

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

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

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

Training for this specialty occurs at the doctoral, internship, postdoctoral, and post-licensure levels. **This includes knowledge, skills, and related competencies.** (See Criterion V, Appendix 1, Taxonomy for Group Psychology and Group Psychotherapy)

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

Doctoral

The training occurs at the doctoral level in courses, practica and internship. Some programs have freestanding courses, and others integrate preparation with other course materials. Practica and internships use didactics and supervised experiences as primary methods for knowledge.

Doctoral Group Psychology and Group Psychotherapy Aims

The aim of doctoral training programs in Group Psychology and Group Psychotherapy is to provide training to develop competencies in eight basic areas of psychological practice important in a counseling, clinical or similar setting: 1) clinical/therapeutic skills; 2) group therapy; 3) psychoeducational and psychological assessment; 4) outreach and consultation; 5) provision of clinical supervision; 6) awareness of and responsiveness to culture and diversity issues; 7) ethical and professional behavior; and 8) professional development. Integration occurs in all required training; instruction, practica and internship through didactics, clinical experiences, and scholarly inquiry that builds on the broad and general education specified by the APA Standards of Accreditation (transitioning from the former G & P). The discipline specific knowledge (DSK) is presented on p. 4 (Barlow, 2014).

The Group Psychology and Group Psychotherapy training aims and purpose is consistent with

professional psychology standards and with the specialty's standards to emphasize the uniqueness of group psychology and group psychotherapy. These include Kurt Lewin's (1936) seven Principles within three facets of original group dynamic theory and research, detailing the structural aspects of how small group function as well as the dynamic interplay of members, with expansions made by Burlingame et al. in 2002:

Facet 1: Multi-person Treatments

Principle One. Pre-group preparation sets treatment expectations, defines group rules, and instructs members in appropriate roles and skills for effective group participation and cohesion. In the *Handbook of Psychotherapy and Behavior Change*, Richard Bednar and colleagues summarized research on the "container" of group treatment before group begins with each member (Bednar & Kaul, 1978) while Santasiero et al. (1995) demonstrated that preparing group members prior to the group experience has a positive effect on group cohesion. Gayle (2009) postulated that successful group structures are developed through a hermeneutical interaction between group structure and group members' immediate experience of that structure, expanding original group and self-understandings. The establishment of a holding container for the group allows group members to find their voice, and share experiences, feelings, and difficult stories (Klein, 2012). Role theory and group norms are established in the first group session, leading to better group outcomes and processes. When properly implemented, re-group preparation leads to higher levels of group performance and increased levels of member outcome.

Principle Two. The group leader should establish clarity of group processes early for higher levels of disclosure and cohesion later in group. Higher levels of leader-imposed structure in early group session was proposed with a strategic reduction beginning in mid-treatment to negligible structure by end of treatment (Bednar and Kaul, 1986, 1994). Further, in a study by Sexton (1993), the member-to-leader dimension was examined, with group members' feelings of understanding and personal value by the group therapist resulting in better ratings for the therapist, as well as greater personal insight on the part of group members.

Principle Three. Requires clinical judgment to balance intrapersonal (individual member) and intragroup (among group members) considerations, demonstrating tension between individual member needs and group dynamics. Management of multiple alliances inherent in multi-person treatment. Yalom's *Theory and Practice of Group Psychotherapy* (1995) summarized theoretical underpinnings of composition and key research to support group leaders' strategic use of composition in creating a healthy treatment system.

Facet 2: Verbal Interaction

Lewin's pioneering group dynamics work resulted in numerous theoretical models on managing verbal interaction. The models address how group leaders can and should manage interpersonal feedback between members.

Principle Four. The leader modeling real-time observations, guiding effective

interpersonal feedback, and maintaining moderate levels of control may positively impact cohesion. Stockton and Morran contributed decades of experimental and clinical research on effective feedback in small group treatment (Morran, Stockton, and Teed, 1998), which have been integrated into group practice guidelines. Feedback may cause desired behavior change; feedback interventions have shown a mild to moderate impact on outcome improvement in a wide variety of studies (Kluger & DeNisi, 1996; Sepyta, Riemer, & Bickman, 2005). In psychotherapy feedback research, feedback interventions have greatest treatment impact for therapy patients not progressing as expected (Lambert et al., 2003). Studies indicate that feedback programs (Percevic, Lambert, & Kordy, 2004) reduce required treatment length to achieve clinically significant improvement.

Principle Five. Timing and delivery of feedback should be key considerations for leaders to facilitate relationship-building, including group developmental stage and readiness of individual members to receive feedback. Stockton and colleagues' theory and research provided evidence-based principles for interpersonal feedback timing and delivery, highlighted in group treatment chapters in the *Bergin and Garfield Handbook* (Bednar & Kaul, 1986, 1994).

Facet 3: Establishing and Maintaining an Emotional Climate

Management of therapeutic relationship in multi-person treatments is directly related to treatment success and failure. Evidence supports therapeutic relationships in group treatment as predictors of greater outcome differentiations (Burlingame, et al., 2004, 2011, 2013). Like other multi-person treatments, theory and skills in creation and management of therapeutic relationship differs from individual or dyadic treatment. Two primary facets involve self-awareness and management of the leader's role within multi-person therapeutic relationship.

Principle Six. Group leader's presence affects the relationship with individual members, as well as all group members as they experience the leader's manner of relating.

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

There has been much clinical and practical literature linking therapeutic factors and mechanisms to healthy, well-functioning therapy groups. These therapeutic processes, including experiential, behavioral and cognitive interventions, as well as processes central to the treatment itself, act as causal agents to mediate improvement in clients (Barron & Kenny, 1986).

Among therapeutic factors, cohesion is considered central to the therapeutic experience, and especially the therapeutic relationship within group. (Burlingame et al, 2002; Yalom & Leszcz, 2005). Wampold (2001) argued that everyday factors such as the therapeutic relationship may constitute up to nine times greater impact on patient improvement than specific mechanisms of action in formal treatment.

Group structure mirrors the interventions that have been designed to develop individual member expectations, including group norms. Verbal interaction mirrors the principles of facilitation by the leader, while the emotional climate mirrors those interventions directed at the whole group experience, for a safe, effective group environment. Furthermore, the overall therapeutic climate should facilitate emotional expression and self-disclosure of group members, responsiveness, and shared meaning derived from such experiences (Burlingame et al., 2002).

Doctoral Group Psychology and Group Psychotherapy Program Accreditations

Programs are accredited to offer either the PhD degree or to offer the PsyD degree (other doctoral degree designations may be eligible for consideration as appropriate). Generally, PhD programs place greater emphasis on research-related training, while PsyD programs place relatively greater emphasis on training for engagement in professional practice. All graduates must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to develop, disseminate, and utilize scholarly research. Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice and in scientific inquiry and evaluation.

Doctoral Admissions Standards

- A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree.
- At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted.
- At least 1 year of academic training years must be in full-time residence (or the equivalent thereof) at that same program. (Programs seeking to satisfy the requirement of 1 year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement).

Discipline-specific Knowledge and Competencies (Barlow, 2014)

Approved programs must demonstrate that they rely on current evidence-based modalities when training students in the following competency areas:

- (i) Research
- (ii) Ethical and legal standards
- (iii) Individual and cultural diversity
- (iv) Professional values, attitudes, and behaviors
- (v) Communication and interpersonal skills
- (vi) Assessment
- (vii) Intervention

- (viii) Supervision
- (ix) Consultation and inter-professional/interdisciplinary skills

Required Practicum Training Elements

Practicum must include supervised experience working with individuals who are diverse with a variety of presenting problems, diagnoses, and issues, the purpose of which is to develop the requisite knowledge and skills to demonstrate the required competencies. Model doctoral programs must demonstrate that a training plan is applied and documented at the individual level, appropriate to the student's current skills and ability, which ensures that, by the time the student applies for internship, the requisite level of competency has been attained. Programs are required to place students in settings committed to training, providing experiences consistent with health service psychology and the program's aims, and enabling students to attain and demonstrate appropriate competencies.

- Supervision is provided by appropriately trained and credentialed individuals.
- Each practicum evaluation is based, in part, on direct observation of the practicum student and her/his developing skills (either live or electronically).

Required internship training elements. The program must demonstrate that all students complete a 1-year full-time or 2-year part-time internship, with policies regarding accredited versus unaccredited internships consistent with national standards regarding internship training.

Accredited internships. Students are expected to apply for and, to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

Internships

Internship Group Psychology and Group Psychotherapy Philosophy

The goal of internship training programs continues to be to provide training in eight basic areas of psychological practice important in a counseling, clinical, or similar setting: 1) clinical/therapeutic skills (individual therapy); 2) group therapy; 3) psychoeducational and psychological assessment; 4) outreach and consultation; 5) provision of clinical supervision; 6) awareness of and responsiveness to diversity issues; 7) ethical and professional behavior; and 8) professional development.

Internship Programs follow a Practitioner-Scholar Training Model, integrating past experiences with new learning, meaningful engagement with professional role models, sharpening skills, and determining professional identity. The Practitioner-Scholar Training Model integrates research and theory with practical, experiential learning, presupposing the relationship between science and practice. Taken together, they form the basis for psychological knowledge. With this perspective in mind, interns are encouraged to apply scholarly inquiry and critical thinking to all facets of their work: clinical; outreach; consultation; supervision; training; and administrative.

Internship programs provide sequential, cumulative training to prepare interns to become entry-level psychologists by the end of their internship year. Internships begin with an orientation, during which time any assessments of individualized training goals and plans are completed, based on previous experience and competency for each of the eight training areas identified above.

Internship Admissions Standards

- National admissions conducted following APPIC guidelines.
- Utilization of APPIC Internship Matching Program (Program Code 122311).
- Applicants must be from an APA- or CPA-accredited counseling or clinical psychology doctoral program.
- Applicants must have completed a minimum of 400-500 AAPI Intervention and Assessment hours and 150 AAPI individual therapy hours with adults by the application deadline.
- Applicants must have passed their dissertation proposal defense and comprehensive exams by the application deadline.
- Applicants must complete all course work and a minimum of 3 years of graduate training before starting the internship.
- Applicants must submit reference letters.
- Closely supervised experiential training in professional psychology skills are conducted in non-classroom settings.

For APPIC internship membership, interns must be at least half-time (i.e., 20 hours per week), onsite, and in training at the time of the initial application. Interns must have opportunities for personal (face-to-face) interaction with peers in formal settings in the training program and on the training site during each training week. Part-time internships must ensure that intern schedules sufficiently overlap to allow substantial and meaningful peer contact.

Group Psychology and Group Psychotherapy Competencies (Barlow, 2014)

Model Group Psychology and Group Psychotherapy Internship programs include competencies such as:

- Knowledge of psychological theories and professional literature applied to evidence-based interventions and assessment;
- Proficiency conducting complex integrated psychological assessments and appropriate psychotherapeutic interventions with individuals experiencing severe mental illness;
- Awareness of and sensitivity to diversity issues, and ability to channel this awareness and sensitivity in therapeutically beneficial ways;
- Follow ethical, legal, and professional guidelines while practicing psychology, with a gradual progression toward independent decision making (i.e., less reliance on supervision);
- Socialization in role of psychologist and development of professional identity; and
- Demonstration of knowledge and application of evidence-based interventions and

assessments, integrating research into practice.

Group Psychology and Group Psychotherapy Internship Training Curriculum

Interns are provided with a graded sequence of experiences, with increasing levels of responsibility fitting the intern's demonstrated comfort and competency. Interns' clinical caseloads ideally build slowly at the start, affording increased supervisory support for each case, as well as assistance for challenging clients, improving interns' competency. The internship is deliberately structured to provide supervised experience working with diverse patients, and a diverse array of presenting problems with varying degrees of symptomatic severity. Rotations last approximately 16 weeks each. The mandatory therapy component may run an average of 3 to 4 hours per week, and span the entire internship year. As interns' progress, clinical knowledge increases, along with increased independence.

Ideally, within each rotation, psychological assessments are approached gradually. Supervisors work with the intern to determine the most appropriate level of supervision needed initially (e.g., didactic-like training of a novel measure, reviewing assessment manuals or other assessment materials, allowing for practice administrations, allowing intern to observe and/or be observed in conducting diagnostic interviews and/or test administrations, providing needed training and feedback regarding assessment interpretation, case conceptualization, report writing). Oversight is gradually adjusted according to need, ability, and comfort level of the intern. Informal feedback occurs regularly, with formal written feedback provided twice a year as required by accreditation standards although some programs provide more frequent written feedback. Interns bring a significant degree of carry over in knowledge and experience to second and third rotations, resulting in less intensive supervisory oversight. Interns additionally provide supervision for other doctoral-level students, such as practicum counselors, social work interns, or other peers.

Case Presentations allow interns to demonstrate skills acquired in clinical case conceptualization, and provide faculty an opportunity to evaluate and guide the intern's clinical conceptual skills. Faculty may use this opportunity to enhance the intern's awareness of the utility of research for clinical practice.

Interns must also learn to administer and interpret outcome testing with patient populations. Some model programs, such as The Utah State Hospital's outcome measurement program, are considered "best practice" by both SAMHSA and The Joint Commission, forming a foundation of practice-based evidence through which interns are able to provide service to patients.

The group therapy component also involves a graded approach. Interns are provided with review materials, followed by the opportunity to observe their supervisor conduct group therapy. Opportunities for facilitation of staffing groups must be provided to develop group therapy competence. When ready, the intern runs the group therapy with supervisory observation and feedback, with the goal of the intern effectively conducting group therapy more independently and the supervisor taking more of a consultant role. The aforementioned basic process is generally applied in other areas of Group Psychology and Group Psychotherapy internship training in a similar fashion.

Intern responsibilities follow logical progression from intense supervision and didactic training to moderate clinical decision-making experiences, culminating in guided practice and consultation. Interns initially spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions to prepare for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration; appropriate scoring of procedures; and ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training advances (Barlow, 2014). These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Interns later perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the internship experience helps interns become competent to respond to referrals, assess cases, plan treatment, and deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning largely to corroborate clinical decisions and encourage professional identity and confidence.

The following sample provides a breakdown of the hours per week that interns spend in required activities and roles within many Group Psychology and Group Psychotherapy Training programs.

	Fall	Spring	Summer
Clinical Services			
Intake/Individual therapy/Couples' therapy	9-12	9-12	9-12
Group therapy	1.5-3	1.5-3	1.5-3
Assessment/Report writing	4	4	4
Initial consultation	1	1	1
Crisis	1	1	1
Supervision Received			
Individual supervision	2	2	2
Group supervision (case conference, case assignment meeting, intern meetings)	3	3	3
Group therapy debriefing	0.5-1	0.5-1.5	0.5-1.5
Other experiential training activities			
Provision of supervision	1	2	0
Outreach/Liaison consultation/Workshop	3-4	3-4	3-4
Multidisciplinary meeting (e.g., assessment team meeting)	1	1	1
Professional development project (e.g., teaching, dissertation, research).	3	3	3
Other activities			
Professional issues seminar	2	2	2
Staff meeting	1	1	1
Paperwork, preparation.	5	5	5

Association of Psychology Postdoctoral and Internship Centers (APPIC) Internship Guidelines
The curriculum above demonstrates that Group Psychology and Group Psychotherapy is

guided by APPIC Guidelines, which provide that internship training include a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.

Internship training in Psychology is primarily based on experiential learning that:

- Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation;
- Exposes interns to a variety of types of psychological services and consumers;
- Ensures at least 25% of trainees' time is in face-to-face psychological services to patients/clients; and
- Provides at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds.

Psychology training programs should have scheduled didactic experiences available to meet the training needs of their interns, including actual training opportunities beyond Intern Case Presentations. Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree. Training opportunities in various clinical and professional activities help interns become well-rounded psychologists. Interns should receive *in-vivo* supervision by a co-leading senior therapist. The integration of practice and scholarly inquiry should be promoted through training seminars, reading assignments from scientific journals and books, support for the interns' completion of dissertation or other research project, and support of intern attendance at conferences and other professional meetings.

Furthermore, internship positions must be equitably funded and set at a level that is representative and fair in relationship to the geographic location and clinical setting of the training site.

Individual supervision:

All interns should receive minimum two hours of individual supervision each week by licensed staff psychologists, with clinical caseloads the focus of primary supervision. Secondary supervision examines outreach, consultation, provision of supervision, dissertation progress, and professional development, as well as focused clinical topics of the intern's choice. All primary and secondary individual supervision should be provided by staff members who have been licensed psychologists for a minimum of two years.

Group supervision:

All approved Group Psychology and Group Psychotherapy programs should provide a minimum three hours a week of face-to-face supervision to interns, as required. Interns should also receive minimum three hours of group supervision. The model programs identified within this Criterion provide examples of the successful implementation of these requirements. Program supervision includes the following:

- *Clinical Cases:* Interns meet with clinical staff to discuss recent initial consultations, make case assignment and conduct utilization reviews for long-term clients.

- *Case Conference:* Group supervision strengthen interns' conceptualization and intervention skills, with topics including individual therapy, group therapy, assessment, supervision and diversity.
- *Intern Supervision:* Interns receive group supervision for professional development, which may include a peer support group and facilitate communication among the intern cohort.
- *Diversity:* Interns receive didactic and experiential training in diversity issues and an opportunity to discuss with each other how cultural and individual differences impact clients and therapy.
- *Supervision of Supervision:* Interns receive group supervision on their clinical supervision of practicum students.
- *Training Seminars:* Themes include a variety of approaches and intervention modes, such as: crisis management; eating disorders; suicide prevention and intervention; assessment and treatment of self-injurious behavior; addictions; gay and lesbian concerns; transgender issues in treating international students; couples counseling; grief; Autism Spectrum Disorders; psychopharmacology; ethics; licensure issues; multicultural counseling; anxiety and stress management; evaluation assessment tools; sexual assault/rape issues and treatment of depression; diversity; assessment; group therapy; supervision and professional development.

Additional supervision/consultation: Beyond regularly scheduled individual and group supervision, interns receive additional individual supervision as needed. Interns receive consultations on assessment recommendations related to students with disabilities, health-related issues, and mental/

Group Topics/Didactics:

- *Professional Issues Trainings:* Professional trainings topics determined based on interns' needs and interests, presented by university staff and other community professionals (e.g., faculty from departments of psychology, private practitioners). This may include interns and other trainees leading seminars on topics of their expertise (e.g., dissertation related topics).
- *Conferences:* Interns are highly encouraged to attend local and regional conferences to advance knowledge and skill levels. Conference themes reinforce clinical skills and supervision objectives, as well as diversity competence.

Experiential Activities:

- *Individual Therapy:* Interns maintain a caseload of approximately 12 hours per week, which may vary depending on clinical activities and client attendance.
- *Clinical Consultation and Crisis Appointment:* Interns are scheduled for one hour of initial consultation appointments each week. Initial consultations are average 30-minute triage meetings, the purpose of which is to assess clients' presenting concerns and generate treatment recommendations including referrals to therapy or other services. Interns conduct one hour of crisis appointment, reserved for clients with urgent needs.

- *Group Therapy*: Interns are required to co-lead/lead a minimum of one process-oriented group per semester and one psychoeducational group per year.
- *Psychoeducational/ Psychological Assessment*: Interns are required to complete a minimum of 10 full-battery assessments and reports, with opportunities for neuropsychological screening and psychological assessments. Interns are typically scheduled 4 hours each week for assessments.
- *Provision of Supervision*: Interns supervise a peer (psychology graduate student or graduate assistant therapist).
- *Outreach*: Interns are encouraged to dedicate minimum three hours per week for outreach programming and consultation, generally in an office related to an area of professional interest. Interns' experience may include navigating challenges of working with another office or non-psychology staff.
- *Professional Development*: All interns are provided three hours' professional development per week during the fall and spring semesters to work on professional development training.
- *Summer Training*: All interns are afforded four hours per week in summer months to work on another project of their choice.

Postdoctoral and post-licensure curricula and experiences, along with evaluation requirements are presented in Criterion VI.

IV. Provisions

Group Psychology and Group Psychotherapy Intern training programs are based on the Practitioner-Scholar Training Model, which emphasizes experiential learning and the use of critical thinking and current research. Training occurs in various clinical and professional activities to ensure effective psychologists. All clinical work is supervised. Supervisors provide interns with research and professional literature relevant to their clinical work and professional development. Practice and scholarly inquiry integration is promoted through training seminars, readings from scientific journals and books, support for interns' completion of their dissertation or research project, and support of intern attendance at conferences and professional meetings. Interns are assessed for strengths, growth areas, and areas of interest, with training adjusted as needed. Interns are tasked to take on greater responsibility and autonomy, commensurate with their progress and development.

Following are specific examples of model programs for APA Group Psychology and Group Psychotherapy Specialty Doctoral Programs and Internships:

1. Brigham Young University

<https://psychology.byu.edu/Pages/PsychPhD.aspx>
<https://caps.byu.edu/apa-internship-home>

For the 2016-2017 academic year, Counseling and Psychological Services (CAPS), a division of the Counseling and Career Center, at Brigham Young University (BYU) offers four full-time, 12-month internships for doctoral-level graduate students in clinical or counseling psychology. The Clinical Psychology Program offers the PhD in Clinical Psychology, post-baccalaureate

program designed to take five years to complete. It requires a full sequence of graduate courses, clinical practica, research experiences, and a yearlong internship. Students with previous graduate experience may apply to have up to 15 credit hours of course requirements waived (core clinical courses, research requirements, and practica cannot be waived), based on similar previous work to Program required course work. Courses must be completed in residence; essentially all requirements except the internship are completed in residence. Typically, students complete course work and practica in residence during the first three years, devoting the fourth year to dissertation and externships, and complete a full-time, pre-doctoral internship during the fifth year.

2. Utah State University – APA Internship Program

<http://counseling.usu.edu/>

The goal of the doctoral internship program at Utah State University (USU) Counseling and Psychological Services (CAPS) is to provide quality training in eight basic areas of psychological practice important in a university counseling center or similar setting: clinical/therapeutic skills (individual therapy); group therapy; psychoeducational and psychological assessment; outreach and consultation; provision of clinical supervision; awareness of and responsiveness to diversity issues; ethical and professional behavior; and professional development.

3. Colorado State University – APA Doctoral Internship

<http://health.colostate.edu/services/counseling-services/>

Group Therapy: Interns co-lead at least one interpersonal process group each semester (two hours per week). In addition to traditional process-focused groups, structured groups with a skill-building focus are offered; interns who choose to complete an SIA in Group Therapy are able to co-facilitate.

Group Seminar: Focus is on group therapy philosophy and procedures, co-leader relationships, ethics, and group process dynamics and interventions. Provides an opportunity for case conference-type reflection and dialogue, for brainstorming alternative interventions, and for enhancing knowledge about group stages and processes and group therapy ethics.

Group: 2 of 40 hours/week.

4. University of California- Davis: APA Doctoral Internship

http://www.ucdmc.ucdavis.edu/children/clinical_services/CAARE/internships.html

Group Services

Group services allows students to meet with other students who relate to one another. Students find peer support, gaining strength as they share their feelings and experiences with other students facing the same obstacles. Groups typically consist of 4-10 students meeting weekly; available to all registered UC Davis students.

Group Counseling and Psychotherapy

Counseling Services offer a variety of psychotherapy, support and psychoeducational groups, including general psychotherapy groups for and specific population/topical groups such as: eating disorders; career; graduate students; undergraduate students; women; LGBTQ students; and survivors of sexual abuse/assault. Some groups run for the entire year, while other groups are short-term, structured groups. Short-term, structured groups are based in cognitive-behavioral, relaxation, and mindfulness-based treatments. Examples include H.E.A.L. (dialectical behavior therapy skills for disordered eating) and Mindfulness Meditation. Interns are expected to co-lead one group, which may be a psychotherapy group or a structured group with a staff member or postdoctoral fellow. In addition, all interns facilitate a career group, with a career staff, fellow intern or alone, depending on level of experience. Interns receive supervision on group counseling and psychotherapy in the group psychotherapy seminar during orientation and receive ongoing individual supervision, usually with staff group co-facilitators.

Supervision of Group Therapy

When co-facilitating a group with a staff member, interns receive half-hour weekly individual supervision from group staff co-facilitator. Each intern has an opportunity for discussion and training in elements of group therapy with the group co-facilitator. If interns are facilitating a structured career group on their own, they receive weekly group supervision. In addition, interns are welcome to consult about group experiences with individual supervisors and may also use Supervised Case Consultation Team.

Please see **Criterion V. Appendix 2**, for additional examples of model programs for APA Group Specialty Doctoral Training/ Internships.

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

A. Admission to the postdoctoral group specialty program requires the following prerequisites: a doctoral degree in clinical, school, or counseling psychology in an APA-accredited program that included one – two courses in group or group related materials; practicum and internship experiences in group; and licensure or licensure eligible.

B. Applicants who are deficient in any of the admission criteria, such as insufficient academic preparation at the doctoral level, can be admitted provisionally and provided a plan for remediation. For example, remediation of coursework could include additional courses, readings and discussion, webinars, workshops, conference attendance, or other activities that provide the necessary and basic instruction.

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

Group Psychology and Group Psychotherapy has no formal post-licensure training nor formal post-licensure requirements at this time. As described in detail in Criterion VI, post-licensure level training is obtained in group-specific professional continuing education events, such as those provided by APA Division 49, AGPA, and ASGW. The credential for specialty practice at the post-licensure level is the Specialty Diploma in Group Psychology, which is one of the 15 areas of specialist psychology practice associated with Certification by the American Board of Professional Psychology (ABPP). Post-licensure didactic/academic/ceu credits are recommended to be a minimum of 48 contact hours after the doctoral degree if the degree does not meet the standards of the doctoral educational and Training guidelines (See Criterion VI, Appendix 5. Educational and Training Guidelines Postdoctoral Residency Programs).

Applicants submit the following education and training activities to the ABPP Central Office in order to establish completion of: academic program requirements; internship requirements; internship requirements; licensure/certification requirements; and post-licensure practice experience. These requirements and evaluation procedures are described in detail in Criterion VI.

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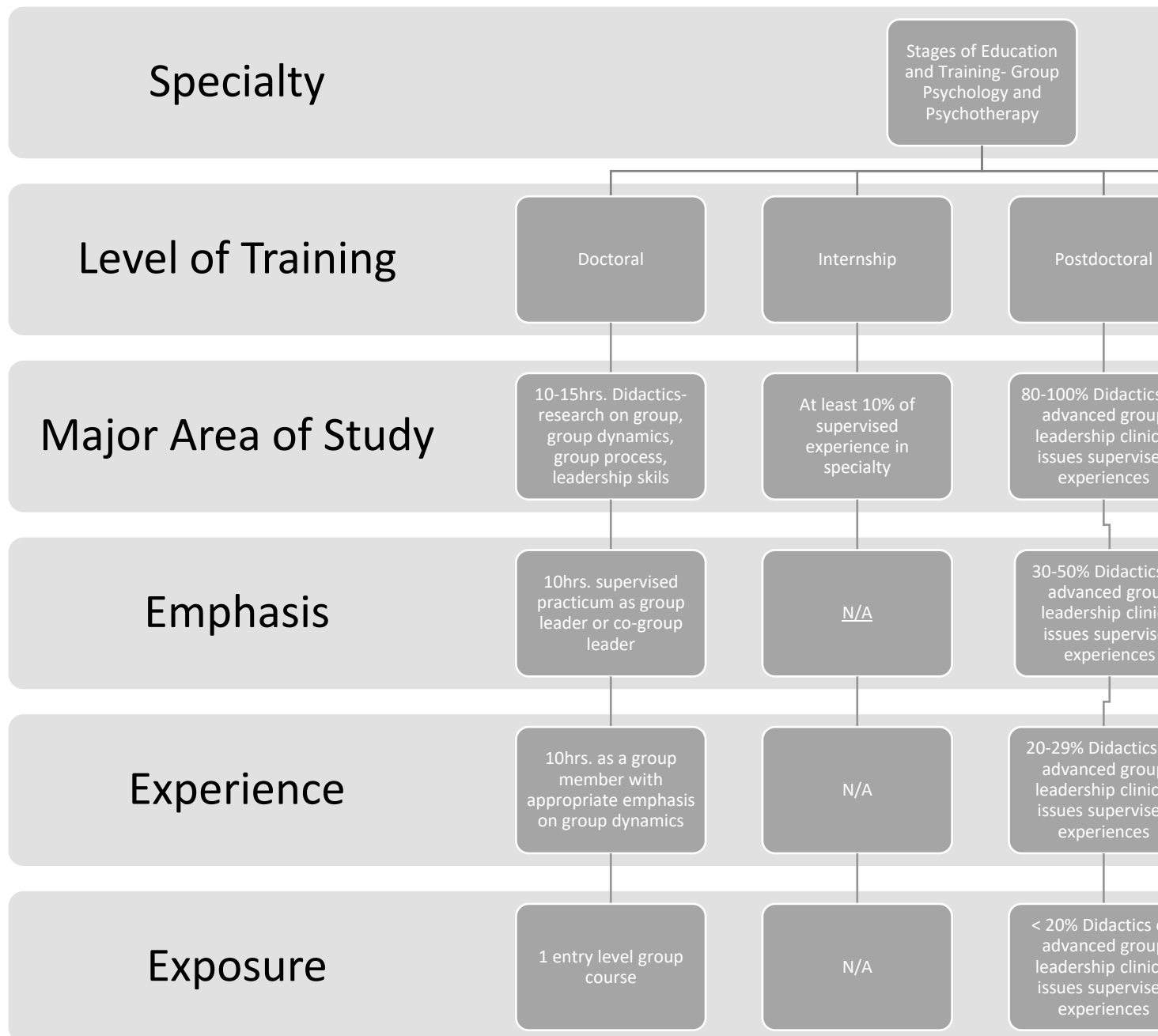
Criterion V.

Appendices

Appendix 1: Taxonomy for Group Specialty

Appendix 2: Additional examples of model programs

Criterion V. Appendix 1: Taxonomy for Group Psychology and Group Psychotherapy



Criterion V. Appendix 2: Additional examples of model programs for APA Group Specialty Doctoral Training/ Internships.

5. Kansas State University - APA Doctoral Psychology Internship

<https://www.k-state.edu/counseling/training/internship.html>

- 17 Groups on Roster
- Group co-therapy

The K-State Counseling Services internship program requires interns to complete 2000 hours during the 12- month contract year with 25% of that time being direct contact hours (500 hours). This requires interns to work approximately 42 hours/week on average while classes are in session (vacation, holidays and sick leave time provided). All primary supervisors are fully licensed, and additional training opportunities are provided by the rest of the inter-professional staff.

6. Florida State University – APA Doctoral Internship in Professional Psychology

<http://counseling.fsu.edu/training/apa-pre-doctoral-internship.shtml>

The Doctoral Internship's home is The University Counseling Center (UCC), the primary mental health services provider at Florida State University (FSU) and the only provider on campus available to all registered students free of charge for all services. The Center's mission is to enhance the academic experience of students by promoting healthy personal development through brief individual or couples counseling, group counseling, psychiatric consultation, skill enhancement and preventative outreach services. The UCC provides full-time Doctoral internships to counseling and clinical psychology students and part-time internships to masters' students in mental health counseling, social work, and art therapy. The Center is accredited by the International Association of Counseling Services (IACS) and is a member of the Association for Psychology Postdoctoral and Internship Centers (APPIC). The Doctoral psychology internship program is accredited by the American Psychological Association (APA).

The Doctoral Psychology Internship Program utilizes a Mentor-Apprentice model of training, whereby professional growth and development of interns is facilitated by supervised applied practice, augmented by modeling, consultation and teaching. In addition to psychologists, interns have routine contact with training staff with expertise in social work, mental health counseling, art therapy, and addictions treatment. Interns also have the opportunity to work closely with Psychiatry and other medical staff at University Health Services.

Goal 1. Interns will demonstrate skills and professional competence at an intermediate to advanced level:

Goal 2. Interns will demonstrate sense of professional identity and self-understanding:

Goal 3. Interns will demonstrate ability to integrate science and practice of psychology:

Goal 4. Interns will demonstrate awareness and sensitivity to issues of diversity:

7. Purdue - APA Doctoral Internship

<http://www.purdue.edu/caps>

Group co-therapy: Therapy, support, and psycho-educational groups. Interns are involved with co-leading one of various groups facilitated through CAPS, and may be involved with therapy and/or support groups which are focused primarily on the more clinical aspects of clients' presenting problems. Interns may also be involved with workshops and seminars which can be single sessions or multiple sessions and are focused on the more psycho-educational aspects of clients' presenting problems.

Group Therapy

Group therapy provides exciting opportunities for growth and development. Confidentiality is discussed in all groups.

Group Categories and Focus

1. Process Groups

Students share experiences with other CAPS clients; give and receive support and feedback; experiment with new interpersonal behaviors; and talk about in-group, peer-to-peer interactions. A group orientation must be completed prior to beginning a process group.

2. Support Groups

Students who share similar issues talk with peers; give and receive support; and learn new ways of interacting with others.

3. Psycho-educational Groups

Students focus on education and learning; increase knowledge of resources; and build coping skills.

8. Oregon State University - APA Doctoral Internship

<http://counseling.oregonstate.edu/training/doctoral-internship-program>

Group Therapy Seminar

Focuses on establishing a comfort level and proficiency in all aspects of facilitating groups including identifying groups needed at a counseling center, referral and pre-screening process, co-leadership, multicultural sensitivity in groups, and dynamics involved in co-facilitating groups. Seminar provides didactic and experiential learning as well as supervision for groups that interns are co-leading.

9. Stony Brook University - APA Doctoral Internship

<http://studentaffairs.stonybrook.edu/caps>

Group: 2 hours/week

Group Psychotherapy: Interns co-lead at least one process group during their year at CAPS.

They first observe, then participate in, and may finally conduct themselves, the screening of

potential group members. Interns may have the option of developing their own group focused around their own special interests. Interns have the opportunity to learn what is involved in development, recruitment, and running of a group from the ground up. Groups may include process groups as well as topic-oriented groups. Group program includes a well-developed mindfulness meditation program that includes beginning and advanced meditation groups, along with an MBCT (mindfulness based cognitive therapy) group. Groups generally not time-limited.

Group Seminar: One-hour, bi-weekly seminar designed to provide a basis of knowledge regarding group therapy process and theory, and more specifically, to facilitate growth in trainees' abilities to implement knowledge into practical use. A variety of readings provide backbone for growth, though much time is spent discussing case examples of individuals' groups and their experience within this modality. Particular focus given to the unique context of group therapy within a university counseling center.

10. University of New Hampshire - APA Doctoral Internship

<http://www.unh.edu/counseling-center/apa-accredited-doctoral-internship>

Groups: Interns lead a semi-structured, support and/or therapy group with senior staff psychologists and/or postdoctoral fellows during fall and spring semesters, involving minimum weekly commitment of one and one-half hours. Group Therapy 1.5 hours/week.

Supervision of Group Work: Interns receive weekly supervision with a focus on examining issues of co-leadership and group process. Supervision of Group Work .5 hours/week.

11. Illinois State University – APA Doctoral Internship

<http://counseling.IllinoisState.edu/>

Group Counseling

Group therapy is frequently the treatment of choice for college students; what is talked about in group is completely confidential and not discussed with anyone outside of group sessions. 1.5 hours/week Group. .5- 1.0 hour/week Supervision of Group. Group counseling brings together 8-10 people with one or more trained group leaders.

General Process Groups

Student counseling services offers approximately 10 General Process Groups per semester. Students involved in groups have a variety of different goals and presenting concerns.

Topical Groups

There are a variety of topical Groups offered at Student Counseling Services:

Eating Disorders/Body Image Group: General process group for females with eating concerns, negative body image, over-exercise, chronic dieting, emotional eating.

Grief/Loss Group: Provides a safe, supportive environment for students who have experienced the death of a loved one such as parents, family members, friends, or partners. Provides students with the opportunity to express thoughts and feelings about their grief as well as learn ways to gain support and cope with their loss.

Graduate & Non-Traditional Students Group: General process group for graduate students and non-traditional age students, allowing members to connect on the unique demands related to being graduate students.

12. Ball State University - APA Doctoral Internship

<http://cms.bsu.edu/campuslife/counselingcenter/trainingprograms/apapredoctoralinternship>

Group Counseling

The Counseling Center offers a wide range of groups every semester, many with a theme or common issue that all members share such as self-esteem, eating problems, sexual victimization, or sexual orientation. We also offer groups for persons who do not have a common issue but desire to work through concerns with a group of peers.

13. University of Kentucky - APA Doctoral Internship

<http://www.uky.edu/StudentAffairs/Counseling/>

The Internship Training Program at the Counseling Center began in August, 2012, and internships will continue into the sixth year with 4 full-time interns using the APPIC Match beginning on August 7, 2017. The University of Kentucky is a member of the Association of Counseling Center Training Agencies (ACCTA) and is accredited by IACS (The International Association of Counseling Services, Inc.). The psychology internship program is a member of APPIC (#2227). The internship is newly accredited by APA starting in April 2015.

