

## Educational and Training Guidelines Postdoctoral Residency Programs

### I. History and Process of Development

#### A.

In the early 1980s, individuals interested in group psychotherapy formed within several divisions of the APA, first in Division 29 (Psychotherapy), then in Divisions 12 (Clinical Psychology) and 17 (Counseling Psychology). An Interdisciplinary Council on Group Psychotherapy was created in 1989 to coordinate related activities (e.g., workshops and convention programs) of these special sections. As that group developed, members realized the value of creating a new APA division devoted entirely to group psychology and group psychotherapy. Division 49 was subsequently approved by APA's Council of Representatives in February 1991, and group psychology and group psychotherapy is recognized as a specialty by APA and ABPP.

The Group Specialty Council is part of The Society of Group Psychology and Group Psychotherapy (SGPGP) (APA Division 49), who sponsored its formation and provided funding for initiating petition activities. SGPGP hosts relevant Council documents, such as the Council's Bylaws, on its website at [www.apadivisions.org](http://www.apadivisions.org).

The Group Specialty Council has existed in some form since the first petition for recognition as a specialty was sought in 2009, and reformulated in 2012 to incorporate representatives from additional organizations to provide support and knowledge on best methods for the bid for specialty recognition. The Council meets via-e-mail, telephone conference calls, and face-to-face meetings during the APA Convention. The Council is responsible for development of the petition to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) to have group psychology and group psychotherapy designated as a specialty for training programs.

#### B. Introduction

Advanced specialized education and training in group psychology and group psychotherapy provides residents with the competencies for the delivery of evidence-based and effective treatment for a variety of conditions and populations; to develop and create new treatment procedures and alternatives, and to extend the knowledge base for better mental health growth development and healing. Group specialists work in numerous roles that include, but are not limited to, providing treatment services, delivery of education and training, research and assessment, consultation, supervision, program development, and evaluation. All of these require advanced levels of the specialized academic and experiential preparation. Effective and efficient clinical applications for specialty group programs build on and extend the understanding provided by the broad and general basics in APA-accredited doctoral programs in clinical, counseling, and school psychology.

### II. Prerequisites/Assumptions

A. Admission to the postdoctoral group specialty program requires the following prerequisites: a doctoral degree in a clinical, school, or counseling psychology APA-accredited program that

included one to two courses about group or group-related materials, both practicum and internship experiences in group and, be 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.

**C.** Each resident will be assessed on entrance to the program to identify strengths and needed remediation if any for knowledge and experiences relative to the specialty. While the basic preparation is expected to occur during the doctoral program, including practicum and internship studies, the newness of the Group Psychology and Group Psychotherapy Education and Training specialty guidelines may result in some residents not being prepared for the specialty using those guidelines. This should not preclude them for the residency program, and a written plan should be developed in collaboration with the resident upon entrance to the postdoctoral program. The written plan should be placed in the resident's file and a copy given to the resident. The advisor is charged with providing regularly scheduled evaluation of the progress of remediation, which includes meeting with the resident.

#### D. Postdoctoral Residency Competencies for Group Psychology and Group Psychotherapy Specialty

##### 1. Integration of Science and Practice

- Demonstrates the use of evidence-based knowledge and interventions for planning and facilitating groups.
- Conducts effective group organization practices, such as screening, orientation, and group process commentary.
- Applies the scientific principles from current research findings to group members' problems, issues, and concerns.

##### 2. Ethical and Legal Standards/Policy

- Recognizes ethical dilemmas and concerns related to group psychotherapy and uses an ethical decision-making model when ethical dilemmas arise in groups.

##### 3. Consultation and Evaluation

- Demonstrates an ability to work constructively with interdisciplinary mental health professional teams.
- Engages in evaluative practices as applied to groups, such as cohesion, group progress, and the like.

#### 4. Supervision and Teaching

- Applies a supervision model when working with mental health professionals in training, such as in practicum and internship.
- Presents information relative to group psychology and group psychotherapy in venues, such as case presentations, grand rounds, and the like.

#### 5. Assessment

- Demonstrates an ability to evaluate the group's and group members' needs and progress.
- Uses appropriate assessment measures and instruments for screening and progress.

#### 6. Professional Values, Attitudes, and Behaviors

- Demonstrates an awareness of personal values, attitudes, and behaviors that have the potential to affect the therapeutic process.
- Conceptualizes and implements a self-reflective process related to group facilitation.

#### 7. Intervention

- Facilitates the emergence of group therapeutic factors, such as universality, hope, catharsis, and cohesion.
- Effectively intervenes to prevent and/or address problematic group member behaviors, such as monopolizing, storytelling, and help-rejecting.
- Effectively and safely manages members' expressions of difficult emotions, such as anger, fear, guilt, and shame.

#### 8. Individual and Cultural Diversity

- Facilitates the therapeutic experience for groups composed of diverse individuals.
- Conceptualizes the role of power dynamics in groups.
- Demonstrates an ability to intervene effectively when issues, such as marginalization and microaggressions, occur in groups.

**E. Specialization** -80% of residency time should be devoted to specialty related activities to include academics/didactics, experiential – group facilitation, supervision – both receiving and providing, teaching, and other clinical duties relative to group.

1. Academics/Knowledge to include dissemination of information about topics, such as the following.

- a. Evidence-based group practices;
- b. Ethics such as group dilemmas, confidentiality, documentation and reporting, potentially harmful treatments, and scope of practice;
- c. Manualized groups;
- d. Cyber/virtual groups;
- e. Cultural and diversity issues and concerns;
- f. Best group practices.

2. Experiential to include activities, such as (not all need be included):

- a. Practice and experiences with facilitation as a leader or co-leader of two or more different types of groups, such as psychoeducational, psychotherapy, training or T-group, task/work group, manualized, counseling/transition, virtual/cyber, and/or discussion/learning groups.
- b. Practice and experiences with facilitation of a variety of groups with group members, such as peers, mandated attendees, inpatient/residential/hospital, outpatient/agency, support, and voluntary participants.
- c. Supervision groups – both giving and receiving supervision
- d. Consultation groups
- e. Experiences to include:
  1. Screening and orientation of group members
  2. Assessment of group progress and climate
  3. Planning a group experience
  4. Evaluation of outcomes for the group and its members
  5. Consultation with other mental health professionals
  6. Providing referrals
  7. Providing supervision
  8. Presentations/teaching
  9. Documentation and report writing
  10. Self-reflection of leadership, group members and group process and progress
  11. Group related research planning

3. Techniques to include:

- a. Beginning and ending a group
- b. Maintaining an emotional presence
- c. Identification of empathic failures and their repair
- d. Collaborative goal setting
- e. Intervening to block behaviors and actions, such as microaggressions and story-telling
- f. Providing group process commentary
- g. Using linking to promote the group's recognition of universality, hope, altruism, and other therapeutic factors
- h. Encouraging member-to-member interactions
- i. Redirecting to keep the group focused
- j. Developing a therapeutic alliance

- 11. Managing conflict, intense emotions, resistance, transference, and the like
- 12. Monitoring and managing countertransference

4. Sample Group Specialty Competency Evaluation Form

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Evaluator Name and highest degree \_\_\_\_\_

Licensed as a Professional Psychologist Yes \_\_\_\_\_ No \_\_\_\_\_

Date and method of observation \_\_\_\_\_

Directions: Use the following scale to rate the Resident on each of the following competencies.

- 1 – Poor\*                      3 – Adequate (Entry level)                      5 - Proficient
- 2 – Fair\*                      4 – Good                      6 - Advanced

**Integration of Science and Practice**

- 1. Demonstrates the use of evidence-based knowledge and interventions for planning and facilitating groups. 1 2 3 4 5 6
- 2. Conducts effective group organization practices such as screening, orientation, and group process commentary. 1 2 3 4 5 6
- 3. Applies the scientific principles from current research findings to group members’ problems, issues and concerns. 1 2 3 4 5 6

**Ethical and Legal Standards/Policy**

- 4. Recognizes ethical dilemmas and concerns related to group psychotherapy and uses an ethical decision making model when ethical dilemmas arise in groups. 1 2 3 4 5 6

**Consultation and Evaluation**

- 5. Demonstrates an ability to work constructively with interdisciplinary mental health professional teams. 1 2 3 4 5 6
- 6. Engages in evaluative practices as applied to groups such as cohesion, group progress, and the like. 1 2 3 4 5 6

**Supervision and Teaching**

- 7. Applies a supervision model when working with mental health professionals in training such as in practicum and internship. 1 2 3 4 5 6
- 8. Presents information relative to group psychology and group

psychotherapy in venues such as case presentations, grand rounds. 1 2 3 4 5 6

### **Assessment**

9. Demonstrates an ability to evaluate the group and group members' needs and progress. 1 2 3 4 5 6

10. Uses appropriate assessment measures and instruments for screening and measuring progress. 1 2 3 4 5 6

### **Professional Values, Attitudes and Behaviors**

11. Demonstrates an awareness of personal values, attitudes and behaviors that have the potential to affect the therapeutic process. 1 2 3 4 5 6

12. Conceptualizes and implements a self-reflective process related to group facilitation. 1 2 3 4 5 6

### **Intervention**

13. Facilitates the emergence of group therapeutic factors such as universality, hope, catharsis and cohesion. 1 2 3 4 5 6

14. Effectively intervenes to prevent and/or address problematic group member behaviors such as monopolizing, story-telling, and help-rejecting. 1 2 3 4 5 6

15. Effectively and safely manages members' expression of difficult emotions such as anger, fear, guilt and shame. 1 2 3 4 5 6

### **Individual and Cultural Diversity**

16. Facilitates the therapeutic experience for groups composed of diverse individuals. 1 2 3 4 5 6

17. Conceptualizes the role of power dynamics in groups. 1 2 3 4 5 6

18. Demonstrates an ability to intervene effectively when issues such as marginalization and microaggressions occur in groups. 1 2 3 4 5 6

Comments: This space may be used for additional comments and recommendations.

### **Minimum Requirements**

1. All residents will receive a minimum of one direct observation, one written and one orally presented evaluation per formal evaluation period. All evaluations will use the Group Specialty Competency Evaluation Form. Evaluations are conducted each semester, including the summer term. Direct observation includes live, one-way mirror, or video.

2. Written and oral evaluations will use the Group Specialty Competency Evaluation Form with copies provided to the Resident and a copy placed in their folders. Supervisors who rate any competency as 3 or less in any evaluation period must also provide suggestions and procedures for improvements.

3. Successful completion of the residency requires a minimum rating of 4 in all rated competencies. Residents are expected to have experiences in all specialty areas by the end of the program and to have achieved an advanced level (4 or 5) of performance in all areas.

## **5. Outcomes**

A graduate of the postdoctoral training program should:

1. Have fulfilled the educational requirements to be qualified to sit for Board Certification examination in group psychology and group psychotherapy offered by the American Board of Group Psychology, an affiliate of the American Board of Professional Psychology;

2. Be eligible to sit for the state licensure examination or have obtained licensure;

3. Be able to function at an advanced level of competence as a group psychologist in any setting in which general professional psychologists practice, as well as other specific settings, independent practices; and

4. Be granted a certificate when he/she passes the exit exam and reaches the desired level of competence.