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The state of psychological services for people with physical and cognitive disabilities: an integrative systematic review

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Pepperdine University

Graduate School of Education and Psychology

THE STATE OF PSYCHOLOGICAL SERVICES FOR PEOPLE WITH PHYSICAL AND COGNITIVE DISABILITIES: AN INTEGRATIVE SYSTEMATIC REVIEW

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Megan K. Benton

August, 2023

Dr. Robert deMayo, Ph.D., Chairperson

This clinical dissertation, written by

Megan K. Benton

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Robert deMayo, Ph.D., Chairperson

Natasha Thapar-Olmos, Ph.D.

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ACKNOWLEDGMENTS

My dissertation, nor my pursuit of graduate degrees, would not be possible without the support and encouragement of my spouse, Cole D. Benton. I also want to acknowledge my deep love and gratitude for the apple of my eye, my son, Quinn. I would like to acknowledge my parents for instilling in me the loves of literacy and learning, along with teaching me how to work. When I was born, my father predicted I would become a bookworm because I was gazing at the delivery room posters. It looks like he was right. I cannot go without sharing my deep gratitude and care for my friends, Edith Najera, Lorena Ayala, and Chantal Herrada. They have been with me since the beginning of my pursuit of this degree. They have cheered me on, listened to me rehearse interviews, babysat my child, and celebrated me. I love you all tremendously.

Additionally, I must thank the professional mentors who have supported and guided me on this journey. I would like to thank my chair, Dr. deMayo, for his unending faith in me. I would also like to thank Dr. Thapar-Olmos for giving me so many opportunities to grow in scholarship and peer mentorship. Both of you have sharp minds and warm hearts which I admire greatly. I would also like to acknowledge Dr. Lisa Regan, a long-time friend and mentor who once told me "I make doctors" in a way that helped me believe it. Also, thank you to Helene Solomon for showing me what an excellent master teacher and mentor relationship can be at its finest.

VITA

EDUCATION

Pepperdine University, West Los Angeles, California
Doctorate of Clinical Psychology (PsyD) September 2019—present

Pepperdine University, West Los Angeles, California April 2019
Masters of Arts in Psychology
GPA 4.0

University of Southern California, Los Angeles, California November 2013
Master of Arts in Teaching, Multiple Subject, Special Education, & Gifted Education Concentrations
GPA 3.95

Brigham Young University, Provo, Utah December 2006
Bachelor of Arts in French with a Minor in Communication Studies; GPA: 3.56

CERTIFICATIONS

Preliminary Education Specialist Instruction Credential in Mild/Moderate Disabilities December 2013

Clear Multiple Subject Credential with November 2013

Cross-Cultural Language and Academic Development Authorization (CLAD)

University of Southern California Gifted Education Certificate November 2013

CLINICAL EXPERIENCE

Doctoral Psychology Intern, Counseling and Psychological Services August 2022—present
University of California, Irvine, Irvine, CA
Supervisors: Dr. Shao Li, Dr. Cynthia Canul, Dr. Chun-Chung Choi, Dr. Jennifer Bessel, Dr. Jessica Ortega

- Provide short-term therapy and crisis intervention to culturally diverse college students.
- Theoretical approaches include cognitive-behavioral, multicultural, and humanistic.
- Conduct intakes, psychodiagnostics assessment, formulate case conceptualizations and treatment plans.
- Perform liaison services to graduate student housing department.
- Co-facilitate peer mentoring services via COACH class and peer group supervision.
- Create unique outreach workshops on a variety of topics and present them to students.

Doctoral Student Therapist, West Los Angeles Clinic
Pepperdine University, West Los Angeles, CA September 2019—July 2022
Supervisors: Dr. Dity Brunn, Dr. Bruce Rush, Dr. Aaron Aviera

- Conduct intake interviews, conceptualize diagnoses and conduct psychotherapy with individual adults with various presentations.
- Attend weekly case conferences, supervise with the clinical director, and receive peer consultation.
- Write intake reports, case notes, and contact logs.
- Keep 24-hour pager on hand for a 2-week interval for after-hours emergencies.

Doctoral Psychology Extern, Health, Community Living Center rotations August 2021—June 2022
West Los Angeles Veterans Assistant, Los Angeles, CA
Supervisors: Dr. Michelle Zeller, Dr. Paul Cernin, Dr. Kevin Booker

- Common treatment themes in this setting include helping patients cope with increasing losses, pain management, family conflicts, and difficulties with caregivers.
- Assessment is one critical area of medical consultation, as the consulting psychologist provides the medical team with opinions about a patient's adjustment, potential difficulties with medical interventions, compliance with treatment, and suggestions regarding how medical interventions should be tailored for optimum benefit.
- Trained in structured screening interviews and more comprehensive evaluations that may include psychological

and neuropsychological testing and interviews with family and staff.

- Assessment to provide the medical team with opinions about a patient's adjustment, potential difficulties with medical interventions, compliance with treatment, and suggestions regarding how medical interventions should be tailored.
- Structured screening interviews and more comprehensive evaluations such as psychological and neuropsychological testing, and interviews with family and staff.

Doctoral Psychology Extern, Student Health Psychological Services August 2021—March 2022
Cerritos College, Cerritos, CA
Supervisor: Dr. Humberto Hernandez

- Provide short-term therapy and crisis intervention to culturally diverse college students.
- Theoretical approaches include cognitive-behavioral, multicultural, and humanistic.
- Conduct intakes, psychodiagnostics assessment, formulate case conceptualizations and treatment plans.
- Coordinate adjunctive interventions and referrals as needed.

Doctoral Psychology Extern, UCLA-Olive View Psychiatric Division July 2020—July 2021
Olive View UCLA Hospital, Sylmar, CA
Supervisors: Dr. Saba Syed, Dr. John Birath, Dr. Maria Mariano

- Consult and Liaison team with second-year psychiatric residents.
- Assess for risk, psychosocial stressors and supports, and psychiatric symptomology for patients with medical and psychological needs, including suicide risk, depression, cancer, and HIV-positive status.
- Provide supportive psychotherapy via CBT orientation and psychoeducation on positive coping skills.

OTHER CLINICAL EXPERIENCE

Suicide Prevention Hotline Counselor Volunteer
Didi Hirsch, Culver City, CA June 2019—October 2019

- Complete 81 hours of training for a suicide prevention hotline. This training involves risk assessment, establishing rapport, finding a turning point, and completing safety plans with callers and chatters.

Residential Staff Assistant
Bridges to Recovery, Beverly Hills, CA September 2017—August 2019

- Observe residents monitor activities and behavior, document notable clinical and medication behaviors, rule violations, or patterns of compliance and cooperation after periods of difficulty.
- Communicate effectively and promptly with members of the entire treatment team via shift reports, email, phone calls, etc.
- Reinforce positive behaviors, promote social interaction by conversing with clients in the milieu, participating in on-site and off-site activities with clients, etc.
- Provide one-to-one supervision for any patient at risk.
- Maintain ethical boundaries and confidentiality of clients.

GRADUATE TEACHING EXPERIENCE

P@P Peer Mentor Program, Doctoral Graduate Assistant August 2020—present
Pepperdine University, West Los Angeles, CA
Supervisors: Dr. Natasha Thapar-Olmos, Dr. Elizabeth Fong

- Match and orient peer mentors for Pepperdine's Psychology Online programs.
- Hold monthly group consultation meetings for peer mentors to collaborate with their mentees.
- Collaborate with faculty, program coordinators, mentors, and mentees to identify students' needs for professional development and socialization.
- Advertise, execute, and host webinars for students' stated interests in socialization and professional skills.

APA Dissertation Support Graduate Assistant
Pepperdine University, Graduate Writing Center, Los Angeles, CA August 2019—September 2020

- Audit doctoral students' dissertations for conformity to APA Style before dissertation clearance and publication.

Writing Support Graduate Assistant

Pepperdine University, Graduate Writing Center, Los Angeles, CA August 2018—August 2019

- Support Graduate School of Education and Psychology (GSEP) doctoral candidates submitting their dissertation manuscript to the Dissertation Support Office before it is published to ensure adherence to GSEP and APA Style and formatting guidelines.
- Provide detailed feedback via annotations, highlights, and comments to the assigned manuscripts based on APA Style and formatting guidelines outlined in the *Publication Manual of the American Psychological Association, 6th edition*, and *www.APAStyle.org.*
- Ensure submissions follows specific coherence, organization, formatting, style, mechanics, and publishing standards set forth by GSEP for assignments in masters and doctoral level assignments, including doctoral dissertations.
- Meet in person with students to explain feedback and facilitate learning activities to provide clarity and enhance the students' writing for flow and clarity.

Graduate Assistant
Pepperdine University, Psychology 690/691, Los Angeles, CA September 2017—April 2018

- Attend all live sessions (virtual and on the ground) and assist the instructor in facilitating class sessions.
- Manage virtual Adobe Connect sessions by setting up the classroom, recording sessions, and post recordings.
- Grade assignments, provide feedback to students and post grades.
- Hold office hours.
- Liaison with guest speakers to schedule presentations, process paperwork, and post materials.
- Orient guest speakers to the online format of course and conduct any necessary training/onboarding.
- Audit students' attendance and participation in volunteer site placements.

PROFESSIONAL PRESENTATIONS

Home for the Holidays: Family Dinner Survival Guide November 2021
Cerritos, CA

- In association with Cerritos College, co-hosted a three-part outreach program based on Dr. Gottman's book "The Relationship Cure" to assist students with navigating difficult situations with family members during the holiday season.

Internship Essay Writing Intensive September 2021
Los Angeles, CA

- In association with LACPA and CPAGS student leadership team, facilitated an intensive workshop on the four essays required for the APPIC internship.

Academic Writing Bootcamp March 2021
Los Angeles, CA

- In association with LACPA and CPAGS student leadership team, hosted a seminar on academic writing skills for undergraduate and graduate students in psychology.

American Psychological Association Conference
Chicago, Illinois August 2019

- Presented a poster on a research proposal for a method to establish a therapeutic alliance with high socioeconomic status clients.

Finding Your Calling Retreat
Rancho Palos Verdes, California August 2019

- Facilitated a small group using narrative therapy and the "Tree of Life" technique to explore graduate students' past, present, and futures in terms of their personal and professional goals.

PeppTalk: How to Get Into the PsyD Program June 2019
Pepperdine University, West Los Angeles campus

- Presented personal experiences that lead to admission into Pepperdine's PsyD program. Answered student questions about academic requirements and clinical experiences.

GSEP Research Symposium
Pepperdine University, Malibu campus June 2019

- Poster presentation on a research proposal for a method to establish a therapeutic alliance with high socioeconomic status clients.

Academic Writing Seminar: How to construct an academic paragraph
Pepperdine University October 2017, October 2018, October 2019, April 2020

- Via Adobe Connect, Zoom, and in-person, conducted an hour-long session with graduate students on elements of academic writing.
- Differentiated and scaffolded instruction through graphic organizers, color-coding, model examples, and an exit ticket of writing an academic paragraph using a topic sentence, detail sentences, and a concluding sentence.
- Provided details and models of APA formatting and citation.

Writing Project at California State University, Northridge October 2016

- "Music of the Mind": Using music to introduce GATE thinking prompts of depth and complexity in conjunction with close reading.

PROFESSIONAL ASSOCIATIONS & MEMBERSHIPS

Student Government Association, Pepperdine University, secretary 2021—2022
California Psychological Association student affiliate 2020—present
California Psychological Association Graduate Student, Communications Director 2020—2022
Los Angeles County Psychological Association student affiliate 2019—2022
Los Angeles County Psychological Association, Student Leadership Liaison 2020—2022
American Psychological Association student affiliate 2017—present
Psi Chi 2018—present
California State University Northridge Writing Project fellow June 2016—October 2016

- Delivered close reading lesson incorporating Kaplan's prompts of depth and complexity in reading comprehension activities.
- Engaged with a dozen teachers to enhance motivation for K-12 students to write across all genres.
- Published a collective work of creative writing.

Member of Toastmasters International 2010 – 2013

- Delivered 10 formal speeches with various purposes such as informational, persuasive, and using visual aids.
- Spoke impromptu for 1-2 minutes on surprise topics.
- Facilitated meetings through holding various roles such as timekeeper, Toastmaster, Table Topics keeper.

RELEVANT EXPERIENCE

First Grade Teacher
Academia Moderna Charter School, Huntington Park, CA August 2016—July 2017
23 students, 18 English Language Learners, 1 student with Individual Education Plan

- Assessed and tracked student data related to spelling, reading fluency, reading comprehension, math fact fluency, and math concept application.
- Gave students access to technology aids such as online envision math Pearson accounts, Reading Eggs, and ClassDojo for behavior tracking.
- Planned and implemented lessons with Wonders! for Language Arts, and inquiry-based International Baccalaureate curriculum for language arts, sciences, and social studies.
- Planned and implemented Pearson's Envision Math with Common Core standards.

Third Grade Teacher
Academia Moderna Charter School, Huntington Park, CA August 2014—June 2016
24-26 students, 2-8 English Language Learners, 1 student with Individual Education Plans, 3 students with Student Success Team (SST)

- Co-chair to Student Success Team: coordinated between special education teacher and teachers about how to refer to SST committee, scheduled SST meetings.

- Assessed and tracked student data related to spelling, reading fluency, reading comprehension, math fact fluency, and math concept application.
- Gave students access to technology aids such as online envision math Pearson accounts, Study Island, and ClassDojo for behavior tracking.
- Planned and implemented lessons with Imagine It! for Language Arts, and inquiry-based International Baccalaureate curriculum for language arts, sciences, and social studies.

Special Day Class, Sixth Grade, Language Arts & Social Studies
Chester Nimitz Middle School, Maywood, CA February 2014—June 2014
28 students, 20 English Language Learners, 28 students with Individual Education Plans

- Implemented positive behavior support plans with each student to monitor and encourage on-task behaviors.
- Consulted with students' parents on the behavior plan to maintain consistency between home and school.
- Planned Language! Focus on English Learning lesson for 20 English Language Learners.
- Addressed the need for social skills and bullying behaviors through a study of Maniac Magee on audiobook, as well as planning Social Skills lessons twice a week.
- Addressed Common Core: argumentation standards with the students through argumentation writing in English.
- Implemented SDAIE techniques to teach vocabulary for history lessons on ancient Egypt and Greece.
- Assessed students' understanding of the previous day's material through daily written warm-ups.

ADDITIONAL PROFESSIONAL EXPERIENCE

On-site Resident Manager August 2010—February 2014
DS LLC, Los Angeles, CA

- Collected rent, managed repair requests, advertised vacant apartments, and created lease contracts for a 29-unit building.
- Posted legal notices in a timely and accurate manner to both building supervisors and residents.

Medical Records Technician
Precyse Solutions, Los Angeles, CA February 2010—May 2012

- Coordinated and facilitated an educational project for the professional development of my department.
- Designed master copies of the filing system of filing charts.
- Trained and assessed four new hires, and trained three separate people on my job duties.

PROFESSIONAL DEVELOPMENT

Dialectical Behavioral Therapy Skills Training, PsychWire.com, March 2021
Consult & Liaison Lecture Series, PGY-2, UCLA-Olive View Psychiatry Department, July 2020
Finding Your Calling Retreat, Pepperdine University student retreat, August 2019
ASIST, Didi Hirsch Suicide Prevention Counselor Training, June 2019
Didi Hirsch Suicide Prevention Counselor Training, Didi Hirsch, June –July 2019
Finding Your Calling Retreat, Pepperdine University student retreat, August 2018
Establishing Professional Boundaries, Bridges to Recovery, June 2018
What Really Works Conference, CSUN Northridge, February 2017
G.L.A.D. Training, Academia Moderna, October 2015, January 2016
Pearson Envision Math curriculum development, Academia Moderna, August 2015
International Baccalaureate, Academia Moderna, January 2015
Step up to Writing program, Academia Moderna, January 2015
LACOE BTSA program, Los Angeles County, September 2014—June 2016
Rick Morris behavior management, Academia Moderna, August 2014
Writing Individual Education Plans with Compliance, Los Angeles Unified School District, November 2013
Lindamood-Bell, Los Angeles Unified School District, November 2013
Achieve3000, Los Angeles Unified School District, September 2013
University of Southern California Summer Gifted Institute, University of Southern California, June 2013
EDUC 115N: *How to Learn Math*, Stanford Extension University, lead by Jo Boaler, June 2013—August 2013

SKILLS

- Mental Health First Aid
- First Aid, Cardiopulmonary Resuscitation (CPR), Blood-borne Pathogens Certified.

- Proficient in Adobe Connect, Microsoft Office, Google docs, Kipu, learning management platforms
- French language, conversational fluency

INTERESTS

- Fitness, creative writing, advocacy, books, animals, film, cross-stitch, and podcasts.

ABSTRACT

The present study investigated the state of psychotherapy for people with physical and cognitive disabilities in a systematic review. Specifically, this study analyzed qualitative and quantitative studies which examined therapists' abilities to conceptualize disability as a dimension of cultural competence, the models and conceptualizations of disability and psychotherapy being used with people with disabilities (PWD) in psychotherapy, and the experiences of PWD in psychotherapy. This study analyzed 18 empirical studies and integrated both qualitative and quantitative methods. Source eligibility criteria for this systematic review was the same for both qualitative and quantitative studies. Eligibility criteria included being: peer-reviewed journal articles, international and domestic locations, in the English Language, and published after 2010. This review excluded case studies. The researchers appraised the quality of each study using the Critical Appraisal Form, and recorded the research variables from each study using the Data Collection and Extraction Form. Data was then entered into customized Excel spreadsheets in the form of Evidence Tables. A synthesis of important findings was conducted to describe the similar themes found in the data. The findings of this research point to the need for further research which includes PWD in psychotherapy, such as improving therapists' cultural competence, more variety of psychotherapy orientations and models for PWD, and increased narratives of PWD in psychotherapy.

Keywords: People with disabilities, psychotherapy, cognitive disability, physical disability, cultural competence, orientations, experience

Chapter 1: Background and Rationale

Multicultural influences on the field of psychology require that psychologists demonstrate competency in multiple dimensions of cultural identity, such as race, ethnicity, socioeconomic status, gender, religion, sexual orientation, and disability (Olkin & Pledger, 2003). However, there is a paucity in peer-reviewed literature related to disability competency in the counseling professions (Olkin & Pledger, 2003; Smart, 2019). According to the Centers for Disease Control and Prevention (CDC; 2020a, 2020b) one in four American adults, or 26% of the population, report having a type of disability. Disability is defined as an impairment that restricts an individual in participating in their environment; similarly, the environment can be restrictive through hostile attitudes and/or physical barriers (American Psychological Association, 2017; World Health Organization, 2002). While the field of psychology has heavily studied psychiatric disability, individuals with coexisting physical and/or cognitive disabilities have received little attention in psychological research (Olkin & Pledger, 2003; Smart & Smart, 2006).

Psychologists and other mental health professionals serve not only people with disabilities (PWD), but also their caregivers, family members, spouses, friends, and other people important to the PWD (Ghesquiere et al., 2011). Thus, the disability experience expands to individuals, as well as their caregiving circles and communities. However, with little attention paid to the disability experience in psychological research, psychologists and other mental health professionals are ill-prepared to address the multiple identities and needs of a client with a disability (Olkin & Pledger, 2003; Smart, 2019) and their relational connections. This chapter will operationalize disability, provide background to the historical context of PWD in the United States (US), and provide a foundation on which PWD have been conceptualized in peer-reviewed literature, such as through models and conceptualization of disability, oppression via ableism and microaggressions, and writings on psychotherapy for PWD.

Definitions

The term *disability* evokes many connotations, therefore mandating the operationalization of the word. Firstly, disability is a legal term under the Americans with Disabilities Act (ADA), not a medical one, that designates a person with a physical or mental *impairment* which limits one or more life activity (ADA National Network, 2020b; CDC, 2020c). The range of disability can impact a person's ability to: see, move, think, remember, learn, communicate, hear, live independently, and enjoy positive mental health and social relationships (CDC, 2020a, 2020b). Disability can be found in three broad categories, such as physical, cognitive, or psychiatric (Smart, 2019).

Physical disabilities are characterized by impairments involving sensory loss, chronic illness, and other orthopedic impairments that limit bodily functioning (Smart, 2019). Cognitive impairments involve intellectual disabilities, such as low intelligence, and neurodevelopmental diagnoses, such as communication, learning, and motor disorders. Psychiatric disabilities, otherwise known as mental disorders, involve mental health diagnoses, such as depression, anxiety, trauma, or schizophrenia (American Psychiatric Association, 2013).

According to Smart (2019), chronic illnesses can be considered disabilities since they require life-long management and limit functioning. As will be further discussed in this paper, people with chronic illness are often targets of prejudice and discrimination, and often in unique ways if their chronic illness is invisible (Olkin & Pledger, 2003). Disability is comprised of three dimensions: impairment to the body's structure of function, limitation in activity, and restriction of participation in daily life activities (CDC, 2020b). Disability can be congenital, apparent during childhood, or acquired during the lifespan. The course of disabilities can vary: some diagnoses and presentation are episodic, while others are static or progressive (CDC, 2020b). Furthermore, disabilities can be coexisting, meaning some individuals are diagnosed with more than one, which can occur in various categories (Smart, 2019). Given these facts, disability "impacts all of us" (CDC, 2020b, para. 1).

Prevalence of Disability

As medical knowledge increases and people have greater access to medical information, more people are being diagnosed with disabilities at earlier ages (Eichenstein, 2015; Kanaan & Wessely, 2010). Technological assistance also provides individuals with disabilities better quality of life as well as integration into mainstream society, suggesting that PWD may continue to become more visible in mainstream society, as well as prevalent in psychotherapy services (Olkin & Pledger, 2003; Smart & Smart, 2006). In 2020, the highly transmissible coronavirus unleashed a public health crisis, causing hundreds of thousands of deaths in the US (Achenback et al., 2020). While many have fully recovered, some people experience residual effects of the illness for months (Mayo Clinic, 2020). As of the writing of this paper, it is hypothesized that some people may have permanent impairment in their functioning due to experiencing coronavirus (Mayo Clinic, 2020). This public health crisis and potential future trend of an increased number of people identifying as having a disability point to the need for psychologists to become competent in this dimension of diversity. Furthermore, this minority group is heterogenous in terms of presentation and impact on functioning, and overlaps with all other dimensions of diversity, such as: gender, spirituality, ethnicity, sexual orientation, race, socioeconomic status, etc. (Bogart & Dunn, 2019; Eichenstein, 2015; Kanaan & Wessely, 2010; Smart, 2019; Smart & Smart, 2006; Olkin & Pledger, 2003). Even though disability is pervasive in today’s mainstream society, the field of psychology has not yet made a similarly wide contribution to psychotherapy with PWD.

Rationale for Systematic Review

Traditionally, the field of psychology has targeted its study of PWD within rehabilitation psychology, focusing on the needs of people with traumatic brain injury, spinal cord injury, and stroke (Olkin & Pledger, 2003). This population may require modifications to psychotherapy material in order to ensure accessibility due to cognitive impairment (American Psychological Association [APA], 2017). While this need still exists, the psychological needs of PWD is not limited to this field; PWD outside of rehabilitation psychology may also experience mental health concerns and various adjustment problems requiring counseling (Olkin & Pledger, 2003; Smart, 2019). PWD seek psychotherapy services when facing various developmental or adjustment demands involving career development, education, long- term relationships, sexual concerns, raising children, and spiritual matters (Smart, 2019). Thus, psychologists play a role in treating PWD when people with co-morbid psychiatric disability come to psychotherapy (Buchan & Atkinson, 2000; Eichenstein, 2015; Fowles & Beveridge, 2009; Kutcher & Tuckwiller, 2018). The need to make psychotherapy accessible to PWD is clear; however, it is unclear if the current practices of clinicians can meet the various needs of PWD in psychotherapy.

The systematic review examined the existing literature on research and theory related to the experience of PWD in psychotherapy. For the purpose of combining existing research on a little-known subject within the field of psychology, this systematic review focused on people with physical and cognitive disabilities who attended psychotherapy. Those studied included people with coexisting psychiatric disabilities; but the aim of this study was to evaluate how counselors and psychologists are practicing psychotherapy with people with what the author has defined as physical and cognitive disabilities. By reading this systematic review, psychologists may examine their own competencies in terms of current disability research, such as proficiency in the various disability models, as well as ableism and microaggressions towards this population. Both mental health professionals and clients may be able to use this systematic review to examine competencies, blind spots, and determine goodness of fit between therapist and client.

Literature Review

This review will provide a review of extant literature for disability and psychotherapy. First, the current prevalence of disability in America will be explored, as well as the historical context of discrimination against this group. This context will provide a foundation for understanding the formal conceptualizations and models of disability, as well as their relevance and applicability to psychotherapy. Within analyzing the models' relevance to psychotherapy, the knowledge and attitudes of clinicians must be examined, including the presence of oppression in psychotherapy services through ableism and microaggressions. This literature review will also examine the perspective of PWD in psychotherapy.

Disability in America

According to the CDC (2020a), the prevalence of disability in the U.S. among the adult population is 26%, or about 61.4 million adults. These numbers support the assertion that PWD are the largest minority group in America (Bogart & Dunn, 2019). Okoro et al. (2018) and the CDC (2019, 2020b) found the rates of disability are higher across subgroups, such as women, adults living with an income below the federal poverty level (FPL), adults in ethnic minority groups, such as Hispanic, African-American, and American Indian/Alaska Natives; and adults in the Southern U.S. region. Disability rates also increase with age, with over a third of adults over the age of 65 reporting a disability (CDC, 2019, 2020b). The CDC (2019, 2020b) also reports disability is more commonly found amongst those with less education, that many disabilities are caused by poor health, and that some disabilities are preventable. Yet, the experience of being able to acquire a disability is universal (Smart, 2019). Atul Gawande (as cited in Smart, 2019) illustrated this through the statement, "Life is a preexisting condition" (p. 8). Although the data suggests that disability most greatly impacts groups who are identified as minorities in other ways (CDC, 2019, 2020b; Okoro et al., 2018), the disability community's social needs have received little attention in research, especially in the field of psychology (Olkin & Pledger, 2003). The lateness of psychology to have awareness of the social and emotional needs of PWD is not surprising, however, given the lateness of PWD to be granted equal protection from discrimination in public life.

Historical Discrimination in America

Similar to other marginalized groups in America, PWD have experienced a long history of discrimination, much of which has been legal. These legislations were based on fears of increasing the need for welfare dependence from the government. While prejudicial attitudes were abundant throughout early American history, the first acts of legal discrimination were seen after large influxes of immigration, such as in 1882 and 1907. The 1882 law engendered the prevention of any person who was deemed as *undesirable* from entering the country (Fox & Marini, 2018). Not only did this encompass people with actual or perceived mental or physical deficits, but also those with a criminal history, as well as individuals from any race, ethnicity, or religion that were believed to pass down inferior traits to offspring.

Discrimination occurred not only on the shores of the United States upon arrival, but also prior to departure. Ship captains and transportation companies were fined and required to send back so-called undesirables. With no solid consensus of who was undesirable, this resulted in non-medically trained inspectors making diagnoses from little examination or evidence. Large amounts of people with actual and perceived disability were denied and returned, and the numbers ballooned over time: in 1895, 1,720 people were excluded; in 1905, more than 8,000; and more than 16,000 in 1910. The legalization of discrimination in immigration was bolstered by the ideology of eugenics that pervaded 19th century elite circles. The eugenics movement made life difficult for not only those trying to gain entry into the U.S., but also Americans who were living with a disability. Charles Darwin published his theory of natural selection in 1859 but refrained from applying it towards humans. Sir Francis Galton, a mathematician, developed a theory of how natural selection could be used with humans and coined the term *eugenics*, which launched a popular movement of categorizing and classifying people into sections of superiority and inferiority. Many powerful and influential people agreed it was in society's best interest to prevent undesirables, also called the *feeble minded*, from producing offspring, which began unauthorized sterilization of individuals with disabilities in the 1890s. The practice was legalized in 1907, and coincided with the 1907 Immigration Act, which imposed harsher discrimination practices. The act further excluded PWD, such as people who had experienced any mental health problems that rendered them *insane* at any point in their life, people with alcohol dependence, and anyone over the age of 16 without some ability to read (Fox & Marini, 2018). While the first half of the 20th century was bleak for many PWD, there were many positive developments for the disability community in the latter half of the 20th century.

There were more legal recourses for PWD in the second half of the 20th century, as well as improved attitudes towards PWD among able-bodied people. Some of the legal resources that became available for PWD were several vocational rehabilitation programs such as Social Security, including the seminal 1943 passage of the Vocational Rehabilitation Act (Fox & Marini, 2018). World War II impacted the disability community in many ways, such as disillusionment with the eugenics movement and respect towards soldiers returning home with disabilities due to combat. By contrast, civilians who were born with a disability, or acquired one later in life, were still viewed with pity. Two important pieces of legislation in the 1970s helped PWD acquire more autonomy: the 1973 Rehabilitation Act, combined with Education for all Handicapped Children (IDEA) which required children to be placed in their least restrictive educational environment, no longer separating children with disabilities from mainstream classrooms (APA, 2020b; Fox & Marini, 2018). In 1986, the National Council on the Handicapped, now known as the National Council on Disability (NCD), issued a report to Congress recommending legislation that would enable equal opportunities for PWD (ADA National Network, 2020a). President George H.W. Bush signed the act into law in 1990, which issued regulations in employment, government, public accommodations and transportation, and telecommunications to ensure equal access and opportunity for PWD. In 2008, President George W. Bush issued further amendments to the ADA (ADA Amendments Act of 2008) to provide broader protections from disability due to prior rulings by the Supreme Court (ADA National Network, 2020a). The United Nations (n.d.) also recognizes PWD as a minority group. With this recognition, PWD are entitled to legal protection from discrimination.

Similar to other minority groups, PWD have been entitled to protection under the law before societal attitudes have evolved. While legal recourse, access to mainstream public services, and some prejudicial attitudes have improved, the able-bodied public's attitude towards PWD remains a mixture of pity and admiration (Fox & Marini, 2018). Public figures such as Stephen Hawking may elicit admiration, but viewing a televised charitable event is more likely to provoke pity. According to Fox and Marini (2018), "Most Americans believe it is right to hire a qualified individual with a disability, but view that people with disabilities are fundamentally 'different' than those without disabilities" (p. 11). It is important to understand the current attitudes of disability within mainstream society, as they are likely to enter into the psychotherapy room in some form. They may be found in the experiences of the PWD, who may be a client or a clinician. Either dyad pairing can influence the therapeutic relationship via transference or countertransference. Common societal attitudes towards PWD involve a deficit perspective, such as pity (ADA, 2020b; Fox & Marini, 2018). One reason why PWD may be viewed with pity and seen as fundamentally different to the able-bodied could be related to the various conceptualizations of disability that exist.

Conceptualization of Disability

Disability must be conceptualized and defined in its various iterations in order to appreciate its complexity. Along with ICD, the International Classification of Functioning, Disability and Health (ICF) and World Health Organization (WHO) have all been influential in the conceptualization of disability throughout the globe for three decades. ICF represents the adaptation and renaming of the second iteration of its predecessor, the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) by WHO in 2001. Both editions of ICIDH were instrumental in defining critical terms such as *impairments* and *disability* for the Americans with Disabilities Act (ADA; ADA National Network, 2020b; Peterson, 2018). While all these domains of disability can impact a person's functioning, the APA (2017) recognizes that psychologists are prepared to treat psychiatric disabilities, but often underprepared to treat individuals with both mental health and physical or cognitive considerations. Part of the explanation for this discrepancy may be due to the evolution of understanding of disability, as well as global health organizations' recognition of PWD as a minority social group.

In 1993, ICIDH-2 enabled the United Nations to accept disability as a social classification, which impacted both international human rights rulings and national laws (Peterson, 2018). Subsequently, WHO conducted field studies on disability in over 50 countries, which have proved ICF to be a useful and meaningful public health tool; however, criticism pointed to an overemphasis on the medical aspects of disability without sufficient attention to environmental or social justice issues (Peterson, 2018). For instance, Watermeyer (2017) notes that many PWD remain excluded from mainstream society in developing countries due to lack of accessible infrastructure. In the field of psychology in particular, the APA (2020) explains that few PWD enter the field of psychology, reflecting a lack of diversity along the spectrum of people who identify as able-bodied. These criticisms and the following discussion will show it can be confusing to define disability because of its various conceptualizations and models.

Models of Disability

Conceptualizing disability is challenging, because of the various definitions of disability that operate within separate spheres, including within the field of psychology (Peterson, 2018; Smart, 2019; Smart & Smart, 2006). Yet it is vital for mental health professionals to appreciate how the variant models of disability in order to recognize which model, and thus ideology, drives interventions (APA, 2020). As previously mentioned, the field of psychology has focused largely on rehabilitation psychology, and thus the medical model of disability (Olkin & Pledger, 2003).

The medical, or biomedical, model of disability focuses on the medical cause of the disability, as well as the medical cure (Smart & Smart, 2006). While this model holds the prestige of the medical profession, as well as scientific reliability and validity, this model is less favored by disability scholars and some PWD due to its omission of social justice issues, such as how the social environment impacts the individual and their disability (APA, 2020; Olkin & Pledger, 2003; Smart & Smart, 2006; Watermeyer, 2017). This model often makes the fundamental attribution error, which implies that disability is at fault with the individual or their family, but also pathologizes the disability and its cause (APA, 2020; Buchan & Atkinson, 2000; Smart, 2019; Smart & Smart, 2006). Another problematic element of the medical model is the categorization of disabilities, such as *the blind* or *the d/Deaf*, which invites generalizations of people based on a characteristic, which can lead to internalized oppression (APA, 2020; Olkin & Pledger, 2003; Smart, 2019; Smart & Smart, 2006).

While the medical model can be useful to help explain the disability, as well as the accommodations PWD may require, this model does not focus on contextual stressors that PWD navigate daily (Watermeyer, 2017). Furthermore, the biomedical model often reinforces negative societal attitudes and discrimination against PWD, also known as ableism, which will be further discussed in this paper. Fortunately, scholars have developed other models of disability that emphasize the social aspects of disability. Disability scholars point out that PWD not only experience physical inaccessibility of the environment, but also societal prejudice and discrimination (Olkin & Pledger, 2003; Peterson, 2018; Smart, 2019). The functional, biomedical, and environmental models of disability do not ignore the biological aspect of disability but assert that neither inaccessibility nor prejudice are related to the medical aspect of the disability, or even the PWD (Olkin & Pledger, 2003; Smart, 2019; Smart & Smart, 2006). Rather, these problems are exaggerated by society's inequitable attitudes towards PWD (Olkin & Pledger, 2003; Smart, 2019). The functional and environmental models of disability are interactional: they analyze the relationship between the individual, the disability, as well as the environment's ability to cause or exaggerate disabilities (Smart, 2019; Smart & Smart, 2006). These social models also examine the role of stigma and marginalization on individual and societal levels (Smart & Smart, 2006).

These models are in alignment with the tenants of disability studies. Olkin and Pledger (2003) encourage psychologists to draw from disability studies, which combine the knowledge of the disciplines of history, law, sociology, medical anthropology, politics, literature, and to a lesser extent, psychology (Olkin & Pledger, 2003). Disability studies focus on the independence of PWD, as well as issues of power, privilege, oppression, and political involvement specific to this minority group. According to Peterson (2018), the WHO has made continual efforts to involve PWD as both participants in studies, as well as stakeholders in making decisions when creating recommendations for best practices for this population. Contextual factors relating to disability are emphasized presently by WHO (Peterson, 2018); similar to the ADA legislation in the U.S., both movements seek to understand social aspects of disability, such as discrimination towards PWD, otherwise known as ableism.

Ableism and Microaggressions

According to Bogart and Dunn (2019), ableism incorporates both prejudicial attitudes, stereotyping, discriminatory acts, and oppression towards PWD. Ableism perpetuates discrimination and prejudice through a standard of an ideal body or mind and rendering those outside the ideal invisible. This type of marginalization also minimizes the impact of social environments, deems the impairments as undesirable, and attributes the cause of impairment to the individual, which further pathologizes PWD (Bogart & Dunn, 2019; Buchan & Atkinson, 2000). *Ableism* is frequently experienced within the medical model of disability, due to its focus on finding a biological cause and cure of a deviant body or mind (Bogart & Dunn, 2019; Smart, 2019). The terms *disableism* and ableism can be used interchangeably, though ableism is preferred by disability scholars (Bogart & Dunn, 2019). An example of ableism is explained by Watermeyer (2017), who cites that by default, many PWD are seen as damaged or frail. Regardless of whether a disability can be categorized as physical, cognitive, or psychiatric, PWD are likely to face ableism due to societal attitudes towards disability (Bogart & Dunn, 2019; Olkin & Pledger, 2003; Smart, 2019; Smart & Smart, 2006). While ableism typically concerns oppression at the societal level, it can also include individual-level discrimination and *microaggressions* (Bogart & Dunn, 2019). According to Olkin et al. (2019), microaggressions are insults towards a person due to being a member of a marginalized or stigmatized group. The analysis of microaggressions towards PWD involves examining how "stereotypes, prejudice, discrimination, and ableism combine against the stigmatized" (Olkin et al., 2019, p. 758). Often, a power differential is involved in a microaggression, such as an able-bodied person oppressing a PWD. However, oppression can also be experienced within oppressed group memberships, leading to devastating consequences on the target of discrimination (Olkin et al., 2019). Internalized or societal oppression can be some, but not the only, reason why a PWD may seek psychotherapy, which emphasizes the importance of mental health professionals to become literate in models of disability that practice liberation from oppression. One aspect of the complex nature of disability and ableism is the visibility of the disability. Olkin et al. (2019)

found many women with invisible and visible disabilities endorsed having experienced ableist microaggressions which impacted their daily lives, as well as their sense of self.

Olkin et al. (2019) listed types of microaggressions towards PWD. Their findings demonstrate and define microaggressions against PWD, such as depersonalization, avoidance, violation of privacy, violation of civil rights, and imposed helplessness. Depersonalization examples include a person focusing only on the disability or minimizing its impact on the life of the PWD. Examples of avoidance are like that of imposed helplessness, such as people assuming a PWD needs help, being treating like a child, patronization, or assuming the disability spreads to all functioning and capacities. PWD often face violation of privacy through being asked intimate questions or having personal space invaded. Additionally, it is often assumed that PWD are not sexual beings. Finally, many able-bodied people anticipate praise or feeling good for helping a PWD (Olkin et al., 2019).

Clearly, ableism is found within society at large, and PWD may turn to psychotherapy as a respite from ableism directed towards them, whether it comes from their own internalized oppression or other people. The table above illustrates the kinds of microaggressions which may be seen in psychotherapy experiences with PWD, whether the source is between the pairing between therapist and client or description of a lived experience outside of the therapy room. It is imperative, therefore, that medical and mental health professionals do not duplicate the discriminatory wounds inflicted on PWD by ableism (Comas-Díaz, 2012). Fortunately, there are solutions to the problems found within ableism, microaggressions, and the socially problematic medical model of disability.

Liberating Models of Disability

Many models of disability examine the societal oppression that PWD face. Environmental and functional models of disability emphasize the societal oppression faced by PWD, and also conceptualize disability as a minority group (Bogart & Dunn, 2019; Smart & Smart, 2006). The functional, and environmental models of disability assert the limitations and disadvantages experienced by PWD are a reflection of society's attitudes towards disability rather than any limitations within the person, and ableism is therefore unwarranted (Olkin et al., 2019; Smart & Smart, 2006). These models allow PWD to define disability and also disallows so-called experts, such as doctors and other healthcare professionals, to determine the limits and outcomes of the lives of PWD. Within the functional and environmental models, PWD refuse the labels of deviance and pathology, and also refuse to conform to ableist attitudes that render living with a disability acceptable to able-bodied people. In other words, the environmental and functional models of disability reject the *Tiny Tim syndrome*. A *Tiny Tim* is said to be a person who has adopted the disabled role and exhibits the unspoken rules of acceptability of living among the able-bodied. Some of these attitudes are firstly, to know, understand, and believe in the ableist narrative by which PWD are expected to conform. The ableist narrative requires PWD to strive to overcome or manage their disability with motivation, optimism, and a cheerful attitude at all times. PWD are also expected to completely adhere to their medical and rehabilitation regimes at all times, to not make able- bodied people uncomfortable, to keep their aspirations reasonable, as well as to not ask for too much (Smart & Smart, 2006). As previously stated, it is important for psychologists to be aware of this microaggression in order to not replicate it in the therapy room, as well as point to liberating models of disability which provide psychological comfort and healing.

Disability and Psychotherapy

Given the prevalence of PWD, the heterogeneity and complexity of the population, as well as the multicultural competency mandates of the American Psychological Association (APA), it is crucial that mental health professionals to understand conceptualizations of disability and ableism (Olkin & Pledger, 2003; Smart, 2019). While public policy has advanced towards greater inclusion of PWD, ableism is still found in psychological research, such as focusing solely on the medical aspects of a disability while ignoring social and contextual factors (Bogart & Dunn, 2019; Olkin et al., 2019). In other words, the field of psychology is late to understanding the disability experience outside of the medical needs of PWD (Olkin & Pledger, 2003). According to Olkin and Pledger (2003), "Psychology has a tradition of conceptualizing disability as denoting the abnormal (e.g., a deviation from able-bodied norms of psychosocial development) or special (e.g., disability-related needs of children with disabilities that are orthogonal to the needs of all children" (p. 296). Indeed, many PWD have reported mental health professionals focusing on the disability over other important dimensions of that individual's life, such as problems relating to career, family, spirituality, sexuality, identity, committed partnerships, parenting, or mental health symptoms beyond adjustment to a disability (Smart, 2019; Smart & Smart, 2006).

According to Smart (2019), most PWD see themselves as multi-faceted with many aspects to their identity, though the management of their disability is an important piece. Smart and Smart (2006) argue that while models of disability are important for professionals to comprehend, they only define disability rather than demonstrate appropriate interventions. Disability scholars recognize that acknowledging the various models of disability does not prevent further oppression inflicted by external factors, such as accessibility or the attitudes of other people (Olkin et al., 2019; Watermeyer, 2017). When a PWD comes to therapy, emotional challenges related to their disability may or may not be the main focus of treatment. On the other hand, ignoring the disability can be omitting a part of the PWD's personhood. Furthermore, the disability may or may not have contributed to the person's developmental challenges over time (Hays, 2016). Such questions are of vital importance in conceptualizing a person in psychotherapy. However, finding appropriate interventions for PWD to use in psychotherapy can be challenging. Addressing the psychological impact of disability oppression in psychotherapy may be difficult to navigate due to the number of psychosocial stressors PWD face (Olkin et al., 2019; Watermeyer, 2017). Watermeyer (2017) depicts psychosocial stressor themes experienced by PWD across the globe, such as feelings of grief engendered by social and economic marginalization. The question of grief and loss in the context of disability is complex, as there is potential for further oppressing PWD due to (a) the ableist attitude of deficiency in a body with disabilities, and (b) the historical attachment of tragedy narratives to PWD (Watermeyer, 2017). The international disability movement have soundly rejected both of these concepts (Watermeyer, 2017), but the need for psychotherapy services for PWD remains. For many people in the disability community, accessibility of psychotherapy is an important question (Olkin et al., 2019; Proctor et al., 2018). Depending on the nature of a disability, psychotherapists must be prepared to ensure their physical space is accessible, as well as the material discussed in psychotherapy (Olkin et al, 2019). This dynamic of ensuring accessibility via external and internal factors mirror the tension PWD experience in their own lives. PWD face the external factor of societal oppression as well as their own internal conflicts. The complexity of external and internal conflicts faced by many PWD, combined with the pervasiveness of ableism, are why disability-specific therapies are needed. According to Watermeyer (2017), "it is at the intra-psychic and interpersonal levels that unequal identities are reproduced" (p. 144). Ableist expectations can be internalized by PWD, leading to problems such as feelings of inferiority, dependence, exclusion, and loss (Olkin et al., 2019; Richards, 2008; Smart & Smart, 2006; Watermeyer, 2017). Many PWD also experience complex feelings related to their disability, such as the impact their disability has on themselves, as well as their caregivers (Proctor et al., 2018; Watermeyer, 2017). Depending on the client's circumstances, living with a disability can be challenging to the extent that getting basic needs met can consume all of the person's time (Richards, 2008; Watermeyer, 2017). As explained by a person with mobile disabilities living in a rural village in Africa, "I don't have time for an emotional life" (Watermeyer, 2017, p. 150). Another PWD reported of their emotional life throughout years of a chronic, life-threatening illness, "I could not explain how it felt emotionally because it took years before my feelings grew back" (Richards, 2008, p. 1720). These testimonials demonstrate if mental health professionals are to alleviate suffering, it is clear they must be sensitive to this aspect of diversity. Furthermore, they must be aware that PWD also face a number of societal barriers, such as inaccessible environments and hostile attitudes. Watermeyer (2017) explains that disability scholars and activists reject the grief and loss narrative associated with PWD. Freud's theory of mourning and melancholia is used to explain grief and mourning but not the loss of ability, but rather "social suffering" accompanied by exclusion from social life (Watermeyer, 2017, p. 147). In other words, it is not the individual with a bodily flaw but a society which pathologizes PWD that is mourned (Watermeyer, 2017). Mental health professionals must also have the tools to appropriately address the disability-specific issues thatcan arise, as well as the sophistication to not focus solely on a person's disability if another concern is the presenting problem. While some disability narratives involve adjustment and loss, some involve pride (Forber-Pratt et al., 2017). Disability identity can be seen as on a spectrum, rather than a binary phenomenon (Forber-Pratt et al., 2017). Furthermore, Bogart (2014, 2015) found that strong disability identity is associated with lower levels of depression and anxiety. Research has shown that when psychologists are exposed to PWD and trained on issues of ableism, their ability to conceptualize PWD as multi-faceted increases (Bogart & Dunn, 2019). Due to the scarcity of literature in this field, a systematic review is warranted.

Rationale, Primary Aims, and Key Research Questions

Though the disability community is the largest minority group in the United States, issues relating to social and environmental factors have received the least amount of attention in peer-reviewed literature and textbooks (Bogart & Dunn, 2019; CDC, 2019; Olkin & Pledger, 2003). Similar to other minority groups, the disability community has experienced a long history of prejudice and discrimination but received legal protections only 30 years ago (ADA National Network, 2020b; Fox & Marini, 2018). The fields of psychology and medicine often overlapped in its early history when conceptualizing disability (Peterson, 2018). Modern models of disability take into environmental, contextual, and social factors related to disability (Olkin & Pledger, 2003; Smart & Smart, 2006), such as ableism (Bogart & Dunn, 2019) or other microaggressions towards PWD (Olkin et al., 2019). While the field of psychotherapy is later than other disciplines to see PWD as multi-faceted, the need to rectify this error is imperative, given the prevalence of disability (Bogart & Dunn, 2019; Olkin & Pledger, 2003; Smart, 2019). Disability is not only prevalent within the US, it portrays a complex, multi-faced minority group, encapsulating people of every race, ethnicity, language, gender, sexual orientation, gender expression, spirituality, etc. This reason, as well as the recognition of PWD as a minority group, makes disability a diversity issue, requiring cultural humility in mental health settings. Research suggests that disability identity may help prevent mental health problems such as anxiety and depression, but the identification process is variable due to the power of stigma associated with disability (Bogart et al., 2019). Furthermore, PWD may come to psychotherapy in order to alleviate suffering perpetuated through ableist attitudes, such as the narrative of PWD to use their courage and will-power to overcome all obstacles encountered due to disability, otherwise known as the "try harder" syndrome (Smart & Smart, 2006, p. 31; see also Llewellyn & Hogan, 2000). Due to this place of vulnerability, therapists and other health professionals have the power to further inflict the "soul wounds" rendered by societal oppression (Comas-Díaz, 2012, p. 75). Due to psychotherapists' unique role of facilitating alleviation of suffering from psychological, emotional, and social suffering, they must work to maintain a positive therapeutic alliance with their clients. In the case of disability, the pairing between client and therapist could be a multicultural experience (Comas-Díaz, 2012).

The aim of this systematic review was to examine the psychotherapy experiences of people with physical and cognitive disabilities. Within these categories of physical disability, there are many sub- categories, such as visible and invisible disabilities, chronic health conditions, and rare diseases (Bogart & Dunn, 2019; Smart, 2019). This systematic review will follow the definition of cognitive disability as defined by the American Psychiatric Association (2013) in the *DSM-5*, meaning neurodevelopmental disorders and neurocognitive disorders. While psychiatric disabilities were considered and qualified under the definition of disability (CDC 2020c), a substantial amount of literature already exists examining psychotherapy for psychiatric disabilities. As this background and rationale demonstrates, there is a need to examine scientific literature with the aim of reviewing its practices for people with physical and/or cognitive disability. This systematic review may be useful to practicing psychotherapists, PWD, as well as caregivers of PWD who attend psychotherapy. The following questions will guide the systematic review.

- RQ1: What are therapists' awareness, knowledge, and skills with respect to disability as a dimension of cultural competence?
- RQ2: What are the models, conceptualizations, and psychotherapy approaches that have been used with people with disabilities (PWD),
    a. Models and conceptualizations of disability psychotherapists are using; and if a model of disability is not explicitly stated, if it can be implied?
    b. The psychotherapy orientations, approaches and intervention strategies that are being used for PWD.
- RQ3: What are the experiences of individuals with disabilities in psychotherapy?
    a. Explore the underlying themes of how clients experience the therapeutic relationship/alliance in relation to how their therapist approaches their disability.
    b. Determine any ways that PWD experience microaggressions in psychotherapy, and the types of microaggressions.

Chapter 2: Methodology

Systematic Review Approach

This systematic review was conducted using an integrative, or mixed methods synthesis approach. As described by Kavanagh et al. (2012), integrating both qualitative, quantitative data allows for examining complex social and public health questions through multiple methods that examine both effectiveness of interventions, as well as "questions of experience, process, and content" (p. 114). The author decided to include qualitative and quantitative data in order to include a variety of data points to answer the research questions (RQs).

This systematic review used an integrative approach in order to capture both statistical and narrative data on the experience of PWD in psychotherapy. While quantitative studies demonstrate effectiveness through statistical power, qualitative methods can provide supplementary answers to questions about "health needs, appropriateness, and acceptability" (Kavanagh et al., 2012, p. 115). The author is interested in describing the current experiences of PWD in psychotherapy, which merits the use of qualitative studies (Boland et al., 2017; Kavanagh et al., 2012). A review of the literature has clearly demonstrated that voices of PWD are lacking from the narrative in terms of description of their psychotherapy experiences, but also which interventions are effective and appropriate for PWD. Due to the study's interest in exploring which models of psychotherapy and disability are currently being used in practice, quantitative studies can help answer the RQs and complement the qualitative data (Kavanagh et al., 2012). Qualitative data can provide further answers to RQs of psychotherapy approaches, interventions, and orientations being used, as well as their effectiveness through statistical power, though this is not the main aim of this study. According to Bryman (2007), integrating qualitative and quantitative methods of research “has the potential to offer insights that could not otherwise be gleaned,” such as clarification or contradiction of findings (p. 9).

Eligibility Criteria

Inclusion Criteria

Source eligibility criteria for this systematic review followed the same procedures for both qualitative and quantitative studies. Peer-reviewed journal articles were considered eligible. Publication sources were international as well as originating from the United States. Studies in the English language were eligible. This study began with targeted eligible publication dates starting from the year 1990 to reflect the passing of the ADA. After consultation, it was decided to reflect more recent research and to include studies published after 2010 in order to evaluate the most recent and relevant data. This systematic review included studies of both qualitative and quantitative designs with the exception of case studies due to the difficulty of generalizing findings. This review included studies set in all settings, such as schools, hospitals, inpatient units, outpatient settings, etc.

This systematic review focused on two primary research variables in order to be included for study. First, studies included participants with a physical or cognitive disability. Physical disabilities may include chronic health conditions and rare diseases. In order to be eligible for the systematic review, participants within a study must have included people with a physical or cognitive disability. Eligible cognitive disabilities were operationalized as neurodevelopmental disorders (learning, attention disorders, autism spectrum), neurodegenerative disorders (dementias, TBI, etc), and low intelligence (low IQ). Participants of all ages, genders, ethnicities, sexual orientations, religious affiliations, and socioeconomic statuses were included. The second primary variable was a type of psychotherapeutic intervention, such as administration of psychotherapy. Psychotherapy was operationalized as the interaction between a client and a therapist. As technology is developing, many articles found in the search and screening process investigated the utility of tools such as Internet courses or interactive technology which are rooted in psychotherapy theory and practices. These articles were considered on a case-by-case basis and in conjunction with consultation.

Subcategories within the psychotherapy category were any type of theoretical orientation of psychotherapy, such as psychodynamic, existential, humanistic, feminist, disability affirmative, or cognitive behavioral therapy (CBT). Conceptual papers on theoretical orientation or psychological assessment were ineligible for the study as the purpose of a systematic review was to explore the strength of literature based on its research design, such as using quantitative or qualitative methods that were not case studies. This reduced the risk of researcher bias in the sample of included studies. The systematic review considered and recorded the disability models used to conceptualize the therapeutic interventions described within a study.

Finally, studies documenting the experiences of therapeutic interventions from the perspective of PWD were included. The author consulted with their research supervisor and it was decided the emphasis of this study will be on the perspectives of PWD themselves or the psychotherapists who treat them. Therefore, this study included article which have focused on psychotherapy and/or psychiatric medication as the primary intervention(s).

Exclusion Criteria

Since this review is interested in examining how people with long-term physical and cognitive impairments are treated in psychotherapy, participants with only psychiatric disabilities were excluded from this study. However, studies examining people with psychiatric disabilities who have coexisting physical or cognitive disabilities were included. Furthermore, studies related to pregnancy were excluded; even though pregnancy qualifies for disability leave under some state laws, this disability is short-term, and not the focus of this study. This study excluded sources such as newspaper articles, blogs, and videos as they are not peer-reviewed.

Reports from professional organizations or governing bodies for professional psychologists were initially considered due to their ability to contribute to the evolution of the conceptualization of disability. However, the author decided to exclude them in order to focus on the most current practices, rather than aspirational practices. In other words, the author was interested in the current reported practices of psychotherapists and the experiences of PWD in psychotherapy, as opposed to the aspirational practices as deemed by governing bodies. Similarly, dissertations were also considered for inclusion due to the breadth of possible research that could be afforded.

The author decided to exclude this source in favor of articles that have already been published in order to more fully understand current practices of mental health practitioners who are working in the field. The author consulted with their research supervisor and it was decided to exclude articles that included multidisciplinary interventions, like rehabilitation disciplines such as occupational and physical therapies. It was determined to exclude multidisciplinary interventions from this systematic review in order to focus on the outcomes of psychotherapy and rule out possible confounding variables. This study also excluded articles which included parent caregivers of PWD as participants of the intervention, in order to focus on the experiences of PWD themselves. An acceptable inclusion of support people, or caregiver, in a study was couples' therapy. The rationale for including couples' therapy was to gather data on the experiential nature of the impact of a disability on a romantic relationship, including how the PWD describes this in psychotherapy.

Search, Screening and Selection Process

Information Sources

The researcher conducted this systematic review using electronic databases with search terms which will be named. The following databases were systematically searched using EBSCO host applying key terms: eBook collection, Education Full Text, Health Source: Nursing/Academic Edition, APA PsycArticles, and APA PsycINFO. Scopus and American Psychological Association e-Books 2010-2015 were also systematically searched without using EBSCOhost. A list of search terms was generated for this systematic review (see Appendix A).

The author has generated a list of search terms, synonyms, and alternate forms of the search terms which address the study's RQs. Under each of these proposed primary search terms, a list of synonyms has been created in order to capture as much existing research as possible. Pilot testing of these search terms yielded a high number of search results which addressed the study's aims.

Search Process

A series of specific searches was conducted according to the Comprehensive Search Plan (see Appendix B). The author used appropriate search terms in batches, searching for literature to answer one RQ at a time. In each database, the author selected the "search" button before adding a new row to the database search in order for the database to begin searching broadly and narrow the searches as appropriate.

Selection of Studies

Once relevant literature was identified from its database source, it was further screened for appropriateness for inclusion in the systematic review. Once the databases were searched, duplicates were removed. Each step was documented, including reasons why studies were included and excluded. A PRISMA-flow diagram summarized the selection process (see Appendix C). The author recorded the three phases of the decision- making process for selection (see Appendix D). First, search results were screened for inclusion using the study's title, keywords, and abstract. Studies which have the proposed search terms in the title (see Appendix A) were accepted for the next phase of selection. Also, studies which list a cognitive or physical disability by the condition's name, rather than the term *disability*, in the title, keywords, or abstract were accepted for the second phase of selection. For example, a study which examines the effectiveness of teletherapy for patients with multiple sclerosis would be accepted for the next phase of selection as the article involves patients with a chronic illness who are undergoing a form of psychotherapy. In other words, literature was eligible for further consideration and screening if the title, keywords, or abstract contain the proposed primary search terms or their proposed synonyms and alternate forms. On completion of this step, the author decided if the article-in-consideration full-text should be reviewed.

Literature was considered for the second phase of selection if it is published, peer-reviewed, published after the year 2010, and in the English language. Dissertations and reports from professional organizations were excluded, though the decision to exclude was documented on Appendix E. The article-in-question was screened for inclusion if it included exploration of disability, as well as a psychotherapeutic intervention such as psychotherapy. However, articles discussing only psychiatric disabilities were excluded, as this systematic review is interested in physical and cognitive disability in psychotherapy. Appendix E notated if the literature in consideration contains material related to physical and/or cognitive disability. While physical disabilities are of interest, pregnancy was excluded in this study. For example, an article discussing a psychiatric disability such as Post-Traumatic Stress Disorder (PTSD) was excluded;

an article that discussed PTSD in people with traumatic brain injury (TBI) was included. The researcher also screened the full text for inclusion of it appeared to provide evidence towards one of the RQs of this systematic review, such as (a) therapists' skills with disability as cultural competence, (b) the models, conceptualizations, and approaches used with PWD in therapy, (c) the psychotherapeutic process and experience of PWD in psychotherapy, including microaggressions. Once the article's full text had been reviewed, the author documented the decision to include the literature in the systematic review or not, along with the date of the decision. The final phase of the screening process involved consulting with the author's chair for confirmation and a final decision for inclusion. The author recorded the final decision, the date of the final decision, and any additional notes the source may require. The author and chair elected to include the Data Collection and Extraction Form (Appendix F) to document the evidence found within the articles chosen for selection within the systematic review.

Data Coding and Extraction

Development of the Data Extraction Form

In order to identify data from the selected studies that can address the RQs, the author developed a single data extraction form for quantitative and qualitative studies. These forms are based on the Cochrane Effective Practice and Organization of Care (2017) models for systematic reviews (see Appendix F). This data extraction form captured the study's domains of information, such as

- general information,
- characteristics and features for both conceptual and research papers,
- assessment of measurements,
- intervention characteristics and features,

- study participant characteristics and recruitment methods,
- setting characteristics,
- analyses conducted for both qualitative and quantitative studies,
- results,
- cultural conceptualizations of PWD in order to address RQ1,
- models, conceptualizations and psychotherapy approaches in order to address RQ2,
  experience in psychotherapy of PWD in order to address RQ3, and finally
- conclusions and follow-up.

The author created these broad domains with more specific variables under each domain in order to allow for the input of information from many types of sources and anticipated that not every variable will apply to each study.

Data Collection and Coding

Each common domain is now be outlined with more detail: The reader may assume that unless otherwise specified, the following details on the forms are identical for both qualitative and quantitative methods. After screening, selection, and determination if the study was eligible for inclusion in the review, the document was assigned an identification number. The author and research assistants documented the last names of the author(s), year of publication, full document title, the research variables or keywords used during the search process to find the article, and any pertinent notes.

General Information. Next, the researcher recorded general information, such as the date the form was completed, initials of the person extracting the data, publication type, and the source name. Starting with this step, the researcher began to notate which page number of the document each of the following pieces of data are found.

Characteristics and Features. While the form remains the same, the characteristics and features will vary depending on whether the study qualitative or quantitative. Regardless of the design, the researcher noted the aim of the study, its context, and any rationale the authors provided. The researcher also noted the aim of research papers, as well as the independent variable(s) and dependent variable(s).

Assessment of Measurements. In this domain, the researcher recorded the outcome measurements being used, as well as any information on reliability, validity, and utility of the research measures will be recorded.

Intervention Characteristics and Features. The researcher also detailed the characteristics of the study's intervention, such as its design or specific approach used. This domain also allowed for recording of the intervention's orientation, its duration, the context of the intervention, as well as its appropriateness and acceptability. With this information, the researcher sought to understand why PWD sought treatment, its goodness of fit, and how it was received by the client(s).

Study Participant Characteristics and Recruitment Methods. Due to the heterogeneity of PWD, there was variability in the study participants. The data extraction form captured the descriptions of the population of interest, recruitment methods, and the sample size of the study. The researcher also documented the age, gender, race/ethnicity, disability, disability type, and psychiatric co-morbidities of the participants.

Setting Characteristics. The form also noted the country in which the study was conducted, as well as settings in which the research was conducted.

Analyses Conducted. The analyses conducted differed by type of study, whether quantitative or qualitative. The qualitative data form asks for a description of any analysis conducted as stated in the study. Due to the empirical nature of quantitative studies, the analysis asked for the effectiveness of the intervention as measured by statistical power, the intervention results, as well as the control group results. The researcher marked any attrition in the study's groups, and the statistical methods used to measure and analyze the data.

Results. The remaining sections of the data extraction form are identical. The form captured a description of any key results discussed in the study.

Cultural Conceptualizations of PWD. Since studies have been screened for inclusion depending on their apparent relevance to the researcher's questions, domains pertaining to the RQs were created. In this domain, the researcher documented apparent clinician attitudes towards PWD in the article-in-question, including if the clinician appears to hold a deficit-perspective. This domain also captured clinician knowledge, skills, and awareness towards PWD.

Models, Conceptualizations, and Psychotherapy Approaches. This domain allowed for documentation of models and conceptualizations of disability that appeared in the article, as well as if they can be implied if not explicitly stated. The form captured the use of psychotherapy orientations, approaches, and intervention strategies documented in the article.

Experience in Psychotherapy of PWD. Under this section, the researcher searched for client factors which contributed to a successful therapeutic relationship, such as the client's attitude towards psychotherapy and level of insight. This domain also captured the quality of the working alliance, notation on the experience of the therapeutic relationship, and any documentation of microaggressions and their type.

Conclusions and Follow-up. The researcher also detailed the study's authors' conclusions and recommendations for further study. The researcher also determined how well the study answered any of the systematic review's RQs and notate any implications for practice. Lastly, the author addressed the study's limitations and references to other relevant studies or authors that should be consulted.

Quality Appraisal

After all the relevant data was extracted from the source and recorded onto the Data Collection and Extraction Form (Appendix F), the quality of the source was evaluated using a Critical Appraisal Form (Appendix G). This form, created by Harrell (2021), utilizes a Likert scale rating scale (*strong* = 3, *good/adequate* = 2, *weak* = 1, *missing* = 0, N/A) in conjunction with a series of questions to determine its quality. This form allowed for the analysis of all types of study which were included in this systematic review.

The first question in the series on the Critical Appraisal Form (Appendix G) related to the type of study design the source has used: quantitative or qualitative. Next, the researcher documented the source's specific design and inquiry approach in short- answer text. Possible answers were randomized controlled quantitative studies, non- randomized quantitative studies, and descriptive research such as correlational research, and naturalistic observation.

The next phase of the Critical Appraisal Form (Appendix G) used the Likert scale as mentioned above to determine (a) the strength of the literature foundation and rationale for the study, (b) clarity and specificity of research aims, objectives, and questions, (c) quality of research design or methodological approach, (d) sample selection and characteristics, (e) measures and data collection tools, (f) data collection, (g) analysis of data, (h) discussion of study limitations, (i) consideration of culture and diversity. To finalize the appraisal process, the researcher gave each source an overall rating, based on the sum of the above category's ratings. The source document received the overall rating appraisal. Sources that were found to contain poor quality remained in the systematic review, but their appraisal was noted and analyzed going forward.

Data Management, Synthesis, and Action Plan

Database Development

In order to gather, store, and analyze the data from many documents, a database using Excel was developed to contain the data into one document. This database contained the variables from both Data Extraction and Quality Appraisal to facilitate cross-study analysis. Multiple spreadsheets were constructed with each including only the variables to address each RQ. The first spreadsheet was labeled "General Study Characteristics" and held Evidence Table 1, which displays the study's authors, title, year, method of study, sample size, disability type, age, gender, location, and psychiatric comorbidities. The subsequent evidence tables and spreadsheets will be described further.

Data Analysis and Synthesis

As previously described, this database has been created in order to analyze the relevant literature in order to inform the RQs. Given the heterogeneity of disability, as well as its somewhat peripheral relationship to psychotherapy at this point, the author is aware of the variation that may be found in the results. The process of data analysis and synthesis is informed by the RQs to (a) identify therapists' awareness, knowledge, and skills with respect to disability as a dimension of cultural competence, (b) identify models, conceptualizations, and psychotherapy approaches that have been used with PWD, and (c) outline the experiences of individuals with disabilities in psychotherapy, such as the underlying themes of how clients experience the therapeutic relationship and determine any ways that PWD experience microaggressions in psychotherapy. According to Kavanagh et al. (2012), analysis for a mixed methods systematic review consists of several steps. First, the researcher created a thematic synthesis through identifying findings and themes of effective treatment outcomes for PWD in psychotherapy of what people think and feel. Lastly, the researcher organized findings into descriptive themes under a common conceptual framework to generate analytical themes. The author analyzed each individual variable to describe recurring qualitative ideas and themes. The results were then clustered in order to make relevant comparisons. After the results were analyzed, the results were listed in appropriate evidence tables.

Displaying the Results

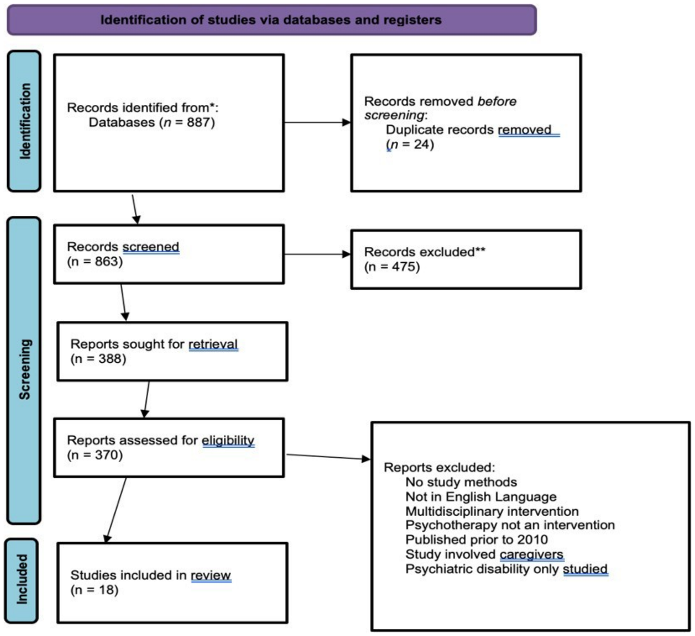
The purpose of constructing Evidence Tables was to present the findings of the systematic review in a detailed and organized manner. The first evidence table included general study characteristics such as the author, title, year of publication, method of the study, critical appraisal value, sample size, location, and disability type(s) of the sample, as well as their ages, genders, psychiatric co-morbidities, and race/ethnicities. Three other evidence tables were created to display the data that answers each RQ. For example, the second Evidence Table displayed the results of articles which answer RQ1, and report therapists' (a) awareness of disability issues (b) knowledge of disability issues, and (c) pertinent skills in relation to disability as a matter of cultural competence. Next, the third Evidence Table displayed the results of articles which answer RQ2, that of the clinicians' perspective of therapy with PWD, such as (a) models and conceptualizations of disability researchers draw from, (b) if a model of disability was explicitly stated or implied, and an analysis of why (d) psychometric assessments used in the studies to measure outcomes, (e) psychotherapy orientations, and (f) intervention strategies clinicians use. Lastly, the fourth Evidence Table displayed the results of articles which answer RQ3 which pertains to (a) client's experience in psychotherapy, including (b) the working alliance of therapeutic relationship, (c) experience of the therapeutic relationship, (d) if any microaggressions occurred, and (e) if so, the type of microaggression as explained by Olkin et al. (2019).

Chapter 3: Results

The PRISMA flowchart (see Figure 1) demonstrates the processes of search and screening, as well as meeting inclusion criteria for this systematic review (see Appendix C). A total of 887 records were identified using the identified electronic databases (APA, EBSCO, Scopus). Next, duplicate records were removed using Zotero software (*n* = 24). Then, 863 records were screened for eligibility by reviewing the title and abstract, and 475 records were excluded for further inclusion. This resulted in 388 full-text articles being assessed for eligibility. Of the full-text studies assessed, 370 were excluded, due to not having study methods, the intervention not being psychotherapy, being published in 2010 or prior, multidisciplinary interventions, involving caregivers, psychiatric disability only studied, or the study not being done in the English language. In total, 18 studies were included in the systematic review.

Figure 1

PRISMA Flow Diagram



General Characteristics of Included Studies

General characteristics of the included studies are reported in Evidence Table 1 (See Appendix H). This table lists the author and year of publication, title, critical appraisal value, method of study, and sample size. Characteristics of the participants are displayed such as the participants' age, gender, disability type, race/ethnicity, and any possible psychiatric diagnoses. The location of the study's completion is also displayed.

The included studies were conducted between the following years: 2010-2015 (*n* = 6, 32%), 2015-2022 (*n* = 12, 63%). In terms of the methodology of the research studies, there were predominantly quantitative studies (*n* = 14, 77%), as well as several qualitative studies (*n* = 4, 22%). Specific study designs included Randomized Controlled Trial (RCT, *n* = 9, 64%), descriptive statistics (*n* = 4, 22%), grounded theory (*n* = 2, 11%), Interpretive Phenomenological Analysis (IPA, *n* = 1, 5%), and within-subject, repeated measure design (*n* = 1, 5%). The results demonstrate that all studies were published in English. The included studies were conducted internationally with the majority being conducted in the United Kingdom (*n* = 5, 27%), as well as the United States (*n* = 5, 27%). Other locations included Germany (*n* = 2, 11%), Ireland (*n* = 1, 5%), Kenya (*n* = 1, 5%), Taiwan (*n* = 1, 5%), Sweden (*n* = 1, 5%), The Netherlands (*n* = 1, 5%), and Australia (*n* = 1, 5%). The subsequent section will explain the characteristics of the participants in the included studies, such as age, gender, race/ethnicity, disability type, and psychiatric diagnoses.

Characteristics of Study Participants

Of the included studies, three did not report the ages of their participants (*n* = 3, 16%), while three included adults aged 18 and above (*n* = 3, 16%). One (*n* = 1, 5%) study focused on teenagers aged 13 and 14, while two studies included young adults between the ages of 18 to 25 (*n* = 2, 11%). Furthermore, two studies included participants aged 55 and above (*n* = 2, 11%). The remainder of the studies included participants with a mean age to above 30 years of age (*n* = 8, 44%). In terms of gender, two studies did not report the gender of their participants (*n* = 2, 11%). One study focused exclusively on females (*n* = 1, 5%), one study included males only (*n* = 1, 5%), while the majority included a mix of males and females (*n* = 13, 72%). The majority of the included studies did not report the race/ethnicity of their participants (*n* = 11, 61%). Within three studies, the majority of participants were identified as Caucasian/white (*n* = 3, 16%), but the ethnicities of the other participants were not reported, or a participant declined to report their race/ethnicity. Two studies included participants who identified as Hispanic, Non- Hispanic, and White (*n* = 2, 11%). One study focused solely on women who identified as African/Kenyan (*n* = 1, 5%), and one study focused exclusively on Asian adults who lived in Taiwan (*n* = 1, 5%). Lastly, one study's (*n* = 1, 5%) sample had participants who identified as both "White-British" and "Asian-British" (Browne et al., 2019).

The included articles varied in the disability type represented in the sample. Based on the nature of RQ1, one study focused on the perspective of the clinicians (*n* = 1, 5%) and thus did not classify a type of disability. Furthermore, RQ3 elicited one (*n* = 1, 5%) article which described the experience of PWD in Emotion Focused Therapy but did not apply psychotherapy to a specific disability for intervention (Tapia-Fuselier et al., 2022). Of the remaining literature, nine of the studies included people with physical disabilities (*n* = 9, 50%), such as chronic pain (*n* = 3, 16%), Irritable Bowel Syndrome (IBS, *n* = 2, 11%), positive HIV status (*n* = 2, 11%), heart disease (*n* = 1, 5%), cancer (*n* = 1, 5%), asthma (*n* = 1, 5%), orthopedic problems (*n* = 1, 5%), diabetes (*n* = 1, 5%), and rheumatoid arthritis (*n* = 1, 5%). Seven of the studies included people with what the author has operationalized as cognitive disabilities (*n* = 7, 37%), such as low intelligence (*n* = 4, 21%), neurodegenerative disorders (*n* = 2, 11%), and neurodevelopmental disorders (*n* = 1, 5%). Six of the included studies did not report co-occurring psychiatric diagnoses of their participants (*n* = 6, 33%). The most reported psychiatric diagnoses of the participants included depression (*n* = 9, 47%), anxiety (*n* = 5, 26%), Post Traumatic Stress Disorder (PTSD) or trauma symptoms (*n* = 3, 16%), obsessive-compulsive behaviors (*n* = 2, 11%), and panic (*n* = 2, 11%). Other diagnoses included mania (*n* = 1, 5%), substance dependence (*n* = 1, 5%), agoraphobia (*n* = 1, 5%), and aggression (*n* = 1, 5%).

RQ1: What Are Therapists' Awareness, Knowledge, and Skills With Respect to Disability as a Dimension of *Cultural Competence*?

RQ1 aimed to gather information on literature aimed towards therapists' cultural competence towards PWD, such as their awareness, knowledge, and skills in respect to PWD. One quantitative study met inclusion criteria for this systematic review. This study used descriptive statistics of a sample of 285 counselor trainees to rate their self-perceived awareness, knowledge, and skills with respect to disability. Participant demographics such as age, gender, race/ethnicity, disability type, nor psychiatric diagnosis were reported (Deroche et al., 2020). The critical appraisal of this study found it to be of Strong (3) quality.

Deroche et al. (2020) conducted an online survey to describe the self-perceived competency towards PWD of masters' level students. Their sample pool contained people who had completed a masters' level course in multiculturalism, people with disability-related life experiences, as well as those without any course completion, nor disability-related life experience. In terms of clinician knowledge towards PWD, a statistically positive, but weak, relationship was found between self-perceived disability competence and completion of a multicultural counseling course. Deroche et al. also found a statistically significant and moderately positive relationship between self- perceived disability competence, level of helpfulness, and disability-related life experience when assessing clinician skills with PWD. The authors also noted frequent mistakes made in case conceptualization with PWD as clients in the domain of skills.

Lastly, Deroche et al. (2020) note that self-awareness was rated highest amongst their participants and theorized that knowledge domains tend to be higher emphasized than skills in multicultural-competency courses and training. Deroche et al. surmised this may be related to PWD not always included in multicultural courses. However, due to lack of normative data in this area, Deroche et al. offer caution in interpretation.

RQ2: What Are the Models, Conceptualizations, and Psychotherapy Approaches That Have Been Used With People With Disabilities (PWD)?

The purpose of RQ2 was to evaluate the models and conceptualizations of disability clinicians are using in psychological research, as well as psychotherapy orientations and interventions that are being studied for use with PWD. Of the 18 articles deemed eligible for inclusion in this study, 16 articles answered RQ2 (*n* = 16, 88%). Research design varied and included Randomized Controlled Trial (*n* = 9), explorative (*n* = 1), descriptive (*n* = 3), repeated within-subject measure (*n* = 1), and qualitative grounded theory (*n* = 2). The critical appraisal of these studies found them to be of variable quality, with five (*n* = 5) meeting criteria for Strong (3), ten (*n* = 10) meeting criteria for Good (2), and one meeting criteria for Weak (1). Disability type was also varied and included a mix between physical (*n* = 9) and cognitive disabilities (*n* = 7). Physical disabilities represented in this study include positive HIV status (Meffert et al., 2021), heart disease (Salzmann et al., 2021), cancer (Ander et al., 2018), chronic pain (Cell et al., 2011; Dear et al., 2016), Irritable Bowel Syndrome (IBS, Gros et al., 2011), diabetes (Ell et al., 2012), rheumatoid arthritis (Hewlett et al., 2011), or a blend of many physical disabilities listed above, including asthma (Anderson & Najavits, 2014).

Cognitive disabilities represented in this systematic review are intellectual disability (Browne et al., 2019; Schuurmans et al., 2017; Skelly et al., 2018; Syed et al., 2020), dementia (Hsiao et al., 2020; Nordheim et al., 2019), and various neurodevelopmental disorders such as Attention Deficient Hyperactive Deficiency (ADHD; Schuurmans et al., 2017).

Models and Conceptualizations of Disability

The author investigated the types of models of disability that were being utilized by the researchers, such as a medical model, social model, etc. Furthermore, if a model of disability was not explicitly stated in the writings, the author evaluated if the use of the model could be implied through outcome measurements of disability. The author recorded the outcome measurements for the disability in question and analyzed if disability was measured by physiological markers, or if the researchers measured the disability's impact on the participants' social markers such as independent functioning and quality of life. While none of the studies explicitly stated the model of disability being utilized by the researchers, the author was able to analyze how the researchers operationally defined and measured constructs of disability. All the studies used the medical model to various degrees in order to identify and measure the physiology of the disability-in-question (n = 16, 100%). Only four studies were found to use only the medical model of disability to measure the impact of disability on functioning (n = 4, 22%). The remaining 11 studies for RQ2 demonstrated evidence of using both the medical and social models of disability (n = 11, 61%). These researchers used biological markers to quantify the physiological impacts of disability, as well as discussed and/or measured the social impact of disability on independent functioning, quality of life, interpersonal relationships, and vulnerability to psychosocial stressors.

Salzmann et al. (2021) used physiological measurements to monitor markers for heart disease, such as non-fasting blood samples related to inflammation and TNF-alpha concentrations. Skelly et al. (2018) used the Full-Scale IQ score obtained from the WAIS-IV to measure intellectual functioning, while Cella et al. (2011) used the Oxford criteria and laboratory tests to monitor Chronic Fatigue Syndrome (CFS). Hewlett et al. (2011) describe recruiting participants from rheumatology departments in teaching hospitals. Identified potential participants were deemed eligible for the study if they scored over six points on the Visual Analogue Scale (VAS) for fatigue, which measures physiological components of fatigue such as drowsiness, alertness, efficiency, effort at moving the body, concentration, etc. (Hewlett et al., 2011). Lastly, Dear et al. (2016) do not describe any social aspects of the lives of PWD in their introduction or literature review. Dear et al. (2016) used several questionnaires to measure the concept of disability, but do not report any items of the questionnaires.

These discussions were found in the researchers' literature reviews, or in outcome assessments which collected data on social factors of disability (Ander et al., 2018; Anderson & Najavits, 2014; Breckon et al., 2013; Browne et al., 2019; Ell et al., 2012; Gros et al., 2011; Hsaio et al., 2020; Meffert et al., 2021; Schuurmans et al., 2017; Syed et al., 2020) For example, Hsaio et al. (2020) used the Mini-mental state examination (MMSE) and the Cohen-Mansfield Agitation Inventory (CMAI) to quantify and track dementia diagnosis, but also described social aspects of the lives of people with dementia such as disruptions to social relationships, work, and activities of independent functioning (Hsaio et al., 2020). Anderson and Najavits (2014) describe the social factors that link PTSD and physical disability, such as persistent reminders of trauma, reduced access to economic and social resources, and health behaviors such as reduced engagement, avoidance of medical care, and increased health-risk behaviors. Anderson and Najavits (2014) also describe physiological impacts of disability and PTSD such as stress-related alterations in neurobiology and immune functions. Ell et al. (2012) identified patients with diabetes through hemoglobin levels, but also incorporated The Sheehan Disability Scale as an outcome measurement. This assessment measures disability as it relates to functional impairment in work, social life, family/home responsibilities, and leisure activities (Ell et al., 2012). Additionally, Meffert et al. (2021) demonstrated strong awareness of the lived experiences of PWD in their study of HIV positive women who were experiencing Intimate Partner Violence (IPV) in Kenya, while also using both social and medical models of disability. Meffert et al. (2021) reported their study was based on a needs assessment survey completed by local citizens. This survey suggested that people with HIV positive status in the area strongly desired mental health services in the same place they could access treatment for physical health, owing to the sense of safety the surveyors felt from stigma (Meffert et al., 2021).

Psychotherapy Orientations, Approaches, and Intervention Strategies

This part of RQ2 sought to investigate psychotherapy orientations, approaches, and interventions used with PWD. Intervention strategies were conceptualized as what psychotherapists did in session with clients during a face-to-face, telephone, or teletherapy session. This systematic review included one study which delivered an Internet course on pain management (Dear et al., 2016) which did not include interaction with a therapist. It was included for the study because the course was based in CBT, which has empirical evidence for efficacy. The author also included Schuurmans et al.’s (2017) investigation of a therapeutic videogame because the game was based in CBT, and the participants had interactions with a therapist as part of the intervention. The most used psychotherapy orientation used for intervention was CBT (*n* = 5, 27%).

Other forms of CBT used for intervention were Dialectical Behavioral Therapy (DBT, *n* = 1, 5%) and Seeking Safety (*n* = 1, 5%). This systematic review found that other psychotherapy orientations being used with PWD include psychodynamic theory (*n* = 1, 5%), Interpersonal Therapy (IPT; *n* = 1, 5%), supportive therapy (*n* = 1, 5%), Eidetic Model of Growth (EMG; *n* = 1, 5%), art therapy (*n* = 1, 5%), reminiscence therapy (*n* = 1, 5%), Problem Solving Therapy (*n* = 1, 5%), and the DYADEM intervention (*n* = 1, 5%). The dyadic coping with dementia intervention (DYADEM) is a home-based socio- and psychotherapeutic support program of seven sessions and two phone sessions (Nordheim et al., 2019).

Just as the psychotherapy orientations varied in this systematic review, so did the interventions. The author analyzed the interventions listed in the studies and identified common intervention themes between the articles and enumerated these themes in Chapter 4. The most prominent intervention themes were symptom reduction through positive coping and emotional support (*n* = 8, 44%), and problem-solving/skill building (*n* = 7, 39%). Psychoeducation (*n* = 5, 27%) and peer support (*n* = 5, 27%) were the next most common intervention themes, followed by relaxation (*n* = 3, 16%), attention to the environment (*n* = 2, 11%), and corrective experiences (*n* = 2, 11%).

Symptom Reduction Through Positive Coping. Symptom reduction through positive coping was conceptualized as addressing maladaptive thoughts, feelings, and behaviors. Specific symptom reduction techniques involved addressing maladaptive cognitions through Socratic questioning and guided discovery (Cella et al., 2011; Gros et al., 2011; Hewlett et al., 2012). Anderson and Najavits (2014) cited the cultivation of positive emotions and cognitions such as compassion and creating meaning. Many researchers reported using a manualized psychotherapeutic intervention for treatment fidelity but did not explain specific interventions used in the manual (Cella et al., 2011; Dear et al., 2016; Ell et al., 2012; Gros et al., 2011; Salzmann et al., 2012). The author further operationalized symptom reduction as behavioral experiments which may be performed with the therapist and client together in session and provide self-efficacy to the client outside of therapy. Specific techniques included exposure (Gros et al., 2011) and behavior activation (Ell et al., 2012).

Problem-Solving/Skill Building. Problem-solving and skill building was operationalized as learning something new. Specific problem-solving techniques involved monitoring activity and energy levels (Dear et al., 2016; Hewlett et al., 2012), as well as implementation of a sleep routine (Cella et al., 2011). Other skills included relapse prevention (Ell et al., 2012; Gros et al., 2011), setting boundaries in relationships (Anderson & Najavits, 2014), taking medication as prescribed (Ell et al., 2012), and pain management (Dear et al., 2016).

Psychoeducation. The term psychoeducation was used explicitly in several studies as an intervention (Anderson & Najavits, 2014; Dear et al., 2016; Gros et al., 2011; Nordheim et al., 2019; Salzmann et al., 2021). The operational definition of psychoeducation is assumed to be education about the PWD's physiological condition, as well as information about psychotherapeutic orientations and experiences. Furthermore, these studies listed homework and worksheets as common interventions (Anderson & Najavits, 2014; Dear et al., 2016; Gros et al., 2011; Nordheim et al., 2019; Salzmann et al., 2021).

Peer Support. This theme was operationally defined as the use of people other than a psychotherapist for emotional support. Specific techniques included asking for help (Anderson & Najavits, 2014), couples communication (Nordheim et al., 2019), reminiscence therapy (Hsiao et al., 2020), social network analysis (Nordheim et al., 2019), and goal setting in groups (Hewlett et al., 2011).

Relaxation. The term *relaxation technique* was cited explicitly by Nordheim et al. (2019) but no further information was provided. Schuurman et al. (2017) explained a relaxation technique was incorporated into the videogame intervention. The author decided to group this term with the specific art therapy interventions listed by Hsaio et al. (2020) as they all appear to share the commonality of being activities led by a therapist in order to induce a more relaxed physiological state.

Attention to the Environment. This theme was operationally defined as paying attention to the PWD's living environment. Syed et al. (2020) reported making the environment predictable was an important factor of growth in the EMG for people with intellectual disabilities. Nordheim et al. (2019) listed adaptations to the living environment as an important intervention for inter-abled couples when one partner is living with dementia.

Corrective experiences. While all psychotherapy aims to provide a corrective emotional experience through a positive therapeutic alliance, several studies explicitly listed new or corrective experiences as unique to their studies. For example, Skelly et al. (2018) emphasized the importance of therapy as a corrective experience for past relationships in using psychodynamic theory with people with intellectual disabilities. Similarly, Syed et al. (2010) provided the importance of corrective human experiences with a therapist as the focus of therapeutic activity in the EMG.

RQ3: What Are the *Experiences* of Individuals With Disabilities in Psychotherapy?

RQ3 aimed to explore the underlying themes of the perspective of PWD in psychotherapy, particularly in respect to the quality of the therapeutic alliance, their experience of the therapeutic relationship, if any microaggressions present in therapy, as well as what type of microaggressions as suggested by Olkin et al. (2019). One qualitative study met inclusion criteria for this systematic review (Tapia-Fuselier et al., 2022). This study used grounded theory in a sample of 10 therapists who described their experience of treating inter-abled couples in Emotion-Focused Therapy. The median age of participants in this study was 46.3, and the sample was 80% female. Ninety percent of the participants reported their race as White, while the remaining participant declined to indicate their race/ethnicity. No psychiatric diagnoses were reported for this study (Tapia-Fuselier et al., 2022). The critical appraisal found it to be of Strong (3) quality.

Tapia-Fuselier et al. (2022) interviewed therapists trained in Emotion-Focused Therapy about their experiences treating inter-abled couples. The therapists reported that differences between the able-bodied partner and disabled partner were highlighted in sessions, and time was spent making meaning of the client with a disability. Many clinicians reported their clients with a disability shared the internal pieces of self that emerged in therapy (“view-of-self”), and the clinicians emphasized this was necessary to explore in couples’ therapy. The quality of the working alliance, nor the experience of the therapeutic relationship were described in this article. Tapia-Fuselier et al. (2022) noted the occurrence of the depersonalization microaggression by a therapist towards their clients with a disability, such as the use of deficit language, and struggles with placing too much emphasis on the disability above other parts of the person’s identity. Furthermore, it is noted that Tapia-Fuselier et al.’s (2022) study drew from the perspective of clinicians, not clients with disabilities. This result suggests that there is still research to be done in order to hear from PWD themselves.

Results of Individual Critical Appraisal

The author and research assistants evaluated the quality of the included study based on general and design-specific considerations a study met. The author's team of research assistants were trained to rate the included studies based on the Critical Appraisal Form (see Appendix G). Of the 18 included studies, the most common classification rating given was "good" (*n* = 10), followed by "strong" (*n* = 7). One study (*n* = 1) met criteria for inclusion in the study and was determined to meet "Weak" classification. Good studies reflected one or more negative qualities such as: not providing clear research aims, not reporting psychometric properties of the outcome measurements, not providing details on the sample selection and characteristics, not describing intervention strategies in detail, not addressing various forms of bias in the study limitations, and not addressing culture and diversity issues. By contrast, high quality studies provided a combination of (a) strong background literature and rationale, (b) clear and specific research aims, (c) many details on sample selection and characteristics, (d) psychometric properties of outcome measurements, (e) comprehensive analysis of data, (f) analysis of study limitations, and (g) explicit consideration of culture and diversity.

To ensure inter-rater reliability, the author and research assistant team completed a Critical Appraisal form of the same article. The author assigned herself and each rater an identification number to reduce risk of bias. Two of the four research assistants, and the author, completed an Interrater Reliability Task (IRT) and discussed their rationale together. Two of the individuals gave the article the same score (good), while one researcher rated the article as strong. One reviewer reported they were able to make sense of a lot of information through the provided tables of evidence and thought the display contributed towards a strong article. Another reviewer had questions about the use of the intervention, CBT, and what was being done specifically with participants. The raters discussed the assumption that if an article is published, it must be held to certain standards; however, there is still room for critical analysis by newcomers to the field. Additionally, the raters reflected on the lack of racial diversity demonstrated in the selected study and the difficulty in rating the article based on this factor. The raters also discussed disability as a form of diversity in terms of competency as practitioners and wondered if the authors of the article viewed disability as a dimension of diversity. One research assistant submitted their IRT at a later date via email, and also rated the article as having Good quality (2). This assistant wrote a few sentences explaining their rationale, citing (a) lack of explanation of chosen research design, (b) desiring more details on data collection procedures, and (c) a thin analysis of study limitations, such as failing to address various forms of bias, design limitations, or validity concerns.

Chapter 4: Discussion

This systematic review aimed to synthesize and summarize the current practices of psychotherapy for PWD. This section will discuss significant findings from the RQs, as well as discuss implications for future research and practice. Finally, the methodology of this study will be analyzed, as well as its limitations and potential contributions.

Significant Findings and Implications for Research

RQ1: What Are Therapists' Awareness, Knowledge, and Skills With Respect to Disability as a Dimension of Cultural Competence?

A significant finding of RQ1 is the paucity of research towards this dimension of cultural competency in clinical psychology. This is evidenced by only one study meeting criteria for inclusion in this systematic review on account of its empirical design of quantitative study. Fortunately, Deroche et al.'s (2020) study was found to be of Strong (3) quality in the Critical Appraisal process, suggesting that its conclusions are reliable and valid. Other explanations for a low sample size could be the search terms and inclusion/exclusion criteria for this RQ had low reliability and questionable validity. As suggested by Deroche et al., another explanation for a low sample size could be lack of attention provided to disability in multicultural classes. Regardless, with a low sample size, it is difficult to refute or support any hypotheses about therapists' awareness, knowledge, and skills with respect to disability as a matter of cultural competence. This systematic review also demonstrated that literature does exist that covers this topic, but in conceptual or "gray" papers. These findings indicate that more literature has been published on aspirational standards for psychologists, but less is known about the current practices. Without the data, it is difficult to prove if a gap exists between aspirational standards and practice.

Deroche et al.'s (2020) study does give some evidence that clinicians with disability- related life experiences rate their self-perceived competence and level of helpfulness higher than those without any disability-related life experience. This implies that clinicians with disability-related life experiences may possess more awareness, knowledge, and skills for helping clients with disabilities than able-bodied individuals in terms of their ability to be helpful with disability-related issues. Despite these low numbers of clinician reported confidence in this dimension of diversity, PWD are found in 25% of the general population. Furthermore, clinicians are reporting long-term cognitive impacts of COVID-19 on the population (Miners et al., 2020), suggesting the occurrence rate of disability could increase in the next few years. It would be important for all clinicians to improve their competency in this area of diversity.

RQ2: What Are the Models, Conceptualizations, and Psychotherapy Approaches That Have Been Used With People With Disabilities (PWD)?

The inclusion/exclusion phase of this RQ revealed a few trends. One was that several articles in this study were excluded from inclusion because they involved caregivers. The author sought to find literature of PWD speaking for themselves without the presence of a caregiver. Another trend seen in the inclusion/exclusion phase of this study was PWD being studied in multidisciplinary methods, such as in conjunction with other rehabilitation therapists. While many psychologists work in healthcare settings and in conjunction with rehabilitation teams, this trend implies that many PWD are being treated for mental health in the same settings as their physical health. This practice may be acceptable to many PWD, as well as for insurance companies and other stakeholders that pay or reimburse for treatment. However, within these practices there is a potential for brevity in mental health care for PWD, or for practitioners to not venture outside of manualized treatments. These trends resulted in a smaller sample size and thus reduced the potential to generalize findings. These findings also suggest that the field of psychology could contribute more longitudinal research towards the psychological adjustment, growth, and well-being of PWD beyond rehabilitation settings.

Of the selected studies in the sample of this systematic review, very few studies offered long-term therapy for themes such as adjustment, interpersonal relationships, self-concept, discrimination, insight development, or other themes that may drive a marginalized person to seek psychotherapy services. Even though the literature is sparse, researchers have proved it is possible. Furthermore, the critical appraisal process of this systematic review demonstrated the quality of the work has been either Good (n = 10), or Strong (n = 7). For example, Skelly et al. (2018) offered psychodynamic therapy for people with intellectual disabilities, demonstrating that insight-oriented work is possible for this population. Skelly et al. (2018) did not publish the effect size of their quantitative study, leaving the question of its efficacy. However, this study does demonstrate that people with intellectual disability can engage in the process of psychodynamic therapy, which disputes many clinician fears that this population does not have insight to tolerate this process. If this is acceptable to people with intellectual disability seeking therapy, then more clinicians should accept this population in their practice.

This RQ also demonstrated that CBT has been used frequently with PWD, most likely due to its ease in fitting with manualized therapies, which can prove beneficial for research design for Randomized Control Trials (RCTs). The strength of the RCT is in its statistical power and ability to find the strongest evidence for correlational, or causational, relationships. However, it may benefit researchers to venture beyond this model in favor of other research methods, designs, and psychotherapy orientations that would provide more attention to the lived experiences of PWD.

RQ3: What Are the Experiences of Individuals With Disabilities in Psychotherapy?

Similar to RQ1, RQ3 revealed a paucity of research into the lived experiences of PWD in psychotherapy. This is evidenced by one study meeting criteria for inclusion for this RQ; however, it was also found to be of Strong (3) quality according to its Critical Appraisal. The qualitative approach of Tapia-Fuselier et al.'s (2022) work evidenced valuable narrative insight into this population, such as PWD likely feel the need to address their disabled identity with their loved ones, particularly in how their difference in functioning can impact a long-term romantic partnership. A limitation to this research finding is that Tapia-Fuselier et al.'s (2022) work was done with psychotherapists, not clients. Using grounded research theory as Tapia-Fuselier et al. (2022), it is possible that more insight and narrative data could be gleaned from these researchers, as well as others, who were to interview PWD in psychotherapy.

One possible explanation for this low sample size of this RQ could be on account that case studies were excluded from this study. However, they may have had valuable qualitative data into the experience of PWD in psychotherapy. Another potential explanation for the lower sample size in this study is that PWD may not be seeking psychotherapy at a rate that is comparable to their represented sample size in the community. As explored in this paper's literature review, PWD often have multiple marginal identities, such as low socioeconomic status, which create barriers to accessing mental health services. Meffert et al. (2021) addressed this barrier by offering services for both physical and mental health in the same location. This could be a potential solution for PWD who may manage demands such as navigating health insurance, multiple doctors' visits, polypharmacy, etc. Should a person with a disability have access to health insurance that covers mental health care, they may not have flexibility in their jobs to access both frequent physical and mental health care. Because of the paucity of research, the author was unable to answer questions about the quality of the therapeutic relationship or working alliance between PWD and their therapists in psychotherapy. However, it was evident that microaggressions towards PWD do occur in psychotherapy (Tapia-Fuselier et al., 2022). This is an important problem that psychologists are called upon to address to not inflict harm upon an already vulnerable population.

Limitations and Potential Contributions

This proposed study has limitations as well as potential contributions. First, there is a potential for bias due to the review being conducted largely by one reviewer. The author also had several research assistants who helped complete each phase, including screening and selection, inclusion and exclusion, and data collection. Though the lead researcher aimed to train each researcher in a standardized method, the size of the research team also creates room for human error and selection and sampling bias (Brescia University, 2018). Additionally, there is potential for design bias as many articles were also excluded from inclusion in this study due to being a case study. The author decided to exclude case studies from this systematic review due to lower rigor in research methods, as well as difficulty in generalizing the findings. However, it is possible that valuable qualitative data from the voices of PWD in psychotherapy was missed on account of this decision. Furthermore, this systematic review has potential for reporting bias that is limited to only studies published in English, creating language bias, and only included studies that had been completed and published, creating publication bias.

Another limitation exists in the heterogeneity of presentation of PWD. As the main search terms looked for PWD instead of specific diagnoses, it is possible that this systematic review did not capture all valuable data. For example, this study includes only one study that includes neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) or ADHD.

This finding was surprising given the UCLA PEERS program targets social skills training to neurodivergent folkx and is currently translated into several languages (UCLA Semel Institute for Neuroscience & Human Behavior, 2023). This suggests that there may be many diverging viewpoints in how to treat PWD, which may not give enough substantial evidence towards best practices with this population. Indeed, the inclusion and exclusion phase of this project demonstrated that the field of psychology has written about PWD in psychotherapy in conceptual and "grey" papers, but empirical studies are rarer.

This systematic review has potential for contributing to the field as well. It demonstrates that promising work has been done with PWD. Some researchers have reported clinician fears in working with PWD such as lack of insight (Browne et al., 2019; Skelly et al., 2018; Syed et al., 2020). However, this systematic review provides evidence that insight-oriented therapy can be conducted even with people with intellectual disability (Skelly et al., 2018), suggesting this fear is unfounded. According to Deroche et al. (2020), many clinicians feel underprepared to address the needs of PWD in psychotherapy, pointing to the need for more skill development by clinicians. Similarly, PWD may also learn to advocate for themselves in psychotherapy, such as requesting a disability-affirmative clinician, or learning that all forms of psychotherapy are appropriate for them.

Implications for Practice

This research demonstrates that there is a great deal of improvement needed for psychologists to meet the needs of PWD in psychotherapy. As RQ1 demonstrates, one matter is of clinical training and preparation to counseling students, as well as current clinicians. This research implies it is vital to give more time and training to disability as a matter of cultural competency. As Deroche et al. (2020) demonstrated, people with lived experience of disability were better prepared to meet the needs of their clients with disability. Exposure to PWD, and their lived experience with the disability and its impact, would therefore be an important aspect of improving cultural competency. Furthermore, it would be important for clinicians to have exposure to lived experience of PWD in a way the power differential between patient and clinician is minimized. In that way, PWD would be respected and understood as the expert on their disabilities and lived experience of them. This systematic review also notes frequent errors in case conceptualizations made with PWD by clinicians, making consultation an important practice for clinicians working with PWD. Furthermore, it would be important for clinicians to evaluate with whom they are consulting, such as other medical professionals, mental health professionals, as well as people with the lived experience of disability. While professionals may offer insight, their knowledge may lean more towards the medical model of disability, such as impact on functioning. PWD may offer insight that reinforces liberation models of disability and psychology, such as their experiences with ableism, difficulties with access to care, self-acceptance, etc. The findings for RQ3 are in line with this implication, as it is evident that psychology research is lacking in empirical studies that include the experiences of PWD in psychotherapy.

Additionally, findings for RQ2 hold implications for clinical practice. This research demonstrated that some conceptual literature has been written about PWD in psychotherapy and suggest various models of intervention. Livneh and Sherwood (1991) outline the application of numerous psychotherapy theories and their criteria for change in people who have acquired physical disabilities. However, it is difficult to determine their effectiveness in PWD until they have been examined through empirical study. Livneh and Sherwood (1991) address using psychotherapy for physical disabilities, which leaves the question of cognitive disabilities such as neurodevelopmental and neurodegenerative disorders. Universal Design aspects may be useful to helping psychotherapists conceptualize ways in which to accommodate and engage people with various needs in psychotherapy; however, the author was unable to find any research addressing the use of Universal Design in therapy. The author was able to find a resource of a neurodivergent-identified person who created neurodivergent-friendly versions of Dialectical Behavioral Therapy skills (Wise, 2023). Wise (2023) advocates for the practice of self-diagnosis of neurodevelopmental concerns, which raises another implication for clinical practice. Psychotherapists may feel underprepared, and indeed lack clinical experience, to properly assess and diagnose neurodevelopmental concerns such as ADHD and autism. The advent of the Internet has increased the rate of self- diagnosis of these disorders. The ability to accurately diagnose these disorders has tremendous implications for the lives of clients, such as the ability to access medication and accessible services.

Concluding Remarks

The term Temporarily Able-Bodied (TAB) refers to all people who do not identify as having a disability. The experience of being able to acquire a disability is universal, and once acquired, the experience of disability is often a life-long one. It is expected that PWD may also present to psychotherapy at various points throughout their lifespan due to the unique psychosocial stressors they must navigate by virtue of being a PWD, such as microaggressions, difficult interpersonal dynamics, and internalized ableism. This systematic review points to the need for more longitudinal research and other empirical studies focusing on PWD in psychotherapy.

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APPENDIX A

List of Search Terms

Search Term ID#	Primary Term	Synonyms/Alternate Forms	Notes
01	Disability	Disabilit*, "Chronic illness", "rare disease"	
02	Psychotherapy	Therapy	
03	Counseling	adjustment, "counsel*", experience	
04	Mental health	"Quality of life", "well being", "stress", "happiness"	
05	Cultural competence	"cultural competenc*", knowledge, practice, skill, understanding, proficiency	
06	Disability studies	“Disability stud*” “People with disabilities”	
07	Disability model	"Medical model", " Social model", "Environmental model", "disability concept*"	
08	Orientation	psychodynamic, "cognitive behavioral therapy", behaviorism, feminism, liberation "family system", rehabilitation, health, "multicultural counsel*" "disability identity affirmation"	
09	Therapeutic alliance	"therap* alliance", "transference", "therap* relationship"	
10	Ableism	discrimination, prejudice, microaggression, stigma	

APPENDIX B

Comprehensive Search Plan

Search Type	Databases or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan
Electronic Database	American Psychological Association e-Books 2010-2015	01 & 02, 03, 04, & 05 01 & 02, 03, 04, & 06 01 & 02, 03, 04, & 07 01 & 02, 03, 04, & 08 01 & 02, 03, 04, & 09 01 & 02, 03, 04, & 10	(Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") (Disabilit* AND psychotherapy OR therapy OR counsel*	Title, Keywords, Abstract	*Years: 1990-2021 *Type: Peer-reviewed articles, books, and book chapters *Check: Peer-reviewed	Exclude material where the disability is pregnancy-related, or serious mental illness only. Include material that include a physical/cognitive disability by name. Search one row at a time.

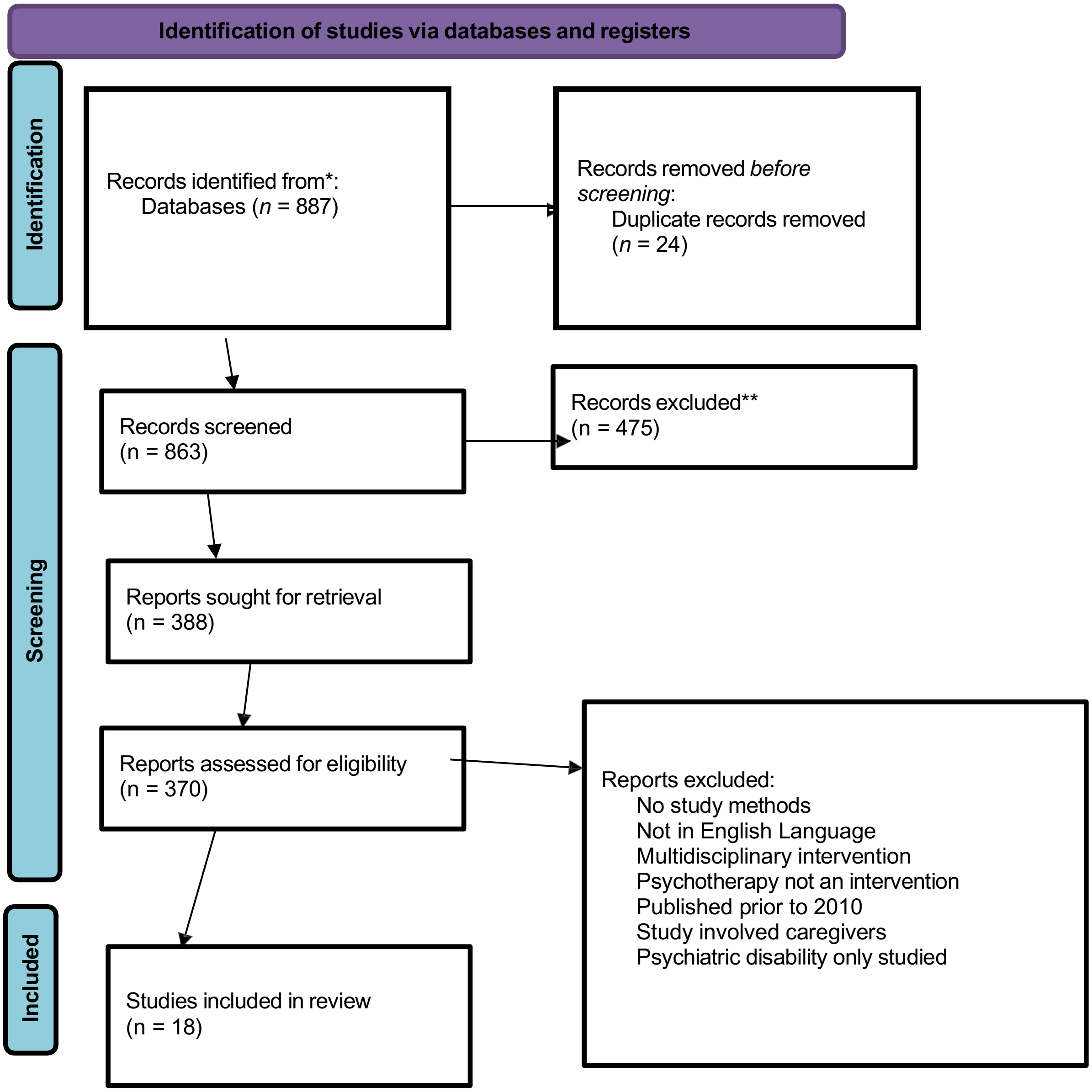
Search Type	Databases or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan
			OR "mental health" AND "disability model") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND orientation) (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "therap* alliance") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND ableism)			
Electronic Database	EBSCO: eBook collection, Education Full Text, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	01 & 02, 03, 04, & 05 01 & 02, 03, 04, & 06 01 & 02, 03, 04, & 07 01 & 02, 03, 04, & 08 01 & 02, 03, 04, & 09 01 & 02, 03, 04, & 10	(Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with	Title, Keywords, Abstract	*Years: 1990-2021 *Limiters: English language *Check: Peer-reviewed journals	Search modes and expanders: Search modes: Boolean/phrase, check apply related words. Check apply equivalent subjects. Special limiters for APA PsycArticles: Exclude book reviews Special limiters for eBook Collection (EBSCOhost): Download Available check, Language: English Special limiters for Education Full Text (H.W. Wilson) Publication Type: Book, periodical Special limiters for Health Source: Nursing/Academic Edition Publication Type: Academic Journal, Periodical Special limiters for APA PsycInfo Publication Year: 2010- Check English Publication type: Peer-reviewed Journal Age Groups: All Population Group: Human Intended Audience: Human Document Type:

Search Type	Databases or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan
			disabilities") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disability model") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND orientation) (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "therap* alliance") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND ableism)			Book, Journal Check exclude Dissertations
Electronic Database	Scopus	01 & 02, 03, 04, & 05 01 & 02, 03, 04, & 06 01 & 02, 03, 04, & 07 01 & 02, 03, 04, & 08 01 & 02, 03, 04, & 09 01 & 02, 03, 04, & 10	(Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "cultur* competence") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health"	Title, Keywords, Abstract	Limit to: *all open access *Years: 1990-2021 *Subject area: Psychology *Document type: Article, review, Book chapter *Language: English *Publication status: Final *Keyword: Human, humans, disability, psychology, psychotherapy *Source type: Journal, book *Type: Peer-reviewed articles, books, and book chapters	

Search Type	Databases or Sources	Search Term ID(s)	Search Syntax or Instructions	Fields to Search	Specifiers	Plan
			AND "disabilit* stud*") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disabilit* stud*") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") ("chronic illness" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") ("rare disease" AND psychotherapy OR therapy OR counsel* OR "mental health" AND "people with disabilities") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "disability model") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND orientation) (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND "therap* alliance") (Disabilit* AND psychotherapy OR therapy OR counsel* OR "mental health" AND ableism)			

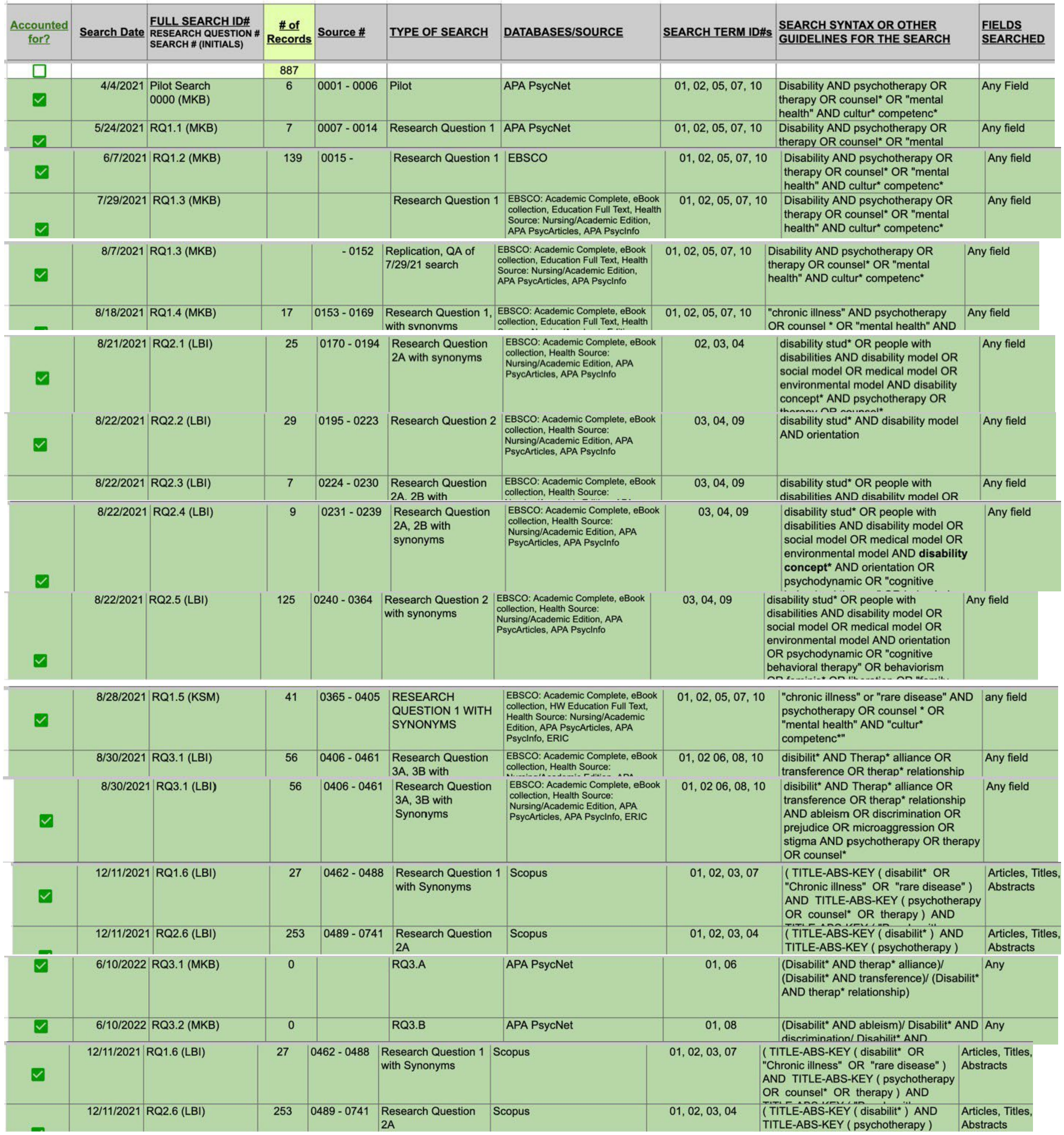
APPENDIX C

Study Selection Flow Diagram


Identification of studies via databases and registers
Identification
Screening
Included
Records identified from*:
Databases (n = 887)
Records removed before screening:
Duplicate records removed (n = 24)
Records screened (n = 863)
Records excluded** (n = 475)
Reports sought for retrieval (n = 388)
Reports assessed for eligibility (n = 370)
Reports excluded:
No study methods
Not in English Language
Multidisciplinary intervention
Psychotherapy not an intervention
Published prior to 2010
Study involved caregivers
Psychiatric disability only studied
Studies included in review (n = 18)

APPENDIX D

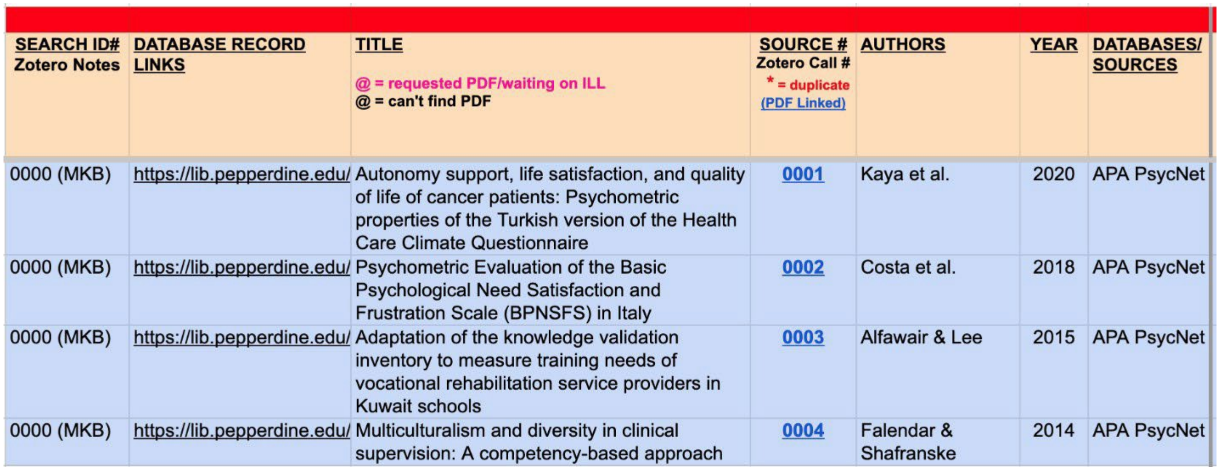
Search Documentation Record



Accounted for?	Search Date	FULL SEARCH ID# RESEARCH QUESTION # SEARCH # (INITIALS)	# of Records	Source #	TYPE OF SEARCH	DATABASES/SOURCE	SEARCH TERM ID#s	SEARCH SYNTAX OR OTHER GUIDELINES FOR THE SEARCH	FIELDS SEARCHED
☐			887						
☑	4/4/2021	Pilot Search 0000 (MKB)	6	0001 - 0006	Pilot	APA PsycNet	01, 02, 05, 07, 10	Disability AND psychotherapy OR therapy OR counsel* OR "mental health" AND cultur* competenc*	Any Field
☑	5/24/2021	RQ1.1 (MKB)	7	0007 - 0014	Research Question 1	APA PsycNet	01, 02, 05, 07, 10	Disability AND psychotherapy OR therapy OR counsel* OR "mental	Any field
☑	6/7/2021	RQ1.2 (MKB)	139	0015 -	Research Question 1	EBSCO	01, 02, 05, 07, 10	Disability AND psychotherapy OR therapy OR counsel* OR "mental health" AND cultur* competenc*	Any field
☑	7/29/2021	RQ1.3 (MKB)			Research Question 1	EBSCO: Academic Complete, eBook collection, Education Full Text, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	01, 02, 05, 07, 10	Disability AND psychotherapy OR therapy OR counsel* OR "mental health" AND cultur* competenc*	Any field
☑	8/7/2021	RQ1.3 (MKB)		- 0152	Replication, QA of 7/29/21 search	EBSCO: Academic Complete, eBook collection, Education Full Text, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	01, 02, 05, 07, 10	Disability AND psychotherapy OR therapy OR counsel* OR "mental health" AND cultur* competenc*	Any field
	8/18/2021	RQ1.4 (MKB)	17	0153 - 0169	Research Question 1, with synonyms	EBSCO: Academic Complete, eBook collection, Education Full Text, Health	01, 02, 05, 07, 10	"chronic illness" AND psychotherapy OR counsel * OR "mental health" AND	Any field
☑	8/21/2021	RQ2.1 (LBI)	25	0170 - 0194	Research Question 2A with synonyms	EBSCO: Academic Complete, eBook collection, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	02, 03, 04	disability stud* OR people with disabilities AND disability model OR social model OR medical model OR environmental model AND disability concept* AND psychotherapy OR	Any field
☑	8/22/2021	RQ2.2 (LBI)	29	0195 - 0223	Research Question 2	EBSCO: Academic Complete, eBook collection, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	03, 04, 09	disability stud* AND disability model AND orientation	Any field
	8/22/2021	RQ2.3 (LBI)	7	0224 - 0230	Research Question 2A, 2B with	EBSCO: Academic Complete, eBook collection, Health Source:	03, 04, 09	disability stud* OR people with disabilities AND disability model OR	Any field
☑	8/22/2021	RQ2.4 (LBI)	9	0231 - 0239	Research Question 2A, 2B with synonyms	EBSCO: Academic Complete, eBook collection, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	03, 04, 09	disability stud* OR people with disabilities AND disability model OR social model OR medical model OR environmental model AND **disability concept*** AND orientation OR psychodynamic OR "cognitive	Any field
☑	8/22/2021	RQ2.5 (LBI)	125	0240 - 0364	Research Question 2 with synonyms	EBSCO: Academic Complete, eBook collection, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo	03, 04, 09	disability stud* OR people with disabilities AND disability model OR social model OR medical model OR environmental model AND orientation OR psychodynamic OR "cognitive behavioral therapy" OR behaviorism	Any field
☑	8/28/2021	RQ1.5 (KSM)	41	0365 - 0405	RESEARCH QUESTION 1 WITH SYNONYMS	EBSCO: Academic Complete, eBook collection, HW Education Full Text, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo, ERIC	01, 02, 05, 07, 10	"chronic illness" or "rare disease" AND psychotherapy OR counsel * OR "mental health" AND "cultur* competenc*"	any field
	8/30/2021	RQ3.1 (LBI)	56	0406 - 0461	Research Question 3A, 3B with	EBSCO: Academic Complete, eBook collection, Health Source:	01, 02 06, 08, 10	disibilit* AND Therap* alliance OR transference OR therap* relationship	Any field
☑	8/30/2021	RQ3.1 (LBI)	56	0406 - 0461	Research Question 3A, 3B with Synonyms	EBSCO: Academic Complete, eBook collection, Health Source: Nursing/Academic Edition, APA PsycArticles, APA PsycInfo, ERIC	01, 02 06, 08, 10	disibilit* AND Therap* alliance OR transference OR therap* relationship AND ableism OR discrimination OR prejudice OR microaggression OR stigma AND psychotherapy OR therapy OR counsel*	Any field
☑	12/11/2021	RQ1.6 (LBI)	27	0462 - 0488	Research Question 1 with Synonyms	Scopus	01, 02, 03, 07	(TITLE-ABS-KEY (disabilit* OR "Chronic illness" OR "rare disease") AND TITLE-ABS-KEY (psychotherapy OR counsel* OR therapy) AND	Articles, Titles, Abstracts
	12/11/2021	RQ2.6 (LBI)	253	0489 - 0741	Research Question 2A	Scopus	01, 02, 03, 04	(TITLE-ABS-KEY (disabilit*) AND TITLE-ABS-KEY (psychotherapy)	Articles, Titles, Abstracts
☑	6/10/2022	RQ3.1 (MKB)	0		RQ3.A	APA PsycNet	01, 06	(Disabilit* AND therap* alliance)/ (Disabilit* AND transference)/ (Disabilit* AND therap* relationship)	Any
☑	6/10/2022	RQ3.2 (MKB)	0		RQ3.B	APA PsycNet	01, 08	(Disabilit* AND ableism)/ Disabilit* AND discrimination/ Disabilit* AND	Any
☑	12/11/2021	RQ1.6 (LBI)	27	0462 - 0488	Research Question 1 with Synonyms	Scopus	01, 02, 03, 07	(TITLE-ABS-KEY (disabilit* OR "Chronic illness" OR "rare disease") AND TITLE-ABS-KEY (psychotherapy OR counsel* OR therapy) AND	Articles, Titles, Abstracts
	12/11/2021	RQ2.6 (LBI)	253	0489 - 0741	Research Question 2A	Scopus	01, 02, 03, 04	(TITLE-ABS-KEY (disabilit*) AND TITLE-ABS-KEY (psychotherapy)	Articles, Titles, Abstracts

APPENDIX E

Screening and Selection Record



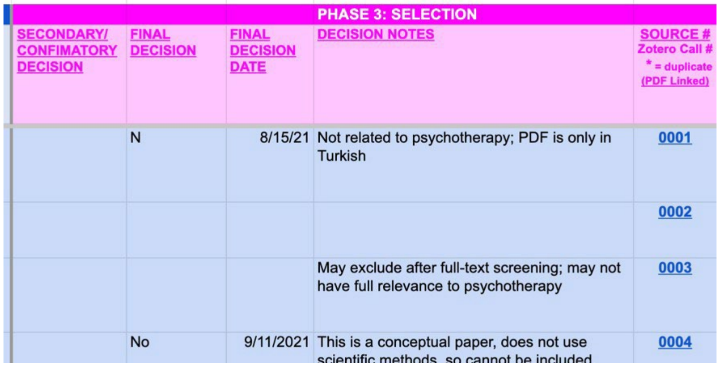
SEARCH ID# Zotero Notes	DATABASE RECORD LINKS	TITLE @ = requested PDF/waiting on ILL @ = can't find PDF	SOURCE # Zotero Call # * = duplicate (PDF Linked)	AUTHORS	YEAR	DATABASES/ SOURCES
0000 (MKB)	https://lib.pepperdine.edu/	Autonomy support, life satisfaction, and quality of life of cancer patients: Psychometric properties of the Turkish version of the Health Care Climate Questionnaire	0001	Kaya et al.	2020	APA PsycNet
0000 (MKB)	https://lib.pepperdine.edu/	Psychometric Evaluation of the Basic Psychological Need Satisfaction and Frustration Scale (BPNSFS) in Italy	0002	Costa et al.	2018	APA PsycNet
0000 (MKB)	https://lib.pepperdine.edu/	Adaptation of the knowledge validation inventory to measure training needs of vocational rehabilitation service providers in Kuwait schools	0003	Alfawair & Lee	2015	APA PsycNet
0000 (MKB)	https://lib.pepperdine.edu/	Multiculturalism and diversity in clinical supervision: A competency-based approach	0004	Falendar & Shafranske	2014	APA PsycNet

PHASE 1: TITLE/KEYWORDS SCREENING

TITLE AND/OR KEYWORD SCREEN: DECISION - DATE	ABSTRACT SCREEN: DECISION - DATE	ABSTRACT (expand column extra wide & wrap t	MEGAN TO INCLUDE IN PHASE 2?	FULL-TEXT SCREEN?	INCL (SO): Published Work	INCL (SO): Peer-reviewed	INCL (SO): Published after 1990	INCL (SO): English language	EXCL (SO): Report from professional organization	EXCL (SO): Dissertation	INCL(RV): Disability
Y (4/4/21)	Y - 4/4/21		☑	Y	Y	Y	Y	N	N	N	Y
N - 4/4/21	Y - 4/4/21		☑	Y	Y	Y	Y	N	N	N	Y
Y (4/4/21)	Y - 4/4/21		☑	Y	Y	Y	Y	N	N	N	Y
Y (4/4/21)	Y - 4/4/21		☑	Y	Y	Y	Y	Y	N	N	Y

PHASE 2: INCLUSION/EXCLUSION

EXCL (SO): Report from professional organization	EXCL (SO): Dissertation	INCL(RV): Disability	INCL(RV): Psychotherapy	INCL(RV): Cognitive or physical disability	EXCL: Pregnancy If N, continue w/inclusion, If Y, exclude	EXCL: Psychiatric disability only	INCL (M): Research methods (quant, qual, mixed)	INCL: RQ1, Cultural Competence	INCL: RQ2, Approaches, interventions, conceptualizations	INCL: RQ3, Therapy processes & experiences	REVIEWER DECISION - DATE	MEGAN TO INCLUDE FOR PHASE 3?
N	N	Y	N	N	N	N	N/A	N	Y	N	No	☐
N	N	Y	N	N	N	N	N/A	N	Y	N		☐
N	N	Y	N	N/A	N	N	N/A	Y	N	N	Maybe - 8/15/21	☐
N	N	Y	Y	Y	N	N	N	Y	N	N	N - 4/15/21	☐



PHASE 3: SELECTION

SECONDARY/ CONFIMATORY DECISION	FINAL DECISION	FINAL DECISION DATE	DECISION NOTES	SOURCE # Zotero Call # * = duplicate (PDF Linked)
	N	8/15/21	Not related to psychotherapy; PDF is only in Turkish	0001
				0002
			May exclude after full-text screening; may not have full relevance to psychotherapy	0003
	No	9/11/2021	This is a conceptual paper, does not use scientific methods so cannot be included	0004

APPENDIX F

Data Collection and Extraction Form

Document ID#

Authors and Year

Full Document Title

Research Variables or Keywords

Notes:

I. General Information

Date form completed	
Initials/ID of person extracting form	
Source/Publication type	
Source Name	
Other:	
Notes:	

II. Characteristics and Features

	Descriptions as stated in report/papers	**Location in text**
Aim of study		
Context		
Rationale		
Independent variable(s)		
Dependent variable(s)		
Other		
Notes		

III. Assessment of Measurements

	Descriptions as stated in report/papers	Location in text
Outcome measurements used		
Reliability		
Validity		
Utility		
Other		

Notes		

IV. Intervention Characteristics and Features

	Descriptions as stated in report/papers	Location in text
Design or specific research approach		
Intervention orientation		
Duration of treatment		
Intervention context (Why PWD is seeking treatment)		
Appropriateness (evidence-based)		
Acceptability (applicable to PWD)		
Other		
Notes		

V. Study Participant Characteristics & Recruitment Methods

	Descriptions as stated in report/paper	Location in text
Population of interest		
Recruitment methods		
Sample size		
Age		
Gender		
Race/Ethnicity		
Disability		
Disability type (physical, cognitive, learning, etc)		
Psychiatric co-moribidities		

Notes:

VI. Setting Characteristics

	Descriptions as stated in report/paper	**Location in text**
Study location		
Data collection setting(s)		
Notes:		

VII. Analyses Conducted (Qualitative)

	Descriptions as stated in report/paper	**Location in text**
Qualitative Analysis conducted		
Notes:		

VIII. Analyses Conducted (Quantitative)

	Descriptions as stated in report/paper	**Location in text**
Effectiveness as measured by coefficient/ effect size		
Intervention results		
Control group results		
Attrition		
Statistical methods used		
Pre-intervention/ baseline mean values and time points		
Post-intervention means value and time points		
Notes:		

IX. Results

	Descriptions as stated in report/paper	**Location in text**
Key result #1		
Key result #2		
Key Result #3		
Key Result #4		
Notes:		

X. Cultural Conceptualizations of PWD (Research Question 1)

	Descriptions as stated in report/paper	**Location in text**
A. Clinician attitudes towards PWD **B. Deficit-perspective present? (Y/N)**		
Clinician knowledge towards PWD		
Clinician skills towards PWD		
Clinician awareness towards PWD		
Notes:		

XI. Models, Conceptualizations, & Psychotherapy Approaches (Research Question 2)

	Descriptions as stated in report/paper	**Location in text**
Models and conceptualizations of disability used		
If not used, can they be implied? (Y/N)		
Psychotherapy orientations, approaches, and intervention strategies		
Notes:		

XII. Experience in Psychotherapy of PWD (Research Question 3)

	Descriptions as stated in report/paper	**Location in text**
Client factors: **A. Attitude towards therapy** **B. Level of insight**		
Quality of the working alliance (client perspective)		
Experience of the therapeutic relationship (client perspective)		
Microaggressions present (Y/N)? If so, which?		

XIII. Conclusions & Follow-up

	Descriptions as stated in report/paper	**Location in text**
Key conclusions of author(s)		
Recommendations for future research		
Implications for practice		
Salient study limitations (to inform quality appraisal)		
References to other relevant studies		
Other publications from this dataset		
Further study information needed?		
Correspondence merited and/or received		
Notes:		

APPENDIX G

Critical Appraisal Form

Author(s) and Year: Study ID#

1. Methodology: Quantitative Qualitative Mixed Methods

2. Specific Design/Inquiry Approach:

RATING SCALE: Strong=3 Good/Adequate=2 Weak=1 Missing=0 N/A

3. Strength of Literature Foundation and Rationale for Study:

(POSSIBLE CONSIDERATIONS: current and relevant references, background literature sufficiently comprehensive, Need/Rationale for study clearly stated, etc.)

4. Clarity and specificity of Research Aims/Objectives/Questions:

5. Quality of research design or methodological approach:

GENERAL CONSIDERATIONS: provides rationale for design chosen, appropriateness for research questions, clear description of design and methodological approach, strength of design characteristics utilized. QUANTITATIVE CONSIDERATIONS: internal and external validity considered in design; potential confounds. identified and addressed in some way, specific design-based "risk of bias" criteria considered such as randomization, blinding. QUALITATIVE CONSIDERATIONS: consistent with specific practices relevant to the inquiry strategy (e.g. phenomenological study, case study, grounded theory, etc.), triangulation, audit trail.

6. Sample Selection and Characteristics:

GENERAL CONSIDERATIONS: detailed description of sample characteristics, adequacy of sample characteristics in the context of research aims, detailed description of recruitment and selection of participants; rationale provided for sample size; inclusion and exclusion criteria indicated as relevant. QUANTITATIVE CONSIDERATIONS: representativeness of sample, adequacy of sample size in context of design, extent of selection or sample bias.

QUALITATIVE CONSIDERATIONS: sample size appropriate for inquiry strategy; rationale for purposeful sample characteristics.

7. Measures / Data Collection Tools:

GENERAL CONSIDERATIONS: rationale for selection, appropriateness for assessing variables, development of study-specific tool or process clearly described, piloting, pretesting. QUANTITATIVE CONSIDERATIONS: psychometric properties (reliability, validity, utility) reported, adequacy of psychometric properties, normative or standardization data described.

QUALITATIVE CONSIDERATIONS: appropriateness for inquiry strategy and purpose; interview or other data collection process described clearly and comprehensively.

8. Data Collection:

(POSSIBLE CONSIDERATIONS: data collection procedures clearly described in sufficient detail, intervention strategies and implementation described in detail, quality of data collected, design-specific considerations such as attrition in RCTs, saturation in grounded theory, etc.)

9. Analysis of Data:

GENERAL CONSIDERATIONS: appropriateness of analysis for research questions and type of data; results presented clearly and comprehensively; usefulness and clarity of any tables, graphs, and charts. QUANTITATIVE CONSIDERATIONS: power and effect size reported; relevant statistics reported clearly; effective use of tables.

QUALITATIVE CONSIDERATIONS: textual data and/or direct quotes reported and used effectively; transparent description of the development of themes from raw data.

10. Discussion of Study Limitations:

GENERAL CONSIDERATIONS: identifies and discusses limitations in the context of design/strategy utilized.

QUANTITATIVE CONSIDERATIONS: addresses various forms of bias, internal validity, external validity (generalizability), ecological validity.

QUALITATIVE CONSIDERATIONS: transferability, credibility, transparency.

11. Consideration of culture and diversity:

(POSSIBLE CONSIDERATIONS: attention to diversity within sample, includes culturally appropriate methods and tools, avoids biased language, uses appropriate terminology, etc.)

12. **OVERALL RATING:** EXEMPLARY STRONG GOOD/ADEQUATE WEAK

(e.g., all "3"s) (e.g., mostly "3"s) (e.g., mostly "2"s) (e.g., mostly"1"s)

APPENDIX H

Evidence Tables

Table H1

General Characteristics

Author and Year	Title	Critical Appraisal Value	Method of Study	Sample Size	Disability Type	Age	Gender	Psychiatric Diagnoses	Race/ Ethnicity	Study Location
Deroche et al. (2020)	Counselor Trainee Self-Perceived Disability Competence: Implications for Training	Strong (3)	Quantitative, descriptive statistics	285	Not reported	Not reported	Not reported	Not reported	Not reported	United States
Meffert et. al (2021)	Interpersonal psychotherapy delivered by nonspecialists for depression and posttraumatic stress disorder among Kenyan HIV-positive women affected by gender-based violence: Randomized controlled trial	Strong (3)	Quantitative, Randomized Control Trial (RCT)	100	Physical (HIV + status)	18 +	Female	MDD, PTSD	African/ Kenyan	Kenya
Tapia-Fuselier et al. (2022)	Emotionally focused therapists' experiences serving interabled couples in couple therapy: An interpretative phenomenological analysis	Strong (3)	Qualitative, Interpretive Phenomenological Analysis (IPA)	10	Not described	28 to 63 with a mean age of 46.3 (SD = 11).	8 female, 2 male	Not included	Nine participants identified as White, and one requested to not have their race/ethnicity identified in the study.	United States

Salzmann et al. (2021)	IL-8 and CRP moderate the effects of preoperative psychological interventions on postoperative long-term outcomes 6 months after CABG surgery – The randomized controlled PSY-HEART trial	Good (2)	Quantitative, Randomized Control Trial (RCT)	124	Physical (heart disease)	65 +	Over 80% male	Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD)	Not reported	Germany
Syed et al. (2020)	Investigating the potential clinical utility of therapeutic techniques based on eidetic imagery as adapted by the Eidetic Model of Growth (EMG) for people with intellectual disability (ID)	Good (2)	Quantitative, within-subject, repeated measure design	30	Cognitive (intellectual)	18-70	males (N=18) and females (N=12)	Anxiety, depression, manic, and obsessive-compulsive behaviors	Not reported	Ireland
Browne et al. (2019)	Adapting dialectical behavior therapy in forensic learning disability services: A grounded theory informed study of “what works”	Good (2)	Qualitative, grounded theory	9	Cognitive (intellectual)	21-48 M=30.3	4 males, 5 females	Not reported	2 Asian-British, 7 White British	United Kingdom

Hsiao et al. (2020)	Effects of Art and Reminiscence Therapy on Agitated Behaviors Among Older Adults with Dementia	Strong (3)	Quantitative, Randomized Control Trial (RCT)	72	Cognitive (neurodegenerative, dementia)	Age 55 or older; Most were over 80 years old (64.8%)	35.2% of the participants were male and 64.8% were female.	Not reported.	Asian/ Taiwanese	Taiwan
Nordheim et al. (2019)	Psychosocial Intervention in Couples Coping with Dementia Led by a Psychotherapist and a Social Worker: The DYADEM Trial	Good (2)	Quantitative, Randomized Control Trial (RCT)	N = 108 PWD and their N = 108 caregiving partners (N = 216 individuals nested in 108 couples)	Cognitive (neurodegenerative, dementia)	Not reported.	Not reported.	Depression	Not reported	Germany
Ander et al. (2018)	Exploration of psychological distress experienced by survivors of adolescent cancer reporting a need for psychological support	Good (2)	Qualitative, explorative design	10	Physical (cancer)	17-25	4 female, 6 males	Depression, OCD, anxiety, panic, substance dependence, aggression	Not reported	Sweden
Schuurmans et al. (2017)	Using a Videogame Intervention to Reduce Anxiety and Externalizing Problems among Youths in Residential Care: an Initial Randomized Controlled Trial	Good (2)	Quantitative, Randomized Control Trial (RCT)	37	Cognitive (neurodevelopmental, ADHD, developmental disability, intellectual disability)	13-14	31 male, 6 female	Trauma	Not reported.	The Netherlands

Skelly et al. (2018)	An Open Trial of Psychodynamic Psychotherapy For People With Mild-Moderate Intellectual Disabilities With Waiting List and Follow-Up Control	Good (2)	Quantitative, descriptive statistics	30	Cognitive (intellectual)	20-57; mean 35.3, median 34	men (16) and women 14	Complex trauma	Not reported.	United Kingdom
Dear et al. (2016)	The Pain Course: Exploring predictors of clinical response to an Internet-delivered pain management program	Strong (3)	Quantitative, Randomized Control Trial (RCT)	490	Physical (chronic pain)	Mean (SD) 50.11 (13.57) Median 51.00 Range 19-86	Male n = 93 (20), female = 470	Anxiety, depression	Not reported.	Australia
Cella et al. (2011)	Therapist effects in routine psychotherapy practice: An account from chronic fatigue syndrome	Weak (1)	Quantitative, descriptive statistics	374	Physical (chronic pain)	The mean age of the sample was 38.3	66.3% were female.	Anxiety, depression	Not reported.	United Kingdom
Anderson & Najavits (2014)	Does Seeking Safety Reduce PTSD Symptoms in Women Receiving Physical Disability Compensation?	Strong (3)	Quantitative, Randomized Control Trial (RCT)	Disability = (n 20) No disability = (n 333)	Physical (orthopedic problems, i.e., back, wrist, ankle, foot, chronic pain, asthma, HIV, and heart conditions.)	Mean Age = 45.3 (6.4)(disability group); 38.3 (9.3)(nondisability group)	100% female	PTSD, Substance Use Disorder	Hispanic, Non-Hispanic, White	United States
Breckon et al. (2013)	What makes offenders with an intellectual disability ready to engage with psychological therapy? A qualitative study	Good (2)	Qualitative, grounded theory	6	Cognitive (intellectual)	Mean Age = 26.4 years	Male	Not reported.	Not reported.	United Kingdom

Gros et al. (2011)	A preliminary investigation of the effects of cognitive behavioral therapy for panic disorder on gastrointestinal distress in patients with comorbid panic disorder and irritable bowel syndrome.	Strong (3)	Quantitative, descriptive statistics	55	Physical (Irritable Bowel Syndrome)	Mean Age = 38.1 years old	female (63.6%)	Panic disorder, agoraphobia, depression	Caucasian (94.5%), other percentage not reported	United States
Ell et al. (2012)	Depressive Symptom Deterioration among Predominantly Hispanic Diabetes Patients in Safety Net Care	Good (2)	Quantitative, Randomized Control Trial (RCT)	387	Physical (Diabetes)	18+	Not reported.	Major Depressive Disorder (MDD)	Hispanic, Non-Hispanic, White	United States
Hewlett et al. (2011)	Self-management of fatigue in rheumatoid arthritis: a randomized control trial of group cognitive-behavior therapy	Good (2)	Quantitative, Randomized Control Trial (RCT)	127	Physical (Rhematoid Arthritis)	Mean Age = 59.2	76.2% female	Not reported.	Not reported.	United Kingdom.

Table H2

RQ 1 Cultural Competence of Clinicians with Respect to Disability

Author and Year	Clinician Attitudes Towards PWD	Knowledge of Disability Issues	Clinician Awareness/ Perspective
Deroche et al. (2020)	Difficult to determine. Authors note exposure/contact with PWD was measured differently in this study in comparison to others, and the authors caution in interpretation. Authors note frequent errors in case conceptualization for PWD, but do not cite why.	Statistically positive, but weak, relationship was found between self-perceived disability competence and completion of a multicultural counseling course.	Authors note that self-awareness and knowledge domains tend to be higher emphasized than skills in multicultural-competency. May be related to PWD not always included in multicultural courses. Due to lack of normative data in this area, caution should be made in making interpretations.

Table H3

RQ 2 Models

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
Meffert et. al (2021)	Not described.	The authors may be using a social model of disability owing to the fact their population of interest is HIV + women who are also experiencing Intimate Partner Violence (IPV). (Medical & Social)	Interpersonal therapy	Mental Health Clinical Core: AUDIT, BDI, CTS, DAST, MINI, PCL, THS, WHOQoL-BREF, WHODAS X Note: WHOQoL-BREF was dropped due to redundancy and participant burden. Neurocognitive Battery Category fluency, Color Trails, Grooved Pegboard, WAIS-III, Digit Span, WHO/UCLA AVLT, BVMT, WHO/UCLA AVLT Delayed Recall	Not described.
Salzmann et al. (2021)	Not described.	Authors' use of physiological measurements, such as nonfasting blood samples related to inflammation, TNF-alpha concentrations, and biological aspects of the participants implies a medical model of disability. (Medical only)	Cognitive Behavioral Therapy (CBT) and supportive therapy	Post surgery Inflammation, CRP (C-Reactive Protein) (and IL-8 (Interleukin-8) and IL-6, TNF-alpha markers] Mental Quality of Life, patients disability (after 6 months of recovery post CABG surgery) Health related QoL, Pain Disability Index (PDI) Short Form Health Survey (SF-12)	EXPECT is a manualized CBT intervention using essential points of the intervention with non-technical language and illustrated worksheets. Patients are asked to complete homework and internalized discussed content between sessions. Its aim is to optimize patient expectations. The control group was given SUPPORT protocol, which has the same amount of therapeutic attention and emotional support, but without working on expectations.
Syed et al. (2020)	Not described.	The authors may be using a social model of disability owing to their report that people with ID are more vulnerable to mental health and emotional problems due to having more stressful life circumstances than typically developing individuals. (Medical & Social)	Eidetic Model of Growth (EMG)	Anxiety Depression and Mood Scale (ADAMS)	EMG's aim is to build growth and development in people with ID. This is accomplished through focusing on the environment in which the person with ID lives and works. Its major tool is eidetic imagery, as well as

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
					making the environment participatory and predictable. Behavioral reinforcement is not used. According to EMG theory, the emotional, experiential, psychiatric, and behavioral difficulties of individuals with ID are rooted in trauma and associated with primary caregivers or difficult human environment interactions. Corrective human experiences are the focus of therapeutic activity.
Browne et al. (2019)	Not described.	The authors describe aspects of the lives of people with ID such as trauma, social exclusion, exposure to adverse life events, and misinterpretation of challenging behaviors by other people. This evidence suggests a social model of disability. (Medical & Social)	Dialectical Behavioral Therapy (DBT)	Not used.	Not described.
Hsiao et al. (2020)	Not described.	The authors describe social aspects of the lives of people with dementia such as disruptions to social relationships, work, and activities of independent functioning. (Medical & Social)	Art therapy and reminiscence therapy	Mini-mental state examination (MMSE), and the Cohen-Mansfield Agitation Inventory (CMAI)	Art therapy: making a name tag, painting a dotted picture, painting illustration for a storybook, stamping art, drawing from a photo, scrapbooking, sculpting with moldable blay, making artistic gifts, making a galaxy bottle, folding origami. Reminiscence therapy: discussing in a group format personal preferences, hometown, games, foods, work, daily routines, holidays, love and romance, songs, friendships, travel, memories
Nordheim et al. (2019)	Not described.	Authors' use of psychometric measurements to measure	The DYADEM intervention: Home-	The Quality of Life in Alzheimer's Disease (QOLAD), Activities of Daily Living	The sessions consisted of psychoeducation about

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
		quality of life and relationship satisfaction between romantic partners suggests a social model of disability. (Medical & Social)	based socio- and psychotherapeutic support program of seven sessions and two phone sessions	(ADL), Instrumental Activities of Daily Living (IADL), and the Older Adults Overprotection Scale (OPSA), MMSE, Geriatric Depression Scale	dementia, couples communication training, positive coping with difficult emotions, problem-solving strategies, analysis of social network and activities, living space adaptations, and relaxation techniques
Ander et al. (2018)	Not described.	The authors may be using a social model of disability owing to the fact they are collecting information on the psychological, social, and emotional experiences of adolescents who have survived cancer. (Medical & Social)	Cognitive Behavioral Therapy (CBT)	CPRS Self-rating Scale for Affective Syndromes (CPRS-S-A), Beck Anxiety Inventory, (BAI), and PTSD Checklist-Civilian Version, PCL-C	Not described.
Schuurmans et al. (2017)	Not described.	The authors may be using a social model of disability as evidenced by their knowledge and awareness of the social impact of residential housing on the lives of children with disabilities, such as exposure to complex trauma, and few protective factors such as supportive caregivers and structured home environments.	Videogame, (Dojo), CBT, medication, social skills training, family therapy	Spence Children's Anxiety Scale (SCAS), Strengths and Difficulties Questionnaire (SDQ)	The intervention consisted of eight 30-minute sessions of playing the Dojo videogame on a laptop. The authors did not describe the objective or content of the video game. However, the game sessions were lead by the research team to explain the game, and guide them through the tutorials and challenges. Participants were instructed to complete the relaxation technique provided in the tutorial before allowing to start with a matching game.
Skelly et al. (2018)	Not described.	The researchers did not state how they are defining the construct of disability. However, they stated the inclusion criteria for their study included men and women whose mild-moderate ID was defined by their WAIS-IV Full Scale IQ score. (Medical only)	Psychodynamic	Psychological Therapies Outcome Scale for people with intellectual disabilities (PTOS-ID), Health of the nation outcome scales for people with ID (HoNOS-LD), WAIS-IV Full Scale	Emotions and their expression as a source of information and are explicitly named, client freely chooses topics of conversation in all sessions, therapist explores attempts to avoid distress in thoughts and feelings, therapist

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
					remarks on recurring patterns of relating to others beginning from childhood, conceptualization of past positive, traumatic, and loss experiences. Therapist and client explore at least one key relationship that causes distress, and an emphasis of therapy as a corrective experience for past relationships. Interpretation of defenses as a coping mechanism to reduce anxiety, and therapist refers to dreams, daydreams, and associations to explore the client's fantasy life.
Cella et al. (2011)	Not described.	Authors measured disability through a diagnosis of Chronic Fatigue Syndrome according to the Oxford criteria and laboratory tests. Their fatigue and disability were measured through quantitative methods. This quantitative approach to measuring disability suggests the use of a medical model. (Medical only)	Cognitive Behavioral Therapy (CBT)	Chalder Fatigue Scale, Work and Social Adjustment Scale	Therapists were encouraged to follow a manualized protocol, and supervision ensured fidelity to the manual. Interventions included encouraging the client to establish consistent activity and build it up gradually, establish a sleep routine, and address maladaptive cognitions related to fear of engaging in activity, perfectionism, and high standards.
Anderson & Najavits (2014)	Not described.	The authors describe the social factors that link PTSD and physical disability, such as persistent reminders of trauma, reduced access to economic and social resources, and health behaviors such as reduced engagement, avoidance of medical care, and increased health-risk behaviors. The authors also describe	Seeking Safety, which derives from Cognitive Behavioral Therapy (CBT)	Clinician-Administered PTSD Scale (CAPS), ASI; Brief Symptom Inventory (BSI); Clinical Global Impression (CGI); PTSD Symptom Scale–Self-Report (PSS-SR); and Substance Use Inventory (SUI).	Psychoeducation and coping skills on topics such as setting boundaries in relationships, compassion, creating meaning, asking for help.

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
		physiological impacts of disability and PTSD such as stress-related alterations in neurobiology and immune functions. This implies the use of both medical and social models of disability. (Medical & Social)			
Breckon et al. (2013)	Not described.	Authors describe the IQ score range (mild to borderline), but do not disclose which tools they used to measure IQ, suggesting a medical model. The authors cite social factors that may impede readiness for therapy in this population such as challenges with mental health and social skills, implying a social model of disability as well. (Medical & Social)	N/A	N/A	N/A
Gros et al. (2011)	Not described.	The investigators use an instrument that measures the physical and medical aspects of IBS, such as the Bowel Symptom Severity Scale, implying a medical model of disability used. Their implementation of the Illness Intrusiveness Ratings Scale, however, also incorporates social components of disability, such as impact on life domains such as diet, work, and "several others" (p. 1029). (Medical & Social)	Cognitive Behavioral Therapy	Anxiety Sensitivity Index, Bowel Symptom Severity Scale, Depression Anxiety Stress Scales 21-Item Version, Illness Intrusiveness Ratings Scale, Structured Clinical Interview for DSM-IV	Manualized CBT incorporated psychoeducation, cognitive therapy for cognitive distortions, exposure (in vivo and interoceptive), and relapse prevention. All sessions included practice and homework.
Ell et al. (2012)	Not described.	Patients with diabetes were identified through hemoglobin levels, which implies the medical model. The Sheehan Disability Scale measures disability as it relates to functional impairment in work, social life, family/home	Problem Solving Therapy and/or pharmacotherapy	Symptom Checklist (SCL), Patient Health Questionnaire-9 (PHQ-9), The Brief Symptom Inventory (BSI), Sheehan Disability Scale (SDS), MOS Short-Form Health Survey (SF-12), The Summary of Diabetes Self-Care Activities Questionnaire, the Whitty 9-item questionnaire	Applied a "stepped care treatment algorithm" (p. 2), taking of antidepressants, monthly telephone symptom monitoring, relapse prevention, behavior activation, additional booster in-person sessions if

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
		responsibilities, leisure activities, implying the social model. (Medical & Social)			indicated.
Hewlett et al. (2011)	Not described.	Authors describe recruiting participants from rheumatology departments in teaching hospitals in Bristol, UK, implying the use of a medical model. Identified potential participants were deemed eligible if they scored over 6 points on the Visual Analogue Scale (VAS) for fatigue, which measures physiological components of fatigue such as drowsiness, alertness, efficiency, effort at moving the body, concentration, etc. Authors appear to be using a medical model of disability. (Medical only)	Cognitive Behavioral Therapy	Multi-Dimensional Assessment of Fatigue scale (MAF, 0–50), Visual Analoge Scale for fatigue (no impact–very great impact, 0–10), Health Assessment Questionnaire (HAQ, 0–3), Personal Impact HAQ (0–9), RA Quality-of-Life scale (0–30), Hospital Anxiety and Depression Scale (0–21), Arthritis Helplessness Index (5–30), RA Self-Efficacy scale (RASE, 28–140), Arthritis Stages of Change (ASOC) subscales (8–40).	Authors describe using interventions for fatigue self-management such as analyzing thoughts, feelings, and behaviors related to fatigue. Specific interventions included Socratic (reflective) questioning, guided discovery, problem-solving, goal-setting, self-monitoring of activity/rest, and energy management. Clinicians helps participants set and review personal cognitive and behavioral goals in groups. Fidelity to the model was ensured through standardization of topics, tools, metaphors, and handouts by the same clinicians.
Dear et al. (2016)	Not described.	The authors do not describe any social aspects of the lives of PWD in their introduction or literature review. The authors use several questionnaires to measure the concept of disability, but do not report any items of the questionnaires. The authors appear to be using more of a medical model approach to disability. (Medical only)	Cognitive Behavioral Therapy	Roland Morris Disability Questionnaire, Patient Health Questionnaire 9-Item, Generalized Anxiety Disorder Scale 7-Item, Wisconsin Brief Pain Questionnaire, Pain Self-Efficacy Questionnaire, TAMPA Scale of Kinesiophobia, Chronic Pain Acceptance Questionnaire 8-Item	The Pain Course is based in Cognitive Behavioral Therapy (CBT) in its theoretical orientation. It is comprised of psychoeducation, teaching skills to manage symptomology, and reduce symptoms of anxiety, depression, and disability through implementation of the skills. The Pain Course consists of online lessons with homework assignments, which are presented in a didactic format and provide realistic skills practice examples.

Author and Year	Models of Disability	Disability Model Implied	Psychotherapy Orientation	Psychometric Measurements	Approaches, Interventions
					The course also provides recommendations for working with health professionals, as well as evidence-based recommendations for managing pain, sleep, problem-solving, and attention difficulties. Case stories are provided of other people with chronic pain applying the skills in the course. Participants are strongly encouraged to practice the skills within the course and adopt them into their everyday lives. Automated emails send reminders when participants do not complete lessons. In terms of pace, participants are encouraged to complete one lesson every 7 to 10 days.

Table H4

RQ 3 Client Perspective

Author & Year	Client Experience in Therapy	Quality of Working Alliance	Experience of Therapeutic Relationship	Microaggression (Y/N)	Type
Tapia-Fuselier et al. (2022)	Differences between able-bodied partner and disabled partner were highlighted in sessions. Time was spent making meaning of the client with a disability. Many clinicians reported their clients with a disability shared the internal pieces of self that emerged in therapy ("view-of-self"), and was necessary to explore in couple therapy.	Not described.	Not described.	Y	Depersonalization; Denial of equality