To disclose or not to disclose: Factors influencing disclosure of personal experiences in trainee Clinical Psychologists on the University of Bath Programme

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To disclose or not to disclose: factors influencing disclosure of personal experiences in Trainee Clinical Psychologists

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Overview: D Clin Psy Trainee Disclosure

• High numbers of mental health professionals, and trainee clinical psychologists experience mental health difficulties (Tay & Alcock 2018; Grice, Alcock, & Scior, 2018)

• Decision to disclose influenced by various factors:
  • who recipient is,
  • whether current or historic problem,
  • anticipated stigma
  • ‘maladaptive’ perfectionism

• Need for research into the factors influencing actual disclosure experiences, rather than hypothetical disclosure/experiences.

• One complicating factor may be the difficulty integrating an identity of trainee mental health practitioner with an identity as someone who experiences mental health difficulties
Overview: Social identity integration

- Social identity is defined by social identity theory (SIT) as “a person’s sense of who they are based on their group membership(s)” (Tajfel and Turner, 1979, p.33).

- Amiot et al., (2007) developed a cognitive-developmental model of social identity integration which highlights how “different and potentially conflicting social identities [...] change over time” and can become integrated.

- Identity integration is found to be associated with better wellbeing (Amiot et al, 2015; Yamplosky et al, 2013)

- Recent research indicates that developing new identities following a life transition and also social identity continuity through a life transition are beneficial to wellbeing. Importantly, increased compatibility between identities is associated with improved health and wellbeing (Haslam et al, 2018)
The project and the aims

Service Improvement Project – with the University of Bath Doctorate in Clinical Psychology as the ‘service’.

Aims:

• Investigate the blocks to trainee disclosure about mental health issues in the context of the Programme.
• Identify what the university can do/improve to support disclosure decision-making amongst trainees.
• Highlight what the course can do to support trainees with the integration of the social identities of trainee and Person with Personal Experience (PPE).
Relevance

• Contribution to understanding of disclosure among mental health professionals, particularly those in training.

• Beneficial impact not only on the well-being of trainees themselves, but also the clients trainees work with.

• Consideration of the difficulties that integrating social identities of a mental health professional and someone with personal experience may cause; having to be secretive about a part of themselves in a career/field which encourages genuineness.

• Implications of not disclosing for accessing appropriate support
People with personal experience (PPE)

This project adopted the existing definition from the Bath Doctorate in Clinical Psychology Course for ‘people with personal experience’ (PPE)

PPE is defined as:

“People with personal experience of conditions that Clinical Psychologists treat, and/or personal experience of psychological therapy’. This includes people who might have physical health or neurological difficulties that cause distress and bring them into contact with clinical psychologists.”
Research Questions

• What do trainees perceive to be the benefits and drawbacks of disclosing, and does this fit with SIT?

• What are the perceived barriers to disclosure in the context of the training programme?

• Do trainees feel comfortable with the PPE identity?

• What could be changed or implemented by the course/service to support trainees with making disclosure decisions?
Method

- Mixed method design – data was gathered via an on-line questionnaire, which included:
  - ‘free-text’ boxes to gather qualitative responses
  - Likert-type scale to gather information about in-group identification with PPE, adapted from Leach et al, 2008.

- Questionnaire created through consultation with Programme staff and a PPE representative; broad topic areas included: whether the individual has disclosed, how comfortable they feel with a PPE identity, the purpose of disclosing, the pros and cons of disclosing, who to disclose to, what to disclose and what the course/service can do to support the disclosure process.

- Participation was completely anonymous

- 43 trainees (past and present) were contacted via email to take part; 21 participated
Quantitative results:

• 62.5% of participants reported that they had disclosed within the context of the course; mostly in the first year and mostly to peers (trainees in same cohort).

• Trainees reported that they would be 4x more likely to disclose to other trainees than programme staff and 2x as likely to disclose to regional supervisors as programme staff.

• 75% considered themselves to have personal experience of psychological difficulties; 33.3% said that they would identify themselves as PPE.
Qualitative results

- Content analysis was used to examine the questionnaire responses (*Vaismoradi et al., 2013; Elo & Kyngas, 2007*)

Examples of themes:
- Staff-trainee divide
  - “threatening to that way of identifying yourself”; “…doubts about suitability for training”
- Culture of the training programme not fostering disclosure
  - “no-one talks about it”; no-one asks about it”; “we aren’t encouraged to do it”
- Fear of judgement from course staff
  - “…viewed with less respect by course staff”
- Fear of losing place on training course
  - “…affect my place on the course”
Discussion/considerations

• Interesting ‘them’ and ‘us’ categorizations and how to challenge these
  • staff and trainee
  • trainee and PPE

• Raises questions about the training culture, or trainees perception of the training culture; how disclosure would be viewed and responded to.

• How programmes can actively support trainees to integrate important social identities, likely to be particularly relevant at key transition points, e.g. entry and exit to the Programme

• Use of PPE terminology and how it fits with the identity of a trainee
Next steps

• Feed-back to pastoral support lead for the course

• Feed-back to the Programme PPE committee

• Recommendations
  • Openness/normalizing of MH issues in MHPs
  • Clear policies, clearly communicated to trainees about how Programme would respond to MH disclosures
  • Strategies to support disclosure decision-making in trainees, reciprocal arrangements between programmes, independent pastoral support, regular check-in sessions
  • Staff modelling how to talk about mental health issues openly and honestly
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