

Character Strength Activation for People with Intellectual and Developmental Disabilities Using Video Feedback in Groups

Andrea Szucs^{1&3}, Caroline Schau^{1&4}, Kiera Muscara¹ & Dan Tomasulo²

¹ School of Social Work, Columbia University New York City, NY, USA

² Spirituality Mind Body Institute, Teachers College, Columbia University, New York City, NY, USA

³ AHRC New York City, NY, USA

⁴ NY START, YAI New York City, NY, USA

Correspondence: Andrea Szucs, School of Social Work, Columbia University, AHRC New York City, NY, USA.
E-mail: szucs.andrea@columbia.edu

Received: August 29, 2018

Accepted: November 10, 2018

Online Published: December 30, 2018

doi:10.5539/jel.v8n1p12

URL: <https://doi.org/10.5539/jel.v8n1p12>

Abstract

This paper looks at the theory, research, applied aspects, and future possibilities of using strengths-based positive interventions in action, modified for people with no or low literacy with the use of the camera and video feedback. Action-based modifications of interventions, focusing on the emergence of character strengths and immediate visual feedback may bring us a step closer to offering added beneficial changes to people with intellectual and developmental disabilities.

Keywords: intellectual disabilities, character strengths, video feedback, group, therapeutic factors, role-play, best possible self, positive interventions, action methods

1. Introduction

If any organism fails to fulfill its potentialities, it becomes sick.

—William James

Not being depressed is not the same as being happy. Positive interventions are vehicles to focus on what's strong instead of what's wrong, to advance human flourishing. Findings in positive psychology show that the use of character strengths improves well-being in the general population. There is developing evidence that activating these strengths for people with intellectual and developmental disabilities can have similar effects. Embodied modifications of positive interventions activating character strengths can offer valuable benefits and effective tools to people with cognitive limitations. This paper invites practitioners to consider new ways and applications of using role-play in strengths-based practices with people with intellectual and developmental disabilities.

2. Literature Review

People with intellectual and developmental disabilities (ID/DD) are arguably the most marginalized and stigmatized disabilities subgroup (Razza et al., 2014). Research indicates a lack of inclusion in research as well as training for mental health professionals in this area (Costello et al., 2007; Cumella, 2007). Additionally, there is a notable absence of providing interventions other than applied behavioral analysis (ABA) (Emerson, 2001). ABA has been an effective tool in helping people with ID/DD to develop essential life skills. There are other interventions used with different populations that have been modified for use for people with ID/DD, such as Cognitive Behavioral Therapy (CBT) (Unwin, Tsimopoulou, Kroese, & Azmi, 2016). Further research is suggested by McNair, Woodrow, and Hare (2017) to make conclusions about the efficacy and effectiveness of Dialectical Behavioral Therapy (DBT) with people with ID/DD. Mindfulness-integrated CBT (MiCBT) was offered to parents of children with ID to reduce distress (Osborn et al., 2018).

However, this disparity in the use of effective interventions for those with ID/DD is particularly wide when it comes to the application of evidence-based positive interventions emerging from the new science of positive psychology (Shogren et al., 2017).

Positive psychology seeks to move toward happiness and well-being, not only away from suffering. A positive outlook on life has been shown to help one live longer, with a stronger immune system, fewer symptoms of depression, higher well-being, greater productivity, and better resilience and coping skills during difficult times (Lybomirsky, King, & Diener, 2005; Seligman, 2011). We are shifting focus from what's wrong to what's strong. More specifically, research is pointing to the importance of recognition and use of character strengths (Niemić, Shogren, & Wehmeyer, 2017), which are positive traits reflecting universal virtues. The use of character strengths has been shown to improve well-being in the general population (Wood, Linley, Maltby, Kashdan, & Hurling, 2011), and there is emerging evidence that spotting and activating these strengths for people with ID/DD can have similar effects (Niemić et al., 2017). What's more, the use of role-playing may be an underused tool to activate these strengths, especially with populations with no or low literacy (Tomasulo, 2014).

The group is both; a window and a mirror. We get hurt by groups, we heal by groups (Tomasulo, 2005). Group is a valuable construct and microcosm of life—our relationships, issues, strengths, and problems can be an agent to find solutions, reframe ideas, initiate change, and foster growth (Yalom & Leszcz, 2005). Research also shows that we have the power to increase and sustain positive changes through intentional activities, one of them being the perspectives we take through the stories we are told—and tell ourselves (Tomasulo & Pawelski, 2012).

Adding the camera points to further benefits. Video feedback has been used before with the ID/DD population. In the past, social skill building and behavior modification have been at the core of video feedback research with individuals with ID/DD (Bellini, Akullian, & Hopf, 2007; Buggley, 2005; Coyle & Cole, 2004; Buggley, Toombs, Gardener, & Cervetti, 1999). The point of view of the camera has been from the outside looking in, often capturing candid behavior to allow the individual to see their own behavior in their natural environment (Wojitowics-Dacka & Miotk-Mrozowska, 2016). Video self-modeling has also been used to teach job tasks and enhance employment skills to individuals with ID/DD (Goh & Bambara, 2013). Embregts (2002) used video feedback for the purpose of behavior modification for young people with mild intellectual disability and their staff. With an awareness of the presence of the camera, participants were candidly recorded during a session, and then viewed themselves on the tape. They were asked to identify and discuss appropriate and inappropriate behaviors with the goal of increasing desired behaviors.

Slemko (1998) looked at the effects of video feedback on the awareness of interpersonal behavior in a social context among adults with intellectual disabilities. The candid social interactions of participants were recorded, followed by the group watching the video, and ending with a group debrief to discuss the video review process. Participants were able to address and explore their own social behavior and the behavior of others through the video review that facilitated a sense of community, enhanced interpersonal awareness, and improved social interaction. Slemko's study provides us with important information regarding the value of watching ourselves on videotape and discussing it with our peers, like we do in our groups.

3. Methods

This paper invites the reader to consider new ways of using role-playing in strengths-based practices. Borrowing from psychodrama, drama therapy, creative dramatics, and positive interventions, we believe that role-playing used with groups in a variety of ways can foster and deepen insights in a playful embodiment, and can be applied and modified for people with cognitive limitations.

3.1 *The ACTing Cure Model and Interactive-Behavioral Therapy (IBT)*

The ACTing Cure (Tomasulo & Szucs, 2015) is a hybrid group model based on Tomasulo's Interactive-Behavioral Therapy (IBT) model (Tomasulo, 2014). IBT is a widely used, evidence-based clinical group model specifically developed for people with ID/DD. IBT was a subject of several studies (Blaine, 1993; Carlin, 1998; Daniels, 1998; Keller, 1995; Lundrigan, 2007; Oliver-Brannon, 2000) showing effectiveness.

IBT is fashioned around the activation and use of the 14 therapeutic factors and the 24 VIA (Values in Action) character strengths. The therapeutic factors indicate group dynamics that emerge during the session between participants, while the character strengths are individual dynamics. The VIA Institute on Character (viacharacter.org) identifies 24 key character strengths under the virtues of wisdom, courage, humanity, justice, temperance, and transcendence (see Figure 1). Described as "positive, trait-like capacities for thinking, feeling, and behaving," all 24 character strengths exist in each of us in varying degrees and are considered the primary ingredients to flourishing (Niemić et al., 2017; Niemić, 2013).

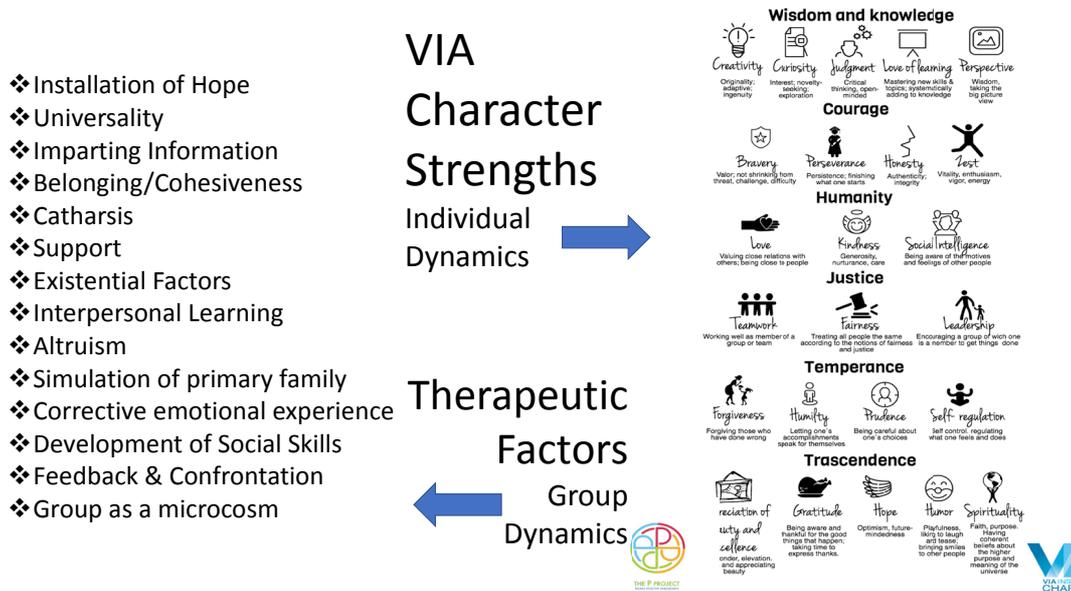


Figure 1. Therapeutic factors and values in action

With that in mind, the facilitator in an IBT group has 14+24 positive elements to spot, activate, and affirm in a four-stage model, where the four stages occur within a single session: 1.) Orientation, 2.) Warm-up and sharing, 3.) Enactment, and 4.) Affirmation (see Figure 1 and 2). The stages move from cognitive networking in the orientation stage (the attempt toward paying attention to the communication efforts of others) through engagement in the warm-up and sharing stage. Next is the preparation to action through a psychodramatic enactment in the enactment stage and, finally, the affirmation stage where there is validation based on participation (see Figure 2 for a chart of how these stages engage the members).

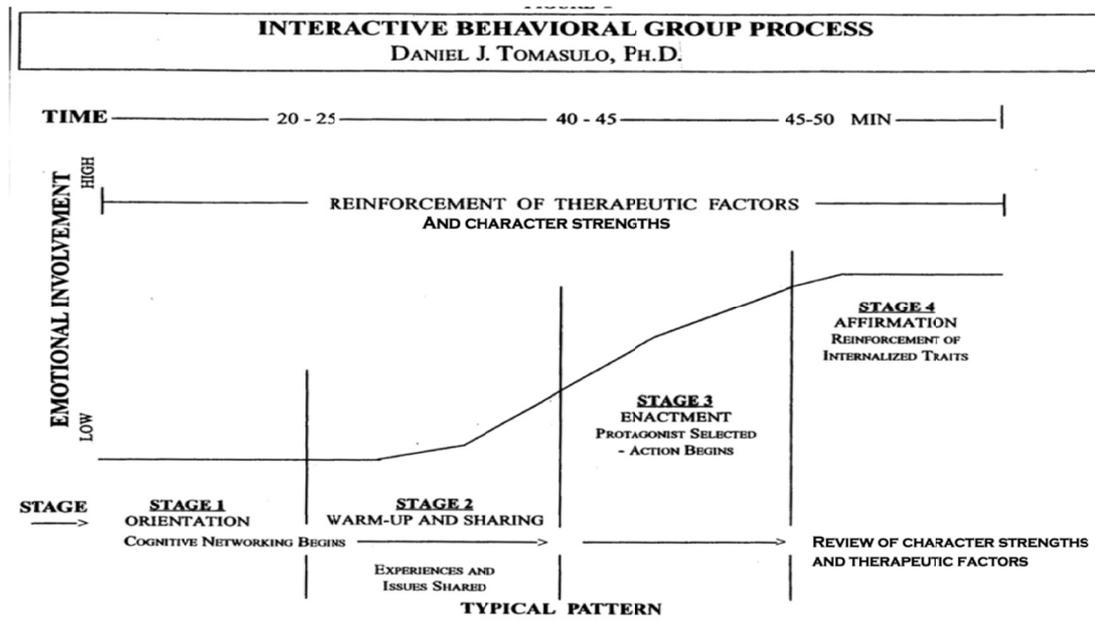


Figure 2. Interactive behavioral group process

Instead of psychodramatic techniques, using a less personal slant of drama-therapy, the ACTing cure model, is providing a future-focused positive environment with therapeutic gains, using aesthetic distance throughout the four stages. Following the IBT structure, but different in its approach, the ACTing cure can be used in clinical, educational, coaching, and recreational settings with a wide variety of content. Both IBT and the ACTing cure are using a facilitation model where peer interactions are the focus, rather than a teaching model where information is largely exchanged between the facilitator and the members with little or no interaction between and among members. Both models are designed to activate the 14 therapeutic factors of group dynamics (Tomasulo, 2014), and the 24 individual character strengths (Peterson & Seligman, 2004). The ACTing cure model also leans on theories and interventions of positive psychotherapy (Seligman, Rashid, & Parks, 2006; Rashid, 2015) and role theory (Moreno, 1987; Landy, 2012; Landy, 2009), while employing techniques of IBT, action methods, and tools of improvisational theater. As in the IBT model, the four stages are within each single session and the model can be used for open or closed group.

In both models the facilitators are trained to look for therapeutic factors and characters strengths through a process known as priming. To do so there is a higher likelihood that therapeutic factors and character strengths will be activated (Tomasulo, 2017; Flückiger et al., 2008). The first stage of the ACTing cure group structure (orientation) uses cognitive networking and engagement through awareness. Stage 2 (warm-up) is preparing for action through creative interaction. Stage 3 (enactment) is discovery, exploration, and action insight through various action methods and techniques, such as role-playing in character, the use of an empty chair, and role reversal. Stage 4 (affirmation) is the identification of group features of therapeutic factors and individual character strengths, which have emerged throughout the group. Members are asked to pick one fellow member who was the most fun to watch that session and why—practicing strength spotting and exercising executive functions, such as choice, decision, and reasoning.

3.2 The ACTing Cure – Video Feedback (VF): Roleplaying and Video Feedback of Performance in Groups for People with ID/DD

We have noticed significant growth in individuals and in the group when the enactment part (stage 3) was recorded on camera and played back to the group during the same session. The actor becomes the audience by watching him- or herself on a TV screen. In a group setting, we connect a video camera to the TV, and while the actor plays the desired role or tells a story on camera, the rest of the group watches him or her live on the screen. The performance is played back, giving immediate feedback to the protagonist by asking, “What did you like most about your performance?” with feedback and affirmation from the group. All validation and discussions are framed in a supporting positive environment, highlighting and building on strengths. The cycle of performing – video feedback – discussion is repeated with all members who wish to participate.

Our focus was centered on the individuals’ best possible selves, or the ideal version of who they want to be, which draws upon the validation and enhancement of strengths they already have. Imagining one’s best possible self has been used effectively to enhance optimistic thinking to improve well-being and future expectations (Enrique, Breton-Lopez, Molinari, Barnos, & Botella, 2017; Layous, Nelson, & Lyubomirsky, 2013). Utilizing a “best possible self” approach has been shown to increase positive future outcomes, which allows for greater optimism and higher expectations for the future for general population (Peters, Flink, Boersma, & Linton, 2010), and it seems reasonable to extend this thinking to the individual with cognitive limitations. In our group, we imagined our future best selves and played those roles on camera. We were less concerned with learning specific tasks and more focused on fostering the character strengths that were already present, promoting the installation of hope within the group.

Designing each session around one of the 24 character strengths (Niemic, 2013; Tomasulo, 2014), members within our group could see themselves on the screen narrating/role-playing peak experiences and future projections of a best possible self. Research shows that journaling about a “best possible self” boosts optimism, hope, coping skills, and elevates positive expectations of the future (Niemic, 2013; Meevissen et al., 2011). The exercise suggests visualizing the outcome while exploring which character strengths would help us to make the vision into reality.

4. Results

In the ACTing cure-VF group, we were exploring possibilities in action, using role-play and narrative enactments followed by video feedback. Our members reported similar results; enhanced social connections, elevated positive emotions, better coping skills, increased self-esteem and self-worth, and higher hope. Some samples of comments included:

- “It was a beautiful day today. I will come back again.”

- “I learned to be self-aware, have more self-esteem, don’t be afraid of what others say and have a good time.”
- “I learned to have patience and to reach for my goals and not be nervous.”
- “To take it easy and don’t let things bother you.”
- “Don’t be scared, just be brave.”
- “Be patient, don’t be mean to people.”
- “Just making friends.”
- “How to enjoy myself.”
- “To take care of myself, do better, work hard, keep trying and not give up on myself.”
- “I learned to listen. Really listen,” (while everyone in the group nodded).
- “He’s changed a lot. I can see that.”
- “Things are different. More happier.”

Perspectives have changed by how we see ourselves and are seen by others. Being in an audience role watching ourselves from the outside also allows us to calibrate how we want to present ourselves, instilling confidence and power over the future, knowing how we want to be perceived. That self-perception and peer feedback can shift a nearly immediate change in thoughts, feelings, and behaviors. “I can’t hear myself,” now he always speaks louder. “I look pretty when I smile, I should do it more,” the group affirms. “I’m happy when I feel that you all pay attention,” Many share that they feel the same way. “I changed my behavior – I’m not as loud and don’t curse as much.” The group encourages him to always remember that. One member calls the group “My saving grace.” Others state, “I’m happy here.” “It’s family.” “Now I see I can do it.” A person, who was close to non-verbal, and mostly dosing off, came to life when on camera, and was at the edge of his seat when watching himself on the screen. He never missed a session. The feedback from the group was: “I’m proud of you! And you should be proud of yourself.” Energy, active interaction, and peer support is unambiguous. As each week was centered around a specific character strength, that strength was illuminated through the individuals’ performances on camera. Group members have said, “I am a better team member.” “I am learning to be a better person.” And, “I am a really good leader.”

Video feedback allowed our group members to see the best possible version of themselves on the TV screen, and then hear the honest praise from other group members, reinforcing those identified strengths. By watching their best possible selves on camera, the individuals acted as their own exemplar - an excellent model who pushes the existing paradigm, establishing a new normal. Exemplars have been effectively used in areas such as popular media, education, coaching, and skill building. We know that if we need to learn how to do a task, we can look at a video on YouTube of somebody doing it. In the form of video modeling, exemplars have been used to teach skills to people with ID/DD with a different individual doing a desired task on video (Bidewell & Rehfeldt, 2004). Exemplars are often other people we strive to be, but what happens if we act as our own exemplar? The performances in our group were spontaneous and unedited, so people were able to see how others see them. The group gave the individuals the opportunity to be their own exemplar by giving a future-focused performance, and then watching that performance with the rest of the group. They heard themselves on camera telling their current self in the audience that they can and will be successful. They tell themselves they can do it, they see themselves on camera doing it, and that leads them to know that they can do it. For example, after years of speaking quietly, one group member watched his performance and realized he couldn’t hear himself; now he talks loudly and clearly so everyone can hear him. Other group members have said, “I am proud of myself for speaking loud,” “I can make eye contact now,” and, “I look really handsome!” Priming and highlighting strengths leads to an upward spiral of positive emotions and elevation, where changes are sustainable.

An unedited video requires individuals to see themselves as others see them, and hear themselves as others hear them. We never edited our videos since the group viewed themselves on camera immediately after we filmed their performances. Research has been done in the past that incorporates an edited version of the video in order to correct a certain target behavior. For example, Bray and Kehle (1998) used an edited self-modeling intervention for stuttering in children, having the participants watch themselves on video speaking fluently for six weeks. Although this intervention does have great validity, our use of video feedback does not aim to correct inappropriate behaviors, but rather only to enhance strengths.

We warmed up the group in Stage 1 (as previously explained in the ACTing cure four stage model) to support one another, and always frame the performances in a positive way. Each group member knows to speak of his or

her own performance and those of the others only from a positive perspective with the guidance of group facilitators asking, “What did you like about your/their performance?” In the 10 months (32 weekly sessions) of conducting this group, we did not experience any negative or harmful comments made by anyone in the group. Participants did, however, respond to behaviors that they were not as fond of about themselves. For instance, one member fixed his hair before we went on camera because he knew (from being in this group) how he wanted to present himself to feel his best. Another group member took his hat off before going on camera. As we affirmed one another’s performances, we noticed character strengths not only in our peers but in ourselves. One gentleman always affirmed his strength of self-regulation, stating, “I like that I don’t curse as much as I used to.” Some case examples of the emergence of the 24 character strengths:

Table 1. Examples of the emergence of character strengths

Character Strength	Client Affirming Statement
WISDOM	
Creativity	“I could use it another way.”
Curiosity	“Listen. I just want to learn to listen to everybody who tells me to go the right way.”
Judgment	“I know that’s the right thing to do.”
Love of learning	“I want to learn to write on board with [a] marker. Fun.”
Perspective	“I want to work on my time management skills. This will help me get a job.”
COURAGE	
Bravery	“I like that I have courage. I didn’t think I could do that. But I did.”
Honesty	“I like that he was honest. Telling the truth.”
Perseverance	“I learned to never give up, keep on trying and don’t give up on myself. To do better.”
Zest	“I learned to enjoy myself. Just go out. Be happy.”
HUMANITY	
Kindness	“I’m good at baking. Would love to cook and bake for the homeless so they don’t have to beg.”
Love	“I’m a caring person. I love my friends and they love me. It makes me happy.”
Social intelligence	“I learned a lot from everybody in this group. I know they want me to do good.”
JUSTICE	
Fairness	“To treat everybody the same, boys, girls, everybody.”
Leadership	“You do a good job leading the group.”
Teamwork	“Everybody did good in this group. We did it together. Like family.”
TEMPERANCE	
Forgiveness	“I forgive him. He didn’t know better.”
Humility	“I would love to do it. I’d be happy. And don’t have to worry about what other people say.”
Prudence	“You have to be careful with your choices and not listen to bad people. You need good people.”
Self-Regulation	“I learned how to control my behavior. I don’t curse like I used to.”
TRANSCENDENCE	
Appreciation of beauty and excellence	“I like when I smile. I’m handsome. I did good.” “She always dresses nice.”
Gratitude	“I could not have done this without my mentor. I thank her for that.”
Hope	“I wanna be like you. I can do that too.”
	“I wanna be married, have a suit, get a great job.”
Humor	“You made me laugh. I liked that.”
Spirituality	“Be spiritual. See the birds, the trees, the sun. Be more peaceful. Be happy. Be free.”

5. Discussion

According to the dictionary, “performance” has two meanings: the act of presenting a form of entertainment, and the process of accomplishing something. Our group structure utilized performance as process and product with equal importance in every session, creating an opportunity of constant and immediate feedback. The performance element was heightened by the presence of the camera. Not only were the participants aware that there was a camera, but they understood that the whole group would watch their performances during and after they were recorded. The camera adds a performance element that holds each individual accountable for what they do and say. The content is being captured and documented, and each person knows that others may see it through video feedback.

6. Conclusion

Video feedback of dramatic enactments of stories of past and current successes, and role-playing a future best self may foster the activation and use of character strengths for people with ID/DD. Capitalization on one’s

abilities are critical components to cultivate one's sense of fulfillment; a necessary pillar to success and wellbeing. Research informs that the use of character strengths improves well-being in the general population. The same may be true for people with ID/DD. The gap of effective application of evidence-based positive interventions working with people with intellectual and developmental disabilities is largely due to outdated stereotypes of limitations and a belief that they lack necessity. In our work, we have found that promoting one's understanding and identification of their strengths, particularly with the aid and validation provided by video feedback has promising results.

Further research would be needed to explore the full, noteworthy benefits of such practices, to collect data and to establish best possible uses and maximized benefits of such practices. By building upon existing individual strengths and applying them in their daily lives, individuals with ID/DD may find greater opportunities to pursue their goals and develop a fuller, stronger sense of self. Using video feedback can open the door for new possibilities moving towards role models coming from within by activating character strengths.

"This group has made me a wholesome person. And that's about it."

References

- Bellini, S., Akullian, J., & Hopf, A. (2007). Increasing social engagement in young children with autism spectrum disorders using video self-modeling. *School Psychology Review, 36*(1), 80-90.
- Bidwell, M. A., & Rehfeldt, R. A. (2004). Using video modeling to teach a domestic skill with an embedded social skill to adults with severe mental retardation. *Behavioral Interventions, 19*(4), 263-274. <https://doi.org/10.1002/bin.165>
- Blaine, C. (1993). *Interpersonal learning in short-term integrated group psychotherapy*. Unpublished Master's thesis, University of Alberta, Canada.
- Bray, M. A., & Kehle, T. J. (1998). Self-modeling as an intervention for stuttering. *School Psychology Review, 27*, 587-598.
- Buggey, T. (2005). Video self-modeling applications with children with autism spectrum disorder in a small private school. *Focus on Autism and Other Developmental Disabilities, 20*(1), 52-63. <https://doi.org/10.1177/10883576050200010501>
- Buggey, T., Toombs, K., Gardener, P., & Cervetti, M. (1999). Training responding behaviors in students with autism: Using videotaped self-modeling. *Journal of Positive Behavior Interventions, 1*(4), 205-214. <https://doi.org/10.1177/109830079900100403>
- Carlin, M. (1998). *Death, bereavement, and grieving: A group intervention for bereaved individuals with cerebral palsy*. Unpublished doctoral diss., C.W. Post Campus, Long Island University, NY.
- Costello, H., Holt, G., Cain, N., Bradley, E., Torr, J., Davis, R., ...Weber, G. (2007). Professional training for those working with people with intellectual disabilities and mental health problems. In N. Bouras & G. Holt (Eds.), *psychiatric and behavioral disorders in intellectual and developmental disabilities* (pp. 400-411). Cambridge, UK: Cambridge University Press. <https://doi.org/10.1017/CBO9780511543616.026>
- Coyle, C., & Cole, P. (2004). A videotaped self-modeling and self-monitoring treatment program to decrease off-task behaviour in children with autism. *Journal of Intellectual & Developmental Disabilities, 29*(1), 3-15. <https://doi.org/10.1080/08927020410001662642>
- Cumella, S. (2007). Mental health and intellectual disabilities: The development of services. In N. Bouras & G. Holt (Eds.), *Psychiatric and behavioral disorders in intellectual and developmental disabilities*. Cambridge, UK: Cambridge University Press. <https://doi.org/10.1017/CBO9780511543616.023>
- Daniels, L. (1998). A group cognitive-behavioral and process-oriented approach to treating the social impairment and negative symptoms associated with chronic mental illness. *Journal of Psychotherapy Research and Practice, 7*, 167-176.
- Embregts, P. J. (2002). Effects of video feedback on social behaviour of young people with mild intellectual disability and staff responses. *International Journal of Disability, Development and Education, 49*(1), 105-116. <https://doi.org/10.1080/10349120120115361>
- Emerson, E. (2001). *Challenging behaviour: Analysis and intervention in people with severe intellectual disabilities*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511543739>

- Enrique, Á., Bretón-López, J., Molinari, G., Baños, R. M., & Botella, C. (2018). Efficacy of an adaptation of the best possible self intervention implemented through positive technology: A randomized control trial. *Applied Research in Quality of Life*, 13(3), 671-689. <https://doi.org/10.1007/s11482-017-9552-5>
- Flückiger, C., & Grosse Holtforth, M. (2008). Focusing the therapist's attention on the patient's strengths: A preliminary study to foster a mechanism of change in outpatient psychotherapy. *Journal of Clinical Psychology*, 64(7), 876-890. <https://doi.org/10.1002/jclp.20493>
- Goh, A. E., & Bambara, L. M. (2013). Video self-modeling: A job skills intervention with individuals with intellectual disability in employment settings. *Education and Training in Autism and Developmental Disabilities*, 48(1), 103-119.
- Gould, N., & Taylor, I. (2017). *Reflective learning for social work: research, theory and practice*. Routledge.
- Keller, E. (1995). *Process and outcomes in interactive-behavioral groups with adults who have both mental illness and mental retardation*. Unpublished doctoral diss., C.W. Post Campus, Long Island University, NY.
- Landy, R. J. (2008). *The couch and the stage: Integrating words and action in psychotherapy*. Maryland: USA Jason Aronson.
- Landy, R., & Montgomery, D. T. (2012). *Theatre for change: Education, social action and therapy*. London: Palgrave Macmillan. <https://doi.org/10.1007/978-1-137-00374-4>
- Layous, K., Nelson, S. K., & Lyubomirsky, S. (2013). What is the optimal way to deliver a positive activity intervention? The case of writing about one's best possible selves. *Journal of Happiness Studies*, 14(2), 635-654. <https://doi.org/10.1007/s10902-012-9346-2>
- Lundrigan, M. (2007). *Interactive behavioral therapy with intellectually disabled persons with psychiatric disorders: A pragmatic case study*. Psy.D thesis, Graduate School of Applied and Professional Psychology, Rutgers University, New Brunswick, NJ, USA.
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131(6), 803. <https://doi.org/10.1037/0033-2909.131.6.803>
- Meevissen, Y. M. C., Peters, M. L., & Alberts, H. J. E. M. (2011). Become more optimistic by imagining a best possible self: Effects of a two-week intervention. *Journal of Behavior Therapy and Experimental Psychiatry*, 42, 371-378. <https://doi.org/10.1016/j.jbtep.2011.02.012>
- Moreno, J. L., & Fox, J. (1987). *The essential Moreno: Writings on psychodrama, group method, and spontaneity*. New York, USA: Springer Publishing Company.
- Niemiec, R. M. (2013). VIA character strengths: Research and practice (the first 10 years). In H. Knoop & A. D. Fave (Eds.), *Well-Being and Cultures. Cross-Cultural Advancements in Positive Psychology* (vol. 3). Springer, Dordrecht. https://doi.org/10.1007/978-94-007-4611-4_2
- Niemiec, R. M. (2013). *What is your best possible self?* Retrieved from <https://www.psychologytoday.com/us/blog/what-matters-most/201303/what-is-your-best-possible-self>
- Niemiec, R. M., Shogren, K. A., & Wehmeyer, M. L. (2017). Character strengths and intellectual and developmental disability: A strengths-based approach from positive psychology. *Education and Training in Autism and Developmental Disabilities*, 52(1), 13-25.
- Oliver-Brannon, G. (2000). Counseling and psychotherapy in group treatment with the dually diagnosed (mental retardation and mental illness—MR/MI). Doctoral diss., The Union Institute, 2000. *Dissertation Abstracts International*, 60(10-B), 5230.
- Osborn, R., Girgis, M., Morse, S., Sladakovic, J., Kneebone, I., Shires, A., ... & Roberts, L. (2018). Mindfulness-integrated CBT (MiCBT) for reducing distress in parents of children with intellectual disability (ID): A case series. *Journal of Developmental and Physical Disabilities*, 30(3), 1-10. <https://doi.org/10.1007/s10882-018-9602-4>
- Peters, M. L., Flink, I. K., Boersma, K., & Linton, S. J. (2010). Manipulating optimism: Can imagining a best possible self be used to increase positive future expectancies? *The Journal of Positive Psychology*, 5(3), 204-211. <https://doi.org/10.1080/17439761003790963>
- Peterson, C., & Seligman M. E. P. (2004). *Character strengths and virtues: A handbook of classification*. New York: Oxford University Press.

- Rashid, T. (2015). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology, 10*(1), 25-40. <https://doi.org/10.1080/17439760.2014.920411>
- Razza, N., & Tomasulo, D. (2005). *Healing trauma: The power of group treatment for people with intellectual disabilities*. Washington, DC: American Psychological Association. <https://doi.org/10.1037/10846-000>
- Seligman, M. (2010). *Flourish: Positive psychology and positive interventions*. The Tanner lectures on human values. Retrieved from https://tannerlectures.utah.edu/_documents/a-to-z/s/Seligman_10.pdf
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY, US: Free Press.
- Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*, 774-788. <https://doi.org/10.1037/0003-066X.61.8.774>
- Shogren, K. A., Niemiec, R. M., Tomasulo, D., & Khamisi, S. (2017). Character strengths. In *Handbook of Positive Psychology in Intellectual and Developmental Disabilities* (pp. 189-199). Springer, Cham. https://doi.org/10.1007/978-3-319-59066-0_13
- Shogren, K. A., Wehmeyer, M. L., Forber-Pratt, A. J., & Palmer, S. B. (2015). *VIA inventory of strengths for youth (VIA-Youth): Supplement for use when supporting youth with intellectual and developmental disabilities to complete the VIA-Youth*. Lawrence, KS: Kansas University Center on Developmental Disabilities.
- Slemko, J. (1998). *The contribution of video-taped feedback to interpersonal awareness for adults with intellectual disabilities* (Master's thesis). Retrieved from <http://www.collectionscanada.gc.ca/obj/s4/f2/dsk2/ftp01/MQ34996.pdf>
- Tomasulo, D. J. (2014). Positive group psychotherapy modified for adults with intellectual disabilities. *Journal of Intellectual Disabilities, 18*(4), 337-350. <https://doi.org/10.1177/1744629514552153>
- Tomasulo, D. J., & Pawelski, J. O. (2012). Happily ever after: The use of stories to promote positive interventions. *Psychology, 3*(12), 1189. <https://doi.org/10.4236/psych.2012.312A176>
- Tomasulo, D., & Szucs, A. (2015). The ACTing cure: evidence-based group treatment for people with intellectual disabilities. *Dramatherapy, 37*(2-3), 100-115. <https://doi.org/10.1080/02630672.2016.1162824>
- Unwin, G., Tsimopoulou, I., Kroese, B. S., & Azmi, S. (2016). Effectiveness of cognitive behavioural therapy (CBT) programmes for anxiety or depression in adults with intellectual disabilities: A review of the literature. *Research in Developmental Disabilities, 51*, 60-75. <https://doi.org/10.1016/j.ridd.2015.12.010>
- Wójtowicz-Dacka, M., & Miotk-Mrozowska, M. (2016). Video-feedback Intervention to promote positive parenting and sensitive discipline as a new psychological method of development support in Poland. *Polish Psychological Bulletin, 47*(3), 250-257. <https://doi.org/10.1515/ppb-2016-0030>
- Wood, A. M., Linley, P. A., Maltby, J., Kashdan, T. B., & Hurling, R. (2011). Using personal and psychological strengths leads to increases in well-being over time: A longitudinal study and the development of the strengths use questionnaire. *Personality and Individual Differences, 50*(1), 15-19. <https://doi.org/10.1016/j.paid.2010.08.004>
- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

Copyrights

Copyright for this article is retained by the author, with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).