THE OHIO STATE UNIVERSITY
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Working Together in Mental Health Therapy

Advice from Clinicians and Clients with Intellectual Disability

What Was This Study About?

In this study, researchers met online with two groups of people:

1. **Adults with intellectual disability (ID)**, who have been in therapy
2. **Mental health therapists**, who serve adults with ID

They talked about what works well in therapy, what's hard, and gave advice.

Both groups shared common ideas and examples to make therapy better.

Full paper: Witwer, A. N., Rosencrans, M. E., Taylor, C. A., Cobranchi, C., Krahn, G. L., Havercamp, S. M. & The Ohio State University Nisonger RRTC on Health and Function. (2025). Working with adults with intellectual disability and clinicians to advance mental health treatment: Informing practice guidelines and research. *Journal of Mental Health Research in Intellectual Disabilities*, 18(1), 1-29. DOI: 10.1080/19315864.2024.2308297

What Did Clinicians and Clients Say About Therapy?

1. Having Someone to Talk To

- **Clients said**: It's important to have someone who listens and tries to understand them.
- **Clinicians said**: Therapy should be a safe space where clients feel heard and respected.

Tip: Make time to listen without judgment. Use the client's own words and communication style.

One client said, "It's a time set aside each week that I can talk to someone that is willing to listen and not judge me."

2. Building a Good Relationship

- **Clients liked** when therapists used their interests (like pets, art, or games) to make therapy more comfortable.
- **Clinicians used** shared interests to connect and build trust.

Tip: Ask about hobbies or favorite things. Use them in sessions to help clients feel at ease.

"I spend time learning about interests and sharing what I know about it," said one clinician.

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3. Understanding Confidentiality (Privacy)

- **Clients want** to know what will be shared and with whom.
- **Some felt** uncomfortable when therapists shared information without clear permission.
- **Clinicians said** they try to explain confidentiality and ask for consent.

Tip: Always explain privacy rules clearly. Check in often to make sure clients are okay with who is involved.

“I don’t like when staff talk behind my back to my counselor [or when my therapist] doesn’t keep conversations private,” said one client.

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4. Including Support People (Caregivers, Family, Staff)

- **Clients said** support people help with rides, reminders, and communication.
- **But some felt** uncomfortable if support people took over or didn't respect their privacy.
- **Clinicians said** support people can help, but only if the client agrees.

Tip: Let the client choose who to include. Make sure they feel safe and in control of their own therapy.

One client said, "I talked to [my mom] a lot about what helps me and what doesn't, and she helps explain to the doctors what works and doesn't work as well."

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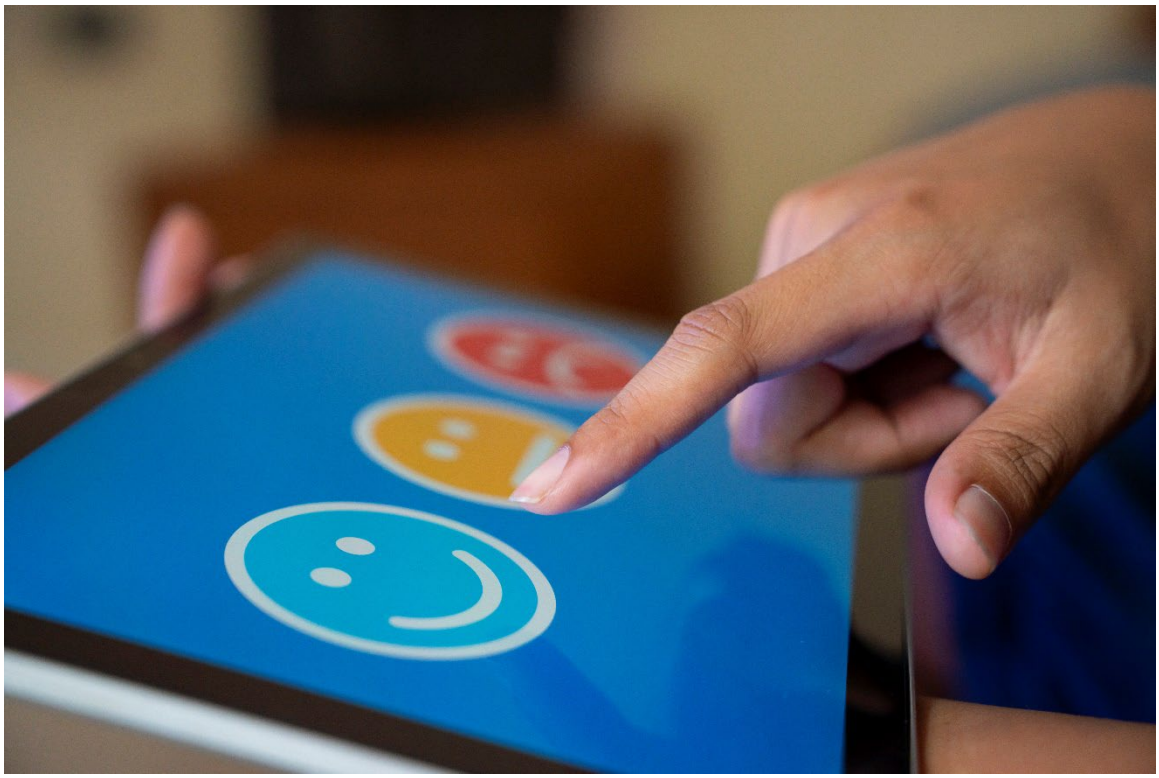
5. Making Therapy Easier to Understand (Accommodations)

- **Clients liked** visuals, clear words, and extra time to think or respond.
- **Clinicians used** drawings, models, and hands-on activities to explain ideas and feelings.

Tip: Use pictures, large print, and videos. Ask clients what helps them learn and understand best.



“It wasn’t helpful just talking over and over again.
[My therapist] has me do this circle [with] different emotions,
and she has me color. She also has me draw on paper if I feel the
emotion in my body,” said one client.

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6. How Therapy Is Done

- **Clients liked** when therapy was flexible and matched their needs.
- **Clinicians used** different types of therapy (like CBT and mindfulness) and adjusted the pace and structure.

Tip: Explain what therapy is and how it works. Be clear and concrete. Review and repeat steps in the process often to build skills over time.

“If I say something to you that you don’t understand, that’s not your fault,” one clinician says often, “I used the wrong words to describe it.”

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7. Setting Goals Together

- **Clients said** they worked with therapists to set their own goals, like managing emotions or becoming more independent.
- **Clinicians said** it can be hard to separate the client's goals from what others want.

Tip: Ask clients what they want to work on. Help them put goals into their own words.

"I wanted to learn about my coping skills, how to handle my emotions, and how to speak up when I'm in a crisis," said one client.

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8. Empowerment and Advocacy

- **Clients said** therapy helped them speak up for themselves and ask for what they need.
- **Clinicians said** they try to teach self-advocacy skills and involve clients in every decision.

Tip: Encourage clients to make choices in therapy. Celebrate their voice and independence.

One client said, “We work a lot on saying out loud what I need, so I can better speak up for myself.”

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9. Group Therapy

- **A few clients liked** learning with others but a lot preferred 1:1 therapy.
- **Many felt** left out, worried about talking in front of others, or judged after being removed from group therapy for rocking or fidgeting.
- **Clinicians said** learning from peers can be positive and powerful, but group therapy may need extra support, resources, and time.

Tip: Make sure everyone is included and has time to share their thoughts. Empower experienced clients to be co-leaders and teach new members.

"Sometimes, they're working on the same types of issues, and that positive peer interaction can be super powerful when it comes to therapeutic change," said one clinician.

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10. Barriers to Good Therapy

- **Clients said** some therapists didn't understand their disability or used a "one-size-fits-all" approach.

- **Clinicians said** there aren't enough trained therapists and systems are hard to navigate.

Tip: Learn about intellectual disability. Be flexible and open to feedback.

One client said, "I would have sessions with therapists and teach them how to treat people with disability on equal grounds."

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