

Criterion XII. Provider Identification and Evaluation

Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an evaluation of their knowledge and skill and to be identified as meeting the qualifications for competent practice in the specialty.

***Commentary:** Identifying psychologists who are competent to practice the specialty provides a significant service to the public. Assessing the knowledge and skill levels of these professionals helps increase the ability to improve the quality of the services provided. Initially practitioners competent to practice in the specialty may simply be identified by their successful completion of an organized sequence of education and training. As the specialty matures it is expected that the specialty will develop more formal structures for the recognition of competency in practitioners.*

- 1. Describe the formal peer review-based examination process of board certification including its use of a review and verification of the individual's training, licensure, ethical conduct status, and a peer assessment of specialty competence.**

****If this is a new petition for recognition describe a) current methods by which individual practitioners can secure an evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty and b) efforts to establish a formal peer review-based examination process of board certification including a detailed plan and timeline.***

- a) Current methods by which individual group practitioners can secure evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty of group.

Group psychologists are currently evaluated regarding their knowledge and skills at both the doctoral and post-doctoral levels. Initially, this evaluation occurs while graduate students are successfully completing intervention courses that include group skills (group dynamics, group psychotherapy, and advanced group supervision). Academic programs utilize standard mechanisms for evaluating student performance, although occasionally the matrices invoked might take different forms. An example of a group dynamics course (from the curriculum category, Social Bases of Behavior) from Brigham Young University is included in Criterion XII, Appendix 1, illustrating evaluation tools used by the majority of universities when evaluating graduate students in training. A second example is found in Criterion XII, Appendix 2, which illustrates the obtainment of group skills within Specific ABGP Examination Procedures. A third example, found in Criterion XII, Appendix 3, provides an example of Group Therapy Evaluation, while Criterion XII, Appendix 4 is an example of a student evaluation form, used by Brigham Young University.

Doctoral level group psychologists with the requisite amount of postdoctoral supervised experience can apply to sit for the ABPP examination- in this case, the American Board of Group Psychology. Passing this examination constitutes an assessment and evaluation of knowledge and skills within group specialty. Because board certification in group psychology identifies the most skilled group psychology practitioners, it is described in detail below.

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

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

- b) The Society of Group Psychology and Group Psychotherapy (Division 49, American Psychological Association) recognizes that board certification in group psychology is one mechanism through which group psychology practitioners can obtain an evaluation of their knowledge and skill at the highest level of advanced skill. A formal peer review-based examination process of board certification is provided by the American Board of Group Psychology.

The American Board of Group Psychology (ABGP) is affiliated with the American Board of Professional Psychology (ABPP) as a member specialty board, along with 14 other specialty boards - Clinical Child and Adolescent; Clinical Health; Clinical Neuro; Clinical; Cognitive and Behavioral; Counseling; Couple and Family; Forensic; Gero; Organizational and Business Consulting; Police and Public Safety; Psychoanalysis; Rehabilitation; and School Psychology. The ABGP successfully underwent its first ever Periodic Comprehensive Review in 2012. The PCR is an ongoing continuous quality improvement process in ABPP that began in 2006. Certification in Group Psychology became available in 1999. A brief historical context follows.

The American Board of Examiners in Professional Psychology (ABEPP), founded in 1947, was established in order to replace the APA committee formed to create a credentialing body for psychologists (Bent, Packard & Goldberg, 1999) when it became apparent that being a member of an APA division could not serve both as indication of interest *and* a guarantee of proficiency. Since 1947, a number of specialties have been added to the original three--Clinical, Personnel-educational (later known as Counseling), Personnel-industrial (later known as Industrial). This august body set a standard then and now of the highest order of advanced skill in any specialty. In 1968 the ABEPP was changed to ABPP, and by the 1970s a formal relationship developed between ABPP and APA.

History of Group Specialty Practice: Society for Group Psychology and Group Psychotherapy (APA) and the American Board of Group Psychology (ABGP)

The development of the Group specialty grew out of the work of several individuals associated with different Divisions within APA. In the 1980's, "special interest groups" were developed in a number of APA Divisions including Clinical (12), Counseling (16), Psychotherapy (29), and Psychoanalysis (39). These special interest groups sometimes organized as sections of the Division had their own governance format and typically submitted program suggestions for Division meetings both the annual and midwinter meetings. The goal was to increase the visibility of practitioners, trainers, researchers and students who were committed to the group treatment modality. Eventually, some participants felt that the sections/special interest group model was not adequate to serve the needs of psychologists who were involved in group work.

Teicher, along with Morris Goodman of New Jersey, Michael Andronico of New Jersey and Joseph Kobos of Texas, organized a petition drive to request that APA recognize the formation of a new Division, resulting in approval of Division 49 in 1991. Recently, the Division has been renamed the Society of Group Psychology and Group Psychotherapy.

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It should be noted that the founding leaders of the new Division all had been active in other organizations that focused on some aspect of group treatment or group training. Many were affiliated with the American Group Therapy Association, the Association for Group Work, or Psychodrama organizations. All of these organizations are multidisciplinary in format. The founding leaders of the new Division were committed to developing an organization that focused on the unique training and practice patterns of psychologists who specialized in doing group work. The name of the new Division, Group Psychology and Group Psychotherapy emphasized the interaction between theory and practice as well as the multiple settings in which group theory and technique may be utilized.

Beginning in 1994, the leadership of the new Division formed a working committee to pursue recognition of group work as a specialty practice under the aegis of the American Board of Professional Psychology (ABPP). The first petition to ABPP reviewed the theoretical and practice literature that provides the basis for the establishment of group psychology as a specialty technique with its own unique theories and practice formats. The document enumerated the post-doctoral education and supervised practice experiences that prepare an individual as a group specialist. The document also described the proposed examination model.

In 1998, the BOT approved the application and authorized the new Board to offer the initial exams, initial examinations conducted in Chicago, Ill in February, 1999. Each individual submitted a complete application that included documentation of licensure, academic training, internship, and post-doctoral training in group which included courses, workshops and supervised group experience, as well as a work sample that included an audio or videotape of an individual interview and an audio or video of the individual working in a group. Since 1999, the work samples have been altered to clearly highlight group specialization. Specifics can be found in the examiner manual—portions of which are reproduced below.

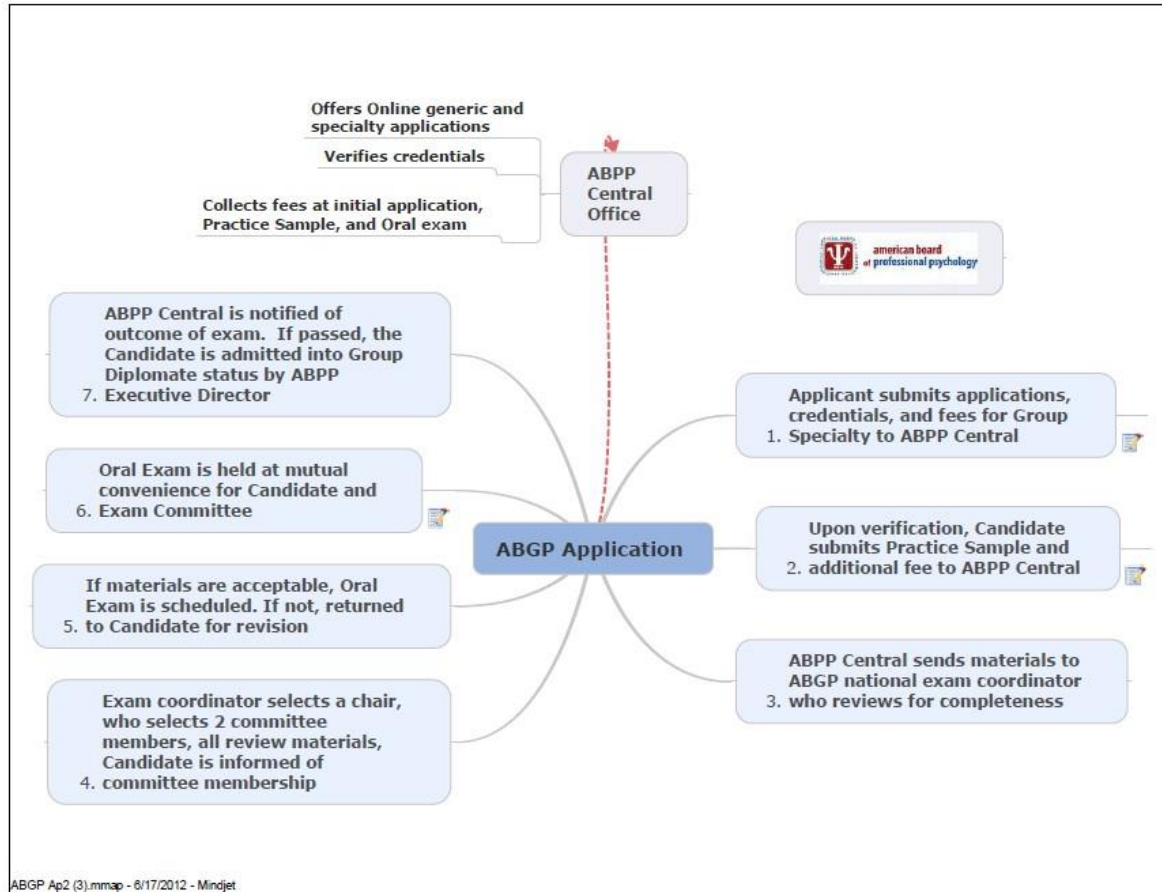
The website for the American Board of Group Psychology (ABBP.org) list its activities as follows:

- *The American Board of Group Psychology (ABGP) is a member board of the American Board of Professional Psychology (ABPP). The latter board oversees the standards and operations of its 15 member boards. The ABGP is responsible for establishing criteria related to the definition, education, training, competencies, and the examination leading to certification as a specialist in Group Psychology. The ABGP is governed by members who are board certified in group psychology and representative of the specialty on a national basis.*
- *Board Certification assures the public and the profession that the group psychologist specialist has successfully completed the educational, training, and experience requirements of the specialty including an examination designed to assess the competencies required to provide services in group psychology.*

Board Certification in Group Psychology

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While the examination process is complex, a brief overview chart is provided below, as well as a link to the ABGP Exam manual.



http://www.abpp.org/files/page-specific/3357%20Group/12_ABGP_Candidate_Manual.pdf

Any candidate for board certification undergoes a rigorous vetting process whereby his or her credentials are initially evaluated through the ABPP Central Office regarding training, supervision, letters of reference, ethics, and other considerations. Once a candidate has passed this portion of the exam evaluation, he or she is allowed to submit work samples. The Group ABPP (ABGP) exam coordinator evaluates the suitability of the work sample. If a candidate passes this phase of the examination process, he or she is scheduled for an oral exam where credentials, work sample, and general group knowledge is subjected to the oral examination process.

ABGP COMPETENCY AREAS CHARACTERISTIC OF GROUP SPECIALTY

The ABGP examination process encompasses the interrelated domains of the competencies required by the specialty of Group Psychology, and are based upon the mission statement of ABGP: “We are dedicated to understanding the foundational group forces and dynamics that undergird and affect all levels of social life. These levels include human attachment and functioning within dyadic, family, small and large groups and socio-organizational structures”.

Technically, groups exist whether comprised of 2 or 2,000 members. But generally, groups can

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be categorized as small (4-9) medium (10-20) and large (21-100 and above). (Barlow, 2008, 2012)

The American Psychological Association and the American Board of Professional Psychology have adopted an educational and training matrix based upon a-theoretical Foundational and Functional competencies, which can be overlaid upon any theoretical framework. The domains of professional behavior for the psychologist are detailed below.

(See: <http://www.apa.org/ed/graduate/competency.aspx>).

Successful candidates demonstrate knowledge, skills, competencies, attitudes/values and the experience necessary to provide specialty level services in the practice of Group Psychology, facilitated by discussion of the candidate's Curriculum Vitae, letters of reference, Professional Statement, and Practice Sample.

Functional Competencies to be Evaluated

Assessment/Diagnosis/Conceptualization

Group Psychologists understand individual and group-level assessments, diagnosis and conceptualization. The essential knowledge component includes knowledge of and expertise in valid and reliable group verbal analysis systems. The accompanying behavioral anchor includes ability to distinguish between process and outcome in groups, and the application of one of the valid and reliable verbal analysis systems. Diagnosis in groups is based upon the essential knowledge component of nomothetic and idiographic individual measures as well group-level measures, which allow the group leader to understand the group-as-a-whole on a diagnostic level. Behavioral anchors include expert application of diagnosis at both individual and group levels in order to best conceptualize the individual group member within the group process. Finally, experts in Group Psychology are able to communicate these findings in written form to other professionals (reports, evaluations, recommendations).

Intervention

Group Psychologists are able to understand essential knowledge components of group intervention. Successful candidates demonstrate this by appropriate application of the following behavioral anchors: 1) Referral to groups, 2) Composition of groups, 3) Pre-Group Preparation for group members, 4) Therapeutic Mechanisms and Factors, 5) Group Therapist Interventions -- e.g. at the individual member level, member-to-member level (dyads, triads), and group-as-a-whole level; 6) Group Development - stages from beginning to end; 7) Termination, and 8) Reduction of Adverse Group Effects.

Consultation

Group Psychologists are able to share their expertise in group treatment with other professionals (educational, legal, medical etc.), interdisciplinary teams (Psychiatry, Social Work, Couples and Family Therapists etc.) by offering expert consultation about group clinical application and clinical group research where appropriate. Expert group consultants increase awareness of interactions from the small group level to the large group level when appropriate, as well as issues of individual/cultural/other diversities, ethics and legal foundations, and professional identification. Group psychologists possess the essential knowledge component of understanding

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key interactions with other agencies, settings, disciplines, and professionals. Behavioral anchors include: Contributing to and collaborating with multidisciplinary and interdisciplinary teams.

1. Evidence-Based Practice: Evaluation of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences
2. Assessment: Evaluation of ability for assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Identifies assessment measures with attention to issues of reliability and validity	Independently identifies and implements multiple methods and means of evaluation in methods that are responsive to and respectful of diverse individuals, couples, families, and groups and context
Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	Identifies appropriate assessment measures to answer diagnostic question	Independently identifies and administers variety of assessment tools; integrates results to accurately evaluate presenting question appropriate to practice site and broad area of practice
Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in context of stages of human development and diversity

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

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

4. Consultation: Evaluation of ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
Role of Consultant		
No expectation at this level	Demonstrates knowledge of consultant's role and unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	Determines situations that require different role functions and shifts roles accordingly to meet referral needs
Addressing Referral Question		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of

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	referral questions	assessment/data gathering that answers consultation referral question
Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
Application of Consultation Methods		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

EDUCATION

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

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

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	supervision	students, peers, or other service providers in typical cases appropriate to the service setting
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Supervision

Group Psychologists who supervise and teach group skills possess the essential knowledge components of supervisor expectations and roles, processes and procedures of supervision. Behavioral anchors of these knowledge components include clear skill development in group-trainees (group roles, norms, stages, therapeutic factors; process and content, group-as-a-whole and so on), and keen awareness of factors affecting supervision (countertransference, fear of exposure, potential for dual roles etc.) Group supervisors and teachers are able to encourage full participation in the supervisory process by modeling appropriate transparency, utilizing role-play, encouraging students to show videos. Supervisors are up-to-date on educational and training guidelines for group skill development, which include both didactic and experiential education interventions.

Research and Evaluation

This competency domain is for those Group Psychologists who engage in research and/or evaluation. Each of these can be scored independently for those who engage in one activity, but not the other. A successful candidate engages in research designed to increase evidence bases for group treatments and/or engages in professional group practice that evaluates the effectiveness of programs and activities. If applicable, the candidate's own scholarly contributions are considered as they inform the practice of group psychology. Behavioral anchors include evidence of scholarly contributions to the group literature in refereed journals, which reflects appropriate research methods and statistical procedures to demonstrate essential knowledge of scientific method. Behavior anchors may alternatively include analysis of practice and/or program effectiveness.

Teaching

Teaching refers to providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Knowledge: Successful Candidates demonstrates knowledge of outcome assessment of teaching effectiveness, and knowledge of one technique of outcome assessment and of methodological considerations in assessment of teaching effectiveness.

Skills: Candidates evaluate effectiveness of learning/teaching strategies addressing key skill sets, demonstrate strategies to evaluate teaching effectiveness of targeted skill sets, articulate concepts and research/empirical support, and integrate feedback to modify future teaching strategies.

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Management-Administration

Management: Successful Candidates manage direct delivery of professional services, demonstrates awareness of basic principles of resource allocation and oversight, regularly manage direct delivery of own services, identifying opportunities for improvement, and recognize role of and need for clerical and other staff, including that of human resources.

Administration: Candidates are aware of principles of policy and procedures manuals of organization, programs, and agencies, as well as basic business, financial and fiscal management issues. They respond promptly to organizational demands and participate in policy development.

Leadership: Candidates develop a mission, set goals, implement systems to accomplish goals and objectives, and build teams using motivational skills. They develop statements of mission and demonstrate capacity to develop a system for evaluating subordinates (supervisees, staff, and employees).

Evaluation of management and leadership: Candidates develop plans for how best to manage and lead their organization, articulating steps as an effective leader.

Advocacy

Advocacy relates to actions targeting the impact of social, political, economic or cultural factors to promote change at individual (client), institutional, and system level).

Empowerment: Successful Candidates intervene with client to promote action on factors impacting development and functioning, and promoting client self-advocacy.

Systems change: Successful candidates promote change at the level of institutions, community, or society, developing alliances and engaging with relevant individuals and groups.

Foundational Competencies

Science Knowledge and Methods

Group Psychologists are conversant in essential knowledge components of the scientific method. Behavioral anchors include adequate application of group research methods, and evaluation of the group literature. Research and Evaluation is based upon the Foundational competency, *Scientific Knowledge and Methods*: Group Psychologist candidates for ABGP will have knowledge on current issues in group research, and routinely read and/or contribute to the literature.

Individual/Cultural/Other Diversities

Group Psychologists possess essential knowledge components regarding Majority and Minority group behavior (realizing that these labels may be politically charged for some groups) based on

diversity composition. Candidates are aware of “Self” as shaped by culture and context including, but not limited to: race, ethnicity, gender, age, religion, sexual orientation, disability,

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and SES or class. Behavioral components include clear ability to interact with diversities, which may occur in their groups as most groups are a microcosm of the larger society. The Group Academy of ABPP strongly supports this statement located on the APA website: “Valuing diversity is what institutions and members of a community do to acknowledge the benefits of their differences and similarities. They intentionally work to build sustainable relationships among people and institutions with diverse membership. A community that values diversity ensures that institutions provide equal treatment and access to resources and decisions for all community members regardless of race, ethnicity, sexual orientation, and physical disability.” <http://www.apa.org/pi/oema/programs/valuing/final-report.pdf>

Relationship (Interpersonal Interactions)

Successful candidates demonstrate sensitivity to the welfare, rights and dignity of others as well as an ability to relate to individuals, groups, and communities in ways that enhance delivery of services provided. The relationally-skilled group psychologist relates interpersonally, affectively and expressively. Moreover, the group psychologist is able to track multiple levels of interactions at the group level. Behavioral anchors include clear evidence of effective negotiation of conflictual relationships, understanding of diverse points of view in complicated interactions, a non-defensive posture when receiving feedback from others, and effective communication in both verbal and written interactions. Other behavioral anchors include ability to track interaction analysis during developmental stages and member roles, as well as from member-leader, leader-member, and member-member interactions. Finally, successful candidates demonstrate these interpersonal, affective and expressive competencies at various levels of group (small, medium and large groups).

Ethical and Legal Standards/Policy Issues

The Group Psychologist possesses essential knowledge component of ethical, legal standards and guidelines for Group Practice, which includes up-to-date awareness of state or provincial statutes relevant to group practice. Behavioral anchors include reading current journals regarding ethical and legal issues, actively practicing with an eye to ethics and legalities, and seeking consultation when needed.

Group Professional Identification

Professionalism is not technically one of the foundational or functional competencies; however, the advanced clinician who is applying to sit for an ABPP exam no doubt has developed a strong sense of professionalism. Professional values and ethics of a group leader or therapist reflect behavior and attitudes that represent integrity, personal responsibility, and adherence to professional standards. Behavioral anchors include deportment and accountability, concern for the welfare of group members, and a firm identification as a Group Psychologist.

Reflective Practice/Self-Assessment/Self-Care

Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies, with appropriate self-care.

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Reflective practice: Successful candidates demonstrate reflectivity in the context of professional practice, this reflection is acted upon, and one's self is used as a therapeutic tool. They demonstrate frequent congruence between own and others' assessment and seek to resolve incongruities, model self-care and monitor and evaluate attitudes, values and beliefs toward diverse others. They systematically and effectively monitor and adjust professional performance in action as situations require, and consistently recognize and address their own problems, minimizing interference with competent professional functioning.

Self-assessment: Successful candidates accurately self-assess competence in all competency domains and integrate this self-assessment in practice. They accurately identify levels of competence across all competency domains, accurately assess their own strengths and weaknesses, and seek to prevent or ameliorate the impact of this assessment on their professional functioning, recognizing when new or improved competencies are required for effective practice. *Self-care* (attention to personal health and well-being to assure effective professional functioning): Successful candidates monitor themselves for issues related to self-care and prompt interventions-when disruptions occur. They anticipate and self-identify disruptions in functioning and intervene at an early stage with minimal support from supervisors.

Interdisciplinary Systems

Knowledge of shared and distinctive contributions of other professions: Successful candidates demonstrate a working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, and knowledge of common and distinctive roles of other professions. They demonstrate ability to articulate the role that others provide in service to clients and display the ability to work successfully on interdisciplinary teams.

Functioning in multidisciplinary and interdisciplinary contexts: Group Psychologists demonstrate basic knowledge of and ability to display skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members. They demonstrate skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.

Understands how participation in interdisciplinary collaboration/consultation enhances outcomes: Group Psychologists recognize and engage in opportunities for effective collaboration with other professionals toward shared goals, and systematically collaborate successfully with other relevant partners.

Respectful and productive relationships with individuals from other professions: Group Psychologists develop and maintain collaborative relationships over time despite differences,

communicating effectively with individuals from other professions.

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2. Describe how the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty. How does the public identify practitioners of this specialty?

To best serve the community, this specialty utilizes existing resources to support the identification of group specialty practitioners. Increasingly, people turn to the internet for mental health information. Group therapy as a specialty is well described on the APA website (<http://www.apa.org/helpcenter/group-therapy>), noting that “Group therapy sessions are led by one or more psychologists with specialized training.” However, no guidance is offered to the public as

to what the specialized training should be. The APA website suggests that the ways to find a group

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practitioner are to ask one's individual psychologist, one's physician, or check with hospitals and medical centers.

The American Board of Professional Psychology offers an online directory of board certified psychologists, and it is possible to search for a psychologist with an ABGP in one's area. However, no information about group therapy itself is offered on the website.

The American Group Psychotherapy Association has considerable information for finding group therapists on its website (www.agpa.org). On its home page, there is a link to "Find a Certified Group Therapist," that leads to a page where visitors can search by geographical location. The resulting information provides the name of the therapist, their credentials, certifications and licensure.

The AGPA website also has a section on Commonly Asked Questions about group therapy that includes how to find a qualified group therapist (<http://www.agpa.org/home/developing-healthy-communities/what-is-group-psychotherapy->), as detailed below:

How do I find a good group therapist?

It's important to consider the qualifications of a potential therapist. A professional group therapist has received special training in group therapy and meets certain professional standards. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available.

What do I ask the group therapist?

When talking with therapists, there are four simple questions you may want to ask.

What is your background?

Given my specific situation, how do you think group would work for me?

What are your credentials as a group therapist?

Do you have special training that is relevant to my problem?

Furthermore, Psychology Today, a highly used website for finding therapists, has separate listings for group therapists but unfortunately no criteria for describing oneself as a group therapist. The website does offer an interview with a CGP-credentialed group therapist who describes group therapy and the misperceptions that have been created by such television shows as "The Bob Newhart Show" or Austin Powers. The recommendation from the interview is to search the AGPA website to find a qualified group leader in one's area.

3. *Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is*

available) and how many are board certified through the process decried in item 1.

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Since most practitioners of group psychotherapy also offer other services, the best estimate of number of practitioners who spend at least 25% of their time in the specialty of group therapy is their membership in one of the group therapy specialty organizations. As of 2013 Division 49 of the American Psychological Association had 368 members. The geographical distribution of the membership is:

- New England 8%
- Middle Atlantic 25%
- South Atlantic 19%
- North Central 15%
- South Central 10%
- Mountain 5%
- Pacific 16%
- Canada 2%

Currently there are 45 group psychologists certified at the ABBP level. The distribution of these psychologists is:

- Northeast: 40%
- Southeast: 18%
- North Central: 13%
- South Central: 13%
- West: 16%

For the 2013-14 Membership year, the American Group Psychotherapy Association had 738 psychologist members. This reflects approximately 1/3 of the membership of this interdisciplinary organization. Psychologists constitute the largest single membership category. The six day 2014 AGPA Annual Meeting was attended by 310 psychologists, the six day 2013 Annual Meeting was attended by 289 psychologists, and the six day 2012 Annual Meeting was attended by 326 psychologists. Psychologists constitute approximately one third of the attendance at the AGPA Annual Meeting and once again represent the largest discipline. The Certified Group Psychotherapist (CGP) credential is held by 371 members of the American Group Psychotherapy Association. CGP certification is eligible for clinical mental health professionals who meets internationally accepted criteria of master's degree or higher in a designated mental health specialty and clinical group experience with supervision/consultation in group psychotherapy. Although specific numbers are unavailable, we can assume that a large percentage of those certified are group psychologists and group psychotherapists.

Public Description:

An important component of the recognition process is to develop a public description of the specialty that can be used to inform the public about the specialty area. Please

develop a brief description of the specialty by responding to the question below (limit

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400 words). This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public. Descriptions will be edited for consistency to conform to the CRSPPP website standards.

1. Provide a brief (2-3 sentences) definition of the specialty.

Group psychology and Group psychotherapy is a specialty focused on providing evidence- based psychological services in an effective and efficient way to maximize the growth and development of group members as well as allowing larger numbers of people in need of these services to have access. A key component of the specialty is the education and training of the group leaders to address a variety of problems, issues and concerns that are present among group members and, at the same time, know how to use group resources to help individual group members. Groups are usually composed of a small number of people (typically eight to ten) who meet regularly with a trained group therapist to help members achieve psychological growth, improve interpersonal relationships, develop problem-solving and conflict resolution skills, understand the impact of unresolved family of origin and other past experiences on current relationships and functioning, and learn how to give and receive constructive feedback.

2. What specialized knowledge is key to the specialty?

Group psychotherapists need specialized training in group dynamics and the application toward positive and lasting behavioral health outcomes. Specialized training in group psychology and group psychotherapy is essential due to the unique nature of group psychology. When people come together in groups, they feel more powerful; the resultant energy can be directed in positive and constructive directions or destructive ways, such as scapegoating. Group leaders need specialized training to direct the group in constructive directions and to manage negative emotions and behaviors. For a group to function therapeutically, its leader must set and maintain clear firm boundaries and expectations that create a sense of predictability and safety. Group cohesion has been found to be the single best predictor of group success, and group therapists are trained in techniques to increase group cohesion.

There are a number of other unique skills associated with this specialty. The following are the most important: an understanding of interpersonal dynamics, and the abilities to create a safe with sufficient boundaries, including: anticipating and addressing scapegoating, including the silent group members, facilitating group interactions without causing interference, protecting the safety of all group members, and managing negative behaviors or even removing group members who pose a significant threat to the emotional or physical well-being of the group members.

3. What problems does this specialty specifically address?

Group psychotherapy can address many psychosocial and mental health problems, as detailed in Criterion II, including depression, anxiety, substance abuse, trauma and PTSD, anger management, and medical illness. This specialty also addresses the problems of isolation, shame, interpersonal inhibition, and self-consciousness that individuals across many diagnostic

categories experience. Additionally, group therapists can apply the principles of group dynamics

Criterion XII. Provider Identification and Evaluation

to other settings and situations such as businesses, schools and community organizations by serving in consultative roles.

4. What populations does this specialty specifically serve?

This specialty serves a diverse array of individuals, as detailed in Criterion II, including individuals with depression, anxiety, grief, social isolation, PTSD, severe mental illness, medical illness, as well as parents of medically ill children, parents of children with emotional problems, and those who are divorcing or dealing with the illness or loss of a family member. There are age-related therapy groups for children, adolescents, young adults, adults, and older adults, as well as groups for ethnic minorities and LGBTQQ persons. Because a group can serve eight to ten people simultaneously, group therapy can allow easier and faster access to treatment, which is of obvious benefit to society.

5. What are the essential skills and procedures associated with the specialty?

The essential skills associated with the specialty of group psychology and psychotherapy are 1) assessment of problems and individual behavioral, affective, cognitive, and biological characteristics plus suitability for group, 2) referral and preparation of individuals for group therapy, 3) knowledge of small group dynamics including systems theory and developmental stages of groups, 4) therapeutic factors in group, and 5) group leadership skills. Training in this specialty additionally includes review of research on the efficacy of group therapy, ethical issues specific to group therapy, and diversity and multicultural issues in group. Group therapists employ a variety of theoretical modalities, e.g. psychodynamic, interpersonal, or CBT, and methods, e.g. short-term, brief, or long-term, and should be trained in the particular model being used.

Group psychologists who demonstrate expertise in group skills represent a specialty of professional psychology that integrates the basic tenets of group psychotherapy and group dynamics theory, research, and application. Group specialty practice is based upon group dynamics principles such as communication, leadership, member-leader interactions, power, norms, and stages that Kurt Lewin (1951), Wilfred Bion (1961), Urie Bronfenbrenner (1979) and others wrote about in the mid-20th century. Group psychotherapy utilizes a format that is based upon a number of therapy models from psychodynamic to CBT, which includes small groups of approximately 8-10 clients, led by a skilled leader. Together members and (co)leader(s) explore roles, norms, stages, and group therapeutic factors (Yalom & Leszcz, 2005) by engaging in interpersonal interactions in order to a) ameliorate symptoms, b) learn new ways of behaving, and c) enact character change, depending upon the focus of the group. Groups can range from time-limited structured topic-centered groups (e.g., Psychoeducation, Anger Management) to ongoing unstructured groups (e.g., Yalom Interpersonal Group). Group types are represented on the left side of Figure 1. Ongoing process and outcome evidence-based research informs standards of care for members of groups and constitutes the foundation of scientific knowledge.

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Research strongly suggests that skilled group leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, Mackenzie & Strauss, 2003; Burlingame, Strauss, & Joyce, 2013). As stated, group leaders may identify with any number of therapy schools (CBT, Psychodynamic, Interpersonal and so on), but as a whole, they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion's Basic Assumption of Dependency (1961), must be dealt with effectively at the group level.

