

## Lessons Learned from Group Counseling with Young Adults with Intellectual Disabilities Enrolled in a Comprehensive Transition Program

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### Abstract

The purpose of this practice article is to describe group counseling conducted with young adults with intellectual disability enrolled in a comprehensive transition program at a university in the southern United States. There are very few guidelines available for counselors working with young adults with intellectual disabilities. The aim of this article is to provide a brief review and application of relevant literature and describe the tools and techniques used when running these groups (both virtually and in person) to assist other counselors in their efforts. Implications for practice are presented, as well as recommendations for future research with this population.

*Keywords:* young adults, intellectual disabilities, group counseling, comprehensive transition program

### Plain Language Summary

- This article describes lessons learned from conducting group counseling with a group of young adults with intellectual disabilities (ID) enrolled in a comprehensive transition program at a university in the southeastern United States.
- Previous research shows that people with intellectual disabilities have higher rates of mental disorders such as anxiety and depression than typically developing peers, but they have a hard time finding mental health services that are with a provider that understands their type of disability.
- Research also shows that individuals with ID struggle with low levels of social support and self-efficacy, a lack of understanding around how to respond to stress, and learned helplessness.
- **What we did in this study:** This study conducted multiple groups with young adults with ID. The groups were separated by gender and worked on a variety of skills such as employment, college life, independent living, social skills, coping skills, and mental health.
- Specific topics included self-esteem, understanding and managing emotions, self-acceptance, dating and romantic relationships, the power of words, setting goals, understanding support networks, managing anxiety, coping skills, conflict resolution, disability

empowerment, overcoming obstacles, making friends, grounding techniques, and more.

- **Conclusion:** This article explains how the group sessions were organized and provides recommendations for other programs looking to implement a similar group counseling option within their program.

As of 2017, approximately 7.3 million people in the United States have an intellectual and/or developmental disability (University of Minnesota, 2020). However, there is a significant lack of research and guidance around conducting and implementing group counseling with this population. The purpose of this practice article is to review and apply relevant literature and describe how group counseling was conducted (both virtually and in person) with young adults with intellectual disability (ID) enrolled in a comprehensive transition program (CTP) at a university in the southern United States. The CTP will be referred to as “the BIRD program” (a pseudonym). For those unfamiliar with a CTP, an explanation is provided here:

In 2008, the Higher Education Opportunity Act (HEOA) for the first time provided access to financial aid to students with intellectual disability attending college programs that meet the requirements of a “Comprehensive Transition Program” (CTP). The legislation emphasizes participation in inclusive college courses and internships and requires the students to be socially and academically integrated to the maximum extent possible. CTPs are designed for postsecondary students with intellectual disabilities to continue academic, career and technical, and independent living instruction in order to prepare for employment (National Parent Center on Transition and Employment, 2019, para. 1).

The BIRD program was established at the university in 2018 and began with a cohort of 3 students. It is a non-degreeed program focusing on academic enrichment, personal and social skills, independence, health and wellness skills, and integrated work experience. Potential students apply for the program and then interview for acceptance. In order to be eligible to apply, students must meet the criteria of having an intellectual disability as defined in the Higher Education Act of 2008. An intellectual disability is defined by having significant limitations in intellectual functioning, significant limitations in adaptive behavior, and onset before the age of 18 (Think College, 2020).

The BIRD program began as a two-year certificate on-campus residential program. In 2019, it was approved for an additional two-year (total of four years) advanced program that focuses on employment and independent living. Graduates of the two-year basic program earn a university-endorsed Career Readiness Certificate and graduates of the four-year advanced program earn an additional university-endorsed Independent Living Readiness Certificate. During the first two years of the program, the students live on campus in campus housing and then in the second two years of the program, the students move into off-campus housing near campus. The BIRD program students attend both program-specific classes and university classes with typically-developing students. Additionally, students participate in a work-based training program that culminates with a paid internship during their final semester in the program.

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### Review of Relevant Literature

When preparing to run this group counseling program, the authors conducted a search for peer-reviewed articles related to group counseling for people with ID. Few articles were found (Kessel et al., 2008; Razza et al., 2011; Rose et al., 2000; Tomasulo, 2014; Tomasulo & Razza, 2006), including one systematic review (Vereenooghe & Langdon, 2013), and there were none found that directly related to group counseling within a comprehensive transition program. Two articles were found that related to group counseling with young adults with intellectual disabilities (Hronis et al., 2019; Tomasulo, 2014). Tomasulo (2014) reports some of the issues faced by individuals with ID that can be addressed through group counseling: low levels of social support, underdeveloped social skills, low levels of self-efficacy, learned helplessness, lack of understanding around how to respond to stressful situations, and a lack of adaptive coping styles. Tomasulo recommends the use of interactive behavior therapy (IBT) for group counseling with individuals with ID. Hronis and colleagues (2019) evaluated the feasibility of an online cognitive behavioral (CBT) program designed for children and adolescents with ID and anxiety. The program combined in-person group counseling with an online program that allowed participants to practice skills learned in group outside of group. Initial data indicated that the program was promising in the reduction of anxiety.

The meta-analysis by Vereenooghe & Langdon (2013) found that topics covered in group counseling in previous studies included anger, interpersonal functioning, and depression. Their review found that group counseling on these topics was moderately effective. The topics covered in the articles about groups included anger/aggression management, aging related losses, trauma-related disorders, and co-occurring psychiatric disabilities.

Two book chapters (Bauman & Shaw, 2016; Ellis et al., 2014) were also found, with the Bauman and Shaw chapter specifically focusing on cognitive disabilities (another term used for the ID population). The book chapter from Bauman and Shaw had the most information and provided recommendations for conducting group counseling with people with intellectual disabilities. Some of the recommendations given included: use a predictable structure to the sessions, the topics should be determined based on the needs of the group members, and use handouts or visuals and basic, concrete language (Bauman & Shaw, 2016). Ellis and colleagues (2014) describe some of the therapeutic factors that are relevant to group counseling for individuals with disabilities, such as cohesiveness, instillation of hope, imparting information, and the development of socializing techniques. Some of the recommendations provided by Ellis and colleagues (2014) for running groups with individuals with ID include using appropriate communication (not talking down), avoiding stereotyping, cultivating belonging, and modifying for level of ability.

On the general topic of mental health needs of the ID population, there is limited research available. Evans and colleagues (2012) stated, "People with intellectual disability (ID) experience higher rates of major mental disorders than their non-ID peers, but in many countries have difficulty accessing appropriate mental health services" (p. 1098). Scott and Haverkamp (2014) conducted a study looking at the impact of stress and social support on the mental health of adults with ID. They found that "stress was significantly

correlated with both mental illness and severity of behavior problem, with each additional stressor increasing the odds of poor mental health by 20%” (p. 552). They also found that the “lack of social support was associated with having a mental illness; individuals who lacked social support were twice as likely to have a mental illness” (Scott & Havercamp, 2014, p. 552). Based on the results of this study, young adults with ID could benefit from increased social support to mitigate the impact of stress on their lives, as well as mitigate the effect of any mental health issues they may be dealing with.

Whittle and colleagues (2018) conducted a systematic review of the literature that addresses barriers or enablers to accessing mental health services encountered by those living with an intellectual disability. Barriers to mental health services identified were organizational barriers, lack of available services, and poor-quality services related to provider deficits in knowledge. Factors that enabled access to services were identified as interagency collaboration, and training and education for providers. These results indicate that there is a great need for counseling professionals to be effectively trained in how to provide services for individuals with ID, and that collaboration between agencies can also increase the effectiveness of mental health services.

Individuals with ID have concerns that are unique to them, such as low levels of social support, underdeveloped social skills, low levels of self-efficacy, learned helplessness, lack of understanding around how to respond to stressful situations, and a lack of adaptive coping styles, as well as concerns that are experienced by all people, such as stress, anxiety, and depression, that can be addressed through group and individual counseling. However, they face barriers to accessing services, due to lack of knowledge and appropriate training by counseling professionals, as well as difficulty finding appropriate services. One way to address some of these barriers is through collaboration between agencies and providers.

## **Method**

Group counseling for students in the CTP was a part of participating in their program. Approval from the university Institutional Review Board (IRB) was obtained prior to beginning the group counseling experiences. Informed consent letters were provided to all participants, reviewed during the first sessions, and any questions about participation were answered by the faculty member supervising the group counseling at the first group session. While this was not intended to be a full empirical study, the research question driving this exploration was whether students with intellectual disabilities could benefit from participating in a group counseling experience?

### **Group Overview and Dynamics**

Group counseling for the students was held during two consecutive years during the fall and spring semesters of an academic year. The groups were divided into two groups by gender (male and female) to allow for more vulnerability and authenticity within the groups. In the first year, there were six females and nine males that participated. Their ages ranged from 18-25; all were diagnosed with an intellectual disability. One student also had co-occurring autism spectrum disorder. One participant was African-American, one

participant was Hispanic, and the other 13 were Caucasian. All students identified as cisgender and heterosexual. During the fall semester, each group was co-led by two second-year practicum students from the clinical rehabilitation counseling master's program and supervised by a Caucasian female faculty member from the master's program. The master's students had completed coursework in group counseling and counseling skills during their first year in the program. The male group was led by one Caucasian male practicum student and one Black female practicum student, and the female group was co-led by two female practicum students (one Caucasian and one Black). During the spring semester, the male group was led by one Caucasian female internship student and the female group was co-led by the same female internship student and another Caucasian female internship student. The master's students were all in their mid-to-late 20s and the supervising faculty member is in her mid-30s. The master's students participated in weekly group supervision meetings with their supervising faculty member. Due to the restrictions imposed on gatherings due to the COVID-19 pandemic, group sessions were held online via Zoom.

In the second year, there were seven females and twelve males that participated. The students were divided into three groups by gender (one female and two male groups). Their ages ranged from 18-25 and all were diagnosed with an intellectual disability. Two students also had co-occurring autism spectrum disorder. One participant was African-American, one participant was Hispanic, and the other 17 were Caucasian. One student identified as part of the LGBTQIA+ community and the other 18 students identified as cisgender and heterosexual. During the fall semester, due to COVID concerns, all three groups began on Zoom. Then, halfway through the semester, the two male groups switched to in-person in a classroom on the college campus and the female group stayed on Zoom because the student facilitators lived in a different location from the student participants. During the fall semester, one of the male groups was co-led by the female Caucasian faculty member (mid 30s) and a female Caucasian doctoral student (mid 30s) and the other male group was led only by the female faculty member. The female group was co-led by two second-year master's students in the Clinical Rehabilitation Counseling master's program. Both master's students were female, and one was Caucasian (mid 30s) and one was Latina (late 30s). The female faculty member attended the group sessions for the female group but only for supervision purposes; she did not engage with the group participants. During the spring semester, all three groups were held in person in a classroom on the college campus and all three groups were led by the same female faculty member.

The style of group chosen was a combination of a psychoeducational group and a counseling group. The main purpose of a psychoeducational group is to provide information to participants, whereas "counseling groups help members with life problems by using interpersonal support and problem-solving strategies" (Bauman & Shaw, 2016, p. 46). This type of group was found to be effective for people with ID because "interactions with others who share a common experience can result in a number of benefits, including a sense of acceptance, group support, ... vicarious learning through modeling..." (Bauman & Shaw, 2016, p. 160). Sessions followed the academic semester and met once a week for 30-50 minutes. Group was not held on days when participants were on a university-recognized holiday. Every effort was made to allow individuals to

divulge information on their own. However, participants occasionally preferred to be called on to speak. Participation was not mandatory, and any participant called on in session was allowed to forgo participation. Participants were allowed to participate by unmuting themselves or by using the chat feature. The last two meetings of the semester were focused on review and termination. The second-to-last session focused on a review of the entire semester and what the participants had learned in group. The final session was a review of the group as a whole and official termination.

### **Session Topics**

Topics for group sessions were related to aspects of employment, college life, independent living, social skills, coping skills, and mental health. Specific topics included self-esteem, understanding and managing emotions, self-acceptance, dating and romantic relationships, the power of words, setting goals, understanding support networks, managing anxiety, coping skills, conflict resolution, disability empowerment, overcoming obstacles, making friends, grounding techniques, and more. BIRD program staff would also occasionally suggest topics based on behaviors or concerns they were seeing with the students. These topics were chosen based on information gathered in the initial session. Participants were asked what topics they would like to discuss. When participants did not have any topics of immediate interest, suggestions were made with topics determined by participant input. Every effort was made to address the topics chosen by the participants. On occasion, the topic for the week changed based on local, national, or campus events that impacted the participants. These included topics related to job skills and behaviors, academic skills, roommate conflicts, and other independent living skills.

### **Session Organization**

For each session, the first matter addressed was confidentiality. This was addressed extensively in the first session along with the creation of group rules, but was briefly restated at the beginning of every session. After addressing confidentiality, participants were offered a time to address any present needs or concerns. This was termed a “check-in.” These check-ins allowed participants to connect with others in the group over exciting events or difficulties they were experiencing. These check-ins were also a time to assess if more pressing topics needed to be discussed aside from the topic that was originally planned. Check-ins also offered a time to assess whether skills or techniques discussed in other sessions were being utilized or if participants needed additional assistance applying the skills in their day-to-day lives.

After confidentiality and check-ins, the topic would be introduced. Each session began with two to three questions related to the topic in an effort to guide and stimulate discussions. Once each question had been answered, the participants would view a video related to the topic. These videos provided extra details and visuals to help participants understand the topic more clearly. Videos were most effective if the duration was between a minute and a half to five minutes. Videos were identified and played via YouTube and links were emailed to participants upon request. A brief discussion would follow the conclusion of the video.

Each session would have an activity incorporated after the discussion of the video. Activities included scenarios presented via PowerPoint, quizzes via Kahoot.com, virtual drawing activities using either an online drawing platform or hand-drawn pictures shown to the group via the camera, and progressive muscle relaxations provided via videos from YouTube, PickerWheel.com, and Mentimeter.com. PickerWheel.com was a virtual spinning wheel that would pick a question or topic at random for students to discuss, which was useful in encouragement of participation. Providing questions via Mentimeter.com allowed participants to answer questions, respond to discussion prompts, and provide feedback about the group counseling process anonymously via electronic devices. Some group leaders chose to use a PowerPoint presentation shared on Zoom to guide the session and give the participants somewhere to focus their attention.

Finally, when applicable, a handout was provided which either summarized the topic, provided more information, or gave helpful tips. Resources were introduced to the participants at the end of the group session with a brief overview and recommendations for how to use the resources. These resources were emailed to participants post-session.

### **Example Session**

To demonstrate what a group counseling session looked like, an example session will be described here. This was a group that was held in person in the 2nd year. The topic was understanding and expressing emotions. To start, participants watched an episode of the TV show *The Big Bang Theory*, where one of the characters gets frustrated with not being able to understand others' feelings and so he tries out a machine that is an emotion detector. After watching the episode, a discussion was had about relating to the character with the emotion machine and how to better understand emotions of others and ourselves. Participants were presented with an emotion wheel and we discussed each of the emotions on the wheel and what it might look like when someone is expressing or feeling those emotions. The participants completed an activity where they created a drawing of a new emoji that does not currently exist to express an emotion and then they shared that with the group. To wrap up the group, the topic for the next group session was discussed.

## **Results**

### **Group Counseling Participant Results**

At the end of the fall semester in the first year, all participants were asked in the final session to describe how the experience of group counseling had been for them and if they enjoyed the experience. All participants that chose to answer reported that it was helpful to them to participate in group counseling. At the end of the spring semester of the first year, all participants were asked questions via Mentimeter, an online platform that allows for questions to be shown electronically and for users to respond anonymously. These questions covered topics such as preferred activities, most helpful topics, future topics, and areas of growth. Through this process, we were able to determine that the preferred

activities were Kahoot and the use of scenarios. The most beneficial topics varied by participant, but some of the most preferred topics related to coping skills. Most participants were able to identify an area of growth unique to them and their experience in the BIRD program. Participants also indicated a preference for having resources used in session sent via email post-session.

The participants were also given an online survey to complete via Qualtrics at the end of the spring semester in the first year. The survey consisted of six questions. 1) Did you find participating in group counseling this school year to be effective? (yes or no response option), 2) What did you like about group counseling? (open response), 3) Is there anything you did not like about group counseling? (open response), 4) What topics did you find most helpful or enjoyable? (open response), 5) Would you like to see anything done differently next time? (open response), and 6) Would you like to continue with group counseling next school year? (yes or no response option). No identifying information was collected through this survey. Twelve out of 15 participants completed the survey. Nine out of 12 respondents indicated that they enjoyed participating in group counseling and 8 out of 12 respondents indicated that they wanted to continue with group counseling the following academic year. Some of the comments from the Qualtrics survey about what the participants liked about group counseling include: "It helped me find the best in myself," "What I liked about group counseling is [learning] how do we communicate with each other," "Talking about different interests," "Talking about feelings," and "Talking about the problems the [other] students had." One participant wrote "It was a fun counseling, nothing wrong, nothing I didn't like." Two participants commented that they did not like group counseling.

Towards the end of the spring semester in the second year, students were given a paper survey to complete without giving their name and two questions were asked: 1) What do you like about group counseling? and 2) What do you not like about group counseling? Overall, most participants enjoyed the group counseling experience and found it helpful (16 out of 18). While most participants did not identify specifics about what they liked about group counseling—they just wrote that they liked group counseling—a few did give specifics. One participant wrote "I like how it's in person and I feel like we interact more. I like our discussions also." One participant wrote, "I like that we get to talk about emotions in group" and another wrote, "I like just having a group of friends with me, I love being here." Only one participant wrote a comment for what they did not like about group counseling: "I don't like that we talk about things I know about."

### Discussion

As stated previously, overall, participants in the BIRD group counseling experience found participating in the group helpful to them. A majority of the participants wanted to continue with group counseling for the next academic year, and the plan is for that to happen. In addition to group counseling being a beneficial experience for the BIRD program participants, it was also a beneficial experience for the student counselors leading the groups. For colleges and universities that have both master's programs in counseling and CTPs, it could be a beneficial partnership between programs to offer group counseling for CTP students that are led by student counselors and supervised by counseling faculty



members. This allows the student counselors to gain valuable experience working with individuals with intellectual disabilities and the CTP students to gain access to needed mental health services. Staff from the CTP have valuable training and knowledge related to intellectual disabilities that can be shared with the students in counseling programs in the form of a guest lecture or a training. A formal partnership between counseling programs and CTPs can be a beneficial interagency collaboration.

### Implications for Practice

Based on our experiences, the authors would like to present recommendations and implications for practice for others that will run groups similar to the group counseling with the BIRD program. Many of these recommendations align with and then expand upon recommendations from both Bauman and Shaw (2016) and Ellis and colleagues (2014).

- Explain confidentiality and limits to confidentiality in simple and easy to understand terms. This can be easily explained by using the hurt rule. Everything that is said in group stays in group, unless we think you might hurt yourself or someone else, or you tell us about someone hurting someone else.
- The group leader(s) should collaborate with group members to create group rules in the first session. During this session, all members should also collaborate to create a list of potential topics to be covered during the group counseling sessions.
- Due to the potentially sensitive nature of certain topics that may be suggested by group members, it may be best to have members of the group share the same gender like we did by having one group for males and one group for females.
- Use the same structure for the session each time. This will allow the participants to understand what to expect each session.
- Keep group sessions to no longer than 50 minutes. In some situations, even shorter groups (30 minutes) may be beneficial due to limited attention spans.
- Use interactive activities such as videos, Mentimeter, and Pickerwheel, to engage the participants in ways that do not require advanced verbal skills. This is important because some individuals with intellectual disabilities may have limited verbal skills or a co-occurring speech disorder.
- The use of worksheets in session can help keep participants engaged and on-task during group and can also be a resource that they can refer back to and use outside of session. The website, Therapist Aid ([www.therapistaid.com](http://www.therapistaid.com)) has several different types of worksheets that are useful to use in session.
- Any tools, resources, videos, etc. used during group sessions should be provided to the group participants for them to review and use outside of session.
- Group leader(s) should over-prepare for the sessions. This means coming up with more activities, videos, discussion questions, etc. than would be expected to fit during the group time. This way, group leader(s) will have an adequate plan in case an activity, etc. is not well received or does not spark interest, engagement, or conversation as expected.

- Termination should be an extended process, with opportunities built in for the young adults with ID to reflect on what they have learned and how they have grown over the time of group counseling.

### **Recommendations for Future Research**

Additional research is needed in the area of group counseling for individuals with intellectual disabilities. More research is needed on the effectiveness of different types of groups with this population and topics and skills that are most useful or needed. Additional research could be done in the effectiveness of incorporating group counseling into CTPs, as well as to see if the recommendations for practice made in this article can work for other CTP groups. Research is also needed to explore the most effective ways of increasing counselor competence in conducting group counseling with individuals with ID. More research is needed in general around the topic of mental health counseling and group counseling with individuals with disabilities, especially for those with intellectual disabilities.

### **Limitations**

There are several limitations to the current practice. The first limitation is the race/ethnicity makeup of the group participants. The majority of participants were Caucasian, and a group made up of more diverse participants may have different results. Due to COVID-19 during the first year of group counseling, our groups were conducted via Zoom. Different results and experiences may have occurred if the groups were conducted in person, which is another limitation. The third limitation lies in the experience level of the counselors leading the groups. The leaders of the groups were novice counselors in their practicum and internship experiences of a clinical rehabilitation counseling master's program. Counselors with more experience may have chosen to run the groups differently and had different results. Finally, all of the participants in these group counseling experiences were enrolled in the same CTP. Students in a different CTP may have yielded different results. If the group counseling was run outside of a CTP, it may have also yielded different results and different topics may have been discussed in group.

The purpose of this practice article was to present findings from a group counseling experience for young adults with intellectual disabilities. These group participants were enrolled in a CTP at a university in the southern United States. The groups were run by practicum and internship students in a Clinical Rehabilitation Counseling graduate program at the university and supervised by a faculty member in the same program. At times, the groups were run solely by the faculty member. We presented resources that may be useful for others wanting to run a similar group, as well as recommendations based on our experiences with group counseling.

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