Criterion XI. Guidelines for Specialty Service Delivery. The specialty has developed and disseminated guidelines for practice in the specialty that expand on the profession's general practice guidelines and ethical principles.

Commentary: Such guidelines are readily available to specialty practitioners and to members of the public and describe the characteristic ways in which specialty practitioners make decisions about specialty services and about how such services are delivered to the public.

1. Describe the specialty-specific practice guidelines for this specialty. Please attach. How do such guidelines differ from general practice guidelines and ethics guidelines? (In this context, professional specialty guidelines refer to modes of conceptualization, identification and assessment of issues, and intervention planning and execution common to those trained and experienced in the practice of the specialty. Such professional guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)

The specialty of group psychology and group psychotherapy is based on a foundation of general practice and ethics guidelines, found on the American Psychological Association website (APA Guidelines for Practitioners) at http://www.apa.org/practice/guidelines. In addition, the specialty of group psychology and group psychotherapy has specific guidelines that are found on several websites, including: and http://www.agpa.org/home/practice-resources/practice-guidelines-for-group-psychotherapy and http://www.asgw.org/knowledge/. Outlines of these guidelines are included below, while the complete guidelines are included within the Appendix. To follow are excerpts and descriptions as extracted from relevant Practice Guidelines, including ASGW general practice and ethics guidelines, APA Practice Guidelines, and AGPA Practice Guidelines. Complete Practice Guidelines begin with Appendix 1, page 18.

Society for Group Psychology and Group Psychotherapy
These clinical practice guidelines address practitioners who practice dynamic, interactional and relationally-based group psychotherapy. This model of group psychotherapy utilizes the group setting as an agent for change, with attention paid to the three primary forces operating in a therapy group at all times: individual dynamics; interpersonal dynamics; and, group as a whole dynamics. The task of the group leader is to integrate these components into a coherent, fluid and complementary process, always mindful that there are multiple variables that influence what type of intervention should be emphasized at any particular time in the group, such as stage of group development, ego strength of individual members, population being treated, group as a whole factors, and individual and group resistances. Clients seeking group psychotherapy in this context experience a broad range of psychological and interpersonal difficulties encompassing mood, anxiety, trauma, personality and relational difficulties along with associated behaviors that reflect impairment in regulation of mood and self. These guidelines may also have utility for a range of group-oriented interventions. Many principles identified below are relevant to diverse group therapy approaches that employ a variety of techniques, with various client populations, and in a variety of treatment or service settings.
Clinical practice guidelines are distinct from treatment standards or treatment guidelines, as they are broader and aspirational rather than narrow, prescriptive and mandatory, addressing broad practice of group psychotherapy rather than specific conditions. Clinical practice guidelines also reflect strong empirical research supporting the role of common factors in the practice of psychotherapy (Norcross, 2001; Wampold, 2001).

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

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

The use of group structure has theoretical and empirical roots in Kurt Lewin’s (1936) work on how small groups function as well as the dynamic interplay of members - i.e., managing verbal interaction and climate. The following are summarizations of these principles, with more thorough details provided in the Practice Guidelines within the Appendix for Criterion XI.

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

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

Yalom (1985) emphasizes “ground rules” within individual pre-group preparation meetings such as honest communication of feelings, maintaining confidentiality and avoiding member contact outside the group. Rutan and Stone (1993) avoid hard and fast rules, instead proscribing a set of agreed upon group behaviors and objectives that reflect ego cooperation, recognizing the unconscious motives that might encourage breaking those agreements. Fehr (2003) believes that a “rules and regulations” contract is crucial, and must be understood and accepted by all group members.
**Principle Two.** Higher levels of early structure are predictive of higher disclosure and cohesion levels later in the group; as result, the group leader should establish clarity of group processes in early sessions. In the late 1970’s, Bednar and colleagues suggested a risk, responsibility and structure model that proposed the importance of strategically managing the structure level imposed in multi-person treatment. Specifically, they proposed higher levels of leader-imposed structure in early group with strategic reduction from mid-treatment to negligible structure by end of treatment. When managed appropriately, proposed structural changes were associated with therapeutic processes (self-disclosure, cohesion, etc.) that predicted patient improvement, as summarized in the 3rd and 4th editions of Bergin and Garfield’s handbook (Bednar and Kaul, 1986, 1994).

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

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

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

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

Establishing and Maintaining an Emotional Climate- Like individual treatments, management of the therapeutic relationship in multi-person treatments is directly related to treatment success and failure. There is solid evidence that the therapeutic relationship in group treatment predicts more of the variance in outcome than the theoretical orientation used by the group leader (Burlingame, et al, 2004, 2011, 2013). As with other multi-person treatments (couples & family), theory and skills in the creation and management of the therapeutic relationship is different than individual or dyadic treatment. The two primary facets involve self-awareness and management of the leader’s role in the multi-person therapeutic relationship and each of the individual members. However, unlike couple and family therapy where members bring a personal history and daily interaction patterns, group members each bring their own unique perspective.

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

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

Detailed practice guidelines are currently under development. Presented above are the guiding principles, as articulated by AGPA and ASGW.

APA Guidelines Overview
APA Guidelines are provided across Practitioner specialties, patient needs, and evidence-based modalities. These include: Psychological Practice with Transgender and Gender Non-conforming People; Prevention in Psychology; Practice of Telepsychology; Forensic Psychology; Practice of Parenting Coordination; Record Keeping; Child Custody Evaluations in Family Law Proceedings; Psychological Practice with Girls and Women; Psychological Practice with Older Adults; Multicultural Education, Training, Research Practice and Organizational Change for Psychologists; Psychologists’ Involvement in Pharmacological Issues; Psychological Evaluation in Child Protection Matters; Psychological Practice in Health Care Delivery Systems; Practice Parameters: Screening and Diagnosis of Autism; Test User Qualifications; Psychological Practice with Lesbian, Gay and Bisexual Clients; Assessment of and Intervention with Persons with Disabilities; Evaluation of Dementia and Age-Related Cognitive Change; Criteria for Evaluating Treatment; and Criteria for the Evaluation of Quality Improvement Programs and the Use of Quality Improvement Data.

American Group Psychotherapy Association (AGPA) Practice Guidelines
The AGPA Practice Guidelines were initiated in 2004 as part of AGPA’s recognition of the need for group therapy practitioners to meet demands for evidence-based practice and accountability. The AGPA Science to Service Task Force combined leading researchers, educators, and practitioners to develop the clinical practice guidelines.
The guidelines are for practitioners of dynamic, interactional, and relational group psychotherapy, using group setting as an agent of change and harnessing individual, interpersonal, and whole group dynamics. The group therapist must integrate these components, mindful of the group development stages, individual member assessment, clinical population, resistances and resources, and external factors. AGPA Practice Guidelines present “an alternative approach to evidence-based practice (that) integrates the best available research with clinical expertise applied within the context of client characteristics, culture, and preferences (AGPA, 2005).” The guidelines are client-based, intended to support practitioners in clinical practice, and can be used with the CORE-R Battery (Burlingame et al., 2006), that allows collection of data about effectiveness of group treatment, providing process and outcome data for therapists.

A copy of the 2007 AGPA Practice Guidelines can be accessed at http://www.agpa.org/home/practice-resources/practice-guidelines-for-group-psychotherapy. Additionally, supporting information can be found through the following sources:


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

1. Therapeutic Factors and Therapeutic Mechanisms
2. Preparation and Pre-Group Training
3. Group Process
4. Reducing Adverse Outcomes and the Ethical Practice of Group Psychotherapy
5. Termination of Group Psychotherapy
6. Creating Successful Therapy Groups
7. Selection of Clients
8. Group Development
9. Therapist Interventions
10. Concurrent Therapies
11. Practice Guidelines References

**ASGW Guidelines**
The Association for Specialists in Group Work (ASGW) has a set of guidelines that includes general practice and ethics guidelines with the addition of “Section B: Best Practice in Performing.” This section notes that “Group Workers have a basic knowledge of groups and the principles of group dynamics, and are able to perform the core group competencies, as described in the ASGW Professional Standards for the Training of Group Workers (ASGW, 2000). They gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. Additionally, Group Workers have adequate understanding and skill in any group specialty area chosen for practice (psychotherapy, counseling, task, psychoeducation, as described in the ASGW Training Standards).”

The ASGW guidelines, which are attached in the Appendix, delineate the specific skills for leading groups, and further delineate group specialty practice areas, such as psychotherapy counseling, and psychoeducation. According to AGSW guidelines, group workers must have understanding of models of group development, group dynamics, member assessment and preparation, informed consent, setting, communicating, and maintaining group policies, and sensitivity to working with diverse populations in group settings. The need for ongoing professional development is recognized.

The ASGW stresses: “Specialist Training in Group Work”, and that independent practice of group work requires training beyond core competencies. ASGW advocates that independent group work practitioners must possess advanced competencies relevant to the particular kind of group work practice in which the group work student wants to specialize.

To encourage program creativity in development of specialization training, specialization guidelines do not prescribe minimum trainee competencies. Rather, guidelines create a framework within which programs develop unique training experiences utilizing scientific foundations and best practices to achieve training objectives. To provide adequate specialization training, completion of post-master’s options such as doctoral degrees may be required. There is no presumption that an individual who may have received adequate training in a given declared specialization will be prepared to function effectively with all group situations in which the graduate may want or be required to work. It is recognized that the characteristics of specific client populations and employments settings vary widely. Additional training beyond that which was acquired in a specific graduate program may be necessary for optimal, diversity-competent, group work practice with a given population in a given setting.

The ASGW identifies four different areas of advanced practice, or specialty: Task Group Facilitation, Group Psychoeducation, Group Counseling, and Group Psychotherapy, each with
defined core knowledge, skills and experiences. The complete ASGW Training Standards can be found at http://www.asgw.org/knowledge/

1) Guidelines are for dynamic, interactional and relationally based groups.
2) Group is an agent of change: Individual dynamics; Interpersonal dynamics; Group as a whole.
3) Group leader manages group overall.

**ASGW Group Practice Guidelines Overview**

**Unique group factors**
Multiple therapeutic relationships: Empirical support exists for groups leading to higher levels of relationships and focused processes vs 1:1 treatment

**Cohesion**
1) Therapeutic relationship in group consists of multiple connections/alliances
2) Intra-personal, intra-group, interpersonal

**Use of group structure**
1) Pre-group preparation for effective participation/cohesion
2) Provide early structure
3) Intrapersonal vs/ intragroup considerations

**Emotional climate**
1) Group leader manages their presence
2) Focus on emotional expressions of members and responsiveness of others

**Group Process**
1) Successful development of the group, individuals learning about self in relation to others
2) Primary role of therapist is to monitor and safeguard boundaries of group
3) Work, therapeutic/anti-therapeutic process

**Group as a whole**
1) Different levels/forms of group cohesion exist
2) Therapist must monitor bonds/commitment
3) Can be seen to have positive or negative attributes by group members
4) Group wide processes and formations have been identified in literature
5) Therapists must monitor/adjust group dynamics

**Splits/subgroups**
1) In/out or us/them groups can form

**Member/leader roles**
1) Formation of roles is common
2) Therapist must understand roles will emerge from needs/personalities and from group construct
Therapist Interventions

1) Executive Function  
2) Caring  
3) Emotional Stimulation  
4) Meaning attribution  
5) Fostering Client Self-Awareness  
6) Group Norms  
7) Feedback  
8) Group Themes  
9) Therapist transparency  
10) Reducing adverse outcomes
References for Practice Guidelines


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

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

The Annual meeting of the Society for Group Psychology and Psychotherapy provides the opportunity for discussion, review and development of practice guidelines for the group specialty. The American Group Psychotherapy Association (AGPA) has a Standing Committee called Science to Service. The purpose of the committee is to maintain an ongoing reference base of group therapy research and to apply current research to Practice Guidelines. The current Practice Guidelines were published in 2007 and have a “sunset clause” requiring revision in 2015. The 2015 updates are in the process of being made available. This clause assures that the Practice Guidelines are regularly and thorough updated. Current Guidelines can be found at: http://www.agpa.org/home/practice-resources/practice-guidelines-for-group-psychotherapy.

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

Multiple perspectives on evidence-based practice have been articulated in the contemporary practice of psychotherapy. One approach emphasizes the application of empirically supported therapies, predating treatment decisions upon the efficacy data emerging from randomized controlled trials of discrete models of intervention applied to discrete syndromes and conditions. This is a disorder-based approach. An alternative approach to evidence-based practice integrates the best available research with clinical expertise applied within the context of client characteristics, culture, and preferences (APA, 2005). This is a client – based approach and is the model we have employed. The clinical practice guidelines support practitioners in their practice of group psychotherapy, and are relevant, flexible, accessible and practical with respect for the clinical and cultural context of their work. Guidelines are readily linked with a second AGPA resource, the CORE-R Battery (Burlingame et al., 2006), which assists in the accrual of data.
regarding the effectiveness of treatment and provides outcome and process feedback for therapists regarding their clinical work.

3. Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications.

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

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

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

Members of APA Division 49 and of APGA are available to the media to discuss issues in the public eye that are related to group therapy. These organizations have also been involved periodically in outreach to the community (aptly exemplified by a series of initiatives in the aftermath of 9/11). The APA Practice Organization (APAPO) additionally advocates to US Congressional staffers and legislators for the professional interests of practitioners in all settings. Furthermore, researchers and providers have promoted group therapy through public media channels, such as the April 30, 2015 Reuters article, “Group Therapy may work as well as drugs to prevent drug relapse”, (Accessed July 16, 2016 at [http://www.reuters.com/article/us-depression-relapse-mindfulness-idUSKBN0NL2NO20150430](http://www.reuters.com/article/us-depression-relapse-mindfulness-idUSKBN0NL2NO20150430)) and the May 13, 2016 article on NBCNews.com, “Can’t Sleep? New Study Says try Therapy, Not Pills”, (Accessed July 16, 2016 [http://www.nbcnews.com/health/health-news/new-insomnia-guidelines-advise-counseling-pills-n566236](http://www.nbcnews.com/health/health-news/new-insomnia-guidelines-advise-counseling-pills-n566236)).
More broadly, for Group Psychotherapy, the “public” can also be defined as all psychologists who are not group psychotherapists, all mental health professionals who do not practice group therapy, all potential referral sources served by group therapists, such as school personnel, medical clinicians, employers and the general community at large, including potential group psychotherapy patients and their families. The most significant access to these populations is through Division 49 of APA and AGPA and the regional affiliates of AGPA.

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

The AGPA maintains a section on its website for the public, which includes a definition and explanation of group psychotherapy. The website presents an online version of its pamphlet “Group Works” that was written for the public to explain who can be helped by group therapy and how group therapy helps. The AGPA website also includes a copy of the Group Psychotherapy Practice Guidelines.

Articles about Group Psychology are published in relevant journals, such as The Psychotherapy Networker the Journal of Consulting and Clinical Psychology, Health Psychology, and Journal of Counseling Psychology, and read by a large number of psychologists. Additionally, publications such as The International Journal of Group Psychotherapy, Group, and Group Dynamics are distributed internationally and are available to the public. These journals present articles that report research results on efficacy of particular types of group psychotherapy for specific populations, explore processes of change, present theoretical developments, and describe case examples regarding particular approaches to clinical dilemmas. For example, issues in the past few years of The International Journal of Group Psychotherapy and Group Dynamics: Theory, Research and Practice contained the following articles:


Publications such as: *Psychodynamic group psychotherapy* by Rutan, Stone and Shay; *Complex dilemmas in group therapy* by Motherwell and Shay; *Theory and practice of group psychotherapy* by Yalom and Leszcz; *A group therapist’s guide to process addictions* by Korshak, Nickow, and Straus; *The Wiley-Blackwell handbook of group psychotherapy* by Kleinberg; *Group interventions for treatment of psychological trauma* by Buchele and Spitz; and *Specialty competencies in group psychology* by Barlow, are available to the public.

**References**


