Criterion 1

Criterion 1. Administrative Organizations. The proposed specialty is represented by a specialty council or one or more organizations that provide systems and structures sufficient to assure the organized development of the specialty. **Commentary:** The evolution of a specialty generally proceeds from networks of psychologists interested in the area to the eventual establishment of organized administrative bodies which carry out specific responsibilities for the specialty and its practitioners. These responsibilities include governance structures which meet regularly to review and further describe the specialty and appropriate policies for education and training in the specialty.

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.

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 By-laws, on its website at 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.

There is a strong body of evidence, spanning across many decades, that supports the positive results of group psychology/psychotherapy and treatment. For example, a recent, systematic review and meta-analysis of 23 studies of group psychological therapies for depression in the community included analysis of group cognitive–behavioral therapy (CBT) v. usual care alone (14 studies). This review showed a significant effect in favor of group CBT immediately post-treatment (standardized mean difference (SMD) –0.55 (95% CI –0.78 to –0.32)). Conclusions indicated that group CBT confers benefits for individuals who are clinically depressed over that of usual care alone (Huntley, 2012). Furthermore, the following research, in small part, provides evidence for the efficacy of group psychotherapy spanning the past three decades.


Required information for the Society of Group Psychology and Group Psychotherapy (SGPGP) and the Group Specialty Council are presented separately, as follows:

**A. The Society of Group Psychology and Group Psychotherapy (SGPGP)**

1. Year founded – 1991
2. The Society is not incorporated
3. (a) Purpose and Objectives:

   **Purpose**
   
   “Division 49 is an organization that welcomes all psychologists interested in the study and application of group dynamics. The purpose of Div. 49 (Group Psychology and Group Psychotherapy) shall be to promote the development and advancement of the field of group psychology and the modality of group psychotherapy through research, teaching and education, and clinical practice and to further the general objectives of the APA.” Division 49 of the American Psychological Association is open to both APA and non-APA members.

   **Objectives**
   
   1. To develop and test new theories about group processes.
   2. To apply knowledge about group processes to help solve psychological and social problems.
   3. To expand the training of graduate students to include group dynamics.
   4. To educate the public about the value of group dynamics and the benefits of group psychotherapy.

3. (b) The Society By-laws can be accessed at [www.APA49.org](http://www.APA49.org) at the Group Specialty Council tab.
   (c) The Procedural Manual can also be accessed at [www.APA49.org](http://www.APA49.org) at the Group Specialty Council tab.
   (d) Samples of the newsletter(s) and journal can be accessed at [www.APA49.org](http://www.APA49.org) at the Group Specialty Council tab. The newsletter, *The Group Psychologist*, and the journal, *Group Dynamics: Theory, Research and Practice*.

4. Chart

   **Name:** The Society of Group Psychology and Group Psychotherapy (SGPGP).
   The SGPGP chart is enclosed in Criterion I. Appendix 4.
**Frequency of Meetings per year:**
There is one general membership meeting held each year at the APA Convention and two Board meetings - one at mid-winter and one during the convention; the Executive Committee meets as needed.

**Membership size:** 405

**Functions performed:**
1) Exercise general supervision over the affairs of the Division and the transaction of necessary business of the Division, provided that the actions shall not conflict with these Bylaws or with recorded votes of the membership and shall be subject to the review of the members at the annual meeting;
2) Report activities to the members, recommending matters for the consideration of the membership;
3) Fill such vacancies within an Office of the Division;
4) Advise the President regarding the appointment of Chairs and members of Committees of the Division in accordance with these Bylaws;
5) Advise the Officers of the Division regarding the performance of their duties;
6) Advise the Division’s APA Council Representatives as to matters concerning the relationship between the Division and APA on issues either currently before, or which may be desirable to place before, APA Council;
7) Adopt a final budget upon appropriate review;
8) Recommend or approve the disbursement of funds of the Division in accordance with Article IX of these Bylaws;
9) Advise President regarding appointment of the Editor of any of the Division publications;
10) Set policies for the conduct of its own affairs or for the affairs of the Division, provided, however, that such policies are not in conflict with any of the terms of these Bylaws;
11) Authorize adaptation and publication of rules and codes for the transaction of business of the Division provided that the same do not conflict with the Bylaws of the APA.
12) Conference participation: Society of Group Psychology and Group Psychotherapy; and potentially in the following: American Board of Professional Psychology; American Society of Group Psychotherapy and Psychodrama; American Group Psychotherapy Association; Association for Specialists in Group-Work; Canadian Group Psychotherapy Association; Eastern Group Psychotherapy Society; Group Analytic Society; Mid-Atlantic Group Psychotherapy Society; and International Association of Group Psychotherapy.

**How decisions are made:** Decisions are either made or ratified by the Board, except for By- law changes, and sent to the entire membership.

**Types of committees:**
There are two types of committees: standing committees and ad hoc committees.

*Standing Committees*
- Advancement of Professional Practice
- Archivist
Awards
Coalition for Psychology in Schools and Education
Development
Diversity
Early Career Professionals Task Force
Education, Research and Training
Federal Advocacy Coordinator
Fellows
Finance
Foundation
Group Specialty Council
Membership
Nominations and Elections
Program
Publications
Student

Dues structure:
- Member, Associate Member, and Fellow - $35.00;
- Life status without journal – Free;
- Life status with journal - $22.00;
- Professional affiliate (Non-APA member) - $35.50;
- Student affiliate - $14.50.

Names of publications:
1) *The Group Psychologist* is the newsletter of the Society of Group Psychology and Group Psychotherapy, Division 49 of the American Psychological Association. The Society provides a forum for psychologists interested in research, teaching, and practice in group psychology and group psychotherapy. Current projects include developing national guidelines for doctoral and post-doctoral training in group psychotherapy. *The Group Psychologist* is published three times per year and includes a column by the division president as well as division news and updates.
2) *Group Dynamics: Theory, Research and Practice* is The Division’s quarterly journal, which is sent to all members and affiliates. *Group Dynamics* publishes original empirical articles, theoretical analyses, literature reviews, and brief reports dealing with basic and applied topics in the field of group research and application.

Website: [www.apa49.org](http://www.apa49.org) and [http://www.apadivisions.org/](http://www.apadivisions.org/)

Rationale:
The Division systems contribute through the following methods:
- Encourages, fosters and publishes research on group psychology and group psychotherapy;
- Promotes early career psychologists (Division 49 won the 2014 APA
award for this endeavor);
Recognizes exemplary contributions to the specialty with the Fellows award, Arthur Teicher Group Psychologist of the Year award, Diversity Award, APF/Div. 49 Group Psychology Grant, APF/Div. 49 Group Psychotherapy Grant, AFP/Div. 49 Travel Grant, Richard Moreland Dissertation of the Year Award and Student Poster awards;
Provides an avenue for research and theory through yearly conference presentations at the American Psychological Association convention; and
Recognizes contributions to cultural and diversity understandings with a special yearly award.

SGPGP is dedicated to presenting relevant information on group organization, development, and processes to guide programs and individuals who desire to develop and increase expertise in group research, theories and practices. The organization is also involved in efforts designed to support the efficacy of group treatment.

B. The Group Specialty Council
1. Year founded – 2012.
2. The Council is not incorporated.
3. a. Purpose and Objectives

Purpose
The Group Specialty Council (GSC) was initially organized to comply with the CRSPPP requirement that the supporting group be composed of organizations interested in designating group as a specialty, who will sponsor representatives to the Council.

The Group Specialty Council (GSC) is comprised of representatives from the following organizations:

The Society of Group Psychology and Group Psychotherapy (APA Division 49)
The American Group Psychotherapy Association (AGPA)
The American Board of Group Psychology (ABGP), which is a Specialty Board within the American Board of Professional Psychology (ABPP)
The American Academy of Group Psychology (AAGP), which is merged with the ABGP Board. The International Board for Certification of Group Psychotherapists (IBCGP), which is part of AGPA.

Objectives
1) To develop education and training standards for the doctoral, internship, postdoctoral, and post-licensure specialty in group psychology and group psychotherapy.
2) To provide support and information for graduate and doctoral programs in group psychology and group psychotherapy.
3) To promote board certification in group psychology with the American Board of Professional Psychology.
4) To provide mentoring, specialty training, academic and experiential learning, and teaching opportunities for graduate students, early, middle, and senior stage career group psychologists.

3. b: The Council By-laws are enclosed in Appendix 6.
3. c, d: Not applicable

4. Chart
Name: The Group Specialty Council (GSC)
The Chart is enclosed in Criterion I. Appendix 8.

Frequency of meetings per year:
One face to face meeting is held each year, and telephone conferencing conducted as needed (as held in 2014, 2015 and 2016).

Membership size: Nine members representing organizations.

Functions Performed:
1) To develop and submit the petition to CRSPPP for designation of group as a specialty;
2) To develop education and training standards for the specialty.

How decisions are made: Decisions are made collaboratively after discussions with members.

Types of committees: The Council is small enough to work as an effective group collaboration. There are no committees at this time; we anticipate that committees will be formed in the future.

Dues structure: $100.00 per member/organization.

Website: www.apa49.org and http://www.apadivisions.org/

Rationale:
The Group Council was created to achieve the following:

- Develop a system and process for inter-organizational collaboration;
- Develop education and training standards for doctoral, internship, post-doctoral and post-licensure group specialties;
- Refine the breadth and depth of knowledge and experiences that promote effective responsible and ethical group leaders;
- Provide for continuing education and research to guide group leaders, and
- To publicize the efficacy of group treatment.

Efforts for comprehensive inclusion of appropriate psychology representatives include invitations sent to 20 organizations, including 11 APA divisions: 8 Social; 12 Clinical; 14 Industrial/Organizational; 16 School; 17 Counseling; 19 Military; 29 Psychotherapy; 39 Psychoanalysis; 45 Ethnic Minority; 50 Addictions; and 53 Child and Adolescent; as well as other organizations such as Association for Specialists in Group Work (ASGW);
Washington School of Psychiatry; the Adelphi postgraduate training program; American Group Psychotherapy Association (AGPA); Northeastern Group Psychotherapy Society (NSGP); Eastern Group Psychotherapy Society (EGPS); and Northern California Group Psychotherapy Society (NCGPS).

The current Council consists of 12 members: Nina Brown (President and Division 49 representative); Eleanor Counselman (American Group Psychotherapy Association, President); Kathy Ulman (Certified Group Psychotherapist; American Group Psychotherapy Association Past President); Sam R. James (American Board of Professional Psychology; President, American Board of Group Psychology); Joel C. Frost (American Board of Professional Psychology); Sally Barlow (Academy Officer, American Association for Geriatric Psychiatry); Martyn Whittingham (Catholic Health Partners); Joshua Gross (University of Florida); Andy Eig (President-Elect, American Board of Group Psychology; Adelphi Post Graduate Training Program); Loretta Braxton (Durham, Veteran’s Affairs); and Tony Shepard (International Certified Group Psychotherapists).

The Council is comprised of national organizations with an interest in the following:

- Education and training of group therapists/psychotherapists;
- Promoting the use and visibility of the effectiveness for group treatment;
- Encouraging research on group factors that promote group members’ healing, growth and development;
- Describing the competencies for group leaders;
- Fostering the recognition that specialized training is needed for professional and ethical practice and education by psychologists.
- The examination and Board Certification of Psychologists who specialize in Group Psychology and Group Psychotherapy (ABPP).
- Advance Group Psychology as a science and practice, and promote and enhance the discipline in its various settings and through its professional organizations.

The structure and functions of each organizational member of the Group Specialty Council are provided in tables within the Appendix for Criterion I.

**Criterion References:**


American Psychological Association, Society of Counseling Psychology. *The
Counseling Psychologist.

American Psychological Association, Society of Group Psychology and Group Psychotherapy. 
*Group Dynamics: Theory, Research and Practice.*


CRITERION I

Appendices

Appendix 1: Society Bylaws (APA Division 49) These may be found at www.APA49.org, Group Specialty Council tab


Appendix 3: Sample newsletter and journal – www.APA.org, Group Specialty Council tab

Appendix 4: SGPGP organizational chart (The Society of Group Psychology and Group Psychotherapy, APA Division 49)

Appendix 5: International Board of Certified Group Psychotherapists organizational chart

Appendix 6: Group Specialty Council Bylaws

Appendix 7: Group Specialty Council Chart

Appendix 8: American Group Psychotherapy Association Chart

Appendix 9: American Board of Group Psychology Chart

Criterion I: Appendix 4

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>The Society of Group Psychology and Group Psychotherapy (SGPGP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Meetings</td>
<td>4 per year</td>
</tr>
<tr>
<td>Number of Meetings per year</td>
<td>2 General membership meetings each year at APA Convention and two Board meetings - one mid-winter and one during convention; Executive Committee meets as needed.</td>
</tr>
<tr>
<td>Membership Size</td>
<td>405</td>
</tr>
<tr>
<td>Functions Performed</td>
<td>1. To develop and test new theories about group processes. 2. To apply knowledge about group processes to help solve psychological and social problems. 3. To expand the training of graduate students to include group dynamics. 2. To educate the public about the value of group dynamics and the benefits of group psychotherapy.</td>
</tr>
</tbody>
</table>
Division 49 welcomes all psychologists interested in study and application of group dynamics. Purpose of Div. 49 (Group Psychology and Group Psychotherapy) shall be to promote the development and advancement of the field of group psychology and modality of group psychotherapy through research, teaching and education, and clinical practice and to further general objectives of the APA.” Division 49 of American Psychological Association is open to APA and non-APA members.

### Objectives
- To develop and test new theories about group processes.
- To apply knowledge about group processes to help solve psychological and social problems.
- To expand the training of graduate students to include group dynamics.
- To educate the public about the value of group dynamics and the benefits of group psychotherapy.

### How are decisions made
Decisions either made or ratified by Board, except for By-law changes, and sent to entire membership.

### Types of committees
*Standing Committees:* Advancement of Prof Practice; Archivist; Awards; Coalition for Psychology in Schools & Education; Development; Diversity; Early Career Professionals Task Force; Education, Research & Training; Federal Advocacy Coordinator; Fellows

### Dues Structure
- Member, Associate Member, & Fellow - $35.00
- Life status w/o journal – Free
- Life status with journal - $22.00
- Prof affiliate (Non-APA member) - $35.50
- Student affiliate - $14.50

### Name of Publication

### Website
[www.apa49.org](http://www.apa49.org) and [http://www.apadivisions.org/](http://www.apadivisions.org/)
**Criterion I. Appendix 5: The IBCGP Chart**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>International Board for Certification of Group Psychotherapists (IBCGP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings</td>
<td>Governance meets approximately four times per year (January, February/March, Spring and Fall)</td>
</tr>
<tr>
<td>Certificants</td>
<td>1,200</td>
</tr>
<tr>
<td>Functions Performed</td>
<td>The International Board for Certification of Group Psychotherapists certifies group psychotherapists according to nationally and internationally accepted criteria and promotes these practitioners and criteria to other mental health professionals, employers, insurers, educators and clients as maintaining the highest standards for group psychotherapy practice and quality care.</td>
</tr>
<tr>
<td>How are decisions made</td>
<td>There is a Certification Board of Directors which manages the affairs of the organization.</td>
</tr>
</tbody>
</table>
| Committees           | • Executive Committee  
• Clinical Professional Relations Committee  
• Centers of Excellence  
• Nominating Committee  
• Practice Development Committee  
• Search Committee  
• Standards Committee |
| Fee Structure        | Certification fees:  
AGPA Members - $295  
$295 Non-Members - $420  
Recertification fees (every two years):  
CGP Members - $180  
CGP Members Retired - $90  
CGP Non-Members - $270  
CGP Non-Members Retired - $180 |
| Publication           | *The Group Circle* (quarterly newsletter) |
| Email                | info@agQa.org |
| Website              | www.agQa.orgLcgQ-certification |
Appendix 6
Bylaws of the
Group Psychology and Group Psychotherapy
August 2014

Article I
Name
The name of the organization is Group Psychology and Group Psychotherapy Specialty Council.

Article II
Purpose
The purpose of the Specialty Council shall be to promote, serve and protect the interests of Group Psychology and Group Psychotherapy as a specialty in professional psychology by:

1. Ensuring the development and maintenance of education and training guidelines for the specialty of Group Psychology and Group Psychotherapy that conform to the education and training guidelines of the American Psychological Association;

2. Reviewing and periodically updating the “core domains and proficiencies” of the specialty of Group Psychology and Group Psychotherapy, as necessary, to reflect the contemporary state of the specialty;

3. Representing the specialty of Group Psychology and Group Psychotherapy to the American Psychological Association Commission on Accreditation (CoA), Council of Specialties in Professional Psychology (CoS), and the American Psychological Association Commission on Specialties and Proficiencies in Professional Psychology (CRSPPP);

4. Petitioning the American Psychological Association (APA), consistent with procedures and timelines established by CRSPPP, for periodic renewal of APA recognition of Group Psychology and Group Psychotherapy as a specialty in professional psychology; and

5. Engaging in other activities or initiatives for the betterment of the specialty of Group Psychology and Group Psychotherapy and in the service of its role as a CoS member

Article III
Membership
1. The membership of the Specialty Council shall consist of one representative from each co-sponsoring specialty organization.

2. The initial co-sponsoring specialty organizations eligible for representation on the Specialty Council are the:

   Division 49: Group Psychology and Group Psychotherapy
   American Group Psychotherapy Association
   The Adelphi University Postgraduate Group Training Program
   The Florida State University Counseling Center Group Training Program
   Behavioral Health Institute – Catholic Health Services
   ABPP

3. Organizations seeking membership and representation on the Specialty Council must be approved by unanimous vote of existing members. Initially eligible organizations listed in Paragraph 2 above are exempted from this requirement except as stipulated by Article X.

4. Each representative shall be appointed for a term of four years and may serve consecutive terms.

5. Terms of representatives to the Specialty Council and officers thereof shall begin on January 1.
6. Representatives to the Specialty Council commit themselves to active participation and regular attendance at meetings. Appointment of a new representative may be required by the Specialty Council in the case of insufficient participation by a representative. Such requirement shall be acted upon by the member organization within 30 days of written notice being given (by email or postal service) to the executive officer of the member organization.

7. The officers of the Specialty Council shall consist of President and Secretary/Treasurer each serving contiguous two-year terms. Officers may be reelected for consecutive terms.

8. The Specialty Council may invite non-voting liaisons from non-member organizations and/or subject matter experts to attend meetings or to participate in its various activities and initiatives in order to optimally promote, serve and protect the interests of the specialty.

Article IV
Dues

1. Member organizations agree to pay annual membership dues to the Specialty Council to cover its expenses for phone or other electronic meeting costs, the costs associated with the Group Psychology and Group Psychotherapy council’s reception at APA conventions, and other expenses that are approved by the specialty council.

2. Initial membership dues shall be set at $100 annually and may be modified by majority vote of the Specialty Council.

3. Dues are due and payable on January 15 of each year and within 30 days of notice of any supplemental dues approved by majority vote of the Specialty Council.

Article V
Meetings

1. Meetings shall be held at least once annually and may be held telephonically or online.

2. Meetings may be attended by liaisons and observers by invitation or with approval of the majority of the Specialty Council.

3. The Specialty Council may conduct business outside of the regularly scheduled meetings. Votes may be conducted by telephone, mail, e-mail or fax.

Article VI
Representative to the Council of Specialties in Professional Psychology

Members of the Specialty Council shall elect one of its members to represent the Specialty Council to the Council of Specialties in Professional Psychology (CoS). The term of the CoS Representative shall be three years, effective January 1 in the year of appointment, and may be extended by one additional three-year term. Only full terms are considered in the calculation of the maximum length of representation.

Article VII Member
Disaffiliation

Members of the Specialty Council may be disaffiliated from the Specialty Council only by unanimous approval by representatives of all other existing members and only under the following circumstances:

1. One or more policies and/or actions of a member organization have been determined by the Specialty Council to be substantially detrimental to the collective interests of the specialty and repeated efforts by the Specialty Council to address these issues with the member organization have been unsuccessful; or

2. The member organization has failed to pay its dues and repeated efforts to negotiate a resolution acceptable to both the Specialty Council and the member organization have been unsuccessful.

Article VIII
Rules of Order
The Specialty Council shall conduct its meetings in accordance with the latest edition of Roberts Rules of Order.

Article IX
Amendments

Amendments to these Bylaws may be made by a majority vote of the members of the Specialty Council.

Article X
Signatories of Initially Eligible Co-Sponsoring Member Organizations

The eligible co-sponsoring member organizations referenced in Article III, Paragraph 2 agree to accept the privileges and obligations of membership and representation on the Specialty Council, as evidenced below by the signature of their respective organization’s executive officer. Any eligible co-sponsoring member organization that has not authorized membership and representation to the Specialty Council on or before December 31, 2014 must meet the requirement of Article III, Paragraph 3 if it subsequently seeks membership.
<table>
<thead>
<tr>
<th><strong>Name of Organization</strong></th>
<th><strong>Group Specialty Council</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency of Meetings</strong></td>
<td>One face to face meeting each year; tele-conferencing conducted as needed (as held in 2014 and 2015).</td>
</tr>
<tr>
<td><strong>Number of Meetings per year</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Membership Size</strong></td>
<td>Representatives from 9 organizations</td>
</tr>
<tr>
<td><strong>Functions Performed</strong></td>
<td>To develop and submit the petition to CRSPPP for designation of group as a specialty; To develop education and training standards for the specialty.</td>
</tr>
<tr>
<td><strong>The Group Specialty Council (GSC)</strong></td>
<td>The Group Specialty Council (GSC) was initially organized to comply with the CRSPPP requirement that the supporting group be composed of organizations interested in designating group as a specialty, who will sponsor representatives to the Council.</td>
</tr>
<tr>
<td><strong>The Group Council was created to achieve the following:</strong></td>
<td>The Group Council was created to achieve the following: • Develop a system and process for inter-organizational collaboration; • Develop education and training standards for doctoral, internship, post-doctoral and post-licensure group specialties; • Refine the breadth and depth of knowledge and experiences that promote effective responsible and ethical group leaders; • Provide for continuing education and research</td>
</tr>
<tr>
<td><strong>How are decisions made</strong></td>
<td>Decisions are made collaboratively after discussions with members.</td>
</tr>
<tr>
<td><strong>Types of committees</strong></td>
<td>The Council is small enough to work as an effective group collaboration. There are no committees at this time; we anticipate that committees will be formed in the future.</td>
</tr>
<tr>
<td><strong>Dues Structure</strong></td>
<td>$100 per member organization</td>
</tr>
<tr>
<td><strong>Name of Publication</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.apa49.org">www.apa49.org</a> and <a href="http://www.apadivisions.org/">http://www.apadivisions.org/</a></td>
</tr>
</tbody>
</table>
## Appendix 8: AGPA Chart

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>American Group Psychotherapy Association (AGPA)</th>
</tr>
</thead>
</table>
| Meetings             | • Annual Training event in February/March  
• Distance Learning events are at least monthly  
• Governance meets three times per year (February/March, June, November) |
| Membership           | 2,500                                            |
| Functions Performed  | The American Group Psychotherapy Association is a dynamic, thriving community of mental health professionals of all disciplines dedicated to advancing knowledge and research, and providing quality training in group psychotherapy and other group interventions, consultation and direct services nationally and internationally. The Association is a unique blend of practitioner and direct services:  
• Promoting quality group psychotherapy care as a primary method of treatment that is clinically sound, cost-effective and accessible;  
• Advancing group psychotherapy training and research;  
• Providing intervention and outreach to diverse communities nationally and internationally based on group psychotherapy principles and established protocols;  
• Providing a network of peer support that serves the professional needs of group practitioners; and  
• Advocating for quality care on behalf of its members, clients/patients and the public. |
<p>| How decisions are made| The management of the Association and all of its affairs are entrusted to a Board of Directors elected by the membership. |
| Chapters             | Local and Regional Affiliate Group Psychotherapy Societies across the country offer collegiality, referral networks, training, consultation and supervision. There are presently 25 affiliated Societies. |</p>
<table>
<thead>
<tr>
<th>Committees, Task Forces, and Special Interest Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standing Committees:</strong></td>
</tr>
<tr>
<td>• Executive Committee</td>
</tr>
<tr>
<td>• Annual Meeting Committee</td>
</tr>
<tr>
<td>• Editorial Committee</td>
</tr>
<tr>
<td>• Fellowship and Awards Committee</td>
</tr>
<tr>
<td>• Membership Committee</td>
</tr>
<tr>
<td>• Nominating Committee</td>
</tr>
<tr>
<td>• Public Affairs Committee Task Forces:</td>
</tr>
<tr>
<td>• 75th Anniversary Task Force</td>
</tr>
<tr>
<td>• Community Outreach Task Force</td>
</tr>
<tr>
<td>• Distance Learning Task Force</td>
</tr>
<tr>
<td>• Newsletter Task Force</td>
</tr>
<tr>
<td>• Science to Services Task Force</td>
</tr>
<tr>
<td>• Special Interest Group {SIG} Task Force Special Interest Groups:</td>
</tr>
<tr>
<td>• Addiction and Recovery SIG</td>
</tr>
<tr>
<td>• Children and Adolescents SIG</td>
</tr>
<tr>
<td>• College Counseling and Other Educational Settings SIG</td>
</tr>
<tr>
<td>• Gay, Lesbian, Bisexual and Transgender Issues SIG</td>
</tr>
<tr>
<td>• Groups in Private Practice SIG</td>
</tr>
<tr>
<td>• Health and Medical Issues SIG</td>
</tr>
<tr>
<td>• International Relations SIG</td>
</tr>
<tr>
<td>• Internet, Social Media and Technology SIG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dues Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Students and Retired Members: $65 annually</td>
</tr>
<tr>
<td>• New Professionals: $80 annually</td>
</tr>
<tr>
<td>• Academic, Adjunct, Associate Clinical, Clinical Life, Research: annual sliding scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Publications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <em>International Journal of Group Psychotherapy (quarterly Journal)</em></td>
</tr>
<tr>
<td>• <em>The Group Circle (quarterly newsletter)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:info@agpa.org">info@agpa.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Website</th>
</tr>
</thead>
<tbody>
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<td><a href="http://www.agpa.org">www.agpa.org</a></td>
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**Criterion I: Appendix 9**

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<tr>
<th>Name of Organization</th>
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<tr>
<td>Frequency of Meetings</td>
<td>Every Three Months</td>
</tr>
<tr>
<td>Number of Meetings per year</td>
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</tr>
<tr>
<td>Membership Size</td>
<td>9</td>
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<tr>
<td>Functions Performed</td>
<td>Responsibility for coordinating and conducting board certification exams in Group Psychology as per ABPP guidelines. Also, maintenance and revision of manuals and administration of the integrity of the total process. Finally, submit folios for the Periodic Comprehensive Review process to maintain good standing with ABPP</td>
</tr>
<tr>
<td></td>
<td>The ABGP is comprised of professional group psychologists who have attained Board Certification from The American Board of Professional Psychology (ABPP). The purpose of the Board shall be to advance Group Psychology as a science and practice and to promote and enhance the discipline in its various settings and through its professional organizations. <em>Specifically, these purposes are:</em></td>
</tr>
<tr>
<td></td>
<td>A. To recognize, recommend and otherwise support board certification in Group Psychology.</td>
</tr>
<tr>
<td></td>
<td>1. Support the American Academy of Group Psychology (AAGP) and the American Board of Professional Psychology (ABPP).</td>
</tr>
<tr>
<td></td>
<td>2. Recruit and encourage prospective candidates to pursue their Certification in Group Psychology.</td>
</tr>
<tr>
<td></td>
<td>3. Maintain a mentorship program to assist prospective candidates in pursuit of the ABPP Certification.</td>
</tr>
<tr>
<td></td>
<td>B. To advance Group Psychology as a science and practice.</td>
</tr>
<tr>
<td></td>
<td>1. Develop, review and articulate high standards of professional practice in Group Psychology.</td>
</tr>
<tr>
<td></td>
<td>2. Support and participate with other psychological organizations in professional activities.</td>
</tr>
<tr>
<td>How are decisions made</td>
<td>Kessey's Modern Parliamentary Procedure Majority votes</td>
</tr>
<tr>
<td>Types of committees</td>
<td>Standing Committees include: Diversity Committee Recruitment Committee</td>
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<tr>
<td>Dues Structure</td>
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<td>Name of Publication</td>
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Criterion I: Appendix 10

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<thead>
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<th>Name of Organization</th>
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<tr>
<td>Frequency of Meetings</td>
<td>Every Three Months</td>
</tr>
<tr>
<td>Number of Meetings per year</td>
<td>4</td>
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<tr>
<td>Membership Size</td>
<td>2 Academy Officers, 46 Members, 14 Fellows</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Functions Performed</th>
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</table>
| The AAGP is comprised of professional group psychologists who have attained Board Certification from The American Board of Professional Psychology. The purpose of the Academy shall be to advance Group Psychology as a science and practice and to promote and enhance the discipline in its various settings and through its professional organizations. *Specifically, these purposes are:*
| A. To recognize, recommend and otherwise support board certification in Group Psychology. |
| 1. Support the American Board of Group Psychology (ABGP) and the American Board of Professional Psychology (ABPP). |
| 2. Nominate candidates for service on the American Board of Group Psychology (ABGP). |
| 3. Nominate candidates for examiner training to the American Board of Group Psychology. |
| 4. Recruit and encourage prospective candidates to pursue Certification in Group Psychology. |
| 5. Maintain a mentorship program to assist prospective candidates in pursuit of Certification. |
| B. To advance Group Psychology as a science and practice. |
| 1. Develop, review and articulate high standards of professional practice in group psychology. |

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<tr>
<th>How are decisions made</th>
<th>Kessey's Modern Parliamentary Procedure Majority votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of committees</td>
<td>Fellowship Committee</td>
</tr>
<tr>
<td>Dues Structure</td>
<td>$25/year dues</td>
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<tr>
<td>Website</td>
<td><a href="http://grouppsychologist.org">http://grouppsychologist.org</a></td>
</tr>
</tbody>
</table>
Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs

**Commentary:** Specialties may evolve from the professions’ recognition that there is a particular public need for applications of psychology. Specialties may also develop from advances in scientific psychology from which applications to serve the public may be derived.

1. Describe the public needs that this specialty fulfills with relevant references. Under each need, specify the populations served and relevant references.

Group Psychology and Group Psychotherapy, as a recognized specialty, serves the public need for effective, efficient and cost effective psychotherapeutic and psychoeducational interventions. This is accomplished across a wide array of clinical problems and within a wide range of settings, supported by the commitment to expand and disseminate scientifically-based foundational and functional knowledge necessary for effective group work. Above all, group as specialty serves the public need for effective mental health interventions through several key efforts, including: demonstrating that group work requires unique leadership competencies; increasing knowledge of those group processes to promote and impair therapeutic outcome; and teaching and studying those conceptual and technical leadership skills needed to manage the complexities of group life.

In order for Group Psychology and Group Psychotherapy to be properly understood, it is necessary to consider the uniqueness of group work that requires specific foundational and functional competencies (Barlow, 2014). Despite the prevailing myth that any clinician is able to run a group, the specialty will promote the expansion and dissemination of the scientific knowledge that confirms the necessity of acquiring these unique skills for groups to be effective and to minimize damaging outcomes (Kivlighan Jr., D. and Quigley, S. T., 1991).

This specialty provides effective treatment to meet the varied public health needs, including: Schizophrenia; Addictions; Medical illness; Phobias; Obsessive-compulsive Disorder; Bipolar Disorder; Depression/ complicated grief/ stress; Substance abuse; Eating disorders; Psychopathology/ Psychosomatic Disorders; Alzheimer's/dementia; PTSD and related traumas; Sexual abuse/trauma; Mental health services at schools, Colleges and Universities, hospitals, community-based agencies, business and industry, Veterans Affairs, and within the Criminal justice system; and Culturally diverse, competent services.

Furthermore, recent conditions across the country underscore the public need for the specialty, with specific mental health care needs increasing in some populations. For instance, there has been an increase of people eligible for mental health services under the Affordable Health Care Act (Shern, D., 2014). The estimated number of enrollees is expected to increase, including many who are new to insured health care; the numbers of those who are expected to use mental health care services is also expected to increase. Additionally, public needs are described in recent news articles and journals that identify increasing rates of mental illness among college students, including Gregg Henriques’ article, “The College Student Mental Health Crisis” in *Psychology Today* (2014), the APA article, “The State of Mental Health on College Campuses: A Growing Crisis” (2011), and Margarita Tartakovsky’s “Depression and Anxiety Among
College Students” in PsychCentral. According to Mentalhealthamerica.net, more youth are getting depressed, with a 1.2% increase in youth with depression, and a 1.3% increase in youth with severe depression between 2010 and 2013. All of this, combined with high rates of violence and poverty, has contributed to increasing rates of trauma among children and youth, particularly among ethnic minority youth, LGBTQ youth and youth living in poverty. Group fulfills these needs, as noted in Gerrity and DeLucia-Waack’s review of current literature, specifically meta-analytic research, on the effectiveness of psychoeducational and counseling groups in schools, including: eating disorders, anger management/bullying, child sexual abuse prevention, pregnancy prevention, and social competency. The analysis found that there is support for groups in the schools, some psychoeducational groups and classroom interventions, as well as support for the use of group interventions both short in session length and overall time.

Further, job performance and the workplace are other areas that have seen increased rates of stress, and increased public need for mental health services. The American Institute of Stress notes that numerous studies show that work is a major source of stress for American adults, escalating progressively over the past few decades. A report from the Institute identified that 80% of workers feel stress on the job, 40% reported their job was very or extremely stressful, and nearly half said they need help in learning how to manage stress. As detailed in Group, Emotional Intelligence (EQ) was applied to a group treatment of work problems (Kleinberg, J.L., 2000). The addition of psychodynamic insight to the dimension of understanding emotions and utilizing emotional awareness helped patients improve reactions to problematic situations and people. Kleinberg employs a systematic approach to the identification of unconscious contributors to poor job performance.

Another growing need is among those individuals who are incarcerated with a mental health issue. People suffering from mental illness are more likely to encounter police than to receive medical help. As a result, 2 million people with mental illness are booked into jails each year. Almost 15% of men and 30% of women who are booked into jails have a serious mental health condition. Once incarcerated, many do not receive needed treatments, worsening their condition and placing them at risk of victimization (National Alliance on Mental Illness). This extends to the rates of mental illness among adolescents in the juvenile justice system, which is estimated to be as high as 70% of youth in the system, while disruptive disorders, such as ADHD, are estimated to be 30-50% of youth in the system (Hammond, 2007).

Addiction continues to plague American communities. According to the 2013 Substance Abuse and Mental Health Services Administration (SAMHSA) annual National Survey on Drug Use and Health (NSDUH), an estimated 22.7 million Americans (8.6%) needed treatment for a drug or alcohol-related problem, but only about 2.5 million people (0.9%) received treatment at a specialty facility. In 2013, 17.3 million Americans (6.6% of the population) were dependent on alcohol or had problems related to alcohol use (abuse). An estimated 24.6 million Americans aged 12 or older (9.4% of the population) had used an illicit drug in the past month, up from 8.3% in 2002. In 2013, there were 19.8 million marijuana users (7.5% of people aged 12 or older) up from 14.5 million (5.8%) in 2007. Methamphetamine also rose in 2013, with 595,000 users, compared with 353,000 users in 2010.

Group Psychology and Group Psychotherapy provides a cost effective and timely means to serve
more of the public needs for mental health services. Group Council representatives and affiliated organizations (AGPA public outreach and similar) routinely monitor these vital sources of information, including Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, SAMHSA, World Health Organization, NAMI, Mental Health Advisory Council, and MentalHealthAmerica.net about public mental health needs.

The matrix below identifies public need, along with relevant references for those needs, and the identified target populations and relevant references for each population within that need. For all target populations listed, there is identified research to support inclusion within this specialty.

<table>
<thead>
<tr>
<th>Overarching Identified Public Need</th>
<th>Target Population</th>
<th>Relevant References</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Lothstein, L. M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. <em>International Journal of Group Psychotherapy</em>, 64, 229-244. doi: 10.1521/ijgp.2014.64.2.228</td>
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<tr>
<td>Mental Illness, Serious Mental Illness (SMI) and Chronically Mentally Ill support</td>
<td>Relevant References</td>
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<td>Serious Mental Illness (SMI) and Chronically Mentally Ill support</td>
<td>Target Population</td>
<td>Relevant References</td>
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### Trauma

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<td>Culturally diverse, competent services among distinct populations</td>
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<td>Culturally diverse, competent services among distinct populations</td>
<td>Target Population</td>
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<tr>
<td>Culturally diverse, competent services among distinct populations</td>
<td>Target Population</td>
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<td>Culturally diverse, competent services among distinct populations</td>
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<th>Culturally diverse, competent services among distinct populations</th>
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<td>Culturally diverse, competent services among distinct populations</td>
<td>Target Population</td>
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<td>Culturally diverse, competent services among distinct populations</td>
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<td>Culturally diverse, competent services among distinct populations</td>
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<td>Target Population</td>
<td>Relevant References</td>
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</table>
2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes in public needs.

Group Council proposes, promotes and practices the detailed proven group interventions that address changing public needs. For example, both Division 49 and AGPA, through Journals and
annual meetings, assess ongoing developments within the larger group therapy community, identifying new issues for which group therapy may provide positive outcomes. In order to maintain a high level of research and appropriate response to community needs, the Group Council and affiliated organizations continuously identify and assess changes in public health needs and respond accordingly:

- The Executive teams of the Group Specialty Council and The Society of Group Psychology and Group Psychotherapy (SGPGP) engage in continuous research of studies and case findings that contribute to the overall knowledge and assessment of community mental health needs;
- Post-graduate training for Group Specialty includes required research and assessment of community needs;
- The Group Specialty Council and the SGPGP meet annually to discuss recent community trends and relevant research findings, to identify significant changes in knowledge or behaviors, and to develop any necessary responses as it relates to the Group Specialty.
- Regular attendance at each of the national group therapy annual meetings, including AGPA, Division 49, and ASGW;
- The Group Specialty Council and the SGPGP will develop and distribute an annual assessment and review to randomly-selected members of both associations, the results of which will be analyzed and the findings from which will be incorporated into the annual program goals for the associations;
- The Group Specialty Council and the SGPGP invite and encourage members to submit relevant research and studies that contribute to the knowledge and growth of Group Specialty.
- Regular review of relevant websites, such as the following:
  http://www.mentalhealthamerica.net/
  https://www.cartercenter.org/
  http://www.agpa.org/
  http://www.asgw.org/
  http://www.tandfonline.com/
  http://www.journals.elsevier.com/mental-health-and-prevention
  http://ajp.psychiatryonline.org/
  http://www.jaacap.com/

Through these efforts, the specialty is able to stay up-to-date on national mental health needs.

3. Describe how the specialty attends to public need
Group psychology and group psychotherapy attend to public need through identification and provision of more effective treatments for those pathologies previously identified. Moreover, participation in group therapy provides benefits to meet the needs of individual members of these populations, including:

- Contributes to insight and awareness through provision and receipt of input from the interpersonal feedback loop.
- Provides present-centered consensual validation.
- Can reduce feelings of alienation and isolation.
- Assists in immediate corrective emotional experiencing.
- Provides opportunities for altruism.
- Shows possibilities for realistic hope through dissemination of information and seeing others improve.
- Demonstrates and practices new and better ways to relate and communicate in a safe and supportive environment.
- Provides varying perspectives for personal dilemmas and problems.
- Rooted in the human need for meaningful connectedness.
- Provides encouragement and support.
- Demonstrates alternatives for managing and containing intense emotions.

The matrix below demonstrates the capacity for group specialty to attend to public needs across the continuum, while the subsequent detailed narrative describes many of those studies in further detail.

<table>
<thead>
<tr>
<th>Public Need</th>
<th>Group Psychology and Group Psychotherapy Attendance to Need</th>
</tr>
</thead>
</table>
Specific Mechanisms that Attend to Population Needs

The representatives of the various group organizations that compose the Specialty Group Council monitor public needs and group treatments that address those needs through components of their respective organizations. Group Psychology and Group Psychotherapy attends to the needs of each of these identified populations through:

1) Research and scholarly submissions on the many and varied factors affecting the dynamics and effectiveness of group work (Castano et al. 2002; Castano et al. 2014), the effectiveness of treatment modalities (Cook et al. 2014), exploration of possible new techniques, (Cook et al., 2014), and factors predicting outcomes for group treatment (Crits-Christoph, 2011). This occurs through the AGPA Science to Service website, APA, AGPA and websites listed above.

2) Attendance at annual committee meetings of AGPA and Division 49, the Editorial committees of Group Dynamics and IJGP, the editorial committees of the newsletter of Division 49 and AGPA, the Practice Development Committee of the Certification Board, the study Grants committee of the Group Foundation for Advancing Mental Health. These standing committees review group therapy research and clinical-theoretical content on a regular basis; materials help to identify new trends in mental health needs, trends in service delivery and group treatment approaches.

3) Education for treatment providers, instructors of group courses and workshops, and other health professionals including conference presentations by The Society of Group Psychology and
Group Psychotherapy, the American Group Psychotherapy Association, and the Association for Specialists in Group Work; the journals and newsletters published by these organizations and by other journals, the information available on the websites of these organizations; and through didactics and courses presented in many APA accredited doctoral and internship degree programs;
4) Public outreach and community service of group treatment.

The following examples demonstrate the success of group psychology and group psychotherapy in serving the public needs identified above:

1) Effective Outcomes through Group Treatment

“Forty-five adults with primary insomnia received CBT in group therapy, individual face-to-face therapy or brief individual telephone consultations. Results indicate CBT was effective in improving sleep parameters with all 3 methods. Results suggest group therapy and telephone consultations represent cost-effective alternatives to individual therapy for insomnia management.”


“Multifamily, 4-session, group therapy program for 67 older children/adolescents with insulin-dependent diabetes mellitus (IDDM) and caregivers, based on problem-solving and communication skill components of Behavioral Family Systems Therapy for Diabetes (BFST-D). Findings suggest multifamily group problem-solving program is acceptable and promising intervention for youth with IDDM experiencing diabetes management challenges.”


“Improved methodology in efficacy of 3-module (cognitive, exposure, skills) PTSD group treatment, format for delivery of group exposure therapy, and comparing 3 treatment group modules. Among 86 women veterans, PTSD symptoms, mental/physical life functioning and quality of life significantly improved in Tx participants. Study supports group format for PTSD.”

“Study with 125 women with metastatic breast cancer; 64 in intervention offered 1 year weekly supportive-expressive group therapy and educational materials; 61 in control received educational materials. Treatment participants showed significantly greater decline in traumatic stress symptoms; secondary analysis showed significant decline in total mood disturbance and traumatic stress symptoms.”


“Efficacy of 14-week, emotion regulation group intervention targeting emotion dysregulation, to teach self-harming women with BPD more adaptive ways of responding to emotions to reduce frequency of self-harm. Group intervention had positive effects on self-harm, emotion dysregulation, experiential avoidance, BPD-specific symptoms, depression, anxiety, and stress.”


“114 men who experienced childhood abuse received treatment in community-based, sequentially phased group therapy program with three phases (stabilization, processing/creation of trauma narrative, and reintegration). Results showed significant improvements in posttraumatic and depression symptoms. Twenty-38% of participants exhibited reliable improvement on symptoms of depression and posttraumatic stress.”


“299 residential addiction treatment clients with depressive symptoms assigned to usual care or usual care plus 16-session GCBT-D. GCBT-D participants showed greater increase in abstinence, decreases in depressive symptoms and negative consequences, and significant interaction effects with associations between depressive symptoms, negative consequences, and abstinence changes larger in usual care.”

Manassis, K., Mendlowitz, S., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M.,

“78 children, 8–12 years, with diagnosed anxiety disorders randomly assigned to 12-week, manual-based program of group or individual CBT, both with parental involvement. Outcomes included child anxiety and global functioning as estimated by clinicians. Children with anxiety disorders appear to improve with CBT, whether in group or individual format.”


“75 obese adults who expressed preference for individual or group therapy were randomly assigned to preferred or non-preferred treatment modality within a 2 (individual vs group therapy) × 2 (preferred vs nonpreferred modality) factorial design. At posttreatment, group therapy produced significantly greater reductions in weight and body mass than individual therapy.”

The following examples demonstrate the cost effectiveness of treatment through Group Psychology and Group Psychotherapy:

2) Cost Effectiveness of Group Treatment

“Forty-five adults with primary insomnia received CBT in group therapy, individual face-to-face therapy or brief individual telephone consultations. Results indicate CBT was effective improving sleep parameters with all 3 methods. Results suggest group therapy and telephone consultations represent cost-effective alternatives to individual therapy for insomnia management.”


“This study suggests that brief psychological treatments, particularly those derived from cognitive/behavioral models, are beneficial in the treatment of people with depression being managed outside hospital settings.”

“31 families with obese children randomized to groups in which families received mixed treatment with group and individualized treatment vs group treatment only. Results for 24 families showed group intervention significantly more cost-effective than mixed treatment while mixed treatment was significantly more expensive to deliver than group treatment.”


“Randomized controlled clinical trial of group therapy conducted with 70 somatization disorder (SD) patients. Experimental patients reported significantly better physical and mental health in 1-year period during and after group therapy. The more group sessions SD patients attended, greater improvement in general and mental health, resulting in 52% net savings.”


“Study investigated cost-effectiveness of evidence-based cognitive stimulation therapy (CST) for people with dementia in randomized controlled trial. CST has benefits for cognition and quality of life in dementia, and costs were not different between groups. Under reasonable assumptions, likely that CST is more cost-effective than treatment as usual.”


“Among people with low-back pain in primary care, 399 participants in cognitive behavioral intervention and 199 participants in control group were included in primary analysis at 12 months; cognitive behavioral intervention had sustained effect on troublesome subacute and chronic low-back pain at low cost to health-care provider.”

“Recent research found individual and group psychotherapy among children who have been sexually abused have similar outcomes. Study compared costs and cost-effectiveness. Total mean costs of individual therapy found to be significantly greater than for group therapy, making group therapy more cost-effective than individual therapy.”


“Randomized adjunctive psychotherapy trials for Bipolar Disorder reviewed, in consideration of cost-effectiveness, mediating mechanisms, and moderators of effects. Meta-analyses consistently showed disorder-specific psychotherapies (CBT, interpersonal, family, and group) augment mood stabilizers reducing relapse rates over 1–2 years, making adjunctive psychotherapies cost-effective when weighed against recurrence, hospitalization and functional impairment reductions.”


“Interventions targeted at people with major depression who sought care but received non-evidence based treatment. Maintenance treatment strategies required to significantly reduce burden of depression, but cost of long-term drug treatment for large number of depressed people is high if selective serotonin re-uptake inhibitors (SSRIs) are drug of choice.”
Supporting References

Mental Disorder Groups


*Abuse/ Trauma*


*College Counseling*


**Dementia**

**Grief**


**Incarcerated Offenders**


**PTSD**


Specific Group Approaches


**Spirituality**


**Therapeutic Group Factors**


*Veterans*


Citation References


Appendices

Appendix 1: Supporting references

Appendix 2: Citation references

Appendix 1

Supporting References

Mental Disorder Groups


**Abuse/Trauma**


*College Counseling*


*Dementia*


*Grief*


*Incarcerated Offenders*


PTSD


Specific Group Approaches


**Spirituality**


Therapeutic Group Factors


Veterans


**Appendix 2**

**Citation References**


Criterion III. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity.

Commentary: The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness.

Because the population is diverse:

1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.

a. Knowledge
Specialty knowledge for culturally competent practice includes cultural differences in communications, relating, and emotional expression; important aspects to consider in screening and forming the group; limits for confidentiality; individualistic or collaborative decision making; conflict and conflict resolution; forming the therapeutic alliance; relationships with authority figures; understanding group process and how it affects culturally and the diversity of different group members.

Group Psychology and Group Psychotherapy guidelines for culturally competent practice have developed within the same sociopolitical environment as other areas of focus, and these are a result of the continuous research and study conducted by psychology professionals. This research, as demonstrated in Criterion II, provides a breadth of specialty-specific scientific and theoretical knowledge through which practitioners may expand their ability to effectively serve their patients, within a culturally appropriate framework. Specifically, Group Psychologists and Group Psychotherapists are required to incorporate a comprehensive understanding of the cultural and individual dynamics that affect both individuals and groups. They must adapt their preparation to be culturally attuned to clients (La Roche & Maxie, 2003).

b. How it is Acquired
Culturally competent practice in group psychology is derived from the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Changes for Psychologists (APA, 2002), the requirements for cultural and diversity competencies as outcomes for students from accredited doctoral and internship psychology programs, and the continued research and literature found in leading psychology journals and books (see the abbreviated list of references below).

Doctoral students and interns of the specialty attain training in cultural diversity through specific required trainings, including weekly diversity seminars, which provide didactic and experiential training in diversity issues, and an opportunity to discuss how cultural and individual differences impact clients and their therapy. Specialty training emphasizes the value of individual differences to recognize not only the needs of individual patients but also the unique
contributions of each practitioner. Furthermore, training programs utilize the Counseling Psychology Model Training Values Statement Addressing Diversity (pp. C20-21) to maintain an inclusive and respectful environment for trainees and staff with all cultural identities.

Clinical Guidelines address the implications of race and ethnicity in psychological education, training, research, practice, and organizational change. These Guidelines are the latest step in a continuous effort to provide psychologists with a framework for services to an increasingly diverse population. In effect, there is a societal and organizational history steadily providing rationale for a multicultural and culture-specific agenda. The Clinical Practice Guidelines of the AGPA Science to Service Task Force are relevant, flexible, accessible, and practical, with respect for the clinical and cultural context of patients. For instance, the Task Force offers an alternative, client-based approach to evidence-based practice, integrating the best available research with clinical expertise, applied within the context of client characteristics, culture, and preferences (APA, 2005). Group Psychology and Group Psychotherapy recognize the need for cultural competence and evidence-based practice within direct practice, particularly within the treatment of people of diversity. Moreover, the development of culturally adapted interventions moves group work from efficacy to effectiveness (Whaley, 2007).

The following excerpts from the 2002 APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists describe how education and training of cultural and individual differences and diversity are integrated into Group Psychology and Group Psychotherapy program curriculum:

Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture–centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds (APA, 2002). Finally, some scholars have voiced concerns that racial/ethnic communities do not directly benefit from studies in which their members participate. These concerns have led to calls for research to be designed explicitly to be of benefit to the participants' communities (Council of National Psychology Associations for the Advancement of Ethnic Minority Interests [CNPAAEMI], 2000; LaFromboise & Jackson, 1996; Marin & Marin, 1991; Parham, 1993). To insure fidelity to the community that will be involved in the study, psychologists are encouraged to develop relationships with leaders and/or cultural brokers who may be essential in the community. Even though researchers may have a particular design and implementation plan in mind, through collaborations with members of the community and potential participants, they are likely to develop credibility and trust. They also are likely to develop a more beneficial study to the community (APA, 2002). Thus, psychological researchers are encouraged to be grounded in the empirical and conceptual literature on the ways that culture influences the variables under investigation, as well as psychological and social science research traditions and skills. This may be divided into three areas, research design, assessment, and analysis (APA, 2002).

Essential knowledge within the specialty includes self and other multiple identities and how these impact the individual and the group, implicit and explicit manifestations of prejudice and stereotyping, building awareness and understandings for the many variations and interactions for cultural and diversity variables, guiding supervised practice for inclusion of cultural and diversity aspects for individuals and for the group, and building appreciation and respect for
differences. These proficiencies are first obtained in formal doctoral and internship programs accredited by APA, and later through workshops and conferences, such as those offered by APA, The Society of Group Psychology and Group Psychotherapy, the American Group Psychotherapy Association, and other professional meetings such as the Multicultural Summit hosted by APA divisions 17, 35, 44, and 45; readings from journals and books; the board certification process and requirements of the American Board of Professional Psychology (ABPP), as advised by the American Board of Group Psychology (ABGP), and the Diversity Committee, a standing committee within ABPP; and the AGPA Certified Group Psychotherapist (CGP) credentialing.

c. Processes for Assessment and Continued Development

Therapists working with culturally diverse groups are encouraged to thoughtfully interpret relationships, observing new dimensions through a multicultural lens (Herlihy & Watson, 2003). It is expected that culturally skilled practitioners will have specific knowledge regarding the following: their own racial and cultural heritage and how it personally and professionally affects their definitions and biases; how oppression, racism, discrimination, and stereotyping affect them personally and in their work, including how practitioners have directly or indirectly benefited from individual, institutional, and cultural racism; their social impact on others, including communication style differences and how to anticipate the impact on others; the particular group with which they are working, life experiences, cultural heritage, and historical background of culturally diverse clients, strongly linked to "minority identity development models;" how race, culture, ethnicity, gender, religion, experience, and other factors may affect personality formation, vocational choices, psychological disorders, help seeking behavior, and appropriateness or inappropriateness of counseling approaches; sociopolitical influences that impinge upon racial and ethnic minorities, such as immigration, poverty, racism, stereotyping, powerlessness, and impact on self-esteem; generic characteristics of therapy and how they may clash with cultural values of various cultural groups; institutional barriers that prevent minorities from using mental health services; potential bias in assessment instruments, procedures, and findings in view of clients’ cultural and linguistic characteristics; family structures, hierarchies, values, and beliefs from various cultural perspectives; and relevant discriminatory practices at the social and community level that may affect the psychological welfare of the population being served.

“Psychologists are likely to find themselves increasingly engaged with others ethnically, linguistically, and racially different from and similar to themselves as human resource specialists, school psychologists, consultants, agency administrators, and clinicians. Moreover, visible group membership differences (Hall et al., 2016; Hong & Ham, 2001; Niemann, 2001; Padilla, 1995; Santiago-Rivera et al., 2002; Sue & Sue, 1999) may belie other identity factors also at work and strong forces in individuals’ socialization process and life experiences.” (APA, 2002).

Differences include language, gender, racial heritage, religion, sexual orientation, age, disability, socioeconomic situation, and life experience (Hong & Ham, 2001; Lowe & Mascher, 2001; Prendes-Lintel, 2001). Within clinical services, underutilization of services occurs as a result of therapists’ lack of cultural sensitivity, mistrust of services, and fear that therapy may be
used as an instrument of power and oppression (Sue & Sue, 1999).

The APA encourages “cross-culturally sensitive practitioners…to develop skills and practices that are attuned to the unique worldview and cultural backgrounds of clients by striving to incorporate understanding of client’s ethnic, linguistic, racial, and cultural background into therapy.” (American Psychiatric Association, 1994; Flores & Carey, 2000; Fukuyama & Ferguson, 2000; Hong & Ham, 2001; Santiago-Rivera et al., 2002). Psychologists are encouraged to gain knowledge about the (APA, 1990) and Guidelines for Research in Ethnic Minority Communities (CNPAAEMI, 2000). Moreover, they are encouraged to learn about helping practices used in all cultures that may be appropriately included within psychological practice, as non-traditional interventions may be required (Fukuyama & Sevig, 1999; Santiago-Rivera et al., 2002; Sciarra, 1999; Society for the Psychological Study of Ethnic Minority Issues, 2000; Sue & Sue, 1999). Psychologists are also encouraged to participate in culturally diverse activities and to seek out community leaders, change agents, and influential individuals, when appropriate, enlisting their assistance as part of a total family or community-centered approach (Arredondo et al. 1996; Grieger & Ponterotto, 1998; Lewis et al., 1998).

“Multiculturally sensitive and effective therapists are encouraged to examine traditional psychotherapy practice interventions for their cultural appropriateness, e.g., person-centered, cognitive-behavioral, psychodynamic forms of therapy (Bernal & Scharoon-del-Rio, 2001). They are urged to expand these interventions to include multicultural awareness and culture-specific strategies.” (American Psychological Association, 2002).

The specialty adheres to non-discrimination policies, and supports programs and policies that do not discriminate on the basis of race, ethnicity, national origin, age, gender, socioeconomic status, religion, sexual orientation, gender identity, or disability. In accordance with the APA Resolution on Ethnic Minority Recruitment and Retention, the specialty takes particular care to ensure that leading committee staff, as well as trainees, are represented by diverse practitioners, such as those who are members of the National Latino Psychological Association, Society of Indian Psychologists, Association of Black Psychologists, and Asian American Psychologist Association. Furthermore, the Division 49 maintains a diversity column within the Group Psychologist newsletter, which is distributed throughout the field, and hosts webinars focused on diversity. Supervisory staff are appropriate role models for trainees, providing extensive experience in cultural competency and the application to practice methodologies. Staff model the respectful appreciation of differences to ensure mindful communication and conflict resolution, as well as self-care and meaningful feedback. To ensure development of cultural knowledge, primary supervisors provide direct feedback of trainees’ skills and knowledge acquisition, while secondary supervision focuses on professional development as well as competency in areas such as diversity. Group supervision, such as Case Conferencing and Diversity Seminars, allows trainees to learn from one another, improving their self-awareness as well as their awareness of other perspectives.

The following research supports the role of diversity and cultural awareness and sensitivity within the overall field of psychology and, specifically, within the Group Specialty.

Hall, G.C.N., Yip, T., & Zárate, M.A. (2016). On Becoming Multicultural in a Mono-Cultural...


2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.

Diversity and multicultural competence are highly valued by the specialty training programs. Preparation for cultural competence within the specialty incorporates formal coursework on entry level group leadership skills and tasks, group membership selections and the roles and impact of culture and diversity for group members, while fostering the emergence of group therapeutic or curative factors, and group processes. This preparation also includes didactics, readings, observation, and supervised practice. Doctoral students and interns are also required to participate in case conferencing, diversity seminars, and supervision seminars for the purposes of diversity education and training. This includes verbal observation and input from supervisors as part of mid-year and end-of-year evaluations. They are also encouraged to engage in self-assessment and self-reflection to become better aware of their own knowledge of and attitudes toward their own ethnicity and cultural heritage. This helps to increase their sensitivity to and empathy toward others who are different. For example, Florida State University (FSU) Counseling Center dedicates an on-staff meeting each month to a multicultural training event that includes all trainees, professional staff, administration and administrative support staff. Interns are included in these events with the idea that professionals in training need to have multicultural exposure, experience and training.

Educational supervisors serve as liaisons and/or committee members for various diversity-related committees on their respective campuses. As noted on page 2, doctoral students and interns of the specialty attain training in cultural diversity through required trainings, which provide didactic and experiential training in diversity issues, and an opportunity to discuss how cultural and individual differences impact clients and their therapy. Specialty training emphasizes the value of individual differences to recognize the needs of individual patients as well as the unique contributions of each practitioner. Furthermore, training programs utilize the Counseling Psychology Model Training Values Statement Addressing Diversity (pp. C20-21) to maintain an inclusive and respectful environment for trainees and staff with all cultural identities. Specialty training programs, such as the program at Utah State University, provide extensive, in-depth diversity training, consisting of cultural and educational events on diversity-related topics. Examples of these events, which are similar across training programs, include:

- Utah State University (USU) Annual Inclusive Excellence Symposium
- USU Common Literature Experience
- GLBTQ Allies Training Seminar
- Martin Luther King, Jr Candlelight Vigil
- Vagina Monologues
- Annual USU Pow Wow
- International Education and Diversity Week
- Diwali
- Fiestas Americas
- Soul Food Dinner

Additionally, some knowledge and skills are developed through informal means, such as workshops, conference presentations, webinars, and podcasts. The integration of understanding,
the cultural and diversity components for individual group members and for the group-as-a-whole relies on the awareness, sensitivity and self-understanding of the group leader. Thus, psychologists within the specialty have numerous ways to acquire and maintain cultural competence during their academic preparation and afterwards through continuing education, including the aforementioned webinars, podcasts, and conferences. Examples of training seminars provided to doctoral students and interns include working with African American clients, spirituality, mastering the job search, treating panic, working with clients with bipolar disorder, motivational interviewing, working with clients with chronic health issues, sleep health, sexual assault, working with Caribbean/West Indian clients, working with clients with eating disorders, working with clients with personality disorders, vulnerability, self-compassion, psychology of women, sexual attraction, DBT, unified protocol, childhood sexual abuse, working with clients with ADHD, termination, working with clients on Autism spectrum, domestic violence, working with clients with OCD, CBASP, CBT, Biofeedback, and Grief and Loss. Examples of the professional literature used include the following:


American Psychological Association (2014). Guidelines for Psychological Practice with Older Adults.


Competence in serving diverse cultures and backgrounds within Group Psychology and Group Psychotherapy is demonstrated when practitioners’ attitudes and behaviors enable them to work effectively with individuals with diverse backgrounds. This translates to multiculturally sensitive therapists who consider psychotherapy practice interventions for cultural appropriateness with group members. Therapists will utilize appropriate techniques such as cognitive-behavioral approaches and psychodynamic forms of therapy to create strategies and group cohesion that include group members’ ethnic, linguistic, racial, and cultural backgrounds in the therapeutic process.
3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).

Group psychology has a rich legacy of adapting education, training, research, and practice as we are presented with new research and information. Our job is to offer the best care and training possible within the context of a fluid standard that continuously evolves.

Changing demographics are reflected in studies of race/ethnicity, sex, sexual orientation, socioeconomic status, disability, age, etc. The specialty monitors these changing demographics nationally through the American Community Survey and through APA Reports (http://apa.org/pubs/info/reports/index.aspx), with particular focus on Committee reports related to diversity (Committee on Disability Issues in Psychology, Committee on Ethnic Minority Affairs, Committee on Psychology and AIDS, Committee on Sexual Orientation and Gender Identity, Committee on Socioeconomic Status, and Committee on Women in Psychology), as well as local and national surveys that reflect important information for planning service delivery. In addition, the Group Specialty follows the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, which provide important guidelines for multicultural psychological practice. The Specialty includes research through available tools, such as the quarterly journal *Cultural Diversity and Ethnic Minority Psychology*, as well as participation with groups such as the APA’s Committee on Ethnic Minority Affairs, the Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence, the Society for the Psychological Study of Culture, Ethnicity and Race, and the Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues. Specialty training is also provided by the Special Interest Group for Gay, Lesbian, Bisexual, and Transgendered Issues (SIGGLBTI), the Racial and Ethnic Diversity Special Interest Group, the Research Special Interest Group, and the Women in Group Psychotherapy Special Interest Group within the American Group Psychotherapy Association (AGPA) at its annual Group Psychotherapy Institute and Conference. The diversity issues raised within these areas of research are discussed and incorporated through specialty leadership, as well as the relevant training programs, and in scholarly resources, such as the following:


4. Describe how the education and training and practice guidelines for the specialty reflect the specialty’s recognition of the importance of cultural and individual differences and diversity.

As with the functional competencies, the specialty incorporates the foundational competency of individual and cultural diversity and Principle D of the Ethics Code in education, training and practice (see below). Group leaders are particularly encouraged to examine how issues of privilege, power, and dominance might be functioning and how they may shape their assumptions and beliefs about group participants and create inequitable outcomes. These activities are important in the context of rapid demographic shifts and gaps. Self-examination is important as unintentional actions and beliefs often create enclaves of exclusivity that impact certain demographic groups which are left neglected, leading to failure or mediocrity.

The specialty adheres to Individual and Cultural Diversity-Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities to represent various cultural and personal background and characteristics as defined broadly and consistent with APA policy (Fouad et al., 2009). Emphasis is placed upon special attention when working with diverse populations of which one is not a member.

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.


Please note that the Practice Guidelines for The Society of Group Psychology and Group Psychotherapy are located in the Appendices in Criterion XI.

5. Describe the means for evaluation of effectiveness for the specialty as reflected in the specialty’s recognition of the importance of cultural and individual differences and diversity.

The specialty utilizes varied means to assess the effectiveness of the strategies described above among trainees and practitioners. These methods include the administration of trainee testing that
incorporates cultural competency proficiency, requirements for cultural competency papers and submission for trainees, required diversity-related case presentations and didactic presentation among trainees, required diversity-related readings, webinars and conference attendance among trainees and practitioners, and supervisor evaluations which include: direct observations, video, audio, and supervision meetings. At FSU Counseling Center, for example, interns, residents, and practicum trainees are expected to demonstrate cultural competency in written, oral and interpersonal communications with staff, students and colleagues, while doctoral interns complete a formal one-hour case conference at the close of the internship and they evaluated on the full range of criteria for the internship, which includes multicultural competency.

References


References


Criterion IV. Distinctiveness. A specialty differs from other recognized specialties in its body of specialized scientific knowledge and professional application.

Commentary: While it is recognized that there will be overlap in the knowledge and skill among various specialties in psychology, the petitioning organizations must describe the specialty in detail to demonstrate that it is distinct from other recognized specialties in the knowledge and skills required or the need or population served, problems addressed and procedures and techniques used.

I. Identify how the following parameters differentiate and where they might overlap with other specialties. Describe how these parameters define professional practice in the specialty.
   a. populations
   b. problems (psychological, biological, and/or social that are specific to this specialty):
   c. procedures and techniques
      a. Populations: Pages 1-7
      b. Problems: 7-14
      c. Procedures and Techniques: Page 19

   a. 1 Populations (Overlap)
   Populations for the Group Psychology and Group Psychotherapy specialty overlap with populations for clinical, counseling and school psychology, as well as those for other specialties as the group specialty is broad and deep with overarching commonalties. Populations include children, adolescents, adults, older adults, as well as populations with common conditions such as emotional disorders, medical conditions, psychopathology; or in special settings such as hospitals, prisons, schools, and universities. Following is a selected list of citations:

Inpatient


Mental Disorders


**a.2. Distinctiveness - Populations**

The specialty has its distinctiveness grounded in group theory and practice derived from current theories and researchers such as Gary M. Burlingame, Rex Stockton, Gerald Corey, and other luminaries in the field of group. In addition, Rutan, Stone and Shay, (2014) delineate a number of theoretical perspectives to continue understanding and integration within exploratory therapy, including current theory and practice of psychodynamic group psychotherapy, comprehensive descriptions of the evolution and theoretical underpinnings of group therapy, and how various psychoanalytic theories, such as those dealing with attachment and self-psychology, contribute to understanding group therapeutic processes. The populations served by this specialty use the social interactions and factors found to be therapeutic/curative, such as socializing techniques, imitative behavior, group cohesion, processes, and the interpersonal feedback loop (Mullin, 2016; Cohen, 2011; Joyce, 2007; Gayle, 2009; Harel, 2011; Steffen, 2015).

Group Psychology and Group Psychotherapy are set across a wide array of theories to effectively serve these diverse populations. Billow (2012) brings relational thinking to the theories and
practices of group psychotherapy, with consideration for W. R. Bion’s *Experiences in Groups* (1961). Agazarian’s (1997) systems-centered approach to group practice defines theoretical constructs and operational definitions to act as hypotheses that test validity of theory and reliability of practice. Preliminary studies suggest that a systems-centered approach to group therapy has positive effects on individuals with generalized anxiety disorder and depression (Ladden, Gantt, & Agazarian, 2004).

As noted in Wallin’s *Attachment in Psychotherapy* (2007), the position of self toward experience is how we respond to our own experience and that of others. Attachment research, largely based in childhood relationships, identifies elements that most effectively foster security, resilience, and flexibility. Group therapists should foster inclusive relationships with patients, based on attachment style (Chen 2002; Harel, 2011; McCluskey, 2002).

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

Research strongly suggests that skilled group leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, Mackenzie & Strauss, 2004; Burlingame et al, 2006). As stated, group leaders may identify with any number of therapy schools (CBT, Psychodynamic, Interpersonal, and so on), but as a whole, they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion’s Basic Assumption of Dependency (1961), must be dealt with effectively at the group level.

Group processes from the psychological laboratory are well integrated into group therapy. The APA Journal Group Dynamics and AGPA’s International Journal of Group Psychotherapy both contain applications from laboratory work. There are a vast number of journals that contain articles related to the application of laboratory findings to group therapy, including: *The Journal of Personality and Social Psychology; The Journal of Applied Social Psychology; Journal for Specialists in Group Work; Basic and Applied Social Psychology; Clinical Psychology Science and Practice; Counseling and Clinical Psychology; The Journal of Counseling Psychology; The Counseling Psychologist; Group Processes and Intergroup Relations; Journal of Child and Adolescent Group Therapy; and Psychotherapy Research*. The following list briefly captures examples of the scope of
writing on group therapy, covering diagnostic difference, methodological diversity, national and international contributions and basic science to applied science.


b. Problems Overlap and Distinctiveness

b. 1 Overlap

The problems that are researched and addressed overlap with those addressed by other psychology specialties and disciplines, such as the following:

- Teambuilding (Sports Psychology, Organizational Psychology)


- Interpersonal and communication skills building, effective work groups, problem solving, decision making, effective work groups, leadership development (Organizational Psychology)


- Diagnosis and treatment of mental and emotional disorders (Clinical Psychology)


- **Counseling Psychology**
  


- **Social Psychology**
  


- **School Psychology**
  
Distinctiveness - Problems
While problems addressed by the specialty overlap with other specialties, they also have a distinctiveness. This distinctiveness is embedded in the interpersonal/intrapersonal functioning for individual group members as well as collectively for the group. The use of these factors is dependent on the expertise of the group leader to identify and capitalize on learning, development, and healing possibilities. Although this is important for psychological and biological problems, it is most clearly applied to social deficits and problems, such as relating and communication attributes and skills as well as the use of therapeutic factors such as universality, interpersonal learning, imitative behavior, group cohesion and socializing techniques. Even when the problems addressed are psychological or biologically-based, there can be an interpersonal component where the specialty plays a considerable role in the growth, development or healing process. This specialty contribution is also illustrated by the use of groups in Dialectical Behavioral Therapy (DBT), developed by Marsha Linenhan (1996) for treatment of Borderline Personality Disorder which has been extended to effective treatment for other conditions and problems, and in the multifamily treatment of William McFarlane (2002) where group forms a significant component of the treatment process.

Examples of the problems addressed by the specialty include the following.

- Scientific study on optimal functioning for groups. (Johnson, 2006)
- Teaching and promoting group leadership skills (Johnson, 2005)
- Existential concerns and how to address them. (Kivlighan, 2011; Yalom, 2005)
- Use of socializing forces. (Kopelowitz, 2006; Ellis, 2014, Badenoch, 2008)
- Prevention programs. (Conyne, 2014; Gudmundsson, 2014)
- Social justice (Rayle, 2006; Villalba, 2014)
- Cost-effective treatment. (Bonsaken et al., 2010; Kosters et al., 2006)
- Patient education. (Bechdolf, 2010); and
- Skills training (Cloitre, 2002)
References


**Group Therapy with Distinct Populations: brief descriptions**


Determined that both brief group CBT and group PE improve subjective Quality-of-Life in patients with schizophrenia.


Proposes that GCBT may yield a positive impact on more dimensions of dyspareunia than a topical steroid, and supports recommendations as a first-line treatment for provoked vestibulodynia.


Suggests value in establishing a strong therapeutic relationship and emotion regulation skills before exposure work among chronic PTSD populations.


Emphasizes importance of group cohesion within efficacy of group treatment for combat-related PTSD.


Denotes the vast and growing research that supports the efficacy and effectiveness of social skills training for schizophrenia.

Beneficial effects found for inpatient group therapy in controlled studies with greater improvement demonstrated in mood disorder patients as compared to mixed, psychosomatic, PTSD, and schizophrenic patients.


This chapter presents the development of a treatment for individuals with borderline personality disorder (BPD), the data for which indicates more effective outcomes as compared to alternative treatments.


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


McFarlane presents a multifamily group approach that is an excellent means of long-term structured problem solving that facilitates clinical and social recovery from major disorders. A clear description of theory, practice, efficacy, and dissemination of multifamily educational approach for psychotic disorders, as well as its integration with other evidence-based treatments, is provided.


Describes a particular, wellness-based, comadre pilot group model designed to support monolingual Spanish-speaking, Mexican-born women who recently immigrated to the United States.

After grief intervention, large effect sizes, with regard to improvement in complicated grief symptoms, were found, though the lack of differences regarding overall mental distress and depressive symptoms (between the two groups), suggests that the grief intervention may be highly specific.


Greater treatment adequacy among group therapy participants suggests that these patients have greater access to frequent psychotherapy sessions or are more likely to persist with psychotherapy for PTSD than those treated individually.


The LaP-LAC is a psychoeducational group work experience wherein Latina/o parents with high school-aged children learn to understand the high school curriculum and become more familiar with post-secondary options (including financial aid), in an effort to empower themselves and their families.

**Sample Citations of the Distinct Aspects of Group Psychology and Group Psychotherapy**

**Adolescents**


Diegel, R. (1999). Participation in a dating violence prevention psychoeducational support group for


**Children**


119

**LGBTQ**


**Ethnic/Racial Minorities**


**Trauma**


**Veterans**


c. Procedures and Techniques

Group Psychology and Group Psychotherapy have well-established, evidence-based procedures and techniques that guide group activities, group leadership and the group setting. These procedures and techniques extend across all aspects of group work, including group members’ and group-as-a-whole skill building, diagnostic procedures, group leader development, and group consultation and supervision.

2. In addition to the professional practice domains described above, describe the theoretical and scientific knowledge required for the specialty and provide references for each domain as described below. For each of the following core professional practice domains, provide a brief description of the specialized knowledge that is required and provide the most current available published references in each area (books, chapters, articles in refereed journals.) While reliance on some classic references is acceptable, the majority of references provided should be from last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty.

a. Assessment:

Assessment is a foundational skill and competency for the specialty that extends and builds on assessment knowledge, strategies, and skills developed by successful completion of psychology doctoral and internship programs. Assessment as applied to group consists of individual assessment and group assessment. Individual assessment emphasizes assessing the individual’s appropriateness for the particular group (screening), such as level of interpersonal skills and the capacity to engage in group process (Rutan, Stone & Shay, 2012); and psychological assessment of group members’ issues, motivation, diagnoses, and similar issues that are related to successful outcomes (Yalom, 2005). Group assessment emphasizes the group as a whole’s climate, process and outcomes (Burlingame et al., 2013)

Individual Assessment

Individual assessment involves screening, observation, and/or completion of behavioral measurement questionnaire(s) to assess the relation of individual characteristics to success in
achieving identified personal goals as well as success within the group dynamic. Personal experience, background/culture and environment play a significant role in assessing the individual’s personal goals and the steps that will help the individual group members to achieve those goals.

*Group Assessment*

Group assessment is the evaluation of the group climate, including assessment of group cohesion, group dynamics (positive and negative), and how group members relate to one another and to the group leader. Although the group-as-a-whole consists of multiple, individual members, the group creates its own dynamic, often working as a collective rather than a group of individuals. The group assessment details the ways in which this occurs, both to positive and negative effect.

Group Psychology and Group Psychotherapy have a rich history of utilization of assessment to augment and inform its processes of screening, process and outcome. Screening measures currently used in both practice and research include the Group Therapy Questionnaire (MacNair-Semands, 2001) and Group Readiness Questionnaire (Baker, Burlingame, Cox, Beecher & Gleave, 2013). These measures identify evidence-based predictors of likelihood of group members dropping out and are used to improve group therapist awareness of how to better prepare and motivate clients toward positive outcomes. Group Process measures include, but are not limited to: the Group Questionnaire (Krogel, Burlingame, Chapman, Renshaw, Gleave, Beecher, & MacNair-Semands, 2013); the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000); the and Outcome measures include: the Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner, & Reisinger, 1996), an NREPP/SAMHSA-validated measure; the Inventory of Interpersonal Problems (IIP-32; Horowitz, Wiggins, & Pincus, 2000). Several of these instruments are collected in the CORE-R Battery (AGPA, 2006; Burlingame, et al., 2006; MacNair-Semands & Lese, 2000), a compendium of assessment instruments produced by the AGPA (2006). Please see Criterion IV. Appendix for two samples of the previously mentioned evaluation tools.

Diagnostic procedures specific to group (as opposed to DSM-V diagnosis) take many forms within the field of group therapy. Some approaches, such as Focused Brief Group Therapy (Whittingham, 2012), utilize formal assessment from a psychometrically established instrument, the IIP-32, to place clients on a circumplex score related to interpersonal distress. This evaluation then serves to focus treatment. Other group approaches utilize group role analysis or theoretically-derived means to analyze group process.


Scott, L.N., & Pilkonis, P.A. (2015). Next steps in research on aggression in borderline personality disorder: Commentary on “Aggression in borderline personality disorder—A multidimensional model”. Personality Disorders: Theory, Research, and Treatment, 6(3), 296-


b. intervention:
Leader interventions go beyond acquiring a set of skills and techniques as a basis for understanding when and how to intervene in a group. Additional needed understandings and skills include the importance of the development of the group leader’s self (Rubel, 2008), clinical practice guidelines that propose a group leader’s personal attributes of empathy, warmth and unconditional positive regard (Rogers, 1970; Kivlighan et al. 1994) are essential for establishing the therapeutic relationship, and the leader’s understanding of his/her personal issues (particularly unresolved issues that contribute to the leader’s countertransference and other skills and techniques that guide interventions). Sample references are presented below.


c. **consultation:**
Consultation for the specialty recognizes the knowledgeable input that other mental and physical health professionals can provide for the understanding and treatment of group members. These professionals can include social workers, psychiatrists, counselors, marriage and family therapists, medical personnel, pastoral counselors, military mental health specialists and others. Consultation can add to the group leader’s knowledge and understanding of the numerous, varied issues, concerns and problems affecting each group member. This enables the group leader to select the most appropriate and effective interventions for individual group members and for the group as a whole. Consultation is encouraged as it is helpful for group leaders to confer with other professionals and resources for information and guidance on topics such as culture and diversity, ethics, medical needs of group members, familial problems, school related issues, and other issues that may be outside of the group leader’s area of expertise.

Consultative methods in group therapy are multifarious, from group leaders who consult with business organizations on team meetings and group processes, to regular “ask the expert” columns in newsletters such as those produced by the AGPA (*The Group Circle*) and APA (*The Group Psychologist*). In addition, the following avenues provide consultative support: regional group therapy organizations, such as the many affiliates of AGPA (Eastern Group Psychotherapy Society, Northeastern Society for Group Psychotherapy, and Tri-State Group Psychotherapy...
listserves such as the University Counseling Centers Group Coordinator Listserve (now with more than 500 members); and a wide variety of workshops and symposia involving panel discussions with experts. There are also groups devoted to ongoing training in specific methods of group therapy, such as the Systems-Centered Therapy Training and Research Institute and the New York Center for Group Studies.


Burlingame, G., Seebeck, J., Janis, R., Whitcomb, K., & Bardowski, S. (2016). *Outcome differences between individual and group formats when equivalent and nonequivalent treatments, patients and doses are compared*; A 25-year meta-analytic perspective. Manuscript submitted for publication.


d. supervision

Practice under appropriate supervision is an essential component for developing clinical skills. Current CoA guidelines require that students in doctoral and internship programs receive practice and appropriate supervision (APA, 2013). These guidelines provide for doctoral students to receive “exposure to the current body of knowledge” in supervision (p. 7), and interns demonstrate intermediate to advanced levels of professional psychological skills, abilities, proficiencies, competencies and knowledge in the “Theories and/or method of consultation, evaluation and supervision (p. 15). APA accredited programs for professional psychology provide graduates with the knowledge and achievement of skills and competencies for theories and methods for supervision.

Furthermore, a group therapist depends on both professional consultation and supervision to maintain competency about plans for each group member within a group setting throughout the sessions. Growing issues of group members result in complicated group interactions (as contrasted to individual therapy); the assurance of a clear vision of member-leader and member-member interactions is greatly assisted by consultation, as necessary (Barlow, 2013).

Group Psychology and Group Psychotherapy has additional knowledge and competencies for supervision, that of group supervision. Group supervision theories and models include concept mapping (Carter et al. 2009), taxonomy development (Coleman et al. 2009), measures and definitions for outcomes (Whipple & Lambert, 2011), and competencies (Falender et al, 2004). Sample references are provided below:


e. research and inquiry:
Group Psychology and Group Psychotherapy has a long history of research and inquiry that addresses the many and varied components relative to group psychology and group psychotherapy. The complexity of group processes; the knowledge, skills and self-development of the group leader; best and effective evidence based interventions; and effectiveness and outcomes are some of the major areas that continue as foci for research and inquiry. Examples of recent studies and professional writings include the following:

**Randomized clinical trial on suicide ideation:**


**A meta-analysis on group cohesion:**


**Validation of group assessment measures:**


**Research methods:**


f. **Public Interest**:

Following are some examples of the recent research for the group specialty that address topics relevant to the public interest. These references specifically identify outcomes and processes distinct to group, such as the ways in which group members provide positive support and role-modeling to one another, provide movement along/within Stages of Change, the positive aspects of process-oriented psychoeducational (POP) treatment model, the improvement of social interactions outside of group due to group interactions, the importance of group cohesion and its positive effects on successful outcomes with group members, and the group dynamics’ contributions to psychosocial education and development.

**Abuse/Trauma**


Cancer


Emotional and Mental Disorders


**Inpatient**


Lothstein, L.M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. *International Journal of Group Psychotherapy, 64*(2), 229-244. doi: 10.1521/ijgp.2014.64.2.228


**Multicultural**


**Older Adults**


Fund, W.Y., & Chien, W.T. (2002). The effectiveness of a mutual support group for family
caregivers of a relative with dementia. *Archives of Psychiatric Nursing*, 16, 134-144.

**PTSD**


**Veterans**


**g. continuing professional development**

Professional development for the specialty is an expectation for group psychologists. The need for group psychologists to maintain and extend their knowledge, skills, professional attitudes, and competencies is an expectation of the professional standards and ethics for the American Psychological Association, ABPP, AGPA’s Certification of Group Psychotherapists, and state licensure boards. The maintenance and extension of competences can be assisted when group psychologists participate in APA-approved formal classroom and workshop activities, and the ASPPB recommended Continuing Professional Development Model (CPD). These activities refer to more than updates for ethics and the law, and are extended to include advances in theory, practice and empirical research findings.

The Certified Group Psychotherapist credential (CGP) is valid for two years. Recertification requires 18 hours of continuing education credits in the field of group psychotherapy within the
past two years as well as a valid state independent practice license and current professional liability insurance.

3. **Identify professional practice activities associated with the specialty in each of the following domains and how they differentiate and where they might overlap with other specialties.**

a. **assessment:**

 Shared

 Evaluates assessment instruments: validity, reliability, suitability, and usability for individuals.
 Administers, scores and interprets test results for individuals.
 Compiles test results for individuals, analyzes, evaluates and synthesizes these results in written reports.
 Understands the roles for other non-measurable factors for individuals, such as the impact of family culture and environment on their development.
 Demonstrates the correct use of the DSM diagnostic categories.
 Seeks consultation when necessary.

 Different

 - Assesses suitability for group.
 - Evaluates the group’s climate.
 - Assesses group outcomes.

b. **intervention**

 Shared

 Uses change mechanisms within a theoretical framework.
 - Selects interventions based on client’s needs and characteristics.
 - Demonstrates an awareness of core client issues, concerns or problems.
 - Appreciates and is sensitive to the cultural and/or diversity characteristics of individuals and how these impact selection of interventions.
 - Assists clients to express emotions, identifies core areas of concerns, and evaluates the status of their meaningful relationships.
 - Teaches problem-solving skills.
 - Demonstrates core relating attributes such as warmth, caring, concern and positive regard.

 Different

 - Applies group level change mechanisms for the whole group’s system.
 - Facilitates interactions among and between group members and with the leader.
 - Assists group members to identify important commonalities, uses socializing techniques, and other group therapeutic/curative factors.
 - Understands and applies the use of group developmental stages to further the process
and progress of the group and for its members. Intervenes at the group level and provides group process commentary. Understands and reflects back to members how their behavior and relationships in the group are reflective of their behavior and relationships outside the group. Uses a here and now focus. Understands the group-as-a-whole system.

c. consultation:

Shared
Knowledge of ethics, professional standards, and legal issues. An understanding of the contributions that other professionals make to the mental health care for individuals. Demonstrates respect for other mental health care professionals and systems
Cooperates with other agencies, teams, and the like.

Different
Understands the complexity and boundaries for ethical concerns for the group, such as confidentiality, documentation, reporting duties and responsibilities, informed consent, and how these apply to the group and its members. Seeks consultation for group related issues, such as ethical decision making.

d. supervision

Shared
Demonstrates interpersonal skills of communication with individual supervisees. Has the ability to provide constructive feedback in a sensitive and caring manner. Is able to assist supervisees to integrate feedback into practice. Knows and uses the principles of ethical practices.

Different
Provides group supervision. Applies the principles of supervision to group supervision. Uses an examination of group process for supervision. Establishes a teaching/advocacy relationship with supervisees. Understands group development, processes, and factors that contribute to effective giving and receiving of feedback in a group situation and communicates these to supervisees. Understands the role, expectations, interplay and interaction of the group supervisor for the group and supervisees. Uses a here-and-now focus.

e. research and inquiry:
Shared
Shows an awareness of scientific methods, the literature and other scholarly/scientific contributions.
Uses qualitative and quantitative research designs.
Critically reads and analyzes research from the professional psychology literature.
Effectively applies the outcomes from relevant research.

Different
Applies the scientific methods for research and inquiry to specific group processes, functioning and outcomes.
Reads and critically analyzes research relevant to groups.
Understands the complexity of designing research on groups.

f. **public interest:**

Shared
Has an understanding of cultural/diversity factors and how these can impact individuals.
Learns about the emergence of societal issues and concerns that are relevant to professional practice, such as caretakers for adults, unemployment, social justice, and so on.
Applies theory to practice.

Different
Provides cost-effective treatment to larger numbers of clients.
Reduces isolation and alienation among group members.
Instills hope through seeing other group members get better.
Establishes meaningful relationships.
Provides encouragement and support.
Allows for the corrective emotional experience by expression of feelings and having those responded to with acceptance and understanding which is contrary to past experiences.
Receives and gives constructive feedback that can produce inter and intrapersonal learning.
Teaches socializing techniques.

g. **continuing professional development:**

Shared
Following APA standards for continued professional development.
Obtaining additional training for practice within the scope of knowledge and training.
Formal continuing education credits.
Different

Professional development activities are focused on topics relevant to group for example; leadership, the group, group members and their interactions; the roles for culture and diversity; assessment for group dynamics, climate, outcomes; ethics specific to groups.

Obtaining additional training for leading groups.

Research and inquiry related to groups.

Meeting the minimum expectations for continuing education for ABPP and CGP.
### Criterion IV

**Appendices**

**Appendix 1: Group Climate Questionnaire**

**Appendix 2: IP-32**

**Appendix 3: Short form: The Therapeutic Factors**

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**Criterion IV. Appendix 1: Group Climate Questionnaire**

Name: ___________________________ Date: ________________

**GROUP QUESTIONNAIRE**

Read each statement carefully and **as you answer the questions think of the group as a whole.**

For each statement fill in the box under the MOST APPROPRIATE heading that best describes the group during the four sessions.

Please mark only ONE box for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A Little Bit (1)</th>
<th>Somewhat (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>A Great</th>
<th>Extremely (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The members liked and cared about each other..................................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>2. The members tried to understand why they do the things they do, tried to reason it out.................................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>3. The members avoided looking at important issues going on between themselves.............</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>4. The members felt what was happening was important and there was a sense of participation........................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>5. The members depended upon the group leader(s) for direction..................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>6. There was friction and anger between the members..........................................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>7. The members were distant and withdrawn from each other..........................</td>
<td>D D D D D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>
8. The members challenged and confronted each other in their efforts to sort things out….

9. The members appeared to do things the way they thought would be acceptable to the group

10. The members rejected and distrusted each other……………………………

11. The members revealed sensitive personal information or feelings……………………

12. The members appeared tense and anxious………………………………………

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>
Criterion IV. Appendix 2: IIP-32

IIP-32

People have reported the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then, on your answer sheet, mark the number on the scale that describes how distressing that problem has been.

<table>
<thead>
<tr>
<th>The following are things you find hard to do with other people.</th>
<th>Not At All</th>
<th>A Little Bit</th>
<th>Moderately</th>
<th>Quite A Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is hard for me to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Join in on groups.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Be assertive with another person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Make friends.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Make a long term commitment to another person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Be aggressive toward other people when the situation calls for it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Maintain a working relationship with someone I don't like.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Socialize with other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Show affection for another person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Feel comfortable around other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Tell personal things to other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Be firm when I need to be.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Experience a feeling of love for another person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Be supportive of another person's goals in life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Really care about other people's problems.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Put someone else's needs before my own</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Take instructions from people who have authority over me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Open up and tell my feelings to another person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Attend to my own welfare when somebody else is needy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Be involved with another person without feeling trapped.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following are things you do too much.</th>
<th>Not At All</th>
<th>A Little Bit</th>
<th>Moderately</th>
<th>Quite A Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Fight with other people too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. Get irritated or annoyed too easily.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. Want people to admire me too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. Am too dependent on other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. Open up to people too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. Put other people's needs before my own too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. Am overly generous to other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. Worry too much about other people's reactions to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. Lose my temper too easily.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. Tell personal things to other people too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. Argue with others too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. Am too envious and jealous of other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32. Am affected by another person's misery too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix 3

The Therapeutic Factors Inventory–Short Form

Name ________________________________


Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

1 = Strongly Disagree to 7 = Strongly Agree

1. Because I’ve got a lot in common with other group members, I’m starting to think that I may have something in common with people outside group too.

2. Things seem more hopeful since joining group.

3. I feel a sense of belonging in this group.

4. I find myself thinking about my family a surprising amount in group.

5.* Sometimes I notice that in group I have the same reactions or feelings as I did with my sister, brother, or a parent in my family.

6.* In group I’ve learned that I have more similarities with others than I would have guessed.

7. It’s okay for me to be angry in group.

8. In group I’ve really seen the social impact my family has had on my life.

9. My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life.

10. Group helps me feel more positive about my future.

11. It touches me that people in group are caring toward each other.

12.* I pay attention to how others handle difficult situations in my group so I can apply these strategies in my own life.

13. In group sometimes I learn by watching and later imitating what happens.

14.* This group helps me recognize how much I have in common with other people.

15. In group, the members are more alike than different from each other.

16. It’s surprising, but despite needing support from my group, I’ve also learned to be more self-sufficient.
17. This group inspires me about the future. 1 2 3 4 5 6 7
18. Even though we have differences, our group feels secure to me. 1 2 3 4 5 6 7
19. By getting honest feedback from members and facilitators, I’ve learned a lot about my impact on other people. 1 2 3 4 5 6 7
20. This group helps empower me to make a difference in my own life. 1 2 3 4 5 6 7
21. I get to vent my feelings in group. 1 2 3 4 5 6 7
22. Group has shown me the importance of other people in my life. 1 2 3 4 5 6 7
23. I can “let it all out” in my group. 1 2 3 4 5 6 7

Scoring Key

The factor scores from the TFI-S were based on a simple averaging of the associated items: Instillation of Hope (items 2, 6, 10, 14, 17, and 20); Secure Emotional Expression (items 3, 7, 11, 15, 18, 21, and 23); Awareness of Relational Impact (items 4, 8, 12, 16, 19, and 22); and Social Learning (items 1, 5, 9, and 13).

*Items 5, 6, 12, and 14 were excluded from the TFI-S to create the TFI-19. The same parsimonious scoring method outlined above can be used, i.e., to take the mean of the items associated with each of the four factors. These scores would be regarded as course estimates of the factor scores derived from the weighted summation method portrayed below.

Each TFI-19 factor is based on a sum of the item ratings each multiplied by a factor score weight. This scoring method is based on the factor score coefficient matrix provided by the AMOS structural equation modeling following identification of the final model, and takes into account the correlated error between specific item pairs (see text).

Instillation of Hope = (Item01 * .016) + (Item02 * .119) + (Item03 * .009) + (Item04 * .005) + (Item07 * .000) + (Item08 * .008) + (Item09 * .031) + (Item10 * .274) + (Item11 * .008) + (Item13 * .014) + (Item15 * .004) + (Item16 * .021) + (Item17 * .206) + (Item18 * .013) + (Item19 * .037) + (Item20 * .135) + (Item21 * .004) + (Item22 * .029) + (Item23 * .003)

Secure Emotional Expression = (Item01 * .011) + (Item02 * .006) + (Item03 * .094) + (Item04 * .006) + (Item07 * .019) + (Item08 * .000) + (Item09 * .021) + (Item10 * .014) + (Item11 * .086) + (Item13 * .009) + (Item15 * .040) + (Item16 * .016) + (Item17 * .010) + (Item18 * .138) + (Item19 * .029) + (Item20 * .007) + (Item21 * .045) + (Item22 * .022) + (Item23 * .029)

Awareness of Relational Impact = (Item01 * .028) + (Item02 * .026) + (Item03 * .030) + (Item04 * .016) + (Item07 * .001) + (Item08 * .023) + (Item09 * .055) + (Item10 * .059) + (Item11 * .028) + (Item13 * .025) + (Item15 * .013) + (Item16 * .062) + (Item17 * .044) + (Item18 * .044) + (Item19 * .108) + (Item20 * .029) + (Item21 * .014) + (Item22 * .083) + (Item23 * .009)

Social Learning = (Item01 * .070) + (Item02 * .026) + (Item03 * .027) + (Item04 * .010) + (Item07 * .002) + (Item08 * .014) + (Item09 * .137) + (Item10 * .059) + (Item11 * .025) + (Item13 * .062) + (Item15 * .011) + (Item16 * .039) + (Item17 * .044) + (Item18 * .039) + (Item19 * .068) + (Item20 * .029) + (Item21 * .013) + (Item22 * .052) + (Item23 * .008)
Appendix B Hierarchical Linear Models

Three-Level Longitudinal Model (for sensitivity to change)

Level 1: \( Y_{ij} = r_{0ij} + r_{1ij} \times \log \text{time} + e_{ij} \)

Level 2: \( r_{0ij} = 00j + 01j \times \text{(individual pre-scores)} + r_{0ij} \)

\( r_{1ij} = 10j + 11j \times \text{(individual pre-score)} + r_{1ij} \)

Level 3: \( 00j = 'Y_{000} + 'Y_{001} \times \text{(group pre-score)} + u_{00j} \)

\( 01j = 'Y_{010} + 'Y_{011} \times \text{(group pre-score)} + u_{01j} \)

\( 10j = 'Y_{100} + 'Y_{101} \times \text{(group pre-score)} + u_{10j} \)

\( 11j = 'Y_{110} + 'Y_{111} \times \text{(group pre-score)} + u_{11j} \)

The dependent variables \((Y_{ij})\) in this model are one of the TFI–19 subscales. The growth models shown here used a log transformation for “time” to model a more pronounced change from session 4 to 8, and less pronounced change from sessions 8 to 12. Individual pre-scores were group mean centered and group pre-scores were grand mean centered.

Two Level Hierarchically Nested Models (For Predictive Validity)

Level 1: \( Y_i = q + i \times \text{(pre-score)} + z_i \)

\( (\text{TFI scale}) + r_i. \) Level 2: \( q = 'Y_{00} + u_q. \)

\( z_i = 'Y_{10} + u_{1i} \)

\( z_j = 'Y_{20} + u_{2j} \)

The dependent variables \((Y_{ij})\) in this model are one of the individual outcome scale scores at session 12. Individual pre-scores and TFI scale scores were grand mean centered.
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**


**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
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.

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

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 meet 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

*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; LGBQQ 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.
Supporting References


Burlingame, G.M. (2014). Some observations on how the practice of small group treatments can be built upon the foundation of research: A 30+ year perspective. *International Journal of Group Psychotherapy, 64*(4), 567-583.


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

Specialty

Level of Training
- Doctoral
- Internship
- Postdoctoral

Major Area of Study
- 10-15hrs. Didactics-research on group, group dynamics, group process, leadership skills
- 10hrs. supervised practicum as group leader or co-group leader
- 10hrs. as a group member with appropriate emphasis on group dynamics
- 1 entry level group course

Emphasis
- 80-100% Didactics, advanced group leadership clinic issues supervision experiences
- 30-50% Didactics, advanced group leadership clinic issues supervision experiences
- 20-29% Didactics, advanced group leadership clinic issues supervision experiences
- < 20% Didactics, advanced group leadership clinic issues supervision experiences

Experience
- N/A

Exposure
- N/A

Stages of Education and Training- Group Psychology and Psychotherapy

At least 10% of supervised experience in specialty

N/A
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:
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  
**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/](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.
Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice. The parameters to be considered include: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs. If the specialty training occurs at more than one level (e.g., doctoral, postdoctoral, post-licensure) please list the levels of preparation separately.

Commentary:

A) Populations. This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples include but are not limited to the following: children, youth and families; older adults; workforce participants and those who seek employment; bereavement; men and women; racial, ethnic, and language minorities; gay, lesbian, bisexual and transgender individuals; bereavement; persons of various socioeconomic status groups; religion; and those with physical and/or mental disabilities.

B) Psychological, Biological, and/or Social Problems. This parameter focuses on symptoms, problem behaviors, rehabilitation, prevention, health promotion and enhancement of psychological well-being addressed by the specialty. It also includes attention to physical and mental health, organizational, educational, vocational, and developmental problems.

C) Procedures and Techniques. This parameter consists of the procedures and techniques utilized in the specialty. This includes assessment techniques, intervention strategies, consultative methods, diagnostic procedures, ecological strategies, and applications from the psychological laboratory to serve a public need for psychological assistance.

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:

   a. populations (target groups, other specifications):

   b. problems (psychological, biological, and/or social (including symptoms, problems behaviors, prevention, etc):

   c. procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):

Introduction

Group Psychology and Group Psychotherapy provide extensive didactic and experiential training at all levels; doctoral, internship, postdoctoral and post-licensure. The discussion presents the sections populations, problems and procedures and techniques separately for each level. Didactic training occurs throughout the preparation for practice but especially at early learning. Experiential learning begins after initial didactics, allowing learned knowledge to be put into practice. Within
the doctoral level, the first year of training is typically focused on didactic learning, whereas subsequent years focus on experiential learning. Within Internships, the focus is primarily through experiential learning, with didactics presented in support on a continual basis, such as 2 hour didactic seminars per week.

Didactics include course work, such as Thematic and Structured Groups or The Change Process in Groups; substantial sections of other coursework such as evidence-based psychotherapy courses; seminars such as Psychodynamic Psychotherapy Group Supervision at Maine Medical Center and the Group Therapy Seminar at the University of San Diego; workshops such as the Experiential-Didactic Workshop (Lerner) and The Essentials for Starting and Leading a Successful Psychotherapy and Psychoeducational Group at the Center for the Study of Group Psychotherapy; and primary source readings, such as Klein’s *Leadership in a changing world: dynamic perspectives on groups and their leaders*, Kleinberg’s *The Wiley-Blackwell handbook of group psychotherapy*, and Conyne’s *The Oxford handbook of group counseling*.

Experiential learning includes practica such as David Kolb’s Experiential Learning Cycle and John Dewey’s theory of reflective thought and action; internship as described by Kolb (1984), discussed in Kaslow’s *Competencies in Professional Psychology*; leading groups such as training doctoral students to lead child–parent relationship therapy and discussed in Irvin Yalom’s *Theory and Practice of Group Psychotherapy*; co-leading groups as developed in Sally Barlow’s *A Strategic Three-Year Plan to Teach Beginning, Intermediate, and Advanced Group Skills* and Guth and McDonnell’s *Designing Class Activities to Meet Specific Core Training Competencies: A Developmental Approach*; receiving and providing group supervision as discussed within Mastoras and Andrews discussion of supervisee’s experience of group supervision and the Group process and learning article by Fleming et al; Implications for research and practice as reflected in Knight’s study of the use of recurrence analysis to examine group dynamics and McWilliam’s review of Integrative Research for Integrative Practice; and observation as discussed in the Blackwell Handbook of Social Psychology (Hogg, 2001).

**Doctoral Level**

This model of group psychotherapy utilizes the group setting as an agent for change and pays careful attention to three primary forces: individual dynamics; interpersonal dynamics; and, group dynamics, as a whole. The task of the group leader is to integrate these components into a coherent, fluid and complementary process, mindful that at all times there are multiple variables, such as stage of group development, ego strength of individual members, the population being treated, group factors, as a whole, and individual and group resistances, that influence what type of intervention should be emphasized at any particular time in the group. 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. The Group Psychology and Group Psychotherapy specialty emphasizes a combination of didactic and experiential training at the doctoral level; such training is available at universities throughout the United States, as detailed in Criterion VII.
A. Populations:

Didactics, the science and operating theories of teaching, are part of early learning within group psychology and group psychotherapy, requiring study of human development theories and various psychotherapeutic approaches, modalities and techniques, such as the education-theoretical approach, the instruction-analytical approach, the learning-theoretical approach, and the Gestalt psychological theory of learning. Didactic learning presents differing, and often challenging, views on the nature of personality, psychopathology, and intervention. This learning allows students to glean essential aspects of various theories and integrate them into their own thought processes (Kaner, 2005).

Furthermore, Group Psychology and Group Psychotherapy training often emphasizes CBT, Psychodynamic Psychotherapy, and supportive Psychotherapy within group treatment. There are numerous approaches to teaching the didactics of Group Psychology and Group Psychotherapy. One such popular strategy focuses on basic, user friendly, school-based psychotherapies first. An alternative strategy focuses on common factors found in all forms of psychotherapy, in unison, and includes: emotionally-intense, revealing relationships; hope; placebo effect; healing environments; shared belief system between therapist and patient; supportive therapist; inner self-analysis and learning; cathartic opportunities; new behaviors; and therapeutic recommendations (Frank (1991).

There is a vast amount of research to support the use of didactics within Group Psychology and Group Psychotherapy. Following is a small sample of these readings:


Group psychologists and psychotherapists serve a wide variety of populations, including children and adolescents; LGBTQ individuals; minorities and ethnically diverse populations; men; women; older adults; university students; as well as supervision of other clinicians in groups. As noted earlier in this petition in Criterion II, there is need for mental health services at all ages and across many different populations. Doctoral training is obtained in group specific psychology training programs and supervised clinical experience.

Doctoral students receive knowledge and experiential training through supervised provision of counseling services across a variety of psychotherapy, support and psychoeducational groups, individual and group therapy, crisis intervention, supervision skills, assessment, outreach and prevention, and diversity issues including general psychotherapy groups for and specific populations including: Children and Adolescents; Minorities/Ethnically Diverse Populations; Graduate and Undergraduate Students; Women; Men; LGBTQ Students; Older Adults; Survivors of Sexual Abuse/Assault; and Supervision of Groups. Doctoral students receive training for each of this populations within numerous group formats, including:

- Interpersonal Process Groups
- Theme Groups
Psychoeducational Groups
Support Groups
Skills Groups

Clinical Services:

*Individual & Couple Therapy; Group Therapy; Initial Consultation; Psychological Assessment; Emergency Services.*

Supervision of Practicum Students. Outreach Services. Rotations and Special Interest Areas. Training Activities:

*Individual Supervision; Assessment; Diversity; Group; Outreach; Professional Issues; Supervision of Supervision; Professional Development / Dissertation; In-service Training. Administrative Time.*

Clinical Administration.

This model of group psychotherapy utilizes the group setting as an agent for change and pays careful attention to three primary forces: individual dynamics; interpersonal dynamics; and, group dynamics, as a whole. The task of the group leader is to integrate these components into a coherent, fluid and complementary process, mindful that at all times there are multiple variables, such as stage of group development, ego strength of individual members, the population being treated, group factors, as a whole, and individual and group resistances, that influence what type of intervention should be emphasized at any particular time in the group. 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.

**B. Psychological, Biological, and/or Social Problems:**

**Doctoral and Internship**

Although training in Psychological, Biological and/or Social Problems occurs primarily at the doctoral level, interns receive additional knowledge and experience within a wide variety of psychological, biological, and/or social problems, including schizophrenia, depression, bipolar, social phobia, panic disorder, obsessive-compulsive, bulimia nervosa, binge eating disorders, cancer, HIV, personality disorder, pain management, trauma, disaster response, stress, and sexual abuse. (Burlingame, 2014), as well as for chronic medical conditions such as diabetes and heart disease, physical rehabilitation, insomnia, anger management, and substance abuse.

Selected examples of recent and upcoming educational trainings and opportunities through which interns may obtain advanced training on psychological, biological and social problems is listed above on pages 7-11.

**C. Procedures and techniques**

**Doctoral and Internship**
Training on procedures and techniques is conducted primarily at the internship level. Interns acquire knowledge and training on the utilization of assessment to augment and inform group therapy processes of screening, process and outcome.

Screening:

Measures currently used in both practice and research include the Group Therapy Questionnaire (MacNair-Semands, 2004) and Group Readiness Questionnaire (Baker, Burlingame, Cox, Beecher & Gleave, 2013). These measures identify evidence-based predictors of likelihood of group members dropping out and are used to improve group therapist awareness of how to better prepare and motivate clients toward positive outcomes. Group Process measures include but are not limited to: the Group Questionnaire (Krogel, Burlingame, Chapman, Renshaw, Gleave, Beecher, MacNair-Semands, 2013); the Group Climate Questionnaire (MacKenzie, 1983); the Therapeutic Factors Inventory (MacNair-Semands & Lese, 2000); the Critical Incidents Questionnaire (Bloch, Reibenstein, Crouch, Holroyd & Themlen, 1979); and the Working Alliance Inventory (Horvath & Greenberg, 1989). Outcome measures include: the Outcome Questionnaire (Lambert, Hansen, Umphress, Lunnen, Okishi, Burlingame, Huefner & Reisinger, 1996), an NREPP/SAMHSA-validated measure; the Inventory of Interpersonal Problems (IIP-32; Horowitz, Wiggins & Pincus, 2000) and the Group Evaluation Scale (Hess, 1996). Many of these instruments are collected in the CORE-R Battery (AGPA, 2006), a compendium of assessment instruments produced by the AGPA in 2006. Internship trainings on these assessments take place in national and regional conferences.

Consultation:

Consultative methods in group therapy are multifarious. Opportunities for intern level consultations range from group therapy facilitation, to group leaders who consult with business organizations on team meetings and group processes, to columns in newsletters such as those produced by the APA (“The Group Psychologist”) and AGPA (“The Group Circle”). Additionally, there are regional group therapy organizations, such as the many affiliates of AGPA (e.g. Eastern Group Psychotherapy Society, Northeastern Society for Group Psychotherapy, Tri-State Group Psychotherapy Society); listservs such as the University Counseling Centers Group Coordinator Listserve (now with over 500 members) and a wide variety of workshops and symposia involving panel discussions with experts. Interns may also participate in ongoing trainings in specific methods of group therapy, such as Systems-Centered Therapy Training and Research Institute and the New York Center for Group Studies.

Diagnostic procedures:

Interns continue to develop knowledge about the diagnostic procedures specific to group (as opposed to DSM-V diagnosis). Some approaches, such as Focused Brief Group Therapy (Whittingham, 2010), utilize formal assessment from a psychometrically-established instrument, the IIP-32 to place clients on a circumplex score related to interpersonal distress, which serves to focus treatment. Other group approaches utilize group role analysis, theoretically-derived means to analyze group process, or a structured screening interview. Components of a pre-group screening interview are found in the literature, e.g., Gans, J.S. & Counselman, E.F (2010). Such interviews assess for proper group placement, focus of group treatment, and for capacity to
uphold the group contract.

Training integrates group processes from the psychological laboratory into group therapy. The APA Journal *Group Dynamics* and AGPA’s *International Journal of Group Psychotherapy* contain applications from laboratory work. Moreover, a vast number of journals contain articles related to the application of laboratory findings to group therapy, such as *The Journal of Personality and Social Psychology; The Journal of Applied Social Psychology; Journal for Specialists in Group Work; Basic and Applied Social Psychology; Clinical Psychology Science and Practice; Counseling and Clinical Psychology; The Journal of Counseling Psychology; The Counseling Psychologist; Group Processes and Intergroup Relations; Journal of Child and Adolescent Group Therapy; and Psychotherapy Research*. Each of these journals contains multiple articles related to group therapy. A search on EBSCO host using the parameters of group and (psychotherapy or counseling or therapy) yields over 162,000 references.

The reference list captures on pages 18-19 provides a few examples of the scope of writing on group therapy for intern level students, covering diagnostic difference, methodological diversity, national and international contributions and basic science to applied science.

**Postdoctoral Level**

**Introduction**

As in the doctoral and internship levels above, the Group Psychology and Group Psychotherapy model utilizes the group setting as an agent for change, paying careful attention to three primary forces: individual dynamics; interpersonal dynamics; and group dynamics. The group leader integrates these components into a coherent and complementary process, mindful of the multiple variables, such as stage of group development, ego strength of individual members, population being treated, group factors, and individual and group resistances, which influence the intervention to be emphasized at any particular time in the group. The Group Psychology and Group Psychotherapy specialty emphasizes a combination of didactic and supervised experiential training that integrates science and practice at the residency level; such training is available at postdoctoral fellowship training programs. Residency provides training and education that sufficiently prepares the trainee for independent clinical practice in group psychology and psychotherapy. Postdoctoral residency programs that prepare residents for group psychology and group psychotherapy specialized practice should meet the general criteria for postdoctoral residency level training specified in the Standards of Accreditation (SoA), in addition to providing specific group psychology and group psychotherapy specialty training. Residencies in group psychology and psychotherapy provide the following:

1. Clear objective to train residents in group psychology and psychotherapy.

2. Substantial proportion of residents’ time (80% of residency hours) is dedicated to group psychology and psychotherapy. These hours may be spent on group psychology and psychotherapy program development and management, group service delivery, group client assessment, group training and supervision, group research, and group program evaluation.
3. To ensure high quality of group psychology and group psychotherapy training at the residency level, training programs ensure that supervision of postdoctoral fellows is provided by psychologists with adequate expertise in group psychology and psychotherapy. Specifically, supervision must be provided by a supervisor who qualifies for certification in group psychotherapy (completed 12 hours of coursework in group psychotherapy theory and practice, completed 300 hours of group psychotherapy experience post-clinical graduate training, and received 75 hours of group psychotherapy supervision by an approved supervisor). Residents must receive a minimum of one direct observation, one written and one orally presented evaluation per formal evaluation period (i.e., each semester and summer term).

4. The residency program has in place a formal system for formative and summative evaluation of the resident. Programs also have explicit admission criteria, remediation policies, due process, and grievance policies. Residency programs engage in self-assessment to meet all standards of residency level training.

5. Residency program in group psychotherapy occurs over a minimum of a full-time one year of training or a half-time two years of training.

The residency program meets these requirements through individual and group supervision, didactic offerings, and clinical experience. The following uses a model program (UNLV, The PRACTICE) and a composite of postdoctoral residencies for the description. Successful completion of residency training requires eligibility for licensure and the ability to function at an advanced level of competency as a group psychologist.

Residents train in facilitating connection among people, which builds resiliency in communities and helps prevent disease. They also develop skill to promote group psychology and psychotherapy within their organizational context. Residents develop increased understanding of societal conditions that worsen behavioral health and contribute to health disparities.

a. Populations

Residents are expected to work with a variety of populations, but will have a significant body of experience with the populations served by the training facility. These facilities generally focus on providing services for a restricted group of people, such as found in Counseling Centers and Veterans Hospitals for example. Residency training facilities will include populations such as children (Freiberg et al. 2016), adolescents (Hubbard et al. 2016), older adults (Chen et al. 2016), inpatients (Nikolitch et al. 2016), LGBTQQ (Diamond et al. 2013), military (Cox et al. 2017), college students (Peltz & Rogge 2016), minority and ethnically diverse groups (Young et al. 2017), and incarcerated felons (Ford et al. 2013). Residency training programs are sponsored by institutions and agencies that provide clinical services to a sufficient client-base to ensure that residents accumulate experience with diverse populations.

Residents serve populations within numerous group formats, including:
- Interpersonal Process Groups
- Theme Groups
- Psychoeducational Groups
- Support Groups
- Skills Groups

Residency training extends knowledge and experience in individual and group therapy, crisis intervention, supervision skills, assessment, outreach and prevention, and diversity issues. Residents are trained to identify evidence-based and effective group treatments for specific populations; they gain experience in culturally adapted treatments for specific populations (e.g., language minority groups).

Residents also receive specific training relevant to working with diverse populations and fostering inclusion. Specifically, they develop competency in understanding power dynamics in groups and intervening with marginalization within groups.

b. Problems

Group treatment is being increasingly used for numerous conditions. The revised list of studies showing group treatment for various conditions indicate that there are broad applications. The conditions mirror those addressed at the doctoral and internship levels, and are expected to be at an advanced level. In addition, group treatment is targeting specialized conditions for treatment, such as: cocaine disorder (Pavia et al., 2016); social anxiety (Montreui et al., 2016); personality disorders (Holas et al., 2016); academic and social success (Vagos et al., 2015); postpartum depression (Kao et al., 2015); Hepatitis C (Dodd et al., 2016); psychosis (Restek-Petrovie et al., 2016); medical illnesses (Blair et al., 2017); and many more. The conditions also mirror the variety of populations served.

Procedures and Techniques

Intervention:

Residents are trained in evidence-based group psychotherapy intervention. They develop a thorough understanding of the therapeutic factors and mechanisms of group psychotherapy and gain skill in implementing therapeutic factors into clinical practice (e.g., fostering group cohesion, universality, hope, and catharsis). Residents also develop in-depth understanding of group stages, learn to work with groups at all stages of development, and improve their ability to facilitate group progression. Residents become competent in techniques relevant to group psychotherapy, such as process illumination, beginning and ending a group, maintaining emotional presence, identification of empathic failures and their repair, collaborative goal setting, intervening to block non-therapeutic behaviors (e.g., microaggressions, story-telling), managing group processes, and monitoring and managing countertransference. Residents gain proficiency in understanding the development of group norms and fostering a therapeutic group situation. They gain experience in group facilitation and leadership with an emphasis on working with co-facilitation. Residents may
have opportunities to gain experience with varying group modalities (e.g., cyber/virtual groups, peer support) and specific formats (e.g., manualized group treatments).

**Group Program Coordination:**
Specialty residents develop understanding of principles that underlie organizing a successful group psychotherapy program. They receive training in evidence-based practices to selection clients appropriate for group psychotherapy (e.g., GRQ). Upon completion of training, residents understand how to structure a group to maximize its effectiveness by considering factors such as the frequency of meeting, group member composition, group location, establishment of group norms, and so forth. Successful residents also demonstrate adequate understanding of the importance of pre-group orientation to prevent early drop-out and ineffective intervention and are able to skillfully orient clients to group psychotherapy. Residency level training also includes developing an understanding of how group psychotherapy functions within clinical agencies that may provide other services.

**Consultation and Collaborative Care:**
Speciality residency programs offer opportunities to interact with other mental health professionals, as well as outside agencies. Group psychology and group psychotherapy residents become competent in participating on interdisciplinary teams. They are able to educate others about group psychotherapy and facilitate referral streams into group psychotherapy. Residents gain experience managing clients in concurrent therapies and are able to do so in an ethically responsible, therapeutically enhancing manner.

**Ethics:**
Group specialized ethical training is woven throughout residency experiences. Residents develop and implement an ethical decision making model to practice group psychology and group psychotherapy ethically. In addition to abiding by the ethical guidelines of psychologists, group specialized residency offers intensive focus on ethical dilemmas that are routinely encountered in group psychotherapy including boundaries, confidentiality, multicultural considerations, group consent and agreements, and group guidelines.

**Assessment and Evaluation:**
Residents gain familiarity with measures and processes to monitoring change in group psychotherapy (e.g., GQ). They are able to use psychometrically sound tools to accurately diagnose group clients and monitor their response to treatment. Residents learn methods for detecting early drop-outs and other processes which may decrease therapeutic effectiveness of group and potentially cause harm. Residents also participate in program evaluation.

**Supervision and Teaching:**
Residents are trained in models of supervision and gain experience, providing training to junior
Post-licensure

The specialty can be obtained post-licensure through the American Board of Group Psychology (ABGP) which provides Board Certification in the specialty when certain conditions are met. The Guidelines and requirements are in appendix 3. The manual that include the process and forms for application, endorsement academic program requirements, internship requirements, licensure, postdoctoral requirement, and the evaluation requirements and process can be found at the ABGP website www.abgp.org. Basic requirements include the following.

1. A doctoral degree in professional psychology from an APA or CPA (Canadian Psychological Association) accredited program. The guidelines also provide for exceptions including degrees from countries other than the USA or Canada, degrees received prior to 1983, or possible equivalent degrees.

2. An internship of one year full-time or two years part-time. This requirement can be met in four ways as described in the guidelines.

3. Licensure/Certification as a psychologist to engage in independent practice.

4. Post-licensure experience of two years of supervised group experience. Recommended is 100 hours of supervised group experience where one year can be earned at the doctoral or internship level, or two years at the postdoctoral level.

Post-licensure level training is obtained in group-specific professional continuing education events, such as those provided by APA Division 49, AGPA, and ASGW through their national annual meetings, as well as regional meetings and special interest groups that bring specialists together for discipline-specific education, training, psychology training programs, and supervised clinical experience. Examples of recent didactic and experiential conference offerings are listed in Criterion VI, Appendix 3.

Specialties, by definition, are advanced levels of practice including doctoral and postdoctoral preparation. A description of the general doctoral degree and licensure requirements for certification follows together with the specific requirements of the group psychology specialty.” 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 attached to the petition. (See Criterion VI, Appendix 4.)

The ABGP board certification brochure states, “Board certification assures the public and the profession that the group psychologist specialist has successfully completed the educational, training, and experience requirements of the specialty including an examination designed to assess the competencies required to provide quality services in group psychology.

a. Populations
Populations addressed by post-licensure group psychologists will vary according to placement and interest. All of the populations referenced for the doctoral, internship, and postdoctoral levels can be the focus for the post-licensure level. It is expected that the group psychologist will begin to specialize in treatment of particular populations together with specialization of conditions, all of which will be at an advanced level. Psychologists at this level will practice independently when licensed, in college counseling centers (Denton et al., 2017), substance abuse treatment facilities (Bersani et al., 2017), hospitals and other rehabilitation units (Deatrich et al., 2016), prisons (Ford et al., 2013), Veteran Administration hospitals and facilities (Cosio et al., 2015), schools (Mason, 2016), community agencies (Holas et al., 2016), with the military (Sripada et al., 2016), and the like, as well as specializing with target populations such as children (Lomholt et al., 2015), adolescents (Pingitore & Ferszt, 2017), adults (Diamond et al., 2016), and older adults (Davidson et al., 2017; Krishna et al., 2013). It is also expected that the education and training for these positions will be at an advanced level.

b. Problems
Problems addressed at the post-licensure level are the same as those listed for the doctoral and postdoctoral levels. Examples of problems can include personality disorders, substance abuse and addiction, depression and anxiety (Davison et al. 2017), adjustment and conduct disorders, ...

References
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References


Burlingame, G. (2014). Some observations on how the practice of small group treatments can be built upon the foundation of research: A 30+ year perspective. *International Journal of Group Psychotherapy*, 64(2), 567-583.


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Appendices

Appendix 1: Sample doctoral curriculum

Appendix 2: Professional development/training samples

Appendix 3: Recent didactic and experiential conference offerings

Appendix 4: Postdoctoral educational and training guidelines including sample postdoctoral evaluation form

Appendix 5: Additional references (2016/17)

Criterion VI. Appendix 1: Sample Doctoral Curriculum

Brigham Young University Doctoral Training Program Curriculum

Program goals, objectives, competencies, evaluations, and outcomes.

<table>
<thead>
<tr>
<th>Goal #1: Produce graduates with a broad and general foundation in the science of psychology and the underpinnings of the profession of clinical psychology.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> Students are to acquire knowledge of psychology as a scientific discipline and of clinical psychology as a professional specialization.</td>
</tr>
<tr>
<td><strong>Expected Competencies:</strong> Knowledge of the scientific bases of psychology, at least including cognitive/affective, social/cultural, biological, and developmental/individual differences bases, and history and systems; knowledge of the foundations of clinical psychology, at least including psychopathology, major theories and models of intervention, psychometrics, and ethics.</td>
</tr>
<tr>
<td><strong>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:</strong> Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Understanding of foundational knowledge is assessed in comprehensive examinations. An extended alumni survey inquires about quality and long-term benefits of courses. Successful passage by graduates of the EPPP exam is monitored.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal #2: Produce graduates with knowledge and competence to skillfully provide clinical services within entry-level clinical positions.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective A:</strong> Students shall develop knowledge of intervention and assessment methods, and research regarding their efficacy.</td>
</tr>
<tr>
<td>Expected Competencies: For children, adolescents, and adults, students shall master a knowledge base of basic psychopathology, principles of assessment, major assessment methods and instruments, theories of intervention, foundational principles of client-therapist relationships, and methods of empirically supported interventions.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Knowledge areas are also assessed through comprehensive examinations and through supervisor feedback evaluated in periodic reviews.</td>
</tr>
<tr>
<td>Objective B: Students shall develop skills for engaging in evidence-based practice.</td>
</tr>
<tr>
<td>Expected Competencies: Students shall master methods for tracking client progress, adapting interventions to reflect client progress, and utilize data regarding their own development as therapists.</td>
</tr>
<tr>
<td>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors’ ratings of student and of periodic review of students.</td>
</tr>
</tbody>
</table>
**Criterion VI. Advanced Preparation in the Parameters of Practice**

<table>
<thead>
<tr>
<th>Objective C: Produce graduates with a wide range of clinical skills important in independent clinical practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Competencies:</strong> Students shall apply knowledge of psychopathology to client conceptualization and treatment choice; conduct diagnostic and evaluation interviews; administer and interpret major psychological assessment instruments in the domains of intelligence, achievement, personality/behavior, and psychopathology for varied populations; develop foundation skills for client relationships and case management; develop competence in applying major empirically supported interventions for children, adolescents and adults across a broad assortment of psychological/behavioral difficulties.</td>
</tr>
</tbody>
</table>

| How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors’ ratings of student and of periodic review of students, based on practicum and internship performance. The level of competence is that expected of entry-level psychologists for professional positions. |

<table>
<thead>
<tr>
<th>Goal #3: Produce graduates who can independently contribute to the knowledge base of scientific psychology and are skilled in the interface between science, theory, and practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective A:</strong> Students shall develop the knowledge base and competencies required for conducting and publishing quality research through education in psychological methods and graduated mentored research activities leading to completed research projects.</td>
</tr>
</tbody>
</table>

| Expected Competencies: Students shall develop skills for conducting literature reviews; selecting, recruiting, and managing subjects; designing research with an understanding or controls, threats to validity, strengths, and limitations; evaluating measures for their reliability, validity, and efficiency; understanding, selecting, and properly using inferential statistical methods, including multivariate methods; and presenting research in its various forms, including well-written manuscripts of publication quality. |

| How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of the Research Comprehensive Examination, the dissertation process, mentors’ ratings of student, and the periodic review of students. Successful completion of the dissertation of a quality expected of published research. The level of competence is that expected of entry-level psychologists for professional positions. |

<table>
<thead>
<tr>
<th>Objective B: Students shall develop awareness of, appreciation for, and skills for using professional standards and applying research to clinical situations by mentoring and requiring such activities in supervised clinical activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competencies Expected for these Objectives:</strong> Students shall utilize empirically-supported assessments and treatments and shall develop skills for translating research into clinical practice.</td>
</tr>
</tbody>
</table>

| How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Student must successfully complete practica and internship using relevant empirically-supported methods, with application of scientific knowledge rated as adequate by supervisors. |
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<table>
<thead>
<tr>
<th>Goal #4: Produce graduates who are aware of major sources of individual and group variation, understand how such diversity affects processes, presentation, and responsiveness to intervention, and are prepared to effectively use this information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> Students shall: develop an awareness of and appreciation for individual differences, including, among others, gender, socioeconomic status, disability, ethnicity, and culture; and develop tolerance, knowledge, and skills for appropriately respond to these difference.</td>
</tr>
<tr>
<td><strong>Competencies Expected for these Objectives:</strong> Awareness of situation and attitudes regarding diversity, applies diversity knowledge to professional activities, and is able to work effectively with diverse clientele.</td>
</tr>
<tr>
<td><strong>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:</strong> Successful completion of diversity course with grade of B or better; completion of University diversity training; satisfactory ratings by mentors of ratings reflecting sensitivity, knowledge, and skill in working with diverse groups.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal #5: Produce graduates who engage in all professional activities with commitment to ethical, legal, and professional standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective A:</strong> Students shall develop a knowledge of and positive attitude towards ethical thinking and behavior and skills for recognizing and critically evaluating ethically and legally sensitive situations.</td>
</tr>
<tr>
<td><strong>Expected Competencies:</strong> Students shall develop ethical knowledge, be aware of and sensitive to ethical concerns, and demonstrate ability to practice ethically.</td>
</tr>
<tr>
<td><strong>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:</strong> Students must demonstrate these skills in the Ethics and Professional Issues course; successfully complete the University’s training in use of human subjects in research; achieve satisfactory ratings in ethical behavior from mentors.</td>
</tr>
</tbody>
</table>

The Program has developed a curriculum plan to accomplish these objectives and to develop within students those competencies expected of entry-level clinical psychologists. The curriculum plan is described in Table B.3 below. This table is largely derived from the Handbook. Elements not evident from course title or diffused across the curriculum are also articulated in the Practicum Handbook. The curriculum has five primary elements. First, students complete a clinical core, which provides training in the substantive areas of assessment, intervention, psychopathology, ethics and professional issues (including consultation and supervision). Although several perspectives are represented, a major emphasis is on empirically supported assessments and interventions and upon approaching the whole body of clinical practice as relying upon evidence-based methodologies. The Program has a particular strength in intervention efficacy research, and many students take advantage of advanced training and research in this area. Second, students complete a general core, which provides foundational training in foundational areas of psychology, including both core areas (biological bases of behavior, cognitive/affective bases of behavior, social aspects of behavior, history/systems, individual differences, and developmental bases of behavior) and methodologies (research design, quantitative methods, and psychometrics). Course work for the general core is selected for its centrality and breadth of the substantive area, and instructors are
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selected for the expertise in the area. Third, students engage in practicum and other clinical experiences beginning in the first semester with participation in a practicum group (without seeing clients), followed by increasing involvement and complexity, and culminating in the internship in the fifth year. Practicum continues through at least the third year, cumulatively exposing students to varied client types, varied supervisors, and varied intervention and assessment models. During the second and third years “minimum practicum case loads” are 3 – 5 psychotherapy clients (minimum of 3 client contacts per week) and 2 assessment clients per semester. Students selecting the child or neuropsychology tracks both obtain additional clinical experiences and are placed with some practicum clients reflecting their track. Clerkships place students in community mental health settings and further expose students to varied populations, methods, and supervisors. Although optional, essentially all students also participate in externship placements (most of which are paid and provide an important portion of student funding) which further expose students to supervised clinical practice. Fourth, students engage in research activity every semester of matriculation. Students are strongly encouraged to present and publish their work. To motivate students towards this goal, significant evidence of presentations and publications can result in waiving of the Research Comprehensive Examination if the faculty research mentors and the comprehensive examination committee judge that the student has demonstrated competence in research skills. The Program does not require a master’s thesis or project (and does not award a master’s degree to clinical students), but involvement in a research team and on research projects is required on an ongoing, escalating basis. Fifth, students may elect to complete an emphasis track: Child, Adolescent and Family; Clinical Neuropsychology; or Clinical Research. Students on such a track complete additional courses, complete clerkships and externships which complement their track, are likely to have somewhat more practicum cases which match their emphasis, and conduct research reflective of the research. Approximately three-fourths of the students select such an emphasis; the remainder selects electives to enrich their curriculum.

Courses within the curriculum plan are noted in Table B.3. Except as noted, all courses are required. Clinical core courses, practica, and clerkships may not be waived. A limited number of general core courses may be waived (up to 15 credit hours, but in practice rarely exceeds 6 credit hours); criteria for waiving is that the previously completed course is essentially equivalent in content, difficulty, and standards to our course, as judged by both our current instructor for the course and the Director of Clinical Training.

Table B.3. Curriculum plan for developing core competencies.

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Biological aspects of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/ Training Activity</td>
<td>Psych 687R, Seminar in Psychopharmacology (3 credits) and either Psych 583, Biological and Health Psychology (3 credits) or Psych 585, Human Neuropsychology (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Cognitive aspects of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/ Training Activity</td>
<td>Psych 584 Cognition, Affect and Brain Function (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

| Curriculum Area: | Affective aspects of behavior |
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<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 584 Cognition, Affect and Brain Function (3 credits)</td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

**Curriculum Area:** Social aspects of behavior

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 550, Social Psychology (3 credits)</td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

**Curriculum Area:** History and systems of psychology

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 510, History and Systems of Psychology (3 credits)</td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

**Curriculum Area:** Psychological measurement

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 503, Research measurement (3 credits)</td>
<td>Passing grade (B or better); demonstrated competence in test administration/scoring/interpretation; supervisor ratings in practicum; demonstration of competence on Assessment Comprehensive Examination, periodic review of students.</td>
</tr>
</tbody>
</table>

**Curriculum Area:** Research methodology

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 504, Research Design (3 credits) and Psych 505, Clinical Research (3 credits) and Psych 799R, Dissertation (12 credits)</td>
<td>Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.</td>
</tr>
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</table>

**Curriculum Area:** Techniques of data analysis

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 501, Data Analysis in Psychological Research (4 credits) and Psych 501, Data Analysis in Psychological Research (4 credits)</td>
<td>Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.</td>
</tr>
</tbody>
</table>

**Curriculum Area:** Individual differences in behavior
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<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 520, Advanced Developmental Psychology (3 credits) <strong>and</strong> Psych 540, Personality Theory (3 credits) <strong>and</strong> Psych 611, Psychopathology (4 credits) <strong>and</strong> Psych 645, Cultural Diversity and Gender Issues (3 credits)</td>
<td>Passing grades (B or better) in required courses; practicum supervisor’s rating regarding ability to use and integrate content into clinical work; periodic review of students.</td>
</tr>
<tr>
<td><strong>Curriculum Area:</strong> Human development</td>
<td></td>
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<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
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</thead>
<tbody>
<tr>
<td>Psych 520, Advanced Developmental Psychology (3 credits)</td>
<td>Passing grades (B or better).</td>
</tr>
<tr>
<td><strong>Curriculum Area:</strong> Dysfunctional behavior or psychopathology</td>
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</table>

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 611, Psychopathology (4 credits)</td>
<td>Passing grades (B or better); practicum supervisor’s rating regarding ability to use and integrate content into clinical work; clerkship and externship supervisors’ ratings; periodic review of students; passing of Assessment and Psychotherapy Comprehensive Examinations.</td>
</tr>
<tr>
<td><strong>Curriculum Area:</strong> Professional standards and ethics</td>
<td></td>
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<table>
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<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses</td>
<td>Passing grades (B or better); consistent demonstration of ethical and professional behavior across all domains; meeting academic, research, and clinical responsibilities in a timely and professional manner, including clinic records audits; clinical mentors’ ratings; research mentors’ ratings, including IRB and HIPPA compliance; period review of students.</td>
</tr>
<tr>
<td><strong>Curriculum Area:</strong> Theories and methods of assessment and diagnosis</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 611, Psychopathology (4 credits) <strong>and</strong> Psych 622, Assessment I: Intelligence (3 credits) <strong>and</strong> Psych 623, Assessment II: Personality (3 credits) <strong>and</strong> Psych 520, Developmental Psychopathology (optional, 3 credits) <strong>and</strong> Psych 711R, Advanced Child Assessment (optional, 3 credits)</td>
<td>Passing grades (B or better) in required courses; clinical supervisors’ ratings of assessment and diagnosis skills; passing the Assessment Comprehensive Examination; periodic review of students.</td>
</tr>
<tr>
<td><strong>Curriculum Area:</strong> Theories and methods of effective intervention</td>
<td></td>
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</table>
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<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psych 651, Psychotherapy 1: Relationship/Psychodyn (3 credits)</strong> <strong>and</strong> <strong>Psych 652, Psychotherapy 2: Cognitive-Behavioral (3 credits)</strong> <strong>and</strong> <strong>Psych 653, Psychotherapy 3: Child and Adolescent (3 credits)</strong> <strong>and</strong> <strong>Psych 654, Psychotherapy 4: Group (3 credits)</strong> <strong>and</strong> <strong>Psych 740R, Case Conference (3 credits over 6 semesters)</strong> <strong>and</strong> <strong>Psych 741R, Integrative Practicum (19 credits over 3 years)</strong> <strong>and</strong> <strong>Psych 743R, Clerkship (2 at 1 credit each)</strong> <strong>Psych 700R, Externship (optional, variable credits)</strong></td>
<td>Passing grades (B or better) in required courses; passing the Psychotherapy Comprehensive Examination; periodic review of students.</td>
</tr>
</tbody>
</table>

#### Curriculum Area: Theories and methods of consultation

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psych 741R, Integrative Practicum (19 credits over 3 years)</strong></td>
<td>Clinical supervisors’ ratings of assessment, diagnosis, and other consultation skills, with particular attention to experiences in which consultation activities are prominent; periodic review of students.</td>
</tr>
</tbody>
</table>

#### Curriculum Area: Theories and methods of supervision

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psych 741R, Integrative Practicum (19 credits over 3 years)</strong> <strong>Psych 609, Professional and Ethical Issues (3 credits)</strong> also integrated within other courses</td>
<td>Passing grades (B or better) in required courses; clinical supervisor evaluations of advanced students’ supervision of less experienced students; student’s ability to use, benefit from, and contribute to clinical and research supervision.</td>
</tr>
</tbody>
</table>

#### Curriculum Area: Theories and methods of evaluating the efficacy of interventions

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psych 505, Clinical Research (3 credits)</strong> also integrated within other psychotherapy courses</td>
<td>Passing grade (B or better) in required course; clinical supervisors’ ratings of ability to effectively use efficacy research and employ principles of evidence-based practice; passing the Psychotherapy Comprehensive Examination; periodic review of students.</td>
</tr>
</tbody>
</table>

#### Curriculum Area: Issues of cultural and individual diversity that are relevant to all of the above

<table>
<thead>
<tr>
<th>Required Academic/Training Activity</th>
<th>How competence is assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psych 645, Cultural Diversity and Gender Issues (3 credits)</strong> also integrated within other courses Clinical experiences with diverse populations within Practicum, Clerkships, and Externships</td>
<td>Passing grade (B or better) in required course; clinical supervisors’ rating of ability to work with diverse clientele; periodic review of students, with special attention to faculty observation of student attitudes and respect for diverse persons and viewpoints.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better) in required course; involvement in Program activities and in professional/service organizations and developmental opportunities; periodic review of students.</td>
</tr>
</tbody>
</table>

Although our curriculum includes a required course in gender and cultural diversity, as noted in Table B.3, we see this competency as broader than the course, and hence seek to refer to these issues often in other course work and experiences. Although the observations of mentors on this dimension are often encompassed by a single rating, it is given particular attention and involves attention to broad performance. This generality also applies to attitudes of learning, inquiry, and problem-solving. Critical thinking, readiness to learn, and all of the attendant elements are emphasized less by course work on the matter, and more by our encouragement to attend conferences and produce scholarly work for publication and presentation, our expectation of clinical work informed by research and evolving professional standards, and our data-driven approach to problem-solving.

Practical clinical experiences are central to the Program’s goals. These occur in the form of practica, clerkships, and optional externships, as described in the third element of B.3 above. These are explained in some detail in the Practicum Handbook. Students’ development of clinical competencies is rated on an on-going basis in all clinical training activities, with an expectation that minimum competencies are fully at the pre-internship level prior to entering the internship and at the level of entry into the profession at the time of graduation.

Practicum takes place in the University’s Comprehensive Clinic, which has its own staff and extensive training facilities (1 – 2 advanced students per year are instead trained in the University’s Counseling and Career Center). The Clinic exists explicitly to train graduate students in three of the University’s mental health graduate programs: Clinical Psychology, Marriage and Family Therapy, and Social Work. The Clinic offers very low cost services to the community, with all clinic costs borne by the University; the University views this as a service to needy in the community who might otherwise not receive services, and as a form of fostering an attitude of service within student trainees. Clients and their presenting problems are quite varied, but cases are screened specifically for their appropriateness for training. Supervision is provided by Program faculty, often supplemented by supervision from other licensed Department faculty members (particularly, Erin Bigler, a clinical neuropsychologist, and Brent Slife, a clinical psychologist and former DCT). Practicum supervision is at least weekly, at least of a ratio of one hour per three client hours, in both group and individual format as needed. Case load, record keeping, and the development of assessment, intervention, supervision, and consultation skills are closely monitored by supervisors, and students are formally rated on their development at least yearly. Group supervision includes 3 – 4 students per group, and level of student is intentionally mixed in groups to allow senior students to supervise and younger students to observe more advanced skills. Students share their training needs and expectations with the Associate DCT, who has specific responsibility over practicum, including the placement of
students with supervisors. The practicum experience in the Counseling and Career Center, which serves students and University personnel, parallel those of the clinic. Students are also free at any time to seek consultation from other faculty mentors after obtaining approval from their assigned supervisors; this allows student to take advantage of special faculty expertise and helps to foster attitudes towards and skills of consultation. Also, the students meet weekly in Case Conference (Psych 740R) where issues of clinical significance are presented by community and University professionals and students engage in open discussion.

The settings in which additional clinical experiences occur are provided in Table 2 below. These settings are selected on the basis of (a) serving populations appropriate for clinical training using empirically-supported interventions; (b) commitment to adequate supervision and training of students; and (c) having methods in place for connecting students to clinical work, monitoring students, and assuring quality of clinical services. Clerkships (Psych 743R) are designed to add breadth to the students’ clinical experience. Students are placed in community settings, under close supervision of psychologists committed to providing training experiences to students. Students observe psychologists at work, and engage in supervised activities such as interviews, testing, brief interventions, and consultation, all of which are designed to vary across sites. Each student completes two such clerkships, assigned by the Executive Coordinator after consultation with the DCT and the student. To the extent possible, clerkship sites are selected to complement the student’s career goals and particular developmental needs observed by the faculty.

Externships (Psych 700R) are experiences for students wishing additional clinical experience and training. Although optional, nearly all students engage in externships, which often form the basis of specialized skills that lead to particular internships and post-graduate employment. They are typically paid experiences requiring from 10 to 20 hours of commitment per week, and are a major method by which advanced student receive financial support. Students engage in clinical work, such as assessment intervention, and consultation services, closely supervised by on-site psychologists. The nature of the work varies significantly from site to site, with placement by the Executive Coordinator, after discussion with the student and the DCT, based on career goals and training needs. When placing students, considerable attention is given to matching the nature and demands of the work to the level of skill the student possesses so that students are challenged without being overwhelmed. The Executive Coordinator and the DCT are in regular communication with community supervisors and receive regular evaluations from both supervisors and students.

A one-year, full-time, pre-doctoral internship is required of all students. This is usually completed in the fifth year. Students are eligible to apply only after all comprehensive examinations are complete and the dissertation prospectus is approved. It is expected that students will only apply to and attend accredited internships, but special exceptions can be granted for compelling reasons. Interns enroll for internship course credit to maintain full-time status in the University. To further enhance clinical skills and promote professional involvement, the Program also provides support to students for attending workshops and conferences.

Collectively, these experiences make our students strong candidates for externships and for employment after graduation. Supervisors, internship directors, and later employers often comment on the strong clinical skills our students possess. Both faculty and external supervisors,
Criterion VI. Advanced Preparation in the Parameters of Practice

at the time of beginning the internship, consistently rate our students as being fully prepared for the internship. The development of students’ clinical skills is a major focus of our periodic reviews, with particular attention to whether all competencies are on-track for the internship and whether students are receiving adequate feedback about their development. The Program faculty specifically considers whether students in their first year are ready to see clients in practicum, and whether it can certify students entering their fourth year as ready to apply for the internship. Whenever deficiencies are noted, remedial programs are instituted and progress more closely monitored. Although not formally part of our rating system, the minimum standards outlined various competency documents (e.g., the 2007 Competency Benchmarks from the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils) are well known to the faculty and commonly a point of reference.
<table>
<thead>
<tr>
<th>Name of setting</th>
<th>Year(s) in which setting was used</th>
<th>Highest degree of supervisor</th>
<th>Credential s of that supervisor</th>
<th>Number of students placed each year in that setting</th>
<th>Type of setting (use setting code)</th>
<th>Service provided (use acti codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Psychology</td>
<td>2003 to 2007</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Assessment and Psychotherapy Associates</td>
<td>Prior to 1992 to 2007</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1 to 2</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Barley Psychological Services</td>
<td>1996 to 2008</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
<td>14</td>
<td>2, 4</td>
</tr>
<tr>
<td>Brigham Young University Comprehensive Clinic</td>
<td>1980 to present</td>
<td>Ph.D.</td>
<td>All are licensed</td>
<td>33 (2 to 4 per supervisor)</td>
<td>33 – University Training Clinic</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>Brigham Young University Comprehensive Clinic Intake</td>
<td>1980 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 3</td>
<td>33 – University Training Clinic</td>
<td>2?</td>
</tr>
<tr>
<td>Brigham Young University Counseling and Career Center</td>
<td>Prior to 1992 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>4 to 6</td>
<td>12</td>
<td>4, 5</td>
</tr>
<tr>
<td>Brigham Young Univ, Hawaii Student Counseling Services</td>
<td>1995 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
<td>12</td>
<td>2, 3, 4, 7</td>
</tr>
<tr>
<td>Brigham Young University Accessibility Center</td>
<td>1998 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 5</td>
<td>33 – University center for students with disabilities</td>
<td>2</td>
</tr>
</tbody>
</table>

**Criterion VI. Advanced Preparation in the Parameters of Practice**

<table>
<thead>
<tr>
<th>Name of setting</th>
<th>Year(s) in which setting was used</th>
<th>Highest degree of supervisor</th>
<th>Credential s of that supervisor</th>
<th>Number of students placed each year in that setting</th>
<th>Type of setting (use setting code)</th>
<th>Service provided (use acti codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Change Orem, Utah</td>
<td>1993 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1 to 2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Children’s Justice Center Provo, Utah</td>
<td>1998 to present</td>
<td>LCSW</td>
<td>Licensure</td>
<td>1</td>
<td>33 – Sexual Abuse</td>
<td></td>
</tr>
<tr>
<td>Intermountain Neuro Rehabilitation (Cottonwood Hospital) Salt Lake City, Utah</td>
<td>2000 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1 to 3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>CY Roby and Associates Orem, Utah</td>
<td>2001 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1 to 2</td>
<td>33 – Psychosexual Consulting / Assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Erin Bigler, Ph.D., &amp; Anne Russo, Ph.D.</strong></td>
<td><strong>1994 to present</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1 to 2</strong></td>
<td>33 – Neuropsych Consulting / Assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Family Academy</strong></td>
<td><strong>1993 to present</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>33 – High Conflict Divorce</td>
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</tr>
<tr>
<td><strong>Provo, Utah</strong></td>
<td><strong>1993 to present</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>33 – Peak Performance</td>
<td></td>
</tr>
<tr>
<td><strong>Jon Skidmore, Psy.D.</strong></td>
<td><strong>1998 to present</strong></td>
<td><strong>Psy.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>33 – Church Social Services Agency</td>
<td></td>
</tr>
<tr>
<td><strong>Orem, Utah</strong></td>
<td><strong>1991 to 2005</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>33 – RTC</td>
<td></td>
</tr>
<tr>
<td><strong>Jordan Resource Center</strong></td>
<td><strong>2001 to 2006</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1 to 2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Jordan, Utah</strong></td>
<td><strong>2001 to 2006</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1 to 2</strong></td>
<td>33 - RTC</td>
<td></td>
</tr>
<tr>
<td><strong>Kids on the Move</strong></td>
<td><strong>2007 to present</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Orem, Utah</strong></td>
<td><strong>2007 to present</strong></td>
<td><strong>Ph.D.</strong></td>
<td><strong>Licensure</strong></td>
<td><strong>1</strong></td>
<td>Special Needs</td>
<td></td>
</tr>
</tbody>
</table>

**Criterion VI. Advanced Preparation in the Parameters of Practice**

| **LDS Family Services** | **1991 to 2005** | **Ph.D.** | **Licensure** | **1** | 33 – Church Social Services Agency |
| **Provo, Utah** | **1994 to present** | **Ph.D.** | **Licensure** | **1 to 2** | **5** |
| **LDS Hospital Rehabilitation Services** | **1994 to present** | **Ph.D.** | **Licensure** | **1 to 2** | **5** |
| **Salt Lake City, Utah** | **1996 to 2008** | **Ph.D.** | **Licensure** | **1 to 4** | **33 – RTC** |
| **Maddy Liebing, PhD/ Marina Starling, Ph.D** | **1999 to present** | **Ph.D.** | **Licensure** | **1 to 3** | **1** |
| **Springville, Utah** | **1999 to present** | **Ph.D.** | **Licensure** | **1 to 3** | **Criterion VI** |
| **Mountainlands Community Health Center** | **1998 to present** | **M.Ed.** | **Certified as a School Psychologist** | **1 to 3** | **11** |
| **Provo, Utah** | **2008 to present** | **Ph.D.** | **Licensure** | **1** | **33 – Neuropsych Consulting / Assessment** |
| **Nebo School District** | **2005 to present** | **Ph.D.** | **Licensure** | **1 to 2** | **14 – Independent Practice** |
| **Springville, Utah** | **2005 to present** | **Ph.D.** | **Licensure** | **1 to 2** | **14 – Independent Practice** |
### Preferred Family Clinic
Provo, Utah

- Prior to 1992 until present
- Ph.D.
- Licensure
- 2 to 3
- 1

The Journey
Provo, Mona, Vernal, Utah

- 2008 to present
- Ph.D.
- Licensure
- 2 to 4
- 33 – RTC

Utah Psychological Services
Richfield, Eagle Mountain, Provo, Utah

- 2008 to present
- Ph.D.
- Licensure
- 2 to 4
- 33 – Court & School Consultation / Assessment

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### Criterion VI. Advanced Preparation in the Parameters of Practice

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates</th>
<th>Degree</th>
<th>Licensure</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah State Hospital</td>
<td>Prior to 1992 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 3</td>
</tr>
<tr>
<td>Utah State Prison</td>
<td>Prior to 1992 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 6</td>
</tr>
<tr>
<td>Utah Valley Regional Medical Center, Behavioral Medicine</td>
<td>Prior to 1992 until present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
</tr>
<tr>
<td>Utah Valley Regional Medical Center Neuro Rehabilitation</td>
<td>1998 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 4</td>
</tr>
<tr>
<td>Valley Mental Health</td>
<td>2005 to 2007</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
</tr>
<tr>
<td>Vineyard Elementary School Autistic Class</td>
<td>1998 to 2005</td>
<td>M.S. Certified Special Education</td>
<td>1 to 2</td>
<td>11</td>
</tr>
<tr>
<td>Vista</td>
<td>1994 to 2009</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
</tr>
<tr>
<td>West Ridge Academy</td>
<td>2009 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
</tr>
</tbody>
</table>

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The Group Specialty Council/SGPGP

Criterion VI
Criterion VI. Appendix 2: Professional Development/Training Sample

APA Convention 2012
Orlando, Florida
August 2-5, 2012
Division 49 Program
Membership Information and Application

PROGRAM SUMMARY SHEET
APA Annual Convention

DIVISION PROGRAM SUMMARY SHEET
Skill-Building Session (S): Psychodynamic Family Systems in Group Psychotherapy---A Demonstration of Process
8/02 Thu: 9:00 AM - 10:50 AM Convention Center
Room W102A
Chair
Kathleen Ritter, PhD, California State University--Bakersfield
Skill-Building Session (S): Exploring the Ethics of Confidentiality in Group Therapy
8/02 Thu: 11:00 AM - 11:50 AM Convention Center
Room W207A
Participant/1stAuthor
Maria T. Riva, PhD, University of Denver
Title: Ethical Dilemmas in Group and Group Supervision
Cheri L. Marmarosh, PhD, George Washington University
Title: Ethical Dilemmas in Groups
Discussant
Rebecca McNair-Semands, PhD, University of North Carolina at Charlotte
Symposium (S): Adventure Therapy---A Research-Supported Change Agent for Groups of Adolescents and Adults
8/02 Thu: 12:00 PM - 12:50 PM Convention Center
Room W103B
Chair
H.L. Gillis, PhD, Georgia College & State University
Participant/1stAuthor
Joanna Bettman, PhD, LCSW, University of Utah
Title: Therapeutic Outcomes of Wilderness Therapy for Adolescent and Young Adult Populations
Keith Russell, PhD, Western Washington University
Title: Case Study of the Shunda Creek Substance Treatment Program
David E. Scheinfeld, MA, University of Texas at Austin
Title: Adventure Therapy: A Supplementary Group Therapy Approach for Men
Co-Author: Sam J. Buser, PhD, Independent Practice, Houston, TX

Criterion VI
Criterion VI. Advanced Preparation in the Parameters of Practice

Discussant
Michael A. Gass, PhD, University of New Hampshire

EVENT, TITLE and PEOPLE DAY/TIME FACILITY/ROOM
DIVISION PROGRAM SUMMARY SHEET
Skill-Building Session (S): Assessing Group Climate and Effectiveness---Which Measures Should I Use?
8/02 Thu: 1:00 PM - 2:50 PM Convention Center Room W104A
Cochair
Janice DeLucia-Waack, PhD, University at Buffalo--State University of New York
David Alatebef, BA, University at Buffalo--State University of New York
Participant/1stAuthor
Sandro M. Sodano, PhD, University at Buffalo--State University of New York
Title: Measures of Climate and Outcome
Heather Cosgrove, BA, University at Buffalo--State University of New York
Title: Measuring Group Therapeutic Factors, Group Leader and Member Behaviors, and Selection Criteria

DIVISION PROGRAM SUMMARY SHEET
Poster Session (F): [Poster Session] 8/02 Thu: 3:00 PM - 3:50 PM Convention Center West Hall A4-B3
Participant/1stAuthor
Heather R. Ryan, PsyD, University of Indianapolis
Title: Social Support, Quality of Life, and Locus of Control: Development of a Semistructured Support Group
Co-Author: Nicole M. Taylor, PhD, University of Indianapolis
Norah C. Slone, MS, University of Kentucky
Title: Evaluating Group Psychotherapy Services Using Client Feedback: Pilot Findings
Co-Author: Robert J. Reese, PhD, University of Kentucky
Co-Author: Susan S. Mathews, PhD, University of Kentucky
Co-Author: Nathaniel Hopkins, PhD, University of Kentucky
Co-Author: Jonathan Kodet, MS, University of Kentucky
Sarah J. Bernstein, MA, Fordham University
Title: Group Therapy Trainees’ Competencies and Skill Development: A Case Study
Co-Author: Aziza A.B. Platt, BA, Fordham University
Co-Author: Alexandra Fischer, MEd, Fordham University
Co-Author: Eric C. Chen, PhD, Fordham University
Dennis M. Kivlighan III, BA, University of Wisconsin--Madison
Title: Mutual Influence in Interpersonal Process Group Outcomes: An Actor–Partner Analysis
Jennifer L. Grote, PhD, University of Denver
Title: Impact of Stage of Change Beliefs and Working Alliance on Group Therapy With Adolescents
Co-Author: Maria T. Riva, PhD, University of Denver
Thomas A. Kim, Hankuk Academy of Foreign Services, Yongin, Republic of Korea
Title: Gender and Cultural Differences in Domain-Specific Risk Choices Under Uncertainty
Co-Author: Junsu Park, MBA, Ajou University, Suwon, Republic of Korea
Brooke Lawler, MPH, BS, Regent University
Title: Learning to Get LIFTED: A Treatment Protocol for Emotion Regulation and Depression
Co-Author: Mirriam R. Kimani, MA, BS, Regent University
Co-Author: Brittany L. Montes, BA, Regent University
Co-Author: LaTrelle Jackson, PhD, Regent University
Kelly E. Norman, BA, University at Buffalo--State University of New York
Title: Eating Disorder Prevention Group: The Role of Interpersonal Styles in Outcomes
Co-Author: Catherine Cook-Cottone, PhD, University at Buffalo--State University of New York
Co-Author: Sandro M. Sodano, PhD, University at Buffalo--State University of New York
Audrey N. Atkinson, MA, Regent University
Title: Working Alliance and Group Climate in Group Supervision
Co-Author: Elizabeth Wine, BA, Regent University
Co-Author: Vickey L. Maclin, PsyD, Regent University
Co-Author: Jennifer S. Ripley, PhD, Regent University
Co-Author: Corinne N. Engelbert, MA, Regent University
Brian S. Amos, MS, University at Buffalo--State University of New York
Title: Interpersonal Interpretations of Measures of Perceptions of Group Counseling

Criterion VI
Criterion VI. Advanced Preparation in the Parameters of Practice

*Co-Author:* Sandro M. Sodano, PhD, University at Buffalo--State University of New York
*(As of 4/18/2012 4:05:24PM)*

**DIVISION PROGRAM SUMMARY SHEET**

*Co-Author:* Janice DeLucia-Waack, PhD, University at Buffalo--State University of New York
Laura J. Petracek, PhD, California Department of Corrections, San Quentin

**Title:** Using Rap Psychology As a Therapeutic Intervention With Inmates

Martyn S. Whittingham, PhD, Wright State University

**Title:** Assessing Change Patterns for the Socially Inhibited Subtype Within Focused Brief Group Therapy: A Mixed-Methods Approach

*Co-Author:* David A. Yutrzenka, BA, Wright State University

*Co-Author:* Kacey Greening, BA, Wright State University

Cassie V. Comeau, BA, University of Northern Colorado

**Title:** A Process Model for Group Psychotherapy

Dianna W. Allen, MA, University of New Mexico

**Title:** Critical Factors in Group Supervision

*Co-Author:* Jeannamarie Keim, PhD, University of New Mexico

Denise Rodriguez Brown, MS, Independent Practice, Pembroke Pines, FL

**Title:** College Wellness: A Peer-to-Peer Approach That Impacts the Whole Campus

Tonya Walker, MA, University of New Mexico

**Title:** Empirical Analysis of Alternative Pedagogies: Service Learning in Group Work

*Co-Author:* Kristopher M. Goodrich, PhD, University of New Mexico

*Co-Author:* Jeannamarie Keim, PhD, University of New Mexico

Kimberly L. Smith, MA, Pepperdine University

**Title:** Acceptance and Commitment Therapy in an Inpatient Psychiatric Forensic Setting

*Co-Author:* Ryan Jordan, MA, Alliant International University--San Diego

*Co-Author:* Douglas Kraus, MS, Pepperdine University

Kacey Greening, BA, Wright State University

**Title:** Assessing Change Patterns for the Intrusively/Needy Subtype Within Focused Brief Group Therapy: A Mixed-Methods Approach

*Co-Author:* Martyn S. Whittingham, PhD, Wright State University

*Co-Author:* David A. Yutrzenka, BA, Wright State University

Symposium (S): Group Therapy As an Agent of Change--

-An Experiential Workshop

8/03 Fri: 9:00 AM - 10:50 AM Convention Center
Room W104A

Chair
Michael P. Andronico, PhD, MS, Independent Practice, Somerset, NJ

Symposium (S): Best Practices in Conducting Group Psychology and Group Psychotherapy Research

8/03 Fri: 11:00 AM - 11:50 AM Convention Center
Room W108B

Participant/1stAuthor

Jill M. Paquin, PhD, University of Maryland College Park

**Title:** Using Actor--Partner Dependence to Better Understand Group Effects

*Co-Author:* Dennis M. Kivlighan, PhD, University of Maryland College Park

Sheri Bauman, PhD, University of Arizona

**Title:** How to Deal With Missing Data in Group Research

*(As of 4/18/2012 4:05:24PM)*

**EVENT, TITLE and PEOPLE DAY/TIME FACILITY/ROOM**

**DIVISION PROGRAM SUMMARY SHEET**

Symposium (N): Meet the Experts in Group Psychology and Group Psychotherapy

8/03 Fri: 1:00 PM - 1:50 PM Convention Center
Room W311H

Chair
Maria T. Riva, PhD, University of Denver

Participant/1stAuthor

Nina Brown, EdD, Old Dominion University

**Title:** My Experiences Leading Groups

Rex Stockton, PhD, Indiana University Bloomington

**Title:** My Experiences Leading Groups and Conducting Group Research

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Criterion VI. Advanced Preparation in the Parameters of Practice

Zipora Shechtman, PhD, University of Haifa, Israel
Title: My Experiences Leading Groups and Conducting Group Research
Presidential Address (N): [Brown] 8/03 Fri: 2:00 PM - 2:50 PM Convention Center
Room W311H
Participant/1stAuthor
Nina Brown, EdD, Old Dominion University
Title: Ring of Fire: Potential Toxicity in Groups
Business Meeting (N): [Business Meeting] 8/03 Fri: 3:00 PM - 3:50 PM Convention Center
Room W311H
Chair
Nina Brown, EdD, Old Dominion University
Symposium (S): Why Gender-Specific Group Programs for Adolescents? Three Research-Based Interventions
8/03 Fri: 4:00 PM - 4:50 PM Convention Center
Room W104A
Chair
Karen E. Farrell, PsyD, Midwestern University
Participant/1stAuthor
Ashley Kuhl Piwowarski, PsyD, Midwestern University
Title: Use of Contemporary Feminist and Relational Theories to Guide a Group-Based Intervention for Girls
Michael Kessler, PsyD, Southern Illinois University Edwardsville
Title: Strongboys: A Gender-Sensitive and Group-Based Approach to Working With Preadolescent Boys
Stacy Lott, MS, Midwestern University
Title: Boys in Crisis: Using Gender and Group Interventions to Inform Trauma and Substance Abuse Treatments
(As of 4/18/2012 4:05:24PM) Page 5 of 7
EVENT, TITLE and PEOPLE DAY/TIME FACILITY/ROOM
DIVISION PROGRAM SUMMARY SHEET
Skill-Building Session (S): Creating Dialogue---A Conversation Between Early Career Group Psychologists
8/04 Sat: 12:00 PM - 12:50 PM Convention Center
Room W102B
Cochair
Leann J. Terry, PhD, Penn State University Park
Joseph R. Miles, PhD, University of Tennessee, Knoxville
Participant/1stAuthor
Rachelle Rene, PhD, Wings of Change Unlimited, San Diego, CA
Skill-Building Session (N): Live Demonstration of Psychoeducational and Counseling Groups
8/04 Sat: 1:00 PM - 2:50 PM Convention Center
Room W311G
Chair
Janice DeLucia-Waack, PhD, University at Buffalo--State University of New York
Participant/1stAuthor
Edil Torres-Rivera, PhD, University of Florida
Title: Processing Activities in Psychoeducational Groups
Symposium (N): Leading Groups on Internship--
-Strategies for Developing Strong Group Skills From Recent Interns
8/04 Sat: 3:00 PM - 3:50 PM Convention Center
Room W311G
Chair
Joshua Gross, PhD, Florida State University
Participant/1stAuthor
Rob Durr, PhD, Northwestern University
Jennifer Alonso, PhD, University of Florida
Timothy R. Hess, PhD, Ball State University
Invited Address (N): Group Psychologist of the Year 8/04 Sat: 4:00 PM - 4:50 PM Convention Center
Room W311D
Participant/1stAuthor
Sally Barlow, PhD, Brigham Young University
Title: Foundational and Functional Skills in Group Specialty Practice
Skill-Building Session (S): Creating Change With

Criterion VI
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At-Risk Students---Group-Centered Interventions
Stressing Cohesion and Culture
8/05 Sun: 9:00 AM - 9:50 AM Convention Center
Room W102B
Chair
Elaine Clanton Harpine, PhD, University of South Carolina Aiken

DIVISION PROGRAM SUMMARY SHEET
Skill-Building Session (S): Kinesthetic Metaphors--
-Interactive Group Interventions That Activate Change
8/05 Sun: 10:00 AM - 10:50 AM Convention Center
Room W103B
Cochair
H.L. Gillis, PhD, Georgia College & State University
Michael A. Gass, PhD, University of New Hampshire
Participant/1stAuthor
Bobbi L. Beale, PsyD, Child & Adolescent Behavioral Health, Canton, OH
Total Number of Sessions = 17

APA Convention Program 2013

MEETINGS & AWARDS SUITE ACTIVITIES SKILL BUILDING SESSIONS SYMPOSIA POSTER SESSION DIVISIONAL SPONSORED MEETINGS & AWARDS President Address (N): [Riva] 8/02 Fri: 2:00 PM --- 2:50 PM Hilton Hawaiian Village Beach Resort Honolulu Suite I Participant/1stAuthor
Maria T. Riva, PhD, University of Denver Title: Training and Supervision in Group Psychotherapy Business Meeting (N): [Business Meeting] 8/02 Fri: 3:00 PM --- 3:50 PM Hilton Hawaiian Village Beach Resort Honolulu Suite I

Business Meeting (N): [Business Meeting] 8/02 Fri: 3:00 PM --- 3:50 PM Hilton Hawaiian Village Beach Resort Honolulu Suite I

Discussion (N): Meet the Experts in Group 8/03 Sat: 10:00 AM --- 10:50 AM Hilton Hawaiian Village Beach Resort South Pacific Ballroom II Chair Kathleen Ritter, PhD, California State University------Bakersfield Participant/1stAuthor Dennis M. Kivlighan, Jr., PhD, University of Maryland College Park Robert K. Conyne, PhD, University of Cincinnati Gary M. Burlingame, PhD, Brigham Young University Zipora Shechtman, PhD, University of Haifa, Israel

Invited Address (N): Arthur Teicher Group Psychologist of the Year 8/03 Sat: 12:00 PM --- 12:50 PM Hilton Hawaiian Village Beach Resort South Pacific Ballroom II ChairMaria T. Riva, PhD, University of Denver Participant/1stAuthor Dennis M. Kivlighan, Jr., PhD, University of Maryland College Park Title: Where Is the Group? How to Get the Group Into Our Group Research

SUITE ACTIVITIES ***Board Suite – Check the list of Division Suites at the APA Division Services Booth for the suite number*** A Lunch Conversation Between Early Career Group Psychologists Thursday, August 1, 2013, Noon – 1 pm (HST) Division 49 Hospitality Suite Hosted by Jennifer Alonso, PhD (University of Florida) & Leann Terry Diederich, PhD (Penn State University) This informal gathering, hosted by the Early Career Psychologists of our Society, will bring together early career group psychologists to dialogue about issues, concerns, and needs relevant to early career group psychologists. We will share tips and resources that we have learned as we begin our
Criterion VI. Advanced Preparation in the Parameters of Practice
careers. ECPs from diverse clinical and research settings are invited and encouraged to
attend this informal lunch meeting to learn from one another's knowledge and experiences.
Please drop in at any time to join us for a free lunch (sandwich fixings and drinks
provided) and great conversation.

Hot Topics in Group Research Thursday, August 1st, 2013, 1:00---2:00 pm (HST) Division
49 Hospitality Suite Hosted by Leann Terry Diederich, PhD (Penn State University) & Lee
Gillis, PhD (Georgia College) & Join us in the Division 49 Hospitality Suite (in person, or via
Google Hangout) to meet Drs. Dennis Kivlighan and Gary Burlingame who will focus on
current hot topics in group research. Join us to: · Assess your interest in conducting group
psychotherapy research at your current setting. · Speak and network with other group
psychologists and students with similar interests & questions. · Learn from leading experts
in the field of group psychotherapy on how to get started. · Share your ideas about
research and how we can support one another in the process. Special guests are: Dr.

Dennis Kivlighan --- Professor & Chair, Department of Counseling, Higher Education and
Special Education at University of Maryland, College Park. He is the co---author of Research
Design in Counseling and has published more than 60 empirical articles. His research
interests include examining the process and outcome of group and individual counseling
and psychotherapy and using counseling interventions to influence achievement goals and
academic achievement. Dr. Gary M. Burlingame --- Professor of Clinical Psychology at
Brigham Young University. His teaching includes research and assessment methods applied
to psychotherapy and group psychotherapy. His research spans over 20 years and has
emphasized measurement, program evaluation and group psychotherapy. If you are not in
Hawaii for APA, please connect with us for this session via Google Hangout. For more
details on how to connect, please email us at div49group@gmail.com. Via Google
Hangout: 4---5 pm (Pacific)/5---6 pm (Mountain)/6---7 pm (Central)/7---8 pm
(Eastern)

Best Practices for Teaching Group Theory or Practice Thursday, August 1st, 2013, 2:30
pm--- 3:30 pm (HST) Division 49 Hospitality Suite Hosted by Lee Gillis, PhD (Georgia
College) & Leann Terry Diederich, PhD (Penn State University) Whether this is your first
course, or your one hundred and first, we invite you to join us for a casual conversation in
the Division 49 Suite. We are hoping to capitalize on the experiences of all participants by
discussing course objectives, syllabi, texts, films and instructional aids, experiential groups
and activities, special topics covered (ethical issues, multicultural issues), and student
supervision and evaluation. Our hope is to create a space in which we can dialogue, ask
questions, talk about what has been successful in the past, and share resources about
teaching undergrad and graduate courses in group. If you are not in Hawaii for APA, please
connect with us for this session via Google Hangout. For more details on how to connect,
please email us at div49group@gmail.com. Via Google Hangout: 5:30---6:30 pm
(Pacific)/6:30---7:30 pm (Mountain)/7:30---8:30 pm (Central)/8:30---9:30 pm
(Eastern)

BOARD MEETING 8/02 Fri: 8:00 AM – 12:00 PM Division 49 Hospitality Suite
SOCIAL GATHERING 8/02 Fri: 6:00 PM – 9:00 PM Division 49 Hospitality Suite
STUDENT
BRUNCH 8/03 Sat: 10:00 AM – 11:30 AM Division 49 Hospitality Suite

BUILDING SESSIONS Skill---Building Session (S): Developing Sexual Assault
Survivor Groups in a College Setting 7/31 Wed: 8:00 AM --- 8:50 AM Convention Center
Room 309 Chair Mandy Mount, PhD, University of California------Irvine
Skill---Building
Criterion VI. Advanced Preparation in the Parameters of Practice

Session (S): Practice---Based Evidence in Group Psychotherapy-------- Responding to Client and Group Process Feedback 8/01 Thu: 8:00 AM --- 8:50 AM Convention Center Room 313C Chair Robert L. Gleave, PhD, Brigham Young University Participant/1stAuthor Tom Golightly, PhD, Brigham Young University

Title: Introduction to Practice---Based Evidence and the Group Questionnaire Mark E. Beecher, PhD, Brigham Young University

Title: Using the Group Questionnaire to Better Understand Individual Members in Group Psychotherapy Derek Griner, PhD, Brigham Young University

Title: Using the Group Questionnaire to Better Understand Multiple Members in the Same Group Jenny A.N. Cannon, PhD, Brigham Young University

Title: Using the Group Questionnaire to Better Understand Group Interactions With the Leader(s) Kelly Abbott, PsyD, Brigham Young University

Title: Using the Group Questionnaire to Compare Different Groups Skill--- Building Session (S): Using Self---Disclosure in Group Psychotherapy--------

Strategies for Enhancing Group Cohesion 8/01 Thu: 10:00 AM --- 10:50 AM Convention Center Room 303A Chair Nancy K. Farber, PhD, Torrance State Hospital, PA Skill---

Building Session (S): Group----Centered Prevention Programs-------A New Approach for Creating Change With At---Risk Students 8/03 Sat: 8:00 AM --- 8:50 AM Convention Center Room 308A Chair Elaine Clanton Harpine, PhD, University of South Carolina Aiken

Skill---Building Session (S): Object Relations and Family Systems in Group Psychotherapy-------An Overview and Demonstration of Process 8/04 Sun: 8:00 AM -- - 9:50 AM Convention Center Room 303B Chair Kathleen Ritter, PhD, California State University-------Bakersfield

SYMPOSIA Symposium (S): Closing the Scientist------Practitioner Gap--------

Applying Interpersonal and Attachment Theory to Group Work 8/01 Thu: 11:00 AM -- - 11:50 AM Convention Center Room 318A Chair Martyn Whittingham, PhD, Wright State University Participant/1stAuthor Cheri L. Marmarosh, PhD, George Washington University

Title: One Size Does Not Fit All: Applying Attachment Theory to Group Work Martyn Whittingham, PhD,

Title: Focused Brief Group Therapy: How Interpersonal Theory and Formal Assessment Can Enhance Outcomes Dennis M. Kivlighan, Jr., PhD, University of Maryland College Park

Title: Attachment and Interpersonal Styles: How They Influence Group Climate Discussant Dennis M. Kivlighan, Jr., PhD,

Symposium (S): Efficacy/Effectiveness of Small Group Treatments--------A Worldview Perspective 8/02 Fri: 1:00 PM --- 1:50 PM Convention Center Room 317A

Chair Gary M. Burlingame, PhD, Brigham Young University Participant/1stAuthor Jyssica D. Seebeck, BS, Brigham Young University

Title: Differential Efficacy of Group Versus Individual Format Using Equivalent Treatments Co---Author: Shelli Jones, BA, Brigham Young University Co---Author: Gary M. Burlingame, PhD, Brigham Young University Brian Redford, BS, Brigham Young University

Title: Efficacy/Effectiveness of Small Group Treatments With Schizophrenic Patients Co---Author: Shelli Jones, BA, Brigham Young University Co---Author: Gary M. Burlingame, PhD, Brigham Young University Co---Author: Jyssica D. Seebeck, BS, Brigham Young University Tristin Roney, MA, Brigham Young University

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Title: A Meta-Analysis of Group Treatments for Borderline Personality Disorder Co---Author: Jenny A.N. Cannon, PhD, Brigham Young University Co---Author: Gary M. Burlingame, PhD, Brigham Young University

Symposium (S): Multicultural Competence and Social Justice Across Borders in Group Counseling 8/03 Sat: 9:00 AM --- 9:50 AM Convention Center Room 302A Co---Author: Joseph R. Miles, PhD, University of Tennessee, Knoxville Co---Author: Eric C. Chen, PhD, Rick Trammel, PhD, Argosy University, Hawai'i

Title: Themes on Multiculturalism and Social Justice in Group Counseling Research Co---Author: Eric C. Chen, PhD, Fordham University

Title: Multicultural Groups and Social Justice Issues With Transgender Native Hawaiians Co---Author: Patrick K. Kamakawiwo'ole, PsyD, Argosy University, Hawai'i Co---Author: Eric C. Chen, PhD, Allyson Regis, MEd, Fordham University

Title: Ethical and Legal Considerations in Group Counseling for Undocumented Immigrants Co---Author: Kourtney Bennett, MEd, Fordham University Co---Author: Eric C. Chen, PhD, Fordham University Gary L. Dillon, Jr., MA, Fordham University

Title: Group Counseling With Undocumented College Students: Supports and Barriers Co---Author: Jill Huang, MEd, Fordham University Co---Author: Eric C. Chen, PhD, Fordham University

Symposium (S): Global Perspectives in Culturally Responsive Practice and Training in Group Psychology 8/03 Sat: 11:00 AM --- 11:50 AM Convention Center Room 304A Co---Author: Fred Bemak, EdD, George Mason University Participant/1stAuthor Fred Bemak, EdD, Rita Chi---Ying Chung, PhD, George Mason University Robert K. Conyne, PhD, University of Cincinnati

Symposium (S): Ethical Issues in Working With Diversity in Groups---------Selection, Preparation, and Intentionality 8/4 Sunday: 10---10:50 AM Convention Center Room 352 Co---Author: Rebecca R. MacNair---Semands, PhD, University of North Carolina at Charlotte Co---Author: Rebecca R. MacNair---Semands, PhD, Maria T. Riva, PhD, University of Denver

Title: Ethical Issues Related to Social Justice in Groups

Title: Shedding Light on Group Research With Culturally Diverse Persons Discussant Cheri L. Marmarosh, PhD, George Washington University

Symposium (S): Group Therapy Treatment Outcome--------Exploring the Influence of Group and Individual Factors 8/04 Sun: 10:00 AM --- 10:50 AM Convention Center Room 318A Co---Author: Margaret---Anne Mackintosh, PhD, National Center for PTSD---Pacific Islands Division, Honolulu, HI

Title: Factors Predicting Differences in Group Treatment Outcomes Co---Author: Jennifer A. Schneider, PhD, National Center for PTSD------Pacific Islands Division, Honolulu, HI Co---Author: Nancy M. Cha, PhD, National Center for PTSD------Pacific Islands Division, Honolulu, HI Co---Author: Leslie A. Morland, PhD, National Center for PTSD------Pacific Islands Division, Honolulu, HI Karin M. Hodges, PsyD, Massachusetts General Hospital, Boston

Title: How and for Whom Does Socioeconomic Hardship Influence Psychodynamic Group Treatment Outcome? Co---Author: Katie L. Randall, BA, Antioch University New England Co---Author: Xiaodong Liu, EdD, Brandeis University Erin Deneke, PhD, Caron Treatment Centers, Wernersville, PA
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**Title: Sustained Intervention and Intrapersonal Change After Brief Residential Group Therapy Program**
*Author:* Elizabeth E. Epstein, PhD, Rutgers the State University of New Jersey New Brunswick Campus
*Author:* Kevin A. Hallgren, MS, University of New Mexico
*Author:* Ann Smith, MS, Caron Treatment Center, Wernersville, PA
*Author:* Austin Houghtaling, PhD, Caron Treatment Center, Wernersville, PA

**POSTER SESSION Poster Session (F): [Poster Session]** 8/02 Fri: 12:00 PM ---
12:50 PM Convention Center Kamemehama Exhibit Hall Participant/1st Author Sam Steen, PhD, George Washington University

**Title: Does Sharing Personal Reflections on Group Process Improve Group Cohesion?**
*Author:* Elaina A. Vasserman-Stokes, MA, George Washington University
*Author:* Rachel Vannatta, MEd, George Washington University
*Author:* Samantha J. Schwartz-Oscar, PhD, Washington State University

**Title: Comparison of a Cbt+Life Review Intervention and a Life Review Only Intervention for Older Adults**
*Author:* Sean C. Woodland, BS, Brigham Young University

**Title: A Systematic Inquiry of Outcome Measures in Group Psychotherapy**
*Author:* Gary M. Burlingame, PhD, Brigham Young University
*Author:* Kyle Lindsay, Brigham Young University
*Author:* Paige McAllister, Brigham Young University
*Author:* Carolyn C. Ellis, MA, George Fox University

**Title: What Leads to Service Member Engagement in Group Therapy: Factors Affecting Patient Working Capacity**
*Author:* Timothy Cooper, MA, George Fox University
*Author:* Nathan Engle, BA, George Fox University
*Author:* Mary A. Peterson, PhD, George Fox University
*Author:* Alia R. Warner, EdS, MS, Florida State University

**Title: Mindfulness-Based Stress Reduction for Female Inmates: A Group Curriculum**
*Author:* Sabrina M. Di Lonardo, EdS, MS, Florida State University
*Author:* Delia Avelar, MA, Argosy University, Phoenix

**Title: Culturally Responsive Program to Decrease Depressive Symptoms for Immigrant Latina Women**
*Author:* Emma R. Kahle, University of Michigan
*Author:* Ann Arbor

**Title: Hope and Vitality As Interactive Predictors of Depressive Symptoms and Suicide Behavior**
*Author:* Edward C. Chang, PhD, University of Michigan
*Author:* Ann Arbor
*Author:* Elizabeth A. Yu, University of Michigan
*Author:* Ann Arbor
*Author:* Marisa J. Perera, BA, University of Michigan
*Author:* Ann Arbor
*Author:* Yvonne Kupfermann, University of Michigan
*Author:* Ann Arbor
*Author:* Jameson K. Hirsch, PhD, East Tennessee State University

**Title: Practice of Hula Care Support Program Between Mother---Child and Undergraduate Students**
*Author:* Tsuyoshi Yamada, MD, Okayama University, Japan
*Author:* Kathryn M. Pavlik, PsyD, Children’s Hospital Los Angeles, CA

**Title: Evidence-Based Group Treatment Model Adapted for a Female Homeless Population**
*Author:* Hannah L. Miller, PsyD, Children’s Hospital Los Angeles, CA
*Author:* Cynthia E. Munoz, PhD, Children’s Hospital Los Angeles, CA
*Author:* Sarah M. Rotsinger-Stemen, BA, Wright State University

**Title: Focused Brief Group Therapy: An Effectiveness Study**
*Author:* Martyn Whittingham, PhD, Wright State University
*Author:* Michelle Sobon, BA, Wright State University

**Title: Assessing Change Patterns of the Overly Accommodating Subtype Within Focused**
Criterion VI. Advanced Preparation in the Parameters of Practice

**Brief Group Therapy** Co---Author: Martyn Whittingham, PhD, Wright State University Lee Gillis, PhD, Georgia College

**Title: Shunda Creek: Intentional Individually Focused Adventure Therapy in a Young Adult Residential Addiction Group** Co---Author: Keith C. Russell, PhD, Western Washington University Kevin A. Hallgren, MS, University of New Mexico

**Title: Effect of Purported Mediators on Outcomes in a 5---Day Residential Group Therapy Program** Co---Author: Erin Deneke, PhD, Caron Treatment Center, Wernersville, PA Co---Author: Elizabeth E. Epstein, PhD, Rutgers the State University of New Jersey/Piscataway Co---Author: Ann Smith, MS, Caron Treatment Center, Wernersville, PA Co---Author: Austin Houghtaling, PhD, Caron Treatment Center, Wernersville, PA Bobbi L. Beale, PsyD, Child & Adolescent Behavioral Health, Canton, OH

**Title: Kinesthetic Metaphors in Adventure Therapy Groups for Traditional Community Mental Health Settings** Co---Author: Anita R. Tucker, PhD, University of New Hampshire Co---Author: Lee Gillis, PhD, Georgia College Leslie H. Ponciano, PhD, Loyola Marymount University

**Title: Developing a Measure of Group Attachment** Maria Kajankova, MSE, BA, Fordham University

**Title: Dual Relationships and Power Negotiation in Counselor Training Groups** Co---Author: Eric C. Chen, PhD, Fordham University Co---Author: Jill Huang, MEd, Fordham University Co---Author: Kali R. Rowe, BA, Fordham University Elizabeth B. Cleves, MA, Argosy University, San Francisco Bay Area

**Title: Group Therapy for Adult Children of Narcissistic Parents From a Control Mastery Perspective** Leslie E. Stelljes Nanson, BA, George Washington University

**Title: Room for Two: Creating Space for Men in a Women's Group** Co---Author: Rachel M. Sassoon, MEd, George Washington University Co---Author: Jonathan C. Stillerman, PhD, George Washington University Karen E. Farrell, PsyD, Midwestern University

**Title: Attitudinal Shifts in Graduate Students Training With Stereotyped Populations** Co---Author: Diana J. Semmelhack, PsyD, Midwestern University Co---Author: Lauren Fetherolf, MA, Midwestern University Co---Author: Hiren Ghayal, MA, Midwestern University Co---Author: Christina Gentile, MA, Midwestern University Diana J. Semmelhack, PsyD, Midwestern University

**Title: Psychotic Thinking in Our Social Groups: Harnessing Primary Process Thinking for Creative Work** Co---Author: Larry Ende, PhD, Independent Practice, Evanston, IL Co---Author: Clive Hazell, PhD, School of the Art Institute, Chicago, IL Co---Author: Karen E. Farrell, PsyD, Midwestern University Dennis C Wendt, MA, University of Michigan-----Ann Arbor

**Title: Toward an Evidence---Based Intensive Outpatient Curriculum for Veterans With Substance---Use Disorders** Co---Author: Colleen Ehrnstrom, PhD, VA Ann Arbor Healthcare System, MI

APA Convention Program 2014

Division/Group Search

Session data current as of 07/22/2014

You are viewing 1 - 20 out of 43 sessions.

Address given by Philip Zimbardo

Session ID: 2098

Session Type: Invited Address

Criterion VI
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Division/Group: 1, 3, 6, 8, 9, 12, 17, 34, 35, 39, 41, 46, 49, 51, 52, APAGS
Time: 9:00AM - 10:50AM
**Cognitive Processes at Work---Insight Into Organizational Decision Making and Learning**
Session ID: 4044
Session Type: Paper Session
Division/Group: 14, 3, 13, 21, 49, APAGS
Time: 9:00AM - 9:50AM

**Leadership Behavior---Implications for Performance and Creativity**
Session ID: 4119
Session Type: Paper Session
Division/Group: 14, 8, 13, 19, 47, 49
Time: 11:00AM - 11:50AM

**How Psychologists Can Help Create Healthy Workplaces**
Session ID: 3176
Session Type: Symposium
Division/Group: 14, 8, 13, 17, 34, 38, 42, 49, APAGS
Time: 11:00AM - 11:50AM

Session ID: 1194
Session Type: Symposium
Division/Group: 17, 27, 35, 39, 44, 49, 51, APAGS
Time: 12:00PM - 12:50PM

**Counseling Considerations for Older Sexual Minorities and Implications for Community-Based Services**
Session ID: 3010
Session Type: Symposium
Division/Group: 17, 22, 35, 39, 44, 49, 51
Time: 8:00AM - 8:50AM

**Creative Approaches to Addressing College Student Mental Health**
Session ID: 2115
Session Type: Symposium
Division/Group: 17, 12, 39, 49, APAGS
Time: 10:00AM - 10:50AM

**New Directions in Group Therapy Research**
Session ID: 1162
Session Type: Symposium
Division/Group: 17, 12, 29, 49
Time: 11:00AM - 11:50AM

**Individual and Group Treatment of Postconcussion Syndrome**
Session ID: 3014
Session Type: Skill-Building Session
Division/Group: 22, 6, 12, 17, 19, 40, 42, 49
Time: 8:00AM - 8:50AM

CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

**Paper Session**
Session ID: 1012
Session Type: Paper Session
Division/Group: 22, 6, 12, 17, 19, 28, 40, 49, 50
Time: 8:00AM - 8:50AM

**DSM-5---Problems, Solutions, and Alternatives**
Session ID: 3151
Session Type: Symposium
Division/Group: 32, 39, 1, 12, 17, 24, 25, 26, 35, 42, 43, 44, 49, 53, 56, APAGS
Time: 10:00AM - 11:50AM
Beyond Psychiatric Diagnosis---Critiques and Alternatives From U.K. Clinical Psychologists
Session ID: 3243
Session Type: Symposium
Division/Group: 32, 52, 12, 17, 24, 25, 26, 39, 42, 43, 44, 49, 53, 56
Time: 12:00PM - 1:50PM

Intervention Approaches in Autism and IDD
Session ID: 2015
Session Type: Paper Session
Division/Group: 33, 7, 12, 42, 49
Time: 8:00AM - 8:50AM

Effects of Identity, Rejection Sensitivity, and Diversity Climate Among Marginalized Women and Men
Session ID: 1299
Session Type: Symposium
Division/Group: 35, 3, 8, 9, 22, 27, 39, 45, 49, 51
Time: 2:00PM - 2:50PM

Community-Based Psychoanalysis---Building Partnerships and Bridging Cultures
Session ID: 1300
Session Type: Symposium
Division/Group: 39, 9, 19, 27, 32, 44, 49, APAGS
Time: 2:00PM - 2:50PM

What We Didn't Learn in School---Building a Successful Private Practice
Session ID: 1037
Session Type: Skill-Building Session
Division/Group: 42, 12, 35, 39, 49
Time: 8:00AM - 9:50AM

Therapist Self-Care---A Lifespan Perspective: Evidence-Based Expressive Writing As a Tool
Session ID: 4021
Session Type: Skill-Building Session
Division/Group: 42, 12, 34, 35, 49
Time: 8:00AM - 9:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Supersize---Developing a Great Group Practice
Session ID: 2039
Session Type: Symposium
Division/Group: 42, 12, 35, 39, 49
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Nuts and Bolts of Successful Practice
Session ID: 3155
Session Type: Symposium
Division/Group: 42, 1, 12, 31, 35, 39, 49
Time: 10:00AM - 11:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Sport-Based Interventions for Peace Building and Social Inclusion
Session ID: 3194
Session Type: Symposium
Division/Group: 48, 35, 47, 49, APAGS
Time: 11:00AM - 11:50AM

Group Therapy in an International Context---Group Research at the University of Haifa in Israel
Session ID: 2195
Session Type: Symposium
Division/Group: 49, 12, 17, 29, 52

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**Poster Session**
Session ID: 1258  
Session Type: Poster Session  
Division/Group: 49  
Time: 1:00PM - 1:50PM

**Business Meeting**
Session ID: 2273  
Session Type: Business Meeting

**Division/Group: 49**
Time: 3:00PM - 3:50PM

**Arthur Teicher Group Psychologist of the Year**
Session ID: 3227  
Session Type: Invited Address  
Division/Group: 49, 12, 17, 44  
Date: 08/09/2014  
Time: 12:00PM - 12:50PM

**Address given by Ruthellen Josselson**
Session ID: 1305  
Session Type: Invited Address  
Division/Group: 49, 12, 17, 39, 52

CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

**Address given by Lee Gillis**
Session ID: 2245  
Session Type: Presidential Address  
Division/Group: 49, 12, 17  
Time: 2:00PM - 2:50PM

**Working With Religion and Spirituality in General Process Groups**
Session ID: 4058  
Session Type: Skill-Building Session  
Division/Group: 49, 12, 17, 34, 36, APAGS  
Time: 9:00AM - 9:50AM

CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

**Ethical Issues in Working With Individual and Cultural Differences in Groups**
Session ID: 1356  
Session Type: Symposium  
Division/Group: 49, 12, 17, 22, 34, 39, 42, 44, APAGS  
Time: 3:00PM - 3:50PM

CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

**Practice-Based Explanations of Group Changes During Outdoor Behavioral Health Care Using OQ Measures**
Session ID: 3195  
Session Type: Symposium  
Division/Group: 49, 34, 50  
Time: 11:00AM - 11:50AM

CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

**Teaching Group Psychotherapy From an Experiential Perspective---A Live Group Model**
Session ID: 2042  
Session Type: Symposium
Criterion VI. Advanced Preparation in the Parameters of Practice

Division/Group: 49, 12, 17, 39, APAGS
Time: 8:00AM - 9:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Evidence-Based Practice and Multicultural Competencies in Group Therapy---Multiple Perspectives
Session ID: 1175
Session Type: Symposium Division/Group: 49, 12, 17, 42, APAGS
Time: 11:00AM - 11:50AM
CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Active Group Interventions That Encourage Change---Kinesthetic Metaphors
Session ID: 1095
Session Type: Skill-Building Session
Division/Group: 49, 12, 17, 34
Date: 08/07/2014
Time: 9:00AM - 10:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Understanding Self and Others---An Experiential Process Group
Session ID: 3105
Session Type: Skill-Building Session Division/Group: 49, 12, 17, 34, 39, APAGS
Time: 9:00AM - 10:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Prevention Groups for At-Risk Students---How and Why Groups Work
Session ID: 2137
Session Type: Skill-Building Session
Division/Group: 49, 17, 54
Time: 10:00AM - 10:50AM
CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Group Therapy As a Response to Modern Challenges in College Counseling
Session ID: 4098
Time: 10:00AM - 10:50AM
CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Exploring the Journey---Psychological, Spiritual, and Social Constructs in NA Recovery
Session ID: 4158
Session Type: Symposium Division/Group: 50, 17, 19, 28, 36, 39, 49
Time: 12:00PM - 12:50PM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Gender Differences in SUD Treatment: Recent Findings From the Clinical Trials Network
Session ID: 4109
Session Type: Symposium
Division/Group: 50, 12, 17, 28, 29, 35, 42, 44, 49
Time: 10:00AM - 11:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Depression, Anxiety, Anger---Targeting Negative Emotions in the Treatment for Alcohol Use Disorders
Session ID: 3038
Session Type: Symposium
Division/Group: 50, 12, 17, 19, 28, 39, 44, 49
Time: 8:00AM - 9:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)
Recent Developments in Cognitive Therapy in Italy---Making Room for Emotions and Personal Experience
Session ID: 3093
Session Type: Symposium Division/Group: 52, 12, 17, 29, 49
Time: 9:00AM - 9:50AM

Implicit Attitudes---Motivation and Identification Session ID: 2004
Session Type: Symposium Division/Group: 8, 14, 49
Time: 8:00AM - 8:50AM
CE Credits: 1. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)

Intergroup Relations
Session ID: 2005
Session Type: Paper Session Division/Group: 9, 17, 27, 35, 44, 48, 49
Time: 8:00AM - 8:50AM

A Conversation With Aaron T. Beck, at 93, and Frank Farley
Session ID: 2281
Session Type: Conversation Hour
Division/Group: APA Board of Directors, 12, 17, 24, 25, 26, 39, 42, 43, 49, 53, 56
Time: 3:00PM - 3:50PM

Vitamin E---The Natural Environment As an Active Ingredient in Psychological Treatment
Session ID: 1045
Session Type: Symposium
Division/Group: Central Programming Group, 34, 32, 49
Time: 8:00AM - 9:50AM
CE Credits: 2. No additional fees to attend CES. There is a one-time fee to claim unlimited CE credits. (See page YY for instructions.)
Criterion VI. Advanced Preparation in the Parameters of Practice

Appendix 3. Recent Didactic and Experiential Conference Offerings

The Society of Group Psychology and Group Psychotherapy – APA Division 49 – August 4-7, 2016, Denver, CO

Skill-Building Session (A): Activating the Here and Now in Group Therapy

Skill-Building Session (A): Creating Active Interventions for Groups (CE Session)

Symposium (A): How Monitoring Group Process Informs Treatment Outcomes in Outdoor Behavioral Health Care (CE Session)

Symposium (A): Interactive World of Severe Mental Illness---Self Development, Graduate Students, and Creativity (CE Session)

Symposium (A): Barriers to Group Psychotherapy for African Americans, Latinos/as, and White University Students

Symposium (A): Feedback Informed Group Treatment---Does It Work, Do Therapists Use It, and How Much Do We Need?

Symposium (A): What Happens in Group---Evaluating Group Psychotherapy Process and Outcomes in Clinical and Training (CE Session)

Invited Address (A): Arthur Teicher Group Psychologist of the Year Invited Address

Invited Address: Melissa Streno Sports Psychologist

Symposium (A): Group Therapy in a Diverse Global Society---A Tool for Meaningful Change

Symposium (A): Group Counseling With International Students (CE Session)

Skill-Building Session (A): Bringing Research to Life---Integrating Science and Practice in Real-World Multicultural Settings

The Society of Group Psychology and Group Psychotherapy – APA Division 49 – August 3-6, 2017, Washington, DC

Skill-Building Session (A): Giving thanks together: A gratitude group program

Skill-Building Session (A) Object Relations and Family Systems in Group Psychotherapy: An Overview and Demonstration of Process

Symposium: Factors influencing client progress in group-based adventure therapy for addictions treatment

Symposium: Group Therapy with Diverse College Women

Symposium: Innovations in Group Psychotherapy: Integrating Theories and Targeted Treatment

Symposium: The Power of Groups for Social Skills Development in High Ability Adolescents with Social Deficits
**Division 49 2017 Webinars**

**Title:** Examining Between-Leader and Within-Leader Processes in Group Therapy  
**Presenters:** Drs. Martin and Dennis Kivlighan  
**Date/Time:** Friday September 29, 2017 at Noon EST

**Title:** Statistical Discourse Analysis: Modeling Sequences of Individual Actions During Group Interactions Across Time  
**Presenter:** Dr. Ming Ming Chiu  
**Date/Time:** Friday September 1, 2017 at 9:00am EST

**Title:** Using Recurrent Analysis to Analyze Group Dynamics  
**Presenter:** Dr. Andrew Knight  
**Date/Time:** Friday May 26, 2017 at 12:00pm EST

**Title:** Using Sequential Analyses and GSEQ to Study Team Dynamics  
**Presenter:** Dr. Florian Klonek  
**Date/Time:** Friday April 28, 2017 at 8:00am EST

**Title:** Evaluating the Multilevel Factor Structures of Measures Used in Group Research  
**Presenter:** Rebecca Janis  
**Date/Time:** March 24, 2017 at 12:00pm EST

**Title:** Estimation and Application of the Latent Group Model  
**Presenter:** Dr. Joseph Bonito  
**Date/Time:** February 24, 2017 at 12:00pm EST

**2016 American Group Psychotherapy Association Distance Learning Programs**

**January 17**  
Principles of Group Psychotherapy Course

**January 24**  
11:00 am - 12:30 pm
Principles of Group Psychotherapy Course

**January 24**  
7:00 pm – 18:30 pm
Diversity Training

**January 31**  
11:00 am - 12:30 pm
Principles of Group Psychotherapy Course

**February 7**  
11:00 am - 12:30 pm
Principles of Group Psychotherapy Course

**February 14**  
11:00 am - 12:30 pm
Principles of Group Psychotherapy Course

**July 24**  
7:00 pm – 8:30 pm
Book Club: Words from the Unspoken and the Unspeakable: Science and Speech in Group Therapy

**September 11**  
12:00 pm – 1:30 pm
The Large Group

**October 23**  
8:00 pm – 9:30 pm
Book Club: Addiction as an Attachment Disorder

**November 13**  
8:00 pm – 9:30 pm
Shame on You, Shame on Me: Working with Shame in Group Therapy

**December 11**  
8:00 pm - 9:30 pm
What about When It’s Not Face-2-Face: A Group Dialogue about Ethics & Technology
2017 American Group Psychotherapy Association Distance Learning Programs

January 8
Increasing Sensitivity to Cultural & Diversity Issues in AGPA (for AGPA Board, Institute Committee & Faculty)
8:00 pm – 9:30 pm

January 19
Increasing Sensitivity to Cultural & Diversity Issues in AGPA (for AGPA Board, Institute Committee & Faculty)
8:00 pm – 9:30 pm

January 22
Principles of Group Psychotherapy Course
11:00 am – 1:00 pm

January 29
Principles of Group Psychotherapy Course
11:00 am – 1:00 pm

February 5
Principles of Group Psychotherapy Course
11:00 am – 1:00 pm

February 5
Increasing Sensitivity to Cultural and Diversity Issues within AGPA (for Workshop & Open Session Committees & Faculty)
8:00 pm – 9:30 pm

February 12
Principles of Group Psychotherapy Course
11:00 am – 1:00 pm

February 19
Principles of Group Psychotherapy Course
11:00 am – 1:00 pm

February 20
Increasing Sensitivity to Cultural and Diversity Issues within AGPA (for Workshop & Open Session Committees & Faculty)
8:00 pm – 9:30 pm

May 7
Part 1. Loving and the Adolescent in Group Psychotherapy: The Therapeutic Use of Countertransference
8:00 pm – 9:30 pm

May 14
Part 2. Loving and the Adolescent in Group Psychotherapy: The Therapeutic Use of Countertransference
8:00 pm – 9:30 pm

June 4
Difficult Moments in Group Psychotherapy
8:00 pm – 9:30 pm

July 23
Contemplative Based Trauma and Resiliency Training
8:00 pm – 9:30 pm

September 10
Difficult Moments in Group Psychotherapy
1:00 pm - 2:30 pm

October 8
Diversity of the Group Leader
8:00 pm – 9:30 pm

December 10
Book Club: Fairy Tales & the Social Unconscious
8:00 pm – 9:30 pm
Promoting Secure Attachments through Group Therapy

Special Institute
Monday, February 23

Two-Day Institute
Tuesday & Wednesday, February 24-25

Three-Day Conference
Thursday, Friday, Saturday, February 26-28

2015
Hyatt Regency San Francisco at Embarcadero Center
Tuesday, February 24, 9:30 AM – 5:45 PM and Wednesday, February 25, 8:30 AM – 5:00 PM
Complete Course Descriptions on AGPA’s Website: www.agpa.org

Below are the listings of the two types of Institutes: Process Group Experiences (PGE) and Specific Interest Sections. The PGE participants acquire general therapy skills relevant to leading groups by participating in a process-oriented group. Specific Interest Sections offer participants a chance to explore a particular theme in greater depth or to learn a new theoretical approach. For Specific Interest Sections, previous participation in a PGE is recommended but not required. Members agree to attend the entire group, to participate actively, and to respect the privacy of the other members. After attending an Institute, participants will be able to identify various aspects of group process and dynamics. These groups provide an important opportunity for experiential learning and growth.

Process Group Experience (PGE) Sections

I-A. General Process Group Experience

Entry Level  
Less than 4 years of group therapy experience  
Instructors:  
1. Patricia Barth, PhD, CGP, DLFAGPA  
2. Michael Frank, MA, MFT, CGP, LFAGPA  
3. Oona Metz, LICSW, CGP, FAGPA  
4. Margaret Postlewait, PhD, CGP, FAGPA  
5. Dan Raviv, PhD, CGP, FAGPA  
6. Neal Spivack, PhD, CGP, FAGPA

Intermediate Level  
4-9 years of group therapy experience  
Instructors:  
7. Scott Conkright, PsyD, CGP  
8. Barbara Fitt, PhD, CGP, FAGPA  
9. Catherine Reedy, LCSW, LMSC, BCD, CGP  
10. Kathy Rider, LCSW, BCD, CGP, FAGPA

Advanced Level  
10+ years of group therapy experience  
Instructors:  
11. Cherri Finniss, PsyD, CGP, FAGPA  
12. Norman Neiberg, PhD, CGP, DLFAGPA  
13. Ginger Sullivan, MA, LPC, CGP  
14. Barry Weisman, PhD, CGP, LFAGPA

I-B. Process Group Experience Section with Mixed Levels of Experience  
Instructors:  
1. John Cafaro, PhD, FAGPA  
2. Lisa Mahan, PhD, CGP, FAGPA  
3. Lawrence Viens, PhD, CGP

I-C. Process Group Experience Section for Senior Therapists  
Limited to prior AGPA Institute registrants who have participated in four or more AGPA Institutes.  
Instructors:  
1. Jerome Gara, MD, CGP, DLFAGPA, DLFAPA  
2. Paul Kaye, PhD, CGP, FAGPA & Garen Logan, LPC, LPC-S, CGP

I-D. Two-Year Continuous Section  
Registration for this section assumes attendance at two consecutive Annual Meetings.  
(At the end of the second year of this two-year group, new participants will not be accepted.)  
Instructor:  
Francis Kakslikas, PsyD, CGP, FAGPA

I-E. Two-Year Continuous Section with Intermittent Conference Calls  
Registration for this section assumes attendance at two consecutive Annual Meetings.  
There will be five telephone conference call sessions between the two annual meetings.  
(At the end of the second year of this two-year group, new participants will not be accepted.)  
Instructors:  
Gill Spielberg, MSW, PhD, ABPP, CGP, FAGPA & Robert Unger, MSW, PhD, CGP, FAGPA

I-F. Three-Year Continuous Section  
Registration for this section assumes attendance at three consecutive Annual Meetings.  
(At the end of the third year of this three-year group, new participants will not be accepted.)  
Instructor:  
Esther Stone, MSW, CGP, DLFAGPA

Specific Interest Sections

II. Attachment Theory and Group Psychotherapy  
Philip Flores, PhD, ABPP, CGP, LFAGPA

III. Becoming Who We Are in Groups: A Jungian Approach to Group Psychotherapy  
Justin Heckel, PhD, CGP

IV. Busting Out of Gender and Sexuality Binaries: Experiences on the Continua  
Joseph Avossa, MA, LPC, CGP, Kate Griffin, MA, LPC, CGP

V. Challenges and Opportunities for Therapists after Age 65  
George Max Nager, MD, CGP, FAGPA

VI. Enhancing the Group Process through a Co-Leader Fishbowl Technique  
Barbara Sturdivant-Bolden, MSN, RNCS, CGP, FAGPA & Frederic Ilfeld, Jr, MD, CGP

VII. Excitement and Shame in Group Psychotherapy  
Stewart Alford, MD, CGP, FAGPA

VIII. Expanding the Emotional Range in Group: The Leader's Emotional Receptivity  
Jeffrey Hudson, MEd, LPC, CGP, FAGPA

IX. Exploring Generational Transmission of Social Trauma and Healing  
Elaine Cooper, LCSW, PhD, CGP, DLFAPA

X. From Estrangement to Engagement: Mourning Life's Losses with Your Tribe  
Mary Sussman, LCSW, CGP, FAGPA

XI. Group Psychotherapy and Recovery from Addiction  
Jeffrey Roth, MD, CGP, FAGPA

XII. Healing from Group Inflicted Narcissistic Injuries Caused by Microaggressions  
Nina Brown, EdD, FAGPA

XIII. Healing the Spoken and Unspoken Traces of Trauma: Group as a Context  
Suzanne Phillips, PsyD, ABPP, CGP, FAGPA

XIV. Hide and Seek: Understanding Resistance to Connection in Group  
Michael Hegenscheid, MA, LPC, CGP, FAGPA

XV. An Intersubjective Approach to Working with Affect in Group Therapy  
Sara Emerson, LCSW, MSW, CGP, FAGPA

XVI. Leadership in Organizations: Is It Lonely at the Top? (AGPA Leadership Track)  
Darryl Purvis, PhD, ABPP, CGP, FAGPA

XVII. Minding the Body and Embodying the Mind: Somatic Experiencing® and the Self in the Group  
Rajeev Singh, PsyD, SEP, CGP

XVIII. Modern Gestalt Group Therapy: A Relational Approach to Growth and Healing  
Pete Coe, MSW, CGP, Daisy Reeve, MSW, CGP

XIX. Paradoxes of Desire in the Psychoanalytic Group  
Macario Giraldo, PhD, CGP

XX. Starting Where We Are: A Neurobiological Experiential Understanding of Scapegoating and Attachment  
Cindy Miller-Aron, MSW, CGP, FAGPA, Paul Cox, MD, CGP

XXI. Systems-Centered Functional Subgrouping and its Neurobiology  
Susan Gantt, PhD, ABPP, CGP, DLFAPA

XXII. Wise Intimacy: How Close is Too Near? How Far is Too Distant? How Soon is Too Fast?  
James Fishman, MSW, LCSW, CGP, Linda Rose, LCSW, BCD, BC-DMT, PCE, CGP

XXIII. Working with Love and Hate in Groups: Bringing Passion into Group Therapy  
Ronnie Levine, PhD, ABPP, CGP, FAGPA
THURSDAY, FEBRUARY 26
(10:00 AM-12:30 PM & 2:30-5:00 PM)

C1. PRINCIPLES OF GROUP PSYCHOTHERAPY (PART 2)*
Director: Joshua Gross, PhD, ARPP, CCP, FAGPA
Faculty: Michele Rubino, EdD, CCP
Michele Ruffin, PhD, CCP
Cindy Rothenberg, MEd, CCP
Brant Ruffin, MD, CCP

This course will meet the 10-hour didactic requirement for CCP certification and is designed to provide a basic understanding of the theory, principles and application of group work. Please note: Part 1 is a prerequisite for course attendance.

C2. FOCUSED BRIEF GROUP THERAPY: ENHANCING ATTACHMENT AND REDUCING INTERPERSONAL DISTRESS IN EIGHT SESSIONS OR LESS
Director: Martyn Whittingham, PhD, CCP
Faculty: Jordan Altso, PsyD
Jennifer Lote, PsyD

Director: Andrew Pajman, EdD, CCP
Faculty: Reed Amoroso, PsyD, CCP; FAGPA
Thomas Hume, MSS, CCP, FAGPA
D. Thomas Stone, Jr, PhD, CCP, FAGPA

FRIDAY, FEBRUARY 27
(10:00 AM-12:30 PM & 2:30-5:00 PM)

C4. TRAINING IN GROUP PSYCHOTHERAPY SUPERVISION
Director: Sharon Smith, LCSW-R, CCP, FAGPA

C5. INTEGRATIVE COGNITIVE-BEHAVIORAL GROUP THERAPY
Director: Greg Crosby, MA, LPC, CCP, FAGPA

SATURDAY, FEBRUARY 28
(9:00-11:30 AM & 2:00-4:30 PM)

C6. PROCESS ADDICTIONS FOR THE GROUP PSYCHOTHERAPIST: FROM ISOLATION TO ATTACHMENT*
Director: Shelley Korshak, MD, CCP, FAGPA
Marcia Nicewar, PsyD, CADC, CCP
Barney Strauss, MSW, MA, PCG, CCP

* Manuals are available for purchase in advance or onsite at the Meeting for these courses.

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Thursday

EARLY MORNING OPEN SESSIONS
(7:15-8:15 AM)

201. CONTEMPORARY GROUP PSYCHOTHERAPY RESEARCH
   Stoner Lennertz, MD, PhD; Sharan Schiffman, PhD
   OTA, FAGPA

202. THE SEVEN POTENTIAL HAZARDS OF BLURRED BOUNDARIES IN GROUP PSYCHOTHERAPY
   (ETHICS CE CREDIT AVAILABLE)
   Robert Gabbard, MD, CCP

203. CREATING A COMMUNAL HOME FOR COLLECTIVE TRAUMA THROUGH SOCIAL DREAMING
   George Bernard, PhD

204. THINKING ABOUT OUR WORK: THE IMPACT OF SIBLINGS, COLLEAGUES AND FORGIVENESS
   Walter Stone, MD, CCP, DLGAPA

205. MYTHODRAMA — GROUP PSYCHOTHERAPY WITH CHILDREN AND ADOLESCENTS
   Rezaz Kortani, MD, FAGPA; Chair: Nina Menashe-Kashwala, MA; Nina Strauss, MA

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EARLY MORNING COLLOQUIES
(7:15-8:15 AM)

COL.1. CONNECTION AND ACCOUNTABILITY: USE OF GROUP IN SUBOXONE PRESCRIBING FOR OPIOID ADDICTION
   Geoffrey Stone, MD, MPhP; Germans Pascual, MA; Brandi White, LICSW, LADC, CCP

COL.2. AN INNOVATIVE APPROACH TO TREATING WOMEN WITH A HISTORY OF TRAUMA AT A COLLEGE COUNSELING CENTER: A GROUP THERAPY AND SELF-DEFENSE TRAINING PROGRAM
   Lisa Weinberg, PhD

ALL-DAY WORKSHOPS
(10:00 AM-12:30 PM & 2:30-5:00 PM)

1a. SYSTEMS-CENTERED PHASES OF GROUP DEVELOPMENT IN SMALL AND MEDIAN GROUPS
   Yenice Agustin, ESL, DLGAPA, FAGPA

2a. SELF-STATE CONFIGURATIONS IN GROUP: THE SUBSTRATE OF ATTACHMENT
   Robert Andrew Barclays, PhD, CCP; FAGPA; Karie Klaassen, MA, CCP; K. Bealwell Lyons, PhD, CCP

3a. USING GROUPS IN TIMES OF TERROR, TRAGEDY AND THEIR AFTERMATH: BOSTON, HAIFA, LONDON, NEW YORK, TORONTO
   Phyllis Cohen, PhD, PsyD, CCP, LEAGPA; Howard Kibel, MD, CCP, DLGAPA; Mary Lee, MD, PhD, CCP, DLGAPA; John Schlapobesky, BA, MSc, MEd, GAPA, GCP

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Entrance Requirements:
NL = No limitations 4 = Less than four years of group leadership experience 10+ = More than ten years of group leadership experience
MORNING WORKSHOPS
(10:00 AM-12:30 PM)

4. ETHICAL DILEMMAS IN GROUP THERAPY: LEADERSHIP AND MEMBER PERSPECTIVES
   (ETHICS CE CREDITS AVAILABLE)
   Shanna Schwartzberg, EdD, CPR, FAGPA, CCG, FACPA
   (N/L)
   Joanne Ben-Naim, PsyD, CCG, LFAGPA
   Ani Katz, PsyD, CCG, LFAGPA, Social Work, MA, LSW,
   (N/L)
   TO BE OR NOT TO BE A PERFECTIONIST
   Shoshana Ben-Naim, PsyD, CCG, LFAGPA
   (N/L)
   ARE WE THERE YET? PROBLEMS WITH FAST-FORWARDING IN OUR THERAPY CULTURE
   Dominick Girard, PhD, CCG
   (N/L)
   NOTHING HUMAN IS ALIEN TO ME: THE OUTLIER GROUP MEMBER
   Marc Scharmen, PsyD, CCG, FAPGA
   (N/L)
   USING GROUP INTERVENTIONS TO PROMOTE HEALTHY RELATIONSHIPS WITH MONEY
   Richard Kahler, MSW, CFCC, Courtney Pullen, MA, LPC
   (N/L)
   AFFECT IN SUPERVISION
   Elephant Counseling, EdD, CCG
   LFAGPA, Kathleen Hobbs Ulman, PhD, CCG, FACPA
   (N/L)
   INTEGRATING ACTION METHODS INTO YOUR GROUPS
   Sylvia Iwad, MFT, RDFT, RCT, TEFP
   (N/L)
   LACAN, DESIRE AND GROUP PSYCHOTHERAPY
   Scott Corlacht, PsyD, CCG
   (N/L)
   MEDICINAL DRUMMING: AN ANCIENT AND MODERN HEALING PRACTICE
   Sal Naimo, PhD
   (N/L)
   A CROWDED ROOM: USING IFS (INTERNAL FAMILY SYSTEMS) IN GROUPS
   R. Tracy MacNab, PhD, CCG, FACPA, Anni Katz, LSW, CGP
   (N/L)
   HUNGER AND LONGING: FOSTERING INTIMACY THROUGH ATTACHMENT AND INTERPERSONAL NEUROBIOLOGY
   Michel Adler, PsyD, CCG
   (N/L)
   GROUP THERAPY FOR PROCESSING ISSUES RELATED TO BODY IMAGE
   Anne Slauem McPherson, PsyD, ARNP, CCG, FACPA, Ravi Ranaum, PhD
   (N/L)
   THE GROUP THERAPIST AS CORPORATE TRAINER
   Richard Travers, LSW
   (N/L)
   STAYIN' ALIVE: CREATIVITY AND THE DEPRESSION GROUP
   Tammy Brown, MSW, LSW, CGP
   (N/L)
   CBT MANAGING ANGER GROUPS FOR PTSD: THE THERAPIST EXPERIENCE
   Barbara Niles, PhD, William Unger, PhD, Melissa Warner, PhD
   (N/L)
   CONTEMPORARY APPROACHES TO ADDICTION TREATMENT: MOTIVATIONAL INTERVIEWING, HARM REDUCTION, AND SMART RECOVERY
   Maurie Byrd, MA; A. Thomas Horvath, PhD; Amy Lebowitz, PsyD; Jerome LaDuke, MSW, CGP
   (N/L)

26. LIVING DANCE: STEPS TOWARDS SELF-REGULATION AND SECURE ATTACHMENTS IN GROUP THERAPY
   Danielle Friedland, PhD, BC-DMT, NO, LGCF, LMSW, CCG
   (N/L)
   FROM PREVERBAL TO VERBAL: TRANSLATING THE LANGUAGE OF THE BODY AS A PATHWAY TO INTIMACY AND ATTACHMENT
   Janice Morris, PsyD, ARIP, CGP, FACPA
   (N/L)
   ENRICHING THE ATTACHMENT POTENTIAL OF EXPERIENTIAL GROUP PROCESS USING MINDFULNESS-BASED ACTION METHODS
   Sue Barrison, MA, TEP, CGP, Kate Shook, MA, LPSY, TEP
   (N/L)
   THE PROCESS OF CORRECTING AND VITALIZING SELF-WORTH USING THE FOUR-STEP INTEGRATIVE MODEL FOR GROUP THERAPY
   Mohamed Ayman, Abdelhamed MD, PhD; Nushair Abd Mohamed, MD, PhD; Amin Makram Elmoustafa, MD, PhD
   (N/L)
   INTERCULTURAL CONFLICT TREATMENT AND HEALING COLLECTIVE TRAUMA
   Armand Vialla, MBA, MA
   (N/L)
   INTEGRATIVE DBT GROUP FACILITATION
   Claudie Artley, LCSW, CASAC, CGP
   (N/L)
   HEALING ATTACHMENT WOUNDS AND NEUROPSYCHOLOGICAL DYSREGULATION IN COUPLES THROUGH RELATIONSHIP-FOCUSED GROUP THERAPY
   Daryl Feldman, PhD, ARIP, CGP, Glorita Kahn, EdD, ARIP, CCG, FAPGA
   (N/L)
   SOCIAL SKILLS GROUP THERAPY WITH CHILDREN AND ADOLESCENTS
   Debbie Varyng, MFT
   (N/L)

MORNING OPEN SESSIONS
(10:00 AM-12:30 PM)

301. CULTURAL DIVERSITY IN AGPA: IMPLICATIONS FOR THE FUTURE OF AGPA AND THE GROWTH OF GROUP PSYCHOTHERAPY
   Erin Summerton, PhD, CCG, Chair; Karen Rice, DNP, CCG, FACPA, Chair-Elect; Malinda Hudgens, PsyD, CCG, President; Toby Ellen Newman, LCSW, CCG, President-Elect; Patricia Rosenberg, MLA; George Quijano, MD; CCG, FACPA
   (N/L)

302. MAPPING THEORY TO TECHNIQUE: WHERE THE MODEL MEETS THE METHOD
   Joseph Shu, PhD, CCG, FACPA, Chair; Stewart Aelred, MD, CCG, FACPA, Francom Jalandos, PsyD, CCG, FACPA, Ramme Levine, PhD, ARIP, CCG, FACPA, Lisa Mahon, PhD, CCG, FACPA
   (N/L)

303. ALONE IN THE PRESENCE OF VIRTUAL OTHERS: INTERNET GROUPS
   Hans Veitberg, PhD, CCG, FACPA, Chair; Shari Bacon, MSN, CCG, FACPA, Lucia Cusano, MSW; Robert Herring, MD
   (N/L)

LUNCH-TIME OPEN SESSION (12:45-2:00 PM)

LG-1 THE LARGE GROUP
   Rob Friedman, PhD, Nimor Said, MD, Co-Leaders; Mary Uhaloty, MSSW, CCG, FACPA, Consultant
   Also being held on Friday (12:45-2:00 pm) and Saturday (2:00-4:30 pm)

AFTERNOON WORKSHOPS
(2:30-5:00 PM)

20. TECHNIQUES OF FOSTERING EARLY GROUP COHESION WITH DIVERSE IDENTITIES
   Paul Gittelman, LSW, MSW, CCG, Paul Leibman, PhD, CCG
   (N/L)

21. ENGAGING WITH DREAMS IN GROUPS
   Mendylah Cohen, PhD
   (N/L)

22. CO-PARTICIPATION IN GROUP: AN INNOVATIVE APPROACH
   Andrew Big, PhD, ARIP
   (N/L)

23. NOT AGAIN: WHY SOME PEOPLE REPEAT RELATIONSHIPS WITH ABUSIVE PARTNERS AND HOW GROUP THERAPY CAN HELP
   Mary Nicholas, LCSW, PhD, CCG, FACPA
   (N/L)

24. MASTERS' SUPERVISION ON CO-LEADERSHIP
   Barbara Kiddar, MA; Eugene Kidden, MD, CCG, FACPA
   (N/L)

25. GROUP PSYCHOTHERAPY FOCUSED ON THE TRANSPERSONAL AND SPIRITUALITY
   John Frederick Hart, MD
   (N/L)

AFTERNOON OPEN SESSIONS
(2:30-5:00 PM)

304. GROUP PSYCHOTHERAPY PRACTICE OF THE FUTURE
   Elephant Counseling, EdD, CCG, LFAGPA, Chair; Barry Hahn, PsyD, CCG, FACPA, Chair; Oana Metz, LCSW, CCG, FACPA, Fannq Molofsky, MD, CGP, FACPA, Kathleen Habib Ulman, PhD, CCG, FACPA
   (N/L)

305. REVOLVING DOORS AND BRIEF ENCOUNTERS: DARE WE DO INPATIENT GROUPS?
   Catherine Deering, PhD, ARIP, CCG, Leslie Rosenthal, PhD, ARIP, CCG, Guy Chour, Wesley Cook, PsyD, MAC, Leslie Ann Dohson, PsyD, Carolyn Ellis, PsyD, Manoel Venencelli, PhD, CCG, LFAGPA
   (N/L)

306. USES OF THE SELF IN GROUP LEADERSHIP
   Elizabeth Nappia, PhD, CCG, Chair; Cheryc Finkin, PsyD, CCG, FACPA, Jerome Gans, MD, CCG, DLFA, FACPA, Robin Good, PhD, CCG, FACPA, Robert Grosman, PhD
   (N/L)

Membership Community Meeting
5:15-7:15 PM
   Presiding: Lib Givens, PhD, CCG, LFAGPA, AGPA President
   Complete course descriptions can be found on AGPA's Website: www.AGPA.org
Friday

February 27, 8:30-9:45 A.M.
Anne and Ramon Alonso Plenary Address

Will You Still Need Me?: How Secure Attachment in Intimate Relationships May Protect Our Minds as Well as Our Hearts as We Grow Old

Featured Speaker: Robert Waldinger, MD

Secure attachment is central to wellbeing throughout the lifespan. This presentation describes a study of octogenarian marriages from the 75-year-long Harvard Study of Adult Development. Dr. Waldinger will present an overview of attachment in couples, along with findings suggesting that security of attachment may protect cognition and wellbeing as we age.

Dr. Robert Waldinger is the author of numerous scientific papers as well as two books: Psychiatry for Medical Students and Effective Psychotherapy with Borderline Patients: Case Studies. Dr. Waldinger studies human development across the adult lifespan, with a special emphasis on the ways that close relationships shape our lives and affect our health. He is a practicing psychiatrist and psychoanalyst. He teaches Harvard medical students and psychiatry residents, and is on the faculty of the Boston Psychoanalytic Institute.

EARLY MORNING OPEN SESSIONS (7:15-8:15 AM)

206. CONTEMPORARY GROUP PSYCHOTHERAPY RESEARCH
Marilyn Lanea, DNSc, CS, ARNP, PAAN, Zipora Shechtman, PhD, FAGPA

207. RISKY BUSINESS: ASSESSING SUICIDE IN GROUP THERAPY
 JACKSON-COOPER-HOLDS, PH.D., CHAIR, SHARON BLACK, M.A.; ETAC; MILEY; MANUEL; MARILYN JACOB; MARGARET TAYLOR DAVIS, MS; JUSTIN PETERS; MA; JOSHUA TAYLOR; MA

208. GROUP PSYCHOTHERAPY AND LATEX: CULTURAL NUANCES FOR PROVIDING EFFECTIVE TREATMENT
REGINA ARNAS, M.D., C.G.P.; VERNETTE FLORES, PH.D.

209. THE STIGMA OF MENTAL ILLNESS: AN EDUCATIONAL INTERVENTION FOR MEDICAL STUDENTS (AND OTHERS)
(PSYCHIATRY SIG BREAKFAST MEETING)
RACHEL MARGARET BROWN, MHMS, MPH, CGP

210. PROCESS GROUPS IN A MILITARY SETTING: SIMILARITIES/DIFFERENCES WITH OTHER SETTINGS
JOSEPH WINE, MD

EARLY MORNING COLLOQUIUMS (7:15-8:15 AM)

COL. 3. DEVELOPING THE WHOLE MUSICIAN: CULTIVATING ARTISTRY THROUGH A UNIQUE GROUP THERAPY MODEL
MATTHEW TROSTLE, MA; MM, LPC, CACII, CGP

COL. 4. KORU: AN EVIDENCE-BASED GROUP MODEL OF MINDFULNESS TRAINING FOR COLLEGE STUDENTS
LIBBY WILHELM, LSWW

COL. 5. "SECURE PRESENCE" - MODEL FOR TRAUMA GROUP PSYCHOTHERAPY IN NATURE: A CASE STUDY GROUP FOR SPouses OF FORMER PRISONERS OF WAR AND PTSD VETERANS
ANN-KERRI-NEUMAN KATZ, MA

ALL-DAY WORKSHOPS (10:00 AM-12:30 PM & 2:30-5:00 PM)

34a. FAMILY GENOMES, FAMILY MAPPING & FAMILY SCULPTURE: PROMOTING SECURE ATTACHMENT THROUGH GROUP
Penclopa, La Rolle, MFA, BA, CGP

MORNING WORKSHOPS (10:00 AM-12:30 PM)

37. IMMEDIACY—BRIDGING EMOTIONAL COMMUNICATION: THREE KEY WAYS GROUPS COMMUNICATE
GREG MACCULL, DACW, CGP, FAGPA

38. LOVELY, DARK AND DEEP: REVISITING THE Lyrick IMPORTANCE OF ROBERT FROST, AND TRANSFORMATIONAL PROCESSES IN GROUP PSYCHOTHERAPY
WALKER SHIELDS, MD, CGP, FAGPA

39. ME RUN A GROUP? A CONSIDERATION OF WHAT KEEPS YOU FROM GROUP LEADERSHIP
DANNA FOLEY, PSYD, MARIE SORRENTO, PHD

40. A JOURNEY TOWARD MULTICULTURALLY COMPETENT LEADERSHIP
JEAN-SEAN REX, MD, PHG, LEARN TERRY Download, PHD

41. THE GROUP LEADER’S ISSUES AND ATTITUDES ABOUT MONEY
LAWRENCE REIS, PHD

42. DISCOVERING WHY WE PICK THE MATES WE DO IN A GROUP
PSYLO JACOBS, MA, LMFT, CGP

43. EFFECTIVE AND EFFICIENT SUPERVISION: DOING IT IN GROUP
ARTHUR GRAY, PhD

44. THERAPY IS GOING TO THE DOGS: AN ANIMAL-ASSISTED GROUP EXPERIENCE
LORRAINE WODTKE, PHD, APBP, CGP

45. LONGING FOR THE SECURE BASE: WORKING WITH RESISTANCES TO EMOTIONAL CONTACT IN GROUP THERAPY
AARON BLACK, PHD

46. INTRODUCTION TO MINDFULNESS
KERRY KRIESEL, MD, PHD

47. ASSIMILATING THE PSYCHODRAMA MODALITY INTO THE GROUP COGNITIVE-BEHAVIORAL MODEL (GCBM)—DIRECTIONS FOR ACTION METHODS
DEBORAH DURILL, MD, PHD; DANIEL TORDREWELL, ESQ, TEP, CGP

48. THE BODY AS PRIMARY ACCESS TO THE SELF
NORTH EISING, PHD, BC-DMT, CGP, FAGPA

49. NEUROSCIENCE AND RACISM
ALAN BRAMBIR, PHD, CGP, FAGPA; FRANCES STEWART, PHD

50. ACTING LIKE KIDS: USING STRUCTURED ROLE PLAY TECHNIQUES TO TEACH GROUP THERAPY WITH CHILDREN AND ADOLESCENTS
ELIZABETH PEACOCK, PSYD, LCSWA, CGP; TONY SHEEPY, PSYD, CGP, FAGPA

51. LOVE, LIES, SECRETS, SHAME: HEALING ADDICTIONS, EATING DISORDERS AND TRAUMA SPANNING THE GENERATIONS
MAREIN KNICKOS, PSYD, CADC, CGP; DEBORAH SCHWARTZ, MD, MFCPC, CGP

52. COPING WITH MEDICAL ILLNESS: FACILITATING CONNECTION AND ATTACHMENT IN OLDER ADULTS
THROUGH GROUP THERAPY
KATHLEEN SCHWARTZ, MD, MFCPC; WILLIAM SHAPIRO, PSYD, CGP

53. THOU SHALT NOT: HOW RELIGION AND RELIGIOUS TRAUMA AFFECT US
ALISON MASSEY KRAMER, PHD, CGP

AFTERNOON WORKSHOPS

1½ HOUR WORKSHOPS (2:30-4:00 PM)

54-5. SOCIALIZATION AND LIBERATION: EXAMINING WHITE IDENTITY AND INTERNALIZED DOMINANCE
MELINDA ROBINSON, ESQ, CGP

55-6. LONGING FOR HOME: ATTACHMENTS TO PLACES AND SPACES PAST
MYRNA FRANK, PHD, CGP

56-5. ALL FEELINGS ARE WELCOME: EMBRACING RESISTANCE
YEN-HEE KONG, LCSW, CGP
A DREAM NOT EXPLORED IS LIKE A LETTER THAT HAS NOT BEEN OPENED SAYS THE TALKHUM: Alice Byrne, LCSW, CGP, FAPGA; Luana Kennedy, PsyD, CGP, Emanuel Shapiro, PhD, CGP, FAPGA. 

USING THE TECHNIQUE OF "CONFERENCEING" TO MAINTAIN A SENSE OF VITALITY AND CONNECTION IN YOUR GROUP: Michael Abravanel, LCSW, CGP. 

CHINA AND USA MEETING AT THE CROSSROADS: THE INTRAPSYCHIC CHALLENGE OF CULTURAL EXCHANGE: Bill Rolfer, MA, LCSW, CGP; Yong Xu, MA, CGP. 

OVERCOME YOUR RESISTANCE TO BUILDING YOUR IDEAL GROUP PRACTICE: Carol Dullinger, LCSW, EMDR, CGP. 

SKYPE-OTHERY 101: Mitchell Bernson, MA, MFT; Robert Hsiung, MD. 

WHAT IT TAKES: TRANSPARENCY OF POWER, PRIVILEGE, AND OPPRESSION DYNAMICS IN CO-FACILITATION: Debra Boggs, MA, Ugar Kostanetsky, MA, Regina Smith, MA, MFA. 

FROM PROCESS TO ACTION: AN OVERVIEW OF THE PARADIGM AND INTERVENTIONS OF EXISTENTIAL GROUP PSYCHOTHERAPY: Christian Cusson, LCSW, CGP; David Hayes, PhD. 

EMOTIONALLY FOCUSED GROUP PSYCHOTHERAPY (EFT): USING EMOTIONALLY FOCUSED THERAPY (EFT) PRINCIPLES TO FORGE SECURE ATTACHMENT IN A UNIQUE GROUP SETTING: Mary Staig, LCSW, CGP; Parker Stacy, MA. 

TOO CLOSE OR TOO DISTANT: AN INTEGRATIVE APPROACH: Anni Coss, PhD; Maria Maloney, MD; Noa Salyer, MD. 

SHORT-TERM GROUP ANALYTIC PSYCHOTHERAPY: TREATMENT APPROACH, INDICATIONS, AND TECHNIQUE: Michael Leventeen, MD, PhD.
Saturday

EVENING OPEN SESSIONS
(7:45-8:45 AM)

219. CONTEMPORARY GROUP PSYCHOTHERAPY RESEARCH Sarah Barkowski, DipPsych; Ashley Levy, MA; Stephanie McLaughlin, BA; Dominique Schuster, DipPsych

220. A NATIONAL REGISTRY FOR PSYCHOTHERAPY: DESCRIPTION, APPLICATION PROCESS AND ILLUSTRATION William Piper, PhD, CGP; DIFAGPA; Chair: Sally Barkow, PhD; GHP; ARGP; CGP; Gary Runge, PhD, CGP; DIFAGPA

221. IF I HAVE 1,000 FRIENDS, WHY DO I NEED A GROUP? Judith Simon, PhD, FACPA. Chair: Alex Johnson, BA; Elia Kaye, MSW; Alice Sklar, MA; CGP

222. TRAINING AND SUPERVISION IN COLLEGE COUNSELING CENTERS Heather Frank, PsyD; Chair: Michelle Lyons Bostelbreuer, LCSW, CGP; Elizabeth Ann Olson, PsyD, LCSW, CGP; Benjamin Schwartz, PsyD

223. THE KARPMAN DREAM TRIANGLE IN GROUP THERAPY WITH ALCOHOLICS Stephen Karpman, MD

EARLY MORNING COLLOQUIUMS (7:45-8:45 AM)

COL. 6: OF MICE AND MEN AND WOMEN: UNDERSTANDING THE CONDITIONING PROCESSES AT WORK IN PSYCHOdynamic GROUPS Russell Hoptenstock, PhD, CGP; DIFAGPA

COL. 7: BREATH & GROUP: USING MINDFULNESS AND GROUP PROCESS TO CULTIVATE AWARENESS OF THE INDIVIDUAL AND THE COLLECTIVE Eric Neher, MSW

ALL-DAY WORKSHOPS (9:00-1:30 AM & 2:00-4:30 PM)

23a. SHARING THE WORKLOAD, SHARING THE STAGE: WHAT MAKES CO-LEADERSHIP PARTNERSHIPS EFFECTIVE? Joan-Diane Smith, MSW, RSW, FCAP; Allan Steep, MSW, RSW, FCAP

23b. WHAT DO I HAVE TO OFFER? A GESTALT APPROACH TO TAKING LEADERSHIP AND CLINICAL PRACTICE Traun Auer, MSW, LCSW

23c. THE PERSISTENT ADOLESCENT: INTEGRATING REMNANTS OF ADOLESCENT IDENTITY TO ENHANCE GROUP LEADERSHIP David Dumas, LCSW, CGP; Craig Elson, RDT, CGP, LCAT, FACPA

MORNING WORKSHOPS (9:00-11:30 AM)

86. DARING OUR TRUTH: AUTHENTIC RELATING IN GROUP PSYCHOTHERAPY Wayne Ayers, PhD

87. TRANSCENDENT LAUGHTER IN GROUPS: ECHOES OF RELATIONAL SAFETY FROM OUR PRIOR PRACTICE Karen Jager, LCSW, CGP

88. YOUR THERAPIST'S PROFESSIONAL WIL - IF NOT NOW, WHEN? (ETHICS CE CREDITS AVAILABLE) Ann Stetler, PhD, MFT, CGP, DIFAGPA

89. TOGETHER THROUGH SONG Geraldine Alfieri, PhD, CGP

90. CONSOLIDATION IN GROUP TALKING ISSUES TOGETHER David Hawkins, MD, CGP, DIFAGPA; Pensova Kaufl, PhD, CGP, DIFAGPA

91. DIFFERENTIATION AND AUTHENTICITY: HOW THERAPISTS CAN EMPLOY UNIQUE PROPERTIES OF GROUPS TO FACILITATE SECURITY ATTACHMENTS Joan Konrath, MA; NPP; Kenneth Pollock, PhD, CGP

92. MINDFUL SELF-ESTEEM PRACTICES WITHIN A PSYCHOTHERAPY GROUP Nancy Wexen (HC, CGP); Jeannot Marotti, PhD

93. EXPRESSIVE ARTS THERAPY AND GROUP PSYCHOTHERAPY: INTEGRATION AND APPLICATION Lois Finefrock, MA, LMFT, MT/BC, CGP

94. USING DOUBLING IN GROUPS AND WITH COUPLES Daniel Wells, PhD

95. HEALING GRIEF CREATED BY RACIAL SEPARATION Brenda Aronson, MA; Joanne Gavin, CNS, PhD, CGP; Caroline Hankel, LCSW, BCD; Ann Jenkins, MA, MFT

GROUP TREATMENT FOR MEN WITH OUT OF CONTROL SEXUAL BEHAVIOR Douglas Brann-Harvey, MFT, CGP; Michael Vigorito, LMFT, LCP, CGP

GROUP PSYCHOTHERAPY WITH CHILDREN Zipora Schachter, PhD, DIFAGPA

WEIGHTING FOR INNER PEACE: EXPERIMENTAL-BASED GROUP PSYCHOTHERAPY WORK WITH EATING DISORDERS Anna Packrad, PhD; Mark Beecher, PhD; Jenine Bingham, PhD, Carolyn Haman, MA

AFTERNOON WORKSHOPS (2:00-4:30 PM)

99. TRUTH, CHOICE & CONSEQUENCES Judy Hess, PhD, CGP

100. SINGLE-SESSION DESIGN GROUPS Travis Crockett, LCSW, CGP, DIFAGPA

101. A SECURE GROUP ENVIRONMENT FOR “THE OTHER” IN A CONFLICT-RIDDEN SOCIETY USING DRAma TECHNIQUES Otra Fainman, MA

102. ENDINGS: LOSS AND TRANSITION LCP, CGP; Hilary Levin, PhD; Manuela Vincent, PhD, CGP, LCP, DIFAGPA

103. HELP, I'M BEING SUED! GROUP SUPPORT FOR MALPRACTICE CLAIMS AND BOARD COMPLAINTS Karsten Kuepenhefner, MD, CGP; Jennifer McLain, MD, CGP; Shabnah ONeill, MD, CGP

104. BEYOND THE STORY: USE OF A SECURELY-ATTACHED PSYCHOTHERAPY GROUP MODEL TO EVALUATE AND RE-INTERPRET EARLIER TRAUMA John Campbell, LCSW, CGP; Hannah Grace Marmol, LCSW, LCAT, CGP

105. ATTACHMENT THEN AND NOW: USING EMOTION IN GROUP TO ACCELERATE CHANGE Jacqueline Kinley, MD, FRCP, Diplomat ABPN; Sundara Rayno, PhD

106. HUMA SOMATIC PSYCHOTHERAPY: A HANDS-ON METHOD Louise Bierman, MA

107. PLAYING ONESELF TO PLAY TOGETHER: APPLYING IMPROV PRINCIPLES TO ATTACHMENT AND CO-DEPENDENCY IN GROUPS Victoria Te Yo Moore, MA; Katherine Zwick, LCP, DIFAGPA

108. THE DANCE OF CONNECTION Donna Sechler, PhD, BC-DMT

109. EFFECTIVELY PROMOTING GROUPS IN COLLEGE COUNSELING CENTERS Kelly Donohoe, PsyD; Amanda Petersen, MA; Yevgen Zulkov, PhD

110. GROUP THERAPY FOR SCHIZOPHRENIC PATIENTS Nick Kins, MD, CGP, RCP, DIFAGPA

111. CREATING SAFE AND WELCOMING SPACES FOR LGBTQA CLIENTS John Jack Mack, PhD; Lisa Karmo, MD

112. ATTACHMENT PROCESSES IN ACTION: EMOTIONALLY FOCUSED THERAPY (EFT) APPLIED TO COUPLES’ GROUPS Kyriaki Polychronis, MA; ECP, CGP; Petros Polychronis, MD, ECP

113. SUSTAINING HEALTHY ATTACHMENTS THROUGHOUT THE AGING PROCESS: EMOTIONAL WELLNESS GROUPS Ruth Thomson, MSW

MORNING OPEN SESSIONS (9:00-11:30 AM)

310. LOUIS R. ORMONTE LECTURE—ATTACHMENT IN GROUP PSYCHOTHERAPY: BRIDGING THEORY AND EMPIRICAL FINDINGS TO CLINICAL PRACTICE Louis Maranich, PhD

311. CURRENT TRENDS IN MODERN ANALYTIC GROUP TREATMENT Elliott Zemel, PhD, LCSW, CGP; DIFAGPA; Chair: Michael Alsabih, LCSW, CGP; Aaron Block, PhD, CGP; Nancy Kelly, PhD, MSW, CGP; Hilary Levine, PhD, CGP

312. THE BODY SPEAKS: GROUP THERAPY AS A MEANS OF ACCESSING EXPRESSION Sara Emerson, MSW; LCSW, CGP, DIFAGPA; Chair: Natalie Ewing, PhD, RDMF, CGP; FACPA; Leonardo Leidemann, PsyD, ARP, CGP

AFTERNOON OPEN SESSION (2:00-3:30 PM)

313. THE LARGE GROUP Rishi Prasad, PhD; Niner Said, MA; Co-Leader: Mary Hilde, MSW, CGP, DIFAGPA; Consultant; Also being held on Thursday and Friday, 12:45-2:45 pm

Entrance Requirements:
NL = No limitations < 40 Less than four years of group leadership experience
10+ = More than ten years of group leadership experience
2016
Transformation in Group: From Isolation to Connection

Special Institute: Monday, Feb. 22
Two-Day Institute: Tuesday & Wednesday, Feb. 23 & 24
Three-Day Conference: Thursday, Friday, Saturday, Feb. 25, 26 & 27

Sheraton New York Times Square Hotel
811 Seventh Avenue (at 53rd Street) New York, NY 10019
Two Special Institute Presentations
Monday, February 22, 9:00 A.M. – 5:00 P.M.

SI-1. From the Discourse of the Other to the Discourse with Others:
A Lacanian View on the Psychoanalytic Group
Instructor:
Macario Giraldo, PhD, CGP, FAGPA

Giraldo
Siegel

Central Lacanian concepts will be applied to work with the psychoanalytic group. The focus will be on how the work with the unconscious in the group can transform the subject from the one to the multiple, and from the multiple to the one. Participants will strengthen their ability to use language in their clinical work.

Dr. Macario Giraldo came to the United States with a Fulbright scholarship to Georgetown University in 1963. He obtained his Masters in applied linguistics in early 1964, and as part of his thesis, wrote two textbooks for the teaching of English at the elementary level in the schools of his native country, Colombia. These textbooks were used in many schools for some time. He has been a faculty member of the Washington School of Psychiatry since the early 70’s.

Dr. Giraldo is a founding member of the Lacanian Forum of Washington, DC. He is the author of "The Dialogues In/Of the Group: Lacanian Perspectives on the Psychoanalytic Group." This is the first book applying Lacanian Psychoanalysis to the psychoanalytic group. Dr. Giraldo has conducted numerous institutes at AGPA and has presented in the United States, Europe and South America over the past 20 years.

SI-2. Mindfulness in Group Therapy: Tailoring the Practice to the Problem
Instructor:
Ronald Siegel, PsyD

Mindfulness practices hold great promise for both our own personal development and as powerful tools to augment group psychotherapy. Mindfulness is not, however, a one-size-fits-all remedy. Practices need to be tailored to fit the needs of particular individuals and groups. This presentation will identify critical clinical considerations in choosing optimal practices.

Dr. Ronald Siegel is an Assistant Professor of Psychology at Harvard Medical School, where he has taught for over 30 years. He is a long-time student of mindfulness meditation and serves on the Board of Directors and faculty of the Institute for Meditation and Psychotherapy. Dr. Siegel teaches internationally about mindfulness, psychotherapy, and mind-body treatment and has worked for many years in community mental health with economically disadvantaged children and families. He maintains a private practice in Lincoln, Massachusetts. He is the co-author of "Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain," which integrates Western and Eastern approaches for treating chronic back pain, co-editor of the acclaimed books for professionals, Mindfulness and Psychotherapy and Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice.

Two-Day Institute Sections
February 23 & 24
Institute Opening Plenary Session
Tuesday, February 23, 8:30-9:15 A.M.

Coming in from the Cold: Conversation with a Stone
Featured Speaker:
Stewart Aledort, MD, CGP, FAGPA

This plenary address, just prior to the start of the Two-Day Institute, will focus on the different ways members will enter the group. References will be made to the poem, "Conversation with a Stone" by Wislawa Szymborska, to help explain the dynamics of the unconscious and the good and bad fits inherent in any group process. Personal information will be shared as well. There will be a focus on what the leaders may be experiencing and the mutual issues they share as the group develops over the two days.

Dr. Stewart Aledort is a member and one of the founders of the National Group Psychotherapy Institute at the Washington School of Psychiatry. He is a faculty member of the Washington Psychoanalytic Institute and a Clinical Associate Professor of Psychiatry at the George Washington School of Medicine. He is also in private practice in Washington, DC. Dr. Aledort is a Fellow of AGPA and has presented workshops and institutes at AGPA, and its affiliates for many years.

The Institute is primarily designed for clinical professionals who meet the requirements of at least a Master's degree in a mental health profession and who have clinical psychotherapy experience. Many sections of the Institute welcome psychiatric residents, graduate students in mental health degree programs as well as mental health workers who work in a range of human service settings. Please register for a session consistent with your experience.

The Institute is scheduled over two full days: Tuesday, February 23, 9:30 A.M. – 5:45 P.M. and Wednesday, February 24, 8:30 A.M. – 5:00 P.M. Registration will only be accepted for the full two-days and registrants will be expected to attend both days, including the Institute Opening Plenary Session. Continuing Education credit will not be awarded for partial attendance. Devoted to small group-experiential teaching, these two-day groups are led by carefully selected experienced instructors. The secure environment of these small groups allows for rich cognitive and emotional learning about group processes and oneself as well as an opportunity for personal and professional renewal. The Institute consists of two sections:

Process Group Experience (PGE) Sections: These small groups provide participants an environment in which to obtain, expand and retain their skills in conducting group therapy. The PGE sections are conducted by many of the country's outstanding group therapists. The group psychotherapy skills gained are important in conducting any group, regardless of its theoretical orientation, time parameter or patient population. PGE sections are essential training and benefit the participants, both personally and professionally. A portion of each PGE will be devoted. A maximum of 12 registrants will be accepted per group.

Specific Interest Sections: These sections offer intensive learning about specific theories and approaches in group treatment. Registrants can pursue current interests in greater depth or learn ways of integrating new approaches and methods into their private practice, clinic or agency work. Most of the Specific Interest Sections have extensive experiential components. Registration maximum (12-20 registrants) has been set by each instructor.

Observation and Evaluation: Institute sections will be observed by Institute Committee members. Registrants will be asked to complete evaluation questionnaires, designed to aid us in continually to provide high quality meeting, upon conclusion of their attendance at events.

Continuing Education for Two-Day Institute Sections:
13.0 credits/1.3 units
Below are the listings of the two types of Institutes: Process Group Experience (PGE) and Specific Interest Sections. The PGE participants acquire general therapy skills relevant to leading groups by participating in a process-oriented group. Specific Interest Sections offer participants a chance to explore a particular theme in greater depth or to learn a new theoretical approach. For Specific Interest Sections, previous participation in a PGE is recommended but not required. Members agree to attend the entire group, to participate actively, and to respect the privacy of the other members. After attending an Institute, participants will be able to identify various aspects of group process and dynamics. These groups provide an important opportunity for experiential learning and growth.

### Process Group Experience (PGE) Sections

#### I-A. General Process Group Experience

<table>
<thead>
<tr>
<th>Entry Level</th>
<th>Instructors</th>
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| Less than 4 years of group therapy leadership experience | 1. Patricia Barth, PhD, CGP, DLFAGPA  
2. John Catanzaro, PhD, FAGPA  
3. Patricia Kyle Dennis, PhD, LCSW, CGP  
4. Chetra Finnis, PsyD, CGP, FAGPA  
5. Michael Frank, MA, LMFT, CGP, LFAGPA  
6. Robin Good, PhD, CGP, FAGPA  
7. Margaret Postlewaite, PhD, CGP, FAGPA  
8. Sharan Schwartzberger, EdD, OTK, FAOTA, CGP, FAGPA |
| Intermediate Level | Instructors |
| 4-9 years of group therapy leadership experience | 9. Jeanne Bunker, MSW, CGP  
10. Jay Erwin-Grotky, MSW, MA, LCSW, CGP  
11. Andrea Groebel, PhD, RPT-S, CGP  
12. Elizabeth Olson, PsyD, LCSW  
13. John Schlapobersky, BA, MSc, CGP |
| Advanced Level | Instructors |
| 10+ years of group therapy leadership experience | 14. Lisa Mahon, PhD, CGP, FAGPA  
15. Darryl Pure, PhD, ABPP, CGP, FAGPA  
16. Dan Raviv, PhD, CGP, FAGPA  
17. Ginger Sullivan, MA, LPC, CGP  
18. Robert Wight, MD, CGP, LFAGPA |

#### I-B. Process Group Experience Section with Mixed Levels of Experience

<table>
<thead>
<tr>
<th>Instructors</th>
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| 1. Trish Cleary, MS, LCPC-MFT-ADHC, CGP, FAGPA  
2. Phyllis Merris, PhD, LCSW  
3. Judith Schaefer, LCSW, CGP, FAGPA  
4. Neal Sipnick, PhD, CGP, FAGPA  
5. Barney Straus, LCSW, CGP, FAGPA |

#### I-C. Process Group Experience Section for Senior Therapists

Limited to prior AGPA Institute instructors or registrants who have participated in four or more AGPA Institutes.

<table>
<thead>
<tr>
<th>Instructors</th>
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</thead>
</table>
| 1. Edith Stone, MSW, CGP, DLFAGPA  
2. Barry Weisman, PhD, CGP, LFAGPA |

#### I-D. Two-Year Continuous Section

Registration for this section assumes attendance at two consecutive Annual Meetings. (This is the 1st year of this two-year group; new participants will be accepted.)

<table>
<thead>
<tr>
<th>Instructors</th>
</tr>
</thead>
</table>
| Paul Kaye, PhD, CGP, FAGPA  
Gans Logan, LPC-S, CGP |

#### I-E. Two-Year Continuous Section with Intermittent Conference Calls

Registration for this section assumes attendance at two consecutive Annual Meetings. There will be five telephone conference call sessions between the two meetings onsite at the Institute. (This is the 2nd year of this two-year group; new participants will not be accepted.)

<table>
<thead>
<tr>
<th>Instructors</th>
</tr>
</thead>
</table>
| Gil Spielberg, MSW, PhD, ABPP, CGP, FAGPA  
Robert Unger, MSW, PhD, CGP, FAGPA |

#### I-F. National Instructor Designation Section

Registration for this section is available for approved 2015 NID applicants. (Next application will be available in 2017.)

<table>
<thead>
<tr>
<th>Instructor</th>
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<tbody>
<tr>
<td>Mary Dubsky, MSW, CGP, FAGPA</td>
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</tbody>
</table>

### Specific Interest Sections

#### II. 
	**Becoming Who We Are in Groups: A Jungian Approach to Group Psychotherapy**  
Justin Hecht, PhD, CGP, FAGPA

#### III. 
	**Beyond Binary: Gender, Sexual Identity and Sexuality in Group**  
Joseph Atwood, MA, LPC, CGP, FAGPA  
Katie Griffin, MA, LPC, CGP, FAGPA

#### IV. 
	**Bringing Life to Group Process: The Leader’s Use of Self**  
Nimer Said, MA  
Elliot Zessler, PhD, LCSW, CGP, DFAGPA

#### V. 
	**Coming Alive in Group: Mourning Life’s Losses with Your Tribe**  
Mary Sussillo, LCSW, BCD, CGP, FAGPA

#### VI. 
	**Developing a Post-Trauma Identity: Group as a Source of Integration and Healing**  
Suzanne Phillips, PsyD, ABPP, CGP, FAGPA

#### VII. 
	**Developing the Whole Performer: Cultivating Artistry through a Unique Group Therapy Model**  
Matthew Tomat, MA, LPC, CAC III, CGP

#### VIII. 
	**Expanding the Emotional Range in Group: The Leader’s Emotional Receptivity**  
Jeffrey Hudson, MA, LPC, CGP, FAGPA

#### IX. 
	**From Dichotomy to Diversity: Addiction Treatment in the 21st Century**  
Jeanie Little, LCSW, CGP

#### X. 
	**Group Psychotherapy and Attachment Theory**  
Philip Flores, PhD, ABPP, CGP, LFAGPA

#### XI. 
	**Lacan, Desire and Dread in Group Psychotherapy**  
Scott Cenkl, PsyD, CGP

#### XII. 
	**Making Contact: The Relational Therapist in the Group**  
Diane Montgomery-Logan, MA, CGP, FAGPA

#### XIII. 
	**Minding the Body and Embodying the Mind: Somatic Experiencing® the Self in Group**  
Roger Saint-Laurent, PsyD, SEP, CGI, MFAGPA  
Pete Taylor, PhD, SEP, CGP, FAGPA

#### XIV. 
	**Parallel Process Group Supervision/Consultation**  
Sue Oppenheimer, LCSW-R, CGP, FAGPA

#### XV. 
	**Passages to Leadership Perils and Passions: What are Your Desires to Lead? (AGPA Leadership Track)**  
Karen Travis, MSW, LCSW, CGP, FAGPA

#### XVI. 
	**Personal Exploration of Generational Social Trauma and Healing**  
Elaine Jean Cooper, LCSW, PhD, CGP, DFAGPA

#### XVII. 
	**Starting Where We Are: A Neurobiological Experiential Understanding of Scapegoating and Transformative Possibilities**  
Cindy Miller Aron, MSW, CGP, FAGPA  
Paul Cox, MD

#### XVIII. 
	**Systems-Centered’s Functional Subgrouping and its Neurobiology**  
Susan Garst, PhD, ABPP, CGP, DFAGPA

#### XIX. 
	**Under the Influence of Giants: Finding our Voices and Humanizing our Supervisors and Mentors**  
Jerome Garst, MD, CGP, DLFAGPA  
Joel Krieg, LCSW, CGP

#### XX. 
	**Wise Intimacy: How Close is Too Near? How Far is Too Distant? How Soon is Too Fast?**  
James Fishman, MSW, LCSW, CGP  
Linda Rose, LCSW, BCD, BC-EMD, CGP

#### XXI. 
	**Working with Love and Hate in Groups: Bringing Passion into Group Therapy**  
Ronnie Levine, PhD, ABPP, CGP, FAGPA
THURSDAY, FEBRUARY 25
(10:00 AM-12:30 PM & 2:30-5:00 PM)

C1. PRINCIPLES OF GROUP PSYCHOTHERAPY
Director: Joshua Gross, PhD, ABPP, CGP, FAGPA
Faculty: Craig Amsel, PsyD, CGP
Michelle Busselle, LCSW, CGP
Robert Gloave, PhD, ABPP, CGP
Margaret Postolowski, PhD, CGP, FAGPA
Michelle Ribenow, EdD, CGP
Brian Rothberg, MD, CGP

When combined with Part 1 (teleconference series), this course will meet the 12-hour didactic requirement for CGP certification and is designed to provide a basic understanding of the theory, principles and application of group work. Please note: Part 1 is a pre-requisite for course attendance.

C2. INTEGRATIVE COGNITIVE-BEHAVIORAL GROUP THERAPY
Director: Greg Crosby, MA, LPC, CGP, FAGPA
Faculty: Seth Ansong, PsyD, CGP, FAGPA
Thomas Hanster, LCSW, CGP, FAGPA
Andrew Pyman, EdD, CGP, FAGPA

C3. CONTEMPORARY ADOLESCENT GROUP PSYCHOTHERAPY: METHODS, MADNESS, AND THE FUN
Director: D. Thomas Stone, Jr, PhD, CGP, FAGPA
Faculty: Seth Ansong, PsyD, CGP, FAGPA
Thomas Hanster, LCSW, CGP, FAGPA
Andrew Pyman, EdD, CGP, FAGPA

FRIDAY, FEBRUARY 26
(10:00 AM-12:30 PM & 2:30-5:00 PM)

C4. ADDICTION AS AN ATTACHMENT DISORDER
Director: Phillip Flores, PhD, ABPP, CGP, LFAGPA

C5. FOCUSED BRIEF GROUP THERAPY: ESTABLISHING ATTACHMENT AND REDUCING INTERPERSONAL DISTRESS IN EIGHT SESSIONS OR LESS
Director: Martyn Whitingham, PhD, CGP
Faculty: Jordan Allison, PsyD
Jennifer Otto, PsyD

SATURDAY, FEBRUARY 27
(9:00-11:30 AM & 2:00-4:30 PM)

C6. FROM ISOLATION TO CONNECTION: PROCESS ADDICTIONS FOR THE GROUP PSYCHOTHERAPIST
Director: Shelley Kibbuk, MD, CGP, FAGPA
Marcia Nickow, PsyD, CADC, CGP
Barney Strauss, MD, MA, POGC, CGP, FAGPA

EARLY MORNING COLLOQUIES
(7:15-8:15 AM)

COL. 1. GROUP PROCESS AND THE CINEMA: GENERATING CLINICAL MOMENTUM AND FACILITATING CHANGE
Elisabeth LaMarre, LKCSW

COL. 2. SILENCE AND TRAUMA IN AN INPATIENT DAY CARE GROUP
Sharon Saad Ben, MA

COL. 3. INTERSUBJCTIVITY, SPIRITUALITY, AND DISAPPOINTMENT IN GROUP THERAPY FOR LOSS
Rachel Langford, PsyD, Setal Patel, PsyD, Steven Sandago, PhD

COL. 4. WOMEN AND DESIRE
Jennifer Gregory, MAMHC

ALL-DAY WORKSHOPS
(10:00 AM-12:30 PM & 2:30-5:00 PM)

1a. TECHNIQUES OF FOSTERING COHESION WITH DIVERSE IDENTITIES
Paul Gitterman, LKCSW, MSW, CGP; Paul LePhroie, PhD, CGP

2a. SHARING THE WORKLOAD, SHARING THE STAGE: MAKES CO-LEADER PARTNERSHIPS EFFECTIVE?
Allan Shaps, MSW, BSW; Joan-Ellen Smith, MSW, BSW

3a. ATTACHMENT IN GROUP THERAPY: FACILITATING A SECURE GROUP
Cheri Marmarosh, PhD

4a. COUPLES GONE WILD: TOP 10 COMPLICATIONS IN TREATING COUPLES
Joseph Spag, PhD, CGP, FAGPA

Entrance Requirements: N/A - No Limitations < 4th Less than four years of group leadership experience, 4th More than four years of group leadership experience, 5+ More than ten years of group leadership experience
Friday
February 26, 8:30-9:45 A.M.
Anne and Ramon Alonso Presidential Plenary Address
First You put the Chairs in a Circle: Becoming a Group Therapist
Featured Speaker:
Eleanor Counsellman, EdD, ABPP, CGP, LFAGPA

What does it mean to be a group therapist? It means having specialized dynamic and systemic training that enriches all of your clinical practice. It means being comfortable with process, with managing many interactions and reactions at once, and with moving between the intrapsychic and the interpersonal. Mainly, it means developing an internal identity as a group therapist — an identity that transcends fear of exposure and shame, withstands loneliness, and includes courage, discipline, transparency, excitement, and engagement in the here-and-now group process.

Dr. Eleanor Counsellman is an Assistant Clinical Professor at Harvard Medical School and has a private practice in Belmont, Massachusetts. She has served as Editor of The Group Circle, Co-Chair of the Institute Committee, Editorial Board member of the International Journal of Group Psychotherapy, and as President of the Northeastern Society for Group Psychotherapy. She has presented nationally and internationally on group therapy, has authored numerous articles and book chapters on individual, couple, and group psychotherapy, and has received both the American Award for Excellence in Psychodynamic Group Theory and the Affiliate Societies Assembly Award.

EARLY MORNING OPEN SESSIONS
(7:15-8:15 AM)

207. CONTEMPORARY GROUP PSYCHOTHERAPY RESEARCH
Steinor Loebstein, MD, PhD; Bernard Strauss, PhD, Co-Chairs; Jeremy Rosenfeld, PhD; Bernhard Strauss, PhD

208. DIFFERENT SHADES OF SELF: TRUE DIALOGUE ON SKIN COLOR, IDENTITY AND PRIVILEGE
Kavita Arora, PsyD; Sabina D'Silva, MD, MSc

209. RULES ARE MADE TO BE BROKEN: THE GROUP CONTRACT AS A CONTAINER FOR BUILDING CONNECTION
David Kaplanitz, LMFT, CGP, Chair; Brett Raptoph, LCPCT, CGP; Leigh Rocklin, LCPCT; Annie Weiss, LCSW, CGP

210. BALINT GROUPS FOR THERAPIST: OVERCOMING OUR UXV ISOLATION (PSYCHIATRY SIG BREAKFAST)
Elida Katherine Khawrun, PhD

211. ENHANCING RESILIENCE IN YOUTH ACROSS SETTINGS
Mary Karpatian Athos, PhD, Chair; Lisa Berghorst, PhD; Colleen Cummings, PhD; Brendan Rich, PhD

212. LAVENDER CHATS: A FLEXIBLE GROUP APPROACH TO SERVING TODAY'S LGBTQA COLLEGE STUDENTS
Mark Munoz, PhD, Chair; Jeremy Cohen, PhD; Valerie Faure, MS; Shengying Zhang, PhD, HNP

EARLY MORNING COLLOQUIES
(7:15-8:15 AM)

COL.5. IDENTIFYING GROUP INTERACTIONS AND GROUP EXPERIENCES USING QUALITATIVE AND QUANTITATIVE RESEARCH METHODS
Stuart Oldfieid, PhD

COL.6. CAN I TALK ABOUT THIS IN SUPERVISION? IS IT TOO PERSONAL? NOT PERSONAL ENOUGH?
ToniIe Horan, PhD

COL.7. A LOOK AT LEVELS OF RELATING IN GROUP THERAPY
Alfert Reck, PhD, CGP

MORNING WORKSHOPS
(1:00 AM-12:30 PM & 2:30-5:00 PM)

35a. THERAPY IS GOING TO THE DOGS: ETHICS FOR AND EXPERIENCE OF ANIMAL-ASSISTED GROUP PSYCHOTHERAPY
Lorraine Wodnick, PhD, ABPP, CGP

35b. GROUP DYNAMICS AND THE NEW HEROISM: CREATING A GROUP CONTEXT THAT SUPPORTS COURAGEOUS NONVIOLENT ACTION
Bill Roller, MA, LFAGPA; Xu Yong, MD, CGP

37a. EXPERIENCING NUCLEAR IDEAS: RELATIONAL GROUP PSYCHOTHERAPY
Richard R slower, PhD, ABPP, CGP

37b. ENRICHING THE HEALING POTENTIAL OF GROUP PROCESS USING MINDFULNESS-BASED ACTION METHODS
Sue Barran, MA, TEP, CGP; Katie Cook, MA, LPC, CSEP; TEP

MORNING WORKSHOPS
(1:00 AM-12:30 PM)

39. TO THONE OWN SELF BE TRUE
J. Scott Rutan, PhD, CGP, LFAGPA

40. LONGING FOR HOME: ATTACHMENTS, DETACHMENTS AND RE-ATTACHMENTS TO PAST MOTHERS AS RE-EXPERIENCED AND REPAIRED IN THE THERAPY GROUP
Myrra Foul, PhD, CGP

41. FROM ISOLATION TO CONNECTION THROUGH REVERIE IN GROUP PSYCHOTHERAPY
Walker Shields, MD, CGP, LFAGPA

42. UNTAPPING THE CRAZY-MAKING KNOTS OF RACISM: BEARING WITNESS IN THE GROUP
Patsy Cox, PhD, CGP; Betsy Lucey, LCSW, CASAC, SAP; Jeff Malley, PhD; Christine Schmidt, LCSW

43. NOT AGAIN! WHY SOME PEOPLE REPEAT RELATIONSHIPS WITH ABUSIVE PARTNERS AND HOW GROUP THERAPY CAN HELP
Mary Nicholas, LCSW, MD, CGP, LFAGPA

44. USE OF SELF AS A GROUP PSYCHOTHERAPIST: A CREATIVE PATH TO CONFIDENCE
Tammy Brown, MSSW, LCSW, CGP; Robert Murphy, MA, LPC, LMFT

45. BREATHE, TOUCH, MOTION: NONVERBAL CATALYSTS TO FURTHER GROUP PROCESSES
Dutchie Frankeil, MD, BC-DMT, NCC, LCAT, LMFT, CGP

46. A CROWDED ROOM: USING IFS (INTEGRAL FAMILY SYSTEMS) IN GROUPS
R. Tracy MacNair, PhD, CGP, LFAGPA; Annie Weiss, MSW, CGP

47. BONDING COGNITIVE BEHAVIORAL THERAPY WITH PSYCHODYNAMIC THEORY AND TECHNIQUES: THE COGNITIVE PSYCHODYNAMIC GROUP THERAPY (CPGT) MODEL
Thomas Trinchetti, EdD, TEP, CGP; Deborah Darby, BMEC, MA

48. FUNCTIONAL SUBGROUPING: ADDRESSING THE IDENTIFIED PATIENT AND SCAPEGOAT DYNAMICS IN GROUPS
Susan Brown, PhD; Norma Szymanski, MD

49. TOUCHING A HOT STOVE: HOW THE LEADER'S COUNTERTRANSFERENCE INHIBITS GROUP DISCUSSION OF SEXUAL CONCERNS
Kenneth Pollack, PhD, CGP

51. INTEGRATIVE GROUP THERAPY FOR DUAL DIAGNOSIS
Claudia Atos, MSW, LCSW-R, CASAC, CGP

52. TESTING POSSIBLE FUTURES IN THE LATER STAGES OF LIFE
Brenda Berman, PhD, ABPP, CGP; Lila Mowen, MSW

53. CATHARSIS VERSUS CONTAINMENT: APPROACHES TO EMOTION IN EMPIRICALLY SUPPORTED GROUP TREATMENTS FOR PTSD
Barbara Nolan, PhD, William Unger, PhD; Melissa Wartenberg, PhD

AFTERNOON WORKSHOPS
1 1/2 HOUR WORKSHOPS (2:30-4:00 PM)

35c. CONFIDENTIALITY AGREEMENTS AND BREACHES: ETHICAL, LEGAL, AND CLINICAL CONSIDERATIONS FOR THE GROUP PSYCHOTHERAPIST
Enrica Lomor, PsyD; Rebecca MacNair-Semonds, PhD, CGP, LFAGPA

Entrance Requirements: N/A: No Limitations; < 4: Less than four years of group leadership experience; > 4: More than four years of group leadership experience; > 10: More than ten years of group leadership experience.
ASSESSING FOR SUICIDALITY IN GROUP SETTINGS
Mary McGregor, MSW, LICSW, CGP; Dawn Plath, MSW, LICSW, CGP

INTEGRATIVE APPROACHES TO GROUP PLAY THERAPY
With young and school-aged children
Jennifer Shane, PsyD

ACCEPTANCE AND COMMITMENT THERAPY IN A COLLEGE COUNSELING CENTER
Sexual Trauma Group
Melinda Gorten-Jones, PhD; Jessica Bingham, PhD; June Lawrence, PhD

MORNING OPEN SESSIONS (10:00 AM-12:30 PM)

PRACTICAL AND USEFUL EVIDENCE-BASED PRACTICE: USING CLINICIAN-FRIENDLY PROCESS AND OUTCOME MEASURES TO ENHANCE YOUR GROUPS
Robert Grafe, PhD, ARNP, CGP; Chair: Mark Becher, PhD; Derek Giens, PhD; Kristina Hamann, PhD, CGP

CONTEMPORARY APPROACHES TO GROUP WORK WITH CHILDREN AND ADOLESCENTS ACROSS A RANGE OF SETTINGS
Seth Arrowens, PsyD, CGP, FAGPA; Chair: Naoma Gardner, PhD; Jeffrey Landau, MD; Heidi Landau, LCAT-BDC, BCT, CGP; Larry Mortazavi, MD, CGP; Francine Perlman, PhD, PCNS-B, CGP; Fernando Raudano, LCSW; Brett Ray蓬勃发展, PsyD

COUPLING IN THE 21ST CENTURY: DEEPENING ATTACHMENT THERAPEUTICALLY
David Hawkins, MD, CGP, DLFGPA; Chair: Judith Cohen, PhD, ARNP, CGP; FAGPA; Chair: Francine Perlman, PhD, PCNS-B, CGP; Matt Kramer, MSW, ARNP, CGP; DGAPA; Albert Novakowski, PsyD

LUNCH-TIME OPEN SESSION (1:00-2:15 PM)

THE LARGE GROUP
Anne Lindhardt, MD; Gesa-Walter, MA, Co-Leaders: Michael Stiers, Jr, PhD, CGP, Consultant
Also being held on Thursday (1:00-2:15 pm) and Saturday (2:00-4:30 pm)

AFTERNOON OPEN SESSIONS (2:30-4:00 PM)

FROM ISOLATION TO CONNECTION: GROUPS WITH HIGH FUNCTIONING INDIVIDUALS ON THE SPECTRUM
Jonathan Cork, PhD, Chair: Kimberlee Delahousie, PsyD
Suzan Walker, PhD, CGP

COURAGE TO EXPLORE THE LIFE CYCLE OF A CAREER: THREE GROUP THERAPISTS SPEAK ON SOLIDARITY
Karen Travis, MSW, LCSW, CGP, FAGPA; Chair: Frances Kalman, PsyD, CGP, FAGPA; Co-Chair: Lyndsey MSW, LSW, CGP; Walter Stone, MD, CGP; DLFGPA

EXPLORING THE RIFT: 12-STEP, CBT AND HARM REDUCTION GROUPS
Steven Henne, MA, RJC, Chair; Jeffrey Foote, PhD, Sarah Frank, MA, MFT; Jeanette Litte, LCSW, CGP; Carrie Wilkens, PhD

“WILD & PRECIOUS”: A PERFORMANCE AND DISCUSSION EXPLORING SEXUALITY, GENDER, AND THE MOVEMENT FROM SHAME-FILLED ISOLATION TO CONNECTION
Steven Cadwell, PhD, LCSW, CGP; Chair: Chen Finns, PsyD, CGP; FAGPA; Elizabeth Libby, Shapins, PhD, CGP

AFTERNOON OPEN SESSIONS (4:30-6:00 PM)

ETHICAL DILEMMAS IN GROUP THERAPY: LEADER AND MEMBER PERSPECTIVES
Sharan Schwartzberg, EdD, OT, FAOTA, CGP, FAGPA

LISTENING TO THOSE MOST IN NEED: LEADERSHIP TASKS WITH COMPLEX POPULATIONS
Kurt White, LCSW, LADC, CGP; Geoffrey Kane, MD, MPH

ACCESSING THE POWER AND PROMISE OF PSYCHOEDUCATIONAL GROUPS
Nina Brown, EdD, LPC, NCC, FAGPA; Tannsi Miliken, PhD, HSCP
SUNDAY
EVENING OPEN SESSIONS (7:00-11:30 PM)
92.3. USING GROUP-CENTERED GROUP THERAPY TO DIRECTLY
TREAT ATTACHMENT DEFICITS OF SEX OFFENDERS
Jerry Jennings, PhD, Steven Slover, MSW, LASW, LCSW, CGP
92.4. GROUP COUNSELING WITH AGGRESSIVE CHILDREN
Zippora Schottenstein, PhD, FCAP
92.5. BUILDING GROUP PROGRAMS IN THE COLLEGE COUNSELING
CENTER AND OTHER STAFF MODEL CLINIC SETTINGS:
PROMOTING TRANSFORMATION AND CONNECTION
Jennifer Akerman, PhD, CGP, Neal Antonaccio, PhD, CGP, Mark Barlow, PhD, CGP
Blumberg, PsyD, CGP, Rita Doherty, PhD, Joshua Green, PhD, ABPP, CGP
FAGPA, Luis Romero, PhD, Jennifer Gabrielle Smith, PsyD
92.6. THE POWER OF RELATIONALLY FOCUSED GROUP THERAPY:
TRANSFORMATIONAL CONNECTIONS IN GROUP AND IN
COUPLES
Darryl Feldman, PhD, ABPP, CGP, Gloria Batkin Kohn, RLI, ABPP, CGP, FAGPA

SOFT LIGHT DINNER DANCE

CLOSING SESSION (11:30 PM - MIDNIGHT)
92.7. AFRICAN-AMERICAN COUNSELORS: QUESTIONS IN THE
LIGHT OF THE EXPERIENCE OF THE WHOLE \"asmine Hayes, PhD, CGP, LSCP
92.8. THE POWER OF THE MIND: A SEARCH FOR LIGHTNESS AND
HAIRINESS
Bruce Bajow, PhD, CGP, RPT, FAGPA
92.9. EMERGING TRENDS IN MINDFULNESS TRAINING
Anita Swan, PhD, CGP
92.10. CREATING A COLLABORATIVE MENTORING RELATIONSHIP
between Students and Faculty
Leslie B. Fetterman, PhD, CGP, RPT, FAGPA
92.11. THE POWER OF RELATIONALLY FOCUSED GROUP THERAPY:
TRANSFORMATIONAL CONNECTIONS IN GROUP AND IN
COUPLES
Darryl Feldman, PhD, ABPP, CGP, Gloria Batkin Kohn, RLI, ABPP, CGP, FAGPA
CELEBRATING 75 YEARS
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
2017
CONNECTING, EDUCATING, AND LEADING FOR
75 YEARS
THE THEORY, SCIENCE, AND PRACTICE OF GROUP THERAPY
Special Institute: Monday, March 6
Two-Day Institute: Tuesday & Wednesday, March 7-8
Three-Day Conference: Thursday, Friday, Saturday, March 9-11
Sheraton New York Times Square Hotel
Two Special Institute Presentations
Monday, March 6, 9:00 A.M. – 5:00 P.M.
SI-1. Group Psychotherapy as a Neural Exercise: A Polyaagai Perspective
Instructors: Stephen Porges, PhD and Philip Flores, PhD, ABPP, CGP, LFAGPA

SI-2. Wounded Healers and Suffering Strangers: Navigating Ethical Dilemmas Together
Instructors: The Red Weel Theater Group of Washington, DC

This presentation will describe the Polyaagai theory and explain how Polyaagai Theory provides a neurobiological framework to understand the processes involved in successful group psychotherapy. Group psychotherapy, conducted and guided by the insights of Polyaagai Theory, can help craft an ideal neural exercise regimen for promoting the biochemical adjustments for the regulation of emotions, interpersonal engagement, resilience, health, emotional attunement, and behavioral flexibility. This Special Institute will feature didactic presentations, a group demonstration, and discussions regarding how the innovative perspectives of Polyaagai Theory can enhance group work.

Dr. Stephen Porges is Professor of Psychology at the University of North Carolina. He is Professor Emeritus at the University of Illinois at Chicago where he directed the Brain-Body Center and the University of Maryland where he chaired the Department of Human Development. In 1994 he proposed the Polyaagai Theory, a theory that links the evolution of the vertebrate autonomic nervous system to the emergence of social behavior. Dr. Porges is author of The Polyaagai Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation (Norton, 2019) and Clinical Applications of the Polyaagai Theory: The Transformative Power of Feeling Safe (Norton, 2016).

Dr. Philip Flores is Adjunct Faculty at the Georgia School of Professional Psychology at Argosy University and is supervisor of group psychotherapy at Emory University. Dr. Flores is the lead co-author of the AGPA's Treatment Manual, Group Psychotherapy Discharge and Addiction. Dr. Flores is co-chair and contributing member of the AGPA's Service to Society Task Force that produced the Clinical Practice Guidelines for Group Psychotherapy. Dr. Flores' latest book, Addiction as an Attachment Disorder was the 2005 Sackler Award Winner issued by the National Association for the Advancement of Psychology.

Continuing Education for Special Institute Presentations: 5.0 credits/0.5 units

Two-Day Institute Sections
Tuesday & Wednesday, March 7 & 8

Institute Opening Plenary Session
Tuesday, March 7, 8:30 — 9:15 A.M.
Secrets: To Share or Not to Share
Featured Speaker: J. Scott Rutan, PhD, CGP, DFAGPA

Mark Twain once noted, "Everyone is like a moon and has a dark side which he never shows anyone." The opposite sentiment is seen in the Alcoholics Anonymous slogan, "We are only as sick as our secrets." This presentation will focus on the place of secrets in relationships when they should be shared and when they should be kept. The role of secrets in groups therapy will be specifically addressed.

Dr. J. Scott Rutan is a psychologist in private practice in Chestnut Hill, Massachusetts. He is a Distinguished Fellow and past president of the American Group Psychotherapy Association (AGPA) and a Certified Group Psychotherapist. Dr. Rutan was the Founder and Director of the Center for Group Psychotherapy of Massachusetts General Hospital/Harvard Medical School and Co-Founder of the Boston Institute for Psychotherapy. He has published widely on group therapy and psychodynamic theory, conducts workshops around the world, and serves on the editorial boards of several journals.

The Two-Day Institute is primarily designed for clinical professionals who meet the requirements of at least a Master's degree in a mental health profession and who have clinical psychotherapy experience. Many sections of the Institute welcome psychiatric residents and graduate students in mental health degree programs as well as mental health workers who work in a range of human service settings. Please register for a section consistent with your experience.

The Institute is scheduled over two full days: Tuesday, March 7, 9:30 A.M. – 5:45 P.M. and Wednesday, March 8, 8:30 A.M. – 5:00 P.M. Registration will only be accepted for the full two days, and registrants will be expected to attend both days, including the Institute Opening Plenary Session. Continuing Education credit will not be awarded for partial attendance. Devoted to small group experiential teaching, these two-day groups are led by carefully selected experienced instructors. The secure environment of these small groups allows for rich cognitive and emotional learning about group processes and oneself as well as an opportunity for personal and professional renewal. The Institute consists of two types of sections:

- Group Process Experience (GPE) Sections: These small groups provide participants an environment in which to obtain, expand, and retain their skills in conducting group therapy. The group psychotherapy skills gained are important in conducting any group, regardless of its theoretical orientation, time parameter or patient population. GPE sections are essential training and benefit the participants, both personally and professionally. A portion of each GPE will be didactic. A maximum of 12 registrants will be accepted per group.

- Specific Interest Sections: These groups offer intensive learning about specific theories and approaches in group treatment. Registrants can pursue current standards in greater depth or learn ways of integrating new approaches and methods into their private practice, clinic, or agency work. Most of the Specific Interest Sections have extensive experiential components.

Registration maximum (12-20 registrants) has been set by each instructor.

Observation and Evaluation: Institute sections will be observed by Institute Committee members. Registrants will be asked to complete evaluation questionnaires, designed to aid us in continuing to provide high quality meetings, upon conclusion of their attendance at events.

Continuing Education for Two-Day Institute Sections: 13.0 credits/1.3 units
Below are the listings of the two types of Institutes: Process Group Experience (PGE) and Specific Interest Sections. The PGE participants acquire general therapy skills relevant to leading groups by participating in a process-oriented group. Specific Interest Sections offer participants a chance to explore a particular theme in greater depth or to learn a new theoretical approach. For Specific Interest Sections, previous participation in a PGE is recommended but not required. Members agree to attend the entire group, to participate actively, and to respect the privacy of the other members. After attending an Institute, participants will be able to identify various aspects of group process and dynamics. These groups provide an important opportunity for experiential learning and growth.

### Process Group Experience (PGE) Sections

#### I-A. General Process Group Experience

<table>
<thead>
<tr>
<th>Entry Level</th>
<th>Instructions</th>
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| Less than 4 years of group therapy leadership experience | 1. John Callaro, PhD, CGSA, FAGPA  
2. Patricia Kyle Dennis, PhD, LCSEW, CGSA  
3. Linda Eisenberg, MA, MFT, CGSA  
4. Jay Erwin-Grotsky, LCSW, CGSA  
5. Barbara Foushee, PhD, CGSA, FAGPA  
6. Robin Good, PhD, CGSA, FAGPA  
7. Andrea Grummett, PhD, CGSA, FAGPA  
8. Francis Kalkowski, PsyD, CGSA, FAGPA  
9. Andrea Pally, MEd, LPC, CGSA, FAGPA |
| Intermediate Level | 10. Claudia Arlo, MSW, LCSEW-RX, CASAC, CGSA  
11. Shari Barlow, MSN, CNS, CGSA, FAGPA  
12. Jeanne Bunker, LCSW, CGSA  
13. Charles Pohl, MSW, CGSA  
14. Keith Rollins, MA, MFT, CGSA, FAGPA  
15. Anne Weiss, LCSW, CGSA, FAGPA |
| Advanced Level | 16. Robert Bean, PhD, CGSA, FAGPA  
17. Hank Fallon, PhD, CGSA, FAGPA  
18. Anne McFerran, PhD, ABPP, CGSA, FAGPA  
19. Ginger Sullivan, MA, LPC, CGSA, FAGPA  
20. Carol Vaughan, LCSW, CGSA, FAGPA |

#### I-B. Process Group Experience Section with Mixed Levels of Experience

| Instructors | 1. Cherri Fenn, PsyD, CGSA, FAGPA  
2. Donna Metz, LCSW, CGSA, FAGPA  
3. Carol Purvis, PhD, ABPP, CGSA, FAGPA  
4. Judith Schon, MSW, CGSA, FAGPA  
5. John Schlapetersky, BA, MSc, CGSA  
6. Sharon Schrader, PhD, OTR, FAOTA, CGSA, FAGPA |

#### I-C. Process Group Experience Section for Senior Therapists

| Instructors | 1. Michael Frank, MA, LMFT, CGSA, FAGPA  
2. Esther Stone, MSSW, CGSA, DLFAAPA |

#### I-D. Two-Year Continuous Section

Registration for the section assumes attendance at two consecutive Annual Meetings. This is the 2nd year of this two-year group; new participants will not be accepted.

| Instructors | 1. Paul Reis, PhD, CGSA, FAGPA and Gena Logan, LPC, CGSA, FAGPA |

#### I-E. Two-Year Continuous Section with Intermittent Conference Calls

Registration for the section assumes attendance at two consecutive Annual Meetings. There will be live telephone conference calls between the two weekends of the Institute. (This is the 1st year of this two-year group; new participants will be accepted)

| Instructors | 1. David Spigel, MSW, PhD, ABPP, CGSA, FAGPA and Robert Ungar, MSW, PhD, CGSA, FAGPA |

### Specific Interest Sections

#### II. Acknowledging the Diamond Years: The Trials and Rewards of the Senior Group Therapist

Patricia Barth, PhD, CGSA, DLFAAPA, Robert Wise MD, CGSA, LFAGPA

#### III. Becoming Who We Are in Groups: A Jungian Approach to Group Psychotherapy

Audrey Htch, PhD, CGSA, FAGPA

#### IV. Beyond Binary: Gender, Sexual Identity, and Sexuality in Group Therapy

Joseph Acosta, LPC, CGSA, FAGPA, Katie Griffin, LPC, CGSA, FAGPA

#### V. Bringing Life to Group Process: The Leader's Use of Self

Nimer Said, MA, Elliot Zissel, MSW, LCSW, CGSA, FAGPA

#### VI. Coming Alive in Group: Mourning Loss by Connecting with Your Tribe

Mary Sussich, LCSW, BCD, CGSA, FAGPA

#### VII. Cultivating the Internal Secure Base: Aligning Psychodynamic Technique with Attachment Theory in Group Therapy

Aaron Black, PhD, CGSA

#### VIII. Developing the Whole Performer: A Group Therapy Model for Cultivating Expressiveness, Vulnerability, and Connection

Matthew Tomaz, MA, LPC, LAC, CGSA

#### IX. Discovering the Unconscious through Parallel Process Group Supervision/Consultation

Sharon Smith, LCSW, R, CGSA, FAGPA

#### X. Excitement and Shame in Group Psychotherapy

Stewart Airdorf, MD, CGSA, FAGPA

#### XI. Expanding the Emotional Range in Group: The Leader's Emotional Receptivity

Jeffrey Hudson, MEd, LPC, CGSA, FAGPA

#### XII. Experiencing Relational Group Psychotherapy: What Does It Mean to Be Relational?

Harm Wernberg, PhD, CGSA

#### XIII. Lacan, Desire, and Dread in Group Psychotherapy

Timothy Scaggs, PsyD, CGSA

#### XIV. Less Lonely at the Top: Strengthening Ties and Group Leadership Skills (AGPA Leadership Track)

Lyle McFarland, PhD, PsyD, CGSA, FAGPA

#### XV. Making Contact: The Relational Therapist in Group

Diane Montgomery-Logan, MA, CGSA, FAGPA

#### XVI. Modern Gestalt Group Therapy: A Relational Approach to Healing and Growth

Peter Cole, LCSW, CGSA, Daisy Resnik, LCSW, CGSA

#### XVII. Moving Past Reactivity to Embodyed Relationship: Group Therapy Informed by the Principles of Somatic Experiencing

Roger Saint-Laurent, PsyD, SEP, CGSA, Peter Taylor, PhD, SEP, CGSA, FAGPA

#### XVIII. Restoration versus Revenge: Narrating and Integrating Trauma in Group

Suzanne Phillips, PsyD, ABPP, CGSA, FAGPA

#### XIX. Systems-Centered Functional Subgrouping and its Neurobiology

Susan Gant, PhD, ABPP, CGSA, DLFAAPA

#### XX. Under the Influence of Giants: Finding Our Voices and Humanizing Our Group Supervisors, Mentors, and Co-Therapists

Jerome Gans, MD, CGSA, DLFAAPA, Joseph Wise, MD, CGSA

#### XXI. Using Group Process in the Personal Exploration of Generational Traumas and Healing

Essa Cooper, LCSW, MD, CGSA, DLFAAPA


James Fishman, MSW, LCSW, CGSA, Linda Rose, LCSW, BCD, CMFT, CGSA

#### XXIII. Working with Love and Hate: Bringing Passion to Group Therapy

Ronnie Levine, PhD, ABPP, CGSA, FAGPA
EVENT FORMATS:

COURSES: These One-Day courses are designed to cover a variety of topics in-depth. Participants must attend all sessions in order to receive continuing education credits. Course manuals are available for purchase in advance or onsite at the meeting. Continuing Education: 3.0 credits/3 units

HALF-DAY OPEN SESSIONS (100 series): These meetings will be presented in a variety of formats, including panels, papers, and demonstrations. Attendance is encouraged. Continuing Education: 2.5 credits/2.5 units

ONE-HOUR EARLY MORNING OPEN SESSIONS (200 Series): These presentations and discussions will be focused on specialized areas of interest for the group therapist. Continuing Education: 1.0 credit/1.0 unit

ONE-HOUR EARLY MORNING COLLOQUIES (COL Series): These facilitated roundtable discussion groups will be focused on various areas of interest for the group therapist. Continuing Education: 1.0 credit/1.0 unit

The Large Group Open Sessions will be held Thursday and Friday, Lunch Time (12:00-1:15 pm) and Afternoon (2:00-3:30 pm). Attendance at all sessions is encouraged.

WORKSHOPS (1-100 Series): All-day and half-day meetings provide a context in which participants exchange information among themselves and with the chairperson. These meetings are designed for various levels of experience including master workshops for senior clinicians and usually include both didactic and experiential learning. Check designations for beginning and master levels for senior clinicians. Continuing Education: All-day: 5.0 credits/5 units; Half-day: 2.5 credits/2.5 units

90-Minute Events: These sessions will be presented as open sessions and workshops on Friday afternoon. Continuing Education: 1.5 credits/9 units

Complete Event Descriptions on AGPA's Website: www.agpa.org

7:15-8:15 am

Early Morning Open Sessions

201. Contemporary Group Psychotherapy Research
   Chair: Mahmood, MD, PhD, Wheaton, PhD, Co-Chair; Joseph Pizulo, PhD, DAPA, Director
   Evidence-Based Group Treatments for Major Depression and Bipolar Disorder: Meta-Analytic and Health Disparities — Alex Muntaner, PhD, Co-Chair; Rebecca J. Jose, PhD, Co-Chair
   Attachment Anxiety and Attachment Avoidance: Members' 'Fit' with Their Group — David A. Knight, JD, PhD
   Development of an Automatic System for Small Group Treatments — An Introduction to the CORE Battery — Bernhard Strauss, PhD

202. Analyzing the Integral Components of the Female and Male Psyche in an Integrative Dynamic Therapy Group
   Ahmed Mohamed Kamal Ahmed Abdelkeim, MD, PhD, MC, MBCHB, Maha Allal, MD, PhD, MC, MBCHB, Natasha Adel Mohamed, MD, PhD, MC, MBCHB
   Virtuality in our Groups and our Lives (SIG Coffee Hour)
   Robert Hoeger, MD, PhD, Mahtombar, MD, PhD, MPH, CGP

204. Meaning of Psychopathy: Medications in Trauma Patients
   Amy Yang, MD

205. Beyond Borderline Personality Disorder: Dialectical Behavior Therapy in a College Counseling Center
   Amberly Panepinto, PhD, Carissa Stechschell, LCSW-R, RYT

Early Morning Colloquies

COL 1. Duck & Cover - Group Interventions to Support Ethnically Distinct Populations Vulnerable to Surges of Scoping Outing
   Siddharta Shresta, MD, MPH

COL 2. Managing Elementary School Atmosphere through Large Groups
   Einar Gudmundsson, MD

COL 3. Psychodrama: Empirical Research and Science
   Michael Wieser, DipPhi

COL 4. Sex Offender Process Groups
   Robert Coal, PhD, Nadia Lleras, MD

8:30-9:45 am

Conference Opening Plenary

Cyclical Psychodynamics and Group Psychotherapy: Understanding People in Context
   Featured Speaker: Paul Wachtel, PhD
   See page 7 for event details

10:00 am-12:30 pm & 2:30-5:00 pm

All-Day Courses

C1. Focused Brief Group Therapy: The Practice, the Theory, and the Science
   Director: Martin Whittemore, PhD, CGP
   Faculty: Jordan Alliavin, PsyD

C2. Contemporary Adolescent Group Psychotherapy: Methods, Madness, and the Fun
   Director: Seth Aronson, PsyD, CGP, FAPGA
   Faculty: Thomas Harster, MSS, LCSW, CGP, FAPGA

C3. Process Addictions for the Group Psychotherapist: From Isolation to Connection
   Director: Shelley Kornhuber, MD, CGP, FAPGA

10:00 am-12:30 pm

Morning Open Sessions

301. Online Groups - Alone in the Virtual Presence of Others
   Haim Wexberg, PhD, CGP, FAPGA, Chair; Shlomi Zaban, MSN, CGP, FAPGA; Dov Landau, PhD, ABPP
   Online and Interpersonal Group Psychotherapy: A System of Person, Small Groups, and Large Groups
   Les Green, PhD, CGP, FAPGA, Chair; Yvonne Agazarian, EdD, CGP, DAPA, FAPGA; Susan Gatt, PhD, ABPP, CGP, DAPA, FAPGA; Phyllis Gotta, PhD

302. Military Women Reveal Barriers and Pathways to Healthcare: A Qualitative Study
   Robert Klein, PhD, ABPP, CGP, DAPA, FAPGA, Chair; Jessica Koolhoven, PsyD, CGP, Madeline Miller, PhD, LCSW, CGP, Suzanne Phillips, PsyD, ABPP, CGP, FAPGA
Morning Workshops

5. (NL) 101 Un-Conventional Interventions in Group Therapy
   Robert Peper, PhD, LCSW, CGP

6. (NL) "Nothing Human is Alien to Me:" Intolerance and the Other
   Marc Schramm, PsyD, CGP, FAGPA

7. (NL) Invisible Knapsacks: How White People Can Unpack Whiteness
   and Work Toward Racial Justice
   Mark Davis, MSW, Rachel Redt, MSW

8. (NL) Not Again!! Why Some People Repeat Relationships with
   Abusive Partners and How Group Therapy Can Help
   Mary Nicholas, LCSW, PhD, CGP, FAGPA

9. (NL) Therapy is Going to the Dogs: Canine Assisted Psychotherapy
   Ethics and Experience
   Lorraine Wodicka, PhD, ABPP, CGP

10. (NL) The Art of Conferencing: Using Subgroups for Individual
    Growth and Group Development
    Michael Atchue, LCSW, CGP

11. (NL) Combined Therapy: The Paradox of Polarity and the Power
    of Complementary Connection and Integration
    Anna Cree, MA; Mona Yehia Rakhawy, MD; Noha Sabry, MD

12. (NL) Music, Movement, and Moments of Meeting: A Group
    Experience
    Suzanne Cohen, EdD, CGP, FAGPA

13. (NL) Family Genograms, Family Mapping, and Family Sculpture:
    From Isolation to Connection
    Frédéric La Belle, MFA, CGP

14. (NL) Co-Constructing Hope: Newness, Repetition, and Discontinuity
    in the Analytic Group
    Ido Peleg, MD

15. (NL) From Process to Action: Existential Group Therapy
    Christen Cummins, LCSW, MSW; David Hayes, PhD

16. (NL) "Failure to Launch" Groups for Young Adult Men
    Connee Lonnegren, LCSW, CGP, DAPA, John Vochoss, PhD

17. (NL) Beyond Midlife and Before Retirement: A Short-Term Group
    for Women
    Rosalind Fort, LICSW, MSW, PhD, Lorraine Marigone, PhD

18. (NL) The Rules of Engagement: Applying Couples Therapy
    Techniques to Group
    Lea Kassari, MA, CGP, FAGPA

19. (NL) Trauma Group Treatment: Big "T" Trauma and Little "t"
    trauma
    Émilie Buchet, PhD, ABPP, CGP, DLFAPA

20. (NL) Practicing Harm Reduction Therapy: Groups for People with
    Co-Occurring Disorders
    Maurice Byrd, MD, MFT, Justin Cottell, PhD

1:00-2:15 pm

Lunch-Time Open Session

LG-1. The Large Group
   Anne Lindhardt, MD, Gerda Winther, MA
   Co-Leaders: Macario Gradino, PhD, CGP, FAGPA, Consultant
   Also being held on Friday (1:00-2:15 pm), and Saturday (2:00-4:30 pm)

2:30-5:00 pm

Afternoon Workshops

304. Essentials of Therapeutic Technique: Deconstructive
    Interventions
    Bernard Ritter, PhD, ABPP, CGP, EdD, Paul Hooper, PhD, CGP, DLFAPA,
    Rosemary Segall, PhD, CGP, FAGPA, Kathleen Hults, ULM, PhD, CGP, FAGPA

305. Intricately Human: Culture, Race, Gender, Sexual Orientation,
    and Physical Disability in Individual, Couples, and Group
    Psychotherapy
    Justin Cottell, PhD, ABPP, CGP, DLFAPA, Chaw; Marti Kranzberg, PhD, ABPP, CGP, FAGPA,
    Albert Neeleman, PsyD; Reginald Nettles, PhD, CGP

306. The Group Inside: A Performance and Discussion That Explores
    Transgenerational Trauma and Its Implications for Group Treatment
    Jeffrey Hudson, MD, LPC, CGP, FAGPA, Chair; Klaiber Chapman Ateatwell,
    MD, MPH; Gabriela Kohn, MFA

Afternoon Workshops

21. (NL) Enhancing Emotional Communication Between Group
    Members
    Greg MacColl, LCSW, CGP, FAGPA

22. (NL) Projective Identification Goes to the Movies
    Joseph Shay, PhD, CGP, LFAAPA

23. (NL) Exploring the Erotic Self Through Group Experience
    Marcia Henry MA, Gay Segovia MA

24. (NL) Thou Shalt Not: Exploring Religious and Spiritual Harm
    Alyson Maroney Stone, PhD, CGP

25. (NL) Inspiring Passion for Group Therapy: Imagination and
    Demonstration
    Anwara Allahram, MD; Robert Bennett, MD, PLLC, CGP; Melissa Black, PhD; Dale Godby, PhD, ABPP, CGP; Robert Lee, DO; Josh Lord, MD; Luke Monk, DO; Natalie Ramirez, MD

26. (NL) The Transformative Power of Integrating Emotions and Money
    Michelle Marie Davenport, MA, LMFT; Richard Ketterle, MSFP, CDFC, CFP

27. (NL) Neuroscience and Racism
    Alexis Abenroth, PhD, CGP, FAGPA; Francis Stevens, PhD

28. (NL) Making Group Visual: Applying Art Therapy to the Group
    Process and the Therapist's Use of Countertransference
    Sarah Frank, LMFT, ATR

29. (NL) The Cognitive Psychodrama Group Model
    Thomas Treadwell, EdD, TEP, CGP; Deborah Darby, MSOG, MA

30. (NL) The Four-Step Integrative Model for Group Psychotherapy:
    Description, Development, and Application
    Mohamed Ayman Aılıneed, MD, PhD; Rezaa Mahouz Mahmoud, MD, PhD; Mohamed Taher Siddik Mohamed, MD, PhD

31. (NL) From Preverbal to Verbal: Translating the Language of the
    Body as a Pathway to Intimacy and Attachment
    Janice Morris, PhD, ABPP, CGP, FAGPA

32. (NL) Together Through Song: The Power of Communal Singing to
    Increase Connection and Elevate Mood
    Geraldine Aupert, PhD, CGP, LFAAPA

33. (NL) Mother-Daughter, Mother-Son: A Two-Sided Mirror
    Shondrae Ben-Hoam, PsyD, CGP, LFAAPA

34. (NL) Leading Groups with Adolescents in an Educational
    Wilderness Program and Its Application to Group Work
    Barbara Lifield, MSN, RNCS, CGP, FAGPA

35. (NL) The Role of the Group Coordinator in College
    Counseling Centers and Other Staff Model Clinic Settings
    James Breinberg, PsyD, CGP; Joelleen Cooper-Bhatia, PhD; Rita Drapanik, PhD; Suki Montgomery Hall, PhD

36. (NL) Coping with Aging in Ourselves and Our Clients: Continuing to be Effective Group Therapists
    Kenneth Schwartz, MD, FRCPC, William Shapiro, PsyD, CGP

5:15-7:15 pm

Membership Community Meeting

Presiding: Eleanor Counselman, PhD, CGP, LFAAPA
AGPA President

Complete event descriptions can be found on AGPA's Website: www.AGPA.org
7:15-8:15 am
Early Morning Open Sessions
206. Contemporary Group Psychotherapy Research
Cheri Maramarosh, PhD, Rainer Weber, PhD, Co-Chairs
Reflective Functioning and Therapeutic Alliance in Emotionally Focused Group Therapy for
Binge Eating Disorder — Harry Marmarosh, MA
Change in Attachment Styles of Mind and Dimensions Following Group Psychodynamic
Interpersonal Psychotherapy for Binge Eating Disorders — Maria Tucci, PhD
Focused Brief Group Therapy Change Scores for Interpersonal Subtypes: The Impact of
an Eight-Session Model on Targeted Interpersonal Distress — Jordan Atwood, PsyD, Marlyn
Wittlingham, PhD, CGP
207. Inclusion and Exclusion in the Group Analytic Discourse
Michael Chirurg, MA
208. The ‘Hall of Broken Mirrors’—The Manifestation of Dissociation in a Group
Sharon Sagi Berg, MA
209. Prescription Drug Misuse (Psychiatry SIG Breakfast)
David Brook, MD, CGP, LFAGPA
210. Building a Successful Group Therapy Program in College Counseling Centers
Monika Gutierrez, PsyD, CGP, Jennifer Rose Shafii, PhD

8:30–9:45 am
Early Morning Colloquies
COL 5. The Overlooked ‘Self’ in Self-Care: Alleviating and Preventing Burnout in Group and Therapists with Common Sense and
Individualized Creativity
Saralay Sutherland, MSW, RCD, CFLE, CGP
COL 6. Addressing Intimacy Needs and Difficulties in the Context of
Integrative Dynamic Group Psychotherapy
Moustafa Mahmoud Abou El Nour, MD, Mohamed Helmy Atiabfeel, MD
COL 7. Intersecting Identities in Group Work: Diversity, Social Justice, and Consciousness Raising
John A. Scoville, MHC, CASAC, CT

10:00 am-12:30 pm & 2:30-5:00 pm
All-Day Course
C01. Principles of Group Psychotherapy (Part 2)
Directors: Joshua Gross, PhD, ABPP, CGP, FAGPA
Mischa Bogovski, PsyD, CGP
Faculty: Jennifer Alonso, PhD
Teo Yurak, PhD, CGP
When combined with Part 1 (Principles seminar), this course will meet the 12-hour didactic
requirement for CGP certification and is designed to provide a basic understanding of the
theory, principles, and application of group work. Please note: Part 1 is a pre-requisite for course
take-attendance.

All-Day Workshops
37a. (NL) Reflections in Risk: Bearing Witness to Racism in Group
Patti Cox, PhD, CGP, Phillip Harmon, LCSW, CGP, Rudy Lucas, LCSW, CGP, CASAC, SAP, Christine Schmidt, LCSW, Marjorie Turner, PhD
38a. (NL) Sustaining Practice: Binge Groups for Practitioner Self-Care
Edith Catherine Knowlton, PhD, Erin Maguire, PhD, Lauren Milberg, PhD, C. Paul Scott, MD, LFAGPA, Jeffrey Steinke, PhD
39a. (NL) Systems-Centered Phases of Group Development in Small
and Medium Groups — Yvonne Agazarian, EdD, CGP, LFAGPA
40a. (NL) Team-Building and Group Therapy, Learning with Mind
and Body — Barney Strauss, LCSW, CGP, FAGPA
41a. (NL) Therapy Groups in Schools: Contemporary Process Groups
with Youth — David Dumas, LCSW, CGP, Thomas Hurster, MSS, LCSW, CGP, FAGPA, Heidi Lantis, RDT-BCT, LCAT, TEP, CGP, Alyson Rose, MA, Zoea Shechtman, PhD, DFAGPA, Craig Stevens, PhD, CGP

10:00 am-12:30 pm
Morning Open Sessions
307. Current Trends in Modern Group Analysis
Elliot Zeitel, PhD, LCSW, CGP, DFAGPA, Chair; Jun Hyuck Baik, MD, Janice
Morris, PhD, ABPP, CGP, FAGPA, William Watson, PhD, FAGPA
310. Practice-Based Evidence Can Help! Using Clinician-Friendly
Process and Outcome Measures to Enhance Your Groups
Kristina Hansen, PhD, CGP, Chair, Mark Beecher, PhD, CGP, RA Boardman,
PhD, Gary Dolphin, PhD, CGP, FAGPA, Robert Green, PhD, ABPP, CGP, Derek Green, PhD
319. Waking History: Examining Violence and Betrayal Through
Greek Drama to Group Psychotherapy — Nina Thomas, PhD, ABPP, CGP, Chair; Bryan Dorens, MA, Craig Haen, PhD, RDT, LCAT, CGP, FAGPA

Morning Workshops
42. (NL) The Nuts and Bolts of Starting and Maintaining Healthy
Groups — Ann Stein, PhD, MFT, CGP, FAGPA
43. (NL) Visible and Invisible Identities in Group
Elia Suzuki Bentley, PhD, ABPP, Leann Terry, DEd, MFT, CGP
44. (NL) Will I Fail Group? Easing Pressures for Conformity in the
Group Climate with Writing — Dominick Grundy, PhD, CGP, FAGPA
45. (10h) Effective and Efficient Supervision: Doing it in Group
Arthur Gray, PhD
46. (NL) Courageously Confronting Your Own Mortality for Your
Sake, Your Patients, and Your Groups — Debora Carmichael, PhD, CGP
47. (NL) The Rhythms of Group — Andrew Eg, ABPP
Opportunity for Group and Community Change
George Bermudez, PhD
49. (NL) Applications of Imago Theory and Interpersonal
Neurobiology in Relationship–Focused Group Therapy
Daryl Feldman, PhD, ABPP, CGP, Gloria Bakan, PhD, EdD, ABPP, CGP, FAGPA
50. (NL) Decoding Body Language in Group Psychotherapy:
Accessing the Core Blueprints for Immediate
Kheleb Chapman Atwell, MD, MPH, Elizabeth Stewart, CP, APSI
51. (NL) Strengthening Attachment by Identifying Transgenerational
Loss and Grief
Mitchell Berman, MA, MS, MFT, CGP
52. (NL) Groups as Cultures of Resilience: A Psychodynamic
Addiction Treatment Model
Marta Nickow, PhD, ADD, CADC, CGP, Deborah Schwartz, MD, CGP, FAGPA
53. (NL) Collective Trauma and Resilience: The International
Perspective
Domenico Agresta, MA, Jorge Burmester, MD, Yael Daron, MA, Marianna
Grossa, PsyD, Thor Kristian Island, MD
54. (NL) Catharsis and Containment: Empirically Supported Group
Treatments for Handling Emotion in Groups for PTSD
Barbara Niles, PhD, William Unger, PhD; Melissa Wattenberg, PhD

Entrance Requirements: NL = No Limitations, <4 = Less than four years of group leadership experience, >4 = More than four years of group leadership experience, >10 = More than ten years of group leadership experience
7:45-8:45 am
Early Morning Open Sessions

216. Contemporary Group Psychotherapy Research
Cheri Marmonich, PhD, Ranier Weber, PhD, Co-Chairs
Attachment and Group Process in Day-Treatment Care — Ranier Weber, PhD
Performativity and Group Psychotherapy — Its Impact on Group Cohesion and Outcome — Paul Wettlau, PhD
Managing and Sustaining Group Psychotherapy — Christine Lauder, PhD, AASP, CGP, FAGPA

217. Education and Group Psychotherapy: How Group Therapy Can Inform Teaching and Learning
Alicia Avenon, PhD, CGP, FAGPA, William Whitby, PhD, MFT, MS, MDU

218. To Treat or to Train — That is the Question: A Potential Conflict of Interest at Analytic Group Training Institutes
Robert Pepper, PhD, LCSW, CGP

219. Group Therapy for Children with Autism Spectrum Disorders
Emily Colter, MS, LMFT, CGP; Barbara Stanton, PhD, LPC, LMFT

Early Morning Colloquies

COL 1. Benign Dissociation Processes in Groups
Vered Bar, PsyD

COL 2. Gingko Practice Focused Group: Transformative Processes for People who have Experienced Traumatic Loss
Murt Gani, MA

COL 3. An Adaptation of DFT Skills Group in Working with Eating Disorders at a College Counseling Setting
Kristy Webster Fink, PhD; Claire Yaping Wang Shen, PhD

9:00-11:30 am & 2:00-4:30 pm
All-Day Course

c. Integrative Cognitive-Behavioral Group Therapy
Director: Greg Crosby, MSW, LPC, CGP, FAGPA

All-Day Workshops

81a. (NL) Developing Resilient Group Leadership
Sail Brown, MA, CGP

81b. (NL) Bold Visions: Newer Understandings of the Unconscious in Contemporary Psychoanalysis and Groups
Richard Billow, PhD, ABPP, CGP, Victor Scheimer, MA, LFAGPA

83a. (NL) Reflexive Group Supervision: An Affected Model
Robert Moore, DPsych, MMSc, CGP, Kathleen Hubbs Ulman, PhD, CGP, FAGPA

84a. (NL) Bringing Together Two Worlds: Psychodynamic Process Group and Psychodrama
Sue Barman, MA, TEP, CGP, Jana Rosenbaum, LCSW, CGP

9:00-11:30 am
Morning Open Sessions

310. LOUIS R. ORMONT LECTURE — A Relational Approach to Evidence-Based Group Psychotherapy
Mohsen Lashkari, MD, FRPPC, CGP, DPCAGPA

311. No Matter Which Way You Turn, Your A$5 is Hanging Out and Off on the Line: Risk and Responsibilities of Leadership
(FAGPA Leadership Track)
Kathryn Wehrly, MD, CGP, Chair, Maryetta Andrews-Sachs, LCSW, CGP, FAGPA, Seanus Bhatt-Mackin, MD, CGP

312. "Wild & Precious": A Performance and Discussion Exploring Sexuality, Gender, and the Movement from Shame-Filled Isolation to Connection
Stefanie Cadwall, PhD, LCSW, CGP, Chair, Chera Penfield, PsyD, CGP, FAGPA, Elizabeth (Libby) Shapiro, PhD, CGP

Morning Workshops

85. (NL) Rules are Made to be Broken: The Theory and Practice of Effectively Dealing with Contractual Violations in Group
Britt Raphier, LCPC, CGP, Dave Kaplowitz, LMFT, CGP

86. (NL) Social Identities, Power, and Privilege: The Importance of Difference in Fostering Group Cohesion
Paul Gitterman, LCSW, MSc, CGP

87. (NL) Silence is Golden: Appreciating and Working with Silence in Groups
Sherry Braun, PhD, CGP

88. (NL) Group Leadership: Coloring Outside the Lines
Cheryl Kalter, PhD, LPC, CGP

89. (D) The Embodied Self: Relational Movement Experience
Natasha Ewing, PhD, BC-DMT, LMFT, CGP, FAGPA

90. (NL) Life Staging — Supervision and Group Work in a Creative Format
Elisabeth Wolsen, MSc

91. (NL) Two Arrows Meeting in Mid-Air: The Intersection of Buddhism and Group Psychotherapy
Wayne Ayers, PhD

92. (NL) Group Therapy for Schizophrenic Patients
Nick Kehas, MD, CGP, FAGPA

93. (NL) Fully Present: Experiential and Mindful Eating Approaches for Eating Disorder Groups
Mark Beecher, PhD, CGP, Corinne Hamilton, PhD, Arna Packard, PhD

94. (NL) Expanding the Child/Adolescent Group Leader’s Toolbox: Contemporary Approaches to Group Therapy
Seth Altman, PsyD, CGP, FAGPA, Sean Gove, LCSW, Craig Harvie, PhD, TDT, LCAT, CGP, FAGPA, Noriko Maburg, MS, EMDR, MSc, CGP

95. (NL) Women, Sex and Power: The Madonna, Whore, and the Female Group Leader
Yoon Kwon, LCSW, CGP, Laura Kasper, PhD, CGP

96. (NL) From Louis C.K. to the Hole in the Middle of the Room: Working with Masculinities in Group Psychotherapy
Jonathan Stillman, PhD, CGP

97. (NL) Dancing with Disability: Affirming Group Experiences for Clients and Therapists with Disabilities and Chronic Health Conditions
Wendy Freedman, PhD, CGP, Leslie Klein, PhD

11:45 am-1:45 pm
Group Foundation Luncheon and Performance
Sandy ("Phantom of the HMO") Hutton Presents
Still Grouping After All These Years! A Musical Comedy Tribute to AGPA on its 75th Anniversary
A Fabulous Potpourri of Songs, Sketches, and Standup Comedy Featuring Some of AGPA’s Most Gifted Performers: "The Barely-Off-Broadway AGPA Players!"

Psychologist/Comedian Dr. Sandy Hutton is back again with an all-new stage show written for and about AGPA — its past, present, and future. Sandy’s been a practicing psychologist since 1975, and a part-time professional comedian since 1990. Her performing experience has ranged from opening for comedians Drew Carey, Christopher Titus, and Robert Wuhl in comedy clubs to presenting numerous keynote speeches and workshops on the subject of humor in psychotherapy. This will be Sandy’s third performance for us including members from AGPA; her previous shows included "Phantom of the HMO" and "Way Off Broadway."
Afternoon Workshops

99. (NL) Yearning for Connection: Hesitations on the Edge of Intimacy
   Allan Sheperd, MSW, RSW; Joan-Dianne Smith, MSW, RSW

100. (NL) Group Dynamics and the New Heroism: Creating a Group Context that Supports Courageous Nonviolent Action
   Bill Riker, MA, LCPAP; Xu Yong, MD, CGP

101. (NL) Theories of Change for the New Therapist via Narcissistic Injury and the Use of Countertransference
   Cynthia Miller Aron, MSW, CGP; FAPAP; Blaine King, DO

102. (NL) F*cking Real Intervention: Witnessing the Advantages and Pitfalls of Being Provocative
   Elizabeth Olson, PsyD, LCSW; Tanya Zakor, PhD, CGP

Join AGPA's Continuous Online Group held in conjunction with the 2017 Meeting. The task of this group will be to provide experience with and learning about online large group dynamics. It will be available "24/7" from March 2 – March 15 and its members will interact electronically. The co-leaders will be: Robert Hsung, MD; Jeffrey Roth, MD, CGP, FAPAG, and Vincenzo Sarno, MA, CGP. To register, use the registration form on the back cover; more information is available on the AGPA website (www.agpa.org). AGPA 2017 registrants can participate gratis.

Twelve-Step Recovery Meetings: Members of AGPA who are members of 12-Step fellowships have organized a daily OPEN 12-STEP MEETING during the six-day Annual Institute and Conference. These meetings are open to members of any 12-Step fellowship (AA, NA, GA, Al-Anon and others). They are also open to any member of AGPA interested in exploring recovery for themselves, their family members, or those supporting their colleagues in recovery.

Continuing Education Credits: Refer to www.agpa.org for continually updated information.

CERTIFIED GROUP PSYCHOATHERAPISTS: (CGP) Institute and Conference events may be counted towards recertification requirements for the International Board for Certification of Group Psychotherapists on a one-for-one continuing education credit basis. Please note that all continuing education credit events for CGP recertification must be in group psychotherapy.

PSYCHIATRISTS: Accreditation Statement: The American Group Psychotherapy Association (AGPA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement: The AGPA designates this live activity for a maximum of 43 AMA PRA Category 1 Credits™. Physicians should claim only those credits commensurate with their part in the activity.

PSYCHOLOGISTS: AGPA is approved by the American Psychological Association to sponsor continuing education for psychologists. AGPA maintains responsibility for the program and content. Maximum of 43 hours.

SOCIAL WORKERS: AGPA, ASW# provider #1064. It is approved as a provider for continuing education by the Association of Social Work Boards, 400 South Ridge Parkway, Suite B, E, Lakewood, WA 11290, www.aswb.org. ASWB Approval Period: 11/27/15 to 11/27/18. Social workers must contact their regulatory boards to determine course approval. Social workers will receive up to 43 continuing education clock hours for participating in this course. AGPA approval is usually accepted in the following states, but check with your board for any recent changes: AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NH, NJ, NM, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, WV. The Institute and Conference also meet the qualifications for up to a maximum of 43 hours of continuing education credits for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences Examiners. Provider #CPE1377.

NY SW: American SW CPE is recognized by the New York State Educational Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115, 43 hours.

NASW: An application has been submitted for review to the National NASW office in Washington D.C.

NURSES: AGPA is approved by the GA Board of Registered Nursing, Provider Number 10420, for up to a maximum of 43 contact hours (BRN#). AGPA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. This course is co-sponsored by AGPA and NYNAP. Maximum of 43 contact hours.

COUNSELORS: AGPA is an NBCC Approved Continuing Education Provider (ACEP) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP seal is responsible for all aspects of the program. Maximum of 43 clock hours. NBCC-ACEP Provider #5695. Licensees in Ohio may self-certify applications for credit to the Ohio Counselor, Social Worker and Marriage and Family Therapy Board.

ALCOHOL AND DRUG ABUSE COUNSELORS: AGPA is approved by NADDAC Approved Education Provider Program for up to a maximum of 43 contact hours (CEHs). Approval #C231. This course deals with Counselor Skill Groups: Ongoing Treatment Planning, Counseling Services. NADDAC approved courses are accepted in many states.

LA: This course has been submitted for review by the Louisiana Addiction Disorder Regulatory Authority.

MARRIAGE AND FAMILY THERAPISTS: Institute and Conference events meet the qualifications for up to a maximum of 43 hours of continuing education credit for MFCCs and/or LCSWs as required by the California Board of Behavioral Sciences Examiners. Provider #CPE1377. NBCC approval is accepted by the Marriage and Family Therapy Boards in the following states: AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, ID, IL, IN, KS, ME, MD, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, WV.

GA: This course has been submitted for review by the Georgia Association for Marriage and Family Therapy. (Reminder: Per Georgia law, GA licensees may only apply 20 hours from any one CE activity toward their relicensure.)

MA: This course has been submitted for review by the Massachusetts (and/or Rhode Island) Association(s) for Marriage & Family Therapy, Inc. for professional continuing education.

MN: This course has been submitted for review by the Minnesota Board of Marriage & Family Therapists.

CONTINUING EDUCATION UNITS: Participation in the 2017 Institute and Conference continuing education events carries Continuing Education Units on a one unit per 10 contact hour basis. (Fractional units may be obtained.)
Criterion VI Advanced Parameters of Practice  
Appendix 4  
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.

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.
2. Conducts effective group organization practices such as screening, orientation, and group process commentary.
3. Applies the scientific principles from current research findings to group members’ problems, issues and concerns.

**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.

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

**Supervision and Teaching**
7. Applies a supervision model when working with mental health professionals in training such as in practicum and internship.
8. Presents information relative to group psychology and group psychotherapy in venues such as case presentations, grand rounds.

**Assessment**
9. Demonstrates an ability to evaluate the group and group members’ needs and progress.
10. Uses appropriate assessment measures and instruments for screening and measuring progress.

**Professional Values, Attitudes and Behaviors**
11. Demonstrates an awareness of personal values, attitudes and behaviors that have the potential to affect the therapeutic process.
12. Conceptualizes and implements a self-reflective process related to group facilitation.
**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.
Appendix 5. Additional References Regarding Populations, Conditions, Techniques, and Procedures

Populations


**Culture and Diversity**


**International**


**Military**


**Older Adults**

Reminiscence Therapy on the Life Satisfaction of Institutionalized Elderly. Hu Li Za Zhi The Journal of Nursing, 63(4) 70-79.


Conditions

**Eating Disorders**


**Emotional Disturbance**


**Conditions – Inpatient**


**Personality Disorders**


**Prisoners**


**Medical and Pain Management**


**Mental Illness**


Dieng, M., Butow, P.N., Costa, D.S., Morton, R.L., Menzies, S.W., Mireskandari, S., Tesson, S., Cust, A.E., & Kasparian, N.A. (2016). Psychoeducational intervention to reduce fear of cancer recurrence in people at high risk of developing another primary melanoma: Results of a randomized controlled trial. *Journal of Clinical Oncology, 34*(36), 4405-4414.


**Learning Disabilities**

Not classified as to condition*


**Techniques and Procedures**

**Conflict**


**Psychoeducational Groups**
Bakken, T.L., Sundby, I.L., & Klevmoen, G.H. (2017). Patients', family members', and professional carers' experiences of psychoeducational multifamily groups for participants with intellectual disabilities and
mental illness. *Issues in Mental Health Nursing*, 38(2), 153-159.


Dieng, M., Butow, P.N., Costa, D.S., Morton, R.L., Menzies, S.W., Mireskandari, S., Tesson, S., Cust, A.E., & Kasprian, N.A. (2016). Psychoeducational intervention to reduce fear of cancer recurrence in people at high risk of developing another primary melanoma: Results of a randomized controlled trial. *Journal of Clinical Oncology*, 34(36), 4405-4414.


psychoeducational intervention in psychiatric patient groups of mixed diagnosis. *Fortschritte der Neurologie-Psychiatrie*, 84(2), 71-75.


Whittemore, R., Liberti, L.S., Jeon, S., Chao, A., Minges, K.E., Murphy, K., & Grey, M. (2016). Efficacy and implementation of an Internet psychoeducational program for teens with type 1 diabetes. *Pediatric Diabetes*, 17(8), 567-575.


Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty. The structures are stable, sufficient in number, and geographically distributed. Specialty education and training may occur at the doctoral, postdoctoral, or both.

Commentary:

A) **Sequence of Training.** A petition describes a typical sequence of training, including curriculum, research, and supervision.

B) **History and Geographic Distribution.** A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country that are geographically distributed and which have produced an identifiable body of graduates over a period of years.

C) **Psychology Faculty.** Specialty programs have an identifiable psychology faculty responsible for the education and training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has credentials of excellence (e.g., the diplomate from one of the specialty boards affiliated with the American Board of Professional Psychology, or status as a fellow of the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition) and a record of scholarly productivity as well as other clear evidence of professional competence and leadership.

D) **Procedures for Evaluation.** Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance based feedback is provided to trainees in the program.

E) **Admission to the Program.** Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as well as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.

Specialty training occurs at the doctoral including internship, and postdoctoral levels. Training is also available at the post-licensure level.

**A. Sequence of Training**

**Doctoral**

1. How are education and training programs in the specialty recognized? How many programs exist in the specialty?

a. Group Psychology and Group Psychotherapy foundational knowledge is usually taught in doctoral programs as a course or as part of a course, presented as a practicum offering/requirement where students are offered opportunities to lead or to co-lead a group under supervision together with some didactic presentations, case presentations, readings and other such materials. Among the group-related services and other requirements are didactics that are usually once a week that address group related topics such as ethics, culture and diversity, assessment, and evidence based interventions; readings such as a Journal Club;
individual and group supervision for leading groups, documentation of group provided services, planning and preparing for group; screening and orientation for prospective group members; follow-up, opportunities for self-reflection, case presentations, attending and participation in webinars or other forms of distant learning; and attending professional organization’s workshops and conferences featuring group topics.

b. There are 13 identified doctoral and internship programs presented here that have specialized training in Group Psychology and Group Psychotherapy. They are distributed in several regions across the country.

c. Model Practicum

Supervised Practical Experiences
Supervised practical experience in providing psychological services is an integral part of the doctoral training program. Consistent with APA standards, each doctoral student must complete the following minimum requirements for practicum, clerkship/externship, and internship experiences; however, in order to be more competitive for APPIC- and APA-approved internships, students are encouraged to seek additional supervised clinical experience beyond these minimum requirements. A review of the APPIC Directory of Approved Internships (www.appic.org) provides a clear idea of total supervised practicum hours needed for a competitive applicant at internship sites.

To provide clinical service as either a practicum student or as an employed clerk, extern, or intern, students must be registered and supervised as noted below or licensed for unsupervised practice.

Psychology Practica
During the first year, all students enroll in a 3-credit-hour Psych Practicum, which will include weekly minimum of 1-2 client contact hours (15-24 hours per semester), one hour of individual supervision, and one hour group supervision. If minimum client load requirements are not satisfied, students will be required to extend or repeat practicum experience.

During the second year in the PhD program, enrollment in a 3-credit-hour Advanced Practicum 1 (section 1) experience is required during each of the fall and winter semesters (total of 6 credits). This practicum experience will include a weekly minimum of 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. Students should complete at least 50 counseling hours each semester. If the minimum client load requirements are not satisfied and supervisor’s evaluations are satisfactory, students may request instructor approval for a “T” grade and be required to extend or repeat the practicum experience spring and/or summer term(s). Students are also required to enroll in one or two semesters of Advanced Practicum 1 (section 2), focused on gaining experience conducting psychological assessments.

During the third year of the doctoral program, students are required to enroll in a 3-credit-hour Advanced Practicum 2 experience (during both the fall and winter semesters (total of 6.0 credits). This practicum experience will include a weekly minimum of 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. At least 50 hours per semester must be individual counseling. If the minimum client load requirements are not satisfied and supervisor’s evaluations are satisfactory, students may request instructor approval for a “T” grade and be required to extend or repeat the practicum experience spring and/or summer term(s).

The individual supervisor will complete a “Practicum Student Evaluation Form” each semester, which
students are to provide, completed, to the practicum instructor who will bring it for program faculty review during the end-of-semester evaluation meeting.

If students have insufficient “client contact” hours or for other reason wish to continue practicum experience, they may notify the appropriate program staff.

**Sample Practicum Training (Brigham Young University)**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPSE 679R</td>
<td>Counseling Psychology Practicum (3)</td>
</tr>
<tr>
<td>CPSE 776R (sec. 1)</td>
<td>Advanced Practicum I in Counseling Psychology (6)</td>
</tr>
<tr>
<td>CPSE 776R (sec. 2)</td>
<td>Advanced Practicum I in Counseling Psychology-Assessment (2) CPSE 777R</td>
</tr>
<tr>
<td>CPSE 777R</td>
<td>Advanced Practicum II in Counseling Psychology (6)</td>
</tr>
<tr>
<td>CPSE 778R</td>
<td>Counseling Psychology Clerkship (6) CPSE 779R</td>
</tr>
<tr>
<td></td>
<td>University Teaching Practicum (3)</td>
</tr>
</tbody>
</table>

**Counseling Psychology Clerkship/Externship**

Once students have completed practicum training, they are eligible to seek out clerkship/externship training sites. Enrollment is required, as appropriate. This clerkship experience must include a weekly minimum of at least 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. If the minimum client load requirements are not satisfied, students will receive a “T” grade and will be required to extend or repeat the clerkship.

Off-campus clerkship placement sites include a variety of clinical settings, such as hospitals, community mental health centers, schools, residential treatment centers, and private practice settings. The placement sites must be approved by the Training Director.

Students enrolled in clerkship must attend a professional issues seminar as scheduled by the instructor. The professional issues seminar is taught by the training director and will: (a) orient students to the variety of professional psychology work settings; (b) address current issues in professional psychology; and (c) discuss students’ professional development in their respective clerkship settings. An evaluation of work during clerkship placements will be completed by the on-site supervisor each semester. Approved clerkship sites and supervisors will meet the following criteria:

- Provide one hour of individual one-on-one supervision each week;
- Meet their specialty’s criteria for eligibility to supervise (typically two years’ post-licensure experience);
- Attend an annual meeting to maintain currency with the training program and facilitate placement of clerkship applicants;
- Submit evaluations each semester for students under their supervision.

**Sample Course Syllabi (Brigham Young University)**

(in order of appearance)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>501</td>
<td>Data Analysis in Psychological Research 1</td>
</tr>
<tr>
<td>502</td>
<td>Data Analysis in Psychological Research 2</td>
</tr>
<tr>
<td>503</td>
<td>Research Measurement</td>
</tr>
<tr>
<td>504</td>
<td>Research Design</td>
</tr>
</tbody>
</table>
505 – Clinical Research
510 – History and Systems of Psychology Gantt
520 – Advanced Developmental Psychology
540 – Personality Theory
550 – Theory and Research in Social Psychology
560 – Learning Theory
583 – Biological and Health Psychology
584 – Cognition, Affect and Brain Function
585 – Human Neuropsychology
609 – Professional and Ethical Issues in Clinical Psychology
611 – Psychopathology
612 – Developmental Psychopathology
622 – Assessment 1: Intelligence
623 – Assessment 2: Personality
645 – Cultural Diversity and Gender Issues
651 – Psychotherapy 1: Relationship and Psychodynamic Lambert
652 – Psychotherapy 2: Cognitive-Behavioral
653 – Psychotherapy 3: Child and Adolescent
654 – Psychotherapy 4: Group
680 – Clinical Neuropsychology Bigler
687R – Seminar in Psychopharmacology
711R – Advanced Child Assessment
712R – Topics in Neuropsychology: Neuroanatomy Bigler
712R – Topics in Neuropsychology: Adult Assessment Larson
712R – Topics in Neuropsychology: Child Assessment Bigler
740R – Neuropsychology Case Conference

Please see Criterion VII. Appendix 1 for Sample Doctoral Curriculum.

Internship

a. The internship is a separate requirement that is usually completed at a different and/or separate site. The APA-accredited internship requires 2,000 hours (one calendar year) that primarily focuses on providing direct services. As with doctoral training, internship didactics are usually once a week and address topics such as: ethics; culture and diversity; assessment; and evidence-based interventions; readings; individual and group supervision for leading groups; documentation of group provided services; planning and preparing for group; screening and orientation for prospective group members; follow-up; opportunities for self-reflection; case presentations; attending and participation in webinars or other forms of distant learning; and attending professional organization’s workshops and conferences featuring group topics.

Didactics (Sample): A variety of formal didactic and training activities are scheduled as a fundamental part of the training experience. Each specific training activity is designed to expand on an intern’s prior knowledge and to provide new experiences that are sequential, cumulative and graded in complexity. All training activities including supervision are sequenced to present core information early in the internship and then to build on previous experiences throughout the training year. Training activities focus on goals and objectives of the internship and provide interns with knowledge necessary to obtain competency in these areas. In addition, each training activity is designed to correspond with or supplement the intern’s comprehensive
clinical experiences. Each core training activity is described in the table later in this section. Interns participate in a two-hour (or more) weekly psychology didactic training seminar specifically designed to provide instruction and facilitated discussion regarding relevant clinical topics and treatment issues. The didactic training is conducted by the psychology staff members, multidisciplinary team members, and professionals with expertise in the community. A series of collaborative didactic seminars are held approximately once per month. Overall, the didactic training experience is designed to be developmentally structured and to reflect the interns’ training needs. As a general rule, trainings initially focus on general issues and become more specific throughout the course of the training year. For example, topics generally presented in the first three months of the internship include Differential Diagnosis, Integrative Report Writing, Suicide Risk Assessment, Using Supervision Effectively, Group Psychotherapy, and training on a variety of assessment measures, while more detailed topics such as Post Traumatic Stress Disorder, Transsexual Issues, Substance Abuse/Dependence Treatment, the Role of Functional Neuroimaging in Clinical Neuropsychology, and a Professional Development seminar, are presented later in the training experience. Seminar topics address the program goal areas of the internship, including: 1) psychology as a theoretical, empirical, and applied discipline; 2) psychological assessment and treatment; 3) cultural and individual diversity issues; 4) ethical practice and professional integrity; and 5) socialization into the role of psychologist and developing a professional identity, and utilizing research to answer clinical questions pertaining to groups or individuals. In addition to the core trainings, interns are able to identify training areas of interest at the beginning of each internship year and efforts are made to accommodate these requests into the 12-month training schedule.

Formal Training Experiences and Seminars Sample (Utah State Hospital)
USH psychology faculty presents didactic seminars throughout the internship year, focused on various clinical topics, such as specialized assessment procedures, intervention techniques, ethical issues, and research updates. Consulting psychologists from other state and private agencies supplement didactic intern instruction. Seminars are designed to introduce interns to alternative theoretical orientations and approaches to clinical practice, diversity issues, and a host of other topic areas. A psychopharmacology seminar is also provided to interns by a psychiatrist on USH staff. Interns are expected to participate in weekly multidisciplinary DBT case consultation meeting. Interns are also encouraged to attend colloquia and continuing education activities sponsored by the hospital, and to attend at least one professional conference during the year, as approved by training faculty.

Each rotation lasts approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. During the 16-week rotations, interns participate in psychological assessments, treatment team consultation, and other clinical activities. Some clinical experiences expand beyond the boundaries of a rotation, such as providing outcome assessment with the Brief Psychiatric Rating Scale, participating in behavioral management plans, and engaging in neurocognitive remediation. The training calendar structure allows for interns to follow individual therapy cases and observe patient progress throughout the year, in addition to facilitating group psychotherapy spanning the entire internship. Internship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation. Training within each rotation is guided by sequential experiences that are dynamically driven by the interaction between the clinical knowledge available in a substantive area and the intern’s capabilities. The overall format for learning is primarily experiential in the context of a clinical mentor.

The three 16-week rotation sequence is well-suited to interns who wish to develop initial experiential skills in a specialty area (e.g., Forensic Psychology, Neuropsychology, Adult Clinical Psychology) while also being able to develop more general clinical psychology skills. Interns may select a rotation schedule that includes
experiences that enhance graduate training or compensate for omissions in prior training (e.g., an intern who has not had extensive experience in pediatric psychology may elect a rotation in pediatrics).

**Intern Practicum Sample (Utah State Hospital)**
The requirements for the internship specify completion of all formal coursework in a clinical or counseling doctoral program (APA-accredited programs preferred), at least 1000 hours of practicum experience including a minimum of 350 hours of intervention and assessment experience, and a minimum of three letters of professional recommendation. An emphasis is placed on intern applicants with sufficient clinical experience who are prepared for advanced training and whose goals for further professional development are consistent with the training experiences and supervision that the internship offers. Additional qualities include academic excellence, interpersonal maturity and sensitivity, a wide range of practical experiences, high ethical standards and professionalism, solid clinical judgment, ability to work as a team member, diagnostic and intervention experience and expertise, and experience conducting psychological assessment with at least 10 integrated reports preferably having been completed. Candidates with cultural or other types of personal diversity and/or experience with diverse groups are also highly valued.

<table>
<thead>
<tr>
<th>Training Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology Internship Orientation Manual: Section on Ethical Principles and Code of Conduct (available for viewing during the site visit).</td>
</tr>
<tr>
<td>Utah State Hospital Orientation: HR Presentations and training on HIPAA, Patient Privacy, and Legal Principles</td>
</tr>
<tr>
<td>Didactics Training Seminars addressing the application of psychological concepts and current scientific knowledge, principals and theories to the professional delivery of psychological services.</td>
</tr>
<tr>
<td>Formal Case Presentations (twice during internship interns locate and present relevant empirical literature to complement and inform their case presentations)</td>
</tr>
<tr>
<td>USH CME Training Seminars</td>
</tr>
</tbody>
</table>

**Sample Didactics Training Schedule (Utah State Hospital)**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/25/2016</td>
<td>Suicide Risk Assessment</td>
<td>Moss</td>
</tr>
<tr>
<td>8/1/2016</td>
<td>Differential Diagnosis</td>
<td>Sawicki</td>
</tr>
<tr>
<td>8/8/2016</td>
<td>Video Case Study – Brain Dysfunction (Visual Apperceptive Agnosia) through the Eyes of a Patient</td>
<td>Sawicki</td>
</tr>
<tr>
<td>8/15/2016</td>
<td>Pediatric Neuropsychology I</td>
<td>Howes</td>
</tr>
<tr>
<td>8/22/2016</td>
<td>Pediatric Neuropsychology II</td>
<td>Howes</td>
</tr>
<tr>
<td>8/29/2016</td>
<td>Pediatric Neuropsychology III</td>
<td>Howes</td>
</tr>
<tr>
<td>9/5/2016</td>
<td>Pediatric Neuropsychology IV</td>
<td>Howes</td>
</tr>
<tr>
<td>9/12/2016</td>
<td>Rorschach I</td>
<td>Crist</td>
</tr>
<tr>
<td>9/19/2016</td>
<td>Rorschach II</td>
<td>Crist</td>
</tr>
<tr>
<td>9/26/2016</td>
<td>Group Psychotherapy</td>
<td>Barlow &amp; Burlingame</td>
</tr>
<tr>
<td>10/3/2016</td>
<td>Rorschach III</td>
<td>Crist</td>
</tr>
<tr>
<td>Date</td>
<td>Title</td>
<td>Speaker</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>10/10/2016</td>
<td>Rorschach IV</td>
<td>Crist</td>
</tr>
<tr>
<td>10/17/2016</td>
<td>Dementing Disorders</td>
<td>Sawicki</td>
</tr>
<tr>
<td>10/24/2016</td>
<td>Neurobehavioral Effects of Traumatic Brain</td>
<td>Sawicki</td>
</tr>
</tbody>
</table>
| 10/26/2016 | Personality Disorders & Interpersonal Reconstructive Therapy  
(At the University of Utah School of Medicine) | Benjamin     |
<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/7/2016</td>
<td>Forensic Psychology I</td>
<td>Berge</td>
</tr>
<tr>
<td>11/15/2016</td>
<td>Forensic Psychology II</td>
<td>Berge</td>
</tr>
<tr>
<td>11/28/2016</td>
<td>“Attachment Disorders”</td>
<td>Forsythe</td>
</tr>
<tr>
<td>12/3/2016</td>
<td>PTSD Series</td>
<td>Roberts, Mullin, Miller, &amp; Romesser</td>
</tr>
<tr>
<td></td>
<td>(At the SLC VA--meet in main lobby of VA)</td>
<td></td>
</tr>
<tr>
<td>12/5/2016</td>
<td>“Klinefelter’s Syndrome”</td>
<td>Morgan</td>
</tr>
<tr>
<td>12/12/2016</td>
<td>“Frontal Lobe Syndrome”</td>
<td>Rumble</td>
</tr>
<tr>
<td>12/19/2016</td>
<td>“Adult ADHD: Still on the Go”</td>
<td>Trotter</td>
</tr>
</tbody>
</table>

b. There are 13 identified programs that exist in Group Psychology and Group Psychotherapy. No APA accredited postdoctoral programs are in place at this time. However, postdoctoral programs in the specialty are in place at Florida State University and the University of Nevada-Los Vegas. The training at this level is extended to deepen and broaden the material for the specialty that was presented at the doctoral and internship levels. Please refer to the Model for Postdoctoral programs in the appendix of Criterion VI.

A) *History and Geographic Distribution*

As evidenced in Criterion V, there are a number of schools, across all regions of the United States, that offer specialty Group Psychology and Group Psychotherapy training for doctoral students and interns. These programs include:

**Doctoral**
- Brigham Young University – Salt Lake City, Utah
- University of California at Davis – Davis, California
- Kansas State University – Lawrence, Kansas
- University of Kentucky – Lexington, Kentucky
- Purdue – Indianapolis, Indiana
- Oregon State University – Corvallis, Oregon
- Stony Brook University – Stony Brook, New York
- University of New Hampshire, Durham, New Hampshire
- Ball State University – Muncie, Indiana

**Internship**
- Colorado State University – Fort Collins, Colorado
- Florida State University – Tallahassee, Florida
- Illinois State University – Normal, Illinois
- Utah State University – Logan, Utah

*Identifiable Body of Graduates*

Although not comprehensive, the following brief descriptions represent the breadth of the programs that provide doctoral and internship training in Group Psychology and Group Psychotherapy.

**Doctoral**
The BYU CAPS Psychology Internship, which began in 1989, is accredited by the American Psychological Association and provides supervised training experiences in a full range of psychological services. Interns function as colleagues of the professional faculty and staff and participate in all services and staff development activities of the Center.

**Internship**
The Utah State University internship has been APA-accredited for 14 years, providing training in eight competency areas: individual therapy; group therapy; assessment; outreach/consultation; provision of supervision; diversity; ethics; and professional development.

**B) Psychology Faculty**

3. **Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs.**

**Doctoral Psychology Faculty**
All professional staff must be from APA-accredited doctoral programs in psychology and have successfully completed APA-accredited internships. All faculty should have training and experience working in therapy-related setting (clinics, hospitals, universities, community-based organizations) and remain active in clinical, training and administrative aspects of providing counseling services. The program should make efforts to attract faculty/staff from diverse backgrounds into the program and retain them.

Psychology faculty are expected to maintain involvement in relevant professional organizations at local, state, and national levels, including leadership positions and/or presenting at conferences. Active involvement and affiliation with these organizations helps faculty to stay current with scientific development and issues within the field and become familiar with relevant literature and research. A list of organizations in which faculty are encouraged to be involved include: American College Counseling Association; American Group Psychotherapy Association; American Psychological Association; Association for University and College Counseling Center Directors; Association of Counseling Center Training Agencies; and state/localized Psychological Associations. Faculty are also encouraged to obtain their board certification, such as Group Psychologists by ABPP.

**Faculty Psychologists**
Group Psychology and Group Psychotherapy expects specific responsibilities of internships, such as: designated percentage of time spent on each of the teaching and research activities identified below, as needed.

- **Clinical services**: Provide individual, group, and couples therapy, assessment, consultation, intake, and crisis interventions; prepare for sessions; and maintain accurate and up to date records of clinical services.
- **Outreach services**: Prepare for and provide outreach presentations and workshops; participate on university committees; foster relationships with assigned liaisons; and attend liaison meetings and consultations with USU faculty, staff, and students.
- **Training services**: Provide individual and group clinical supervision and training; prepare for meetings; review supervisees' clinical paperwork and session recordings; evaluate supervisees; provide meaningful feedback and letters of recommendation; and attend Training Committee meetings.
- **Other professional responsibilities**: Practice all responsibilities in accordance with ethical and professional standards and state laws; understand and comply with CAPS and university policies and procedures; effectively participate in administrative and professional activities (e.g., staff and division meetings, case conferences, peer...
consultations, professional development, reports, paperwork); foster excellent working relationships with co-workers; increase knowledge and develop new skills or abilities that contribute to effective service provision; contribute to the evaluation and improvement of CAPS.

*Administrative assignment:* Perform the duties required for one or two assigned position below:

- Director
- Training Director /Associate Director/Internship Coordinator
- Practicum Coordinator
- Peer/Outreach Coordinator Diversity Coordinator

*Director Qualifications*

The designated leader should be a doctoral level psychologist and a member of the core faculty. The Director’s credentials and expertise must be in an area covered by accreditation and must be consistent with the stated goals of the program.

*Postdoctoral Program Director*

The postdoctoral program as a designated director who is a doctoral level psychologist responsible for the integrity and quality of the academic and experiential components of the program, has the administrative authority consistent with those responsibilities, and is licensed as a psychologist in the program’s jurisdiction. The director should have expertise in group psychology and group psychotherapy as reflected in the credentials that should include substantial academic and experiential preparation in the group specialty. Ideally, the director should be recognized by either ABGP Board Certification, or as a Fellow in The Society of Group psychology and Group Psychotherapy (APA Division 49). The director should have an extensive record of active research productivity, or other evidence of professional competence and leadership.

*Internship Psychology Faculty*

Psychology staff members are expected to be graduates of APA-approved doctoral programs in professional psychology (i.e., educational, counseling, or clinical psychology programs), and licensed to practice psychology in the state of residence. All staff should be credentialed professional members of a local hospital and subscribe to a practitioner-scholar model of psychology. Psychology staff members will hold various professional memberships, such as APA, at state and national levels. Internship supervisors should be licensed two or more years and be able to independently provide formal supervision hours for licensure in the home state. Supervisors are clinically and legally responsible for all cases on which they provide supervision.

Interns receive modeling, mentoring, and collaborative interaction with staff members for optimal training. All psychology staff members strive to maintain professional and ethical conduct while conducting clinical and supervisory responsibilities and serve as professional role models to interns. Staff members and supervisors are visible on units in treatment team meetings, interacting with other staff and patients. Interns sit in on group therapy sessions and observe as supervisors provide consultation and conduct psychological evaluations. Exposure to competent, professional, and ethical psychologists ensures that interns are prepared to function independently as professional psychologists. Qualified adjunct staff/supervisors may augment and expand interns’ training experiences, providing didactic seminars for interns.

*Postdoctoral Program Faculty and Supervisors*
Faculty: The program should have sufficient faculty with demonstrated competence in group psychology and group psychotherapy to meet the goals of the program, and who are licensed in the jurisdiction of the program. Programs should endeavor to provide diversity in the role models for the specialty program.

Supervisors: Primary supervisors are expected to be on-site, licensed in the jurisdiction, and have the necessary expertise in the specialty of group psychology and group psychotherapy. Supervisors will have the primary professional responsibility for residents’ group services provided in the program, including attention to the diversity of the populations served.

C) Procedures for Evaluation
Please see Criterion VII. Appendix 2, page 33, for sample evaluation forms.

Doctoral
Please see Criterion VII, Appendix 2, page 33, for Doctoral Evaluation Sample.

Please see Criterion VI appendix 4 for postdoctoral evaluation sample

Competence
The focus of BYU students’ education is on the development of the student rather than the completion of requirements. Academic evaluation uses a variety of assessments and metrics, depending upon the student’s program, to evaluate student progress. The goal is to attain by graduation, at a minimum, those skills expected of a professional with that degree.

Grades and Performance
Graduate work that is awarded a grade of “B” is considered to be the lowest level of acceptable performance, and considered a marginal or warning grade. If it is received in a course that appears on the program of study, the class must be retaken in a subsequent semester, and the student may be subjected to a special faculty review. A grade of “B+” or better is considered a professional level performance. Graduate Studies requires students to maintain a minimum cumulative grade point average of 3.0.

Progress Reports
Graduate Studies maintains an individualized Graduate Progress Report for each student, which compares the study list with courses taken and summarizes student progress in terms of courses completed, current registration, courses deficient, courses taken which do not apply to program of study, and grade point average. In addition, the progress report alerts a student to possible problems with academic status, GPA, prerequisite degrees, minimum registration requirements, time limits, and outdated credits. Finally, the report identifies the chair and members of the student’s committee and indicates whether or not a study list has been submitted.

Students may access Graduate Progress Reports through MyBYU at any time. Questions, concerns, and discrepancies should be addressed to Student Programs Coordinator, Executive Coordinator of Psychology, or to the faculty member most directly involved in the issue.

The Graduate Progress Report is considered carefully by the faculty in the annual and semi-annual evaluations of students. It is imperative that students take the initiative in correcting any errors that may appear in the report. Furthermore, students should submit the Request for Program of Study Change forms as often as needed to keep their study lists current.
Graduate Student Evaluation and Feedback

In compliance with graduate school policy, each student is evaluated formally by the program evaluation committee at least twice annually. Each program establishes its own evaluation criteria and standards, but students can expect to be evaluated on total academic performance, status in developing competencies expected of graduates, fulfillment of program requirements (program of study submitted, graduate committee constituted, courses completed on schedule, etc.), research progress, and professional/ethical behavior.

Students receive overall ratings of Satisfactory, Marginal, or Unsatisfactory twice each year that are entered into the University records database for submission to Graduate Studies. Students are also provided written performance feedback. When a student’s progress is evaluated as Marginal, specific direction will be provided by Committee Chair, Graduate Coordinator, or Director of Clinical Training outlining steps to be taken to bring performance to a satisfactory level.

Clinical Psychology Annual Evaluations

Clinical Psychology students are evaluated by the Clinical Training Committee (minus student members) twice annually, briefly in December and extensively in June following completion of the academic year. In adherence to CoA guidelines and department training standards, clinical faculty meets during the summer to review progress of each student. In addition to considering progress since last review, they also evaluate student overall progress based on expected standard for the particular year of training. During this process, they consider data from multiple sources including course grades; reports from committee chairs; comments from practicum, clerkship, and externship supervisors; comprehensive examination results; and reports of individual student-faculty relationships that would contribute to a more complete understanding of student progress and personal needs. Particular attention is given to formal ratings of competence. In addition, students may receive additional feedback. At both evaluations, students receive overall ratings of Satisfactory, Marginal, or Unsatisfactory that are submitted to Graduate Studies through University records database.

In June each student is also rated in four areas including:
Academics: (Coursework)
Research: (Progress on dissertation, presentations at conferences, publications, and participation on research teams)
Clinical Practice: (Feedback from practicum, clerkship, and externship supervisors, and performance on oral comprehensive exams)
Professionalism: (Ethical and collegial relationships as well as personal discipline and commitment to the profession)

Each student is given one of four ratings for each of the above areas.
Outstanding: (Reserved for no more than one or two students per class who are making unusually excellent progress for their level of training)
Satisfactory: (Given to students who are making good progress and seem to be on target for successful completion of the program. Majority of students receive this rating)
Marginal: (Given to students who are showing significant problems that must be addressed)
Unsatisfactory: (Given to students who fail to remediate problems noted in a previous Marginal rating or who are showing serious problems that must be addressed)
Not Applicable: (Given to students who may have been on internship or who have completed their academic coursework, but have not yet obtained their degrees)
Students are encouraged to contact individual faculty members about possible questions regarding ratings, course work, or other topics. Following the brief December evaluation, all students are notified in writing of their overall ratings; only those students deemed to have problems are provided detailed information regarding faculty concerns. Following the summer evaluation, the Director of Clinical Training summarizes each student’s review in a letter, and includes notification of ratings in the four areas as outlined above. Even in the case of Satisfactory ratings, the letters often draw attention to ways the student can move toward successful completion of the degree.

Students receiving anything less than a Satisfactory overall rating will be notified by the Director of Clinical Training with concerns delineated in writing. In most cases remediation is possible; thus, the written notification may include a remediation plan, with expectations that, when met, can remove the concern. A meeting is typically scheduled with the Director to assure the student understands the concerns, to help the student remediate those difficulties that were the basis for the less than satisfactory rating, and to clarify any questions about expected performance and outcomes that will remove the concern.

Intern Evaluation Sample

Please see Criterion VII, Appendix 3, page 63, for Sample Intern Evaluation.

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Method of Evaluation of Intern Competency for this Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Assessment Training: Cultural and Individual Diversity Issues are Covered</td>
<td>Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form items 4, 6 - 8, 10, 12, 14 - 20.</td>
</tr>
<tr>
<td>Didactic: Prejudice/discrimination experiential training</td>
<td>Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.</td>
</tr>
<tr>
<td>Didactic: LDS Culture</td>
<td>Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.</td>
</tr>
<tr>
<td>Didactic: Enhancing Cultural Competencies in Providing Clinical Services to African American Clients</td>
<td>Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.</td>
</tr>
</tbody>
</table>

D) Admission to the Program

4. If programs are doctoral level, what are the requirements for admission? Provide sample evaluation forms.
Doctoral Admissions Standards

- Applicants must be from an APA or CPA accredited counseling or clinical psychology doctoral program.
- Applicants must have completed a minimum of 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 three reference letters.

Please see Criterion VII. Appendix 2, page 33, for sample evaluation forms.

BYU uses a broad spectrum of indicators to select students, including GPA, GRE, courses completed, quality of undergraduate institution, research experience, clinical experience, letters of recommendation, personal statements, and day-long interviews. Minimum GPA of 3.0 and minimum GRE scores of 550 are expected, but exceptions are made in about 10% of cases because of other credentials, such as minority status. Most successful applicants’ credentials are usually much higher than our minimums. Students are selected for past scholarly achievement and their promise for future achievement. Admission standards and methods select for students of good intellect, good character, strong background in undergraduate psychology, attitudes towards professionalism, service, and high ethical standards, and personal habits of responsibility, curiosity, hard work, and the like. Demographic characteristics may be considered in the interest of creating a balanced, diverse class of students each year. In communicating offers of admission and financial aid, BYU strictly follows APA guidelines for communicating acceptance. Objective admission indices reflect the quality of our students (GPA, GRE, undergraduate institution, completion of foundation courses), as does their performance in the Program and their culminating experiences (internship and dissertation) and post-graduation experiences.

Beyond admission standards, BYU is careful to select those applicants we believe will thrive in our Program based on at least three criteria: (a) their interests, at least to the level they are developed, are consistent with the goals of our Program and expertise of our faculty; (b) they are committed to the scientist-practitioner model, with an expectation regardless of their intended career path that scientific inquiry about meaningful clinical issues will guide both their learning and their subsequent professional lives; and (c) they have the personal skills for critical self-analysis and our mentored approach to learning. Whereas it is recognized that a majority of students will pursue careers in clinical practice, our approach prepares students for a wide variety of careers, from practice to research/consultation to academics and teaching.

Internship Admission Standards

The Internship Program accepts interns from clinical and counseling psychology training programs. Prospective interns should have completed all requirements for the doctoral degree, except dissertation and internship, including a minimum of 350 hours of appropriately supervised clinical intervention and assessment.

5. If programs are postdoctoral, what are the requirements for admission? Provide sample evaluation
forms.

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. 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.

b. Evaluation forms are provided in Criterion VI, Appendix 5, Educational and Training Guidelines Postdoctoral Residency Programs.

6. Include or attach education and training guidelines, for this specialty as appropriate for doctoral training, postdoctoral training, or both. (In this context, education and training 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.)

To facilitate continued development and refinement of clinical skills, interns should participate in a variety of training activities and supervised experiences, including conducting weekly initial consultations, writing intake reports, and presenting cases during clinical case staffing meetings. These experiences help interns refine their case disposition and referral skills. Clients are referred to the treatment modality (e.g., individual, group, or couple therapy) based on judgments of the intern (and sometimes the staff as a whole). The orientation process, staffing meetings, and supervision sessions provide avenues to help familiarize interns with options and available resources. Interns are expected to carry an individual and couple therapy caseload of approximately twelve hours per week. This includes opportunities to work with both short-term cases and a lesser number of longer-term clients. Interns typically spend 4 to 5 hours weekly in activities such as co-facilitating groups, conducting intake interviews, and seeing crisis and/or clinical consultation clients.

Group Psychology and Group Psychotherapy Education and Training Guidelines

Postdoctoral Education and Training Guidelines for the postdoctoral residency program can be found at www.apa49.org.

Doctoral Education and Training Guidelines – Group Psychology and Group Psychotherapy can be found at www.apa49.org. The major points in the guidelines are summarized below.

1. The program should have a training philosophy and purpose consistent with professional psychology standards and with the specialty’s standards to emphasize the uniqueness of group psychology and group psychotherapy.

2. The program has a curriculum that ensures that the preparation includes sufficient knowledge, skills, and competencies at the doctoral level for the following topics.
   - The history and development of group psychology and group psychotherapy.
   - Theories and systems of group psychology and group psychotherapy.
• An understanding of group development theories and process.
• The role of group therapeutic factors for group members’ healing, growth and development.
• Group leaders’ skills, tasks and techniques.
• Empirically supported group interventions.
• The impact and roles for culture and diversity for group members, the group, and the leader.
• Group leaders’ personal development, self-reflection, and monitoring of countertransference.
• Ethical, legal and professional standards relevant to group.
• Scholarly inquiry for groups that includes methods, data collection and analysis, and appropriate use for findings.
• Selection and use of assessment and measurement appropriate for groups.
• Group planning, facilitation, outcome assessment and follow-up.
• Applications for target audiences, settings and conditions. Examples include, but are not limited to, audiences such as children, adolescents, adults and older adults; for settings, such as inpatient, outpatient, schools, colleges and universities, business and industry; and for conditions such as medical illnesses mental and emotional disturbances, life transitions, personal development, and interpersonal relating and communication skill development.
• Supervised practice in leading groups.
• Consultation and supervision theories, issues and skills relevant for groups.

3. Additional provisions are in place to provide appropriate venues and considerations for obtaining the knowledge, skills, and experiences required in the curriculum. Provisions can include a combination of the following:

• Credit for previous formal learning experiences about group psychology and group psychotherapy such as doctoral level classes, practica, and internship.
• Documentation of supervised training, didactics, and the like during the APA approved internship.
• APA approved continuing educational units (CEU).
• Formal academic classroom instruction during doctoral level preparation.
• Supervised group leadership practice during doctoral level training, and/or the internship

4. The curriculum must include a minimum of 96 contact hours of approved didactic instruction. This is the equivalent of two university courses (48 hours each) and can be obtained in a variety of ways as described above.

Group leadership skills development can occur at the practicum and internship levels and are expected to total a minimum of 50 contact hours as a group leader during which time there is also a minimum of 30 supervision hours. The program must ensure that the supervisor had the appropriate training and/or credentials to function in this capacity.

All Group Psychology and Group Psychotherapy Guidelines follow the procedures detailed in Association Rule 30-8, as approved by the APA Council of Representatives as APA policy. APA Association Rule 30-8 defines guidelines as "pronouncements, statements or declarations that suggest or recommend specific professional behavior, endeavor or conduct for psychologists or for individuals or organizations that work with psychologists." Group Psychology and Group Psychotherapy doctoral guidelines emphasize training in eight basic areas of psychological practice 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.

Furthermore, APA Education and Training Guidelines, concerning matters such as educational policy, assessment, program and curriculum development, and instruction, include the following:

- A taxonomy for education and training in professional psychology;
- Clinical supervision in health service psychology;
- Doctoral and postdoctoral level in consulting psychology/organizational consulting psychology;
- National standards: The teaching of high school psychology;
- Preparing high school psychology teachers: Course-based and standards-based approaches;
- Principles for quality undergraduate education in psychology;
- Trauma competencies for education and training; and
- Undergraduate psychology major.

As detailed in Criterion V, the Group Psychology and Group Psychotherapy training philosophy and purpose is consistent with professional psychology standards and with the specialty’s standards to emphasize the uniqueness of group psychology and group psychotherapy, including Lewin’s seven Principles within three facets of original group dynamic theory and research:

**Facet 1: Multi-person Treatments**

*Principle One.* Conduct 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.

*Principle Two.* Group leader should establish clarity regarding group processes in early sessions as higher levels of early structure are predictive of higher levels of disclosure and cohesion later in group.

*Principle Three.* Requires clinical judgment to balance intrapersonal (individual member) and intragroup (amongst group members) considerations, demonstrating the tension between attention to individual-member needs and group dynamics.

**Facet 2: Verbal Interaction**

*Principle Four.* The leader modeling real-time observations, guiding effective interpersonal feedback, and maintaining moderate levels of control and affiliation may positively impact cohesion.

*Principle Five.* Timing and delivery of feedback should be key considerations for leaders as they facilitate relationship-building, including developmental stage of the group and differential readiness of individual members to receive feedback.

**Facet 3: Establishing and Maintaining an Emotional Climate**

Management of the therapeutic relationship in multi-person treatments is directly related to success and failure of treatment. The two primary facets involve self-awareness and management of the leader’s role in within multi-person therapeutic relationship and each of the members.

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

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

Association of Psychology Postdoctoral and Internship Centers (APPIC) Internship Guidelines
Group Psychology and Group Psychotherapy is guided by APPIC Guidelines, which provide that internship training includes a range of psychological assessment and intervention activities conducted directly with recipients of psychological services, as follows:

Internship training in Psychology is primarily based on experiential learning, which:
- 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;
- Includes at least 25% of trainees' time in face-to-face psychological services to patients/clients;
- Provides interns with 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 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. Guidelines further emphasize the following:

Group supervision:
- Clinical Cases: Clinical staff meet with students to discuss recent initial consultations, make case assignment and conduct utilization reviews for long-term clients.
- Case Conference: Group supervision strengthens students' conceptualization and intervention skills, with topics including individual therapy, group therapy, assessment, supervision and diversity.
- Intern Supervision: Group supervision provides professional development, which may include a peer support group and facilitate communication among the cohort.
- Diversity: Students 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: Group supervision allows for clinical supervision of practicum students.

Beyond regularly scheduled individual and group supervision, individual supervision is provided as needed, as well as consultations on assessment recommendations related to students with disabilities, health-related issues, and mental/behavioral disorders.

Group Topics/Didactics:
- Professional Issues Trainings: Professional trainings topics determined based on students' needs and interests.
• **Conferences:** Students highly encouraged to attend local and regional conferences to advance knowledge and skill levels.

**Experiential Activities:**

• **Individual Therapy:** Caseload of approximately 12 hours per week is maintained, which may vary depending on clinical activities and client attendance.

• **Clinical Consultation and Crisis Appointment:** One hour of initial consultation appointments each week. Initial consultations average 30-minute triage meetings, Students conduct one hour of crisis appointment, reserved for clients with urgent needs.

• **Group therapy:** Students to co-lead/lead a minimum of one process-oriented group per semester and one psychoeducational group per year.

• **Psychoeducational/Psychological Assessment:** Students complete a minimum of 10 full-battery assessments and reports, with opportunities for neuropsychological screening and psychological assessments.

• **Provision of Supervision:** Students supervise a peer (psychology graduate student or graduate assistant therapist).

• **Outreach:** Students encouraged to dedicate minimum three hours per week for outreach programming and consultation.

• **Professional Development:** Professional development provided.

• **Summer Training.**

7. Provide sample curriculum expected of model programs.

*Group Psychology and Group Psychotherapy Doctoral Curriculum*

Please see Criterion VII. Appendix 1, page 20 for sample curriculum from Brigham Young University.

*Group Psychology and Group Psychotherapy Internship Curriculum*

Please see Criterion VII. Appendix 3, page 63, for sample curriculum from University State Hospital.

8. Select four exemplary doctoral and/or postdoctoral level geographically distributed, and publicly identified programs in psychology in this specialty and provide the requested contact information. If no example programs that are APA accredited are available, please complete the appropriate Attachment (A or B) for the level of the program. If the specialty education and training occurs at both the doctoral and postdoctoral level provide examples of both and not from the same institution

<table>
<thead>
<tr>
<th>Program One</th>
<th>Doctoral</th>
<th>Postdoctoral</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of University, School, or Institution offering program: <strong>Brigham Young University</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Program: APA Doctoral Internship

Address, City/State/Zip: Provo, Utah 84602

Contact Person: David Kaiser, EDD, ATC, LAT, Health Professions Advisor

Telephone No. 801.422.8166
Program Two

<table>
<thead>
<tr>
<th>Doctoral</th>
<th>Postdoctoral</th>
<th>Both</th>
</tr>
</thead>
</table>

Name of University, School, or Institution offering program: **Colorado State University**

Name of Program: APA Doctoral Internship

Address: Aylesworth Hall NW, 80 Meridian Drive

City/State/Zip: Fort Collins, CO

Contact Person: Carrie Haynes

Telephone No. (970) 491-6053

E-mail address: carrie.haynes@colostate.edu

Website: http://health.colostate.edu/services/counseling-services/

APA Accreditation: Yes

Program Three

<table>
<thead>
<tr>
<th>Doctoral</th>
<th>Postdoctoral</th>
<th>Both</th>
</tr>
</thead>
</table>

Name of University, School, or Institution offering program: **University of California – Davis**

Name of Program: Clinical Psychology Training Program

Address: UC Davis Medical Center CAARE Center, 3671 Business Drive

City/State/Zip: Sacramento, CA 95820

Contact Person: Dawn Blacker, Co-training Director, Pre- and Post-Doctoral Training Program

Telephone No. 916-734-8396

E-mail address: dmblacker@ucdavis.edu

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

APA Accreditation: Yes
Program Four       Doctoral       Postdoctoral       Both

Name of University, School, or Institution offering program:  **Illinois State University**

Name of Program: Department of Psychology

Address: Campus Box 4620

City/State/Zip: Normal, Illinois 61790

Contact Person: Mark Swerdlik, Graduate Coordinator

Telephone No. (309) 438-5720

E-mail address: meswerd@ilstu.edu

Website: http://counseling.IllinoisState.edu/ or http://psychology.illinoisstate.edu/

APA Accreditation: Yes

Please see **Criterion VII. Appendix 4, page 76, for additional model programs.**
Criterion VII

Appendices

Appendix 1: Sample doctoral curriculum for the specialty

Appendix 2: Sample evaluation forms, including postdoctoral

Appendix 3: Sample curriculum for internship – Utah State

Appendix 4: Additional model programs

Criterion VII. Appendix 1: Sample Doctoral Curriculum (Brigham Young University)

Brigham Young University Doctoral Training Program Curriculum

Program goals, objectives, competencies, evaluations, and outcomes.

<table>
<thead>
<tr>
<th><strong>Goal #1:</strong> Produce graduates with a broad and general foundation in the science of psychology and the underpinnings of the profession of clinical psychology.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> Students are to acquire knowledge of psychology as a scientific discipline and of clinical psychology as a professional specialization.</td>
<td></td>
</tr>
<tr>
<td><strong>Expected Competencies:</strong> Knowledge of the scientific bases of psychology, at least including cognitive/affective, social/cultural, biological, and developmental/individual differences bases, and history and systems; knowledge of the foundations of clinical psychology, at least including psychopathology, major theories and models of intervention, psychometrics, and ethics.</td>
<td></td>
</tr>
<tr>
<td><strong>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies:</strong> Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Understanding of foundational knowledge is assessed in comprehensive examinations. An extended alumni survey inquires about quality and long-term benefits of courses. Successful passage by graduates of the EPPP exam is monitored.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Goal #2:</strong> Produce graduates with knowledge and competence to skillfully provide clinical services within entry-level clinical positions.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective A:</strong> Students shall develop knowledge of intervention and assessment methods, and research regarding their efficacy.</td>
<td></td>
</tr>
<tr>
<td>Objective A: Students shall master a knowledge base of basic psychopathology, principles of assessment, major assessment methods and instruments, theories of intervention, foundational principles of client-therapist relationships, and methods of empirically supported interventions.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Knowledge areas are also assessed through comprehensive examinations and through supervisor feedback evaluated in periodic reviews.</td>
<td></td>
</tr>
</tbody>
</table>

**Objective B**: Students shall develop skills for engaging in evidence-based practice.

<table>
<thead>
<tr>
<th>Expected Competencies: Students shall master methods for tracking client progress, adapting interventions to reflect client progress, and utilize data regarding their own development as therapists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors’ ratings of student and of periodic review of students.</td>
</tr>
</tbody>
</table>

**Objective C**: Produce graduates with a wide range of clinical skills important in independent
clinical practice.

<table>
<thead>
<tr>
<th>Expected Competencies: Students shall apply knowledge of psychopathology to client conceptualization and treatment choice; conduct diagnostic and evaluation interviews; administer and interpret major psychological assessment instruments in the domains of intelligence, achievement, personality/behavior, and psychopathology for varied populations; develop foundation skills for client relationships and case management; develop competence in applying major empirically supported interventions for children, adolescents and adults across a broad assortment of psychological/behavioral difficulties.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors’ ratings of student and of periodic review of students, based on practicum and internship performance. The level of competence is that expected of entry-level psychologists for professional positions.</th>
</tr>
</thead>
</table>

**Goal #3**: Produce graduates who can independently contribute to the knowledge base of scientific psychology and are skilled in the interface between science, theory, and practice.

**Objective A**: Students shall develop the knowledge base and competencies required for conducting and publishing quality research through education in psychological methods and graduated mentored research activities leading to completed research projects.

<table>
<thead>
<tr>
<th>Expected Competencies: Students shall develop skills for conducting literature reviews; selecting, recruiting, and managing subjects; designing research with an understanding or controls, threats to validity, strengths, and limitations; evaluating measures for their reliability, validity, and efficiency; understanding, selecting, and properly using inferential statistical methods, including multivariate methods; and presenting research in its various forms, including well-written manuscripts of publication quality.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of the Research Comprehensive Examination, the dissertation process, mentors’ ratings of student, and the periodic review of students. Successful completion of the dissertation of a quality expected of published research. The level of competence is that expected of entry-level psychologists for professional positions.</th>
</tr>
</thead>
</table>

**Objective B**: Students shall develop awareness of, appreciation for, and skills for using professional standards and applying research to clinical situations by mentoring and requiring such activities in supervised clinical activities.

<table>
<thead>
<tr>
<th>Competencies Expected for these Objectives: Students shall utilize empirically-supported assessments and treatments and shall develop skills for translating research into clinical practice.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Student must successfully complete practica and internship using relevant empirically-supported methods, with application of scientific knowledge rated as adequate by supervisors.</th>
</tr>
</thead>
</table>
Goal #4: Produce graduates who are aware of major sources of individual and group
Objective: Students shall: develop an awareness of and appreciation for individual differences, including, among others, gender, socioeconomic status, disability, ethnicity, and culture; and develop tolerance, knowledge, and skills for appropriately respond to these difference.

Competencies Expected for these Objectives: Awareness of situation and attitudes regarding diversity, applies diversity knowledge to professional activities, and is able to work effectively with diverse clientele.

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Successful completion of diversity course with grade of B or better; completion of University diversity training; satisfactory ratings by mentors of ratings reflecting sensitivity, knowledge, and skill in working with diverse groups.

Goal #5: Produce graduates who engage in all professional activities with commitment to ethical, legal, and professional standards.

Objective A: Students shall develop a knowledge of and positive attitude towards ethical thinking and behavior and skills for recognizing and critically evaluating ethically and legally sensitive situations.

Expected Competencies: Students shall develop ethical knowledge, be aware of and sensitive to ethical concerns, and demonstrate ability to practice ethically.

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must demonstrate these skills in the Ethics and Professional Issues course; successfully complete the University’s training in use of human subjects in research; achieve satisfactory ratings in ethical behavior from mentors.

The Program has developed a curriculum plan to accomplish these objectives and to develop within students those competencies expected of entry-level clinical psychologists. The curriculum plan is described in Table B.3 below. This table is largely derived from the Handbook. Elements not evident from course title or diffused across the curriculum are also articulated in the Practicum Handbook. The curriculum has five primary elements. First, students complete a clinical core, which provides training in the substantive areas of assessment, intervention, psychopathology, ethics and professional issues (including consultation and supervision). Although several perspectives are represented, a major emphasis is on empirically supported assessments and interventions and upon approaching the whole body of clinical practice as relying upon evidence-based methodologies. The Program has a particular strength in intervention efficacy research, and many students take advantage of advanced training and research in this area. Second, students complete a general core, which provides foundational training in foundational areas of psychology, including both core areas (biological bases of behavior, cognitive/affective bases of behavior, social aspects of behavior, history/systems, individual differences, and developmental bases of behavior) and methodologies (research design, quantitative methods, and psychometrics). Course work for the general core is selected for its centrality and breadth of the substantive area, and instructors are selected for the expertise in the area. Third, students engage in practicum and other clinical experiences beginning in the first semester with participation in a
practicum group (without seeing clients), followed by increasing involvement and complexity, and culminating
in the internship in the fifth year. Practicum continues through at least the third year, cumulatively exposing students to varied client types, varied supervisors, and varied intervention and assessment models. During the second and third years’ minimum practicum case loads’ are 3 – 5 psychotherapy clients (minimum of 3 client contacts per week) and 2 assessment clients per semester. Students selecting the child or neuropsychology tracks both obtain additional clinical experiences and are placed with some practicum clients reflecting their track. Clerkships place students in community mental health settings and further expose students to varied populations, methods, and supervisors. Although optional, essentially all students also participate in externship placements (most of which are paid and provide an important portion of student funding) which further expose students to supervised clinical practice. Fourth, students engage in research activity every semester of matriculation. Students are strongly encouraged to present and publish their work. To motivate students towards this goal, significant evidence of presentations and publications can result in waiving of the Research Comprehensive Examination if the faculty research mentors and the comprehensive examination committee judge that the student has demonstrated competence in research skills. The Program does not require a master’s thesis or project (and does not award a master’s degree to clinical students), but involvement in a research team and on research projects is required on an ongoing, escalating basis. Fifth, students may elect to complete an emphasis track: Child, Adolescent and Family; Clinical Neuropsychology; or Clinical Research. Students on such a track complete additional courses, complete clerkships and externships which complement their track, are likely to have somewhat more practicum cases which match their emphasis, and conduct research reflective of the research. Approximately three-fourths of the students select such an emphasis; the remainder selects electives to enrich their curriculum.

Courses within the curriculum plan are noted in Table B.3. Except as noted, all courses are required. Clinical core courses, practica, and clerkships may not be waived. A limited number of general core courses may be waived (up to 15 credit hours, but in practice rarely exceeds 6 credit hours); criteria for waiving is that the previously completed course is essentially equivalent in content, difficulty, and standards to our course, as judged by both our current instructor for the course and the Director of Clinical Training.

### Table B.3. Curriculum plan for developing core competencies.

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Biological aspects of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Academic/Training Activity</strong></td>
<td>Psych 687R, Seminar in Psychopharmacology (3 credits) <strong>and</strong> either Psych 583, Biological and Health Psychology (3 credits) <strong>or</strong> Psych 585, Human Neuropsychology (3 credits)</td>
</tr>
<tr>
<td><strong>How competence is assessed</strong></td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Cognitive aspects of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Academic/Training Activity</strong></td>
<td>Psych 584 Cognition, Affect and Brain Function (3 credits)</td>
</tr>
<tr>
<td><strong>How competence is assessed</strong></td>
<td>Passing grade (B or better).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Affective aspects of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Academic/Training Activity</strong></td>
<td>Psych 584 Cognition, Affect and Brain Function (3 credits)</td>
</tr>
<tr>
<td><strong>How competence is assessed</strong></td>
<td>Passing grade (B or better).</td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>Social aspects of behavior</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 550, Social Psychology (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better).</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>History and systems of psychology</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 510, History and Systems of Psychology (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better).</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>Psychological measurement</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 503, Research measurement (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better); demonstrated competence in test administration/scoring/interpretation; supervisor ratings in practicum; demonstration of competence on Assessment Comprehensive Examination, periodic review of students.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>Research methodology</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 504, Research Design (3 credits) and Psych 505, Clinical Research (3 credits) and Psych 799R, Dissertation (12 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Curriculum Area:</td>
<td>Techniques of data analysis</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 501, Data Analysis in Psychological Research (4 credits) and Psych 501, Data Analysis in Psychological Research (4 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Curriculum Area:</td>
<td>Individual differences in behavior</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 520, Advanced Developmental Psychology (3 credits) and Psych 540, Personality Theory (3 credits) and Psych 611, Psychopathology (4 credits) and Psych 645, Cultural Diversity and Gender Issues (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td></td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>Professional standards and ethics</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better); consistent demonstration of ethical and professional behavior across all domains; meeting academic, research, and clinical responsibilities in a timely and professional manner, including clinic records audits; clinical mentors’ ratings; research mentors’ ratings, including IRB and HIPPA compliance; period review of students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of assessment and diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 611, Psychopathology (4 credits) and Psych 622, Assessment I: Intelligence (3 credits) and Psych 623, Assessment II: Personality (3 credits) Psych 520, Developmental Psychopathology (optional, 3 credits) Psych 711R, Advanced Child Assessment (optional, 3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better) in required courses; clinical supervisors’ ratings of assessment and diagnosis skills; passing the Assessment Comprehensive Examination; periodic review of students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of effective intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 520, Advanced Developmental Psychology (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Human development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 520, Advanced Developmental Psychology (3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Dysfunctional behavior or psychopathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 611, Psychopathology (4 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better); practicum supervisor’s rating regarding ability to use and integrate content into clinical work; clerkship and externship supervisors’ ratings; periodic review of students; passing of Assessment and Psychotherapy Comprehensive Examinations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of effective intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 711R, Advanced Child Assessment (optional, 3 credits)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better) in required courses; practicum supervisor’s rating regarding ability to use and integrate content into clinical work; periodic review of students.</td>
</tr>
<tr>
<td>Required Academic/Training Activity</td>
<td>How competence is assessed</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Psych 651, Psychotherapy 1: Relationship/Psychodyn (3 credits) and Psych 652, Psychotherapy 2: Cognitive-Behavioral (3 credits) and Psych 653, Psychotherapy 3: Child and Adolescent (3 credits) and Psych 654, Psychotherapy 4: Group (3 credits) and Psych 740R, Case Conference (3 credits over 6 semesters) and Psych 741R, Integrative Practicum (19 credits over 3 years) and Psych 743R, Clerkship (2 at 1 credit each) Psych 700R, Externship (optional, variable credits)</td>
<td>Passing grades (B or better) in required courses; passing the Psychotherapy Comprehensive Examination; periodic review of students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 741R, Integrative Practicum (19 credits over 3 years)</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Clinical supervisors’ ratings of assessment, diagnosis, and other consultation skills, with particular attention to experiences in which consultation activities are prominent; periodic review of students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 741R, Integrative Practicum (19 credits over 3 years) Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grades (B or better) in required courses; clinical supervisor evaluations of advanced students’ supervision of less experienced students; student’s ability to use, benefit from, and contribute to clinical and research supervision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of evaluating the efficacy of interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 505, Clinical Research (3 credits) also integrated within other psychotherapy courses</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better) in required course; clinical supervisors’ ratings of ability to effectively use efficacy research and employ principles of evidence-based practice; passing the Psychotherapy Comprehensive Examination; periodic review of students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Issues of cultural and individual diversity that are relevant to all of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Academic/Training Activity</td>
<td>Psych 645, Cultural Diversity and Gender Issues (3 credits) also integrated within other courses Clinical experiences with diverse populations within Practicum, Clerkships, and Externships</td>
</tr>
<tr>
<td>How competence is assessed</td>
<td>Passing grade (B or better) in required course; clinical supervisors’ rating of ability to work with diverse clientele; periodic review of students, with special attention to faculty observation of student attitudes and respect for diverse persons and viewpoints.</td>
</tr>
</tbody>
</table>
Curriculum Area: Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving

Required Academic/Training Activity
Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses

How competence is assessed
Passing grade (B or better) in required course; involvement in Program activities and in professional/service organizations and developmental opportunities; periodic review of students.

Although our curriculum includes a required course in gender and cultural diversity, as noted in Table B.3, we see this competency as broader than the course, and hence seek to refer to these issues often in other course work and experiences. Although the observations of mentors on this dimension are often encompassed by a single rating, it is given particular attention and involves attention to broad performance. This generality also applies to attitudes of learning, inquiry, and problem-solving. Critical thinking, readiness to learn, and all of the attendant elements are emphasized less by course work on the matter, and more by our encouragement to attend conferences and produce scholarly work for publication and presentation, our expectation of clinical work informed by research and evolving professional standards, and our data-driven approach to problem-solving.

Practical clinical experiences are central to the Program’s goals. These occur in the form of practica, clerkships, and optional externships, as described in the third element of B.3 above. These are explained in some detail in the Practicum Handbook. Students’ development of clinical competencies is rated on an on-going basis in all clinical training activities, with an expectation that minimum competencies are fully at the pre-internship level prior to entering the internship and at the level of entry into the profession at the time of graduation.

Practicum takes place in the University’s Comprehensive Clinic, which has its own staff and extensive training facilities (1 – 2 advanced students per year are instead trained in the University’s Counseling and Career Center). The Clinic exists explicitly to train graduate students in three of the University’s mental health graduate programs: Clinical Psychology, Marriage and Family Therapy, and Social Work. The Clinic offers very low cost services to the community, with all clinic costs borne by the University; the University views this as a service to needy in the community who might otherwise not receive services, and as a form of fostering an attitude of service within student trainees. Clients and their presenting problems are quite varied, but cases are screened specifically for their appropriateness for training. Supervision is provided by Program faculty, often supplemented by supervision from other licensed Department faculty members (particularly, Erin Bigler, a clinical neuropsychologist, and Brent Slife, a clinical psychologist and former DCT). Practicum supervision is at least weekly, at least of a ratio of one hour per three client hours, in both group and individual format as needed. Case load, record keeping, and the development of assessment, intervention, supervision, and consultation skills are closely monitored by supervisors, and students are formally rated on their development at least yearly. Group supervision includes 3 – 4 students per group, and level of student is intentionally mixed in groups to allow senior students to supervise and younger students to observe more advanced skills. Students share their training needs and expectations with the Associate DCT, who has specific responsibility over practicum, including the placement of students with supervisors. The practicum experience in the Counseling and Career Center, which serves students and University personnel, parallel those of the clinic. Students are also free at any time to seek consultation from other faculty mentors after obtaining approval from their assigned supervisors; this allows student to take advantage of special faculty expertise and helps to foster attitudes towards and skills of consultation. Also, the students meet weekly in Case Conference (Psych 740R)
where issues of clinical significance are presented by community and University professionals and students engage in open discussion.

The settings in which additional clinical experiences occur are provided in Table 2 below. These settings are selected on the basis of (a) serving populations appropriate for clinical training using empirically-supported interventions; (b) commitment to adequate supervision and training of students; and (c) having methods in place for connecting students to clinical work, monitoring students, and assuring quality of clinical services. Clerkships (Psych 743R) are designed to add breadth to the students’ clinical experience. Students are placed in community settings, under close supervision of psychologists committed to providing training experiences to students. Students observe psychologists at work, and engage in supervised activities such as interviews, testing, brief interventions, and consultation, all of which are designed to vary across sites. Each student completes two such clerkships, assigned by the Executive Coordinator after consultation with the DCT and the student. To the extent possible, clerkship sites are selected to complement the student’s career goals and particular developmental needs observed by the faculty.

Externships (Psych 700R) are experiences for students wishing additional clinical experience and training. Although optional, nearly all students engage in externships, which often form the basis of specialized skills that lead to particular internships and post-graduate employment. They are typically paid experiences requiring from 10 to 20 hours of commitment per week, and are a major method by which advanced student receive financial support. Students engage in clinical work, such as assessment intervention, and consultation services, closely supervised by on-site psychologists. The nature of the work varies significantly from site to site, with placement by the Executive Coordinator, after discussion with the student and the DCT, based on career goals and training needs. When placing students, considerable attention is given to matching the nature and demands of the work to the level of skill the student possesses so that students are challenged without being overwhelmed. The Executive Coordinator and the DCT are in regular communication with community supervisors and receive regular evaluations from both supervisors and students.

A one-year, full-time, pre-doctoral internship is required of all students. This is usually completed in the fifth year. Students are eligible to apply only after all comprehensive examinations are complete and the dissertation prospectus is approved. It is expected that students will only apply to and attend accredited internships, but special exceptions can be granted for compelling reasons. Interns enroll for internship course credit to maintain full-time status in the University. To further enhance clinical skills and promote professional involvement, the Program also provides support to students for attending workshops and conferences.

Collectively, these experiences make our students strong candidates for externships and for employment after graduation. Supervisors, internship directors, and later employers often comment on the strong clinical skills our students possess. Both faculty and external supervisors, at the time of beginning the internship, consistently rate our students as being fully prepared for the internship. The development of students’ clinical skills is a major focus of our periodic reviews, with particular attention to whether all competencies are on-track for the internship and whether students are receiving adequate feedback about their development. The Program faculty specifically considers whether students in their first year are ready to see clients in practicum, and whether it can certify students entering their fourth year as ready to apply for the internship. Whenever deficiencies are noted, remedial programs are instituted and progress more closely monitored. Although not formally part of our rating system, the minimum standards outlined various competency documents (e.g., the 2007 Competency Benchmarks from the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils) are well known to the
faculty and commonly a point of reference.

national presentations have been made by hospital staff at conferences sponsored by these agencies to share our outcome measurement system with hospitals from all 50 states. Our system of outcome measurement forms the foundation of practice-based evidence which our interns are able to use in their provision of service to our patients.

Within each rotation, psychological assessments are approached gradually, with discussions about 3 level of prior training and experience, and comfort level with types of assessments, populations assessed, and prior assessment contexts. Discussion of familiarity with specific psychological instruments also takes place between supervisor and intern to clarify areas in which increased training and supervision would be desired or necessary. The supervisor is able to 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 the intern to observe and/or be observed in conducting diagnostic interviews and/or test administrations, providing any needed training and feedback regarding assessment interpretation, case conceptualization, report writing, etc.). The level of oversight is gradually adjusted according to the need, ability, and comfort level of the intern.

Informal feedback occurs on a regular basis, with formal written feedback occurring at the mid-point and end of the rotation, or more often if indicated. During the second and third rotation experience, interns bring with them a significant degree of “carry over” in their knowledge base and experience that can be applied to the new rotation, resulting in less intensive supervisory oversight being indicated as they increase in confidence and ability, and progress towards greater professional independence.

The group therapy component of training also involves a graded approach. Interns are provided with materials to review as deemed indicated, followed by the opportunity to observe their supervisor conduct group therapy. Subsequently, the intern runs the group therapy with his or her supervisor observing and providing feedback, with the goal of working towards the intern being able to effectively conduct group therapy more independently, with the supervisor taking more of a consultant role. The aforementioned basic process is applied in other areas of internship training in a similar fashion.

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

The program specifies education and training objectives in terms of the competencies expected of its graduates. Those competencies must be consistent with the program’s philosophy and training model; and
substantive area(s) of professional psychology for which the program prepares its interns for the entry level of practice.

Competencies are formally evaluated at mid- and end-points during each of the three rotations using the USH Internship in Psychology Program Intern Evaluation Form (see Appendix D).
<table>
<thead>
<tr>
<th>Name of setting</th>
<th>Year(s) in which setting was used (list, begin with earliest)</th>
<th>Highest degree of supervisor</th>
<th>Credentials of that supervisor</th>
<th>Number of students placed each year in that setting</th>
<th>Type of setting (use setting code)</th>
<th>Services provided (use activity codes)</th>
<th>Types of clients served</th>
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<td>Alliance Behavioral Psychology Orem, Utah</td>
<td>2003 to 2007</td>
<td>Ph.D.</td>
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<td>1</td>
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<tr>
<td>Assessment and Psychotherapy Associates Salt Lake City, Utah</td>
<td>Prior to 1992 to 2007</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1 to 2</td>
<td>14</td>
<td>2</td>
<td>Children, adolescents, and adults</td>
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<td>Barley Psychological Services Orem, Utah</td>
<td>1996 to 2008</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
<td>14</td>
<td>2, 4</td>
<td>Adolescents and adults</td>
</tr>
<tr>
<td>Brigham Young University Comprehensive Clinic Provo, Utah</td>
<td>1980 to present</td>
<td>Ph.D.</td>
<td>All are licensed</td>
<td>33 (2 to 4 per supervisor)</td>
<td>33 – University Training Clinic</td>
<td>2, 3, 4, 5, 6, 7</td>
<td>All ages</td>
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<td>Brigham Young University Comprehensive Clinic Intake Provo, Utah</td>
<td>1980 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 3</td>
<td>33 – University Training Clinic</td>
<td>2?</td>
<td>All ages</td>
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<td>12</td>
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<td>Ph.D.</td>
<td>Licensure</td>
<td>1</td>
<td>12</td>
<td>2, 3, 4, 7</td>
<td>University students and adolescents</td>
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<td>Location</td>
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<td>Degree</td>
<td>Licensure</td>
<td>Experience</td>
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<td>1998 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 5</td>
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<td>Accessibility Center</td>
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<td>1993 to present</td>
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<td>Licensure</td>
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<td>Children’s Justice Center</td>
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<td>2000 to present</td>
<td>Ph.D.</td>
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<td>1 to 3</td>
<td>5</td>
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<td>Adolescents and adults</td>
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<td>Licensure</td>
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<td>33 – Neuropsych Consulting / Assessment</td>
<td>Children, adolescents, and Adults</td>
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<td>Ph.D.</td>
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<td>Maddy Liebing, PhD/</td>
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<td>Ph.D.</td>
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<td>33 – RTC</td>
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<td>Psychological Services Richfield, Eagle</td>
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<td>Ph.D.</td>
<td>Licensure</td>
<td>2 to 4</td>
<td>33 – Court &amp; School Consultation / Assessment</td>
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<td>2, 3, 4, 5 Children, adolescents, and adults</td>
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<tr>
<th>Location</th>
<th>Years</th>
<th>Degree</th>
<th>Certification/Licensure</th>
<th>Years</th>
<th>Education/Program</th>
<th>Population</th>
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<td>Prison Bluffdale, Utah</td>
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<td>Licensure</td>
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<td>Utah Valley Regional Medical Center, Behavioral Medicine, Provo, Utah</td>
<td>Prior to 1992</td>
<td>Ph.D.</td>
<td>Licensure</td>
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<td>Adolescents and adults</td>
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<tr>
<td>Utah Valley Regional Medical Center Neuro Rehabilitation, Provo, Utah</td>
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<td>Ph.D.</td>
<td>Licensure</td>
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<td>Valley Mental Health, Salt Lake City, Utah</td>
<td>2005 to 2007</td>
<td>Ph.D.</td>
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<td>Adolescents and adults</td>
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<td>1998 to 2005</td>
<td>M.S.</td>
<td>Certified Special Education</td>
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<td>Licensure</td>
<td>33 – RTC</td>
<td>2, 4</td>
<td>Adolescents</td>
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<tr>
<td>West Ridge Academy, West Jordan, Utah</td>
<td>2009 to present</td>
<td>Ph.D.</td>
<td>Licensure</td>
<td>33 – RTC</td>
<td>2</td>
<td>Adolescents</td>
</tr>
</tbody>
</table>
Criterion VII. Appendix 2: Doctoral Student Evaluation Sample - BYU

STUDENT THERAPIST EVALUATION FORM
Counseling and Psychological Services

Student ___________________________ Date of Evaluation ___________________________
Supervisor ___________________________ Student’s Program Counseling Clinical

The purpose of the Student Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Psychology. The evaluation is intended to accomplish the following:

A. Outline criteria for competent practice of Psychology as defined for the CAPS placement.
B. Carefully evaluate trainee’s current level of practice according to the criteria.
C. Use the evaluation as a forum to give honest and helpful feedback to the trainee.
D. Identify and revise the student therapist’s goals based on feedback and student needs for training.
E. Monitor progress toward established goals and plan remediation where needed for growth and development.

Please rate the student with the following in mind:
(1) These are doctoral students. They should have a great deal of room for growth.
(2) Please consider their progress this semester on any goals that you may have set with them.
(3) Give them honest, open feedback regarding their skills. Let them know where you see them and how they can improve.

Since this is a criterion referenced scale, ranging from Inadequate to Expert, ratings will be lower than on the old form.

Rating Scale

1) INADEQUATE

Performance is inadequate in this area. Trainee will require intense supervision in this area.

Criteria:

a) Shows insufficient knowledge, understanding and/or skills in this area
b) Does not differentiate between important and unimportant details and issues
c) Demonstrates a simplistic and/or rigid approach to helping clients or in consultation.
d) Does not understand the process of change.

e) Lacks understanding and flexibility in attitudes and/or awareness, including self-awareness needed to improve performance well in this area.

2) NOVICE

Performance is fair in this area. Trainee will require careful supervision in this area.

Criteria:

a) Shows limited knowledge, understanding and/or skills in this area
b) Differentiation between important and unimportant details and issues is uneven and unpredictable.
c) **Understanding** of the **dynamics and complexity** of clinical work is **limited**.

d) Has **little understanding** of the **process of change**.

e) Is **inflexible at times** in **attitudes or awareness**, including self-awareness needed to improve performance well in this area.

---

3) **INTERMEDIATE**

Performance is **satisfactory** in this area. Trainee will require ongoing supervision in this area.

**Criteria:**

a) Demonstrates **sufficient knowledge, understanding, and/or skills** in this area.

b) **Differentiates appropriately most of the time** between important and unimportant details and issues.

c) Shows a **sufficiently complex and flexible approach** to clients’ issues, challenges, and/or consultation.

d) Shows **sufficient, but perhaps superficial understanding** of the **process of change**.

e) Demonstrates **increasingly flexible attitudes and awareness**, including self-awareness to perform well and continue improvement.

---

4) **ADVANCED**

Performance is **good** in this area. Continued support is needed to guide performance in this area.

**Criteria:**

a) Knowledge, understanding and/or skills in this area are **good** and allow **more independent** practice.

b) Approaches **new and challenging situations** with **skill and flexibility** and **begins to generalize skills and knowledge** to a variety of clinical and professional situations.

c) **Attitudes and awareness**, including self-awareness **enhances practice** and consultation.

d) Demonstrates **deeper and more complex conceptualization** and approach to **client change** and other professional issues.

---

5) **PROFICIENT**

Performance is **very good** in this area. Trainee will require some supervision in this area, but supervision is more collegial.

**Criteria:**

a) Demonstrates **deeper and more integrated knowledge and skills in** this area that facilitates independent functioning.

b) Shows **very good** ability to **generalize** understanding and skills to new and challenging situations.

c) **Attitudes and awareness**, including self-awareness are **mature and flexible** and enhance practice.

d) **Very good** ability to **articulate** issues and **complex approaches** to intervention/problem solving/ client change.

---

6) **EXPERT**

Performance is **excellent** in this area. Supervision becomes more collegial and trainee will require only occasional supervision in this area.

**Criteria:**

a) Knowledge and skills are **deep and integrated** in this area and practice is **very independent**.

b) **Generalization** of skills and understanding to new and challenging situations is **excellent**.

c) Demonstrates **exceptional maturity and flexibility in skills, attitudes, and awareness** needed for the
wide variety of professional situations.
d) **Excellent** ability to **articulate** issues and **complex approaches** to intervention / problem solving/*client change* for this level of training.

### Student Therapist Goals

<table>
<thead>
<tr>
<th>Student’s Goals</th>
<th>Outcomes of Student’s Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Skills, knowledge, processes, proficiencies, personal attributes to be focused on during the semester)</td>
<td>(What was accomplished in addressing the goals?)</td>
</tr>
<tr>
<td>Complete at beginning of the semester.</td>
<td>Complete at end of the semester.</td>
</tr>
</tbody>
</table>

**Agreement about the nature of clinical supervision to help student achieve training goals:**
**Individual Therapy**

**Interpersonal Skills**

1) Takes a respectful, helpful professional approach to clients. 1 2 3 4 5 6

2) Forms a strong working alliance. 1 2 3 4 5 6

3) Ability to deal with conflict, negotiate differences. 1 2 3 4 5 6

Please comment on any Item given a rating of “1”:

**Assessment/Diagnostic/Intake Skills**

1) Able to quickly establish rapport with client 1 2 3 4 5 6

2) Distinguishes between intake interview and counseling 1 2 3 4 5 6

3) Asks relevant questions for intake purposes 1 2 3 4 5 6

4) Arrives at appropriate therapy contract with clients. 1 2 3 4 5 6

5) Utilizes systematic approaches to gathering data to inform clinical decision 1 2 3 4 5 6

6) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches 1 2 3 4 5 6

7) Ability to formulate and conceptualize cases 1 2 3 4 5 6

Please comment on any Item given a rating of “1”:

**Non-Specific Intervention Skills**

1) Understands and maintains appropriate professional boundaries 1 2 3 4 5 6

2) Appropriate use of self-disclosure 1 2 3 4 5 6

3) Effective use of silence in therapy 1 2 3 4 5 6

4) Aware of and uses non-verbal cues 1 2 3 4 5 6

5) Deals appropriately with termination issues 1 2 3 4 5 6

6) Maintains an adequate caseload 1 2 3 4 5 6

Please comment on any Item given a rating of “1”:

**Specific Intervention Skills**

1) Develops and implements treatment plans 1 2 3 4 5 6

2) Knowledge of psychotherapy theory, research and practice and linking of this knowledge to conceptualization and treatment planning 1 2 3 4 5 6

3) Use of a wide range of developmental, preventative, and "remedial" intervention skills including psychotherapy, psycho educational interventions, and appropriate crisis intervention skills 1 2 3 4 5 6

4) Ability to assess treatment progress and outcomes 1 2 3 4 5 6

5) Clear on own philosophy of change process 1 2 3 4 5 6

6) Appropriately makes referrals 1 2 3 4 5 6

Please comment on any Item given a rating of “1”:
### Crisis Intervention

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Identifies a crisis situation and distinguishes between crisis intervention and resources</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Takes necessary steps to arrange for help and is aware of resources</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Follows BYU and CAPS procedures for crisis intervention including notification of key administrators and agencies</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Consults with other professionals in CAPS as needed</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Understands ethical issues involved in crises and acts accordingly</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### College Student Development

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Is familiar with developmental theories of college student development</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Able to apply a developmental theory to help client assess and understand developmental issues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Helps client distinguish between developmental and psychopathological issues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Able to make counseling interventions to help the client move toward further development</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Provides a balance of support and challenge to facilitate development in clients</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Couples Therapy

**Couples Therapy Conceptualization and Intervention Skills**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Able to form a therapeutic alliance with the couple and manage sessions in ways in which each partner feels safe, heard, and understood</td>
<td>1 2 3 4 5 6 N/A</td>
</tr>
<tr>
<td>2) Able to understand and reflect the central dilemmas and problematic cycles the couple is facing, including issues which are specific to the relationship</td>
<td>1 2 3 4 5 6 N/A</td>
</tr>
<tr>
<td>3) Able to conceptualize a treatment approach based on couples’ therapy models, such as EFCT, IMAGO, Gottman’s Relational Model, etc.</td>
<td>1 2 3 4 5 6 N/A</td>
</tr>
<tr>
<td>4) Able to effectively intervene in ways, which help the couple to address and reformulate their thoughts and emotions about their relationship</td>
<td>1 2 3 4 5 6 N/A</td>
</tr>
<tr>
<td>5) Ability to be direct and interrupt couple when needed.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6) Able to examine his or her own limitations and personal process in the countertransference experienced as a couples’ therapist</td>
<td>1 2 3 4 5 6 N/A</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:
### Use of Supervision

#### Working Relationship

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Prepares for supervision: Bringing cued video, thoughtful questions about</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Participates effectively with supervisors in evaluation of own performance.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Openness/Reflective Ability

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is needed</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Discusses and shares concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Open to and receives feedback, suggestions, and correction from supervisors in a non-defensive manner</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Diversity

#### Individual and Cultural Differences

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Respect for individual and cultural autonomy and differences</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Knowledge of one’s own beliefs, values, attitudes, stimulus value and related strengths/limitations as one works in a clinical setting with diverse others</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Knowledge about the nature and impact of diversity in working with specific racial/ethnic/religious populations</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Ability to work effectively with diverse others in assessment, treatment and consultation</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Religious/Spiritual Issues in Counseling

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Values and understands how religious/spiritual issues are an aspect of diversity and enables the therapist to gain a deeper understanding of the client</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Respects and attempts to understand the religious/spiritual worldview of each</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Is familiar with and follows the APA ethical guidelines on religion and spirituality: In particular, therapist allows their clients the rights to “self-determination” concerning religious/spiritual concerns (Principle E: APA)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Is aware of own religious/spiritual perspectives and the accompanying assumptions and possible biases</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Appropriately and ethically uses religious/spiritual interventions as deemed helpful to the client</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:
### Professional, Ethical, and Legal Practices

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Follows APA Ethical Standards and legal statutes and regulations</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Recognizes and analyzes ethical and legal issues and consults appropriately</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Prompt completion of and appropriately written case notes and reports</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Distinguishes between personal and client needs and maintains professional relationship</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Self-identifies personal distress and seeks resources for healthy functioning during personal distress, particularly as it relates to clinical work</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Professionalism

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Relates professionally and respectfully with professional and support staff</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>2) Keeps appointments and presents self in a professional manner for delivery of psychological services (e.g., punctual, appropriate dress, etc.)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Is on time for supervision and does not miss without proper reason and advance notice to supervisor</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Works well with colleagues, to give and receive support</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>5) Gives and receives helpful feedback to peers non-defensively</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>6) Understands and observes CAPS operating procedures</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>7) Participates in furthering the work and mission of CAPS</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Other Comments:

### Plans for Remediation:

_____________________________  _______________________
Student Therapist  Date

_____________________________  _______________________
CAPS Supervisor

The Group Specialty Council/SGPGP  Criterion VII
Intern: Student ID: Semester: Year: 

Primary Supervisor: 

Overall description of intern activities:

- Individual therapy hours per week: 10-15 hours
- Individual face to face supervision with primary supervisor (hours per week): 2 hours
- Individual supervision of process group with Director of Group Programs (hours per week): 1 hour
- Individual supervision of supervision (hours per week, Spring semester only): 1 hour
- Group supervision of group therapy (hours per week): 1 hour
- Group supervision of individual therapy clients, policy, and professional development (hours per week): 1 hour
- Group Administration hours per week: 1 hour

Name of Group(s) co led this semester:
1) ________________________________
2) ________________________________

Total hours of group therapy per week: ________________________________

UCC Committees this semester:
1) ________________________________
2) ________________________________

Liaison experience this semester: ________________________________

Other professional activities (FPA meetings, CE events, conferences, multicultural events, completion of Global Partner Certificate, Safe Zone training, etc.):

Outreaches participated in this semester:
1) (title) ________________________________
   (co-presenter) ________________________________
2) (title) ________________________________
   (co-presenter) ________________________________
Assessment instruments administered this semester (name and #):
**General comments regarding these areas of participation (optional):**

**Describe individualized goals of supervision for this semester:**

**Evaluation of specific areas of intern functioning**

The rating scale for all the evaluative items is as follows:

- **N/A= No opportunity to assess**
  
- **1 = Not Proficient:** Major deficit in the competency area which will be accompanied by a written remediation plan signed by both the intern, primary supervisor, and Director of Training.

- **2 = Minimally Proficient:** The competency will be an area of focus requiring closer supervision and monitoring.

- **3 = Satisfactorily Proficient:** The intern demonstrates this competency effectively most of the time and continues to benefit from supervision and guidance in this area. This level indicates the intern is on target for their developmental level.

- **4 = Highly Proficient and Autonomous:** The intern consistently demonstrates this competency independently.

**Minimum Thresholds for Achievement for Expected Competencies:**

Approval to pass the internship requires that an intern receives no rating of 1 and no more than three ratings of 2 (with all other ratings being 3 “satisfactorily proficient” or above) for every item on the primary supervisor’s end-of-year evaluation. The primary supervisor’s evaluation has integrated and included feedback on the intern’s performance from all members of Intern Committee, thus, end-of-year competency rating is based on primary supervisor’s evaluation.

I. Clinical Skills and Professional Competence

   A. Management of Administrative and Organizational Obligations
   
   1. Completes required case documentation promptly and accurately and manages task list in a timely manner. All direct and indirect client contact including phone contacts, case management, and consultations are well documented.

   2. Demonstrates good time management in scheduling clients, prioritizing weekly responsibilities, and being on time for meetings and appointments.

   3. Consistently and accurately applies Internship and UCC policy and procedures.
Comments and Recommendations:

B. Evidence-based Assessment and Conceptualization

1. Conducts initial assessments during walk in and intake sessions that integrate risk factors, current behavior and symptom presentation, relevant background information, and diversity variables
2. Accurately identifies on DSM Worksheets current DSM and/or IDC Diagnoses and Codes. Is able to discuss differential diagnosis considerations.
3. Case conceptualization is based on theory, evidence-based research, and multicultural variables impacting the issues.

Comments and Recommendations:

Intern: Semester: Year:

Assessment Coordinator:

(continued) I.B. Evidence-based Assessment and Conceptualization

4. Articulates the strengths and limitations of various assessment instruments as they relate to different clients, symptom presentations, and cultural groups
5. Demonstrates competence in selecting appropriate measures for a testing battery based on client presentation, cultural factors, and the referral question
6. Demonstrates competence in interpreting test data, integrating multiple assessments, and identifying major themes
7. Writes testing reports that reflect accurate interpretations, grounded conclusions, and thoughtful recommendations related to the referral question and major themes discovered during the testing process.
8. Provides appropriate and clear assessment feedback to the client

Assessment Coordinator Comments and Recommendations:

Assessment Coordinator Date
Intern Response and Comments:

Intern Date

The Group Specialty Council/SGPGP Criterion VII
C. Evidence-based Intervention Skills

1. Individual- Establishes and maintains positive therapeutic alliances with a wide variety of clients and diverse populations

2. Individual- Effectively utilizes varied and flexible evidence-based interventions which are intentional and guided by theoretical rationale

3. Individual- Develops treatment plans consistent with cultural and diversity issues of client

4. Individual- Makes appropriate referrals to other professionals

5 Individual- Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

6. Individual- Is able to effectively explore and respond to both affective and narrative content presented by clients

7. Individual- Effectively manages emotional (counter-transference) reactions to client issues

8. Couple- Assesses for appropriateness for couple therapy
   (e.g. risk assessment for emotional, physical, sexual, or verbal abuse; assessment of level of risk for depression, SI/HI, and/ or self-injurious behavior which would indicate priority of individual therapy before beginning couple therapy; assess for mutual goals and motivation)

9. Couple- Couple interventions are intentional and guided by theoretical rationale

10. Couple- Works effectively and collaboratively with licensed co-therapist

11. Crisis Intervention- Effectively evaluates, manages, and documents client risk by assessing immediate concerns such as suicidality, homicidality, psychosis, and any other safety issues. Seeks consultation appropriately.

12. Crisis Intervention- Collaborates with clients in crisis to make appropriate short-term safety plans, is able to use crisis management techniques (e.g. containment, grounding techniques, affect regulation), and makes appropriate referrals

13. Crisis Intervention- Manages own affective reactions during crisis session

Comments and Recommendations:

Intern: Semester: Year:

Director of Group Programs:

(continued) I.C. Evidence-based Intervention Skills

14. Group- Effectively assesses and screens for appropriateness for group therapy
   (e.g. recognizes individuals who may benefit from group therapy; prepares clients for initial stages of treatment)
15. Group-- Demonstrates developmentally appropriate skill in developing group interventions
16. Group-- Demonstrates developmentally appropriate skill in managing and intervening with individuals within the group as well as with the group as a whole (e.g. recognizes when to use these interventions differentially and most effectively)
17. Group- Identifies and articulates how to use outcome measures to evaluate group therapy progress and effectiveness

Director of Group Programs Comments and Recommendations:

______________________________  __________________________
Director of Group Programs       Date

Intern Response and Comments:

______________________________  __________________________
Intern                        Date

D. Self-Assessment of Clinical Skills (an awareness of competence level)

1. Self-assessment of strengths and weaknesses comes close to congruence with assessment by peers and supervisors
2. Accurately identifies areas requiring further professional growth (an awareness of limits of knowledge/skills)
3. Actively seeks means to enhance knowledge and skills (e.g. supervision, consultation, review of literature, continuing education)

Comments and Recommendations:
Intern: Semester: Year:

Supervision Supervisor:

I. E. Supervision Competencies

1. Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives
2. Demonstrates knowledge of limits of competency to supervise and uses supervision to address limited competency
3. Clearly articulates how to use the supervisory relationship to promote development of supervisee and his/her clients
4. Builds trusting supervisory relationships that facilitate honest and candid
exchange of thoughts and feelings

5. Demonstrates knowledge of intersecting dimensions of
diversity in the context of supervision practice

6. Articulates and engages in reflection on how one’s culture and values
influence the supervision process

7. Articulates and uses diversity appropriate skills and techniques in the
supervision process

8. Demonstrates awareness, respect, openness, curiosity, and competence
toward all aspects of diversity and the impact on the supervisory
process

9. Spontaneously and reliably identifies complex ethical and legal issues in
supervision, and analyzes and proactively addresses them

10. Consistently presents in a manner that meets professional standards
(timely documentation, accurate account of case material, seeks input,
openness to feedback, awareness of practicum student demands, etc.)

Supervision Supervisor Comments and Recommendations:

Supervision Supervisor ___________ Date ___________

Intern Response and Comments:

Intern ___________ Date ___________
II. Self-Understanding and Professional Identity

A. Reflective Practice (Practice conducted with personal and professional self-awareness and reflection, acts upon reflection, utilizes self-monitoring and necessary self-care; effective participation in supervision)

   1. Demonstrates awareness of the impact of self on colleagues, clients, public, and profession across different settings and diverse populations
   2. Displays the ability to adjust professional performance and use self-monitoring as situation requires
      (e.g. intern receives feedback in supervision, reflects on feedback and makes changes in behavior; intern receives nonverbal feedback from peers and/or colleagues in a professional meeting, reflects, and makes changes to behavior; intern is aware of counter transference in session with a client, reflects, and makes changes to behavior when appropriate)
   3. Anticipates and self-identifies disruptions in functioning and uses appropriate self-care to ensure effective functioning
   4. Comes prepared for supervision
      (e.g. reviews and cues video, identifies high risk cases, identifies topics for discussion)
   5. Seeks supervision to improve performance
      (e.g. seeks supervisor’s perspective on client progress, willingness to admit errors, incorporates feedback into conceptualizations and therapeutic strategies)
   6. Provides timely, clear, and respectful feedback about supervisory process to allow for effective discussion and satisfactory resolution of challenges/issues

Comments and Recommendations:

B. Professional Role-Ethical and Legal Standards (knowledge of ethical, legal and professional standards and guidelines, awareness and application, ethical conduct)

   1. Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct, and other relevant ethical/professional codes, standards and guidelines; as well as relevant laws, statutes, rules, and regulations
   2. Maintains confidentiality and standards of clinical practice
      (e.g. maintains appropriate, confidential, and secure client records)
   3. Recognizes ethical dilemmas when they arise and resolves them appropriately
   4. Aware of own limits of competence and knows when to refer, seek supervision, and consult with other professionals
      (e.g. actively consults with supervisor to act upon ethical and legal aspects of practice)
   5. Maintains professional boundaries and is aware of dual relationships, power differentials, and potential conflicts of interest
   6. Able to identify situations that are reportable, consults with licensed supervisors, and follows UCC policy when reporting abuse

Comments and Recommendations:

C. Professional Values and Attitudes
1. Conducts themselves professionally in all contexts of work (e.g. communication and language, demeanor, physical conduct, and attire)

2. Demonstrates accountability and reliability in carrying out all professional tasks (e.g. policies and procedures, COD responsibilities, outreach commitments, etc.)

3. Acts to understand and safeguard the welfare of others (e.g. by displaying courtesy and respect in interpersonal interactions with others including those from divergent perspectives or backgrounds)

4. Receptive to feedback suggestions, and when needed, is able to share, discuss and address failures and lapses in adherence to professional values with supervisor, Training Director, or other staff

Comments and Recommendations:

D. Communication and Interpersonal Skills

1. Forms and maintains productive and respectful relationships with clients. Is able to form effective working alliances with most clients. Consistently addresses diversity issues affecting client problem

2. Forms and maintains productive and respectful relationships with peers, colleagues, and supervisors, including those who have different professional models or perspectives. Contributes to a positive interpersonal environment.

3. Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively (e.g. seeks clarification in challenging interpersonal communications, acknowledges own role in difficult interactions, efforts do not provoke negative affect among the parties involved, etc.)

4. Maintains affective equilibrium and focus on therapeutic task in the face of client distress

5. Expresses self clearly in verbal discussions, presentations, and outreaches (e.g. uses professional terms and concepts appropriately and clearly, presents in succinct, organized, and well-summarized way, etc.)

6. Expresses self clearly in written case notes, assessments, emails, etc.

Comments and Recommendations:

E. Interprofessional Competencies, Consultation, and Outreach

1. Forms and maintains productive and respectful relationships with professionals from other disciplines, and collaborates effectively with other health care providers or systems of care (e.g. UHS Treatment Teams, Eating Disorder Treatment Teams, University Committees, Dean of Students, etc.)

2. Considers medical, social, and cultural aspects of health and behavior during consultations and when conceptualizing treatment planning (e.g. knowledge and appreciation of medical conditions which may mimic mental health issues, concurrent medical conditions, medication side effects, cultural factors, etc.)

3. Makes appropriate case dispositions and/or referrals based on
conceptualizations; utilizes community referral resources appropriately

4. Outreach- Works collaboratively with staff on creating and presenting outreach activities

5. Outreach- Demonstrates sensitivity to diversity issues in developing and implementing outreach activities

6. Outreach- Presents information during outreach activities in a clear and understandable manner

Comments and Recommendations:

III. Integration of Science and Practice

A. Application of Science and Theory to the Practice of Psychology

1. Articulates relevant research and demonstrates critical scientific thinking skills
   (e.g. critically evaluates scientific literature to inform discussions in supervision)

2. Articulates college student developmental issues/trends reported in the scientific literature and their impact on clinical practice

3. Accesses and applies scientific knowledge and skills appropriately to practice and the solution of issues
   (e.g. applies scientific knowledge, such as the biological and cognitive-affective bases of behavior, in developing treatment plans and implementing interventions; displays scientific mindedness when discussing solutions in staff or committee meetings)

4. Demonstrates knowledge, understanding, and application of the concept of evidence-based practice
   (e.g. applies EBP in case conceptualization, treatment planning, and interventions in consultation with supervisor; exhibits initiative in researching new EBP approaches, etc.)

Comments and Recommendations:

B. Commitment to Scholarly Inquiry and Professional Continuing Education

1. Presents and accurately evaluates scientific literature regarding clinical issues during monthly Wednesday Specialty Seminars
   (e.g. demonstrates a developmentally appropriate knowledge of core science and the scientific bases of behavior when presenting and discussing articles and/or data in Diversity Seminar, Group Seminar, Supervision Seminar, and Assessment Seminar)

2. Pursues continuing education training opportunities
   (e.g. local FPA early career activities, CE events, conferences, multicultural events, workshops for Global Partner Certificate, Safe Zone training, etc.), and will be able to discuss in supervision expanding knowledge of core science

Comments and Recommendations:

C. Research/Evaluation

1. Articulates a scientific approach to knowledge generation by discussion in Research Seminar of applying and evaluating research relevant to the practice of psychology including program evaluation
(e.g. actively participates in discussions: using Titanium data to inform programmatic changes in clinical services at the UCC; using qualitative research to improve outreach and services to FSU international students; using client satisfaction surveys to inform programmatic changes at the UCC; using national survey of UCC Directors to inform programmatic changes in the Group Therapy Program; using Pre and Posttests from Resident Assistants who are receiving Suicide Prevention Training to inform programmatic changes, etc.)

2. Applies scientific methods of evaluating practices, interventions, and programs
   (e.g. compiles and analyzes client outcome data on own clients to assess change and inform treatment planning; contributes to discussions in UCC Committees on using findings from outcome evaluations to alter UCC intervention strategies and outreach activities, etc.)

3. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. presentation of case conference for FSU UCC; any publications or presentations at local, regional, or national level)

Comments and Recommendations:

IV. Awareness and Sensitivity to Issues of Diversity

A. Relationship of Diversity to Practice of Professional Psychology
   1. Gathers and integrates relevant data regarding cultural and individual differences into meaningful/coherent conceptualizations
   2. Articulates cultural issues and biases in psychological assessment and evaluation
   3. Appreciates, monitors, and responds effectively to diversity issues as they affect the client-therapist interaction
   4. Appreciates, monitors, and responds effectively to diversity issues in all professional activities and interactions
      (e.g. supervision, consultation, training, outreach, etc.)

Comments and Recommendations:

B. Integration of Self-awareness and Knowledge of Diversity

1. Initiates discussion of intern’s emotional responses to the range of diverse individuals and groups encountered during internship whose backgrounds are culturally, ethnically or otherwise divergent from their own background. This also includes the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

2. Discusses new knowledge, self-awareness, and insights gained from participation in campus and community activities involving diverse populations
Comments and Recommendations:

V. Specific Intern Strengths/Areas of Growth

_________________________________________  ________________
Supervisor                                      Date

VI. Intern Response and Comments on Evaluation:

_________________________________________  ________________
Intern                                         Date
**Evaluation of Group Supervisor by Supervisee**

The purpose of this evaluation is to provide a means for trainees to give feedback regarding their group supervision.

Please place an X on each characteristic to rate the supervisor’s ability to demonstrate the following:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes a learning environment that is supportive.</td>
<td></td>
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<tr>
<td>Promotes a learning environment that is appropriately challenging.</td>
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<tr>
<td>Utilizes effective aids (e.g., articles, role-play, in supervision as needed.</td>
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<tr>
<td>Uses supervision time effectively.</td>
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<tr>
<td>Provides guidance and information about group administrative tasks.</td>
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<tr>
<td>Accurately assesses the trainee’s strengths and areas for growth.</td>
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<tr>
<td>Gives timely and appropriate feedback to the trainee.</td>
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<tr>
<td>Invites and receives feedback about trainee’s experience and needs in group supervision.</td>
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<tr>
<td>Processes co-leader relationship as it impacts both the group and the co-leaders.</td>
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<tr>
<td>Models effective interventions during group sessions.</td>
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<tr>
<td>Attends to power, status, and cultural differences between co-leaders.</td>
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<tr>
<td>Helps develop self-confidence in the trainee.</td>
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<tr>
<td>Facilitates trainee assuming a more egalitarian leadership role in group.</td>
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<tr>
<td>Models and teaches the skills for building group cohesion.</td>
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<tr>
<td>Explores ideas and techniques for working with each group member.</td>
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<tr>
<td>Explores trainee’s personal reactions to member(s) or group dynamics.</td>
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<tr>
<td>Challenges and supports the trainee to experiment with new skills/behaviors.</td>
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<tr>
<td>Provides conceptualizations and rationale for interventions based on theory, research, and clinical practice.</td>
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<tr>
<td>Shows enthusiasm for group therapy.</td>
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<tr>
<td>Owns his or her mistakes.</td>
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<tr>
<td>Demonstrates sensitivity and skill in responding to individual and cultural differences in group.</td>
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<tr>
<td>Provides guidance in identifying and dealing effectively with ethical or legal issues which arose in group.</td>
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</tbody>
</table>

What has been the most helpful learning experience in supervision? (Please be specific).

How might supervision be augmented or improved?

List any other comments here:

________________________________________________________________________

(Trainee’s Signature)   (Date)

________________________________________________________________________

(Supervisor/co-leader’s Signature) (Date Reviewed With Supervisor/co-leader)

(Created collaboratively by the counseling centers at Auburn University, Penn State University, and Utah State University; Adapted from the evaluations at the counseling centers at University of North Carolina [Charlotte], Virginia Commonwealth University, and Baylor University.)
GROUP THERAPY EVALUATION
(see rating scale on back)

Evaluation Time (circle one):  __Mid-Year_______ Final________

Intern:__________________________  Supervisor: __________________________

The development of entry-level group therapy competencies.

1. **General Group Skills**

   /12

   _____ Identifies and refers potential group members
   _____ Evaluates and prepares a prospective group member during pre-group meeting/screens
   _____ Consults with referring individual therapist
   _____ Writes accurate and thoughtful case notes in timely manner
   _____ Facilitates group cohesion
   _____ Establishes positive rapport with clients during group sessions
   _____ Fosters appropriate boundaries within group
   _____ Effectively manages flow of the session (e.g., starting, ending)
   _____ Collaborates with a co-leader and takes on an egalitarian leadership role
   _____ Provides timely feedback to a co-leader and attends to the relationship
       with each other during debriefing sessions
   _____ Demonstrates understanding of ethical issues that are unique to group work
   _____ Identifies the impact of diversity issues on group process, dynamics and leadership

2. **Process Groups:** (Group: __________, Co-leader: ______________)

   /11

   _____ Articulates how group can help specific client issues (i.e., group therapy conceptualization)
   _____ Conducts pre-group meetings effectively to assess potential members’ fit for a particular group and
       adequately prepare them for group participation
   _____ Provides interventions based on theory, research, and clinical conceptualizations.
   _____ Uses interventions effectively to match the stage of group and to facilitate the group and individual
       development
   _____ Attends to group dynamics (e.g., subgroups) and processes taking place at different levels (e.g.,
       intrapersonal, group-as-a-whole)
   _____ Responds effectively to microaggressions occurring in the group
   _____ Promotes spontaneous member-to-member, rather than member-to-leader, interactions
   _____ Facilitates members to explore and express their feelings
   _____ Provides well-timed feedback by sharing specific and honest reactions to members’ behavior or
       here-and-now events in the group
   _____ Monitors one’s reactions to group process and their impact on his/her role as a leader
   _____ Discusses one’s reactions to group process and members openly and appropriately with co-leader
       during debriefing
3. **Psychoeducational/Structured Groups** *(Group: __, Co-leader: _______)*

/4

- Articulates how the specific structured group can help an individual
- Teaches information effectively by using multiple modalities (e.g., lecturettes, exercises, readings, examples, homework, discussions).
- Balances the amount of member participation with the group objectives
- Balances the didactic, experiential and process components to fit with the group objectives

4. **Use of Group Supervision/Consultation**

/4

- Examines and critiques one’s own work
- Demonstrates openness to evaluation and feedback from supervisor
- Demonstrates openness to feedback from fellow trainees
- Actively engages with fellow trainees by asking questions, offering feedback, and sharing one’s own reactions

**Progress/Strengths:**

- __________________________________________
- __________________________________________
- __________________________________________

**Goals/Growth areas:**

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

Trainee signature: ____________________________

Supervisor signature: _________________________

Date: ___________________
Rating Scale

N/D  No data or no opportunity to assess (If this is given, please explain why).

1  **Remedial Level:** Intern lacks understanding and demonstrates minimal evidence of the knowledge, awareness, and/or skill; or intern demonstrates problematic or harmful behavior requiring immediate attention. Extra supervision and remedial work are needed. A written remediation plan is required if this rating is given for a main category.

2  **Beginning/Pre-Internship Level:** Intern has demonstrated emergent knowledge, awareness, and/or skill. Performance is inconsistent. Extra supervisory attention and remedial work are required.

3  **Intermediate/ Internship Level:** Intern has shown some evidence of the knowledge, awareness, and/or skill. Performance is somewhat inconsistent. Attention in supervision is necessary to help intern move toward a higher competency level prior to the completion of internship. This is appropriate rating at the beginning and middle of internship.

4  **High Intermediate/Post-doctoral Level:** Intern has shown evidence of the knowledge, awareness and/or skill. Performance is mostly consistent and demonstrated in all but non-routine cases. Supervisor provides overall management of intern’s activities. Depth of supervision depends on clinical needs, and supervision may be moving toward a consultation model. Intern must receive this rating on each main category for successful completion of internship.

5  **Advanced/Licensure Level:** Intern has shown strong evidence of the knowledge, awareness, and/or skill. Performance is consistent across settings/situation. Intern has reached the level appropriate for independent practice with no supervision. (although they must receive supervision until they become licensed). Intern has reliable awareness and judgment to assess when they need to seek consultation.
The purpose of the Student Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Psychology. The evaluation is intended to accomplish the following:

A. Outline criteria for competent practice of Psychology as defined for the CAPS placement.
B. Carefully evaluate trainee’s current level of practice according to the criteria.
C. Use the evaluation as a forum to give honest and helpful feedback to the trainee.
D. Identify and revise the student therapist’s goals based on feedback and student needs for training.
E. Monitor progress toward established goals and plan remediation where needed for growth and development.

Please rate the student with the following in mind:
(1) These are doctoral students. They should have a great deal of room for growth.
(2) Please consider their progress this semester on any goals that you may have set with them.
(3) Give them honest, open feedback regarding their skills. Let them know where you see them and how they can improve.

Since this is a criterion referenced scale, ranging from Inadequate to Expert, ratings will be lower than on the old form.

**Rating Scale**

1) **INADEQUATE**

   Performance is **inadequate** in this area. Trainee will require intense supervision in this area.

   Criteria:
   
   a) Shows **insufficient knowledge, understanding and/or skills** in this area
   b) **Does not differentiate** between important and unimportant details and issues
   c) Demonstrates a **simplistic and/or rigid approach** to helping clients or in consultation.
   d) **Does not understand** the process of change.
   e) **Lacks** understanding and flexibility in attitudes and/or awareness, including self-awareness needed to improve performance well in this area.

2) **NOVICE**

   Performance is **fair** in this area. Trainee will require careful supervision in this area.

   Criteria:
   
   a) Shows **limited knowledge, understanding and/or skills** in this area
   b) **Differentiation** between important and unimportant details and issues is uneven and unpredictable.
c) Understanding of the dynamics and complexity of clinical work is limited.

d) Has little understanding of the process of change.

e) Is inflexible at times in attitudes or awareness, including self-awareness needed to improve performance well in this area.

3) INTERMEDIATE

Performance is satisfactory in this area. Trainee will require ongoing supervision in this area.

Criteria:

a) Demonstrates sufficient knowledge, understanding, and/or skills in this area

b) Differentiates appropriately most of the time between important and unimportant details and issues.

c) Shows a sufficiently complex and flexible approach to clients’ issues, challenges, and/or consultation.

d) Shows sufficient, but perhaps superficial understanding of the process of change.

e) Demonstrates increasingly flexible attitudes and awareness, including self-awareness to perform well and continue improvement.

4) ADVANCED

Performance is good in this area. Continued support is needed to guide performance in this area.

Criteria:

a) Knowledge, understanding and/or skills in this area are good and allow more independent practice.

b) Approaches new and challenging situations with skill and flexibility and begins to generalize skills and knowledge to a variety of clinical and professional situations.

c) Attitudes and awareness, including self-awareness enhances practice and consultation.

d) Demonstrates deeper and more complex conceptualization and approach to client change and other professional issues.

5) PROFICIENT

Performance is very good in this area. Trainee will require some supervision in this area, but supervision is more collegial.

Criteria:

a) Demonstrates deeper and more integrated knowledge and skills in this area that facilitates independent functioning.

b) Shows very good ability to generalize understanding and skills to new and challenging situations.

c) Attitudes and awareness, including self-awareness are mature and flexible and enhance practice.

d) Very good ability to articulate issues and complex approaches to intervention / problem solving / client change.

6) EXPERT

Performance is excellent in this area. Supervision becomes more collegial and trainee will require only occasional supervision in this area.

Criteria:

a) Knowledge and skills are deep and integrated in this area and practice is very independent.

b) Generalization of skills and understanding to new and challenging situations is excellent.

c) Demonstrates exceptional maturity and flexibility in skills, attitudes, and awareness needed for the wide variety of professional situations.

d) Excellent ability to articulate issues and complex approaches to intervention / problem solving / client change for this level of training.
# Student Therapist Goals

<table>
<thead>
<tr>
<th>Student’s Goals</th>
<th>Outcomes of Student’s Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Skills, knowledge, processes, proficiencies, personal attributes to be focused on during the semester)</td>
<td>(What was accomplished in addressing the goals?)</td>
</tr>
<tr>
<td>Complete at beginning of the semester.</td>
<td>Complete at end of the semester.</td>
</tr>
</tbody>
</table>

Agreement about the nature of clinical supervision to help student achieve training goals:

<table>
<thead>
<tr>
<th>Agreement about the nature of clinical supervision to help student achieve training goals:</th>
</tr>
</thead>
<tbody>
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**Individual Therapy**

### Interpersonal Skills

1) Takes a respectful, helpful professional approach to clients.  
2) Forms a strong working alliance.  
3) Ability to deal with conflict, negotiate differences.  

Please comment on any Item given a rating of “1”:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Takes a respectful, helpful professional approach to clients.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>2) Forms a strong working alliance.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Ability to deal with conflict, negotiate differences.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

### Assessment/Diagnostic/Intake Skills

1) Able to quickly establish rapport with client  
2) Distinguishes between intake interview and counseling  
3) Asks relevant questions for intake purposes  
4) Arrives at appropriate therapy contract with clients  
5) Utilizes systematic approaches to gathering data to inform clinical decision  
6) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches  
7) Ability to formulate and conceptualize cases  

Please comment on any Item given a rating of “1”:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Able to quickly establish rapport with client</td>
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<tr>
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</tr>
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<td>4) Arrives at appropriate therapy contract with clients</td>
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</tr>
<tr>
<td>5) Utilizes systematic approaches to gathering data to inform clinical decision</td>
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</tr>
<tr>
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<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7) Ability to formulate and conceptualize cases</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

### Non-Specific Intervention Skills

1) Understands and maintains appropriate professional boundaries  
2) Appropriate use of self-disclosure  
3) Effective use of silence in therapy  
4) Aware of and uses non-verbal cues  
5) Deals appropriately with termination issues  
6) Maintains an adequate caseload  

Please comment on any Item given a rating of “1”:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1) Understands and maintains appropriate professional boundaries</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2) Appropriate use of self-disclosure</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3) Effective use of silence in therapy</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Aware of and uses non-verbal cues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5) Deals appropriately with termination issues</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6) Maintains an adequate caseload</td>
<td>1 2 3 4 5 6</td>
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</table>

### Specific Intervention Skills

1) Develops and implements treatment plans  
2) Knowledge of psychotherapy theory, research and practice and linking of this knowledge to conceptualization and treatment planning  
3) Use of a wide range of developmental, preventative, and “remedial” intervention skills including psychotherapy, psycho educational interventions, and appropriate crisis intervention skills  
4) Ability to assess treatment progress and outcomes  
5) Clear on own philosophy of change process  
6) Appropriately makes referrals  

Please comment on any Item given a rating of “1”:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1) Develops and implements treatment plans</td>
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<tr>
<td>2) Knowledge of psychotherapy theory, research and practice and linking of this knowledge to conceptualization and treatment planning</td>
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<tr>
<td>3) Use of a wide range of developmental, preventative, and “remedial” intervention skills including psychotherapy, psycho educational interventions, and appropriate crisis intervention skills</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4) Ability to assess treatment progress and outcomes</td>
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</tr>
<tr>
<td>5) Clear on own philosophy of change process</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6) Appropriately makes referrals</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
### Crisis Intervention

| 1) Identifies a crisis situation and distinguishes between crisis intervention and | 1 2 3 4 5 6 |
| 2) Takes necessary steps to arrange for help and is aware of resources | 1 2 3 4 5 6 |
| 3) Follows BYU and CAPS procedures for crisis intervention including notification of key administrators and agencies | 1 2 3 4 5 6 |
| 4) Consults with other professionals in CAPS as needed | 1 2 3 4 5 6 |
| 5) Understands ethical issues involved in crises and acts accordingly | 1 2 3 4 5 6 |

Please comment on any Item given a rating of “1”:

### College Student Development

| 1) Is familiar with developmental theories of college student development | 1 2 3 4 5 6 |
| 2) Able to apply a developmental theory to help client assess and understand developmental issues | 1 2 3 4 5 6 |
| 3) Helps client distinguish between developmental and psychopathological issues | 1 2 3 4 5 6 |
| 4) Able to make counseling interventions to help the client move toward further development | 1 2 3 4 5 6 |
| 5) Provides a balance of support and challenge to facilitate development in clients | 1 2 3 4 5 6 |

Please comment on any Item given a rating of “1”:

### Couples Therapy

#### Couples Therapy Conceptualization and Intervention Skills

| 1) Able to form a therapeutic alliance with the couple and manage sessions in ways in which each partner feels safe, heard, and understood | 1 2 3 4 5 6 N/A |
| 2) Able to understand and reflect the central dilemmas and problematic cycles the couple is facing, including issues which are specific to the | 1 2 3 4 5 6 N/A |
| 3) Able to conceptualize a treatment approach based on couples’ therapy models, such as EFCT, IMAGO, Gottman’s Relational Model, etc. | 1 2 3 4 5 6 N/A |
| 4) Able to effectively intervene in ways, which help the couple to address and reformulate their thoughts and emotions about their relationship | 1 2 3 4 5 6 N/A |
| 5) Ability to be direct and interrupt couple when needed. | 1 2 3 4 5 6 |
| 6) Able to examine his or her own limitations and personal process in the countertransference experienced as a couples’ therapist | 1 2 3 4 5 6 N/A |

Please comment on any Item given a rating of “1”:  

---

The Group Specialty Council/SGPGP

Criterion VII
**Use of Supervision**

**Working Relationship**

<table>
<thead>
<tr>
<th></th>
<th>1) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals</th>
<th>1 2 3 4 5 6</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2) Prepares for supervision: Bringing cued video, thoughtful questions about</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>3) Participates effectively with supervisors in evaluation of own performance.</td>
<td>1 2 3 4 5 6</td>
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</table>

Please comment on any Item given a rating of “1”:

**Openness/Reflective Ability**

<table>
<thead>
<tr>
<th></th>
<th>1) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is</th>
<th>1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) Discusses and shares concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>3) Open to and receives feedback, suggestions, and correction from supervisors in a non-defensive manner</td>
<td>1 2 3 4 5 6</td>
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</table>

Please comment on any Item given a rating of “1”:

**Diversity**

**Individual and Cultural Differences**

<table>
<thead>
<tr>
<th></th>
<th>1) Respect for individual and cultural autonomy and differences</th>
<th>1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) Knowledge of one’s own beliefs, values, attitudes, stimulus value and related strengths/limitations as one works in a clinical setting with diverse others</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>3) Knowledge about the nature and impact of diversity in working with specific racial/ethnic/religious populations</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>4) Ability to work effectively with diverse others in assessment, treatment and consultation</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

**Religious/Spiritual Issues in Counseling**

<table>
<thead>
<tr>
<th></th>
<th>1) Values and understands how religious/spiritual issues are an aspect of diversity and enables the therapist to gain a deeper understanding of the client</th>
<th>1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) Respects and attempts to understand the religious/spiritual worldview of each client</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>3) Is familiar with and follows the APA ethical guidelines on religion and spirituality: In particular, therapist allows their clients the rights to “self-determination” concerning religious/spiritual concerns (Principle E: APA)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>4) Is aware of own religious/spiritual perspectives and the accompanying assumptions and possible biases</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td>5) Appropriately and ethically uses religious/spiritual interventions as deemed helpful to the client</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:
### Professional, Ethical, and Legal Practices

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Follows APA Ethical Standards and legal statutes and regulations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Recognizes and analyzes ethical and legal issues and consults appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Prompt completion of and appropriately written case notes and reports</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Distinguishes between personal and client needs and maintains professional relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Self-identifies personal distress and seeks resources for healthy functioning during personal distress, particularly as it relates to clinical work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Professionalism

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relates professionally and respectfully with professional and support staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Keeps appointments and presents self in a professional manner for delivery of psychological services (e.g., punctual, appropriate dress, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Is on time for supervision and does not miss without proper reason and advance notice to supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Works well with colleagues, to give and receive support</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Gives and receives helpful feedback to peers non-defensively</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Understands and observes CAPS operating procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Participates in furthering the work and mission of CAPS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Please comment on any Item given a rating of “1”:

### Other Comments:

### Plans for Remediation:

______________________________  
Student Therapist  

______________________________  
CAPS Supervisor  

______________________________  
Date  

______________________________  
Date
**Criterion XII. Appendix 2:**

**Example of Specific ABGP Examination Procedures**
Clear guidelines are available in narrative form in the ABGB Examination Manual. Below is the scoring grid used by examiners, which briefly illustrates competency area scoring criteria.

<table>
<thead>
<tr>
<th>CANDIDATE NAME</th>
<th>PRACTICE</th>
<th>ORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundational</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. SCIENCE KNOWLEDGE AND METHODS COMPETENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses evidence bases and theory to inform activities as a group psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluates research critically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to the application of the science base to practice and the contribution to the science base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conveys knowledge about individual and cultural diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates genuine dedication to understanding the knowledge base for peoples, cultures, ideas that might be different from the candidate's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. RELATIONSHIP COMPETENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates awareness of self that permits effective functioning through affective and expressive communication with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates an awareness of the needs, feelings, and reactions of others is the present and promotes effective functioning in each competency domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conveys sensitivity to the welfare, rights, and dignity of others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ETHICS AND LEGAL FOUNDATIONS COMPETENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge about ethical standards and applies this knowledge to perform in an ethical fashion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge about legal standards and applies this knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates professionalism and awareness of professional standards in presentation of the written submission (e.g., use of APA references, attention to editing demands, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. GROUP PROFESSIONAL IDENTIFICATION COMPETENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates active participation in the profession of Groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Criterion XII. Provider Identification and Evaluation

<table>
<thead>
<tr>
<th>Demonstrates a familiarity with current significant issues facing the profession and the implication of these issues in Group Psychology</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeks consultation and supervision when needed</td>
<td></td>
</tr>
<tr>
<td>Obtains ongoing training and education in Group Psychology</td>
<td></td>
</tr>
<tr>
<td>Demonstrates professionalism and awareness of professional standards in presentation of the written submission (e.g., use of APA references, attention to editing demands, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

### 6. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE

| Demonstrates ability and willingness to consider congruence between own and others assessment and seeks to resolve incongruence |  |
| Accurately assesses areas of own competence, while consistently recognizing own problems without minimization |  |
| Models self-care by routinely assessing strengths and weakness, addressing these, and taking time out for growth |  |

### 7. INTERDISCIPLINARY SYSTEMS

| Demonstrates the ability to work successfully with many kinds of professionals by systematically collaborating at many levels |  |
| Appreciates and demonstrates such appreciation of various contributions from other professionals involved in client welfare |  |
| Functional (See Pages 26-40 for full explanation of these) |  |

### 8. ASSESSMENT /DIAGNOSIS/CONCEPTUALIZATION

| Demonstrates awareness and/or conducts assessments and evaluations with skill and appropriate attitude using extant knowledge base for Group Psychology |  |
| Demonstrates awareness and/or interprets assessment and evaluations findings accurately and use these to inform conceptualization |  |
| Demonstrates awareness and/or applies assessment and evaluation data to the development of recommendations in Group Psychology |  |
| Demonstrates awareness and/or communicates results with useful Outcomes for Group Members |  |
| Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment |  |

### 9. INTERVENTION COMPETENCE

| Demonstrates awareness and/or manages contract issues responsibly |  |
| Demonstrates awareness and/or chooses procedures appropriate for group client or patient and situation |  |
## Criterion XII. Provider Identification and Evaluation

| Demonstrate awareness and/or applies interventions with skills and knowledge and appropriate attitude |
| Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention |

### 10. CONSULTATION COMPETENCE

| Demonstrates awareness and/or uses procedures appropriate for context |
| Demonstrates awareness and/or gathers appropriate information as background for the consultation |
| Demonstrates awareness and/or conducts consultations with skill and knowledge and appropriate attitude |
| Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation in groups |

### 11. SUPERVISION COMPETENCE

(if applicable, otherwise write N/A)

| Supervision – Uses existing theory and research to conduct supervision with skill and appropriate attitude |
| Teaching – Uses existing theory and research to teach with skill and appropriate attitude |
| Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to supervision |

### 12. RESEARCH AND EVALUATION (if applicable)

| Demonstrates clear ability to apply scientific method to problems that arise in group setting |
| Demonstrates commitment to reading professional group journals and contributing to them to strengthen group evidence bases |
| Clearly and carefully evaluates programs and activities |
| Demonstrates participation in the provision and/or receipt of external peer review (e.g., publications, poster sessions, oral presentations, grants, dissertation committees, etc.) |
| Demonstrates ability to navigate the peer-review process |

### 13. TEACHING/MANAGEMENT/ADMINISTRATION

| Demonstrates knowledge of outcome assessment of teaching effectiveness |

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### Criterion XII. Provider Identification and Evaluation

| Evaluates the effectiveness of learning/teaching strategies addressing key skill sets. |   |   |   |
| Manages direct delivery of professional services, and demonstrates awareness of basic principles of resource allocation and oversight. |   |   |   |
| Develops a mission, set goals, implement systems to accomplish. |   |   |   |
| Demonstrates awareness of the principles of policy and procedures manuals of organization, programs, and agencies; awareness of basic business, financial and fiscal management issues. |   |   |   |

1. **ADVOCACY**

| Engages with groups with differing viewpoints around an issue to promote change |   |   |   |
| Promotes client self-advocacy, and engages in relevant groups and individuals towards that end |   |   |   |
Criterion VII. Evaluation of Competencies – Doctoral and Internship Levels

A 5-point scale is used, with ratings defined as follows:

<table>
<thead>
<tr>
<th>Goal #1: Acquire experience and knowledge of psychology as a theoretical, empirical, and applied discipline.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective(s) for Goal #1:</td>
</tr>
<tr>
<td>Engage in clinical work throughout the internship, demonstrating evidence-based practice and appropriate standard of care for the discipline.</td>
</tr>
<tr>
<td>Attend formal didactic training, and be prepared to discuss relevant points during supervision.</td>
</tr>
<tr>
<td>Demonstrate adept case conceptualization abilities, taking into account various data points, such as clinical presentation, clinical history, data from corroborative sources, and results from formal psychological testing.</td>
</tr>
<tr>
<td>Competencies Expected:</td>
</tr>
<tr>
<td>a. Knowledge of psychological theories and professional literature applied to evidence-based interventions and assessment.</td>
</tr>
</tbody>
</table>

| Evaluation Forms Used for Expected Competencies:             |

| How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: |
| Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, and 6 - 13. |
| As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items. |
| c. Intern would also attend at least 80 hours of formal didactic training during the internship. |

| Goal #2: Become proficient in the assessment and treatment of those with severe mental illness. |
| Objective(s) for Goal #2: |
| Learn to establish rapport and a solid therapeutic relationship with a variety of patients. |
| Demonstrate the ability to collaborate with patients to establish realistic and clinically meaningful treatment goals as part of effective treatment planning. |
| Proficiently determine appropriate assessment batteries, administer, score, and interpret assessment measures, and integrate the findings with other relevant data (e.g., clinical history, current presentation, input from other individuals, etc.). |
| Offer appropriate and useful treatment recommendations to patients and their treatment teams, which take into account the patient’s perspective and input. |
| Skillfully write well-organized, conceptually clear and clinically meaningful assessment reports and other clinical documentation. |

| Competencies Expected:                                       |
| a. Aptitude in conducting complex integrated psychological assessments and appropriate psychotherapeutic interventions with individuals experiencing severe mental illness. |

| Evaluation Forms Used for Expected Competencies:             |
### Goal #3: Develop an awareness of cultural and individual diversity issues relevant to clinical practice.

**Objective(s) for Goal #3:**
- Participate in diversity training seminars.
- Demonstrate awareness of own diversity background, biases and experiences, and how these factors may impact therapy; show sensitivity to diversity issues of others, particularly to those receiving clinical services from the intern.
- Complete professional readings as indicated related to diversity issues.
- Identify, monitor, and appropriately address transference and countertransference issues when they emerge to maximize the likelihood of therapeutic benefits and minimize potential negative impact on clinical work.

**Competencies Expected:**
- Awareness of and sensitivity to diversity issues, and ability to channel this awareness and sensitivity in therapeutically beneficial ways.

**Evaluation Forms Used for Expected Competencies:**

### Goal #4: Learn to think and act in a manner consistent with ethical practice and professional integrity.

**Objective(s) for Goal #4:**
- Become familiar with ethical principles of psychologists via review of APA Ethics Code.
- Attend USH new employee orientation during which staff from HR discusses the privacy act, patient rights, HIPAA, release of information, and other legal issues.
- Attend didactics on ethical, legal, and professional issues.
- Bring any questions or concerns about ethical issues to supervision on an ongoing basis throughout the internship.

---

How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies:
- Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, 6 – 20.
- As described in paragraph immediately preceding this table, outcomes are measured on 5-point scale, with minimum threshold for achievement rating being average of “3” across items.

---

How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies:
- Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, 7 – 10, 12, 13, 18, and 20.
- As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items.
- Outcome for this goal would also be measured by the interns’ performance on the two formal clinical case presentations given during the internship, which are evaluated using the Case Presentation Feedback Form; ratings would need to average “3” or higher across items and raters.
### Competencies Expected:

- a. Follow ethical, legal, and professional guidelines while practicing psychology, with a gradual progression toward independent decision making (i.e., less reliance on supervision).

### Evaluation Forms Used for Expected Competencies:


### How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies:

- Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 1, 8, 10, 11, 13, 20 – 23, 25, and 26.
- As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items.

### Goal #5: Become socialized in the role of psychologist and develop a professional identity.

#### Objective(s) for Goal #5:

- Develop a professional self-concept in role as a mental health provider, while recognizing the benefits available from supervision during the internship; utilize supervision effectively and accept feedback non-defensively.
- Provide regular feedback and input to the psychology faculty in helpful ways that can improve the training program and internship experience.
- c. Demonstrate appropriate case management skills, and stay abreast of required paperwork.
- Contribute to a supportive and positive work environment through interactions with other staff.
- Participate in didactic and other training experiences related to professional development.

#### Competencies Expected:

- a. Function as a member of USH’s clinical provider staff, while developing a professional identity as a psychologist.
- Fulfill professional duties and responsibilities.
- c. Engage in the training process, and contributing to the betterment of the internship and facility as a whole.

#### Evaluation Forms Used for Expected Competencies:


#### How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies:

- Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 2, 3, 5, 11, 18, and 20 – 26.
- As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items.

Intern obtains a professional position or postdoctoral residency in psychology.

Intern participates in a professional psychology organization post internship.

### Goal #6: Review professional literature and/or help to conduct small- or large-scale research to answer clinical questions pertaining to groups or individuals.
Objective(s) for Goal #6:
- Gain an understanding of professional literature by consulting professional sources, completing assigned readings, and/or engaging in research activities.
- Participate in didactic seminars and be prepared to discuss key points during supervision.
- Discuss professional literature as related to cases reviewed during case conceptualization supervision.
- Make two formal case presentations during the internship to psychology staff, during which relevant professional literature is summarized and discussed as related to the case(s) being highlighted.

Competencies Expected:
- a. Demonstrate knowledge and application of evidence-based interventions and assessments, integrating research into practice.

Evaluation Forms Used for Expected Competencies:

How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies:
- Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, 8, and 10.
- As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items.
- Outcome for this goal would also be measured by the interns’ performance on the two formal clinical case presentations given during the internship, which are evaluated using the Case Presentation Feedback Form; ratings would need to average “3” or higher across items and raters.

The internship is an organized program. It consists of a properly administered, planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training. The training program includes the following:

The program’s training activities are structured in terms of their sequence, intensity, duration, and frequency as well as planned and programmed in the modality of the training activities and their content.

The primary training method is experiential (i.e., service delivery in direct contact with service recipients). The experiential training component includes socialization into the profession of psychology and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, role-modeling and enactment, observational/vicarious learning, supervisory or consultative guidance;
<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Theories and methods of assessment and diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Training Activity</strong></td>
<td>Interns receive didactic instruction regarding assessment and diagnosis early in the training seminars and throughout the year. Assessment trainings initially focus on the specific purpose of a test, administration issues and development of an appropriate test battery to answer specific referral concerns, and later address more complex assessment issues including differential diagnosis. Examples of topics specifically covered include Differential Diagnosis, Integrative Report Writing, Psychological and Neuropsychological Assessment Measures, Child, Adolescent and Adult/Geriatric Assessment, and assessment of Autism Spectrum Disorders. Individual and group supervisors provide intensive supervision on the administration, scoring, interpretation and report writing of the psychological assessments. For tests unfamiliar to the interns, they are required to familiarize themselves with the test manual, administration and scoring, and to practice giving the test prior to administration.</td>
</tr>
<tr>
<td><strong>Competencies Expected</strong></td>
<td>On each rotation, interns typically complete one psychological evaluation every couple of weeks. These assessments are based on data integrated from multiple sources and include written reports with diagnostic impressions and treatment recommendations. In order to achieve this requirement, interns must develop and demonstrate proficiency in the administration, scoring and interpretation of commonly used intelligence tests, behavioral measures, affective measures, personality, neuropsychology and projective measures.</td>
</tr>
<tr>
<td><strong>How Outcomes are measured and minimum thresholds for achievement</strong></td>
<td>Interns receive feedback informally on an ongoing basis during each rotation. Formal written evaluation takes place at the midpoint and end of each rotation with respect to their competencies in assessment and diagnosis (See Internship in Psychology Program Intern Evaluation Form in Appendix B). Minimum thresholds for achievement are an average of three across items measuring these domains (Intern Evaluation Form). Interns must demonstrate an understanding of child, adolescent and adult psychopathology and the ability to make appropriate differential diagnoses using the current version of the DSM, the ability to select an appropriate psychological assessment battery based on a specific referral question, the ability to administer, interpret and integrate a variety of assessment measures from multiple sources, and the ability to develop an appropriate diagnostic formulation and to link assessment data to treatment recommendations, communicate results and to prepare a quality written report.</td>
</tr>
<tr>
<td>Curriculum Area</td>
<td>Theories and methods of effective intervention</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Required Training Activity</strong></td>
<td>Evidence-based intervention approaches are introduced, discussed and reviewed in the ongoing didactic trainings, case presentations, staff meetings and individual and group supervision. Interns are encouraged to use research to guide interventions and to utilize empirically supported treatments with all of their clinical cases. Examples of the topics covered in supervision and other aspects of training include the following: Group Psychotherapy Approaches, Treatment of PTSD, Establishing Appropriate Treatment Goals, Cognitive-Behavioral Therapy, and Dialectical Behavior Therapy. Furthermore, interns receive additional training and supervision in the weekly individual psychotherapy supervision, where audiotapes of the interns’ therapy sessions are reviewed and discussed to enhance the supervision process and enhance learning. This promotes an open dialogue regarding therapeutic interventions, strategies and issues. Clinical cases are carefully selected for the interns to provide an adequate breadth and depth of clinical experiences. Training supervisors provide supervision of all interns’ clinical cases. In formal and informal supervision sessions, case material is discussed and reviewed.</td>
</tr>
<tr>
<td><strong>Competencies Expected</strong></td>
<td>Throughout the internship experience, interns are expected to be able to provide direct psychological services including individual and group psychotherapy. An intern’s caseload typically includes two individual patients (an adult long-term therapy patient and a pediatric cognitive remediation patient), and one to two psychotherapy groups, and is designed to maximize the training experience. Interns are expected to develop competency working with a variety of clinical populations, diagnoses and treatment modalities.</td>
</tr>
<tr>
<td><strong>How Outcomes are measured and minimum thresholds for achievement</strong></td>
<td>At the midpoint and conclusion of each rotation, interns are evaluated on their ability to (1) establish and maintain solid therapeutic relationships, (2) utilize a theoretical framework to develop an accurate case conceptualization, (3) select and implement appropriate empirically-supported psychotherapeutic interventions based on a patient’s specific therapeutic needs, and (4) formulate appropriate treatment plan and obtainable therapeutic goals and interventions. (See Intern Evaluation Form in Appendix B, p. x, items x – x). Minimum thresholds for achievement are an average score of 3 across items covering this domain (Intern Evaluation Form).</td>
</tr>
<tr>
<td>Curriculum Area</td>
<td>Theories and methods of empirically based / supported treatments</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Curriculum Area</strong></td>
<td>Theories and methods of empirically based / supported treatments</td>
</tr>
<tr>
<td>Required Training Activity</td>
<td>Empirically supported treatment approaches are introduced, discussed and reviewed in the ongoing didactic trainings, case presentations, staff meetings and individual and group supervision. Interns are encouraged to use research to guide approaches to treatment and to utilize empirically supported treatments with all of their clinical cases. Examples of the topics covered in training include working effectively with individuals diagnosed with Mood and Anxiety Disorders, Posttraumatic Stress Disorder, Dually-Diagnosed Persons with Substance Abuse/Dependence Diagnoses, and Pediatric Patients with Neurocognitive Deficits. Furthermore, interns receive additional training and supervision in the weekly individual psychotherapy supervision, where audiotapes of the interns’ therapy sessions are reviewed and discussed to enhance the supervision process and enhance learning. This promotes an open dialogue regarding therapeutic interventions, strategies and issues. Clinical cases are carefully selected for the interns to provide an adequate breadth and depth of clinical experiences. Training supervisors provide supervision of all interns’ clinical cases. In formal and informal supervision sessions, case material is discussed and reviewed.</td>
</tr>
<tr>
<td>Competencies Expected</td>
<td>Interns are expected to be able to provide direct psychological services including individual and group psychotherapy and neurocognitive remediation. In addition, they are expected to be able to work effectively with individuals with a variety of diagnostic issues including mood and anxiety disorders, attachment disorders, parent-child relational problems, marital distress and substance abuse as well as personality disorders. An intern’s caseload typically includes two individual patients (an adult long-term therapy patient and a pediatric cognitive remediation patient), and one to two psychotherapy groups, and is designed to maximize the training experience. Interns are expected to develop competency working with a variety of clinical populations, diagnoses and treatment modalities.</td>
</tr>
<tr>
<td>How Outcomes are measured and minimum thresholds for achievement</td>
<td>At the midpoint and conclusion of each rotation, interns are evaluated on their ability to (1) establish and maintain solid therapeutic relationships, (2) utilize a theoretical framework to develop an accurate case conceptualization, (3) select and implement appropriate empirically-supported psychotherapeutic interventions based on a patient’s specific therapeutic needs, and (4) formulate appropriate treatment plan and obtainable therapeutic goals and interventions. (See Intern Evaluation Form in Appendix B, p. x, items x – x). Minimum thresholds for achievement are an average score of 3 across items covering this domain (Intern Evaluation Form).</td>
</tr>
<tr>
<td>Curriculum Area</td>
<td>Theories and/or methods of consultation</td>
</tr>
</tbody>
</table>
| Required Training Activity | Interns gain experience in performing consultations in all training rotations. For example, each intern meets regularly with multidisciplinary treatment teams to discuss their therapy cases and to provide input on the cases of other clinicians. They also consult regularly with the hospital unit staff regarding psychological assessment results, behavioral interventions for a specific patient or to address milieu issues on the units.

Interns receive training in the role of psychology consultant and the process of providing consultation during case conceptualization supervision, and informally during rotation- and psychotherapy-specific supervision as relevant. Interns must reach intermediate to advanced levels of competency in the area of consultation and are evaluated on their ability to consult, collaborate and communicate within a multidisciplinary treatment team setting and with other professionals as appropriate to patient care. (See Intern Evaluation Form in Appendix B page(s) #.#).

| Competencies Expected | The intern is able to demonstrate the ability to consult, collaborate, and communicate within a multidisciplinary treatment team setting, and to with other professionals as appropriate to patient care.

| How Outcomes are measured and minimum thresholds for achievement | Outcomes are measured via direct observation and via informal feedback from USH staff members involved on treatment teams with the consulting intern. Outcomes are also measured on the Intern Evaluation Form in Appendix B, page #, item #. The minimum threshold for achievement is a score of 3 (Intern Evaluation Form).

| Curriculum Area | Theories and/or methods of evaluation

| Required Training Activity | Interns play a key role in the evaluation of the internship program by providing formal and informal feedback throughout the year. Interns complete an evaluation of each formal didactic training experience, rotation and supervisor following each rotation and a year-end evaluation of the internship experience as a whole; as part of the annual training program review, interns provide verbal and written feedback about the internship as a whole. Interns also are invited to provide feedback about their rotations, the internship, or supervision during weekly group and individual supervision, as well as with the Training Director during regularly scheduled case conceptualization supervision sessions or at any time on an as-needed basis. Interns are invited to attend at least six psychology staff meetings during the internship, during which they may provide feedback and voice any concerns to the training committee (or sooner for issues that require immediate attention or change). Interns are also involved in evaluating internship applicants during the portion of the interview process in which applicants view and discuss

<p>| Competencies Expected | Interns will follow through with didactic, rotation, supervisor, and internship evaluations, and become comfortable with giving constructive feedback that emphasizes both strengths and any needed areas for improvement. | 72 |</p>
<table>
<thead>
<tr>
<th>How Outcomes are measured and minimum thresholds for achievement</th>
<th>The interns are expected to complete didactic, rotation, internship feedback in a timely manner (e.g., within a week of when the evaluation is due). Outcomes are formally measured on the Internship in Psychology Program Intern Evaluation Form in Appendix B, item 3, page #. The minimum threshold for achievement is a score of 3 (Intern Evaluation Form).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Area:</td>
<td>Theories and/or methods of supervision</td>
</tr>
<tr>
<td>Required Training Activity</td>
<td>Interns learn about supervision by observing and discussing the supervision process with their various supervisors in the internship program. New for the 2008 group of interns, was a formal didactic training focused on using supervision effectively, which describes roles of supervisors and supervisees in the supervision process, as well as includes readings related to theories of supervision.</td>
</tr>
<tr>
<td>Competencies Expected</td>
<td>It is expected that interns attends didactic training on supervision, complete assigned readings, and work with their supervisors to discuss their goals, experiences, perceptions, and expectations related to the supervision process. They are expected to adequately prepare for supervision, attend supervision punctually and provide appropriate feedback. Interns are also expected to be open to feedback from their supervisors and complete formal feedback pertaining to their rotation supervisor at the end of each rotation experience (Supervisor Evaluation: Summary by Supervisee).</td>
</tr>
<tr>
<td>How Outcomes are measured and minimum thresholds for achievement</td>
<td>The competencies identified above are measured on the Internship in Psychology Program Intern Evaluation Form in Appendix B, pages #–#, items 3, #22, 23, and 24. The minimum threshold for achievement is an average score of 3 across the aforementioned items. The form interns use to evaluate their supervisors is also located in Appendix B, pages #–#.</td>
</tr>
<tr>
<td>Curriculum Area:</td>
<td>Strategies of scholarly inquiry</td>
</tr>
<tr>
<td>Required Training Activity</td>
<td>Relevant research articles and books supplement the rotations, many of the didactic training activities, and supervision. Training seminars generally include a review of the empirical basis for the intervention or assessment procedures being presented. Interns are expected to integrate the science of psychology into their clinical work. They are expected to familiarize themselves with the empirical basis of assessment and intervention procedures they use.</td>
</tr>
</tbody>
</table>
Interns are often asked to perform a literature review and/or seek additional information on a diagnosis, assessment instrument or therapeutic intervention. Through the supervision process, interns learn to refine their ability to utilize scientific methods in clinical practice. Twice during the internship, each intern performs a thorough literature review related to an aspect of his or her formal case presentation. As a function of the internship’s consistent emphasis on the integration of these principles, interns are expected to demonstrate the ability to competently use science to inform practice by the completion of the internship.

Participation in research within the hospital is not required, but is strongly supported; although the primary focus of our training program is the development of applied skills, interns may become involved in a variety of research projects.

<table>
<thead>
<tr>
<th>Competencies Expected</th>
<th>Interns are evaluated on, and must demonstrate, knowledge of current scientific literature/research and the ability to integrate psychological research and theory into clinical practice, as well as behaviors reflective of inquisitiveness and a desire for professional growth (i.e., scholarly inquiry, participation in supervision, seminars and training, knowledge of current research articles, and self-motivation).</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Outcomes are measured and minimum thresholds for achievement</td>
<td>The competencies identified above are measured on the Internship in Psychology Program Intern Evaluation Form. The Case Presentation Feedback Form is used to evaluate each of the intern’s formal case presentations, and items specific to scholarly inquiry are items 2a, 2b, 2c, and 2d. The minimum threshold for achievement is an average score of 3 across items.</td>
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<table>
<thead>
<tr>
<th>Curriculum Area:</th>
<th>Issues of cultural and individual diversity</th>
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<tbody>
<tr>
<td>Required Training Activity</td>
<td>The training program is designed to provide interns with relevant knowledge and experiences regarding the role of cultural and individual diversities in psychological phenomena and professional practice. The program emphasizes sensitivity to and ability to work effectively with individual and group difference in every aspect of professional functioning. Essential elements of all training activities are attention and sensitivity to individual and group differences. The internship provides specific trainings in issues of diversity and multicultural competence utilizing a variety of models and approaches. Formal didactic trainings are offered with regard to general multicultural counseling, the area’s dominant religion (The Church of Jesus Christ of Latter-day Saints), gay, lesbian, bisexual and transgender issues, and therapeutic issues with Eastern Indian, African American, Hispanic and Native American populations.</td>
</tr>
</tbody>
</table>
Issues of diversity are also woven into other didactic training topics including psychological and neuropsychological assessment, individual and group therapy, and clinical interviewing. In addition, issues of diversity (ethnicity, race, gender, level of acculturation, language barriers, religious beliefs, sexual orientation) are consistently discussed and addressed on an informal basis in the context of supervision, staff meetings, and treatment team meetings. Interns are also encouraged to explore their own personal and professional experiences and beliefs to enhance self-awareness and maximize effectiveness in all aspects of clinical work.

### Competencies

**Expected**

Interns gain extensive clinical experience with a broad range of diversity during their internship. The patient population is diverse with regard to gender, language, psychopathology, age, racial/ethnic background, socioeconomic status, religious affiliation and sexual orientation. It is expected that by the end of the year interns will have developed the level of sensitivity and skill with regard to multicultural issues that is necessary for professional functioning.

### How Outcomes are measured and minimum thresholds for achievement

At the midpoint and conclusion of each rotation, interns are evaluated on their awareness and sensitivity to issues of diversity, understanding of the potential impact of individual differences on clinical work, and the ability to address the therapeutic needs of diverse populations. The outcomes identified above are measured on the Internship in Psychology Program Intern Evaluation Form, and on the Psychology Internship Program Case Presentation Feedback Form. The minimum threshold for achievement is an average score of 3 across the aforementioned items.
<table>
<thead>
<tr>
<th>Program</th>
<th>Doctoral</th>
<th>Postdoctoral</th>
<th>Both</th>
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<tbody>
<tr>
<td><strong>1. APA Doctoral Internships</strong></td>
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<tr>
<td>Name of University, School, or Institution offering program: <strong>Kansas State University</strong></td>
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<tr>
<td>Name of Program: Department of Psychological Services</td>
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<tr>
<td>Address: 492 Bluemont Hall</td>
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<tr>
<td>City/State/Zip: Manhattan, Kansas 66506</td>
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<tr>
<td>Contact Person: Dr. Gary Brase</td>
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<tr>
<td>Telephone No.: (785) 532-0609</td>
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<tr>
<td>E-mail address: <a href="mailto:gbrase@ksu.edu">gbrase@ksu.edu</a></td>
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<tr>
<td>Website: <a href="https://www.k-state.edu/psych/graduate/application/procedures.html">https://www.k-state.edu/psych/graduate/application/procedures.html</a></td>
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<td><strong>2. Program</strong></td>
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<tr>
<td>Name of University, School, or Institution offering program: <strong>University of Kentucky</strong></td>
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<tr>
<td>Name of Program: College of Arts and Sciences Psychology</td>
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<tr>
<td>Address: 106-B Kastle Hall</td>
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<tr>
<td>City/State/Zip: Lexington, KY 40506</td>
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<tr>
<td>Contact Person: Melanie Kelley</td>
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<tr>
<td>Telephone No.: 859-257-9640</td>
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<tr>
<td>E-mail address: <a href="mailto:mkkell5@email.uky.edu">mkkell5@email.uky.edu</a></td>
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<tr>
<td>Website: <a href="https://psychology.as.uky.edu/graduate-program">https://psychology.as.uky.edu/graduate-program</a></td>
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</tbody>
</table>
3. Program Doctoral Postdoctoral Both

Name of University, School, or Institution offering program: Purdue

Name of Program: Psychological Sciences

Address: Department of Psychological Sciences, Graduate Office, 703 Third Street,

City/State/Zip: West Lafayette, IN 47907

Contact Person: Christopher Eckhardt

Telephone No.: (765) 494-6996

E-mail address: eckhardt@psych.purdue.edu

Website: http://www.purdue.edu/hhs/psy/graduate/

4. Program Doctoral Postdoctoral Both

Name of University, School, or Institution offering program: Oregon State University

Name of Program: School of Psychological Science

Address: Reed Lodge 131, 2950 SW Jefferson Way

City/State/Zip: Corvallis, OR 97331

Contact Person: Ashleigh Anderson

Telephone No. 541-737-2311

E-mail address: ashleigh.anderson@oregonstate.edu

Website: http://liberalarts.oregonstate.edu/psychology/academic-programs/graduate-psychology

5. Program Doctoral Postdoctoral Both

Name of University, School, or Institution offering program: Stony Brook University

Name of Program: Department of Psychology

Address: Dept. of Psychology, Stony Brook University

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6. **Program**

**Doctoral**  
Postdoctoral  
Both

Name of University, School, or Institution offering program: **University of New Hampshire**

Name of Program: Department of Psychology

Address: McConnell Hall, 15 Academic Way

City/State/Zip: Durham, NH 03824

Contact Person: Robin Scholefield

Telephone No 603-862-2360

E-mail address: robin.scholefield@unh.edu

Website: [http://cola.unh.edu/psychology/graduate-programs](http://cola.unh.edu/psychology/graduate-programs)

7. **Program**

**Doctoral**  
Postdoctoral  
Both

Name of University, School, or Institution offering program: **Ball State University**

Name of Program: Department of Psychology

Address: Teachers College, Room 605, Ball State University

City/State/Zip: Muncie, IN 47306-0585

Contact Person: Tricia Hanley

Telephone No. 765-285-8040

E-mail address: cpsy@bsu.edu

Website: [http://ems-bsu.edu/academics/collegesanddepartments/counselingpsych/academic/phdprog](http://ems-bsu.edu/academics/collegesanddepartments/counselingpsych/academic/phdprog)
Criterion VII. Appendix 3: Sample Curriculum (Utah State Hospital)

Utah State Hospital Internship Program

The Internship Program in Clinical Psychology is a formal training program with the intent of preparing students who wish to go on to Postdoctoral Fellowships in the specialty areas of Pediatric Neuropsychology, Forensic Psychology, and Clinical Psychology. The training model is defined as being “practitioner-scholar” in nature, and the primary method of training is experiential. Interns are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the intern's demonstrated comfort and competency. The internship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. Rotations last approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. The mandatory therapy component is designed to run an average of 3 to 4 hours per week, and span the entire internship year. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The intern is expected to apply graduate training to “real world” clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Thus, as interns progress through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital’s mission of providing excellent inpatient psychiatric care.

As part of the requirements for successful completion, interns provide two clinical-academic case presentations (one during the first half of internship and one during the second half). The Case Presentations allow the intern to demonstrate the skills that have been acquired in clinical case conceptualization, and provide the faculty an opportunity to evaluate and guide the intern’s clinical conceptual skills in a collegial conference atmosphere during which the faculty can evaluate the way in which an intern applies research to clinical practice. The faculty also uses the opportunity to enhance the intern’s awareness of the utility of research for clinical practice.

Another requirement during internship is to learn, administer and interpret outcome testing with our patient population (i.e., the Brief Psychiatric Rating Scale-Expanded Version). As part of the formalized training with instrumentation used for outcome testing, interns view multiple clinical vignettes and rate them to ensure their ratings are within an acceptable range when compared to consensus ratings. Then, interns co-rate an actual patient alongside of a supervisor, while the supervisor conducts the outcome assessment; following this experience, any discrepant ratings are discussed to further facilitate training of the intern. The next step in training is to have the intern conduct the outcome testing with a supervisor present to co-rate the patient’s responses, and, again, discrepant ratings are discussed. Once the supervisor determines that the intern has a solid grasp of
the outcome testing and the intern expresses a sense of readiness, the intern is able to administer outcome testing on his or her own and consult with the supervisor on an as-needed bases. The supervisor remains available for consultation, supervision, and to review and provide feedback on outcome assessment write-ups produced by the intern. The Utah State Hospital’s outcome rating program is considered “best practice” by both SAMHSA and The Joint Commission (invited
Criterion VIII. Continuing Professional Development and Continuing Education.

A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.

Commentary: With rapidly developing knowledge and professional applications in psychology, it is increasingly difficult for professionals to deliver high quality services unless they update themselves regularly throughout their professional lives through continuing education mechanisms. A variety of mechanisms may be used to achieve these goals.

1. Describe the opportunities for continuing professional development and education in the specialty practice. Provide detailed examples, such as CE offerings that are available.

There are opportunities for continuing professional education on the doctoral and internship levels for the specialty of group psychology and group psychotherapy. These are available on the national, regional, and local levels mainly through the American Psychological Association Division 49, the American Group Psychotherapy Association (AGPA) and its regional affiliate societies, as well as several free-standing training institutions. In addition, the International Journal of Group Psychotherapy offers CE credits for many of its articles. AGPA also provides a distance learning program via teleconferences.

The following are examples of continuing professional education opportunities available at the doctoral and internship levels.

“39th Annual National Institute on The Teaching of Psychology (NITOP)” Annual Meeting to be held January 3-6, 2017 in Saint Pete Beach, Florida.

“Advancing the Ethics of Psychology: Issues and Solutions; Cannabis: Concerns, Considerations and Controversies; Educational and Professional Training Issues in Psychology; Social Justice in a Multicultural Society; Targeting the Leading Preventable Causes of Death; The Circle of Science: Integrating Science, Practice and Policy; and The Future of Psychology: Advancing the Field in a Rapidly Changing World.” American Psychological Association (APA) 2016 Annual Convention in Denver, CO. Attendees select from 79 CE workshops and more than 300 CE convention sessions.


“Forgiveness in Psychotherapy: Emerging Research and Clinical Applications.” The APA Office of Continuing Education in Psychology (CEP) monthly Clinician's Corner workshops, held October 3, 2016 in Washington, DC. All workshops include CE credits.

“Light up the night sky.” The objective was to enhance international communication in regards to children’s mental health issues that can be applied to international, national, and regional agencies and organizations. International Association for Child and Adolescent Psychiatry and Allied Professions’ 22nd World Congress. Held September 18-22, 2016, in Alberta, Canada. Some activities qualified for Accredited Group Learning Activity as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by University of Calgary Office of Continuing Medical Education and Professional Development. Participants may claim a maximum of 24 CE credits.

“Performance Psychology,” Carol Weser, PhD, California Psychological Association workshop, held September 16, 2016 in Santa Rosa, CA. 1.5 CE credits.

Pre-Convention Workshop for Introductory Psychology Teachers. APA Education Directorate with support from the American Psychological Foundation. Held August 3, 2016 in Denver, CO. The workshop focus was on hard to teach topics in introductory psychology, such as sensation and perception, research methods, and cognition, among others. One session also focused on issues related to ethics and teaching.

“Substance-Related and Other Addictive Disorders: Conceptual, Empirical and Practical Advances.” The APA Office of Continuing Education in Psychology (CEP) Annual Professional Development Training Institute (PDTI), held Sept. 23-24, 2016 in Washington, D.C. All participants received 16 CE credits with full participation in the institute.

“Talent Analytics: Data Science to Drive People Decisions and Business Impact,” The Leading Edge Consortium 12th Annual Meeting, held October 21-22, 2016 in Atlanta, Georgia.


The Society for Personality and Social Psychology’s Annual Convention, to be held January 19-21, 2017 in San Antonio, Texas.

Wyoming Psychological Association 2016 Fall Conference: current topics and emerging issues in psychology and mental health, held October 1-2, 2016 in Cheyenne, WY. 10 WPA CEs available.

Following are examples of continuing professional opportunities for the specialty that are or
have been offered by AGPA and some of its regional affiliates.

*Process group experience.* As stated in the conference brochure description “These small Process groups are offered each year at the AGPA Annual Meeting at different levels of provide participants with an environment to obtain, expand and retain their skills in conducting group therapy.” Each group is two full-days long, and participants receive 13 CE credits. Eleanor Counselman, EdD, CGP, and Alexis Abernethy, PhD, CGP, Chairs.


“Ethical Principles in the Clinical Practice of Group Psychotherapy,” Eleanor Komet, PhD, CGP and Thomas Stone, PhD, CGP, All-day course, American Group Psychotherapy Association Annual Meeting 2014.

“Focused Brief Group Psychotherapy: A Practice Based Evidence Approach,” Martyn Whittingham, PhD, CGP. All day course, All-day course, American Group Psychotherapy Association Annual Meeting 2014.


**Regional:**


“Becoming Who We are in Groups: Jungian Ideas on Individual Fulfillment and Personal Authenticity,” Justin Hecht, PhD. Workshop presented at the Mid-Atlantic Group Psychotherapy Association, 2014.


“Context and Multiculturalism: Explorations Through Large Group Experience,” Washington School of Psychiatry Group Training Program, Molly Donovan, PhD, CGP, Chair, 2016.


“Introduction to the Basics of Group Psychotherapy,” Barbara Cohn, PhD, ABPP, LFAGPA, Ellen Rubin, PsyD, Alan Shanel, LCSW, BCD, CGP, Phyllis Wright, LCSW, BCD. Training Institute presented at the Annual Meeting of the Easter Group Psychotherapy Association, 2013.


“The Leader’s Role in Managing Stimulation in Group Treatment,” Elliot Zeisel, PhD, LCSW, CGP, DFAGPA. Workshop presented at the Annual Meeting of the Eastern Group Psychotherapy Association, 2013.


“What is at the Heart of an Effective Therapy Group?” Scott Rutan, PhD, CGP, DFAGPA. Demonstration group presented at the Annual Meeting of the Northeastern Group Psychotherapy Association, 2012.
Describe the formal requirements, if any, for continuing professional development and education to maintain competence in the specialty

The formal requirement for continuing professional development is a minimum of 10 contact hours per year of activities relevant to group psychology and group psychotherapy. These hours can be achieved in a variety of ways, including:

1. Participation in formal programs such as those described below;
2. Attending conferences and workshops that provide APA approved CEUs;
3. Reading journal articles that offer approved CEUs;
4. Providing/receiving professional presentations relative to group issues and topics.

Following are descriptions of two formal group training programs.

Washington School of Psychiatry: The Washington School of Psychiatry is a free-standing psychodynamic psychotherapy training institute that offers training in group psychotherapy via its National Group Psychotherapy Institute (NGPI). The NGPI is directed by two senior psychologists: Molly Donovan, PhD, CGP, Chair, and Steve Van Wagoner, PhD, CGP, Dean.

The training program consists of six, two-day weekend conferences over the course of two years. Each conference focuses on a different aspect of group: from beginning a group, to middle stages, and to terminations. Contemporary psychodynamic approaches are presented, along with a full weekend focused on diversity and multiculturalism, examining the broad range of significant differences, such as race, ethnicity, gender, religion, disability, sexual orientation, social class, and age, and the interaction between social forces, these differences, and group behavior.

The NGPI also offers a Certificate Training Track that includes these six weekends, along with completion of the 12-hour Principles of Group Psychotherapy didactic course (developed by the American Group Psychotherapy Association), minimum of 75 hours of weekly supervision with a faculty member, and personal group psychotherapy. Completion of this Certificate Training Track fulfills the requirements of the International Board for Certification of Group Psychotherapists for the Certified Group Psychotherapist (CGP) designation.

The Gordon F. Derner Institute of Advanced Psychological Studies at Adelphi University offers a two-year certificate program in group psychotherapy. The program consists of didactic and experiential course work, clinical supervision, and personal group therapy. Applicants must have
completed a doctorate or master’s in a mental health field.

The specific requirements are: four 2.0 hour courses for each of four semesters; 85 sessions as the therapist to an ongoing group therapy; 75 hours of personal supervision (group supervision for up to 50 hours); a case presentation during the second year or later; and 15 months of personal group therapy, concurrent with the program.

The program is directed by Richard Billow, PhD, CGP, ABPP, and the Dean of the Derner Institute is Jacques Barber, PhD, ABPP. The faculty of the group psychotherapy program are PhD psychologists, the majority of whom are at the ABPP level.

The International Board of Certified Group Psychotherapists, chaired by Tony Sheppard, PsyD, CGP, offers a certificate (Certified Group Psychotherapist – CGP) that requires completion of 300 hours of group psychotherapy leadership, 75 hours of supervision of group psychotherapy, and a 12-hour course in Principles of Group Psychotherapy. The CGP must be renewed every two years with 18 hours of continuing education in group psychotherapy required for renewal.

3. **Describe the minimum expectations, if any, for continuing professional development and education to maintain competence in the specialty.**

Minimum expectations for maintaining competence in the group psychology and group psychotherapy specialty would be 10 hours each year of participation in ongoing or episodic formal or informal learning experiences. These include accredited CE events, such as conference attendance or reading journal articles if accredited, as well as more informal learning experiences such as supervision, study groups, peer supervision groups, teaching, and attendance at non-accredited professional events that focus on group psychology and psychotherapy. Furthermore, group practitioners are expected to maintain appropriate licensure with the American Board of Professional Psychology.

Please see **Criterion VI, appendix 2** for opportunities for continuing postdoctoral and post licensure professional development. These are samples of continual and yearly professional offerings by APA and AGPA.
Criterion IX. Effectiveness. Petitions demonstrate the effectiveness of the services provided by its specialist practitioners with research evidence that is consistent with the APA 2005 Policy on Evidence-based Practice.

Commentary: A body of evidence is to be presented that demonstrates the effectiveness of the specialty in serving specific populations, addressing certain types of psychological, biological and social behaviors, or in the types of settings where the specialty is practiced.

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

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

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

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


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


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


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

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


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


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


Eighty-eight healthy participants who reported elevated stress levels were randomly assigned to the mindfulness-based stress reduction protocol (MBSR) of mindfulness psychoeducational group, mindfulness practice, sharing experiences and 45 minutes of home practice, or a waitlist control group. When compared to the control group and controlling for age, sex, bass mass index, and beta-blockers, members of the MBSR protocol participants showed larger pre- to post-
intervention decreases in overall systolic and diastolic blood pressure and exhibited smaller SBP and DBP stress related changes.


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


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


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

**Summary**

As demonstrated by the breadth of studies above, Group Psychology and Group Psychotherapy effectively serves diverse populations across communities to meet public health needs, including all ages, socioeconomic conditions, genders, ethnicities, and identities.
2. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.

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


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


This study examined group-based transdiagnostic CBT for anxiety among 52 veterans with various anxiety disorders at a VA outpatient mental health clinic. Over a 1-year period, Veterans completing the group treatment reported significant decreases in general distress, anxiety, depression, and individualized fear hierarchy ratings (ps < .01). Treatment completers also reported high satisfaction with the treatment experience.
High-functioning Autism Spectrum Disorder (ASD) individuals aged 8–19 years old ($n=228$) were randomized to 12 sessions of SOSTA-FRA or treatment as usual. Primary outcomes were change in total raw score of the parent-rated Social Responsiveness Scale (pSRS) between baseline (T2) and end of intervention (T4), and between T2 and 3 months after end of intervention (T5). Pre-treatment SRS and IQ were positively associated with stronger improvement at T4 and T5.


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


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


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


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


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


University students (N=45) with a primary diagnosis of social anxiety disorder (SAD) were randomly assigned to either cognitive–behavioral group therapy (CBGT) or group psychotherapy (GPT), using multilevel growth curve analysis. Similar patterns were found in both treatment conditions; engagement increased throughout sessions, avoidance decreased, and conflict was low overall. Less conflict was noted in the CBGT groups compared with GPT. Conflict was lower than reported in previous studies.
Summary
The studies identified above demonstrate the significant benefits provided by Group Psychology and Group Psychotherapy in addressing a variety of psychological, biological, and social problems across communities, such as Obsessive Compulsive Disorder, Schizophrenia, Bipolar Disorder, inpatient group psychotherapy, and comorbid complicated grief disorder. Moreover, the identified studies reflect the success in treatment provided by group therapy, such as improvement in symptomology, reduction in relapse, and Quality of Life improvement.

3. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.

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


This longitudinal study involved 80 participants in cognitive and interpersonal group therapy for social phobia to investigate the relationship between group climate and patients' short-term and long-term outcome. Engagement predicted
symptom reduction during treatment, from pretreatment to follow-up, and from posttreatment to follow-up. During treatment, avoidance predicted higher symptomatic distress.


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


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


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

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


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


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

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


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


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

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

**Summary**

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

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


Proposes that GCBT may yield a positive impact on more dimensions of dyspareunia than a topical steroid, and supports recommendations as a first-line treatment for provoked vestibulodynia.

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


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


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

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


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


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

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


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

*Summary*

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

4. **Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.**

*Diversity and Efficacy of Group Settings*

The articles cited below demonstrate the variety of the organizations arrangements and settings in which the specialty is practiced, as noted in the paragraph above. The findings are suggestive of the efficacy and cost effectiveness for the implementation of groups
across an array of settings that meet the needs of a diverse patient base to address their unique problems and concerns, promote and encourage group members’ empowerment, guide members’ skills development, and to optimize social, educational, and behavioral effects for members.


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


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


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

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


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


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


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

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


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


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

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


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


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


This clinical trial randomized 108 service members (100 men, 8 women) with PTSD following military deployment and medication stability into group cognitive processing therapy (cognitive only version; CPT-C) with group present-centered therapy (PCT) for active duty military personnel. Both treatments resulted in large
reductions in PTSD severity, with greater improvement in CPT-C. CPT-C also reduced depression, with gains remaining during follow-up.

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

An updated list of references is provided in Criterion VI appendix 5
Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.

Commentary: The public interest requires that a specialty provides the best services possible to consumers. A specialty, therefore, continues to seek ways to improve the quality and usefulness of its practitioners' services beyond its original determination of effectiveness. Such investigations may take many forms. Specialties promote and participate in the process of accreditation in order to enhance the quality of specialty education and training. Petitions describe how research and practice literatures are regularly reviewed for developments which are relevant to the specialty’s skills and services, and how this information is publicly disseminated.

Introduction

Greene (2012) wrote that group therapy outcome research must move beyond the notion that RCT (Randomized Clinical Trial) is the only means to produce valid findings because the methodological problems with RTC are exacerbated with groups. This occurs because RCT designs do not take into account the non-independence of group-level data and the statistical differences for missing longitudinal data for members’ premature termination or new members entering the group as happens in many private practices and mental health agencies that use group treatment. Although RCT can provide much important data and conclusions, the APA Presidential Task Force on Evidence-Based Practice (2005) broadened the definition of legitimate evidence by the inclusion of clinical observation and case studies.

The specialty subscribes to the integrated package of methodologies proposed by Datillio et al. (2010). The methodologies include quantitative and qualitative methods, and experimental and quasi-experimental strategies. Wachtel (2010) proposed that research on process, followed by principles and outcomes, could produce meaningful understanding of how therapeutic change takes place and the factors that facilitate those changes. Understanding change at the individual group member level and the group as a whole level is essential for meaningful clinical practice.

I. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.

The Group Psychology and Group Psychotherapy specialty is focused on establishing a tradition of evidence-based research, including, but not limited to, traditional outcome research designs and paralleling statistical methodologies such as quasi-experimental trials, as well as qualitative analytic methodologies. Furthermore, evidence-based, qualitative research continues to be expanded within Group Psychology and Group Psychotherapy, driven by dedicated researchers.

There are ongoing efforts to evaluate and increase the usefulness of skills and services within Group Psychology and Group Psychotherapy, particularly as needs are assessed and resulting changes occur. Framing evidence-based practice and practice-based evidence enhances a critical
view of empirical evidence and research to achieve the following: 1) Overcome the myth that one must be research savvy to be an evidenced-based practitioner. Well-known theories have been modified over the decades by careful observance and study of effective practice, engaging practitioners in evidence-based practice, but examining evidence for effectiveness, and modifying techniques and interventions accordingly; 2) Usage of simple metrics that might add to an examination of the work, groups, and self to ensure group cohesion, if patient is improving, or if there is a strong working alliance, none of which requires statistical analysis; 3) Acknowledgement that each situation is unique, that different groups with different purposes require different tasks, interventions, and ways of measuring success. Practitioners employ different models for group work, many of which are theoretically driven and some of which are empirically driven. Engaging in evidence-based practice, and using practice-based evidence allows for flexibility in deciding purpose, task, patient characteristics, and diagnostic heterogeneity that might reflect the real world aspects of many group practices, while providing some choice in what to measure and how to accomplish that; 4) Engage in evidence-based practice throughout the practice of group psychology and group psychotherapy when reading a book, attending a training session, or reviewing an article that introduces something new or something not previously considered, applying these ideas to groups. Most Group Psychologists and Group Psychotherapists observe and study the effect of new factors introduced and consider application, timing, and impact on the group-as-a-whole and the group members. Through that study, techniques are discovered, when to apply them, with whom, within what kind of group, and so on.

There is sometimes no mention of the important theorists and practitioners of group psychology and group psychotherapy in the evidence-based works of other specialties (Van Wagoner, 2014). Yet, their knowledge is incorporated into our daily practice: Louis Ormont, PhD, CGP, DFAGPA, wrote extensively on techniques like bridging, emotional insulation, and immediacy (Furgeri, 2003); Rutan et al (2014) on the roles of the group therapist; Billow (2003) on the containing function of the therapist; and Stone (2009) on the role of the therapist’s affect in detecting ruptures to the alliance.

The types of investigations that are designed to evaluate and increase the usefulness of the skills and services include the following: literature reviews (Burlingame et al. 2013); program evaluation (Power & Hegarty, 2010); meta-analyses (Kosters et al. 2006); Krishna et al. 2013); randomized clinical trials (Bechdolf et al. 2010); Alexander et al. 2010); case studies (Petek, 2009; Tasca et al. 2011); pilot studies (Castle, 2007, 2010); and quasi-experimental studies. Examples of these investigations include:


Christensen, P.N. & Feeney, M. E. (2016). Using the social relations model to understand dyadic perceptions within group therapy. *Group Dynamics: Theory, Research, and Practice*, 20(3), 196-208. doi.org/10.1037/gdn0000051


The list above is by no means comprehensive of the breadth of research conducted; although the exact number of Group Psychology and Group Psychotherapy researchers is unknown, the continued pursuit of applied scientific knowledge is demonstrated in publications such as the *International Journal of Group Psychotherapy, Group Dynamics: Theory, Research and Practice, Journal for Specialists in Group Work* as well as APA journals *American Psychologist, Psychological Bulletin, Journal of Consulting and Clinical Psychology*, and *Professional Psychology: Research and Practice, Training and Education in Professional Psychology*.

Further, the SGPGP and the Group Specialty Council conduct regular Scholarly Inquiry, that includes: reading and reporting on research/studies about group psychology and group psychotherapy; synthesis that incorporates group research findings in written work and presentations; and identifying and reporting on empirically based group interventions. This Scholarly Inquiry includes review and evaluation of studies and reports such as:

References


2 Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.

The specialty provides numerous opportunities for practitioners to improve their services through activities such as those presented by The Society of Group Psychology and Group Psychotherapy at the APA national convention (a partial listing is provided in Criterion X, Appendix 1); at the national and regional conventions and workshops provided by AGPA (partial listing in Criterion X, Appendix 1); and through the special convention produced by the Association for Specialists in Group Work (ASGW). Additional opportunities are provided by regional conferences, webinars, readings, and other appropriate CE activities. The Group Specialty Council is dedicated to continuous quality improvement of knowledge, skills and competencies for the specialty.

Other ways to improve quality are seen in the continuing education requirements for the ABPP and CGP certifications. This also allows for self-monitoring and addresses our purpose for continual improvement. A major step in ensuring continual improvement is the publication by AGPA of training curricula on topics relevant to group psychotherapy:


Korshak, S., M. Nickow & B. Straus (2014) – A group therapist’s guide to process addictions.


One of the most distinctive ways the specialty helps practitioners stay current is through the revisions for the AGPA Science to Service publication which presents the evidence base for competent practice in the specialty. This document is in the process of being revised and is expected to be available in 2016. This document is revised every five years.
3. Describe how the research and practice literature are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.

The research and practice literature are regularly reviewed by SGPGP and the Group Specialty Council, as well as doctoral and internship students within their individual schools of study, for new developments, findings, challenges, and other topics relevant to the specialty and is disseminated in a variety of ways; books and book chapters, refereed articles, development and revisions for guidelines, and for the presentations provided at national conventions.

The AGPA Science to Service Task Force was developed specifically to affect necessary evolution with the field, maintain an ongoing reference base of group therapy research and to apply current research to Practice Guidelines. The Task Force offers an alternative, client-based approach to evidence-based practice: integrating the best available research with clinical expertise, applied within the context of client characteristics, culture, and preferences (APA, 2005). The Task force is currently revising the Practice Guidelines, which are scheduled for publication in 2017. Revisions for the AGPA Science to Service publication present the evidence base for competent practice in the specialty. The Task Force reflects the full breadth of scholarship and expertise in the practice and evaluation of group psychotherapy, combining researchers, educators and leading practitioners to promote new research and studies that are beneficial to group psychotherapy. Group Therapy and Group Psychotherapy specialty practice has changed with recent research and practice literature in several ways, including but not limited to: the incorporation of culturally competent services that allow much more effective group cohesion and feedback, and individual success in group due to improved relationships and trust factors within the group setting, in spite of diverse, personal experiences; therapists who have greater knowledge and understanding of diverse cultures, experiences and biases are better able to develop cohesive, client-centered groups that work effectively toward individual and group goals; incorporation of trauma-focused therapies allows therapists to address the sometimes contrary personal traumas that may arise among group members.

To maintain a high level of level of research and appropriate response to community needs, the Group Council and affiliated organizations continuously identify and assess changes in public health needs and respond accordingly. Group Council representatives and affiliated organizations (AGPA public outreach and similar) routinely monitor these vital sources of information, including Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, SAMHSA, World Health Organization, NAMI, Mental Health Advisory Council, and MentalHealthAmerica.net about public mental health needs.

Emerging changes in the population are identified in recent news articles and journals, such as increasing rates of mental illness among college students, including Gregg Henriques’ article, “The College Student Mental Health Crisis” in Psychology Today (2014) and Margarita Tartakovsky’s “Depression and Anxiety Among College Students” in PsychCentral. Group fulfills these needs, as noted in Gerrity and DeLucia-Waack’s (2006) review of current literature, specifically meta-analytic research, on the effectiveness of psychoeducational and counseling groups in schools, including: eating disorders, anger management/bullying, child sexual abuse prevention, pregnancy
prevention, and social competency. The analysis found that there is support for groups in the schools, some psychoeducational groups and classroom interventions, as well as support for the use of group interventions both short in session length and overall time. Another example of recent changes in practice based on literature is the addition of psychodynamic insight to the dimension of understanding emotions and utilizing emotional awareness helped patients improve reactions to problematic situations and people. A report from the American Institute of Stress identified that 80% of workers feel stress on the job, 40% reported their job was very or extremely stressful, and nearly half said they need help in learning how to manage stress. As detailed in Group, Emotional Intelligence (EQ) was applied to a group treatment of work problems (Kleinberg, J.L., 2000).

Group Psychology and Group Psychotherapy, as a specialty, are mindful of applying positive results to group work. Martyn Whittingham’s (Ph.D) work on brief group therapy (2011, 2012, 2013), has provided a useful approach for rapid clinical gains and interpersonal flexibility, particularly useful within acute settings where clients are stabilized and able to engage in interpersonal learning and personal growth. Ellis et al (2014) studied the importance of group cohesion within in-patient treatment, noting the importance of group cohesion within the efficacy of group treatment for combat-related PTSD. A Carpenter et al (2014) study resulted in findings that suggest multifamily group problem-solving programs provide a promising intervention for youth with insulin-dependent diabetes mellitus challenges.

Group specialty monitors changing demographics through the American Community Survey and APA Reports (http://apa.org/pubs/info/reports/index.aspx), with particular focus on Committee reports related to diversity (Committee on Disability Issues in Psychology, Committee on Ethnic Minority Affairs, Committee on Psychology and AIDS, Committee on Sexual Orientation and Gender Identity, Committee on Socioeconomic Status, and Committee on Women in Psychology), as well as local and national surveys that reflect important information for planning service delivery. In addition, the specialty follows the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, which provide important guidelines for multicultural psychological practice. Available research tools, such as the quarterly journal Cultural Diversity and Ethnic Minority Psychology, as well as participation on with a multitude of diversity groups, provide guidance on emerging trends and effective intervention adaptations within distinct populations. The issues raised within these areas of research are discussed and incorporated through specialty leadership as well as the relevant training programs, and in scholarly resources such as the following:


Group Dynamics: Theory, Research, and Practice, 18(1), 38-52. doi:10.1037/a0034760


Following is a list of sample recent books (2010 – 2015) that illustrate the reviews and dissemination discussed above.


Routledge began publishing the Library Editions: Group Therapy in 2014. Titles and authors in that series include the following:


deMare, P. (2016). *Perspectives in group psychotherapy: A theoretical background*.


Kutter, P. (2016). *Basic aspects of psychoanalytic group therapy*.


Rosenbaum (Ed.). (2014). *Group psychotherapy from the southwest*.

4. **Describe how the specialty promotes and participates in the process of accreditation in order to enhance the quality of specialty education and training. How many programs in this specialty are accredited at the doctoral and/or postdoctoral level?**

The accredited programs within Group Specialty maintain membership status with the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as full APA accreditation. All programs actively prepare for each APA re-accreditation survey, as scheduled. The Society of Group Psychology and Group Psychotherapy supports the efforts of all accredited programs to maintain their accreditation, through assistance with Education, Training and Practice Guidelines, as well as detailed information available on the Society of Group Psychology and Group Psychotherapy website ([http://www.apa.org/ed/accreditation/index.aspx](http://www.apa.org/ed/accreditation/index.aspx)).

Readily available information includes: Understanding APA Accreditation; the Commission on Accreditation; a search capacity for APA accredited programs; Developed Practice Applications; Accredited Program review; and CoA updates.

All 13 programs are accredited at the doctoral level.
Supporting References for the Utilization of Knowledge, Skills and Services in Group Psychotherapy and Group Psychology


psychodynamic interpersonal psychotherapy for women with binge eating disorder. *Group Dynamics: Theory, Research, and Practice*, 38-52. doi: 10.1037/a0034760


Lothstein, L. M. (2014). The science and art of brief inpatient group therapy in the 21st century: commentary on Cook et al. and Ellis et al. *International Journal of Group Psychotherapy*, 64, 229-244. doi: 10.1521/ijgp.2014.64.2.228


Examples of research can also be found in Criterion VI, appendix 2 that lists research presentations at yearly APA and AGPA conventions.
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 principles³.

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
Termination of Group Psychotherapy

Creating Successful Therapy Groups

Selection of Clients

Group Development

Therapist Interventions

Concurrent Therapies

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 Association, 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, predicating 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**


Criterion XII. Provider Identification and Evaluation

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

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

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

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

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

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

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

The Certified Group Psychotherapist (CGP) certification is valid for two years. Recertification requires 18 hours of continuing education credits in the field of group psychotherapy within the
past two years as well as a valid state independent practice license and current professional liability insurance.

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

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

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

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

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

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

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

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

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

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

- **The American Board of Group Psychology (ABGP) is a member board of the American Board of Professional Psychology (ABPP). The latter board oversees the standards and operations of its 15 member boards. The ABGP is responsible for establishing criteria related to the definition, education, training, competencies, and the examination leading to certification as a specialist in Group Psychology. The ABGP is governed by members who are board certified in group psychology and representative of the specialty on a national basis.**

- **Board Certification assures the public and the profession that the group psychologist specialist has successfully completed the educational, training, and experience requirements of the specialty including an examination designed to assess the competencies required to provide services in group psychology.**

**Board Certification in Group Psychology**
Criterion XII. Provider Identification and Evaluation

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


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

ABGP COMPETENCY AREAS CHARACTERISTIC OF GROUP SPECIALTY

The ABGP examination process encompasses the interrelated domains of the competencies required by the specialty of Group Psychology, and are based upon the mission statement of ABGP: “We are dedicated to understanding the foundational group forces and dynamics that undergird and affect all levels of social life. These levels include human attachment and functioning within dyadic, family, small and large groups and socio-organizational structures”.
Technically, groups exist whether comprised of 2 or 2,000 members. But generally, groups can
be categorized as small (4-9) medium (10-20) and large (21-100 and above). (Barlow, 2008, 2012)

The American Psychological Association and the American Board of Professional Psychology have adopted an educational and training matrix based upon a-theoretical Foundational and Functional competencies, which can be overlaid upon any theoretical framework. The domains of professional behavior for the psychologist are detailed below. (See: http://www.apa.org/ed/graduate/competency.aspx).

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

**Functional Competencies to be Evaluated**

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

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

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

<table>
<thead>
<tr>
<th>1. Evidence-Based Practice</th>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Application of Evidence-Based Practice</td>
<td>Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology</td>
<td>Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences</td>
<td>Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences</td>
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<table>
<thead>
<tr>
<th>2. Assessment</th>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>Knowledge of Measurement and Psychometrics</td>
<td>Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</td>
<td>Identifies assessment measures with attention to issues of reliability and validity</td>
<td>Independently identifies and implements multiple methods and means of evaluation in methods that are responsive to and respectful of diverse individuals, couples, families, and groups and context</td>
</tr>
</tbody>
</table>

| Knowledge of Assessment Methods | Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam | Demonstrates awareness of strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances | Independently understands strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning |

| Application of Assessment Methods | Demonstrates knowledge of measurement across domains of functioning and practice settings | Identifies appropriate assessment measures to answer diagnostic question | Independently identifies and administers variety of assessment tools; integrates results to accurately evaluate presenting question appropriate to practice site and broad area of practice |

| Diagnosis | Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity | Applies concepts of normal/abnormal behavior to case formulation and diagnosis in context of stages of human development and diversity | Utilizes case formulation and diagnosis for intervention planning in context of stages of human development and diversity |
### Criterion XII. Provider Identification and Evaluation

#### Conceptualization and Recommendations

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<tr>
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<th>READINESS FOR PRACTICUM</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of formulating diagnosis and case conceptualization</td>
<td>Utilizes systematic approaches of gathering data to inform clinical decision-making</td>
<td>Independently and accurately conceptualizes multiple dimensions of case based on the results of assessment</td>
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#### Communication of Assessment Findings

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<th>READINESS FOR PRACTICUM</th>
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<tbody>
<tr>
<td>Demonstrates awareness of models of report writing and progress notes</td>
<td>Writes assessment reports and progress notes; communicates assessment findings verbally to client</td>
<td>Communicates results in written and verbal form clearly and accurately in conceptually appropriate manner</td>
<td></td>
</tr>
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</table>

### 3. Intervention: Evaluation of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

#### Intervention Planning

<table>
<thead>
<tr>
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<th>READINESS FOR PRACTICUM</th>
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<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td>Displays basic understanding of relationship between assessment and intervention</td>
<td>Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation</td>
<td>Independently plans interventions; case conceptualizations and intervention plans are specific to case and context</td>
<td></td>
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</table>

#### Skills

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<tr>
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<th>READINESS FOR PRACTICUM</th>
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<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td>Displays basic helping skills</td>
<td>Displays clinical skills</td>
<td>Displays clinical skills with wide variety of clients; uses good judgment in unexpected or difficult situations</td>
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#### Intervention Implementation

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<tr>
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<th>READINESS FOR PRACTICUM</th>
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<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td>Demonstrates basic knowledge of intervention strategies</td>
<td>Implements evidence-based interventions</td>
<td>Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate</td>
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#### Progress Evaluation

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<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td>Demonstrates basic knowledge of the assessment of intervention progress and outcome</td>
<td>Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures</td>
<td>Independently evaluates treatment progress and modifies planning as indicated, even in absence of established outcome measures</td>
<td></td>
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</table>

### 4. Consultation: Evaluation of ability to provide expert guidance or professional assistance in response to a client’s needs or goals.

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<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>Role of Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No expectation at this level</td>
<td>Demonstrates knowledge of consultant’s role and unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)</td>
<td>Determines situations that require different role functions and shifts roles accordingly to meet referral needs</td>
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#### Addressing Referral Question

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<th>READINESS FOR ENTRY TO PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>No expectation at this level</td>
<td>Demonstrates knowledge of and ability to select appropriate means of assessment to answer</td>
<td>Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Communication of Consultation Findings</th>
<th>referral questions</th>
<th>assessment/data gathering that answers consultation referral question</th>
</tr>
</thead>
<tbody>
<tr>
<td>No expectation at this level</td>
<td>Identifies literature and knowledge about process of informing consultee of assessment findings</td>
<td>Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application of Consultation Methods</th>
<th>Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings</th>
<th>Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases</th>
</tr>
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<tbody>
<tr>
<td>No expectation at this level</td>
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**EDUCATION**

5. **Teaching:** Evaluation of instruction, dissemination of knowledge, and acquisition of knowledge and skill in professional psychology.

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<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No expectation at this level</td>
<td>Demonstrates awareness of theories of learning and how they impact teaching</td>
<td>Demonstrates knowledge of didactic learning strategies; how to accommodate developmental and individual differences</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No expectation at this level</td>
<td>Demonstrates knowledge of application of teaching methods</td>
<td>Applies teaching methods in multiple settings</td>
</tr>
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6. **Supervision:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

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<thead>
<tr>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
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<tbody>
<tr>
<td>Expectations and Roles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates basic knowledge of expectations for supervision</td>
<td>Demonstrates knowledge of purpose for, and roles in supervision</td>
<td>Understands ethical, legal, and contextual issues of supervisor role</td>
</tr>
<tr>
<td>Processes and Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No expectation at this level</td>
<td>Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices</td>
<td>Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise</td>
</tr>
<tr>
<td>Skills Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays interpersonal skills of communication and openness to feedback</td>
<td>Demonstrates knowledge of supervision literature and how clinicians develop to be skilled professionals</td>
<td>Engages in professional reflection about clinical relationships with supervisees, and supervisees’ relationships with clients</td>
</tr>
<tr>
<td>Supervisory Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No expectation at this level</td>
<td>Provides helpful supervisory input in peer and group</td>
<td>Provides effective supervised supervision to less advanced</td>
</tr>
</tbody>
</table>
Criterion XII. Provider Identification and Evaluation

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

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

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

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

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

*Skills:* Candidates evaluate effectiveness of learning/teaching strategies addressing key skill sets, demonstrate strategies to evaluate teaching effectiveness of targeted skill sets, articulate concepts and research/empirical support, and integrate feedback to modify future teaching strategies.
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Management-Administration
Management: Successful Candidates manage direct delivery of professional services, demonstrates awareness of basic principles of resource allocation and oversight, regularly manage direct delivery of own services, identifying opportunities for improvement, and recognize role of and need for clerical and other staff, including that of human resources.

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

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

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

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

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

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

Foundational Competencies

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

Individual/Cultural/Other Diversities
Group Psychologists possess essential knowledge components regarding Majority and Minority group behavior (realizing that these labels may be politically charged for some groups) based on
diversity composition. Candidates are aware of “Self” as shaped by culture and context including, but not limited to: race, ethnicity, gender, age, religion, sexual orientation, disability,
Criterion XII. Provider Identification and Evaluation

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

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

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

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

Reflective Practice/Self-Assessment/Self-Care
Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies, with appropriate self-care.
Criterion XII. Provider Identification and Evaluation

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

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

**Interdisciplinary Systems**

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

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

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

**Respectful and productive relationships with individuals from other professions**: Group Psychologists develop and maintain collaborative relationships over time despite differences,
communicating effectively with individuals from other professions.
Criterion XII. Provider Identification and Evaluation

References


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

To best serve the community, this specialty utilizes existing resources to support the identification of group specialty practitioners. Increasingly, people turn to the internet for mental health information. Group therapy as a specialty is well described on the APA website (http://www.apa.org/helpcenter/group-therapy), noting that “Group therapy sessions are led by one or more psychologists with specialized training.” However, no guidance is offered to the public as
to what the specialized training should be. The APA website suggests that the ways to find a group
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practitioner are to ask one’s individual psychologist, one’s physician, or check with hospitals and medical centers.

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

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

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

**How do I find a good group therapist?**

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

**What do I ask the group therapist?**

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

- What is your background?
- Given my specific situation, how do you think group would work for me?
- What are your credentials as a group therapist?
- Do you have special training that is relevant to my problem?

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

3. **Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is**
available) and how many are board certified through the process decried in item 1.
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Since most practitioners of group psychotherapy also offer other services, the best estimate of number of practitioners who spend at least 25% of their time in the specialty of group therapy is their membership in one of the group therapy specialty organizations. As of 2013 Division 49 of the American Psychological Association had 368 members. The geographical distribution of the membership is:

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

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

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

For the 2013-14 Membership year, the American Group Psychotherapy Association had 738 psychologist members. This reflects approximately 1/3 of the membership of this interdisciplinary organization. Psychologists constitute the largest single membership category. The six day 2014 AGPA Annual Meeting was attended by 310 psychologists, the six day 2013 Annual Meeting was attended by 289 psychologists, and the six day 2012 Annual Meeting was attended by 326 psychologists. Psychologists constitute approximately one third of the attendance at the AGPA Annual Meeting and once again represent the largest discipline.

The Certified Group Psychotherapist (CGP) credential is held by 371 members of the American Group Psychotherapy Association. CGP certification is eligible for clinical mental health professionals who meet internationally accepted criteria of master's degree or higher in a designated mental health specialty and clinical group experience with supervision/consultation in group psychotherapy. Although specific numbers are unavailable, we can assume that a large percentage of those certified are group psychologists and group psychotherapists.

**Public Description:**

An important component of the recognition process is to develop a public description of the specialty that can be used to inform the public about the specialty area. Please
develop a brief description of the specialty by responding to the question below (limit
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400 words. This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public. Descriptions will be edited for consistency to conform to the CRSPPP website standards.

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

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

2. What specialized knowledge is key to the specialty?

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

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

3. What problems does this specialty specifically address?

Group psychotherapy can address many psychosocial and mental health problems, as detailed in Criterion II, including depression, anxiety, substance abuse, trauma and PTSD, anger management, and medical illness. This specialty also addresses the problems of isolation, shame, interpersonal inhibition, and self-consciousness that individuals across many diagnostic
categories experience. Additionally, group therapists can apply the principles of group dynamics
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to other settings and situations such as businesses, schools and community organizations by serving in consultative roles.

4. What populations does this specialty specifically serve?

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

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

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

Group psychologists who demonstrate expertise in group skills represent a specialty of professional psychology that integrates the basic tenets of group psychotherapy and group dynamics theory, research, and application. Group specialty practice is based upon group dynamics principles such as communication, leadership, member-leader interactions, power, norms, and stages that Kurt Lewin (1951), Wilfred Bion (1961), Urie Bronfenbrenner (1979) and others wrote about in the mid-20th century. Group psychotherapy utilizes a format that is based upon a number of therapy models from psychodynamic to CBT, which includes small groups of approximately 8-10 clients, led by a skilled leader. Together members and (co)leader(s) explore roles, norms, stages, and group therapeutic factors (Yalom & Leszcz, 2005) by engaging in interpersonal interactions in order to a) ameliorate symptoms, b) learn new ways of behaving, and c) enact character change, depending upon the focus of the group. Groups can range from time-limited structured topic-centered groups (e.g., Psychoeducation, Anger Management) to ongoing unstructured groups (e.g., Yalom Interpersonal Group). Group types are represented on the left side of Figure 1. Ongoing process and outcome evidence-based research informs standards of care for members of groups and constitutes the foundation of scientific knowledge.
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Research strongly suggests that skilled group leaders help create useful processes by attending to mediator and moderator variables, which leads to better outcomes for patients (Burlingame, Mackenzie & Strauss, 2003; Burlingame, Strauss, & Joyce, 2013). As stated, group leaders may identify with any number of therapy schools (CBT, Psychodynamic, Interpersonal and so on), but as a whole, they all believe in the power of group dynamics as the base from which to operate. Group-as-a-whole interventions illustrate this belief where critical moments in group, having to do with a group behavior that takes hold of the group process, such as Bion’s Basic Assumption of Dependency (1961), must be dealt with effectively at the group level.