical practice, the authors concluded that individual CBT may be more time- and cost-efficient. However, group therapy remains an effective option for maintaining progress in eating disorder treatment.

University Counseling Center

Lee et al. (2023) evaluated the effectiveness of a 4-week dialectical behavior therapy (DBT) skills training group for college students with various mental health concerns. The program aimed to enhance psychological resilience and was conducted with 59 participants who attended weekly 1.5-hour sessions.

Results indicated significant improvements in psychological resilience, mindfulness, emotional regulation, and overall distress from pretreatment to posttreatment, with sustained benefits at 1- and 3-month follow-ups. Mindfulness emerged as a key factor in boosting resilience, even when accounting for other variables.

The study concluded that a short-term DBT-informed group therapy is a time-efficient, cost-effective, and well-accepted intervention that can effectively enhance psychological resilience in college students, with lasting positive effects

Veteran Affairs Hospital

Ready et al. (2012) evaluated the effectiveness of group-based exposure therapy (GBET) for 30 combat veterans with chronic PTSD in a VA outpatient program. The therapy involved 16 weeks of twice-weekly, 3-hour sessions, where participants made and listened to combat-related presentations.

Results showed significant reductions in PTSD symptoms and moderate improvements in depressive symptoms at posttreatment and follow-up. At follow-up, 73% of participants had reliable reductions in PTSD or depressive symptoms, and 36% no longer met PTSD criteria. High compliance with therapy assignments was noted, and greater engagement with listening to recordings was linked to better outcomes.

The study concluded that GBET is an effective treatment for reducing PTSD and depressive symptoms in combat veterans, with sustained benefits over time.

Criteria IX.4 References

MacDonald, D. E., McFarlane, T., Trottier, K., Mahan, M., & Olmsted, M. P. (2022). Maintenance treatment for eating disorders following inpatient or day treatment: Outcomes of intensive outpatient group and individual CBT treatments. Eating Disorders: *The Journal of Treatment & Prevention, 30*(4), 453–469. https://doi-org.du.idm.oclc.org/10.1080/10640266.2021.1969787

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Masoud, V., & Baumgaertner, A. (2024). Communication-oriented group therapy for non-progressive dysarthria: A randomised controlled trial in an inpatient setting. International *Journal of Speech-Language Pathology.* https://doi-org.du.idm.oclc.org/10.1080/17549507.2024.2388065

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Villabø, M. A., Narayanan, M., Compton, S. N., Kendall, P. C., & Neumer, S.-P. (2018). Cognitive–behavioral therapy for youth anxiety: An effectiveness evaluation in community practice. *Journal of Consulting and Clinical Psychology, 86*(9), 751–764. https://doi-org.du.idm.oclc.org/10.1037/ccp0000326

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 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 to produce valid findings because the methodological problems with RTC are exacerbated with groups. This occurs because RCT designs do not take into account the non-independence of group-level data and the statistical differences for missing longitudinal data for members' premature termination or new members entering the group as 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 and Edwards. (2010). The methodologies include quantitative and qualitative methods, and experimental and quasi-experimental strategies. Wachtel (2010) proposed that research on process, followed by principles and outcomes, could produce meaningful understanding of how therapeutic change takes place and the factors that facilitate those changes. Understanding change at the individual group member level and the group as a whole level is essential for meaningful clinical practice.

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 group psychology and group psychotherapy specialty is focused on establishing a tradition of evidence-based research, including, but not limited to, traditional outcome research designs and paralleling statistical methodologies such as quasi-experimental trials, as well as qualitative analytic methodologies. Furthermore, evidence-based, qualitative research continues to be expanded within group psychology and group psychotherapy, driven by dedicated researchers.

There are ongoing efforts to evaluate and increase the usefulness of skills and services within group psychology and group psychotherapy, particularly as needs are assessed and resulting changes occur. Framing evidence-based practice and practice-based evidence enhances a critical view of empirical evidence and research to achieve the following: 1) Overcome the myth that one must be research savvy to be an evidence-based practitioner. Well-known theories have been modified over the decades by careful observance and study of effective practice, engaging practitioners in evidence-based practice, but examining evidence for effectiveness, and modifying techniques and interventions accordingly; 2) Usage of simple metrics that might add to an examination of the work, groups, and self to ensure group cohesion, if patient is improving, or if there is a strong working alliance, none of which requires statistical analysis; 3) Acknowledgement that each situation is unique, that different groups with different purposes require different tasks, interventions, and ways of measuring success. Practitioners employ different models for group work, many of which are theoretically driven and some of which are empirically driven. Engaging in evidence-based practice, and using practice-based evidence allows for flexibility in deciding purpose, task, patient characteristics, and diagnostic heterogeneity that might reflect the real world aspects of many group practices, while providing some choice in what to measure and how to accomplish that; 4) Engage in evidence-based practice throughout the practice of group psychology and group psychotherapy when reading a book, attending a training session, or reviewing an article that introduces something new or something not previously considered, applying these ideas to groups. Most group psychologists and group psychotherapists observe and study the effect of new factors introduced and consider application, timing, and impact on the group-as-a-whole and the group members. Through that study, techniques are discovered, when to apply them, with whom, within what kind of group, and so on.

There is sometimes no mention of the important theorists and practitioners of group psychology and group psychotherapy in the evidence-based works of other specialties (Van Wagoner, 2014). Yet, their knowledge is incorporated into our daily practice: Louis Ormont, PhD, CGP, DFAGPA, wrote extensively on techniques like bridging, emotional insulation, and immediacy (Furgeri, 2003; Rutan et al., 2014) on the roles of the group therapist; Billow (2003) on the containing function of the therapist; and Stone (2009) on the role of the therapist's affect in detecting ruptures to the alliance.

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

The list above is by no means comprehensive of the breadth of research conducted; although the exact number of Group Psychology and Group Psychotherapy researchers is unknown, the continued pursuit of applied scientific knowledge is demonstrated in publications such as the *International Journal of Group Psychotherapy, Group Dynamics: Theory, Research and Practice, Journal for Specialists in Group Work as well as APA journals American Psychologist,*

Psychological Bulletin, Journal of Consulting and Clinical Psychology, and Professional Psychology: Research and Practice, Training and Education in Professional Psychology.

Further, the SGPGP and the Group Specialty Council conduct regular Scholarly Inquiry, that includes reading and reporting on research/studies about group psychology and group psychotherapy; synthesis that incorporates group research findings in written work and presentations; and identifying and reporting on empirically based group interventions. This Scholarly Inquiry includes review and evaluation of studies and reports such as:

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 provides 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, at the national and regional conventions and workshops provided by AGPA, and 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:

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 revised every five years.

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 by APA Division 49 and the Group Specialty Council, as well as doctoral and internship students within their individual schools of study, 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.

The AGPA Science to Service Task Force was developed specifically to affect necessary evolution with the field, maintain an ongoing reference base of group therapy research and to apply current research to Practice Guidelines. The Task Force offers an alternative, client-based approach to evidence-based practice: integrating the best available research with clinical expertise, applied within the context of client characteristics, culture, and preferences (APA,

2005). The Task force is currently revising the Practice Guidelines, which are scheduled for publication in 2017. Revisions for the AGPA Science to Service publication present the evidence base for competent practice in the specialty. The Task Force reflects the full breadth of scholarship and expertise in the practice and evaluation of group psychotherapy, combining researchers, educators and leading practitioners to promote new research and studies that are beneficial to group psychotherapy. Group Therapy and Group Psychotherapy specialty practice has changed with recent research and practice literature in several ways, including but not limited to: the incorporation of culturally competent services that allow much more effective group cohesion and feedback, and individual success in group due to improved relationships and trust factors within the group setting, in spite of diverse, personal experiences; therapists who have greater knowledge and understanding of diverse cultures, experiences and biases are better able to develop cohesive, client-centered groups that work effectively toward individual and group goals; incorporation of trauma-focused therapies allows therapists to address the sometimes contrary personal traumas that may arise among group members.

To maintain a high level of research and appropriate response to community needs, the Group Specialty Council and affiliated organizations continuously identify and assess changes in public health needs and respond accordingly. Group Council representatives and affiliated organizations (AGPA public outreach and similar) routinely monitor these vital sources of information, including Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, SAMHSA, World Health Organization, NAMI, Mental Health Advisory Council, and MentalHealthAmerica.net about public mental health needs.

Emerging changes in the population are identified in recent news articles and journals, such as increasing rates of mental illness among college students, including Gregg Henriques' article, "The College Student Mental Health Crisis" in Psychology Today (2014) and Margarita Tartakovsky's "Depression and Anxiety Among College Students" in PsychCentral. Group fulfills these needs, as noted in Gerrity and DeLucia-Waack's (2006) review of current literature, specifically meta- analytic research, on the effectiveness of psychoeducational and counseling groups in schools, including: eating disorders, anger management/bullying, child sexual abuse prevention, pregnancy prevention, and social competency. The analysis found that there is support for groups in the schools, some psychoeducational groups and classroom interventions, as well as support for the use of group interventions both short in session length and overall time. Another example of recent changes in practice based on literature is the addition of psychodynamic insight to the dimension of understanding emotions and utilizing emotional awareness helped patients improve reactions to problematic situations and people. A report from the American Institute of Stress identified that 80% of workers feel stress on the job, 40% reported their job was very or extremely stressful, and nearly half said they need help in learning how to manage stress. As detailed in Group, Emotional Intelligence (EQ) was applied to a group treatment of work problems (Kleinberg, 2012).

Group Psychology and Group Psychotherapy, as a specialty, are mindful of applying positive results to group work. Martyn Whittingham's work on brief group therapy (2024), has provided a useful approach for rapid clinical gains and interpersonal flexibility, particularly useful within acute settings where clients are stabilized and able to engage in interpersonal learning and personal growth. Ellis, et al. (2014) studied the importance of group cohesion within in-patient

treatment, noting the importance of group cohesion within the efficacy of group treatment for combat- related PTSD. A Carpenter, et al. (2014) study resulted in findings that suggest multifamily group problem-solving programs provide a promising intervention for youth with insulin-dependent diabetes mellitus challenges.

Group specialty monitors changing demographics through the American Community Survey and APA Reports (http://apa.org/pubs/info/reports/index.aspx), with particular focus on Committee reports related to diversity (Committee on Disability Issues in Psychology, Committee on Ethnic Minority Affairs, Committee on Psychology and AIDS, Committee on Sexual Orientation and Gender Identity, Committee on Socioeconomic Status, and Committee on Women in Psychology), as well as local and national surveys that reflect important information for planning service delivery. In addition, the specialty follows the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, which provide important guidelines for multicultural psychological practice. Available research tools, such as the quarterly journal Cultural Diversity and Ethnic Minority Psychology, as well as participation on with a multitude of diversity groups, provide guidance on emerging trends and effective intervention adaptations within distinct populations. The issues raised within these areas of research are discussed and incorporated through specialty leadership as well as the relevant training programs, and in scholarly resources such as the following:

4. This criterion includes two components: one focusing on past activities around accreditation (X.4.a), and the other on future activities around accreditation (X.4.b).

   For X.4.a, describe how the specialty has promoted and participated in the process of accreditation to enhance the quality of specialty education and training. Also, indicate how many programs in this specialty have been accredited at the doctoral and/or postdoctoral level.

   For X.4.b, describe how the specialty will promote and participate in the process of accreditation in the future to enhance the quality and sustainability of specialty education and training. Also, explain how the future accreditation support activities will be consistent with the Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (see: http://www.apa.org/ed/graduate/specialize/taxonomy.pdf) and will be sustained (e.g., training CoA site reviewers with specialty expertise, sponsoring CoA self-study workshops, fostering the development or ongoing operation of a specialty training council, administrative agreements and protections, financial support, etc.). Explain how these activities will result in an increase in the number of specialty programs that are accredited at the doctoral and/or postdoctoral level.

The accredited programs within Group Specialty maintain membership status with the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as full APA accreditation. All programs actively prepare for each APA re-accreditation survey, as scheduled. APA Division 49: The Society of Group Psychology and Group Psychotherapy supports the efforts of all accredited programs to maintain their accreditation, through assistance with Education, Training and Practice Guidelines, as well as detailed information available on the

Society of Group Psychology and Group Psychotherapy website (http://www.apa.org/ed/accreditation/index.aspx).

Criteria X References

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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 principles.[2]

> ***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) at http://www.apa.org/practice/guidelines. There are three existing practice guidelines created by three of the leading organizations in group psychotherapy:

- Group Specialty Council Draft Practice Guidelines (2018; currently being revised and updated): https://www.apadivisions.org/division-49/leadership/committees/draft-practice-guidelines.pdf
- AGPA's Science to Service Task Force Guidelines (2007; currently being revised and updated): https://www.agpa.org/docs/default-source/practice-resources/download-full-guidelines-(pdf-format)-group-works!-evidence-on-the-effectiveness-of-group-therapy.pdf?sfvrsn=ce6385a9_2
- ASGW's Practice Guidelines (updated in 2017): https://asgw.org/wp-content/uploads/2021/07/ASGW-Guiding-Principles-May-2021.pdf

Outlines of these guidelines are included below, as well as excerpts and descriptions as extracted from relevant practice guidelines. The complete guidelines should be accessed using the links above.

APA Division 49: Society for Group Psychology and Group Psychotherapy Practice Guidelines

These clinical practice guidelines address practitioners who practice dynamic, interactional and relationally-based group psychotherapy. This model of group psychotherapy utilizes the group setting as an agent for change, with attention paid to the three primary forces operating in a therapy group at all times: individual dynamics; interpersonal dynamics; and, group as a whole dynamics. The task of the group leader is to integrate these components into a coherent, fluid and complementary process, always mindful that there are multiple variables that influence what type of intervention should be emphasized at any particular time in the group, such as stage of group development, ego strength of individual members, population being treated, group as a whole

factors, and individual and group resistances. Clients seeking group psychotherapy in this context experience a broad range of psychological and interpersonal difficulties encompassing mood, anxiety, trauma, personality and relational difficulties along with associated behaviors that reflect impairment in regulation of mood and self. These guidelines may also have utility for a range of group-oriented interventions. Many principles identified below are relevant to diverse group therapy approaches that employ a variety of techniques, with various client populations, and in a variety of treatment or service settings.

Clinical practice guidelines are distinct from treatment standards or treatment guidelines, as they are broader and aspirational rather than narrow, prescriptive and mandatory, addressing broad practice of group psychotherapy rather than specific conditions. Clinical practice guidelines also reflect strong empirical research supporting the role of common factors in the practice of psychotherapy (Norcross, 2002; Wampold, 2001).

Understanding mechanisms of action in group psychotherapy

Seasoned group therapists recognize the linkage of individual group members' success to the overall health of the group-as-a-whole. Indeed, a sizable portion of the clinical and empirical literature delineates therapeutic factors and mechanisms that have been linked with healthy well-functioning therapy groups. Mechanisms of action are interventions or therapeutic processes that are considered to be causal agents that mediate client improvement (Barron & Kenny, 1986). These mechanisms take many forms, including experiential, behavioral and cognitive interventions, as well as processes central to the treatment itself, such as the therapeutic relationship.

The Practice Guidelines for Group Psychotherapy and Psychology from the Society are associated with facets of multi-person treatment, including how to structure multi-person treatments, handling verbal interaction in multi-person treatment in a therapeutic manner and creating and managing the therapeutic relationships.

The use of group structure has theoretical and empirical roots in Kurt Lewin's (1936) work on how small groups function as well as the dynamic interplay of members - i.e., managing verbal interaction and climate.

Principle One. Group leader conducts pre-group preparation that sets treatment expectations, defines group rules, and instructs members in appropriate roles and skills needed for effective group participation and group cohesion.

In *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change,* the theory was on the importance of creating the "container" of group treatment before group begins with each member (Bednar and Lawlis, 1971; Bednar & Kaul, 1978) was presented. Role theory and group norms are established in the first group session, leading to better group outcomes and processes when correctly established. When properly implemented, re-group preparation leads to higher levels of group performance and increased outcome levels among members.

Yalom (1985) emphasizes "ground rules" within individual pre-group preparation meetings such as honest communication of feelings, maintaining confidentiality and avoiding member contact

outside the group. Rutan and Stone (1993) avoid hard and fast rules, instead proscribing a set of agreed upon group behaviors and objectives that reflect ego cooperation, recognizing the unconscious motives that might encourage breaking those agreements. Fehr (2003) believes that a "rules and regulations" contract is crucial and must be understood and accepted by all group members.

Principle Two. Higher levels of early structure are predictive of higher disclosure and cohesion levels later in the group; as result, the group leader should establish clarity of group processes in early sessions. In the late 1970's, Bednar and colleagues suggested a risk, responsibility and structure model that proposed the importance of strategically managing the structure level imposed in multi-person treatment. Specifically, they proposed higher levels of leader-imposed structure in early group with strategic reduction from mid-treatment to negligible structure by end of treatment. When managed appropriately, proposed structural changes were associated with therapeutic processes (self-disclosure, cohesion, etc.) that predicted patient improvement, as summarized in the 3rd and 4th editions of *Bergin and Garfield's handbook* (Bednar and Kaul, 1986, 1994).

Principle Three. Composition requires clinical judgment to balance intrapersonal (individual member) and intragroup (amongst group members) considerations. Management of individual and system properties is a core knowledge and skill area in all multi-person treatments (couple and family therapy as well as small group treatment). As a consequence, management of multiple alliances inherent in multi-person treatment using theory and empirically-supported interventions has a long-tradition in general systems theory. A key facet of multi-person treatment is the strategic composition of groups to balance intrapersonal needs of individual members as well as the larger goals of group treatment. Yalom and Leszcz's *Theory and Practice of Group Psychotherapy* (2005) summarized the theoretical foundation of composition and key research to support group leaders strategic use of composition in creating a healthy treatment system.

Verbal Interaction. A second area of specialized knowledge is management of verbal interaction in multi-person treatments. Like other multi-person treatments (couples and family), verbal interaction between multiple members may often feel chaotic, hindering group treatment goals. The group dynamics work of Lewin produced several theoretical models on managing verbal interaction, largely addressing the balance between task and relationship dimensions of small group treatment. Beck and Lewis (2000) summarized the major theoretical models of verbal interaction in literature which address how group leaders can and should manage interpersonal feedback amongst members, along with empirical support of each

Principle Four. Cohesion may be positively impacted by the leader's modeling of real-time observations, guiding effective interpersonal feedback, and maintaining a moderate level of control and affiliation. Three decades of experimental and clinical research on the effective use of feedback in small group treatment has been conducted by Rex Stockton and Keith Morran, which produced a series of evidence-based intervention principles (Morran et al., 1998) that have been integrated into the group practice guidelines summarized below.

Principle Five. The timing and delivery of feedback should be pivotal considerations for leaders as they facilitate relationship-building and include the developmental stage of the group (such as challenging feedback better received after the group has developed cohesiveness) and differential readiness of individual members to receive feedback (members feel a sense of acceptance). Stockton and colleagues demonstrated that interaction between feedback interventions change as groups develop over time, providing evidence-based principles for interpersonal feedback timing and delivery (such as timing for the most effective interventions for leader-modeling), which was highlighted in the group treatment chapters in the 3rd and 4thThe timing and delivery of feedback should be pivotal considerations for leaders as they facilitate relationship-building, and include the developmental stage of the group (such as challenging feedback better received after the group has developed cohesiveness) and differential readiness of individual members to receive feedback (members feel a sense of acceptance). Stockton and colleagues demonstrated that interaction between feedback interventions change as groups develop over time, providing evidence-based principles for interpersonal feedback timing and delivery (such as timing for the most effective interventions for leader-modeling), which was highlighted in the group treatment chapters in the 3rd and 4th editions of the *Bergin and Garfield Handbook* by Bednar (Bednar & Kaul, 1986; Kaul and Bednar, 1994).

Establishing and Maintaining an Emotional Climate. Like individual treatments, management of the therapeutic relationship in multi-person treatments is directly related to treatment success and failure. There is solid evidence that the therapeutic relationship in group treatment predicts more of the variance in outcome than the theoretical orientation used by the group leader (Burlingame, et al., 2002, 2004, 2011). As with other multi-person treatments (couples & family), theory and skills in the creation and management of the therapeutic relationship is different than individual or dyadic treatment. The two primary facets involve self-awareness and management of the leader's role in the multi-person therapeutic relationship and each of the individual members. However, unlike couple and family therapy where members bring a personal history and daily interaction patterns, group members each bring their own unique perspective.

Principle Six. The group leader's presence affects the relationship with individual members as well as with all group members as they vicariously experience the leader's manner of relating. The leader's management of their own emotional presence in service of others is crucial. The group leader's presence affects the relationship with individual members as well as with all group members as they vicariously experience the leader's manner of relating. The leader's management of their own emotional presence in service of others is crucial.

Principle Seven. A primary focus of the group leader should be on facilitating group members' emotional expression, responsiveness of others to that expression, and shared meaning derived from such expression.

American Group Psychotherapy Association (AGPA) Practice Guidelines

The AGPA 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 AGPA 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 group setting as an agent of change and harnessing individual, interpersonal, and whole group dynamics. The group therapist must integrate these components, mindful of the group development stages, individual member assessment, clinical population, resistances and resources, and external factors. 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, 2007)." The guidelines are client-based, intended to support practitioners in clinical practice, and can be used with the CORE- R Battery (Burlingame et al., 2006), that allows collection of data about effectiveness of group treatment, providing process and outcome data for therapists.

AGPA Practice Guidelines Overview

The AGPA Practice Guidelines have been developed by the Science to Service Task Force to: (1) formulate a relevant and useful set of practice guidelines for group psychotherapy; (2); build upon seminal work of the CORE – R Battery Task Force through field testing of the CORE-R Battery (Burlingame et al., 2006) and supporting wider implementation (3) develop a practice-research network; and (4) support the AGPA commitment to members and the field to for evidence of the effectiveness of group psychotherapy. These practice guidelines represent an integrated, organizational response to the challenge and demand for accountability within group psychology. Research findings are incorporated as the basis of these guidelines, in order that evidence-based practices are used for effective group psychotherapy. Major points within the Guidelines include: mechanisms of action within group, cohesion, establishing the therapeutic relationship, working with the group-as-a-whole, as subgroups and as individuals, professional ethics of group treatment, when and how to terminate therapy, aspects to start and maintain successful groups, how to identify appropriate group members, models of group and group development, the stages of intervention, and concurrent and combined individual and group therapy and pharmacotherapy. The guidelines sections are as follows:

- Therapeutic Factors and Therapeutic Mechanisms
- Preparation and Pre-Group Training
- Group Process
- Reducing Adverse Outcomes and the Ethical Practice of Group Psychotherapy
- Termination of Group Psychotherapy
- Creating Successful Therapy Groups
- Selection of Clients
- Group Development
- Therapist Interventions
- Concurrent Therapies
- Practice Guidelines References

ASGW Guidelines

The ASGW Guiding Principles for Group Work (2021) document provides a comprehensive framework for group work, integrating ethical practice, contextual perspectives, and organizational values. This document was created by a task force in Fall 2020 to revise foundational documents and update them to reflect the current status of the field while maintaining the spirit of existing guidelines.

Group work is a primary method for empowering members to achieve their objectives. Effective group work is not secondary to other interventions and is relevant to diverse populations and purposes. Specialists in group work are uniquely positioned to advocate for clients and communities, serving as social advocates and change agents by facilitating groups with attention to cultural issues on individual, community, or societal levels. The Association for Specialists in Group Work identifies several values and ethical considerations specific to group work, emphasizing the welfare of both individual group members and the group as a whole.

Ethical practice is integral to group work, and group specialists must adhere to the ACA Code of Ethics. They are committed to lifelong learning and the ongoing development of clinical, multicultural, and social justice competencies. Group work should be inclusive, intersectional, and socially just, promoting diverse populations and recognizing intersecting identity dimensions such as race, class, gender, sexuality, ability, and age. Best practices support group facilitators in their role as change agents, striving to be anti-oppressive and attending to group members' and leaders' broadly defined social and cultural realities.

Training for group work includes specific knowledge, skills, and experiences necessary for ethical and effective practice. Entry-level training involves self-assessment, group theory, ethics, and facilitation skills, while advanced practice requires additional training and experience. Group specialists are dedicated to lifelong learning, personal growth, and professional development, including cultural sensitivity and responsiveness. Supervision is essential for group specialists, who engage in developmentally appropriate clinical supervision and seek consultation as needed.

Pre-group planning involves understanding and applying ethical codes and standards, developing a conceptual framework, and assessing personal and external strengths, needs, and resources. Group specialists create culturally inclusive, socially just groups and ensure informed consent and professional disclosure. They screen prospective group members to ensure compatibility with group goals and provide appropriate referrals for those who are screened out.

Facilitation of group work requires ongoing self-examination, knowledge of group dynamics, and the ability to adapt group plans to meet members' needs. Group specialists monitor progress, implement appropriate interventions, and establish therapeutic conditions. They manage communication flow, protect group members from harm, and engage in reflective practice. Collaboration with group members is essential, supporting their empowerment and ownership of the group. Group specialists practice with sensitivity to client differences and seek awareness of personal, professional, and societal structures that limit equity and inclusion.

Evaluation of group work involves creating an evaluation plan consistent with regulatory and organizational requirements. Group facilitators use formative and summative evaluations to assess group processes and outcomes, contributing to program planning and professional research literature. Research on group work is crucial for establishing empirical support and improving practice. Group specialists use adaptive and culturally informed research methods and strive to use evidence-based approaches.

These principles and guidelines aim to ensure that group work is conducted ethically, effectively, and inclusively, promoting the well-being and growth of all group members.

2. How does the specialty encourage the continued development and review of practice guidelines?

The Society for Group Psychology and Psychotherapy: The aim of clinical practice guidelines is to promote development of the field by serving as a resource to support practitioners as well as a resource for the public so that consumers may be fully informed about the practice of group psychotherapy. The intent of these clinical practice guidelines is to augment, not to supplant, the clinical judgment of practitioners. The Society utilizes the society website (http://www.apadivisions.org/division-49/index.aspx) to promote the development of the specialty as well as practice guidelines, in the following ways: opportunities for Committee participation; teaching resources; and practice guidelines from the American Group Psychotherapy Associate, Science to Service Task Force, 2007, Practice Guidelines for Group Psychotherapy, Association for Specialists in Group Work, Best Practices, and American Group Psychotherapy Association (AGPA) and International Board for Certification of Group Psychotherapists (IBCGP) Guidelines for Ethics. The complete Practice Guidelines begin on page 17.

The Annual meeting of the Society for Group Psychology and Psychotherapy provides the opportunity for discussion, review and development of practice guidelines for the group specialty. The American Group Psychotherapy Association (AGPA) 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. The 2015 updates are in the process of being made available. This clause assures that the Practice Guidelines are regularly and thorough updated. Current Guidelines can be found at: http://www.agpa.org/home/practice-resources/practice-guidelines-for-group-psychotherapy.

The Clinical Practice Guidelines for the Practice of Group Psychotherapy are a product of the Science to Service Task Force of the AGPA. This Task Force was formed in 2004 at the recommendation of Robert Klein, Ph.D., who was then President of the AGPA. The Task Force is part of AGPA's response to the recognition of its responsibility to support its membership and all practitioners of group psychotherapy to meet the appropriate demands for evidence-based practice and greater accountability in the practice of contemporary psychotherapy (Lambert and Ogles, 2004). The Task Force was composed to reflect the full breadth of scholarship and expertise in the practice and evaluation of group psychotherapy, combining researchers, educators and leading practitioners of group psychotherapy.

Multiple perspectives on evidence-based practice have been articulated in the contemporary practice of psychotherapy. One approach emphasizes the application of empirically supported therapies, predicating treatment decisions upon the efficacy data emerging from randomized controlled trials of discrete models of intervention applied to discrete syndromes and conditions. This is a disorder-based approach. An alternative approach to evidence-based practice integrates the best available research with clinical expertise applied within the context of client

characteristics, culture, and preferences (APA, 2005). This is a client – based approach and is the model we have employed. The clinical practice guidelines support practitioners in their practice of group psychotherapy, and are relevant, flexible, accessible and practical with respect for the clinical and cultural context of their work. Guidelines are readily linked with a second AGPA resource, the CORE-R Battery (Burlingame et al., 2006), which assists in the accrual of data regarding the effectiveness of treatment and provides outcome and process feedback for therapists regarding their clinical work.

3. 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.

Group Psychology and 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 (which includes Division 49 professional development activities) and the AGPA Annual Meeting. Journals and publications include the APA Division 49 newsletter and quarterly journal (The Group Psychologist and Group Dynamics, respectively), the AGPA newsletter and journal (the Group Circle and the International Journal of Group Psychotherapy, respectively), and the journal of the Eastern Group Psychotherapy Society (GROUP). APA Division 49 has a newsletter available online for communication among its members. Special Interest Groups of AGPA, made up of group psychotherapists who share the same interest, use listservs to communicate to their members as well. For example, the College Counseling Special Interest Group has a listserv that is disseminated to 190 members. As further detailed below, the APA and AGPA websites provide information to the general public on the availability and benefits of therapy, and group therapy in particular. Finally, AGPA uses a listserv, Facebook, Twitter, and an online newsletter to foster communication among its members while many local divisions of AGPA (affiliate societies) hold annual meetings that offer continuing education.

4. How does the specialty communicate its identity and services to the public?

There are a number of important avenues through which the group psychotherapy specialty communicates its identity and characterizes its services to the public. Division 49 of APA offers a website that includes a description for the public regarding the organization, its mission and history; it contains links to other helpful resources concerning group therapy and provides public access to current and previous issues of its newsletter.

Members of APA Division 49 and of APGA are available to the media to discuss issues in the public eye that are related to group therapy. These organizations have also been involved periodically in outreach to the community (aptly exemplified by a series of initiatives in the aftermath of 9/11, the October 1 Harvest Festival Shooting in Las Vegas, the Uvalde School shooting, and so on). The APA Practice Organization (APAPO) additionally advocates to US Congressional staffers and legislators for the professional interests of practitioners in all settings. For example, a recent article in *The Monitor on Psychology* promoted group work (Clay, 2022).

More broadly, for Group Psychotherapy, the "public" can also be defined as all psychologists who are not group psychotherapists, all mental health professionals who do not practice group therapy, all potential referral sources served by group therapists, such as school personnel, medical clinicians, employers and the general community at large, including potential group psychotherapy patients and their families. The most significant access to these populations is through Division 49 of APA and AGPA and the regional affiliates of AGPA.

Group psychotherapists regularly make professional presentations at the APA Annual Convention, conferences of state psychological associations, the AGPA Annual Meeting, annual meetings of the local Affiliates of AGPA, local and national conferences of the National Association of Social Workers and Mental Health Workers, and conferences for medical professionals such as the Society of General Internal Medicine, as well as interdisciplinary meetings such as those convened by the Society of Behavioral Medicine and the American Psychosomatic Society.

The AGPA maintains a section on its website for the public, which includes a definition and explanation of group psychotherapy. The website 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.

Criteria XI References

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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 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.

Board Certification Process

The American Board of Group Psychology (ABGP) was founded in 1998 and is a member of the American Board of Professional Psychology (ABPP). ABGP is responsible for establishing criteria related to the definition, education, training, competencies, and the examination leading to board certification as a specialist in Group Psychology. The most up-to-date version of the ABGP Exam Manual can be found in the Document Library of ABGP's website: https://abpp.org/application-information/learn-about-specialty-boards/group/document-library/.

To become board certified in group psychology, the applicant must first meet ABPP's generic requirements. These requirements are reviewed by ABPP's Central Office. The applicant must have completed a doctoral degree (PhD, PsyD, EdD) in psychology from an APA or CPA accredited program (applicants prior to 2018 from non-accredited program could attempt to establish equivalency). The applicant must provide official transcripts from their institution to verify their degree attainment. Applicants must also provide verification (e.g., certificate of completion) that they completed an APA or CPA accredited predoctoral internship (applicants prior to 2020 who completed non-accredited internships could attempt to establish equivalency). The applicant must also hold a license to independently practice psychology at the doctoral level in a jurisdiction of the US or Canada and provide verification of their active license (e.g., screenshots of licensing boards' license verification, copy of the license).

At this stage in the application process, the applicant must also provide specialty-specific requirements that are reviewed by the ABGP Exam Coordinator in collaboration (as needed) with ABGP Board members. These materials consist of ABGP may request additional

supporting documentation as needed to verify the applicant's education and training experiences. Specifically, applicants need to document that they have completed at least 500 hours leading groups, of which 100 hours must be supervised. The applicant documents each placement used to fulfill this requirement by noting the title/type of placement, location, supervisor (if applicable), start date, end date, and number of hours accumulated at the placement. Applicants also provide information on graduate level courses and non-university-based courses they have completed in group psychology and group psychotherapy (indicating the title, instructor, university if applicable, start date, and end date). The applicant is also required to submit two letters of reference (via required endorsement forms) sent directly to the ABPP Central Office from two professionals, one of whom should be a practicing psychologist with expertise in group psychology, who can attest to the extent, nature, and quality of the applicant's experience and competence in group psychology. The applicant must submit a curriculum vitae that includes their educational and training background, professional roles and responsibilities, and professional contributions (e.g., service activities, publications, presentations, grants, awards, professional recognitions, etc.) that support their professional identification with the specialty of group psychology. Lastly, the applicants' ethical conduct status is evaluated at this stage by their response to the following prompts (with the applicant provided explanation of any response other than "No"):

- Are you currently awaiting trial or under indictment in a criminal proceeding?
- Have you ever been convicted of, or pled guilty or no contest to, any felony or misdemeanor involving moral turpitude, including any convictions that may have been expunged, pardoned, or deleted?
- Have you ever entered into a diversion program that was an alternative to prosecution?

Applicants who successfully complete their generic and specialty specific requirements become candidates and proceed to the next stage. All candidates must submit a professional statement. This statement should detail the candidates' general approaches to psychological assessment and intervention in groups, as well as the training and experience that led to these approaches. The professional statement should clearly define how the candidates' educational, supervisory, administrative/management, therapeutic, training or personal experiences have shaped their beliefs. Candidates should clarify what assessments and interventions they use and why they have chosen them as well as demonstrate awareness of diversity issues in assessment and intervention. ABGP provides specific prompts that must be included in the professional statement on its website and in its Exam Manual. One of these prompts requires the candidate to verify that no ethical/legal action has taken place since submission of the original application.

Applicants must also provide a practice sample, which serves as a cornerstone for the oral examination. The candidate must clarify the underpinnings of the evidence-based system or theory that guides their group work. The candidate provides a sample (video recording and transcript[1]) of themself practicing group work, as well as a written contextual and supplemental description of the provided sample. Specifically, they must formulate and discuss salient group and individual issues, summarize the assessments and interventions they utilized with

[1] ABGP has worked with candidates on practice sample alternatives for those who work in agencies that prohibit recording.

corresponding rationale, describe a salient diversity issue in the group, and critique their intervention. Candidates work with their ABGP-assigned mentor and the ABGP Exam Coordinator to ensure that materials generally meet ABGP standards before being authorized to sit for the oral exam. Candidates' materials may be returned with feedback with the opportunity to revise twice, otherwise the candidate must restart the ABPP board certification process with associated fees).

ABGP offers a senior option alternative to the practice sample described above. Candidates who have been licensed for more than 15 years may substitute the practice sample with two professional contributions to group psychology from the following:

- A first authored or co-authored (not edited) book relevant to the practice of Group Psychology
- First authored or co-authored substantive, peer-reviewed articles (not brief reports) that are directly relevant to the practice of Group Psychology
- First authored or co-authored book chapter(s) topics relevant to the practice of Group Psychology
- Documentation of relevant approaches to the education/training/supervision of Group psychologists or the delivery of group psychology services, including workshops or courses at regional or national meetings.

In preparation for the oral examination, the exam committee will review the candidate's curriculum vitae, professional statement, practice sample (including video recording, transcript, and written materials). They will utilize these materials to generate meaningful questions that relate to each competency domain (see next section on evaluation).

During the three-hour oral examination, the candidate will:

- Answer the examining committee's questions regarding their materials to demonstrate their competencies.
- Respond to a video stimulus of group therapy intended to offer the opportunity to demonstrate competencies.
- Respond to a group-specific ethical vignette.

The oral exam is administered by the examination team which consists of several trained specialists. The examinee must pass all functional and foundational competencies required for all candidates, as well as those specific areas that they practice in. Both the candidate's practice sample and oral examination are rated on each of the competencies.

Functional Competencies

Competencies noted with an asterisk * will be examined by all candidates, standard and senior option. Competencies noted with a double asterisk ** will only be examined by those candidates who engage in those professional activities.

Assessment*

Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations. Group psychologists understand both individual and group-level

assessments, diagnosis, and conceptualization. The essential knowledge component includes understanding 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 to conceptualize the individual group member within the group process. Finally, experts in group psychology can communicate findings in written form to other professionals (e.g., reports, evaluations, and recommendations).

Intervention*

Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. Group psychologists can 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*

The ability to provide expert guidance or professional assistance in response to a client's needs or goals. Group psychologists can share their expertise in group treatment with other professionals (e.g., educational, legal, and medical) and interdisciplinary teams (e.g., psychiatry, social work, couples, and family therapists) 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, as well as issues of individual/cultural/other diversities, 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**

Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities. Group psychologists who supervise and teach group skills possess the essential knowledge components of supervisor expectations and roles, and processes and procedures of supervision. Behavioral anchors of these knowledge components include clear skill development in group trainees (e.g., group roles, norms, stages, therapeutic factors; process and content, and group-as-a-whole), and keen awareness of factors affecting supervision (e.g., countertransference, fear of exposure, and potential for dual roles) Group supervisors and teachers are able to encourage full participation in the supervisory process by modeling appropriate transparency, utilizing role-play, and 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/ Evaluation*
Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. 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: Successful candidates demonstrate 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. articulate concepts to be taught and research/empirical support and They integrate feedback to modify future teaching strategies.

Management-Administration*
Manage the direct delivery of services and/or the administration of organizations, programs, or agencies in areas of professional psychology. Management: Successful candidates manage direct delivery of professional services and demonstrate 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, and function within their budget. They negotiate and collect fees and pay bills, use technology for information management, and 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 delivery 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) . 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: Successful candidates intervene with clients 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 and engage with groups with differing viewpoints around an issue to promote change.

Foundational Competencies

Professionalism*

Demonstrating professional values and ethics as evidenced in behavior and comportment that reflect the values and ethics of psychology, integrity, and responsibility. While professionalism is not one of the foundational or functional competencies, the advanced clinician 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 a professional set of standards. Behavioral anchors include deportment and accountability, concern for the welfare of group members, and a firm identification as a group psychologist.

Scientific Knowledge and Methods*

Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. 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 evaluation are based upon the foundational competency and 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.

Relationship*

Successful candidates demonstrate sensitivity to the welfare, rights, and dignity of others, as well as the ability to relate meaningfully 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 can 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).

Individual and Cultural Diversity*
Awareness, sensitivity, and skills in collaborating professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy. 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 the Self as shaped by culture and context, including but not limited to race; ethnicity; gender; age; religion; sexual orientation; disability; and socioeconomic diversity or class. Behavioral components include clear ability to interact with diversities that may occur in groups, as most groups are a microcosm of the larger society. The Group Academy of ABGP 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." https://abpp.org/About/Diversity.aspx

Ethical Legal Standards* and Policy
Application of ethical concepts and awareness of legal issues regarding professional activities with individual, groups, and organizations. The Group psychologist possesses the essential knowledge component of ethical and legal standards 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.

Interdisciplinary Systems*
The candidate is required to demonstrate knowledge of key issues and concepts in related disciplines and the capacity to Identify and interact with professionals in multiple disciplines. Successful candidates demonstrate a working knowledge of multiple and differing worldviews, professional standards, contributions across contexts and systems, common and distinctive roles of other professions. They demonstrate ability to articulate the roles that others provide in service to clients and display the ability to work successfully on interdisciplinary teams. They understand how participation in interdisciplinary collaboration/consultation enhances outcomes.

In addition, group psychologists demonstrate basic knowledge of and the 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 collaborating with other professionals to incorporate psychological information into overall team planning and implementation.

Evidenced-Based Practice*
Demonstration of the capacity to integrate current research literature into clinical practice, research/evaluation, and other functional competency domains where applicable. Group psychologists are committed to evidence-based practice based upon the best available research combined with clinical judgment. They demonstrated the integration of current research literature into clinical practice, research, and evaluation. They are conversant in clarifying the underpinnings of the theory or system, which guide their work and how researchers and theorists in the field have influenced them. Successful candidates pay specific attention to the scientific knowledge and methods that inform their assessment, intervention, and consultation activities. Successful candidates can describe at least three major theoretical/empirical themes that influence an eclectic or integrative model.

2. 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?

To best serve the community, this specialty utilizes existing resources to support the identification of group specialty practitioners. 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 16 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). 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 resulting information provides the name of the therapist, their credentials, certifications and licensure.

AGPA leads a Group Works campaign eared to the general population, which describes what groups are and how they work (https://www.agpa.org/home/practice-resources/group-interventions-for-trauma/general-information-on-trauma-for-clinicians-and-the-public-at-large/group-works-online). Here is the main information:

What is group therapy?
Group psychotherapy is an effective form of therapy in which a small number of people meet together under the guidance of a professionally trained therapist to help themselves and one

another. There are many different approaches to group therapy but they share in common creating a safe, supportive, and cohesive space to address personal, relationship and societal issues.

Who can benefit from group therapy?
Group therapy can benefit people of different ages, sexual orientations, gender identities, and race, cultural and ethnic backgrounds who want help with specific concerns, such as depression, anxiety, serious medical illness, loss, addictive disorders, or behavioral challenges. In addition, group can benefit those seeking self-development by providing a safe environment in which to learn and grow.

How does group work?
Group therapy provides a place where you come together with others to share problems or concerns, to better understand your own situation, and to learn from and with each other. Under the leadership of a therapist, you will learn about yourself and improve your relationships with other people. You will gain self-understanding and skills for dealing with your concerns. In a typical session, which lasts about 60-120 minutes, members work to express their own challenges and aspirations, feelings, ideas, and reactions as freely and honestly as possible. Groups are held both in-person and online, and you can speak with the therapist about what they offer. Members learn not only to understand themselves and their own issues but also become therapeutic helpers for other group members.

If someone is in a group, do they also need individual therapy?
Group therapy may be used as the primary treatment approach, or it can be used along with individual therapy. Talk to your therapist about what will best meet your needs.

How is group therapy different from support groups and self-help groups?
Group therapy is different from support and self-help groups in that it not only helps people cope with their problems but also provides opportunities for change and growth. Group therapy focuses on relationships, helping you learn how to get along better with other people under the guidance of a trained professional. In contrast, support groups, which may or may not have professional leadership, help people cope with difficult situations but are usually geared toward alleviating symptoms, rather than addressing underlying patterns. Similarly, self-help groups usually focus on a particular shared symptom or situation and are usually not led by a trained therapist.

What makes group therapy unique and powerful?
We live and interact with people every day, and often there are concerns that other people are experiencing or grappling with that can be beneficial to share with others. In group therapy, you learn that perhaps you're not alone or as different as you think. You'll meet and interact with people and give and share helpful feedback; the whole group learns to work together on common problems — one of the most beneficial aspects of group therapy.

The group is a microcosm of the macro world in which we live, and as society undergoes change, the nature of human interaction is also changing. The group provides a space to process the impact of change to our internal and external environments as we replicate our large world

experiences in the small group. In group, one can expect to experience the confluence of race, class, and gender; the effects of the present as well as the past will be felt. The group space helps one to explore and define how one shows up in these spheres.

Will there be people with similar concerns in my group?
The therapist's role is to evaluate each person prior to forming the group. Usually, there is a mix of people who can learn from each other. While some group members will have similar circumstances to you, it's not necessary for all to be dealing with exactly the same problem. In fact, people with different strengths and difficulties are often in the best position to help one another.

What if I'm uncomfortable with others in my group?
It is normal to have questions or concerns about joining a group. What am I going to get out of this? Will there be enough time to deal with my own problems in a group setting? What if I don't like the people in my group? What if I'm uncomfortable discussing my problems in front of others? Some people feel uneasy or embarrassed when first joining a group, but they soon begin to develop feelings of trust and belonging. Most people find that group therapy provides a great deal of relief because it allows them a chance to talk with others in a private, confidential setting.

What kind of commitment do I need to make?
The time commitment depends on the type of group and the nature and extent of your goals. Short-term groups that are devoted to concrete issues can last anywhere from 4 to 20 sessions. Some groups are open-ended; you work at your own pace and leave when your goals have been met. Talk with your therapist to determine the length of time that's right for you.

What does group therapy cost? Is it covered by insurance?
Typically, group therapy is less costly than individual therapy; it may also vary depending on the type of group and the area of the country you live in. Most insurance covers both group and individual therapy.

How do I find a good group therapist?
Group psychotherapists are mental health professionals who are trained in one of several areas: psychiatry, psychology, social work, psychiatric nursing, marriage and family therapy, pastoral counseling, creative arts therapy, occupational therapy, professional counselors, or substance abuse counseling. When considering a therapist for group, make sure they are properly trained and credentialed in group therapy.

In addition to referrals from your local health care provider, you can reach out to the American Group Psychotherapy Association (AGPA) for names of therapists in your area. Professional group therapists have received special training in group therapy and meet certain professional standards. The International Board for Certification of Group Psychotherapists certifies professionals as Certified Group Psychotherapists (CGPs) those who have met specific training and educational criteria for group therapy, as well as ongoing continuing education requirements.

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?*

About the American Group Psychotherapy Association (AGPA)
AGPA is the foremost professional association dedicated to the field of group psychotherapy. The association has thousands of members and maintains the highest professional standards in the field. AGPA is a multidisciplinary association, representing all of the group psychotherapy disciplines.

Contact AGPA
(212) 297-2190
info@agpa.org
www.agpa.org

3. 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.

There are currently 49 board-certified specialists in group psychology. These specialists are licensed to practice in Alabama, Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oregon, Texas, Utah, and Virginia. They have been licensed between 0 and 60 years (M = 31.4, SD = 14.0). They are able to provide services in English, Chinese, French, Greek, Hebrew, Krio, Mandarin, Russian, and Spanish. Their primary work setting is private practice (61.22%), college or university (20.41%), correctional facility (4.08%), VA hospital (4.08%), government (2.04%), retired (2.04%), non-profit counseling center (2.04%), medical hospital (2.04%), other (2.04%).

53% of the board-certified specialists identify as men, 41% as women, and 3% did not disclose their gender. They identified their race/ethnicity as Caucasian/European American/White (80.43%), undisclosed (8.7%), Multi Racial/Multi Ethnic (4.35%), Asian (2.17%), Black/African American (2.17%), or Jewish (2.17%). They indicated their sexual orientation as heterosexual (80.43%), undisclosed (8.70%), bisexual (4.35%), gay (2.17%), queer (2.17%), and lesbian: 2.17%.

There are currently 741 certified group psychotherapists, of which 157 are psychologists. CGP-psychologists are practicing in Alabama, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, North Carolina, and internationally.

APA Division 49: The Society for Group Psychology and Group Psychology currently has 386 members. They are distributed geographically as follows:

- Alabama: 1.16%
- Arizona: 2.33%
- Arkansas: 0.58%
- California: 13.95%
- Colorado: 4.07%
- Connecticut: 2.33%
- Delaware: 0.58%
- District of Columbia: 2.33%
- Florida: 6.98%
- Georgia: 5.81%
- Hawaii: 1.16%
- Illinois: 4.07%
- Indiana: 1.16%
- Iowa: 2.33%
- Kansas: 0.58%
- Kentucky: 0.58%
- Louisiana: 1.74%
- Maine: 0.58%
- Maryland: 4.07%
- Massachusetts: 4.65%
- Michigan: 2.33%
- Minnesota: 2.91%
- Mississippi: 0.58%
- Missouri: 2.33%
- Nebraska: 1.16%
- Nevada: 2.33%
- New Hampshire: 0.58%
- New Jersey: 4.65%
- New Mexico: 1.16%
- New York: 10.47%
- North Carolina: 1.74%
- Ohio: 4.65%
- Oregon: 1.16%
- Pennsylvania: 8.14%
- Puerto Rico: 1.16%
- Rhode Island: 0.58%
- South Carolina: 0.58%
- Tennessee: 2.91%
- Texas: 6.98%
- Utah: 2.33%
- Virginia: 6.40%
- Washington: 3.49%
- Wisconsin: 2.33%

- International: 9.30%

The membership of APA Division 49, CGPs, and AGBP board-certified psychologists are the only data that is available to provide in response to how many practitioners there are in the specialty. However, we know that this data grossly underestimates the number of practitioners who spend 25% or more of their practice in group psychology and group psychotherapy. We say this because we know that group is a heavily utilized modality in many settings that employ psychologists such as the VA, psychiatric hospitals, and forensic/correctional settings. Efforts are underway by the Group Specialty Council and ABGP/ABPP to increase board-certifications among practicing psychologists.

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 (total combined word limit for all five questions must not exceed 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 (wording should not exceed an eighth-grade level). 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 psychology and psychotherapy is a health service provider specialty in which a small number of people (typically eight to ten) meet regularly with trained a group leader to address life concerns, relationship problems, treat emotional and mental disorders, improve organizational functioning, and/or other such issues. In group psychology and group psychotherapy people learn about themselves, develop and practice new behaviors, increase communication and relationship skills, and address other concerns and problems. Group leaders integrate professional knowledge of individual psychology with principles of group dynamics and use the resources in the group to help individual group members.

2. What specialized knowledge is key to the specialty?

Group psychologists and 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 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 leaders are trained in techniques to increase group cohesion.

There are several 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 group climate with sufficient boundaries, to anticipate and address scapegoating, to include silent group members, to facilitate group interactions without causing interference, to protect the safety of all group members, to manage negative behaviors or even remove group members who pose a significant threat to the emotional or physical well-being of other group members, and to facilitate group climates of equity, inclusion, belongness, and social justice among group members and group leaders with intersectional diverse identities.

3. 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, psychosis, anger management, eating disorders, borderline personality disorder, medical illness, and many other reasons for which people typically seek services. 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.

4. What populations does this specialty specifically serve?

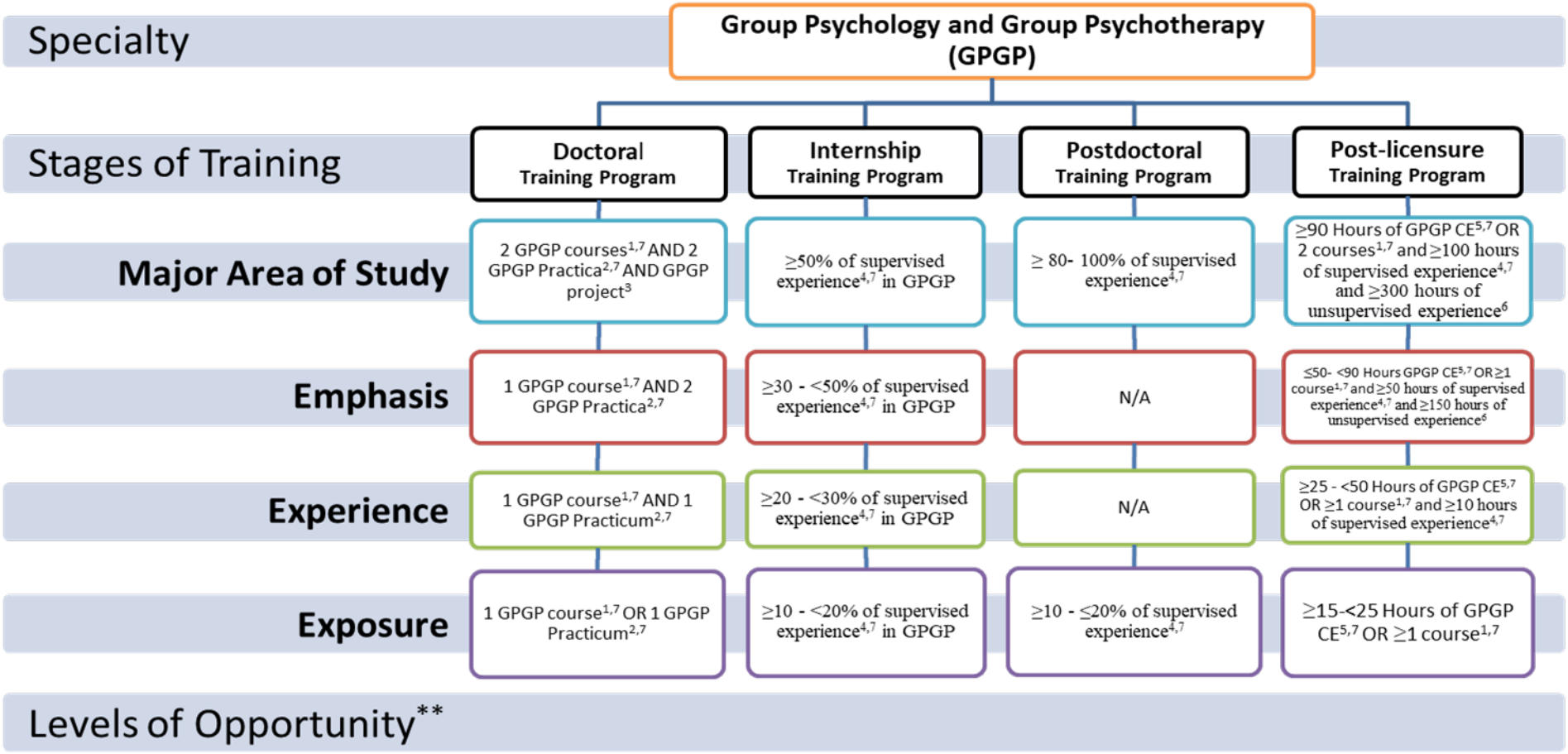
This specialty serves individuals with depression, anxiety, grief, social isolation, PTSD, severe mental illness, medical illness, as well as parents of medically ill children, parents of children with emotional problems, and those who are divorcing or dealing with the illness or loss of a family member. There are age-related therapy groups for children, adolescents, young adults, adults, and older adults. 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. Group psychotherapy has many adaptations to service populations that are racially/ethnically and/or linguistically diverse.

5. 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 psychotherapy, 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 groups. 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/orientation being used.

Appendix A

Council of Specialties Approved Education and Training Taxonomy for Group Psychology and Group Psychotherapy



**The term "*focus*" should be used to describe opportunities in areas of training which are not recognized specialties. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

Original version approved by CoS Board of Directors on 2/20/2021; Revised Version Approved by CoS Board of Directors, 9/16/2024.

Common Definitions and Criteria Across All Recognized Specialties

Clarifications to help recognized specialties use the APA-Taxonomy * in a consistent manner

- Broad and general training forms the core of education and training in health service psychology. Programs are accredited by the American Psychological Association or Canadian Psychological Association. Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the specialty and described in a specialty taxonomy. In addition, each specialty will have education and training guidelines consistent with its specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or postlicensure stages as defined by the specialty.

- By definition, postdoctoral education and training is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that 80% or more of time be spent in the specialty area. At the postdoctoral training stage, as per above, it is recognized that training in the Major Area of Study will be consistent with the education and training guidelines set forth by the specialty.

- A course is typically defined as 3 semester-credit hours (or equivalent) in a health service psychology training program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).

- A practicum is typically defined as the equivalent of one academic year (e.g., 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, or its equivalent, with at least 50% of time in the provision of clinical services.

- Consistent with what is described in CoA *Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty.

- Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, and grand rounds, as defined by the specialty.

- For definitions of continuing education (CE) and continuing professional development (CPD) see the APA Quality Professional Development and Continuing Education Resolution. A continuing education (CE) course is defined as an organized program by the American Psychological Association or Canadian Psychological Association, a State Psychological Association, or other major provider of CE (e.g., Society of Behavioral Medicine).

* Taxonomy; www.apa.org/ed/graduate/specialize/taxonomy.pdf

Specialty Specific Definitions and Criteria

Use superscripts in table entries above to reference footnotes provide in this section which expand upon or clarify table entries as needed.

[1]**Group Psychology and Group Psychotherapy Course** = Must have content congruent with Group Specialty Council's Practice Guidelines (https://www.apadivisions.org/division-49/leadership/committees/group-specialty; to be superseded by finalized and/or published versions). While courses are typically 3 credit hours, a course series (e.g., an advanced clinical seminar encompassing 1 credit hour for each of four semesters) would serve as equivalent. In addition, doctoral programs with Major Area of Study or Emphasis in GPGP are strongly encouraged to infuse group content across applicable courses outside of the specialty when possible (e.g., multicultural courses should include information on group dynamics, social psychology should cover group behavior, research methods should include study design for evaluating groups, professional issues and ethics should cover content related to groups). Instructor must be engaged in GPGP practice and/or research.

[2]**GPGP Practicum** = Must have at least 50% acquired through direct clinical hours, supervision, and support activities directly related to developing skills related to leading group psychotherapy/consultation (e.g., leading group psychotherapy with clinical contact, preparing and debriefing group therapy immediately before and after, providing peer consultation of group therapy, program development and evaluation, direct contact with individual group members in relation to group, supervision of group, observation of provision of group services, time spent developing group curriculum and framework and/or participating in an experiential training group) or direct consultation to an organization and/or organizational development from a group dynamics perspective.

[3]**Group Psychology and Group Psychotherapy Project** = Completion of capstone paper, dissertation, publication, and/or equivalent work product in the area of group psychology and group psychotherapy. Can include empirical research, qualitative analyses, comprehensive literature reviews or literature critique/analysis, or extended case study/small-n design. Programs must have at least one faculty member whose area of expertise is in group psychology and group psychotherapy; this faculty member should chair or serve on the project committee in the specialty.

[4]**Supervised Experience** = 50% must be acquired through direct clinical hours and supervision (e.g., leading group psychotherapy with clinical contact, preparing and debriefing group therapy immediately before and after, providing peer consultation of group therapy, program development and evaluation, direct contact with individual group members in relation to group, supervision of group, and/or participating in an experiential training group) or direct consultation to an organization and/or organizational development from a group dynamics perspective. The remaining supervised experience can be acquired through GPGP experiences obtaining knowledge and skills in the specialty such as seminar attendance, interdisciplinary team participation, readings, and research may count as part of the supervised experience for doctoral students, interns & postdoctoral fellows. Primary supervisor must be a

psychologist with expertise in the specialty as evidenced by holding a credential (e.g., Board Certified in GPGP by the American Board of Professional Psychology, Certified Group Psychotherapist) or equivalent experience.

[5]**CE Coursework** = Continuing education must be approved by APA or other related accrediting organization (e.g., CPA, MCE) or another major group psychology or group psychotherapy organization (e.g., AGPA, ASGW, SIOP).

[6]**Unsupervised Experience** = Must include 100% experience leading group psychotherapy with clinical contact or direct consultation to an organization from a group dynamics perspective. Supervised experience supersedes unsupervised experience and can be used to count toward this requirement once the required amount of supervised experience is met.

[7]**Experiential Training** = It is strongly recommended that experiential training be integrated into coursework, practica, supervision, and/or CEs.

Examples of Program Descriptors for Each Stage of Training

Doctoral

Group Psychology and Psychotherapy Specialty – Major Area of Study

The Counseling Psychology PhD program at Brigham Young University provides ample opportunity for students to obtain group specialty training as a Major Area of Study. This program requires two group therapy courses, including (1) Group Counseling and Intervention and (2) Advanced Theory of Group Counseling. As part of their coursework, students obtain both experiential (e.g., participation in a mock group) and didactic training. At least two of the annual practicum offerings each year provide experience in group therapy. For example, one offered practica is at BYU Counseling and Psychological Services (CAPS), which enables students to co-lead a general process group and/or topic-specific groups. At this practicum site, students meet with co-leaders before and/or after group sessions as well as attend weekly group consultation meetings with faculty to discuss questions and issues related to groups. Students have opportunities to engage in group therapy research (e.g., participation in the Consortium for Group Research and Practice—C-GRP), through which students may present at conferences, publish articles, complete dissertations, and so on.

Doctoral internship

Group Psychology and Psychotherapy Specialty - Emphasis

University of North Florida Counseling Center internship program provides an emphasis in Group Psychology and Group Psychotherapy as a Emphasis. Interns co-facilitate at least one process-focused therapy group each semester and have an option to co-facilitate additional psychoeducational and support groups. Interns are provided group psychology and group psychotherapy didactic seminars throughout their year of training. Group facilitators meeting offers an avenue to learn from other facilitators and counts as an additional hour of group supervision. Additional activities include conducting an orientation for new group members and debriefing with a co-facilitator. Furthermore, throughout their training interns maintain a caseload of individual clients, conduct outreach, administer psychological tests, and engage in other service deliveries activities.

Postdoctoral residency

Group Psychology and Psychotherapy Specialty – Major Area of Study

The PRACTICE at UNLV offers a postdoctoral fellowship in Group Psychology and Group Psychotherapy as a Major Area of Study. Postdoctoral fellows are supervised by group therapy specialists and their training occurs primarily within the clinic's group psychotherapy program. The multi-faceted group program consists of process groups and skills groups based on research-supported treatments like Cognitive Behavioral Therapy and Dialectical Behavior Therapy. The Fellow will co-facilitate an interpersonal process group with an advanced, independent clinician. They will also co-lead and provide supervision to predoctoral practicum students in 5-7 groups per week. They will assist with program development and oversight, pre-group

preparation and coordination, and case rounds with a group focus. In addition to co-facilitating groups, the Fellow will also maintain a very small caseload of individual clients and supervision of graduate student clinicians.

Post- licensure training

Group Psychology and Psychotherapy Specialty – Major Area of Study

The Adelphi University's two-year postgraduate Group Psychotherapy training program provides post-licensure major area of study through didactic and experiential course work, clinical supervision and personal group therapy. The program requires candidates to commit to two 6-hour meetings per month of didactic and experiential coursework. In addition, candidates commit to gaining experience leading groups and they participate in both group supervision and individual supervision. Candidates also engage in their own personal group psychotherapy.

Appendix B
COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
1A. Integrity - Honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible	**Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values**	**Monitors and independently resolves situations that challenge professional values and integrity**
1B. Deportment		
Understands how to conduct oneself in a professional manner	**Communication and physical conduct (including attire) is professionally appropriate, across different settings**	**Conducts self in a professional manner across settings and situations**
1C. Accountability		
Accountable and reliable	**Accepts responsibility for own actions**	**Independently accepts personal responsibility across settings and contexts**
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	**Acts to understand and safeguard the welfare of others**	**Independently acts to safeguard the welfare of others**
1E. Professional Identity		

Demonstrates beginning understanding of self as professional: "thinking like a psychologist"	**Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development**	**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice**

2. **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.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**		
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others	**Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	**Applies knowledge of others as cultural beings in assessment, treatment, and consultation**	**Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation**
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	**Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others**	**Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation**
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	**Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation**	**Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work**

3. **Ethical Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
3A. Knowledge of ethical, legal and professional standards and guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	**Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations**	**Demonstrates advanced knowledgeand application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines**
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice	**Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma**	**Independently utilizes an ethical decision-making model in professional work**
3C. Ethical Conduct		
Displays ethical attitudes and values	**Integrates own moral principles/ethical values in professional conduct**	**Independently integrates ethical and legal standards with all competencies**

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.		
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	**Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity**	**Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool**
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	**Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills**	**Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills**
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	**Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice**	**Self-monitors issues related to self-care and promptly intervenes when disruptions occur**
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	**Effectively participates in supervision**	**Independently seeks supervision when needed**

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
5A. Interpersonal Relationships		
Displays interpersonal skills	**Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines**	**Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities**
5B. Affective Skills		
Displays affective skills	**Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively**	**Manages difficult communication; possesses advanced interpersonal skills**
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	**Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language**	**Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts**

III. SCIENCE

6. **Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
6A. Scientific Mindedness		
Displays critical scientific thinking	**Values and applies scientific methods to professional practice**	**Independently applies scientific methods to practice**
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	**Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)**	**Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)**
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	**Demonstrates knowledge, understanding, and application of the concept of evidence-based practice**	**Independently applies knowledge and understanding of scientific foundations independently applied to practice**

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	**Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology**	**Generates knowledge**
7B. Application of Scientific Method to Practice		
No expectation at this level	**Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs**	**Applies scientific methods of evaluating practices, interventions, and programs**

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	**Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**	**Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences**

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	**Selects assessment measures with attention to issues of reliability and validity**	**Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context**
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	**Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances**	**Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning**
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	**Selects appropriate assessment measures to answer diagnostic question**	**Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice**
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	**Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity**	**Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity**

Assessment continued		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	**Utilizes systematic approaches of gathering data to inform clinical decision-making**	**Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment**
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	**Writes assessment reports and progress notes and communicates assessment findings verbally to client**	**Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner**

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	**Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation**	**Independently plans interventions; case conceptualizations and intervention plans are specific to case and context**
10B. Skills		
Displays basic helping skills	**Displays clinical skills**	**Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations**
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	**Implements evidence-based interventions**	**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate**
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	**Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures**	**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
11A. Role of Consultant		
No expectation at this level	**Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)**	**Determines situations that require different role functions and shifts roles accordingly to meet referral needs**
11B. Addressing Referral Question		
No expectation at this level	**Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions**	**Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question**
11C. Communication of Consultation Findings		
No expectation at this level	**Identifies literature and knowledge about process of informing consultee of assessment findings**	**Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations**
11D. Application of Consultation Methods		
No expectation at this level	**Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings**	**Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases**

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
12A. Knowledge		
No expectation at this level	**Demonstrates awareness of theories of learning and how they impact teaching**	**Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences**
12B. Skills		
No expectation at this level	**Demonstrates knowledge of application of teaching methods**	**Applies teaching methods in multiple settings**

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	**Demonstrates knowledge of, purpose for, and roles in supervision**	**Understands the ethical, legal, and contextual issues of the supervisor role**
13B. Processes and Procedures		
No expectation at this level	**Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices**	**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise**
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	**Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals**	**Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients**
13D. Supervisory Practices		
No expectation at this level	**Provides helpful supervisory input in peer and group supervision**	**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting**

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	**Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals**	**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals**
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	**Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning**	**Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning**
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	**Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals**	**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals**
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	**Develops and maintains collaborative relationships and respect for other professionals**	**Develops and maintains collaborative relationships over time despite differences**

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership		
No expectation at this level	**Forms autonomous judgment of organization's management and leadership** Examples: • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness	**Develops and offers constructive criticism and suggestions regarding management and leadership of organization** Examples: • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment
15B. Management		
No expectation at this level	**Demonstrates awareness of roles of management in organizations**	**Participates in management of direct delivery of professional services; responds appropriately in management hierarchy**
15C. Administration		
Complies with regulations	**Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures**	**Demonstrates emerging ability to participate in administration of clinical programs**
15D. Leadership		
No expectation at this level	**No expectation at this level**	**Participates in system change and management structure**

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
READINESS FOR PRACTICUM	**READINESS FOR INTERNSHIP**	**READINESS FOR ENTRY TO PRACTICE**
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	**Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision**	**Intervenes with client to promote action on factors impacting development and functioning**
16B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change	**Promotes change to enhance the functioning of individuals**	**Promotes change at the level of institutions, community, or society**

Appendix C
Group Specific Evaluation Tool

Trainee's Name and Program of Study:	
Group facilitated /Period of Evaluation:	
Supervisor:	
Scale: 1 = Far below expectations for stage in program - requires remediation, 2 = Below expectations for stage in program – may need remediation; 3 = Meeting expectations for stage in program; 4 = Exceeding expectations for stage in program; 5 = Far exceeding expectations for stage in program	
Group Implementation	**Scale**
1. Comes prepared for group with knowledge of the curriculum.	1 2 3 4 5
2. Takes on group preparation responsibilities (e.g. power point presentation).	1 2 3 4 5
3. Has an active role in delivering group content.	1 2 3 4 5
4. Works collaboratively and flexibly with co-facilitators in sessions to facilitate group.	1 2 3 4 5
5. Meets regularly with clients for Case Management.	1 2 3 4 5
Procedural/Documentation	**Scale**
6. Arrives early to group (15 minutes prior to the start of group) for setup (e.g. room arrangement, video recording setup, tablet setup).	1 2 3 4 5
7. Completes group notes within 24 hours of group.	1 2 3 4 5

8. Adequately documents important and relevant information, including risk, with appropriate detail.	1 2 3 4 5
9. Adequately coordinates client care (e.g. documents contacts with client, client's guardians, other providers/professionals, teachers, etc. and sends letters to them as needed and in a timely fashion).	1 2 3 4 5
10. Attends regular scheduled meetings on time and consistently (e.g. group supervision and supervision with co-facilitators).	1 2 3 4 5
Professionalism/Interpersonal Interactions	**Scale**
11. Uses group supervision effectively.	1 2 3 4 5
12. Is open and receptive to feedback from supervisors.	1 2 3 4 5
13. Integrates feedback to improve client care.	1 2 3 4 5
14. Demonstrates professionalism with clients.	1 2 3 4 5
15. Demonstrates professionalism with co-facilitators and/or colleagues.	1 2 3 4 5
Summary of performance and descriptive explanation of responses above	

Appendix D
Sample Group Specialty Competency Evaluation Form

Resident Name _____ Date _____
Evaluator Name and highest degree _____

Licensed as a Professional Psychologist Yes _____ No _____
Date and method of observation _____

Directions: Use the following scale to rate the Resident on each of the following competencies.
1 – Inadequate* 2 – Novice* 3 – Advanced entry level**
4 – Approaching Proficiency 5 - Proficient 6 - Mastery
*Requires remediation plan to achieve competency.
** Adequate for entry level.

1 – Inadequate* 3 – Advanced entry level** 5 - Proficient

2 – Novice* 4 – Approaching Proficiency 6 - Mastery
*Requires remediation plan to achieve competency.
** Adequate for entry level .

Integration of Science and Practice

1.Demonstrates the use of evidence-based knowledge and interventions for planning and facilitating groups. 1 2 3 4 5 6

2. Conducts effective group organization practices such as screening, orientation, and group process commentary. 1 2 3 4 5 6

3. Applies the scientific principles from current research findings to group members' problems, issues and concerns. 1 2 3 4 5 6

Ethical and Legal Standards/Policy

4. Recognizes ethical dilemmas and concerns related to group psychotherapy and uses an ethical decision making model when ethical dilemmas arise in groups. 1 2 3 4 5 6

Consultation and Evaluation

5. Demonstrates an ability to work constructively with interdisciplinary mental health professional teams. 1 2 3 4 5 6

6. Engages in evaluative practices as applied to groups such as cohesion, group progress, and the like. 1 2 3 4 5 6

Supervision and Teaching

7. Applies a supervision model when working with mental health professionals in training such as in practicum and internship. 1 2 3 4 5 6

8. Presents information relative to group psychology and group psychotherapy in venues such as case presentations, grand rounds. 1 2 3 4 5 6

Assessment

9. Demonstrates an ability to evaluate the group and group members' needs and progress. 1 2 3 4 5 6

10. Uses appropriate assessment measures and instruments for

Appendix E
Clinical Psychology Doctoral Program – Model Specialty Curriculum

BYU's Clinical Psychology Program

Dr. Melissa Goates Jones

Assistant Professor, BYU

Description of Program

- APA accredited Clinical Psychology PhD program
- Every student completes four therapy classes:
  - Psychotherapy 1: Theories and Skills
  - Psychotherapy 2: Cognitive Behavioral Therapy
  - Psychotherapy 3: Child & Adolescent OR Mindfulness and Psychotherapy
  - Psychotherapy 4: Group Psychotherapy
- Students complete a clinical practicum every semester of years 1-4 under the supervision of a faculty member.

Psychotherapy 4: Group Psychotherapy

- Taught by Gary Burlingame for 20 years
- Based on evidentiary foundation for each of the topics in the syllabus
  - Effectiveness, patient selection and composition, structure, cohesion, development, norms and rules, mechanisms of change, techniques, protocols
- Class members leave with a file folder of measures to guide their clinical practice
- Classes are each given a choice on if they want the entire 3 hours devoted to didactic or if they want to have an experiential group that illustrates the evidence-based principles in the syllabus.

Evolution of Group Training

- Students take the group class and become interested in further group training. Externships provide some of this training
  - BYU Counseling Center
  - Utah State Hospital
  - Balance Health and Healing
  - Comprehensive Clinic
  - PAIR DBT
  - Pain Clinic
  - VA
  - Couples' Group

INTEGRATION OF OUR PROGRAM WITH GROUP SPECIALTY GUIDELINES

Didactic Content Requirements

- History and development
- Theories and systems
- 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
- Scholarly inquiry (methods, data collection and data analysis)
- Selection and use of assessment and measurement methods and instruments appropriate for groups
- Planning, facilitation, outcome assessment and follow-up
- Applications for target audiences, settings and conditions
- ***Supervised practice in leading groups e.g. practica***
- ***Consultation and supervision theories, issues and skills relevant for groups***

Experiential Content Requirements

Do your students experience at least 50 contact hours as a group leader and 30 hours of supervision across the four years of training at your academic institution at practicum and/or internship sites?

Externships at BYU

- Students take the group class and become interested in further group training. Externships provide some of this training
  - BYU Counseling Center
  - Utah State Hospital
  - Balance Health and Healing
  - Comprehensive Clinic
  - PAIR DBT
  - Pain Clinic
  - VA
  - Couples' Group

Positive Outcomes

- Students routinely obtain internships and post-docs that enable then to continue their training in group psychotherapy
- Students are prepared to help with problems with accessibility to service in the jobs they obtain because they are able to provide group therapy
- A program specialty draws qualified candidates to our program

Mapping Our Existing Program Onto the Group Specialty Structure

- Group Specialty Council Checklist
- Group Specialty Council Qualtrics Tool

Getting Started

- Essential to start with quality basic psychotherapy training as a precursor to group therapy training
- Quality group class
- Quality community placements with good supervision
- Start by going through the checklist

Appendix F
Counseling Psychology Doctoral Program – Model Specialty Curriculum

Academic Program

Counseling Psychology PhD
Brigham Young University

Kristina Hansen, PhD, CGP
Associate Clinical Professor

Program Description

- APA-Accredited five-year counseling psychology PhD program
  - Scientist-practitioner model
  - Small cohorts
- Course sequencing -> Begin with quality psychotherapy training
- Program designation, not every student

Didactic Training

- Two required group courses:
  - Group Counseling and Interventions (CPSE 648)– offered after the first year
  - Advanced Group Counseling and Theory (CPSE 748)– offered during the third year
- Research opportunities to work with faculty and the Consortium for Group Research and Practice (C-GRP)
  - American Group Psychotherapy Association (AGPA) annual meeting
  - Society for Psychotherapy Research (SPR) regional and international meetings
  - American Psychological Association (APA) meetings
- Practicum and externship didactics
  - Inservice presentations
  - Training in specific styles and types and theories of group, manualized group treatment

Experiential Training

- Formal collaboration with BYU Counseling and Psychological Services (CAPS)
  - Two years of advanced practicum experience at CAPS (CPSE 776R and CPSE 777R)
    - Options to co-lead therapy groups with CAPS faculty from the first semester
  - Supervision by CAPS clinical faculty (several CGP and/or involved with C-GRP)
  - Case notes review
  - Weekly group consultation
- Option to extend to third year (paid position) at CAPS or seek externship training elsewhere
- Several private practice groups in the area offer training in group to externs

Does my academic program meet the specialty requirements?

- Does the curriculum include a minimum of 96 contact hours of approved didactic instruction?
- Does the curriculum ensure sufficient knowledge, skills, and competencies at the doctoral level for the following [specific group] topics?
- Does the program provide opportunities for students to experience at least 50 contact hours as a group leader and 30 hours of supervision across the four years of training at your academic institution at practicum and/or internship sites?

Didactic Content Requirements

- History and development
- Theories and systems
- 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
- Scholarly inquiry (methods, data collection and data analysis)
- Selection and use of assessment and measurement methods and instruments appropriate for groups
- Planning, facilitation, outcome assessment and follow-up
- Applications for target audiences, settings and conditions
- ***Supervised practice in leading groups e.g. practica***
- ***Consultation and supervision theories, issues, and skills relevant for groups***

Experiential Training Requirements

- Specialty requirement:
  - 50 contact hours as a group leader
  - 30 hours supervision

- Possible experience in one 16-week semester (for CPSE 748 class):
  - 18-22 contact hours as a group leader
  - 6-23 hours supervision in group

- Students willing to co-lead a group each semester of practicum (16 weeks x 4 semesters) could meet specialty requirements before externship or internship.

Positive Outcomes

- Passion for group
- Increased confidence in theory of change and the role of relationships
- Significant and varied group experience
- Qualifications to secure quality internships and group-focused post-doctoral training and careers

How easy or difficult is this?

- Survey tool is easy to use
- Doesn’t take too much time
- Includes helpful reminders

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Appendix G
Predoctoral Internship University Counseling Center Program – Model Specialty Curriculum

Internship:
Brigham Young University– Counseling and Psychological Services

Derek Griner, PhD, ABPP, CGP
Mark E. Beecher, PhD, ABPP, CGP

We Value Group!

- A brief history of group psychotherapy within BYU CAPS
  - Started small
  - Currently 25-30 groups per semester
  - Theme-specific and process-oriented groups
- Increased training in and commitment to group
- Strong center culture of group as primary form of treatment
- Support from administration

We Value Our Interns!

- Overview of our internship
- We prioritize training and value insights interns bring

Didactic Training Opportunities

- Recognition of differences in experience and prior training
  - Tailor training to the specific intern
  - Option to complete AGPA's Principles Course
- Inservice presentations
- Theme-specific group instruction/readings
- Weekly group consultation meeting
- Research opportunities – Option to attend weekly CGRP meetings
- Encouragement to attend AGPA's Annual Meeting or other group-based conferences

Experiential Training

- Best group training is co-leading
  - Minimum requirement of 3 groups/55 hours
  - At least 1 process-oriented
- Group Rotation option
- Supervision
- Case Notes

Positive Outcomes

- Significant group experience
- Passion for group throughout career
- Preparation for group-focused post-doctoral and other work settings
- Possibility for group-related research experience

Putting It All Together

- Group Specialty is doable – not as hard as it looks
- Example

Didactic Topic	Most interns had this covered in their academic program. Check YES or NO.	If you answered NO in column two, please indicate how didactics are provided.
The history and development of group psychology and group psychotherapy	Yes: __ No: ___	
Theories and systems of group psychology and group psychotherapy	Yes: _✓_ No: ___	
An understanding of group development theories and process	Yes: _✓_ No: ___	
The role of group therapeutic factors for group members' healing, growth and development	Yes: _✓_ No: ___	
Group leaders' skills, tasks, and techniques	Yes: _✓_ No: ___	
Empirically supported group interventions	Yes: _✓_ No: ___	
The impact and roles for culture and diversity for group members, the group, and the leader	Yes: _✓_ No: ___	
Group leaders' personal development, self-reflection, and monitoring of countertransference	Yes: _✓_ No: ___	
Ethical, legal and professional standards relevant to group	Yes: _✓_ No: ___	
Scholarly inquiry that includes methods, data collection and analysis, and appropriate use for findings	Yes: __ No: ___	
Selection and use of assessment and measurement methods and instruments appropriate for groups	Yes: _✓_ No: ___	
Group planning, facilitation, outcome assessment and follow-up	Yes: _✓_ No: ___	
Applications for target audiences, settings and conditions (e.g., adolescent; inpatient; medical illness)	Yes: _✓_ No: ___	
Supervised practice in leading groups (e.g., practica)	Yes: _✓_ No: ___	
Consultation and supervision theories, issues and skills relevant for groups	Yes: _✓_ No: ___	

Appendix H
Predoctoral Internship Hospital Program – Model Specialty Curriculum

Utah State Hospital Internship

Amanda L. Rapacz, Psy.D.

Director of Psychology,
Utah State Hospital

Utah State Hospital Internship in a Nutshell

- Utah State Hospital serves the entire state of Utah and has three distinct service areas: Pediatric, Adult Civil, and Forensics.
- The mission of the Utah State Hospital Psychology Internship is to provide superior preparation for clinical independence, incorporating the highest standard of empirically based practice through comprehensive, graduated supervised experience.
- Three unique match numbers: Clinical, Forensic, and Neuropsychology,. The goal is to prepare interns for specialty postdoctoral training while ensuring they receive well rounded generalist training and meet profession wide competencies.
- All interns complete year long training experiences which includes both group and individual interventions using EBTs.

INTEGRATION OF OUR PROGRAM WITH GROUP SPECIALTY GUIDELINES

Didactics

- **Assess criteria met in the intern's graduate program.**
- **Many of group didactic focus on empirically supported group interventions**
  - CBTp
  - ACTp
  - DBT
  - Social Skills Trainings
  - Seeking Safety
- Combined didactics

Experiential

- Interns are required to run 2 groups plus rotation specific groups.
  - Structured evidence based group opportunities
  - Less structured group opportunities
- Interns attend consultation group specific to the group interventions they are providing (e.g. DBT consult, ACT consult, Psychosis Track).
- Opportunity to supervise techs, undergraduate students, and graduate students with group interventions.

Positive Outcomes

- Interns who are interested in other specialty areas (i.e. forensic or neuro) have secured fellowships because of their training in evidence based group interventions
- Interns have consistently reported training in evidence based group treatments is a strength of the internship
- Interns stated they enjoyed unique opportunities afforded to them related group training
- It has a positive impact on how other providers and adminstrators view our internship program

Mapping Our Existing Program Onto the Group Specialty Structure

- Easy to use
  - The didactic checklist is especially helpful when an intern would like to receive group specialty training
  - Flows well and easy to understand
- Increased reflection about group training opportunities at USH
  - Areas for growth (e.g. brainstorm how increase opportunities for less structured group experience)
  - Validated what we were doing well regarding group training

Appendix I
Postdoctoral Program – Model Specialty Curriculum

Postdoctoral Fellowship Program Group Specialty

Noelle Lefforge, Ph.D., MHA, CGP

UNLV

Postdoctoral Fellowship Program Design

- The program prepares trainees for:
  - Independent practice
  - Licensure as a psychologist
  - Specialty credentialing in group psychology/psychotherapy
  - Provides general training in alignment with Standards of Accreditation, as well as specialty training

UNLV

Meeting Specialty Requirements

- Clear objective to train in group psychology/psychotherapy
- Substantial portion (80%) of trainees; time dedicated to group
- Specialized supervisors (knowledge, experience, supervision) with access to work
- Evaluation and policies
- Full-time year of training (or half time for 2 years)

UNLV

Sufficient Experience

- Population diversity
- Varied group formats
- Multiple skills (e.g., therapy, crisis intervention, supervision, assessment, consultation)

UNLV

Procedures and Techniques

- Intervention
- Group Program Coordination
- Consultation and Collaborative Care
- Ethics
- Assessment and Evaluation
- Supervision and Teaching

UNLV