

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

***Commentary:** A body of evidence is 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.*

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

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

The efficacy of the specialty's services is illustrated in the sample research studies that follow. The populations served are notably diverse, and encompass children; adolescents; adults and older adults; psychiatric inpatients and outpatients; people experiencing medical illness; alcohol- or chemically dependent individuals; trauma survivors; members of sports and work teams; and people in the criminal justice system including incarcerated felons.

Group services have been evaluated among clients from diverse cultural, ethnic, and socioeconomic backgrounds.

The research to date supports the efficacy and effectiveness of the specialty's delivery of services. Studies in various clinical populations have pointed to reduction of symptoms, diminished relapse, and enhanced therapeutic growth, in addition to preliminary demonstrations of cost-effectiveness. A large theoretical foundation, as well as a growing empirical database, has delineated a number of therapeutic factors or mechanisms of change. These factors include reduction of isolation and alienation, increased socializing and building of socialization skills for better communication within a safe environment, promotion of an understanding for commonalities among people, an opportunity for corrective emotional experiencing, seeing and modeling behavior change from and for others that can promote hope and provide encouragement, receiving significant and meaningful feedback from the group leader and other group members, receiving understanding for feeling expressions, fostering of meaningful connections to other people, learning conflict resolution, problem solving and emotional management skills and strategies.

Following is a list of illustrative examples of research, beginning with most recent

examples, with some of the populations frequently served (these include some meta-analyses, narrative reviews, randomized trials, and single-arm studies).

Gonyea, J.G., López, L.M., Velásquez, E.H. (2016). The effectiveness of a culturally sensitive cognitive behavioral group intervention for Latino Alzheimer's caregivers. *Gerontologist*, 56(2), 292-302. doi: 10.1093/geront/gnu045

This study tested effectiveness of Circulo de Cuidado, a culturally-sensitive, CBT group intervention for a sample of Latino caregivers, of family members with Alzheimer's. Findings offer preliminary evidence that a culturally tailored, CBT group intervention targeted toward neuropsychiatric symptom management has positive psychological benefits for Latino caregivers.

Gallagher, M. E., Tasca, G. A., Ritchie, K., Balfour, L., Maxwell, H., & Bissada, H. (2014). Interpersonal learning is associated with improved self-esteem in group psychotherapy for women with binge eating disorder. *Psychotherapy*, 51 (1), 66.

Women with binge eating disorder (N = 102) were assigned to homogeneously composed groups of either high or low attachment anxiety, and received Group Psychodynamic Interpersonal Psychotherapy. Participants with higher attachment anxiety had lower individual self-ratings of cohesion, and there was a significant relationship between greater convergence in cohesion ratings and improved self-esteem at post-treatment.

Bonsaksen, T., Lerdal, A., Borge, F.M., Sexton, H., & Hoffart, A. (2011). Residential cognitive therapy versus residential interpersonal therapy for social phobia: A randomized controlled trial. *Journal of Anxiety Disorders*, 22(6), 991-1010. doi: 10.1016/j.janxdis.2007.10.002

Eighty patients meeting DSM-IV criteria for social phobia were randomly assigned to residential cognitive therapy (RCT) or residential interpersonal therapy (RIPT), with integrated group, individual and residential format. RCT and RIPT patients improved significantly on primary outcome measures from pre- to post-treatment. The entire sample reported continued improvement from post-treatment to 1-year follow-up.

Chung, M., Tsu, J., Kuo, C., Lin, P., & Chang, T. (2014). Therapeutic effect of dynamic interpersonal group psychotherapy for Taiwanese patients with depressive disorder. *International Journal of Group Psychotherapy*, 64(4), 537-545. doi: 10.1521/ijgp.2014.64.4.537

This study investigated therapeutic effects of dynamic interpersonal group psychotherapy (DIGP) for the depressed in Taiwan. Compared with control group, patients treated with DIGP showed significant improvement in severity of depression, especially in somatic subscale and quality of life regarding psychological health.

Lubin, H., Loris, M., Burt, J., & Johnson, D. R. (2014). Efficacy of psychoeducational group therapy in reducing symptoms of posttraumatic stress disorder among multiply traumatized women. *American Journal of Psychiatry*, 155, 1172-1177.

This study examined effectiveness of a 16-week trauma-focused, cognitive-behavioral group therapy in reducing primary symptoms of PTSD in five groups (N=29) of multiply traumatized women diagnosed with chronic PTSD. At termination, subjects demonstrated significant reductions in all three clusters of PTSD symptoms (i.e., reexperiencing, avoidance, and hyperarousal) and in depressive symptoms, and also showed near-significant reductions in general psychiatric and dissociative symptoms. Improvements sustained at 6-month follow-up.

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

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

Nykliček, I., Paula, M., Mommersteeg, P.M., Van Beugen, S., Ramakers, C., & Van Bortel, G.J. (2013). Mindfulness-based stress reduction and physiological activity during acute stress: A randomized controlled trial. *Health Psychology*. doi:1037/a0033187

Eighty-eight healthy participants who reported elevated stress levels were randomly assigned to the mindfulness-based stress reduction protocol (MBSR) of mindfulness psychoeducational group, mindfulness practice, sharing experiences and 45 minutes of home practice, or a waitlist control group. When compared to the control group and controlling for age, sex, body mass index, and beta-blockers, members of the MBSR protocol participants showed larger pre- to post-

intervention decreases in overall systolic and diastolic blood pressure and exhibited smaller SBP and DBP stress related changes.

Scope, A., Beaviss, J., Kathenthaler, E., Perry, G., Sutcliffe, P., Bradburn, M., & Cantrell, A. (2013). Is group cognitive behaviour therapy for postnatal depression evidence-based practice? *BMC Psychiatry*, 13, 321. doi: 10.1186/1471-244X-13-321

Evidence suggests that psychological therapies, including cognitive behavior therapy (CBT), may be effective in reducing postnatal depression (PND) when offered to individuals. Group CBT was compared to currently used packages of care for women with PND. Although available evidence is limited, group CBT was shown to be effective.

Weißflog, G., Brähler, E., Leuteritz, K., Barthel, Y., Kuhnt, S., Wiltink, J., Zwerenz, R., & Beutel M.E. (2015). Does psychodynamic short-term psychotherapy for depressed breast cancer patients also improve fatigue? Results from a randomized controlled trial. *Breast Cancer Research and Treatment*, 152(3), 581-588. doi: 10.1007/s10549-015-3494-0

This group study determined course of fatigue in depressed breast cancer patients, effect of a depression-focused individual psychodynamic psychotherapy on fatigue, and associations of fatigue with depression, quality of life and treatment-related variables. Fatigue declined significantly from high level pre-treatment to post-treatment, but stayed significantly higher than among population-based controls and a mixed sample of cancer patients. STPP is beneficial in the reduction of dimensions of fatigue (particularly reduced activity and physical fatigue) in depressed breast cancer patients. Chronic fatigue requires additional clinical attention in this vulnerable group.

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

A laboratory-based experimental study and a cross-sectional study were conducted to determine the effects of team learning on team outcomes of coordination quality and team performance. Task knowledge and role-based trust were used as mediators. Results showed that the direct effects of team learning are associated with better coordination quality and team performance.

Summary

As demonstrated by the breadth of studies above, Group Psychology and Group Psychotherapy effectively serves diverse populations across communities to meet public health needs, including all ages, socioeconomic conditions, genders, ethnicities, and identities.

- 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 specialty addresses psychoeducational groups, interpersonal process groups, psychotherapy groups, task and work groups, transition group and, in some cases, a combination of types. The types of problems addressed by the specialty range from those encountered in work and sports teams to enhance the collective climate and performance to severe and persistent mental disorders that require inpatient treatment. The sample published manuscripts show that group treatment has demonstrated significant benefits in addressing a variety of psychological, biological, and social problems. These include complicated grief, mood disorders, anxiety disorders, eating disorders, trauma/PTSD, domestic violence, substance abuse, schizophrenia, and psychosomatic disorder. Group interventions have also been helpful in supporting adaptation to medical illnesses, diminishing caregiver burden, and managing stress.

Barkowski, S., Schwartz, D., Strauss, B., Burlingame, G.M., Barth, J. & Rosendahl, J. (2016). Efficacy of group psychotherapy for social anxiety disorder: A meta-analysis of randomized-controlled trials. *Journal of Anxiety Disorders*, 39, 44-64.

This meta-analysis identified 36 randomized-controlled trials examining 2171 patients to investigate the efficacy of group psychotherapy for adult patients with social anxiety disorder (SAD). Medium to large positive effects emerged for wait list-controlled trials for specific symptomatology and general psychopathology. Group psychotherapy was superior to common factor control conditions in alleviating symptoms of SAD, but not in improving general psychopathology. No differences were noted for direct comparisons of group psychotherapy and individual psychotherapy or pharmacotherapy.

Espejo, E. P., Castriotta, N., Bessonov, D., Kawamura, M., Werdowatz, E. A., and Ayers, C. R. (2016). A pilot study of transdiagnostic group cognitive-behavioral therapy for anxiety in a veteran sample. *Psychological Services*, 13(2), 162-16. doi: 10.1037/ser000005

This study examined group-based transdiagnostic CBT for anxiety among 52 veterans with various anxiety disorders at a VA outpatient mental health clinic. Over a 1-year period, Veterans completing the group treatment reported significant decreases in general distress, anxiety, depression, and individualized fear hierarchy ratings ($ps < .01$). Treatment completers also reported high satisfaction with the treatment experience.

Freitag, C. M., Jensen, K., Elsuni, L., Sachse, M., Herpertz-Dahlmann, B., Schulte-Rüther, M. ... Cholemkery, H. (2016), Group-based cognitive behavioural psychotherapy for children and adolescents with ASD: the randomized, multicentre, controlled SOSTA – net trial. *Journal of Child Psychology and Psychiatry*, 57, 596–605. doi:10.1111/jcpp.12509

High-functioning Autism Spectrum Disorder (ASD) individuals aged 8–19 years old ($n = 228$) were randomized to 12 sessions of SOSTA-FRA or treatment as usual. Primary outcomes were change in total raw score of the parent-rated Social Responsiveness Scale (pSRS) between baseline (T2) and end of intervention (T4), and between T2 and 3 months after end of intervention (T5). Pre-treatment SRS and IQ were positively associated with stronger improvement at T4 and T5.

Lubin, H., Loris, M., Burt, J., & Johnson, D. R. (2014). Efficacy of psychoeducational group therapy in reducing symptoms of posttraumatic stress disorder among multiply traumatized women. *American Journal of Psychiatry*, 155, 1172-1177.

This study examined the effectiveness of a 16-week trauma-focused, cognitive-behavioral group therapy in reducing primary symptoms of PTSD in five groups ($N=29$) of multiply traumatized women diagnosed with chronic PTSD. At termination, subjects demonstrated significant reductions in all three clusters of PTSD symptoms (i.e., reexperiencing, avoidance, and hyperarousal) and in depressive symptoms, and also showed near-significant reductions in general psychiatric and dissociative symptoms. Improvements were sustained at 6-month follow-up.

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

This is a 4-year follow-up study and analysis to Effectiveness and efficiency of cognitive-behavioral group therapy for inpatients: 4-year follow-up study (Journal of Psychiatric Practice, 2008). The study consists of randomized comparisons of group cognitive behavior therapy and group psychoeducation in acute patients with schizophrenia and the effects on subjective quality of life.

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

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

group showed significant improvement in complicated grief symptoms compared to the control group.

Schwartz, 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.

This meta-analysis identified 12 studies including 16 comparisons and 832 patients to evaluate efficacy of group psychotherapy for obsessive-compulsive disorder (OCD) compared against wait-list control groups, individual psychotherapy, pharmacotherapy, and common factor control groups examined in randomized-controlled trials. Effect size estimates suggest that group psychotherapy is highly efficacious in improving obsessive-compulsive symptoms in comparison to wait-list control groups. No significant differences were found between group psychotherapy and active control groups, such as individual psychotherapy, pharmacotherapy, or common factor control groups.

Segredou, I., Christodoulou, C., Samakouri, M., Antoniadou, O., Poulis, E., Therapou, K. & Livaditis, M. (2016). Psychodynamically oriented supportive group therapy with psychotic patients. *Small Group Research*, 47(2), 155-176.

Two groups of 38 patients each, with similar psychopathology, clinical and demographic data were assessed before and after 1 year: one group in group psychotherapy, with or without intermediary object; the other group in standard care. After a year of group psychotherapy using an intermediary object, drawings were inspected to ascertain improvement of psychopathological elements depicted. The study demonstrated improvement in functioning, quality of life, positive/negative symptoms, and relapses of hospitalizations for patients in group psychotherapy, and a decrease in elements that indicate psychopathology in the drawings of the group in therapy with an intermediary object.

Thorgeirsdottir, M. T., Bjornsson, A. S., and 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](https://doi.org/10.1037/gdn0000029)

University students (N=45) with a primary diagnosis of social anxiety disorder (SAD) were randomly assigned to either cognitive-behavioral group therapy (CBGT) or group psychotherapy (GPT), using multilevel growth curve analysis. Similar patterns were found in both treatment conditions; engagement increased throughout sessions, avoidance decreased, and conflict was low overall. Less conflict was noted in the CBGT groups compared with GPT. Conflict was lower than reported in previous studies.

Summary

The studies identified above demonstrate the significant benefits provided by Group Psychology and Group Psychotherapy in addressing a variety of psychological, biological, and social problems across communities, such as Obsessive Compulsive Disorder, Schizophrenia, Bipolar Disorder, inpatient group psychotherapy, and comorbid complicated grief disorder. Moreover, the identified studies reflect the success in treatment provided by group therapy, such as improvement in symptomology, reduction in relapse, and Quality of Life improvement.

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.**

Efficacy of Group Treatment

A number of qualified randomized trials and meta-analyses have indicated more significant effects relative to usual care comparison conditions, as well as comparable effects relative to individual treatment; group services, however, are expected to be more cost-effective for patients seeking treatment. Practitioners apply a variety of theoretical approaches and use these theoretical principles to meet the needs of, and produce significant beneficial outcomes among, the particular group and its members. Greene (2013) notes that the research is moving toward “more theoretically and clinically sophisticated guidelines that allow for idiographic response to the exigencies of the clinical context” (p. 479). This movement is expected to produce more empirical evidence for the efficacy of group that also includes a better understanding of the complexity, nuances, and other intangibles that groups encounter and provide for the benefit of its members. Research on groups is in the process of gathering evidence for earlier prediction of which group interventions work best for particular group members, under what conditions, the extent to which individual group members are impacted and how this occurs, mediating group factors, group composition, and other such moderators. The specialty is starting to move beyond research that is focused primarily on the efficacy of a particular treatment, although still important, to obtaining evidence that can assist current clinicians and other practitioners in achieving intended outcome results.

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

This longitudinal study involved 80 participants in cognitive and interpersonal group therapy for social phobia to investigate the relationship between group climate and patients' short-term and long-term outcome. Engagement predicted

symptom reduction during treatment, from pretreatment to follow-up, and from posttreatment to follow-up. During treatment, avoidance predicted higher symptomatic distress.

Bonsaksen, T., Lerdal, A., Borge, F.M., Sexton, H., & Hoffart, A. (2011). Residential cognitive therapy versus residential interpersonal therapy for social phobia: A randomized controlled trial. *Journal of Anxiety Disorders*, 22(6), 991-1010.

Eighty patients meeting DSM-IV criteria for social phobia were randomly assigned to residential cognitive therapy (RCT) or residential interpersonal therapy (RIPT). RCT and RIPT patients improved significantly on primary outcome measures from pre- to post-treatment. The entire sample reported continued improvement from post-treatment to 1-year follow-up. RCT was associated with less improvement compared to individual CT in other recent trials.

Barkowski, S., Schwartze, D., Strauss, B., Burlingame, G.M., Barth, J., & Rosendahl, J. (2016). Efficacy of group psychotherapy for social anxiety disorder: A meta-analysis of randomized-controlled trials. *Journal of Anxiety Disorders*, 39, 44-64. doi: 10.1016/j.janxdis.2016.02.005

This meta-analysis investigates the efficacy of group psychotherapy for adult patients with SAD through 36 randomized-controlled trials examining 2171 patients. Group psychotherapy was superior to common factor control conditions in alleviating symptoms of SAD, but not in improving general psychopathology.

Carlson L.E., Beattie T.L., Giese-Davis J., Faris. P., Tamagawa, R., Fick, L.J., Degelman, E.S., & Speca, M. (2015). Mindfulness-based cancer recovery (MBCR) and supportive-expressive therapy (SET) maintain telomere length (TL) relative to control in distressed breast cancer survivors. *Cancer*, 121(3), 476-484. doi: 10.1002/cncr.29063

This study compared the effects of MBCR and SET with a minimal intervention control condition (a 1-day stress management seminar) on TL in distressed breast cancer survivors in a randomized controlled trial. It was found that psychosocial interventions providing stress reduction and emotional support resulted in trends toward TL maintenance in distressed breast cancer survivors, compared with decreases in usual care.

Compas, B.E., Forehand, R., Thigpen, J., Hardcastle, E., Garai, E., McKee... Sterba, S. (2015). Efficacy and moderators of a family group cognitive-behavioral preventive intervention for children of parents with depression. *Journal of Consulting and Clinical Psychology*, 83(3), 541-553. doi: [10.1037/a0039053](https://doi.org/10.1037/a0039053)

Building on a previous study (Compas, Forehand, Thigpen, et al., 2011), this study assessed a sample of 180 families (242 children ages 9–15 years) in a randomized controlled trial to test main effects and potential moderators of family group cognitive–behavioral (FGCB) preventive intervention for children of parents with a history of depression. Significant effects favoring FGCB intervention over written information comparison condition were found on measures of children’s symptoms of depression, mixed anxiety/depression, internalizing problems, and externalizing problems, and incidence of major depressive disorders in children. Effects were stronger for child self-reports than for parent reports.

Goldin, P. R., Morrison, A., Jazaieri, H., Brozovich, F., Heimberg, R., and Gross, J. J. (2016). Group CBT versus MBSR for social anxiety disorder: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84(5), 427-437. doi:10.1037/ccp000009

In this study, 108 unmedicated patients were randomized to cognitive-behavioral group therapy (CBGT) versus mindfulness-based stress reduction (MBSR) versus waitlist (WL). Results showed CBGT and MBSR both produced greater improvements on most measures compared to WL, with similar improvements in social anxiety symptoms, cognitive reappraisal frequency and self-efficacy, cognitive distortions, mindfulness skills, attention focusing, and rumination, and greater decreases in subtle avoidance behaviors following CBGT than MBSR. Mediation analyses revealed increases in reappraisal frequency, mindfulness skills, attention focusing, and attention shifting, and decreases in subtle avoidance behaviors and cognitive distortions, mediating impact of CBGT and MBSR on social anxiety symptoms. Increases in reappraisal self-efficacy and decreases in avoidance behaviors mediated the impact of CBGT (vs. MBSR) on social anxiety symptoms.

Hallis, L., Cameli, L., Dionne, F., and Knäuper, B. (2016). Combining Cognitive Therapy with Acceptance and Commitment Therapy for depression: A manualized group therapy. *Journal of Psychotherapy Integration*, 26(2), 186-201. doi:[10.1037/int0000028](https://doi.org/10.1037/int0000028)

This paper describes a manualized group therapy that integrates Cognitive Therapy (CT) and Acceptance and Commitment Therapy (ACT) for depression, using two case studies for illustrative purposes. Integrating both approaches in a single therapy may prove beneficial in offering greater flexibility and more strategies. As combined therapy, clients are offered guidelines for when change-oriented techniques (e.g., cognitive restructuring) and acceptance techniques (e.g., defusion) may be more effective, which may be advantageous for clients with depression with no symptom relief through traditional therapeutic modalities.

Kushner, M.G., Maurer, E.W., Thuras, P., Donahue, C., Frye, B., Menary, K.R... Van Demark, J. (2013). Hybrid cognitive behavioral therapy versus relaxation training for co-occurring anxiety and alcohol disorder: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 81(3), 429-442. doi: 10.1037/a0031301

Three hundred forty-four patients undergoing residential AUD treatment with current social phobia, generalized anxiety disorder, or panic disorder were randomly assigned to receive either the CBT group treatment or an active comparison treatment, Progressive Muscle Relaxation Training (PMRT). Participants in the CBT group demonstrated significantly better alcohol outcomes 4 months following treatment than the PMRT group. Both groups experienced a substantial degree of anxiety reduction following treatment.

Laird, K.T., Tanner-Smith, E.E., Russell, A.C., Hollon, S.D., & Walker, L.S. (2015). Short-term and long-term efficacy of psychological therapies for irritable bowel syndrome: A systematic review and meta-analysis. *Clinical Gastroenterology and Hepatology*, 14(7), 937-947. doi: 10.1016/j.cgh.2015.11.020

Forty-one trials were included in this meta-analysis, comprising data from 2290 individuals (1183 assigned to psychotherapy, including group treatments, and 1107 assigned to a control condition). On average, individuals who received psychotherapy had a greater reduction in GI symptoms after treatment than 75% of individuals assigned to a control condition. The study found that psychological therapies reduce GI symptoms in adults with IBS, with effects remaining significant and medium in magnitude after short-term and long-term follow-up periods.

Michalak, J., Schultze, M., Heidenreich, T. and Schramm, E. (2016). Correction to “A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients.” *Journal of Consulting and Clinical Psychology*, 83(5), 951-963. doi: [10.1037/ccp0000042](https://doi.org/10.1037/ccp0000042)

In this study, 106 patients with a current DSM-IV defined major depressive episode and persistent depressive symptoms for more than 2 years were randomized to TAU only (N = 35), or to TAU with additional 8-week group therapy of either 8 sessions of Mindfulness-based cognitive therapy (MBCT) (n = 36) or cognitive behavioral analysis system of psychotherapy (CBASP) (n = 35). In the overall sample as well as 1 treatment site, MBCT was no more effective than TAU in reducing depressive symptoms, although significantly superior to TAU at the other treatment site. CBASP was significantly more effective than TAU in reducing depressive symptoms in the overall sample and both treatment sites. Both treatments had only small to medium effects on social functioning and quality of life.

Zyto, S., Jabben, N., Schulte, P.F., Regeer, B.J., & Kupka, R.W. (2016). A pilot study of a combined group and individual functional remediation program for patients with bipolar I disorder. *Journal of Affective Disorders*, 194, 9-15. doi: 10.1016/j.jad.2016.01.029

In this study, 12 participants diagnosed with bipolar I disorder, and their caregivers, were treated with a combined group and individual functional remediation program. Results indicate a high degree of satisfaction and low dropout rate. Assessment of outcomes suggests improved functioning in areas of autonomy and occupational functioning, evolving from baseline to follow-up, though small sample size and lack of a control group makes results preliminary.

Summary

Group services have been thoroughly compared to the other modalities, as noted in the referenced studies. Results indicate that group treatment is as effective as individual therapy and other modalities. Notably, group interventions may offer greater access to needed treatment resources and support than could be accomplished in other ways. The effectiveness of groups for these purposes continues to be monitored and researched. Research in the coming years will most likely continue to provide evidence for the specialty's efficacy and will also expand efforts to identify moderators and mechanisms of change. The studies identified above demonstrate the improved efficacy of group therapy in areas such as relapse reduction and significant improvement in cognitive and depression outcome measures, using minimal interventions and as compared to other interventions and control groups.

Moreover, the following examples cover a range of conditions and group treatments, providing valuable information that supports the efficacy of group treatments when compared to other modalities, in a cost-effective way.

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.

Burrow-Sanchez, J.J., & Wrona, M. (2012). Comparing culturally accommodated versus standard group CBT for Latino adolescents with substance use disorders: A pilot study. *Cultural Diversity and Ethnic Minority Psychology*, 18(4), 373-383. doi: 10.1037/a0029439

This pilot study randomly assigned 35 Latino adolescents (mean age = 15.49) to either the standard version of cognitive-behavioral substance abuse treatment (S-CBT) or a culturally accommodated version (A-CBT), as guided by a Cultural Accommodation Model for Substance Abuse Treatment (CAM-SAT). Results indicated similar retention and satisfaction rates for participants in both treatment conditions. Participants in both conditions also demonstrated significant decreases in substance use from pre- to posttreatment with slight increases at 3-month follow-up; however, substance use outcomes were moderated by two cultural variables: ethnic identity and familism.

Goldin, P.R., Morrison, A., Jazaieri, H., Brozovich, F., Heimberg, R., & Gross, J.J. (2016). Group CBT versus MBSR for social anxiety disorder: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84(5), 427-437. doi: 10.1037/ccp0000092

In this study, 108 unmedicated patients were randomized to cognitive-behavioral group therapy (CBGT) versus mindfulness-based stress reduction (MBSR) versus waitlist (WL). Results showed that CBGT and MBSR both produced greater improvements on most measures compared to WL, with similar improvements in social anxiety symptoms, cognitive reappraisal frequency and self-efficacy, cognitive distortions, mindfulness skills, attention focusing, and rumination, and greater decreases in subtle avoidance behaviors following CBGT than MBSR. Mediation analyses revealed increases in reappraisal frequency, mindfulness skills, attention focusing, and attention shifting, and decreases in subtle avoidance behaviors and cognitive distortions, mediating impact of CBGT and MBSR on social anxiety symptoms. Increases in reappraisal self-efficacy and decreases in avoidance behaviors mediated the impact of CBGT (vs. MBSR) on social anxiety symptoms.

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

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

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

This study, investigating changes in attachment characteristics of patients undergoing inpatient group psychotherapy in routine care, evaluated data from 265 consecutively recruited patients and 260 non-clinical control persons using self-report measures of attachment, depression, and socio-demographic characteristics. The moderate increase of attachment security could be attributed to a decrease in both attachment anxiety and avoidance. Pre-post improvements in attachment to romantic partnerships were stable after a 1-year follow-up. Significant treatment-covariate interactions were found, indicating that subjects with particularly high treatment propensities (propensities were highly correlated with depression and attachment anxiety) improved the most in terms of attachment security.

Manne, S.L., Siegel, S.D., Heckman, C.J., & Kashy, D.A. (2016). A randomized clinical trial of a supportive versus a skill-based couple-focused group intervention for breast cancer patients. *Journal of Consulting and Clinical Psychology*, 84(8), 668-681. doi.org/10.1037/ccp0000110

This study randomly assigned 302 women with early stage breast cancer (within 1 year of diagnosis) and their spouses to either an 8-session enhanced couple-focused group intervention (ECG) or a couples' support group (SG). Analyses indicated anxiety, depressive symptoms, and cancer-specific distress declined and positive well-being improved for couples enrolled in both ECG and SG. Moderator effects indicated that, among patients reporting higher levels of cancer-specific preintervention distress, anxiety, depression, and well-being over 1-year postintervention were significantly lower among SG couples than ECG couples. When patient cancer-specific preintervention distress was low, these 3 outcomes were more positive in ECG relative to SG with similar pattern noted for anxiety when moderator effects for perceived partner unsupportive behavior was examined, as well as for anxiety and well-being for preintervention marital satisfaction.

Michalak, J., Schultze, M., Heidenreich, T., & Schramm, E. (2015). A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients. *Journal of Consulting and Clinical Psychology*, 83(5), 951-963. doi:10.1037/ccp0000042

MBCT was no more effective than TAU in reducing depressive symptoms. Further studies should investigate whether CBASP's superiority may be explained by more active, problem-solving, and interpersonal focus of CBASP.

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

This three-arm RCT randomly assigned 149 individuals meeting the diagnostic criteria for SAD to clinician-guided group internet-based cognitive behavioural treatments (ICBT), clinician guided individual ICBT (IT) and a wait-list (WL). At post-treatment, both active conditions showed superior outcome regarding SAD symptom, but did not differ significantly in symptom reduction, diagnostic response rate or attrition. Treatment gains were maintained at follow-up.

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*, 13(4), 349-355. doi.org/10.1037/ser0000077

This study assessed whether initial treatment with individual versus group psychotherapy relates to adequate psychotherapy among 35,144 VA patients with PTSD. Patients who initiated with group therapy received a greater mean number of psychotherapy visits than those who initiated with individual therapy, and were about twice as likely to receive a minimally effective dose of 8 or more psychotherapy encounters. Group therapy predicted a greater number of psychotherapy visits and greater likelihood of 8 or more sessions of psychotherapy, after adjusting for demographic and condition differences.

Summary

As demonstrated above, group therapy is a cost-efficient means to serve the mental health needs of the community when compared to other modalities. When compared to other, more costly treatment modalities, group treatments provide comparable, and often more effective treatment at lower cost to patients.

- 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.**

Diversity and Efficacy of Group Settings

The articles cited below demonstrate the variety of the organizations arrangements and settings in which the specialty is practiced, as noted in the paragraph above. The findings are suggestive of the efficacy and cost effectiveness for the implementation of groups

across an array of settings that meet the needs of a diverse patient base to address their unique problems and concerns, promote and encourage group members' empowerment, guide members' skills development, and to optimize social, educational, and behavioral effects for members.

Bros, I., Notó, P., & Bulbena, A. (July 2016). Effectiveness of Short-Term Dynamic Group Psychotherapy in Primary Care for Patients with Depressive Symptoms. *Clinical Psychology & Psychotherapy*. doi: 10.1002/cpp.2029.

This controlled study compared 115 patients with depressive symptoms were assigned to receive psychotherapy over 9 months ($n = 70$) or the standard care ($n = 45$). At the end of dynamic group psychotherapy, statistically significant improvements in mean scores of all questionnaires were observed, whereas significant improvements were only observed in HDRS-17 scale and Mental Component Summary score of SF-12 in control patients. Mean changes after treatment were higher in psychotherapy group than in controls in all outcome measures, with statistically significant differences in mean differences in favor of psychotherapy group.

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

This single-arm study evaluated a group-based Veterans Transition Program among 56 veterans with PTSD who had active duty experience. Group participants experienced symptom reduction, with the greatest impact on depressive symptoms.

Daniels, L., Boehnlein, J., McCallion, P. (2015). Life-review and PTSD community counseling with two groups of Vietnam War veterans. *Traumatology*, 21(3), 161-171. doi:[10.1037/trm0000045](https://doi.org/10.1037/trm0000045)

This pilot study juxtaposed Life Review within regular PTSD group counseling for 12 Vietnam veterans at a community-based Vet Center using a partial cross-over design. Findings suggest that Life Review prior to PTSD group therapy has clinical benefits in symptom reduction of depression, and increasing self-assessed wisdom. The study illuminates possible relationship of traumatic stress symptom effects on natural reminiscing process for older veterans.

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

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

Hesser, H., Weise, C., Westin V.Z., & Andersson, G. (2011). A systematic review and meta-analysis of randomized controlled trials of cognitive-behavioral therapy for tinnitus distress. *Clinical Psychology Review*, 31(4), 545-553. doi:10.1016/j.cpr.2010.12.006

This meta-analytic review reports evidence of the efficacy of group cognitive-behavioral interventions for addressing tinnitus and related symptoms; there was no significant difference in efficacy for group vs. individual interventions.

Hunter, S.B., Witkiewitz, K., Watkins, K.E., Paddock, S.M., & Hepner, K.A. (2012). The moderating effects of group cognitive-behavioral therapy for depression among substance users. *Psychology of Addictive Behaviors*, 26(4), 906-916. doi:10.1037/a0028158

The study examined prospective longitudinal relationship between changes in depressive symptoms on alcohol and/or drug use among 299 residential addiction treatment clients with depressive symptoms and whether group cognitive behavioral therapy for depression (GCBT-D) was a moderator. Participants in GCBT-D condition showed greater increase in abstinence and greater decreases in depressive symptoms and negative consequences over time.

Kersten, L., Cislo, A.M., Lynch, M., Shea, M., Trestman, R.L. (2016). Evaluating START NOW: A Skills-Based Psychotherapy for Inmates of Correctional Systems. *Psychiatric Services*, 67(1), 37 – 42. 10.1176/APPI.PS.201400471

This study analyzed adult male and female inmates (N=946), sentenced and unsentenced, with and without recorded psychiatric diagnoses in the START NOW program. For each additional session of START NOW completed, a 5% reduction was noted in incidence rate of disciplinary reports. The effect of program participation was robust to all model considerations. Inmates with higher overall security scores appeared to benefit most from program participation. The program was found effective across primary psychiatric diagnosis classifications.

Kushner, M.G., Maurer, E.W., Thuras, P., Donahue, C., Frye, B., Menary, K.R... Van Demark, J. (2013). Hybrid cognitive behavioral therapy versus relaxation training for co-occurring anxiety and alcohol disorder: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 81(3), 429-442. doi: 10.1037/a0031301

Three hundred forty-four patients undergoing residential AUD treatment with current social phobia, generalized anxiety disorder, or panic disorder were randomly assigned to receive either the CBT group treatment or an active comparison treatment, Progressive Muscle Relaxation Training (PMRT). Participants in the CBT group demonstrated significantly better alcohol outcomes 4 months following treatment than the PMRT group. Both groups experienced a substantial degree of anxiety reduction following treatment.

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

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

Morley, K.C., Sitharthan, G., Haber, P.S., Tucker, P., & Sitharthan, T. (2014). The efficacy of an opportunistic cognitive behavioral intervention package (OCB) on substance use and comorbid suicide risk: A multisite randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 82(1), 130-140. doi: 10.1037/a0035310

A randomized controlled trial conducted across 2 sites in which 185 patients presenting with suicide risk and concurrent substance use received either individual and group OCB or treatment as usual (TAU) over a 6-month period. Suicide ideation, alcohol consumption, and cannabis use fell over time but no significant Treatment $\times$ Time differences found. Suicide ideation at 6-month follow-up was predicted by cannabis use and higher scores on the Brief Psychiatric Rating Scale at baseline.

Nyklicek, I., Paula, M., Mommersteeg, C., Van Beugen, S., Ramakers, C., & Van Boxtel, G. (2013). Mindfulness-based stress reduction and physiological activity during acute stress: A randomized controlled trial. *Health Psychology*, 32(10), 1110-1113. doi: 10.1037/a0033187

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

Pardini, J., Scogin, F., Schriver, J., Domino, M., Wilson, D., & LaRocca, M. (2014). Efficacy and process of cognitive bibliotherapy for the treatment of depression in jail and prison inmates. *Psychological Services*, 11(2), 141-152. doi: 10.1037/a0033378

This two-study project determined effects of cognitive bibliotherapy on jail and prison inmates who were randomly assigned to a bibliotherapy treatment group or a delayed-treatment control group. Approximately half of treated participants achieved clinically significant change in depressive symptoms. Analyses of follow-up data revealed maintenance of treatment gains in both samples.

Puffer, E. S., Green, E. P., Sikkema, K. J., Broverman, S. A., Ogwang-Odhiambo, R. A., and Pian, J. (2016). A church-based intervention for families to promote mental health and prevent HIV among adolescents in rural Kenya: Results of a randomized trial. *Journal of Consulting and Clinical Psychology*, 84(6), 511-525. doi:10.1037/ccp0000076

A randomized trial was conducted with 124 families (237 adolescents ages 10 to 16; 203 caregivers) from 4 churches, using community-based participatory methods, focused on strengthening family communication. Relative to controls, the intervention group reported better family communication across domains at 1- and 3-months postintervention and higher self-efficacy for risk reduction skills and HIV-related knowledge at 1-month postintervention. Sexually active youth reported fewer high-risk behaviors at 1-month postintervention, including unprotected sex or multiple partners. Male caregivers reported higher parental involvement at both time points, and youth reported more social support from male caregivers at 3-months postintervention.

Resick, P., Wachen, J., Mintz, J., Young-McCaughan, S., Roache, J., Borah, A... Peterson, A. (2015). A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology*, 83(6), 1058-1068. doi:10.1037/ccp0000016

This clinical trial randomized 108 service members (100 men, 8 women) with PTSD following military deployment and medication stability into group cognitive processing therapy (cognitive only version; CPT-C) with group present-centered therapy (PCT) for active duty military personnel. Both treatments resulted in large

reductions in PTSD severity, with greater improvement in CPT-C. CPT-C also reduced depression, with gains remaining during follow-up.

Summary

As demonstrated by the array of studies above, group therapy is effective across settings, whether they be hospitals, schools, prisons, outpatient or inpatient facilities, and community-based settings. Group Psychology and Group Psychotherapy are effective in treating patients, wherever their setting.

An updated list of references is provided in Criterion VI appendix 5

