

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

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

- 1. Identify how the following parameters differentiate and where they might overlap with other specialties. Describe how these parameters define professional practice in the specialty.**
 - a. populations**
 - b. problems (psychological, biological, and/or social that are specific to this specialty):**
 - c. procedures and techniques**
 - a. Populations: Pages 1- 7
 - b. Problems: 7- 14
 - c. Procedures and Techniques: Page 19

a. 1 Populations (Overlap)

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

Inpatient

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

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

Cook, W. G., Arechiga, A., Dobson, L.A.V., & Boyd, K. (2014). Brief heterogeneous inpatient psychotherapy groups: A process-oriented psychoeducational (POP) model. *International Journal of Group Psychotherapy*, 64(2), 181-206. doi:10.1521/ijgp.2014.64.2.180

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

Emond, S., & Rasmussen, B. (2012). The status of psychiatric inpatient group therapy: Past, present, and future. *Social Work with Groups*, 35(1), 68-91. doi: 10.1080/01609513.2011.553711

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

Kösters, M., Burlingame, G.M., Nachtigall, C., & Strauss, B. (2006). A meta-analytic review of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory, Research, and Practice*, 10(2), 146-163. doi: 10.1037/1089-2699.10.2.146

Lothstein, L.M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. *International Journal of Group Psychotherapy*, 64(2), 229-244. doi: 10.1521/ijgp.2014.64.2.228

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

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

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

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

Mental Disorders

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

Ascher-Svanum, H., & Whitesel, J. (1999). A randomized controlled study of two styles of group patient education about schizophrenia. *Journal of Psychiatric Services*, 50(7), 926-930. doi:10.1176/ps.50.7.926

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- Driessen, E., Cuijpers, P., de Maat, S.C., Abbass, A.A., de Jonghe, F., & Dekker, J.J. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. *Clinical Psychology Review*, 30(1), 25-36. doi: 10.1016/j.cpr.2009.08.010

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

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

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Wilfley, D.E., Welch, R.R., Stein, R.I., Spurrell, E.B., Cohen, L.R., Saelens, B.E., & Matt, G. E. (2002). A randomized comparison of group cognitive-behavioral therapy and group interpersonal psychotherapy for the treatment of overweight individuals with binge eating disorder. *Archives of General Psychiatry*, 59(8), 713-721. doi: 10.1001/archpsyc.59.8.713

a.2. Distinctiveness - Populations

The specialty has its distinctiveness grounded in group theory and practice derived from current theories and researchers such as Gary M. Burlingame, Rex Stockton, Gerald Corey, and other luminaries in the field of group. In addition, Rutan, Stone and Shay, (2014) delineate a number of theoretical perspectives to continue understanding and integration within exploratory therapy, including current theory and practice of psychodynamic group psychotherapy, comprehensive descriptions of the evolution and theoretical underpinnings of group therapy, and how various psychoanalytic theories, such as those dealing with attachment and self-psychology, contribute to understanding group therapeutic processes. The populations served by this specialty use the social interactions and factors found to be therapeutic/curative, such as socializing techniques, imitative behavior, group cohesion, processes, and the interpersonal feedback loop (Mullin, 2016; Cohen, 2011; Joyce, 2007; Gayle, 2009; Harel, 2011; Steffen, 2015).

Group Psychology and Group Psychotherapy are set across a wide array of theories to effectively serve these diverse populations. Billow (2012) brings relational thinking to the theories and

practices of group psychotherapy, with consideration for W. R. Bion's *Experiences in Groups* (1961). Agazarian's (1997) systems-centered approach to group practice defines theoretical constructs and operational definitions to act as hypotheses that test validity of theory and reliability of practice. Preliminary studies suggest that a systems-centered approach to group therapy has positive effects on individuals with generalized anxiety disorder and depression (Ladden, Gantt, & Agazarian, 2004).

As noted in Wallin's *Attachment in Psychotherapy* (2007), the position of self toward experience is how we respond to our own experience and that of others. Attachment research, largely based in childhood relationships, identifies elements that most effectively foster security, resilience, and flexibility. Group therapists should foster inclusive relationships with patients, based on attachment style (Chen 2002; Harel, 2011; McCluskey, 2002).

Group psychologists who demonstrate expertise in group skills represent a specialty of professional psychology that integrates the basic tenets of group psychotherapy and group dynamics theory, research, and application. Group specialty practice is based upon group dynamics principles, such as communication, leadership, member-leader interactions, power, norms, and stages that Kurt Lewin (1951), Wilfred Bion (1961), Urie Bronfenbrenner (1979), and others wrote about in the mid-20th century. Group psychotherapy utilizes a format based upon a number of therapy models from psychodynamic to CBT. Together, members and (co)leader(s) explore roles, norms, stages, and group therapeutic factors (Yalom & Leszcz, 2005) by engaging in interpersonal interactions in order to a) ameliorate symptoms, b) learn new ways of behaving, and c) enact character change, depending upon the focus of the group. Groups can range from time-limited structured topic-centered groups (Psychoeducation, Anger Management) to on- going unstructured groups (Process Group). Ongoing process and outcome evidence- based research informs standards of care for members of groups and constitutes the foundation of scientific knowledge.

Research strongly suggests that skilled group leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, Mackenzie & Strauss, 2004; Burlingame et al, 2006). As stated, group leaders may identify with any number of therapy schools (CBT, Psychodynamic, Interpersonal, and so on), but as a whole, they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion's Basic Assumption of Dependency (1961), must be dealt with effectively at the group level.

Group processes from the psychological laboratory are well integrated into group therapy. The APA Journal Group Dynamics and AGPA's International Journal of Group Psychotherapy both contain applications from laboratory work. There are a vast number of journals that contain articles related to the application of laboratory findings to group therapy, including: *The Journal of Personality and Social Psychology*; *The Journal of Applied Social Psychology*; *Journal for Specialists in Group Work*; *Basic and Applied Social Psychology*; *Clinical Psychology Science and Practice*; *Counseling and Clinical Psychology*; *The Journal of Counseling Psychology*; *The Counseling Psychologist*; *Group Processes and Intergroup Relations*; *Journal of Child and Adolescent Group Therapy*; and *Psychotherapy Research*. The following list briefly captures examples of the scope of

writing on group therapy, covering diagnostic difference, methodological diversity, national and international contributions and basic science to applied science.

Agazarian, Y.M. (1997). *Systems-centered Therapy for Groups*. New York: Guilford. Billow,

R.M. (2012). It's all about me: Introduction to relation group psychotherapy. In J.I.

Kleinberg (Ed.), *The Wiley-Blackwell handbook of group psychotherapy* (pp. 150-185). West Sussex, UK: Wiley.

Bion, W. (1961). *Experiences in group: And other papers*. London: Tavistock.

Burlingame, G.M., Strauss, B., Joyce, A., MacNair-Semands, R., MacKenzie, K.R., Ogrodniczuk, J., & Taylor, S. (2006). *CORE Battery-Revised: An assessment tool kit for promoting optimal group selection, process, and outcome*, New York: American Group Psychotherapy Association.

Burlingame, G.M., Strauss, B., & Joyce, A.S. (2004). Small group treatment: Evidence for effectiveness and mechanisms of change. In Bergin and Garfield (Ed.5), *Handbook of Psychotherapy and Behavior Change* (640-690). Hoboken, NJ: Wiley.

Chen, E.C., & Mallinckrodt, B. (2002). Attachment, group attraction and self-other agreement in interpersonal circumplex problems and perceptions of group members. *Group Dynamics: Theory, Research, and Practice*, 6(4), 311-324. doi: <http://dx.doi.org/10.1037/1089-2699.6.4.311>

Cohen, S.L. (2011). Coming to our senses: The application of somatic psychology to group psychotherapy. *International Journal of Group Psychotherapy*, 61 (3), 396-413.

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Gantt, S.P., & Agazarian, Y.M. (2004). Systems-centered emotional intelligence: Beyond individual systems to organizational systems. *Organizational Analysis*, 12(2), 147–169.

Gayle, R.G. (2009). Co-creating meaningful structures within long-term psychotherapy group culture. *International Journal of Group Psychotherapy*, 59(3), 311-333.

Harel, Y., Shechtman, Z., & Cutrona, C. (2011). Individual and group process variables that affect social support in counseling groups. *Group Dynamics: Theory, Research, and Practice*, 15(4), 297-

310. doi: <http://dx.doi.org/10.1037/a0025058>

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

Joyce, A.S., Piper, W.E., & Ogrodniczuk, J.S. (2007). Therapeutic alliance and cohesion variables as predictors of outcome in short-term group psychotherapy. *International Journal of Group Psychotherapy*, 57(3), 269-296.richrd

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

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

Ladden, L.J., Gantt, S.P., & Agazarian, Y.M. (2004). Systems-centered therapy: A pilot for treating generalized anxiety disorder with a 10-session protocol. Unpublished manuscript.

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Mott, J., Barrera, T., Hernandez, C., Graham, D., & Teng, E. (2014). Rates and predictors of referral for individual psychotherapy, group psychotherapy, and medications among Iraq and Afghanistan veterans with PTSD. *Journal of Behavioral Health Services & Research*, 41(2), 99-109. doi:10.1007/s11414-013-9352-0

Mullin, A.S.J., Hilsenroth, M.J., Gold, J., & Farber, B.A. (2016) Facets of object representation: process and outcome over the course of psychodynamic psychotherapy. *Journal of Personality Assessment*, 1-11.

Rutan, J.S., Stone, W.N., & Shay, J.J. (2013). *Psychodynamic Group Psychotherapy*. (5th ed.) New York: The Guilford Press.

Pessagno, R.A., & Hunker, D. (2013). Using short-term group psychotherapy as an evidence-based intervention for first-time mothers at risk for postpartum depression. *Perspectives In Psychiatric Care*, 49(3), 202-209. doi:10.1111/j.1744-6163.2012.00350.x

Wallin, D. (2007). *Attachment in Psychotherapy*. New York: Guilford Press.

Steffen, J. (2015). A paradigm shift from safe space to brave space dialogues in multicultural group therapy, *The Group Psychologist*, 25(1).

b. Problems Overlap and Distinctiveness

b. 1 Overlap

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

- Teambuilding (Sports Psychology, Organizational Psychology)

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

Ellis, A., & Pearsall, M. (2011). Reducing the negative effects of stress in teams through cross-training: A job demands-resources model. *Group Dynamics: Theory, Research, and Practice*, 15(1), 16-31. doi:10.1037/a0021070

Molleman, E., & Broekhuis, M. (2012). How working in cross-functional teams relates to core attributes of professional occupations and the moderating role of personality. *Group Dynamics: Theory, Research, and Practice*, 16(1), 50-67. doi:10.1037/a0026408

Wann, D.L., Waddill, P.J.; Polk, J., & Weaver, S. (2011). The team identification–social psychological health model: Sport fans gaining connections to others via sport team identification. *Group Dynamics: Theory, Research, and Practice*, 15(1), 75-89. doi:10.1037/a0020780

- Interpersonal and communication skills building, effective work groups, problem solving, decision making, effective work groups, leadership development (Organizational Psychology)

Atieno Okech, J.E., Pimpleton, A.M., Vannatta, R., & Champe J. (2015). Intercultural communication: an application to group work. *The Journal for Specialists in Group Work* (40)3, 268-293. doi.org/10.1080/01933922.2015.1056568

Frings, D., & Abrams, D. (2010). The effect of difference oriented communication on the subjective validity of an in-group norm: Doc can treat the group. *Group Dynamics: Theory, Research, and Practice*, 14(4), 281-291. doi.org/10.1037/a0019162

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

- Diagnosis and treatment of mental and emotional disorders (Clinical Psychology)

Ansell, E.B., Grilo, C.M., & White, M.A. (2012). Examining the interpersonal model of binge eating and loss of control over eating in women. *International Journal of Eating Disorders*, 45(1), 43-50. doi: 10.1002/eat.20897

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patients with schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*. doi: 10.3109/00048670903393571

Bechdolf, A., Thompson, A., Nelson, B., Cotton, S., Simmons, M.B., Amminger, G.P... Yung, A.R. (2010). Experience of trauma and conversion to psychosis in an ultra-high-risk (prodromal) group. *Acta Psychiatrica Scandinavica*, 121(5), 377-384. doi: 10.1111/j.1600-0447.2010.01542.x

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Schulz, A., Stolz, T., Vincent, A., Krieger, T., Andersson, G., & Berger, T. (2016). A sorrow shared is a sorrow halved? A three-arm randomized controlled trial comparing internet-based clinician-guided individual versus group treatment for social anxiety disorder. *Behavior Research and Therapy*, 84, 14-26. doi: 10.1016/j.brat.2016.07.001

- Counseling Psychology

Cornish, M.A., Wade, N.G., Tucker, J.R., & Post, B.C. (2014). When religion enters the counseling group: multiculturalism, group processes, and social justice. *The Counseling Psychologist*, 42(5), 578-600. doi:10.1177/0011000014527001

Howell, A.J., Jacobson, R.M., & Larsen, D.J. (2015). Enhanced psychological health among chronic pain clients engaged in hope-focused group counseling. *The Counseling Psychologist*, 43(4), 586-613. doi:10.1177/0011000014551421

Kivlighan, D.M., Jr., & Tibbits, B (2012). Silence is mean and other misconceptions of novice group counselors: Identifying errors of commission and omission in novices' knowledge structures. *Group Dynamics: Theory Research and Practice*, 16(1), 14-34. doi: 10.1037/a0026558

- Social Psychology

Amiot, C., Sansafacon, S., Louis, W., & Yelle, M. (2012). Testing the role of group norms and behavioral congruence in the internalization of discriminatory and parity behaviors. *Personality and Social Psychology Bulletin*, 38(1), 63-76. doi: 10.1177/0146167211429804.

Fiske, S.T. (2010). *Social beings: Core motives in social psychology*. New York: Wiley.

Markin, R. (2011). Does my group know how I feel? Measuring intellectual empathy in groups using the Social Relations Model. *Group Dynamics Theory, Research, and Practice*, 15(1), 1 – 15. doi: 10.1037/a0020292

- School Psychology

Fiske, S. (2010). Interpersonal stratification: Status, power and subordination. In S.T. Fiske, D. Gilbert & G. Lindzey (eds.) *Handbook of Social Psychology* (5th ed.), (1941 – 1982). Hoboken NJ:

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Luke, M., & Goodrich, K. (2013). Investigating the LGBTQ Responsive Model for supervision of group work. *The Journal for Specialists in Group Work*, 38(2), 96 – 120. doi: 10.1080/01933922.2013.775207

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Shechtman, Z., & Gluk, O. (2005). An investigation of therapeutic factors in children's groups. *Group Dynamics: Theory, Research, and Practice*, 9(2), 127-134. doi: 10.1037/1089-2699.9.2.127

b. 2. Distinctiveness - Problems

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

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

- Scientific study on optimal functioning for groups. (Johnson, 2006)
- Teaching and promoting group leadership skills (Johnson, 2005)
- Existential concerns and how to address them. (Kivlighan, 2011; Yalom, 2005)
- Use of socializing forces. (Kopelowitz, 2006; Ellis, 2014, Badenoch, 2008)
- Prevention programs. (Conyne, 2014; Gudmundsson, 2014)
- Social justice (Rayle, 2006; Villalba, 2014)
- Cost-effective treatment. (Bonsaken et al., 2010; Kusters et al., 2006)
- Patient education. (Bechdolf, 2010); and
- Skills training (Cloitre, 2002)

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Group Therapy with Distinct Populations: brief descriptions

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Bergeron, S., Khalifé, S., Dupuis, M.J., & McDuff, P. (2016). A randomized clinical trial comparing group cognitive-behavioral therapy and a topical steroid for women with dyspareunia. *Journal of Consulting and Clinical Psychology*, 84(3), 259-268. doi: 10.1037/ccp0000072

Proposes that GCBT may yield a positive impact on more dimensions of dyspareunia than a topical steroid, and supports recommendations as a first-line treatment for provoked vestibulodynia.

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Linehan, M.M. (1996) Dialectical Behavior Therapy for Borderline Personality Disorder. In B. Schmitz (Ed.), *Treatment of personality disorders* (365-372). Munich, Germany: Psychologie Verlags Union.

This chapter presents the development of a treatment for individuals with borderline personality disorder (BPD), the data for which indicates more effective outcomes as compared to alternative treatments.

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After grief intervention, large effect sizes, with regard to improvement in complicated grief symptoms, were found, though the lack of differences regarding overall mental distress and depressive symptoms (between the two groups), suggests that the grief intervention may be highly specific.

Sripada, R.K., Bohnert, K.M., Ganoczy, D., Blow, F.C., Valenstein, M., & Pfeiffer, P.N. (2016). Initial Group Versus Individual Therapy for Posttraumatic Stress Disorder and Subsequent Follow-up Treatment Adequacy. *Psychological Services*, No Pagination Specified. doi: 10.1037/ser0000077

Greater treatment adequacy among group therapy participants suggests that these patients have greater access to frequent psychotherapy sessions or are more likely to persist with psychotherapy for PTSD than those treated individually.

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The LaP-LAC is a psychoeducational group work experience wherein Latina/o parents with high school-aged children learn to understand the high school curriculum and become more familiar with post-secondary options (including financial aid), in an effort to empower themselves and their families.

Sample Citations of the Distinct Aspects of Group Psychology and Group Psychotherapy

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c. Procedures and Techniques

Group Psychology and Group Psychotherapy have well-established, evidence-based procedures and techniques that guide group activities, group leadership and the group setting. These procedures and techniques extend across all aspects of group work, including group members' and group-as-a whole skill building, diagnostic procedures, group leader development, and group consultation and supervision.

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 (books, chapters, articles in refereed journals.) While reliance on some classic references is acceptable, the majority of references provided should be from last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty.***

a. ***assessment:***

Assessment is a foundational skill and competency for the specialty that extends and builds on assessment knowledge, strategies, and skills developed by successful completion of psychology doctoral and internship programs. Assessment as applied to group consists of individual assessment and group assessment. Individual assessment emphasizes assessing the individual's appropriateness for the particular group (screening), such as level of interpersonal skills and the capacity to engage in group process (Rutan, Stone & Shay, 2012); and psychological assessment of group members' issues, motivation, diagnoses, and similar issues that are related to successful outcomes (Yalom, 2005). Group assessment emphasizes the group as a whole's climate, process and outcomes (Burlingame et al., 2013)

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 effect.

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, 2001) and Group Readiness Questionnaire (Baker, Burlingame, Cox, Beecher & Gleave, 2013). These measures identify evidence-based predictors of likelihood of group members dropping out and are used to improve group therapist awareness of how to better prepare and motivate clients toward positive outcomes. Group Process measures include, but are not limited to: the Group Questionnaire (Krogel, Burlingame, Chapman, Renshaw, Gleave, Beecher, & MacNair-Semands, 2013); the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000); the and Outcome measures include: the Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner, & Reisinger, 1996), an NREPP/SAMHSA-validated measure; the Inventory of Interpersonal Problems (IIP- 32; Horowitz, Wiggins, & Pincus, 2000). Several of these instruments are collected in the CORE-R Battery (AGPA, 2006; Burlingame, et al., 2006; MacNair-Semands & Lese, 2000), a compendium of assessment instruments produced by the AGPA (2006). Please see Criterion IV. Appendix for two samples of the previously mentioned evaluation tools.

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, 2012), 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.

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Whittingham, M., Lotz, J., Gehle, N., & Harris, A. (March, 2012). *Focused Brief Group Therapy: An integrated, assessment-informed model for brief group work*. Workshop presented at the 2012 Annual Meeting of the American Group Psychotherapy Association.

Yalom, I. (with M. Leszcz) (2005). *Theory and Practice of Group Psychotherapy*. Basic Books: New York.

b. intervention:

Leader interventions go beyond acquiring a set of skills and techniques as a basis for understanding when and how to intervene in a group. 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 (Rogers, 1970; 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). Sample references are presented below.

Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A.R., & Pukrop, R (2010). Randomized comparison of group cognitive behavior and psychoeducation in acute patients with schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*, 44, 144 – 150. [doi: 10.3109/00048670903393571](https://doi.org/10.3109/00048670903393571)

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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. 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.

Consultative methods in group therapy are multifarious, from group leaders who consult with business organizations on team meetings and group processes, to regular "ask the expert" columns in newsletters such as those produced by the AGPA (*The Group Circle*) and APA (*The Group Psychologist*). 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); listserves such as the University Counseling Centers Group Coordinator Listserve (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.

Bloom, A.W. (2016). Advances in Substance Abuse Prevention and Treatment Interventions Among Racial, Ethnic, and Sexual Minority Populations. *Alcohol Research*, 38(1), 47-54.

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New York: American Group Psychotherapy Association.

Burlingame, G., Seebeck, J., Janis, R., Whitcomb, K., & Bardowski, S. (2016). *Outcome differences between individual and group formats when equivalent and nonequivalent treatments, patients and doses are compared: A 25-year meta-analytic perspective*. Manuscript submitted for publication.

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MacNair- Semands, R.R. (2001, February). Assessment of group selection factors and therapeutic dynamics. In S. Taylor (Chair), *Current research in groups*. Symposium conducted at the annual meeting of the American Group Psychotherapy Association, Boston, MA.

MacNair-Semands, R., & Lese, K.P. (2000). The Therapeutic Factors Inventory: Development of a Scale. *Group* 24(4), 303-317. doi: 10.1023/A:1026616626780

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O'Doherty, H., & Kennedy, D. (2013). On the similarities of mind and peace in the valley. *International Journal of Group Psychotherapy*, 63(2), 207 – 234.

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

Schermer, V., & Rice, C. (2013). Introduction: Group psychotherapists as organizational consultants: Diverse contexts, models and approaches. *International Journal of Group Psychotherapy*, 63(2), 147 – 152.

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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).

Group Psychology and Group Psychotherapy has additional knowledge and competencies for supervision, that of group supervision. Group supervision theories and models include concept mapping (Carter et al. 2009), taxonomy development (Coleman et al. 2009), measures and definitions for outcomes (Whipple & Lambert, 2011), and competencies (Falender et al, 2004). Sample references are provided below:

Abbass, A., Arthey, S., Elliott, J., Fedak, T., Nowoweiski, D., Markovski, J., & Nowoweiski, S. (2011), Web-conference supervision for advanced psychotherapy training: A practical guide.

Psychotherapy, 48(2), 109-118. doi: [10.1037/a0022427](https://doi.org/10.1037/a0022427). Special Section: Internet and Video Technology in Psychotherapy Supervision and Training.

American Psychological Association (2013). Guidelines and Principles for Accreditation of Programs in Professional Psychology. Washington, DC.

Barlow, S. (2013). *Special Competencies in Group Psychology*. Oxford, England: Oxford University Press. doi: [10.1093/med:psych/9780195388558.003.0008](https://doi.org/10.1093/med:psych/9780195388558.003.0008)

Carter, J., Enyendy, K., Goodyear, R., Arceine, F., & Puri, N. (2009). Concept mapping of the events supervisees find helpful in group supervision. *Training and Education in Professional Psychology*, 3(1), 1-9. doi:10.1037/a0013656

Coleman, M.N., Kivlighan, D.M., Jr., & Roehlke, H.J. (2009). A taxonomy of the feedback given in group supervision of counselor trainees. *Group Dynamics: Theory, Research and Practice*, 13(4), 300 – 315. doi: 10.1037/a0015866

Falender, C.A., Cornish, J.A., Goodyear, R., Hatcher, R., Kaslow, N.J., Leventhal, G...Grus, C. (2004). Defining competencies in psychology supervision. A consensus statement. *Journal of Clinical Psychology*, 60(7), 771 – 785. doi:10.1002/jclp.20013

Laska, K.M., Smith, T.L., Wislocki, A.P., Minami, T., & Wampold, B.E. (2013). Uniformity of evidence-based treatments in practice? Therapist effects in the delivery of cognitive processing therapy for PTSD. *Journal of Counseling Psychology*, 60(1), 31-41. doi: [10.1037/a0031294](https://doi.org/10.1037/a0031294)

Livni, D., Crowe, T.P., & Gonsalvez, C.J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology*, 57(2), 178-186. doi: [10.1037/a0027452](https://doi.org/10.1037/a0027452)

Rapp, C.A., Goscha, R.J. & Fukui, S. (2015). Enhanced consumer goal achievement through strengths-based group supervision. *Psychiatric Rehabilitation Journal*, 38(3), 268-272. doi: 10.1037/prj0000060

Smith, R.D., Erickson Cornish, J.A., & Riva, M.T. (2014). Contracting for group supervision. *Training and Education in Professional Psychology*, 8(4), 236-40. doi.org/10.1037/tep0000075 Special Section: Ethical Issues in Education and Training.

Smith, R.D., Riva, M.T., & Erickson Cornish, J.A. (2012). The ethical practice of group supervision: A national survey. *Training and Education in Professional Psychology*, 6(4), 238-248. doi: [10.1037/a0030806](https://doi.org/10.1037/a0030806)

Tasca, G.A., Francis, K., & Balfour, L. (2014). Group psychotherapy levels of interventions: A clinical process commentary. *Psychotherapy*, 51(1), 25-29. doi.org/10.1037/a0032520 Special Section: Couples, Family, and Group.

Whipple, J.L., & Lambert, M.J. (2011). Outcomes measures for practice. *Annual Review of Clinical Psychology*, 7, 87 – 111. doi: 10.1146/annurev-clinpsy-040510-143938

e. research and inquiry:

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. Examples of recent studies and professional writings include the following:

Randomized clinical trial on suicide ideation:

Ebrahimi, H., Kazemi, A, Fallahi, K. & Modabber, R. (2014). The effect of spiritual and religious group psychotherapy on suicide ideation in depressed patients: A randomized clinical trial. *Journal of Caring Science*, 3(2): 131 – 40. doi: 10.5681/jcs.2014.014

A meta-analysis on group cohesion:

Castano, N., Watts, T. & Tekleah, A. (2014). A reexamination of the cohesion-performance relationship: A comprehensive approach. *Group Dynamics*, 17(4) 207-231. doi: 10.1037/a0034142

Validation of group assessment measures:

Baker, E.L., Burlingame, G.M., Cox, J.C., Beecher, M.E., & Gleave, R.L. (2014). The Group Readiness Questionnaire: A convergent validity analysis. *Group Dynamics*, 17(4), 299 – 314.

Research methods:

Greene, L.R. (2016). Group psychotherapy research studies that therapists might actually read: My top-10 list. *International Journal of Group Psychotherapy*. Retrieved from www.agpa.org/docs/default-source/continuing-ed-meetings-events-training/2016-handouts/friday-handouts/70-5_group-psychotherapy-research_greene.pdf?sfvrsn=2. doi.org/10.1080/00207284.2016.1202678

Macgowan, M., & Wong, S. (2014). Single case-designs in group work: Past applications, Future directions. *Group Dynamics*, 18(2), 159.

Maxwell, K., Callahan, J.L., Holtz, P., Janis, B.M., Gerber, M.M., & Connor, D.R. (2015). Comparative study of group treatments for posttraumatic stress disorder. *Psychotherapy*, No Pagination Specified.

Rubel, D., & Okech, J. (2010). Qualitative research approaches and group counseling. In R. Coyne (Ed.) *The Oxford Handbook of Group Counseling*. New York: The Oxford University Press.

Stockton, R., & Morran, K. (2010) General research models. In R. Coyne (Ed.) *The Oxford Handbook of Group Counseling*. New York: The Oxford University Press.

Thorgeirsdottir, M.T., Bjornsson, A.S., & Arnkelsson, G.B. (2015). Group climate development in brief group therapies: A comparison between cognitive-behavioral group therapy and group

psychotherapy for social anxiety disorder. *Group Dynamics: Theory, Research, and Practice*, 19(3), 200-209. doi: 10.1037/gdn0000029

f. public interest:

Following are some examples of the recent research for the group specialty that address topics relevant to the public interest. These references specifically identify outcomes and processes distinct to group, such as the ways in which group members provide positive support and role-modeling to one another, provide movement along/within Stages of Change, the positive aspects of process-oriented psychoeducational (POP) treatment model, the improvement of social interactions outside of group due to group interactions, the importance of group cohesion and its positive effects on successful outcomes with group members, and the group dynamics' contributions to psychosocial education and development.

Abuse/ Trauma

Alexander, P., Morris, E., Tracy, A., & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized control trial. *Violence and Victims*, 25(5), 571-587. doi:10.1891/0886-6708.25.5.571

Chouliara, Z., Karatzias, T., Scott-Brien, G., Macdonald, A., Macarthur, J., & Frazer, N. (2011). Talking therapy services for adult survivors of childhood sexual abuse (CSA) in Scotland: Perspectives of service users and professionals. *Child Sexual Abuse*, 20(2), 128-156. doi: 10.1080/10538712.2011.554340

Dorrepaal, E., Thomaes, K., Smit, J.H., van Balkom, A.J., van Dyck, R., Veltman, D.J. & Draijer, N. (2010). Stabilizing group treatment for complex posttraumatic stress disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study. *Child Abuse & Neglect*, 34(4), 284-288. doi: 10.1016/j.chiabu.2009.07.003

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

Lothstein, L. (2013b). Group therapy for intimate partner violence (IPV). *International Journal of Group Psychotherapy*, 63(3), 449-452. doi: 10.1521/ijgp.2013.63.3.449

Nicholas, M.W. (2013). The compulsion to repeat relationships with abusive partners and how group therapy can help. *International Journal of Group Psychotherapy*, 63(3), 347-365. doi: 10.1521/ijgp.2013.63.3.346

Simon, W., & Sliwka, P. (2012). Effectiveness of group psychotherapy for adult outpatients traumatized by abuse, neglect, and/or pregnancy loss: A multiple-site, pre-post- follow-up, naturalistic study. *International Journal of Group Psychotherapy*, 62(2),

Cancer

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

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

Sherman, K.A., Heard, G., & Cavanagh, K.L. (2010). Psychological effects and mediators of a group multi-component program for breast cancer survivors. *Journal of Behavioral Medicine*, 33(5), 378-391. doi: 10.1007/s10865-010-9265-9

Emotional and Mental Disorders

Ansell, E.B., Grilo, C.M., & White, M.A. (2012). Examining the interpersonal model of binge eating and loss of control over eating in women. *International Journal of Eating Disorders*, 45(1), 43-50. doi: 10.1002/eat.20897

Ascher-Svanum, H., & Whitesel, J. (1999). A randomized controlled study of two styles of group patient education about schizophrenia. *Journal of Psychiatric Services*, 50(7), 926-930. doi:10.1176/ps.50.7.926

Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A.R., & Pukrop, R. (2010). Randomized comparison of group cognitive behavior therapy and group psychoeducation in acute patients with schizophrenia: Effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*, 44(2), 144-150. doi: 10.3109/00048670903393571

Bockting, C.L.H., Spinhoven, P., Wouters, L.F., Koeter, M.W.J., & Schene, A.H. (2009). Long-term effects of preventive cognitive therapy in recurrent depression: A 5.5-year follow- up study. *Journal of Clinical Psychiatry*, 70(12), 1621-1628. doi: 10.4088/JCP.08m04784blu

Castle, D., White, C., Chamberlain, J., Berk, M., Berk, L., Lauder, S... Gilbert, M. (2010). Group-based psychosocial intervention for bipolar disorder: A randomized controlled trial. *British Journal of Psychiatry*, 196(5), 383-388. doi: 10.1192/bjp.bp.108.058263

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Clinical Psychology Review, 30(1), 25-36.

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

Lothstein, L. (2013a). Group therapy for patients suffering from eating disorders. *International Journal of Group Psychotherapy*, 62(3), 473-476. doi: 10.1521/ijgp.2012.62.3.473

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

Inpatient

Cook, W.G., Arechiga, A., Dobson, L.A.V., & Boyd, K. (2014). Brief heterogeneous inpatient psychotherapy groups: A process-oriented psychoeducational (POP) model. *International Journal of Group Psychotherapy*, 64(2), 181-206. doi:10.1521/ijgp.2014.64.2.180

Deering, C.G. (2014). Process-oriented inpatient groups: Alive and Well? *International Journal of Group Psychotherapy*, 64(2), 165-180. doi: 10.1521/ijgp.2014.64.2.164

Emond, S., & Rasmussen, B. (2012). The status of psychiatric inpatient group therapy: Past, present, and future. *Social Work with Groups*, 35(1), 68-91. doi:10.1080/01609513.2011.553711

Lothstein, L.M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. *International Journal of Group Psychotherapy*, 64(2), 229-244. doi: 10.1521/ijgp.2014.64.2.228

Peters, T., & Kanas, N. (2014). Cognitive-behavioral group therapy in the acute care inpatient setting. *International Journal of Group Psychotherapy*, 64(2), 272-276. doi:10.1521/ijgp.2014.64.2.272

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g. continuing professional development

Professional development for the specialty is an expectation for group psychologists. The need for group psychologists to maintain and extend their knowledge, skills, professional attitudes, and competencies is an expectation of the professional standards and ethics for the American Psychological Association, ABPP, AGPA's Certification of Group Psychotherapists, and 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.

The Certified Group Psychotherapist credential (CGP) is valid for two years. Recertification requires 18 hours of continuing education credits in the field of group psychotherapy within the

past two years as well as a valid state independent practice license and current professional liability insurance.

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

- ☐ Evaluates assessment instruments: validity, reliability, suitability, and usability for individuals.
- ☐ Administers, scores and interprets test results for individuals.
- ☐ Compiles test results for individuals, analyzes, evaluates and synthesizes these results in written reports.
- ☐ Understands the roles for other non-measurable factors for individuals, such as the impact of family culture and environment on their development.
- ☐ Demonstrates the correct use of the DSM diagnostic categories.
- ☐ Seeks consultation when necessary.

Different

- Assesses suitability for group.
- Evaluates the group's climate.
- Assesses group outcomes.

b. intervention

Shared

- ☐ Uses change mechanisms within a theoretical framework.
- Selects interventions based on client's needs and characteristics.
- ☐ Demonstrates an awareness of core client issues, concerns or problems.
- ☐ Appreciates and is sensitive to the cultural and/or diversity characteristics of individuals and how these impact selection of interventions.
- ☐ Assists clients to express emotions, identifies core areas of concerns, and evaluates the status of their meaningful relationships.
- ☐ Teaches 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 commonalities, uses socializing techniques, and other group therapeutic/curative factors.
- ☐ Understands and applies the use of group developmental stages to further the process

and progress of the group and for its members.

- ☐ Intervenes at the group level and provides group process commentary.
- ☐ Understands and reflects back to members how their behavior and relationships in the group are reflective of their behavior and relationships outside the group.
- ☐ Uses a here and now focus.
- ☐ Understands the group-as-a-whole system.

c. consultation:

Shared

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

Different

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

d. supervision

Shared

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

Different

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

e. research and inquiry:

Shared

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

Different

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

f. *public interest:*

Shared

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

Different

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

g. *continuing professional development:*

Shared

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

Different

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

Criterion IV

Appendices

Appendix 1: Group Climate Questionnaire

Appendix 2: IP-32

Appendix 3: Short form : The Therapeutic Factors

Criterion IV. Appendix 1: Group Climate Questionnaire

Name: _____

Date: _____

GROUP QUESTIONNAIRE

- ☐ Read each statement carefully and **as you answer the questions think of the group as a whole.**
- ☐ For each statement fill in the box under the MOST APPROPRIATE heading that best describes the group during the four sessions.
- ☐ Please mark only ONE box for each statement.

	Not at all	A Little Bit (1)	Somewhat (2)	Moderately (3)	Quite a bit (4)	A Great	Extremely (6)
1. The members liked and cared about each other.....	D	D	D	D	D	D	D
2. The members tried to understand why they do the things they do, tried to reason it out....	D	D	D	D	D	D	D
3. The members avoided looking at important issues going on between themselves.....	D	D	D	D	D	D	D
4. The members felt what was happening was important and there was a sense of participation	D	D	D	D	D	D	D
5. The members depended upon the group leader(s) for direction.....	D	D	D	D	D	D	D
6. There was friction and anger between the members.....	D	D	D	D	D	D	D
7. The members were distant and withdrawn from each other.....	D	D	D	D	D	D	D

8. The members challenged and confronted each other in their efforts to sort things out....	D	D	D	D	D	D	D
9. The members appeared to do things the way they thought would be acceptable to the group	D	D	D	D	D	D	D
10. The members rejected and distrusted each other.....	D	D	D	D	D	D	D
11. The members revealed sensitive personal information or feelings.....	D	D	D	D	D	D	D
12. The members appeared tense and anxious.....	D	D	D	D	D	D	D

Criterion IV. Appendix 2: IIP-32

IIP-32

People have reported the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then, on your answer sheet, mark the number on the scale that describes how distressing that problem has been.

	The following things are things you find hard to do with other people.	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
	It is hard for me to:					
1.	join in on groups.	0	1	2	3	4
2.	be assertive with another person.	0	1	2	3	4
3.	make friends.	0	1	2	3	4
4.	make a long term commitment to another person.	0	1	2	3	4
5.	be aggressive toward other people when the situation calls for it.	0	1	2	3	4
6.	maintain a working relationship with someone I don't like.	0	1	2	3	4
7.	socialize with other people.	0	1	2	3	4
8.	show affection for another person.	0	1	2	3	4
9.	feel comfortable around other people.	0	1	2	3	4
10.	tell personal things to other people.	0	1	2	3	4
11.	be firm when I need to be.	0	1	2	3	4
12.	experience a feeling of love for another person	0	1	2	3	4
13.	be supportive of another person's goals in life.	0	1	2	3	4
14.	really care about other people's problems.	0	1	2	3	4
15.	put someone else's needs before my own	0	1	2	3	4
16.	take instructions from people who have authority over me	0	1	2	3	4
17.	open up and tell my feelings to another person.	0	1	2	3	4
18.	attend to my own welfare when somebody else is needy.	0	1	2	3	4
19.	be involved with another person without feeling trapped.	0	1	2	3	4

	The following are things you do too much.	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
20.	I fight with other people too much.	0	1	2	3	4
21.	I get irritated or annoyed too easily.	0	1	2	3	4
22.	I want people to admire me too much.	0	1	2	3	4
23.	I am too dependent on other people	0	1	2	3	4
24.	I open up to people too much.	0	1	2	3	4
25.	I put other people's needs before my own too much.	0	1	2	3	4
26.	I am overly generous to other people.	0	1	2	3	4
27.	I worry too much about other people's reactions to me	0	1	2	3	4
28.	I lose my temper too easily.	0	1	2	3	4
29.	I tell personal things to other people too much.	0	1	2	3	4
30.	I argue with others too much.	0	1	2	3	4
31.	I am too envious and jealous of other people.	0	1	2	3	4
32.	I am affected by another person's misery too much.	0	1	2	3	4

Appendix 3

The Therapeutic Factors Inventory–Short Form

Name _____

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Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

1= Strongly Disagree to 7= Strongly Agree

- | | | | | | | | | |
|------|--|---|---|---|---|---|---|---|
| 1. | Because I've got a lot in common with other group members, I'm starting to think that I may have something in common with people outside group too. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | Things seem more hopeful since joining group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | I feel a sense of belonging in this group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | I find myself thinking about my family a surprising amount in group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.* | Sometimes I notice that in group I have the same reactions or feelings as I did with my sister, brother, or a parent in my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6.* | In group I've learned that I have more similarities with others than I would have guessed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | It's okay for me to be angry in group. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | In group I've really seen the social impact my family has had on my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Group helps me feel more positive about my future. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | It touches me that people in group are caring toward each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12.* | I pay attention to how others handle difficult situations in my group so I can apply these strategies in my own life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. | In group sometimes I learn by watching and later imitating what happens. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14.* | This group helps me recognize how much I have in common with other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. | In group, the members are more alike than different from each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | It's surprising, but despite needing support from my group, I've also learned to be more self-sufficient. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

(Appendices continue)

17. This group inspires me about the future. 1 2 3 4 5 6 7
18. Even though we have differences, our group feels secure to me. 1 2 3 4 5 6 7
19. By getting honest feedback from members and facilitators, I've learned a lot about my impact on other people. 1 2 3 4 5 6 7
20. This group helps empower me to make a difference in my own life. 1 2 3 4 5 6 7
21. I get to vent my feelings in group. 1 2 3 4 5 6 7
22. Group has shown me the importance of other people in my life. 1 2 3 4 5 6 7
23. I can "let it all out" in my group. 1 2 3 4 5 6 7

Scoring Key

The factor scores from the TFI-S were based on a simple averaging of the associated items: Instillation of Hope (items 2, 6, 10, 14, 17, and 20); Secure Emotional Expression (items 3, 7, 11, 15, 18, 21, and 23);

Awareness of Relational Impact (items 4, 8, 12, 16, 19, and 22); and Social Learning (items 1, 5, 9, and 13).

*Items 5, 6, 12, and 14 were excluded from the TFI-S to create the TFI-19. The same parsimonious scoring method outlined above can be used, i.e., to take the mean of the items associated with each of the four factors. These scores would be regarded as course estimates of the factor scores derived from the weighted summation method portrayed below.

Each TFI-19 factor is based on a sum of the item ratings each multiplied by a factor score weight. This scoring method is based on the factor score coefficient matrix provided by the AMOS structural equation modeling following identification of the final model, and takes into account the correlated error between specific item pairs (see text).

Instillation of Hope = (Item01 * .016) + (Item02 * .119) + (Item03 * .009) + (Item04 * .005) + (Item07 * .000) + (Item08 * .008) + (Item09 * .031) + (Item10 * .274) + (Item11 * .008) + (Item13 * .014) + (Item15 * .004) + (Item16 * .021) + (Item17 * .206) + (Item18 * .013) + (Item19 * .037) + (Item20 * .135) + (Item21 * .004) + (Item22 * .029) + (Item23 * .003)

Secure Emotional Expression = (Item01 * .011) + (Item02 * .006) + (Item03 * .094) + (Item04 * .006) + (Item07 * .019) + (Item08 * .000) + (Item09 * .021) + (Item10 * .014) + (Item11 * .086) + (Item13 * .009) + (Item15 * .040) + (Item16 * .016) + (Item17 * .010) + (Item18 * .138) + (Item19 * .029) + (Item20 * .007) + (Item21 * .045) + (Item22 * .022) + (Item23 * .029)

Awareness of Relational Impact = (Item01 * .028) + (Item02 * .026) + (Item03 * .030) + (Item04 * .016) + (Item07 * .001) + (Item08 * .023) + (Item09 * .055) + (Item10 * .059) + (Item11 * .028) + (Item13 * .025) + (Item15 * .013) + (Item16 * .062) + (Item17 * .044) + (Item18 * .044) + (Item19 * .108) + (Item20 * .029) + (Item21 * .014) + (Item22 * .083) + (Item23 * .009)

Social Learning = (Item01 * .070) + (Item02 * .026) + (Item03 * .027) + (Item04 * .010) + (Item07 * .002) + (Item08 * .014) + (Item09 * .137) + (Item10 * .059) + (Item11 * .025) + (Item13 * .062) + (Item15 * .011) + (Item16 * .039) + (Item17 * .044) + (Item18 * .039) + (Item19 * .068) + (Item20 * .029) + (Item21 * .013) + (Item22 * .052) + (Item23 * .008)

(Appendices continue)

THERAPEUTIC FACTORS INVENTORY–SHORT FORM

Appendix B Hierarchical Linear Models

Three-Level Longitudinal Model (for sensitivity to change)

$$\text{Level 1: } Y_{tij} = 1r_{0ij} + 1r_{1ij} * (\log \text{ time}) + e_{tij}$$

$$\text{Level 2: } 1r_{0ij} = \diamond_{00j} + \diamond_{01j} * (\text{individual pre-scores}) + r_{0ij}$$

$$1r_{1ij} = \diamond_{10j} + \diamond_{11j} * (\text{individual pre-score}) + r_{1ij}$$

$$\text{Level 3: } \diamond_{00j} = 'Y_{000} + 'Y_{001} (\text{group pre-score}) + u_{00j}$$

$$\diamond_{01j} = 'Y_{010} + u_{01j}$$

$$\diamond_{10j} = 'Y_{100} + 'Y_{101} (\text{group pre-score}) + u_{10j}$$

$$\diamond_{11j} = 'Y_{110} + u_{11j}$$

The dependent variables (Y_{tij}) in this model are one of the TFI–19 subscales. The growth models shown here used a log transformation for “time” to model a more pronounced change from session 4 to 8, and less pronounced change from sessions 8 to 12. Individual pre-scores were group mean centered and group pre-scores were grand mean centered.

Two Level Hierarchically Nested Models (For Predictive Validity)

$$\text{Level 1: } Y_{ij} = \diamond_{0j} + \diamond_{1j}(\text{pre-score}) + \diamond_{2j}$$

$$(\text{TFI scale}) + r_{ij}. \text{ Level 2: } \diamond_{0j} = 'Y_{00} + u_{0j}.$$

$$\diamond_{1j} = 'Y_{10} + u_{1j}$$

$$\diamond_{2j} = 'Y_{20} + u_{2j}$$

The dependent variables (Y_{ij}) in this model are one of the individual outcome scale scores at session 12. Individual pre-scores and TFI scale scores were grand mean centered.

Accepted May 11, 2011