

**Trainee Clinical Psychologists' Experience of Personal Self Disclosure and of Hearing  
Trainers' Self Disclosure Whilst on UK-based Doctoral Clinical Psychology Training  
Programmes**

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### **Abstract of Thesis Portfolio**

Prevalence rates of mental health difficulties of individuals' completing UK-based Clinical Psychology Doctorates are thought to be higher than the general population. Training to be a Clinical Psychologist is challenging with reports of stress and emotive experiences common. To support Trainee Clinical Psychologists (TCPs) with their wellbeing, it has been suggested that training courses adopt an open environment, so they are able to discuss difficulties that arise, with trainers modelling self-disclosures to demonstrate this is acceptable. However, self-disclosures can be difficult to navigate due to concerns around stigma and the perceived negative impact it may have. There is no known research into TCPs experiences' of trainer self-disclosures and limited research into experiences of TCPs making self-disclosures on the academic elements of training. This thesis portfolio therefore aimed to fill this gap. A systematic review explored TCPs experiences of delivering self-disclosures on Clinical Psychology Doctorates, using a narrative synthesis. The empirical research explored TCPs experiences of hearing trainers' self-disclosures within the academic element of the training programme. Semi-structured interviews were completed, and data was analysed using Thematic Analysis. The systematic review highlighted TCPs are delivering self-disclosures within the academic environment of training, with mixed reports of the perceived outcome of these as being helpful or not. The empirical research highlighted various impacts trainer self-disclosure's could have on TCPs, the perception of the trainer making the disclosure and the greater Clinical Psychology profession. Areas of potential recommendations for trainers to consider from the view of TCPs perspectives are also described. Self-disclosures within the ClinPsyD training environment are complex. However, when they are perceived to be delivered and received in a helpful way, they can have a positive impact on individual training experiences. Courses would benefit from providing

space for staff and trainees to discuss the complexities around self-disclosures and increase their effectiveness.<sup>1</sup>

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<sup>1</sup> Material from the ClinPsyD thesis proposal has been used throughout the thesis portfolio.

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**CHAPTER 1:**

**Introduction to the Thesis Portfolio**

## **Introduction to the Thesis Portfolio**

### **Workplace and Student Wellbeing Initiatives and Legislation**

Workplace and student wellbeing has been a growing priority over the last decade with organisations prioritising employee and teams' wellbeing. As highlighted by the World Health Organization (Burton, 2010), individual's health and wellbeing is a global concern and is important for several reasons, including the positive impact on individual employees and for business success such as increased productivity, reduced absences and overall lower business costs. Within the United Kingdom (UK) the Equality Act (2010) is legislation which protects individuals from discrimination in both the workplace and wider society. In terms of employment, the Equality Act (2010) makes it a duty for employees to support those with disabilities by providing reasonable adjustments to prevent any discrimination due to a past or ongoing disability.

Alongside UK legislation, there are also several initiatives introduced to increase the wellbeing of employees and students within the UK. For example, Thriving at Work (Stevenson & Farmer, 2017), a government initiative, emphasizes the importance of mental health in the workplace and provides a key framework with several actions companies can take to increase employee wellbeing. It highlights the importance of employees being able to discuss mental health in general, but also the need for employers to create an environment in which individuals feel able to talk openly about their own experiences. In terms of university students, the University Mental Health Charter is a similar national initiative, supporting university staff and students to thrive by promoting mental health and wellbeing, by providing a framework of several principles in order support universities to achieve this (Hughes & Spanner, 2019).

## **Mental Health of Mental Health Professionals**

Mental health professionals are often seen as distinct from service users in what is often referred to as an us vs them dichotomy (Kemp et al., 2020). However, Hinshaw (2008) highlighted that people with lived experience of mental health may enter the mental health field of work partly to understand their own or family members psychological issues. A recent systematic review highlighted high rates of depression in mental health professionals, although these varied from between 2.5% to 91.3% between studies (Saade et al., 2022). Within Clinical Psychologists estimated prevalence rates of self-defined mental health difficulties (diagnostic labels) were reported to be of up to two thirds (Tay et al., 2018), with similar occurrences reported by Trainee Clinical Psychologists (TCPs; Grice et al., 2018). Whilst these prevalence rates maybe an over-representation due to self-selection bias from a research perspective, it shows that those working in the mental health profession are not exempt from experiencing their own mental health difficulties.

The lived experience of mental health professionals working in the field should be encouraged and supported. Mental health professionals lived experience can reduce stigma and have a positive impact on patient care (King et al. 2020). The British Psychological Society (BPS), Division of Clinical Psychology, recently issued a statement recognising and supporting the “unique and valued contributions” (p.1) that those working within clinical psychology with lived experience can bring. They highlighted the positive contributions these experiences can add to practice, which may in turn have positive impacts for mental health services (Hogg & Kemp, 2020).

Alongside increased prevalence rates of mental health difficulties within the clinical psychology profession as discussed above, research also suggests that postgraduate researchers have increased challenges of poor mental health and are more likely to report higher levels of stress (Hazell et al., 2020). TCPs are in a unique position in that as well as

being health care professionals, they are also postgraduate students, as UK-based Clinical Psychology Doctorate training (ClinPsyD) requires significant research and teaching elements. Therefore, for TCPs both the clinical and research academic role can have an impact on their wellbeing. Grice et al. (2018) found TCPs reported the training process to be stressful which could result in a negative effect for both the individual and on the care they deliver. Following their findings, they recommend TCPs should be encouraged to talk about their past and current difficulties to reduce stigma and to allow exploration of the value their lived experience can have on their clinical work.

### **Silence and Stigma for Mental Health Professionals**

Despite evidence confirming that Mental Health Professionals, including TCPs, experience mental health difficulties, research has indicated that this is often not openly discussed. Hinshaw (2008) highlighted the silence that generally surrounds mental health practitioners discussing their own difficulties, pushing them aside rather than exploring them. He suggested this was due to generalised mental health stigma, but also mental health practitioners own stigmatising attitudes. Hinshaw highlights several concerns mental health professionals face when considering when to disclose their own difficulties. These include concerns around not maintaining professional boundaries and the belief that their own mental health experiences are not compatible within the field of work. Hinshaw also suggests clinicians' silence maintains this stigma and they need to be accepting of their own experiences before they can be accepting of their service users' experiences. To reduce this silence and therefore challenge this stigma, Hinshaw suggests mental health professionals should be able to share experiences of their own difficulties openly.

Stigma has been shown to have an important role when mental health practitioners choose to disclose their own experiences of mental health difficulties across different disciplines including art therapy, psychology and medical doctors (Grice et al., 2018; Hankir

et al., 2014; Huet & Holttum, 2016;). Tay and colleagues (2018) reported CPs experienced concerns around stigma in relation to mental health difficulties. They found over two thirds of individuals who had not disclosed mental health difficulties reported this was due to feelings of shame, concerns around being judged negatively and the potential negative impact this could have on their career. Turner et al. (2022) also described how TCPs were concerned about disclosing mental health difficulties due to internalized stigma, such as this being seen as a weakness and negative perceptions others would have about them.

In terms of seeking individual therapy, previous research suggested while UK-based TCPs hold positive beliefs around seeking mental health support, this is less than in the other countries they surveyed (America and Argentina) and social stigma is associated with reduced likeliness of seeking personal therapy (Digiuni et al., 2013). A key recommendation from this research was that TCPs are supported to reflect on how individuals' perception of perceived social stigma could affect their decision making in relation to seeking help.

### **Training to Become a Clinical Psychologist**

To practice as a CP in the UK, individuals require registration from the Health and Care Professionals Council (HCPC). The HCPC regulate individuals who work in the health and care profession by providing standards HCPs must meet to remain registered, taking action if individuals do not meet these. To gain HCPC registration as a CP, individuals are required to complete the ClinPsyD which is a three-year full-time course. Currently there are 30 academic institutions throughout the UK that offer this course, all of which are accredited by the BPS. The BPS specifies standards that ClinPsyD courses must adhere to in order to retain accreditation status (BPS, 2019), whilst also recognising the importance of courses being able to interpret and apply these standards flexibly to develop distinctive identities. Therefore, the content and structure of the ClinPsyD may vary depending on the course.

Throughout training TCPs will simultaneously undertake various academic, research and clinical placements. Clinical experience involves TCPs working across several different clinical placements to gain experience of working with different client groups and psychological presentations. The academic and research elements of the course will often involve formal teaching such as lectures and seminars, reflective group practice and conducting various research projects including empirical research, systematic reviews and service evaluations or audits.

With the various demands of training, the ClinPsyD is recognised as a challenging experience for individuals. Hill et al. (2015) explored TCPs personal and professional development during training with high levels of reported low self-esteem and anxiety with many reporting a poor work life balance. These identified difficulties were thought to relate exclusively to their journey on training and would resolve on qualification. The authors therefore highlighted that stress on training was normative and that this should be normalised, whilst also making self-care and professional development a priority. A recent systematic review of distress within TCPs and Trainee Counselling Psychologists also found psychological distress was common with many trainees reporting training as a high stress and high demand experience (Davies, 2021). Toki & Bryne (2020) discussed how the ClinPsyD is often perceived as something to be “survived” (p.65), with the suggestion that the high level of various assessments contribute to the anxiety and stress individuals experience.

### **Self-Disclosure**

Self-disclosure can vary in terms of the recipients and the purpose of the self-disclosure. For example, limited and boundaried self-disclosure from a mental health professional to a patient within a therapeutic relationship is associated with several positive outcomes reported, such as strengthening the therapeutic relationship, promoting change and increasing the likelihood of patients disclosing to therapists (Ziv- Beiman, 2013; Henretty &



Levitt, 2010; Goldfried, Burckell & Eubanks-Carter, 2003). In academic settings, Bottrill (2008) reported TCPs experienced anxiety when using self-disclosure within a training therapeutic context and suggested they would benefit from open and reflective conversations about self-disclosure, facilitated by training courses throughout their training. However, by contrast to self-disclosure within the therapeutic relationship, self-disclosure within the workplace, such as a TCP discussing emotive experiences or disclosing a mental health condition within supervision, is one way that individuals can get support with any additional needs they may have.

Ruddle and Dilks (2015) highlighted the varied definitions of self-disclosure within therapeutic settings recognising that this often related to disclosing mental health problems. They advocated for a broader view of “the sharing of any aspect of our personal experience with our clients” (para. 6) which included the sharing of the therapists’ experiences both in and out of the therapy room. The American Psychological Association (APA) Dictionary of Psychology (2023) defines self-disclosure as “the act of revealing personal or private information about one’s self to other people.”

As highlighted above, those working in mental health, may be reluctant to self-disclose mental health difficulties in the workplace, which can mean that individuals do not get the support they require. A systematic review completed by Zamir (2022) suggested that mental health professionals were less likely to self-disclose psychological distress (which was often discussed in terms of psychiatric distress) within their place of work compared to within their social relationships. A scoping review completed by King et al. (2020) found several factors that impacted MHPs decision to self-disclose lived experience within the workplace including self-disclosures not being part of the culture, with recommendations that organisations take action to create an environment where people can make self-disclosures.

Turner and colleagues (2022) reviewed TCP's experiences of self-disclosure within the training environment. They identified several barriers preventing trainees from sharing their experiences, including concerns about the impact a disclosure could have on their training and concerns of how they were perceived by others around them would change. Further barriers were trainees not wanting to "voice the unspoken" (p.6), with reflections around personal difficulties not frequently being discussed in the training context, raising queries around whether this was acceptable. Turner and colleagues therefore suggested self-disclosure should be part of the curriculum for those who would like to participate. They also suggested encouraging self-disclosure on training may prevent further barriers to self-disclosure in the future, such as within the workplace.

Several recommendations have therefore been made to enable a more compassionate environment to encourage and promote TCPs to discuss their own challenges (Turner et al., 2022; Grice et al., 2018), with the use of modelling of self-disclosure within the teaching environment (Kemp et al., 2020). These recommendations have been made with the overall aim of promoting TCPs wellbeing.

### **Aim of Thesis Portfolio**

The aim of this thesis portfolio is therefore to address the identified gaps in the literature in relation to self-disclosure with the ClinPsyD, specifically on the academic element of training. As described above, a broader view of self-disclosure will be taken (as suggested by Ruddle & Dilks, 2015) which will include the sharing of any emotive experiences. The thesis portfolio will start with a systematic review of the opportunities and experiences that current TCPs within UK-based courses have of delivering self-disclosures within the academic element of the course (Chapter 2). This will then be followed by a bridging chapter (Chapter 3) which relates the findings of the systematic review with the empirical research. The empirical research is a qualitative study exploring UK-based TCPs

experiences of hearing their trainers deliver self-disclosures within the academic environment (Chapter 4). Chapter 5 and 6 will provide further methodology and results from both the systematic review and the empirical research. Chapter 7 is a comprehensive discussion and critical evaluation of the thesis portfolio which will include a summary of the results, practice implications and strengths and weakness of the overall research portfolio. The final chapter (Chapter 8) is the principal researchers' reflections throughout the research process with a focus on potential bias and subjectivity with the aim of providing transparency and credibility to the research.

**CHAPTER 2**  
**Systematic Review**

**What are UK- Based Trainee Clinical Psychologists Experiences of Giving Personal  
Self-disclosures Within the Academic Context of the Course?**

Prepared for Submission to Counselling and Psychotherapy Research (See Appendix A)

Word Count (including references): 7784

### **Abstract**

Training to be a Clinical Psychologist can be demanding with reports of stress during training being common. Trainees are thought to have higher rates of mental health difficulties in comparison to the general population. Self-disclosures whilst complex, are encouraged, so trainees can receive appropriate support. Generally self-disclosure within mental health professions is complex, with additional concerns for TCPs due to the nature of being on training. This systematic review explored trainees' experiences of self-disclosure within the academic element of training. This systematic review searched five databases (Academic Search Ultimate, CINAHL Ultimate, Medline Ultimate, PsycInfo and Scopus) and grey literature. Empirical research which investigated UK-based TCP's experiences of emotive self-disclosures within the academic aspect of the ClinPsyD from the year 2000 were included. Themes were identified using a narrative synthesis. The search resulted in ten papers being included. Results indicated Trainees had self-disclosed within various aspects of the academic element of the course including individual and group settings. TCPs experiences were further explored in terms of the recipients of the disclosures (peers, academic staff and reflective group practice). Experiences varied in terms of the perceived helpfulness of self-disclosures and the resulting impact this had on the individual. Research around experiences of TCPs self-disclosures within the academic element of the ClinPsyD is currently limited. ClinPsyD programmes should enable both TCPs and staff a safe space to discuss self-disclosures on training to increase the likeliness of them being delivered and received in a helpful manner.

Keywords: Clinical Psychology training, disclosure, reflective practice, academic training, wellbeing

## Introduction

Wellbeing within workplaces and universities has been a growing priority over the last few years with several initiatives introduced such as Thriving at Work (Stevenson & Farmer, 2017) and the University Mental Health Charter (Hughes & Spanner, 2019). These initiatives emphasize the importance of wellbeing and provide frameworks to companies and institutions to promote individuals' mental health and wellbeing. As highlighted by the World Health Organization (Burton, 2010), individual wellbeing is important both for the individual themselves but also for business success.

One area that is thought to support wellbeing in the workplace is by creating an environment in which individuals feel safe and able to make self-disclosures if they wish. However, in general, self-disclosure of mental health difficulties by professionals within the mental health field is complex. There is thought to be an unspoken narrative which separates Mental Health Professionals (MHPs) from experiencing their own difficulties and sees them as being distinct from service users with mental health difficulties (Kemp et al., 2020). Hinshaw (2008) highlighted how MHPs often avoid disclosing mental health difficulties due to stigma and fear of potentially negative results of self-disclosures. Hinshaw highlighted the importance of individuals sharing their experiences to reduce this silence and therefore challenge these incorrect misconceptions of MHPs being distinct from service users.

A systematic review highlighted high rates of depression in MHPs, although these varied from between 2.5% to 91.3% between studies (Saade et al., 2021). Trainee Clinical Psychologists (TCPs) are unusual in that they are both a mental health professional as well as a postgraduate researcher. In terms of wellbeing of postgraduate researchers, Hazell et al. (2020) reported they were more likely to have increased challenges of poor mental health and report higher levels of stress. The Clinical Psychology Doctorate (ClinPsyD) can be demanding with TCPs concurrently managing various elements of the course often within

strict time limits. Various research has shown the challenging emotional impact that this can have on TCPs wellbeing (Brindley et al., 2020; Galvin & Smith., 2007; Lyons et al., 2019). Hill et al. (2016) concluded that stress throughout training is normative. They found reports of low self-esteem and feelings of anxiety and stress were common, with these being attributed to the demands of training and therefore thought to resolve on completion of the course. It should also be noted that prevalence rates of mental health difficulties within TCPs are also estimated to be higher than the general population, with up to 67% of participants having past or present mental health difficulties (Grice et al., 2018). A Cross-National study found whilst UK-based TCPs hold positive beliefs around seeking mental health support, this was comparably less to other countries (America and Argentina) therefore highlighting the importance of further reducing stigma around mental health difficulties (Digiuni et al., 2013). Research therefore suggests that regardless of whether TCPs experience a formal mental health difficulty or not, TCPs may require support with their emotional health and wellbeing throughout their training.

Qualification as a Clinical Psychologist in the United Kingdom (UK) involves completion of a three-year postgraduate course: the Clinical Psychology Doctorate (ClinPsyD). Training requires participants to complete academic assignments, research projects and clinical placements which allow the trainee to develop the breadth and depth of competencies required of a practicing Clinical Psychologist. Individuals can then register as a Clinical Psychologist with the Health and Care Professional Council (HCPC). The ClinPsyD can be broadly separated into two components: the clinical aspect of the course in which TCPs complete various clinical placements, and the academic aspect, in which participants engage in more structured learning such as attending lectures and reflective group practice, complete academic assignments (often based on their clinical placements) and complete a research project.



To support TCPs with their emotional health and wellbeing during training, there have been suggestions that they should be given opportunities to openly discuss their experiences during training, including from the British Psychological Society (Kemp et al, 2020). Frequent evaluation of TCPs can contribute to a position of disempowerment which may also impact on TCPs decision to disclose difficult experiences (Rhinehart et al., 2020). Hill et al. (2016) highlighted the need for the profession to normalise TCPs experiences and promote TCP self-care and personal development. Whilst for some, self-disclosures around personal experiences will be an essential part of becoming a Clinical Psychologist and working as a reflective practitioner, others may refute this, deeming them not to be essential, whilst many practitioners are likely to be between these two viewpoints. However, as highlighted in the literature above, individuals should be provided with a space to discuss these experiences if they choose to.

The BPS specifies programme standards that training institutions must adhere to (BPS, 2019). There are several “overarching goals, outcomes, ethos and values” (p14) for all training institutions including TCPs having high level skills in self-care, critical reflection, and self-awareness on completion of their training. Within the academic element of the ClinPsyD, TCPs have several environments in which it may be possible for them to develop the above skills. One way in which TCPs could develop these skills could involve self-disclosures. These could potentially happen in group settings with peers, such as during lectures, seminars and reflective group practice, or on an individual basis such as during research or academic supervision. These opportunities will inevitably vary depending on several factors including the training institution and on individuals’ preferences.

Chaudoir and Fisher (2010) proposed the Disclosure Processes Model (DPM) which suggested why and when people make self-disclosures. The model has three key ideas building on previous literature. Firstly, they argue that self-disclosures should be considered

through a single process that involves both decision-making and outcome processes. Secondly, they suggest “approach vs avoidance motivations” (p.4) have a significant impact on the disclosure decision which helps individuals to identify when disclosures are likely to be beneficial. Finally, there is a mediated process between disclosures and outcomes. The DPM suggests that when self-disclosures are made, individuals’ lives are affected by two distinct outcomes: social support (which can lead to further support or stigmatization) and social information (a change to social interactions). The DPM recognises that social support is dependent on the reaction of the person receiving the disclosure whilst social information is not. Whilst the DPM was developed specifically in relation to self-disclosures for people living with a stigmatized identity that could be concealed (such as mental illness), this model could also be argued to relate to self-disclosures within the TCP population as there could potentially be similar disclosures relating to a stigmatized identity, or the shared concern that the disclosure could result in a negative outcome. However, this was a general model of self-disclosure and not specifically related to those working within mental health services and as highlighted above HCPs and TCPs can have added complexities when making self-disclosures.

Turner and colleagues (2022) also proposed a model of self-disclosures specifically within the TCP population, building on the DPM in terms of motivations and barriers, but with specific considerations unique to TCPs. They identified several barriers to TCPs self-disclosures, including the potential negative impact these could have on their training, such as being viewed negatively by those receiving them, and worries they did not want to “voice the unspoken” (p.6), as this was not common practice. Turner and colleagues suggested courses should create spaces for self-disclosures to be made as part of the curriculum for those who would like to participate. They also highlighted that encouraging self-disclosures on training may prevent further barriers to self-disclosures in the future, such as within the workplace.

As identified by Ruddle and Dilks (2015), there are several different definitions of self-disclosure. Whilst they referred to self-disclosures within the therapeutic relationship/environment (rather than an academic environment), definition of self-disclosure should not be impacted by this. Ruddle and Dilks take a broader view stating “we see Therapist Self Disclosure (TSD) as the sharing of any aspect of our personal experience with our clients” (para. 6). For the purposes of the current research, a broader view of self-disclosure will be used, which refers to TCPs sharing any aspect of an emotive personal experience within the academic environment of a training programme.

### **Rationale of the Systemic Review**

Recommendations that ClinPsyD courses facilitate a supportive environment for TCPs to disclose difficulties if they wish has been a relatively new phenomenon (Kemp et al., 2020). Therefore, research into TCPs experience of self-disclosure specifically within the academic component of the course (rather than clinical work) is limited, with studies generally focusing on self-disclosures on training (both within the academic and clinical setting). Self-disclosures within clinical supervision maybe more likely to occur due to the nature of clinical supervision requiring self-reflection and potentially the safety that individual supervision can provide. Therefore, this systematic review aimed to review the existing research of self-disclosure specifically within the academic setting of the training environment to understand how TCPs have experienced making self-disclosures within this context.

### **Aim of the Systematic Review**

The overarching aim of the review was “What are UK-based trainee clinical psychologists experiences of giving personal self-disclosures within the academic element of the training context?” The academic environment refers to formal teaching (e.g. lectures and seminars) reflective group practice and research projects (e.g. research supervision both on an

individual and group level), rather than clinical placement experiences. The review aimed to answer the following questions:

1. What opportunities do TCPs have to self-disclose within the academic environment?
2. What are TCPs experiences of self-disclosure within the academic environment?

### **Method**

The Systematic review was guided by the PRISMA (The Preferred Reporting Items for Systematic Reviews and Meta-Analysis) Checklist (Page et al. 2021).

### **Search Strategy**

Five databases were searched in June 2023: Academic Search Ultimate, CINAHL Ultimate, Medline Ultimate, PsycInfo and Scopus. Databases were searched for empirical research which investigated TCP experience of self-disclosure within the academic aspect of the ClinPsyD. The search terms used included “Clinical Psychology Doctorate” (and variations including Clinical Psychology Training, ClinPsyD & DClInPsy,) AND “self-disclosure’ OR “experience” OR “reflection” OR “disclosure.” Search terms were also proceeded by a \* (e.g. self-disclos\*) to ensure all variations on the words were retrieved (e.g. self-disclose, self-disclosed, self-disclosing etc).

Further to peer reviewed empirical research, the review also included grey literature such as unpublished thesis work. Grey literature was also identified through various methods, including other search engines using the relevant search terms. Search results highlighted by the database returns, which did not include the full journal but highlighted relevant research (e.g., conference presentations), were searched elsewhere to attempt access.

### **Inclusion Criteria**

Articles were included in the review if they met the following criteria:

i) Experiences of Trainee Clinical Psychologists self-disclosure within the academic aspect of the ClinPsyD; ii) research published after the year 2000 (which was after courses were reintroduced as the ClinPsyD); and iii) empirical research conducted.

### **Exclusion Criteria**

Articles were excluded from the review if they met the following criteria i) Clinical Psychology training course outside of the UK; ii) Other UK-based Psychology Doctorates e.g. Forensic or Counselling Psychology Doctorates; iii) Self-Disclosures occurred in the clinical aspect of the course (e.g. within clinical supervision); iv) location of the self-disclosure (academic vs clinical setting) could not be determined; v) Experiences of self-disclosure from TCP could not be separated from other disciplines recruited and included in the study; vi) experience of the self-disclosure was not being given personally by a TCP (e.g. they received a self-disclosure from another person); or vii) the article was based on individuals' reflections rather than empirical research.

Double screening for systematic reviews reduces the risk of not including items within the screening selection (Waffenschmidt et al., 2019). Therefore, an Assistant Psychologist independently reviewed 131 (72% of all papers identified as eligible) of the full texts retrieved against the inclusion/ exclusion criteria to determine articles which should be included. Total agreement for all items was 90.91%, which resulted in a kappa score of 0.52, suggesting moderate agreeability. There were 12 items with differing opinions when matched against the inclusion/ exclusion criteria which were resolved and agreed through discussion.

### **Data Analysis**

A narrative synthesis was completed on the data. A meta-analysis was not appropriate for the data analysis as this review aimed to synthesis the data rather than determine an effect size. Data was analysed using guidance from Popay et al. (2006) and results were summarised into identified themes after a thorough review of the studies.

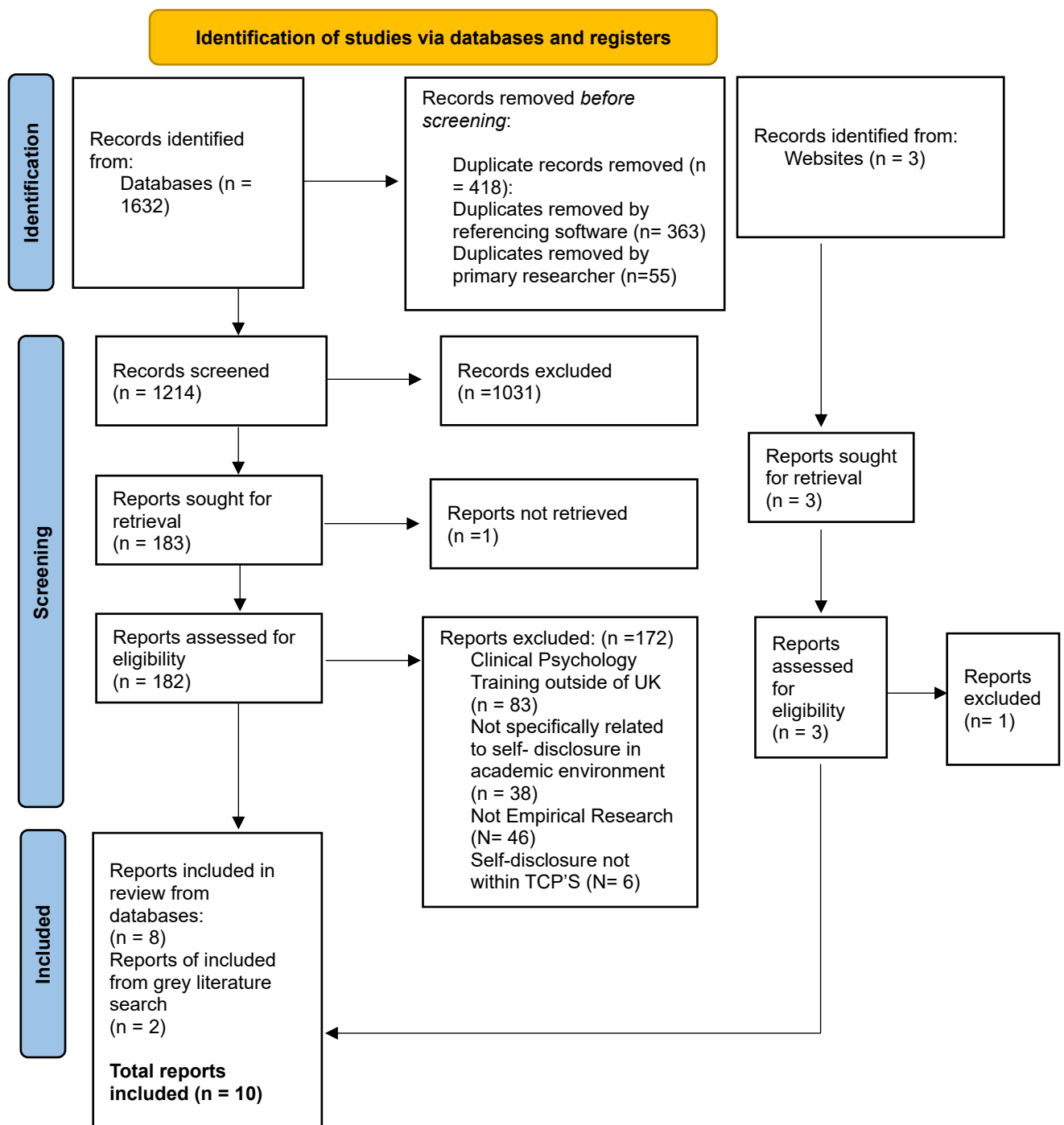
## Results

### Study Selection

In line with the search strategy detailed above, 1632 records were identified from the databases. After removing duplicates, 1214 records titles and abstracts were screened. Following this, 183 papers were left to be reviewed, of which 182 were full text screened to assess eligibility using the inclusion/ exclusion criteria. One record could not be retrieved, through an interlending library loan request or by accessing a hardcopy version. On review of the 182 records identified through databases, eight records were deemed to meet the inclusion criteria. Two further records (Heckert, 2022 & Zamir, 2022) were identified through a search of grey literature, providing a total of ten reports to be included in the review. Please refer to Figure 1.1 for the study selection flow diagram.

Figure 1.1

## Study Selection Flow Diagram



Note. Adapted from "PRISMA 2020 explanation and elaboration: updated guidance and

exemplars for reporting systematic reviews." Page, M. J., Moher, D., Bossuyt, P. M.,

Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A.,

Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li,

T., Loder, E. W., Mayo-Wilson, E., McDonald, S., . . . McKenzie, J. E. (2021). PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews. *BMJ*, 372, 160. <https://doi.org/10.1136/bmj.n160>

### **Quality Appraisal**

Each paper meeting the inclusion criteria was quality assessed using the Mixed Method Appraisal Tool (MMAT; Hong et al., 2018), see Table 1.1. An Assistant Psychologist independently quality appraised 20% of the included studies to confirm reliability and reduce bias from the principal researcher. Agreement was at 100% considering each individual rating per report.

The mean quality percentage calculated for included studies was 94.79%, with a range between 82.35% and 100% suggesting a high quality throughout. Quality appraisals which highlighted potential limitations within the studies were generally due to information not being presented within the paper to make a definite decision on meeting specific quality criteria within the MMAT items. For three of the ten studies (Lyons et al. 2019; Spindelov & Butler, 2016 & Woodward et al. 2015) this related to the MMAT qualitative criteria 1.3 ('Are the findings accurately derived from the data?'). However, as the remainder of the quality criteria were deemed to be appropriate (with 100% level of agreement with the double rater), all relevant data included in the narrative synthesis were given equal weight.



**Table 1.1***MMAT Quality Appraisal of Included Studies*

			Brindley et al. (2020)	Brown et al. (2021)	Galvin & Smith (2017)	Heckert (2022)	McEwan & Todd (2023)	Lyons et al. (2019)	Spindel & Butler (2016)	Turner et al. (2022)	Woodward et al. (2015)	Zamir (2022)
Screening Questions	S1.	Are there clear research questions?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	S2.	Do the collected data allow to address the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
1. Qualitative	1.1	Is the qualitative approach appropriate to answer the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	1.2	Are the qualitative data collection methods adequate to address the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	1.3	Are the findings accurately derived from the data?	Y	Y	Y	Y	Y	CT	CT	Y	CT	Y
	1.4	Is the interpretation of the results sufficiently substantiated by data?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	1.5	Is there coherence between qualitative data sources, collection, analysis and interpretation?	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y
4. Quantitative Descriptive	4.1	Is the sampling strategy relevant to address the research question?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	4.2	Is the sample representative of the target sample?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	4.3	Are the measurements appropriate?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	4.4	Is the risk of nonresponse bias low?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	N
	4.5	Is the statistical analysis appropriate to answer the research question?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
5. Mixed methods	5.1	Is there an adequate rationale for using a mixed methods design to address the research question?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	5.2	Are the different components of the study effectively integrated to answer the research question?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	5.3	Are the outputs of the integrations of qualitative and quantitative components adequately interpreted?	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N/A	Y
	5.4	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
	5.5	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y
Total Percentage			100%	100%	100%	100%	100%	85.71%	82.35%	100%	85.71%	94.12%

Y= Yes, N=No, CT= Can't tell.

## **Study Characteristics**

For each included study, the defining characteristics, including the aim of the research and key findings, were summarised (see Table 1.2) as suggested by Popay et al. (2006).

**Table 1.2***Study Characteristics*

Reference	Nature of Research	Aim of Research	Participant Characteristics	Research Design	Self-Disclosure Environment	Recipient of Self-Disclosures	Key Findings
Brindley et al. (2020)	Peer reviewed	To explore TCPs experiences of research ethics committees' processes	7 TCPs (two training courses)	Qualitative, Interpretative Phenomenological Analysis (IPA)	Academic Environment (Research)	Peers	<ul style="list-style-type: none"> <li>• Discussions with peers identified as a coping strategy to validate difficult emotions and experiences</li> <li>• Sharing of horror stories occurred between peers which then guided other TCPs disclosures creating a dilemma for their own self-disclosures as being potentially helpful for individuals but not for the receiver</li> <li>• Suggestion that TCPs would have liked to have had further opportunities for self-disclosure</li> </ul>
Brown et al. (2021)	Peer reviewed	To explore the perspectives of TCPs experiences of workplace bullying	14 TCPs (various training courses)	Qualitative, Thematic Analysis (TA)	Academic & Clinical Setting (both prior to completing the ClinPsyD and during)	Academic Staff	<ul style="list-style-type: none"> <li>• When TCP perceived their difficulties not being acknowledged after self-disclosure, this resulted in a sterile relationship with the university</li> </ul>

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Galvin & Smith (2017)	Peer reviewed	To investigate stressors in TCPs and report main coping strategies	15 TCPs (from one training course)	Qualitative, TA	Academic & Clinical Setting (both prior to completing the ClinPsyD and during)	Peers	<ul style="list-style-type: none"> <li>• Not all TCPs felt able to self-disclose in the academic setting</li> <li>• TCPs self-disclosures with peers viewed as helpful by validating own experiences whilst also leading to difficulties such as comparing themselves to peers</li> <li>• Sharing and receiving of similar self-disclosures shaped TCPs beliefs that other psychologists have experienced difficulties (e.g. trauma/ substance misuse)</li> </ul>
Heckert (2022)	Unpublished thesis	To develop a theory of how mental health difficulties are navigated within the ClinPsyD	10 (4TCPs, 2 of which were recently qualified Clinical Psychologists (CPs), 4 Clinical Supervisors & 2 Course Staff) from various training courses	Qualitative, Grounded Theory	Clinical and Academic Setting	Clinical Tutor & Academic staff	<ul style="list-style-type: none"> <li>• Not all training institutions have the structures to support mental health self-disclosure</li> <li>• TCPs experience following self-disclosures varied for some it was helpful (having reflective space with clinical tutor) whilst for others this was unhelpful and lead to regret</li> </ul>

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McEwan & Tod (2023)	Peer reviewed	To examine longitudinal professional development in UK Psychologists	9 TCPs and 9 Trainee Sports & Exercise Psychologists (3 training courses)	Qualitative, TA, longitudinal study	Clinical and Academic Setting	Peers	<ul style="list-style-type: none"> <li>• A positive relationship between peers enabled self-disclosure</li> </ul>
Lyons et al. (2019)	Peer reviewed	To understand what are TCPs experiences of reflective practice groups (RPG) within doctoral Clinical Psychology training	8 Qualified CPs (from one training course)	Qualitative, IPA	RPG	RPG (Peers and academic staff)	<ul style="list-style-type: none"> <li>• TCPs experience of self-disclosure in RPG varied in terms of perceived helpfulness</li> <li>• TCPs were conscious about how self-disclosures were received</li> <li>• RPG potentially impacted self-disclosures outside of the environment</li> </ul>
Spendelow & Butler (2016)	Peer reviewed	To identify outcomes of self-practice/self-reflection for TCPs within Cognitive Behavioural Therapy exercise	32 TCPs (one course)	Mixed methods-Quantitative survey with free text (TA)	Self-practice/Self-Reflection	RPG (Peers and academic staff)	<ul style="list-style-type: none"> <li>• Some TCPs were concerned about negative personal interpersonal outcomes because of self-disclosure within RPG</li> <li>• TCPs described being unsure of how much to self-disclose within RPG</li> </ul>
Turner et al. (2022)	Peer reviewed	To investigate the process of self-disclosure of lived experience of mental health difficulties of TCPs	12 TCPs (various training courses)	Qualitative, Grounded Theory	Clinical and Academic Setting	Peers and academic staff	<ul style="list-style-type: none"> <li>• TCPs decisions around self-disclosure was guided by various motivations</li> <li>• TCPs self-disclosures could result in positive outcomes (getting more support)</li> </ul>

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Woodward et al. (2015)	Peer-reviewed	To understand how newly qualified CPs experience their personal and professional identities during doctoral training	7 newly qualified CPs (from one specific training course)	Qualitative, IPA	Reflective Practice	RPG (Peers and academic staff)	<ul style="list-style-type: none"> <li>• TCP self-disclosures within RPG impacted further self-disclosures in other environments</li> <li>• TCPs self-disclosures result in positive outcomes (deeper relationships)</li> <li>• Deeper relationships lead to further sense of safety later in training</li> </ul>
Zamir (2022)	Unpublished thesis	Examined TCPs experiences of self-disclosure (or non-disclosure) of psychological distress whilst in training and examined beliefs and responses to self-disclosures	165 TCPs and newly qualified CPs (13 interviewed) from various training courses	Mixed methods, survey and TA (reflexive)	Clinical and Academic Setting	Peers and academic staff	<ul style="list-style-type: none"> <li>• Self-disclosure was more frequent to peers followed by academic and course tutors (over placement supervisions/ line managers)</li> <li>• The position of power of those receiving the self-disclosure was considered</li> <li>• Peer relationships were important and increased amounts of self-disclosure due to feeling understood</li> </ul>

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## **Participant Details and Research Samples**

Two out of the 10 papers identified, specifically looked at self-disclosures from TCPs (Turner et al., 2022; Zamir, 2022). The remainder of the papers involved research exploring various emotive experiences that individuals encountered throughout the ClinPsyD of which self-disclosures were discussed (Brindley et al., 2020; Brown et al., 2021; Galvin & Smith., 2017; Heckert, 2022; McEwan & Tod., 2023; Lyons et al., 2019; Spendelow & Butler., 2016; Woodward et al., 2015). All the papers had TCPs as exclusive participants apart from McEwan and Todd (2023) who also included Trainee Sports and Exercise Psychologists (data were excluded from the analysis if it was not possible to separate the TCPs experiences from the trainee sports and exercise psychologists.). Six of the research papers included participants who were at the time of the research completing the UK ClinPsyD (Brindley et al., 2020; Brown et al., 2021; Galvin & Smith., 2017; McEwan & Tod., 2023; Spendelow & Butler., 2016; Turner et al., 2022), whilst two studies included qualified Clinical Psychologists reflecting back on their training experiences (Lyons et al., 2019; Woodward et al., 2015). The final two papers recruited a mixture of current TCPs and qualified Clinical Psychologists (Heckert, 2022; Zamir, 2022). Six of the research papers recruited participants from several different training courses whilst the remaining four studies specifically focused on one training institution (Galvin & Smith, 2017; Lyons et al. ,2019; Spendelow & Butler, 2016 & Woodward et al., 2015).

## **What Opportunities do TCPs Have to Self-Disclose Within the Academic Environment?**

Three papers specifically explored TCPs experiences within reflective practice groups (Lyons et al., 2019; Spendelow & Butler, 2016; Woodward et al., 2015) on the ClinPsyD, where self-disclosures were discussed. Whilst Brindley et al. (2020) specifically focused on the academic setting by exploring TCPs experiences, this was in relation to exploring TCPs experiences of research ethics committees' processes and self-disclosures were therefore in

the context of research. The remaining six papers reviewed did not specifically distinguish experiences within the academic setting compared to the clinical setting. However, these papers noted specific experiences in which TCPs had self-disclosed within the academic environment (Brown et al., 2021; Galvin & Smith, 2017; Heckert, 2022; McEwan & Tod, 2023; Turner et al., 2022; Zamir, 2022).

### **The Recipients of TCPs Self-Disclosures**

For the three studies reviewed which discussed TCPs self-disclosures specifically within reflective group practices (Lyons et al., 2019; Spindelov & Butler, 2016; Woodward et al., 2015), the recipients of these disclosures were peers (other TCPs) and generally a member of academic staff. The studies by Turner et al. (2022) and Zamir (2022) related to self-disclosures to both peers and academic staff. For the remainder of the studies, self-disclosures were identified as being exclusively to peers (Brindley et al., 2020; Galvin & Smith, 2017; McEwan & Tod, 2023) or exclusively to university staff, including clinical tutors (Brown et al., 2021 & Heckert, 2022).

### **What are TCPs Experiences of Self-Disclosure Within the Academic Environment?**

Further details of the studies' findings of TCPs experiences of self-disclosures were explored in relation to those who received the disclosures (e.g. TCPs disclosing to peers, university staff or within a RPG).

#### ***TCPs Experience of Self-Disclosures With Peers***

TCPs experiences of self-disclosures to their peers were described as both helpful and unhelpful. Both McEwan and Todd (2023) and Galvin and Smith (2017) highlighted that sharing of experiences with peers was deemed to be helpful such as by reducing stress. However, as also highlighted by McEwan and Todd, these conversations could also lead to a sense of competitiveness and not measuring up to the same standards. Brindley et al. (2022) suggested that for some TCPs peer self-disclosures were helpful in terms of validating



difficult emotional experiences throughout their training experiences. However, they also highlighted how TCPs would share horror stories of training experiences which could lead to fear of the research ethics committee processes (which was the area of interest in this research). These horror stories were reported to create a dilemma for TCPs as they were deemed to be therapeutic for the person disclosing but detrimental for the audience. These horror stories were also described to impact TCPs disclosures as they shaped their further self-disclosures such as TCPs editing their own self-disclosures (avoiding telling negative emotional experiences) to protect their peers and prevented the sharing of more positive experiences therefore reinforcing expected negative experiences.

The relationships between peers were also deemed to be important. Zamir (2022) highlighted how TCPs were more likely to disclose to peers due to the assumption of those making the self-disclosure that peers would be better able to understand due to their shared experiences and that these shared experiences enabled stronger relationships. Turner et al. (2022) also highlighted the importance of TCPs needing to feel safe both interpersonally and contextually with peers (although this was also reported for supervision and personal tutor meetings).

### ***TCPs Experiences of Self-Disclosures with University Staff***

Some experiences of TCPs' self-disclosures to university staff were clearly perceived to have resulted in a positive outcome for the person making the disclosure, such as the staff member providing a reflective space (Heckert, 2022), whilst Zamir (2022) and Turner et al. (2022) reported positive outcomes often being related to practical and emotional support. However, Brown et al. (2021) highlighted that for some TCPs there was a risk of a negative outcome such as TCPs feeling less invested in their training, raising future further bullying concerns (the key area of research in this study) and a more sterile relationship with the university when their self-disclosure was not perceived to be appropriately acknowledged by

the staff member. Similarly, the results from Heckert (2022) suggested that the way university staff dealt with the disclosure meant that some TCPs would be less likely to disclose in the future.

Some TCPs appeared to worry about self-disclosures to staff, with Zamir (2022) reporting this was intensified by the power imbalance between staff and TCPs, due to fears from TCPs that staff could, theoretically, influence the success of the individual's training through assessments. However, it should be noted that this fear is likely to be perceived rather than factual as this would be grossly unethical and in general, assignments are marked anonymously. Further, Turner et al. (2022) highlighted the importance of TCPs requiring a safe space to complete self-disclosures with academic staff.

Brown et al. (2021) highlighted that some TCPs felt unable to share their self-disclosures with academic staff. Whilst research by Brindley et al. (2020) focused on self-disclosures to peers, they highlighted that for some TCPs more opportunities for self-disclosures with trainers were thought to have been helpful to provide further emotional containment.

### ***TCPs Experiences of Self-Disclosures Within Reflective Practice Groups (RPG)***

Lyons et al. (2019) reported mixed experiences of self-disclosures in the context of reflective practice groups with some examples of this being a positive experience whereas for others it was not. Some TCPs reported concerns about the perceived perception of themselves by other members of the group being negatively impacted by their self-disclosure's. This included TCPs perceiving that they (as individuals) could be judged negatively by the other group members. The findings also highlighted how self-disclosures could lead to the TCPs feeling a sense of shame due to their displayed emotion. Similarly, Spendelow and Butler (2016) also reported that TCPs were concerned about being judged by other group members as a consequence of their self-disclosure, whilst reporting that others may perceive them in a

less favourable light such as being “weak or personally flawed” (p.607). Spindel and Butler also described how self-disclosures within this setting could lead to TCPs feeling embarrassed and vulnerable.

Whilst Woodward (2015) also highlighted how TCPs self-disclosures led to feelings of vulnerability, Woodward proposed that self-disclosures enabled deeper connections with the cohort which in turn could provide TCPs with a sense of safety later in their training experience, therefore highlighting how self-disclosures were perceived as valuable. Lyons et al. (2019) also highlighted that for some TCPs, self-disclosures within RPGs lead to other valuable outcomes such as recognising the potential benefits of personal therapy and talking to peers outside of the environment, which potentially validated specific experiences.

### **Discussion**

This systematic review aimed to understand TCPs experiences of self-disclosure within the academic context of the Clinical Psychology Doctorate (ClinPsyD). Quality assessments of the included papers indicated research that had been completed, had been of high quality. The review of the literature highlighted that TCPs are making self-disclosures within several academic elements of training (on an individual and group basis) and the recipients of these disclosures included academic staff and peers. Self-disclosures in all contexts and to different recipients varied in terms of whether they were deemed to be helpful or unhelpful as perceived by TCPs. In line with the self-disclosure model proposed by Turner et al. (2022), TCPs discussed similar perceived fears (e.g. negative impacts on their training experiences) once they had made self-disclosures which Turner and colleagues described as a barrier to self-disclosures. However, these perceived barriers did not appear to stop TCPs from making disclosures, also providing support for their model of the interaction between barriers, motivations, and enablers when TCPs are making the decision to make a self-disclosure.

Perhaps unsurprisingly the two studies with the main aim of exploring TCPs self-disclosures (Turner et al. 2022; Zamir, 2022) were the only studies which identified that self-disclosures were occurring across different environments within the academic environment (e.g., individually with peers and/or university staff or in more formal reflective groups). Whilst this suggests that TCPs may have several opportunities for self-disclosure within the academic environment, it also highlights the limited research currently conducted into self-disclosure within the academic element of the ClinPsyD.

In terms of the perceived helpfulness or whether the self-disclosure resulted in a positive outcome, TCPs' experiences were mixed. Interestingly, TCPs did not appear to be absolute in terms of whether their self-disclosures were helpful or unhelpful but appeared to rate this on each disclosure they made. The Disclosure Processes Model (DPM) proposed by Chaudoir and Fisher (2010) details how when individuals are deciding whether to make a self-disclosure, they will make an independent decision at each opportunity. However, they also propose a feedback loop following a self-disclosure which can then go onto impact future disclosures. This highlights the importance of reducing perceived negative outcomes from recipients of the self-disclosures, to ensure that TCPs unhelpful experiences are not so negative that they prevent them from making further disclosures.

The variability in terms of the perceived outcome of self-disclosures could also be understood in terms of the complexities surrounding self-disclosures from both the perspective of the person delivering the disclosure but also the person receiving them and how they respond to the disclosure, both of which may be difficult to navigate. As highlighted by the DPM (Chaudoir and Fisher, 2010) resulting social support after a self-disclosure is the responsibility of the person receiving the disclosure and within this context is likely to be peers and academic staff, highlighting the importance of them being aware of how to respond in a supportive manner.

Ideally, TCPs need to feel safe when delivering their self-disclosures but also when they are receiving feedback from these. Compassion Focused Therapy (CFT; Gilbert, 2014) describes the importance of human relationships, including the relationship individuals have with themselves, with shame and self-criticism proposed to underpin mental health problems. CFT also proposes a model of emotional regulation using three systems: the drive, threat and soothing systems, which individuals switch between. Individuals within the soothing system will feel safe and calm and be able to nurture themselves. whereas if individuals are within the threat system they will be more likely to interpret the environment as unsafe and more likely to experience self-criticism, anger or anxiety. When this model is applied to TCPs self-disclosures, they will need to be in the soothing system when delivering self-disclosures to be more likely to perceive their self-disclosure as being meaningful or helpful. As highlighted by the DPM, (Chaudoir & Fisher, 2010), self-disclosure should be considered through a single process which involves the decision making prior to a self-disclosure but also the outcome processes. Ensuring individuals feel safe within the academic environment is the responsibility of both the individual themselves and those around them. Recipients of disclosures should consider how they manage self-disclosures, but equally training institutions can provide supportive safe environments for all individuals involved in self-disclosures.

### **Relevance to Training**

Whilst this systematic review highlights that there is limited research into understanding how TCPs experience self-disclosures within the academic environment, some of the findings demonstrate that self-disclosures have been of value to some TCPs. As highlighted by the self-disclosure model by Turner and colleagues (2022), self-disclosure is a complex process involving several considerations needing to be made by individuals before the decision to disclose is made (Turner et al., 2022). Therefore, whilst not all TCPs will want

to, or feel able to self-disclose they should be provided with various opportunities to do so within different settings such as in groups, on an individual basis and with different people (e.g. peers and course staff).

The review of the literature has also highlighted that for some, self-disclosures can be a risk in terms of the outcomes and whether these are deemed to be helpful or unhelpful. When they are perceived to be helpful, TCPs have clearly highlighted that these have had a positive impact on their training experiences and emotional experiences, although when TCPs perceived their self-disclosures to be received more negatively this can potentially be harmful to their training experience. TCPs and academic staff may benefit from further guidance around how to deliver self-disclosures and how to receive them in a way that is helpful for the purpose of those making the disclosure. As highlighted in the reviewed research, the outcome of the disclosure will be perceived differently depending on the potential expectations of the individual making the disclosure so this may not be an easy process. However, by recognising this, it may allow individuals to consider how they frame their disclosure (e.g. if they have an expectation such as additional support) and how others respond to them.

### **Limitations**

Due to the limited nature of research around self-disclosure in the academic element of the ClinPsyD, this systematic review included findings from studies in which self-disclosures were not the main research question but included to answer the main research question. Further, when completing the initial review of the literature, several studies were excluded as it was not possible to distinguish self-disclosures within the academic side of the training from those within the clinical aspect of the training course. Therefore, there is the risk that some valuable information may not have been included within this review which may have been related to self-disclosures made within the academic setting. Therefore, it

could be argued that the results obtained were not a full reflection of the experiences of self-disclosures. This highlights the need for further research in this area.

### **Areas for Future Research**

As self-disclosures from TCPs will inevitably vary depending on the context of which they are given (individually vs. group), the relationship they have with the person receiving them and individual preferences, it may be beneficial to distinguish this within research to see if there are differences or commonalities between the self-disclosures made under these conditions. As highlighted by the Social Identity Theory (Tajfel, 1974) groups are important in terms of providing individuals with a sense of belonging and purpose which can have an impact on individuals' goals.

As this systematic review has highlighted, individuals' interpretations of the experiences and outcomes from self-disclosures were reported to vary in terms of helpfulness and outcomes. A further exploration of TCPs' understanding of whether perceptions of outcomes of self-disclosures differed depending on the recipient would aid the understanding of this and potentially provide clearer guidance for how those receiving self-disclosures could respond.

### **Conclusion**

This systematic review explored UK-based TCPs experiences of self-disclosure within the academic component of the ClinPsyD. TCPs were found to be delivering emotive self-disclosures within several environments including in individual and group settings and to peers, academic staff and within reflective group practice. TCPs' experiences varied in terms of the perceived helpfulness of these.

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**CHAPTER 3**  
**Bridging Chapter**

## **Bridging Chapter**

The systematic review explored UK-based trainee clinical psychologists' (TCPs) experiences of delivering self-disclosures within the academic context of the Clinical Psychology Doctorate (ClinPsyD). However, direct research into TCPs' experiences solely in the academic context of the course was limited and was often discussed in the context of general training experiences, or of specific topics related to training (e.g., experiences within reflective practice groups). The review highlighted the breadth of where TCPs were making self-disclosures within the academic environment to university staff and peers (individual and group settings) as well as during reflective practice groups (RPGs). TCPs reported what they perceived to be both helpful and unhelpful outcomes to these self-disclosures for all types of recipients (e.g. peers, university staff and RPGs). When self-disclosures were deemed to be helpful this often resulted in a positive outcome such as peers validating their emotions, university staff offering practical and emotional support, and in the context of RPGs allowing a deeper sense of connection with the cohort. Some TCPs reported more negative experiences of self-disclosures with peers when they perceived themselves as not measuring up to the recipient of the disclosure. Unhelpful experiences of self-disclosures to university staff included academic staff not appropriately acknowledging the disclosure from the perspective of the TCP. Finally, within the RPGs, negative outcomes were described as TCPs feeling concerned about negative perception by members of the groups following a self-disclosure, which could lead to shame and embarrassment for the TCP once this had been delivered.

The systematic review highlighted the complexities of TCPs self-disclosures within the academic environment. As highlighted by Galvin and Smith (2017), the sharing and receiving of self-disclosures shaped TCPs beliefs that other psychologists experience personal difficulties, and self-disclosures have been suggested to provide other positive outcomes. However, it has been suggested that not all training institutions have the structures

to support self-disclosures, including those of mental health difficulties (Heckert, 2022). As suggested by Turner et al. (2022), TCP's self-disclosures are guided by various motivations. However, they also highlighted that a barrier to TCPs' self-disclosures was a concern that they did not want to "voice the unspoken" (p.6), with reflections around personal difficulties reported as not frequently being discussed, and therefore uncertainty around whether they were acceptable. Turner and colleagues suggested courses and supervisors should create spaces for self-disclosure as part of the curriculum for those who would like to participate. They suggested encouraging self-disclosure on training may reduce further barriers to self-disclosure in the future, such as within the workplace once qualified.

Several recommendations have been made to enable a more compassionate environment to support TCPs to be able to discuss their own challenges (Turner et al., 2022; Grice et al., 2018), with the overall aim being to support TCPs with their wellbeing. One way of doing this could be with the use of modelling of self-disclosure within the teaching environment, as suggested by Kemp et al. (2020). Despite recommendations that trainers' model self-disclosure within the ClinPsyD, there has been no known research to date as to how TCPs experience self-disclosures from university staff. Therefore, the empirical research aimed to answer this question using a qualitative approach and thematic analysis to provide insight into TCPs' experiences.

**CHAPTER 4**

**Empirical Research Paper**



**Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes**

Prepared for Submission to Counselling and Psychotherapy Research (See Appendix A)

Word Count (including references): 7559

## **Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes**

### **Abstract**

Recommendations have been made that trainers on Clinical Psychology Doctorate (ClinPsyD) programmes deliver self-disclosures, with the aim of creating a supportive environment for Trainee Clinical Psychologists (TCPs) to make their own self-disclosures if desired. However, it is not currently known how TCPs experience trainer self-disclosures. This research aimed to fill this gap by exploring TCPs experiences of hearing trainers delivering self-disclosures which involved emotive experiences within the academic element of the ClinPsyD. Eleven TCPs were interviewed from training courses across the UK. Data was analysed using Braun and Clarke's thematic analysis (2006) to report key themes across the data. Four themes were generated detailing these experiences; the impact on the TCP, the impact on the perception of the trainer, the impact on the greater Clinical Psychology profession and potential considerations trainers may wish to consider when delivering self-disclosures. There were mixed reports of the helpfulness of trainer self-disclosures, with some reporting them being helpful whereas others reported them as unhelpful, with the degree of helpfulness being based on individual experiences. Trainer self-disclosures within the academic element of the ClinPsyD are complex. When trainer self-disclosures are perceived to be helpful they can have a positive impact on individual TCPs and their training experience. However, when they are perceived to be unhelpful this can have negative impacts such as impeding learning. ClinPsyD programmes should provide a safe space for trainers to reflect on self-disclosures with the aim of making these helpful for TCPs whilst also supporting the wellbeing of trainers.

**Keywords:** disclosure, thematic analysis, Clinical Psychology training, academic training, trainer, wellbeing

## Introduction

The prevalence rates of current and past mental health difficulties (including those without a formal diagnosis) within the Clinical Psychology population are estimated to be higher than the general population. Tay et al. (2018) found up to two thirds of Clinical Psychologists (CPs) have lived experience of mental health difficulties which included self-defined mental health difficulties of various diagnostic labels such as anxiety and depression. Overall, they reported generally CPs did not feel the need to withhold information about their mental health difficulties but were more likely to disclose this information in social circles rather than at work. However, for those that did conceal this information, this was due to fear of judgment, stigma and shame and the potential negative impact disclosures could have on their career as a mental health professional. Similarly, research by Grice et al. (2018) found 67% of Trainee Clinical Psychologists (TCPs) involved in their study had experienced past or current mental health difficulties (not limited to having an official diagnosis but also involving psychological or emotional difficulties that impacted on their ability to cope with “the ordinary demands of life.” p.723.). It is important to interpret the above prevalence rates with caution as they may be an overestimation due to self-selection recruitment bias. However, the alternative Clinical Handbook, (British Psychological Society, 2023) suggests that compared to the national figure of postgraduate students, there is a higher rate of reported disabilities (with mental health difficulties being the most reported disability) within TCPs compared to other postgraduate courses.

The British Psychological Society (BPS), Division of Clinical Psychology, issued a statement recognising and supporting the “unique and valued contributions” (p.1) psychologists with lived experience can add and the positive impact on clinical practice (Hogg & Kemp, 2020). Despite this statement and potentially higher rates of mental health difficulties in the Clinical Psychology workforce, clinicians appear to hold the view that

service users are distinct from service providers which maintains an us versus them culture (Kemp et al., 2020). Hinshaw (2008) highlighted many Mental Health Practitioners (MHPs) often remain silent about their own mental health difficulties, due to general mental health stigma and MHPs own stigmatising beliefs. Hinshaw also highlighted the difficulties MHPs face when deciding whether to disclose their mental health difficulties in the workplace, including concerns about not being able to maintain professional boundaries, and that having their own mental health difficulties was not compatible with the field of work. Hinshaw highlighted the importance of MHPs sharing their experiences to reduce this silence. However, in more recent years there appears to have been a shift in MHPs openly speaking about their lived experience (McGregor & Wood. 2022; Victor et al., 2022.) with initiatives such as *in2gr8mentalhealth*, promoting, valuing and supporting lived experience within the field and UK-based Clinical Psychology courses are explicitly recognising some TCPs will have experience of mental health difficulties (Bangor University, n.d; Clearing House, 2023; Parker, 2022).

The governing body of Psychologists in the UK, the BPS have provided guidance on supporting TCPs with experiences of mental health difficulties (Kemp et al., 2020), recognising TCPs asking for help is an essential professional competency and not a sign of failure. They highlight the need for training courses to adapt training environments to enable a more open, safe, and compassionate community, to enable TCPs to be open about their lived experiences and allow discussions around the value and impact this has on their work which could encourage TCPs to seek support at the earliest opportunity. However, Turner et al. (2022) described the complex process of TCPs managing self-disclosures during training. They identified both things that enabled self-disclosures and barriers to self-disclosures such as “voicing the unspoken” (p.6), Several other recommendations have been made to enable a

more compassionate environment to promote TCPs being able to discuss their own challenges to aid their wellbeing (Turner et al., 2022; Grice et al., 2018).

Generally, self-disclosure is a complex area with most research focusing on self-disclosure within therapeutic relationships. A systematic review conducted by Henretty and Levitt (2010) highlighted mixed results in terms of therapist self-disclosures although reported therapist self-disclosures can illicit more self-disclosures from patients. Knox and Hill (2003) made several recommendations for the effective use of therapeutic self-disclosures including using them infrequently and appropriately without high levels of intimacy. Throughout the ClinPsyD, TCPs are taught to maintain professional boundaries by restricting sharing personal information within their therapeutic work. This therefore could potentially lead to a dilemma for TCPs of knowing where the boundaries lie in relation to self-disclosure within the academic aspects of the course and thus potentially restrict self-disclosures in this environment to reflect the standards within therapeutic work.

The BPS also suggests everybody within the training environment should think about their perceptions of lived experience within Clinical Psychology and how this is discussed, with a recommendation that trainer's model self-disclosures to enable TCPs to feel supported to disclose their own experiences. Research by Davies et al. (2023), suggests that trainers on Clinical Psychology Doctorate's (ClinPsyD) value self-disclosures whilst teaching TCPs, often holding a default position of disclosure being adopted, noting they were also aware of the potential negative impacts these could have to themselves and on TCPs.

### **The ClinPsyD Training Experience**

Regardless of whether individuals experience specific mental health difficulties, the ClinPsyD is challenging. TCPs have several demands, including clinical work within services, academic assignments and a research portfolio. Research by Hill et al. (2016) found TCPs reports of low self-esteem and feelings of anxiety and stress were common, with these

being attributed to the demands of training. They claimed “stress in training is normative” (p.434) highlighting the need to normalise TCPs experience and promote TCP self-care and personal development. Research has also suggested that for some, direct experiences on the ClinPsyD can lead to distress, including within reflective practice groups (Knight et al., 2010; Lyons et al., 2019) and experiences of secondary trauma (Makadia et al., 2017). Further research highlights the emotional challenges that TCPs experience throughout the training process (Brindley et al., 2020; Galvin & Smith, 2007; Lyons et al., 2019), providing evidence that TCPs wellbeing should be addressed throughout their training. A systematic review by Hannigan et al. (2004) found many Clinical Psychologists find their work stress provoking and demanding, with up to 40% of participants reporting significant distress, further highlighting the importance of TCPs developing positive coping strategies.

Despite recommendations trainers’ model self-disclosures within the training environment, there is currently no known research evaluating TCPs’ experiences of this within the academic element of training. Therefore, it is currently unknown as to whether TCPs perceive these disclosures as helpful or not and whether hearing these disclosures impacts on the TCPs’ training experience and wellbeing.

Self-disclosures can be defined differently; for some it can be disclosing a mental health condition while for others it can take a much broader view (Ruddle & Dilks 2015). This research used a broader definition of self-disclosure, which included sharing of any aspects of emotive personal experiences.

### **Aim and Research Question**

This research aimed to explore how trainees on UK- based ClinPsyD courses experience hearing self-disclosure from trainers within the teaching environment. This will be addressed using the following research question:

How have trainees experienced self-disclosure by trainers on UK Clinical Psychology Doctorate Courses?

Dependent on the data collected, the research aimed to identify implications for training providers with initial trainee experiences, which would inform them on supporting trainers to use self-disclosures within the teaching environment to aid trainee wellbeing.

For this research, the teaching environment involved mandatory aspects of the academic element of the course, therefore excluding clinical placements and clinical supervision. The teaching environment may have slight variations dependant on the training course. However, it will relate to academic aspects of the ClinPsyD delivered by training staff such as lectures, seminars, research supervision, individual academic supervision and reflective group practices.

## **Methods**

### **Rationale for Design**

To the author's knowledge there was no research existing in this area and therefore a qualitative design was employed to allow a more exploratory approach to individuals' experiences.

### **Design and Underlying Theoretical Assumptions**

Semi-structured interviews were conducted producing qualitative data to be analysed using thematic analysis. Thematic analysis was chosen to identify themes across personal experiences as this has been suggested to be more favourable than other techniques within wider social-cultural contexts (Braun & Clarke, 2020).

This research is underpinned by a constructionist epistemological approach, which recognises there are multiple versions of the truth which are shaped by experience and therefore can change over time. The researcher comes from an experiential orientation

perspective and therefore was looking at individuals' accounts of their experiences.

Therefore, this research did not aim to generalise the results across all TCPs' experiences.

### **Subjectivity**

At the time of the research project, the principal investigator was a current TCP within the UK. They therefore had their own experiences of hearing self-disclosures within their programme, and own perception of this. Prior to the research being undertaken, they had reviewed various literature to gain a wider perspective on the research area. The primary researcher also has a passion for the promotion of wellbeing and mental health within the mental health profession.

### **Reflexivity**

To ensure reflexivity and reduce subjectivity, the principal investigator kept a reflective diary to record thoughts and feelings throughout the research process. Items which the primary investigator considered may have been biased by their own experiences or opinions were discussed in supervision to review any potential impact this may have had on the data analysis and actioned as required. Excerpts from the transcripts were independently coded by the primary researcher's supervisors and further discussed.

### **Ethical Considerations**

This study was granted ethical approval by the University of East Anglia Faculty of Medicine and Health Sciences Research Ethics Committee.

### **Inclusion Criteria**

To meet the criteria to be a participant in the study, participants had to be currently enrolled on a ClinPsyD programme within the UK (excluding the University of East Anglia), with experience of hearing trainers delivering self-disclosures within the teaching/ academic environment (rather than clinical placements).



## **Recruitment**

Introductory emails with advertising and research materials (e.g., study poster, gatekeeper information sheet and participant information sheet) were sent to administration teams of ClinPsyD courses requesting information was passed onto the course/ research director who would act as gatekeepers. Gatekeepers were asked to respond to the principal researcher with consent to act as a gatekeeper and then disseminate the information to their current training cohorts. In accordance with recruitment information, prospective participants emailed the principal investigator expressing an interest to take part, following which interview details were confirmed.

## **Data Collection**

Data were collected online using Microsoft Teams in one session, using a semi-structured interview. A pre-designed topic guide which had been developed with feedback from current trainers on UK-based ClinPsyD courses was used. This feedback was gathered to seek trainer's opinions on the preliminary questions and to seek their feedback on what they would be interested to know from TCPs experiences so far. The topic guide was updated accordingly.

Software used to record the audio of interviews provided an initial transcript. Each transcript was individually reviewed by the principal researcher and edited so data were recorded verbatim and to ensure accuracy.

## **Interview Procedure**

Interviews began by confirming participants' consent to take part in the research and met the inclusion criteria. Informed consent had also been provided from each participant in written format prior to the interview. The definition of self-disclosure for the purpose of the study and which environments were included within the academic aspect of the ClinPsyD (e.g. lectures and or seminars) were confirmed. Participants were asked to provide

demographic details verbally, using a pre-designed collection form. Following consent, the remainder of the interview was recorded, and the topic guide was used to aid conversation. Interview times ranged from 40 to 75 minutes, with the average time being approximately 60 minutes. On completion of the interview, the recording was stopped, and the participant was debriefed. Participants were sent a debrief form and a £10 e-voucher to thank them for their participation.

### Course Responses and Participant Demographics

Twenty-seven courses were contacted and 10 responded to confirm their consent to act as gatekeepers. Eleven participants were interviewed. All participants identified as female, with a mean age of 29.73 years (range 25-37yrs). See Table 2.1 for participant demographic details.

**Table 2.1**

#### *Demographic Details*

	Frequency	Percentage
<b>Gender</b>		
Female	11	100
Male	0	0
<b>Age</b>		
25-28	5	45.5
29-32	3	27.3
33-37	3	27.3
<b>Ethnicity</b>		
White British	7	63.7
White European	1	9.1
Eastern European	1	9.1
White Other	1	9.1
Asian	1	9.1
<b>Year of course</b>		
1 <sup>st</sup> Year	7	63.6
2 <sup>nd</sup> Year	3	27.3
3 <sup>rd</sup> Year	1	9.1
<b>Geographical Region of Course</b>		
Southwest	1	9.1
Southeast	4	36.4
Wales	2	18.2
Midlands	4	36.4

## **Data Analysis**

Although the quantity of interviews required for qualitative research has been debated and saturation of data is not always deemed to be required (Braun & Clarke, 2021; Vasileiou et al., 2018), no new themes or subthemes were identified in the final interviews, suggesting data saturation had occurred.

Data were analysed using Braun and Clarke's (2006) six stage process of thematic analysis: Familiarising self with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report.

To protect participants identity, participants were allocated an unconnected pseudonym. Each quote below is presented alongside the allocated pseudonym.

## **Results**

The analysis generated four main themes: The impact of trainer self-disclosures on individual trainees; The trainee's perception of the trainer following self-disclosures; The impact of trainer self-disclosures on the greater profession and potential considerations for trainer self-disclosures. Each theme contained several sub-themes (see Table 2.2).

**Table 2.2***Themes and Subthemes*

Theme	Subthemes
1. The impact of trainer self-disclosures on individual trainees	<ul style="list-style-type: none"> <li>• Impact on learning</li> <li>• Challenging of trainees' opinions</li> <li>• Impact on shaping further conversations</li> <li>• Emotional impact</li> </ul>
2. The trainees' perception of the trainer following self-disclosures	<ul style="list-style-type: none"> <li>• Impact for the trainer</li> <li>• The humanising of trainers</li> <li>• A shift in the power dynamic</li> </ul>
3. The impact of trainer self-disclosures on the greater profession;	<ul style="list-style-type: none"> <li>• Challenging the myth of the "perfect psychologist"</li> <li>• Challenging the "us vs them" dichotomy</li> <li>• Enabling an open culture</li> </ul>
4. Potential considerations for trainer self-disclosures (from a trainee's perspective)	<ul style="list-style-type: none"> <li>• Expectations of Trainers</li> <li>• Perceived needs and purpose of valued self-disclosures</li> <li>• Guidance for delivery</li> </ul>

**The Impact of Trainer Self-disclosures on Individual Trainees**

Participants identified different areas of individual impact that trainer self-disclosures had on their individual training experience and the potential influencing factors of these impacts, including their relationship with the person disclosing. For some participants, they were uncertain that hearing self-disclosures would have a direct impact on their own likelihood of self-disclosing due to other influences of the course on their personal and professional development.

*"I'm not 100% sure how much of it has been just due to that singular aspect of disclosure and how much of it is due to just being in the environment of the doctorate...."*

*Freya.*

***Impact on Learning***

Trainer self-disclosures enabled TCPs to be able to see other perspectives, particularly when participants had not had experience with a specific difficulty or clinical experience.

This learning could guide their clinical practice which helped to provide confidence when facing similar situations.

*“So yeh you are just learning from their, them sharing that and you know had they not shared that perhaps if when the thing happened for me, I would have been more panicked...” Lola.*

Participants also described how the use of trainer self-disclosures provide a different way of learning, helping them to link theory with practice through real life examples which provides a deeper learning experience than vignettes or case studies.

*“.....rather than almost talking about an abstract topic, you're suddenly talking about someone's real life and real experiences. So that's, for me, I understand things a lot better....” Paisley*

However, participants who had perceived self-disclosures to be unhelpful, reported differences on the impact of their learning experience. For some, when participants perceived a self-disclosure as unhelpful, they were able to see the experience as continuing to aid their learning, reporting finding some element of the self-disclosure helpful, or as a guide for how they would frame their own self-disclosures. However, trainer self-disclosures which were perceived as overly emotional and uncontained could hinder their learning, with TCPs actively disengaging for their own wellbeing.

*“.....it did make me think about how I would want to do it..... and whether there would be any sort of differences with that.” Autumn.*

*“So it's more kind of the, the emotional feeling it left me with rather than actually my, I guess my kind of academic knowledge from the lecture.” Paisley.*

### ***Challenging of Trainees' Opinions***

Several participants spoke about how trainer self-disclosures had challenged their own opinions, with several participants discussing the impact it had on feelings of imposter

syndrome<sup>2</sup> and providing hope that they could have a successful career in Clinical Psychology.

*“....they experienced it too. And actually, I....like it's unrealistic to think oh, I'm never going to ummmm I dunno, everything's always going to go really well. And I'm going to be super confident and that kind of thing.” Aria.*

Whilst several participants also described how trainer self-disclosures validated their own similar experiences and allowed them to accept training experiences with more compassion.

*“...but just a bit more validating that we're not completely incompetent. They thought it as well and we think.... we're sitting there thinking that they're competent, so.....” Maya.*

### ***Impact on Shaping Further Conversations***

Participants described how trainer self-disclosures would allow conversations that wouldn't normally happen and provided permission to share their own experiences with others. For some, the experience of hearing trainer self-disclosures helped them to navigate their own self-disclosures and provided confidence that they would be well received within the training environment.

*“....you may be not sure how much detail you should go into about yourself.... in these discussions and how helpful that is. Whereas if they've..... kind of modelled that and shown how it is helpful to share those things. Ummm it, I feel like it makes me more likely to then go and do the same.” Heidi.*

### ***Emotional Impact***

Several participants also described the impact of trainer self-disclosures in which they described the experience provoking emotions within them as an individual. For others this

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<sup>2</sup> Imposter syndrome describes how “highly accomplished, successful individuals paradoxically believe they are frauds who ultimately will fail and be unmasked as incompetent.” (APA, Dictionary of Psychology, 2018).

emotional experience was felt to be shared by others in the room including their peers and the trainer.

*“Yes, there are statistics that show XYZ, but to hear someone’s personal experience makes it much more emotive.” Freya.*

*“It's it's natural, it's organic, it's organic. And I think that's what makes it, because you realise ....that this is not something planned. This is not something scripted. This is actual raw raw reaction raw emotion that we all feel ....” Summer.*

Not all participants described the emotional reaction in a positive way. Some participants who had experienced trainer self-disclosures which were more emotive felt it was “too intense”.

*“It just was like that next level of really emotionally draining by the end of the day, after having to like deal with everyone's emotions in the room.” Mary.*

### **Impact on the Perception of the Trainer**

This theme involved the TCPs perception on the impact self-disclosures had on the trainer on a personal level, their attitudes and beliefs towards the trainer and the resulting impact on the trainee/trainer relationship.

#### ***Impact for the Trainer***

Several participants spoke about their recognition that self-disclosures from trainers were not an easy process for them, as self-disclosures can put the trainer in a vulnerable position when sharing emotive experiences.

*“...it feels again, like quite brave that people have done that, particularly within the context of teaching.” Ava.*

*“....it does take a lot out of someone sometimes to have to share these difficult experiences.” Freya.*

Several TCPs had experienced trainer self-disclosures provoking an emotional reaction in the trainer. For some this display of emotional reaction was acceptable or added to the experience in a positive way. However, for one participant an emotional reaction did not always appear to be required particularly when the topic was already emotive.

*“I mean you can understand the emotional side of it without having to experience it in the room.” Mary.*

### ***The Humanising of Trainers***

Participants spoke about how trainer self-disclosures were a helpful tool in humanising trainers as TCPs often put them on a pedestal or idolised them.

*“Sometimes talking to course staff can be...a little bit intimidating ummmm...but I think this sort of stuff just humanizes people.” Lola.*

This idolisation of trainers could lead TCPs to assume that they don't have any difficulties and the impact of them sharing, further contributes to the impact on the individual of accepting their own difficult experiences on training.

*“...that don't have any sort of struggles, but actually to see that they do is is I, I think it just gives it that much more power of the kind of destigmatising and the comfort that it gives.” Paisley.*

### ***A Shift in the Power Dynamic***

Participants reported that humanising trainers lead to a reduction in the power dynamic, making them more approachable, by challenging pre-conceived boundaries.

*“for them to self-disclose it feels like it shifts the power dynamic in a way.....(It) Is kind of like, are they, are like normal human beings, they're like everyone else.” Aria.*

*“But then when a, a trainer.... kind of.... those boundaries become a little bit more flexible.... it means it almost not invites, but it means you feel more likely you can approach that trainer....” Mary.*



## **Impact on the Greater Profession**

Participants highlighted the potential influence that trainer self-disclosures had on the wider profession of Clinical Psychology. This was described as challenging specific stereotypes or narratives about Clinical Psychologists which also provided TCPs to review their experiences with more compassion.

### ***Challenging the Myth of the “Perfect Psychologist”***

Several participants highlighted that when trainers disclosed experiences around making mistakes, difficulties in the profession and of emotional experiences, this challenged the perception of the ‘perfect’ psychologist, particularly after qualification, providing individuals with permission to struggle in the profession.

*“They're not super psychologist or something...” Summer*

*“And they're much like kind of further ahead. And you might sort of..... idolise them in your brain that these are the most perfect people, that don't have any sort of struggles, but actually to see that they do is is I, I think it just gives it that much more power....” Paisley.*

### ***Challenging the “Us vs Them” Dichotomy***

Some participants spoke about how self-disclosures of mental health difficulties had been helpful in terms of challenging the us and them dichotomy, in which clinicians are not viewed as also presenting within mental health services as patients.

*“I think sometimes we can fall into a us and them, whereas hearing the disclosures and I think it really highlighted that we are both the clinicians and the clients.” Maya.*

### ***Enabling an Open Culture***

Participants also talked about how trainer self-disclosures created an open culture emphasising that academic spaces were safe places for self-disclosures to occur.

*“Yeh and just feel like it's a safe space to do so. Cos if they have done it, its almost like ummmmm modelling I suppose....” Lola.*

*“...it showed me that the environment is fairly like open and inclusive....” Olivia.*

Participants viewed this space being created through a shared experience which was automatic and natural, often through a shared experience of emotion between the trainer and the training cohort.

*“... there is something that we're all experiencing that, that is more or less similar for all of us and I think that's, that's what creates that space...” Summer*

### **Potential Considerations for Trainer Self-disclosures**

Participants experiences of trainer self-disclosures (including those which were perceived to be both helpful and unhelpful) and individual personal opinions highlighted potential areas for trainers to consider when delivering self-disclosures.

### ***Expectations of Trainers***

Several participants were keen to experience more trainer self-disclosures. However, as one participant highlighted a “blanket statement” may not be appropriate. TCPs recognised that self-disclosures should be a choice rather than be expected. Several participants highlighted the importance of trainer wellbeing as a priority over trainee learning experiences, recognising that self-disclosures were not the only method of learning.

*“...I think the lecturers come first when it comes to how much they're willing to self-disclose, even if it's really helpful for all of us.” Freya*

### ***Perceived Needs and Purpose of Valued Self-disclosures***

Participants clearly identified several concepts that they thought trainer self-disclosures required for them to be valuable from a TCP perspective. Several TCPs recognised trainer self-disclosures required a purpose and should be relevant to their training experience, such as through aiding learning. It was also recognised that at times they would require thought on behalf of the trainer prior to making the disclosure.

*“And also be thinking about the context. So, is it an appropriate context to disclose? Is it relevant to the lecture? Is it relevant to the learning and teaching?” Autumn.*

Participants spoke about the need for the self-disclosures to be psychologically processed and therefore emotionally contained to ensure their purpose, whilst also being specific for the wellbeing of both trainers and TCPs.

*“So I think say... keeping a bit more vague and a bit more contained, would also have contained us.” Paisley*

*“It means they can't contain the emotion for us either. ..(it) might create an unusual atmosphere that wouldn't necessarily be very... Yeah, conducive to a good learning experience, given that's what it's kind of meant to be.” Maya.*

Some participants also highlighted that thought should also be given to the impact that potential self-disclosures could have on individual TCPs. This involved considering the timing of self-disclosures in terms of course pressures and consideration of individuals' experiences and the potential resulting negative impact this could have on individual TCPs by sharing too much detailed or emotive information.

*“You don't know how much someone else in the room might connect with that and that might be a trigger for them.” Heidi.*

### ***Guidance for Delivery***

Participants described the importance of trainers delivering self-disclosures with confidence to appear emotionally contained, recognising that disclosures would not always impact all individuals, but this was to be expected.

*“I think there's nothing to be sort of ummm (be) ashamed of for or to worry about, like it's your experience and it will be what it will be, some people might relate to it and others will not....” Olivia.*

Whilst some participants assumed trainers would be comfortable to answer questions around their self-disclosures, others were less certain about the boundaries and would like guidance, highlighting a potential need for trainers to provide individualised boundaries which could guide TCPs' responses.

*“So you kind of know where, where you stand and why. Yeah, why, yeh why they're telling you, what they want you to do with that information, I guess.” Olivia.*

Several participants also highlighted that a space for TCPs to reflect upon the trainer self-disclosure, rather than briefly slipping it into conversation as this would add to its purpose and aid their learning.

*“Because I'm thinking where is the learning part in that and how to support that? So I think discussion on it ummmm would be really helpful....” Summer.*

### **Discussion**

This study aimed to understand how TCPs on UK-based ClinPsyD programmes experience hearing trainers giving self-disclosures within the academic element of the course (rather than clinical placements/ clinical supervision). TCPs had various experiences of hearing trainer self-disclosures within the academic context with some participants having more than others, potentially suggesting a difference in the amount of trainer self-disclosures between training courses. Experiences of hearing self-disclosures varied in terms of whether they were deemed to be helpful or unhelpful though TCPs did not appear to consider the helpfulness of trainer self-disclosures as binary but recognised the complexity of trainer self-disclosures and therefore appeared to judge the helpfulness on each experience. Four themes were identified from TCPs experiences of hearing trainer self-disclosures, the impact for TCPs, the impact on the perception of trainers, the impact on the greater Clinical Psychology Profession and potential considerations for trainer self-disclosures.

## **Impact for Trainees**

TCPs identified several areas in which they felt that trainer self-disclosures had impacted on their training experience. This included their learning experience, personal opinions such as challenging imposter syndrome, validating their own experiences, an emotional reaction and influencing conversations during training with both peers and academic staff. Therefore, trainer self-disclosures may support TCPs to accept their own difficulties and less likely to minimise their difficulties on the course. The potential influence of TCPs having more honest conversations and sharing difficult experiences could potentially suggest that trainer self-disclosures contribute to a more open disclosive environment. The BPS (Kemp et al., 2020) suggests an open environment throughout the training process could allow TCPs to reflect on the impact and value of their lived experience but also enable them to access support at earlier opportunities if needed. As highlighted by Hill et al. (2016) stress and anxiety have been deemed to be normative for TCPs and therefore support and normalising difficulties could contribute to the increased wellbeing of TCPs.

As highlighted by Turner et al. (2022), there are several enablers that support TCPs with making their own self-disclosures including having trusting relationships with recipients of disclosures, the TCP feeling safe to make the disclosure and having an “in road” (p.5) in which participants felt their self-disclosure was relevant to the conversation. Trainer self-disclosures could therefore, potentially be an in road to support TCPs to know that self-disclosures are acceptable within training which was also highlighted by Turner et al. (2022) as a barrier to TCPs self-disclosures.

However, the results also showed that when TCPs perceived the self-disclosure to be too emotional or uncontained this could have a negative impact on their training experience and hinder their learning, suggesting that not all self-disclosures were helpful. This is particularly important for trainers and courses to consider as this could potentially lead TCPs

to feeling as though self-disclosures are unsafe which may not be conducive to positive role modelling from trainers.

Whilst the amount of perceived impact varied amongst TCPs with some being able to report a direct relationship, others were not due to the nature of the varied experiences on training. Research by Lyons et al. (2019) into TCPs' experiences of Reflective Group Practices (RGPs) also reported the difficulties participants had when trying to separate RGPs from the wider training experience. This is particularly important when training courses are developing an open culture, as this highlights it is determined by several factors rather than one key strategy (e.g. trainer self-disclosure), which also supports the notion that trainer self-disclosure does not need to be compulsory and should remain an individual choice.

### **Impact on the Perception of Trainers**

TCPs identified several potential impacts that hearing trainer self-disclosures had on their perception of trainers, including recognising trainers delivering self-disclosures may not be easy for them on a personal level. As well as the potential impact that trainer self-disclosures had in terms of humanising them by reducing the perceived level of intimidation and through the reduction in the perceived power balance. This change of perception towards trainers could support TCPs to have a healthier and more balanced view of trainers, whilst also modelling a culture that self-disclosure within the academic environment is acceptable. As suggested by Rhinehart et al. (2020), "dual experienced" (p.69) practitioners invite a more flexible narrative around psychological health of this being on a continuum which individuals are situated. Trainer self-disclosures could therefore potentially also demonstrate from the outset of training that CPs are not immune to difficulties, potentially supporting TCPs to accept their own experiences with more compassion.

## **Impact for the Greater Profession**

TCPs spoke about several ways in which trainer self-disclosures may have had an impact on the wider profession by challenging several concepts including that of the “perfect psychologist” and the “us vs them” dynamic of mental health professionals being distinct from mental health service users. As highlighted by Rhinehart et al. (2020), mental health practitioners with their own experiences of mental health difficulties “threaten the default position of power” (p.80) often present within mental health services, challenging the us vs them dichotomy. Hinshaw (2008) highlighted the silence that surrounds mental health professionals and their own experiences with mental health difficulties, and that mental health professionals felt their own experiences were not compatible in the field of work. As highlighted within previous research, individuals in the Clinical Psychology profession are concerned about stigma which can prevent them from making self-disclosures (Grice et al., 2018; Tay et al., 2018; Turner et al., 2022). The results of this research suggest trainer self-disclosures could help TCPs to challenge some of these perceptions, which in turn could help to destigmatise mental health experiences of those working within the profession.

## **Potential Trainer Considerations**

As highlighted by TCPs, self-disclosures by trainers should be a personal choice and trainer wellbeing is a priority. Whilst self-disclosures are not always perceived to be helpful, when they are, they can have a positive impact on individuals training experiences. TCPs identified that trainer self-disclosures can be difficult to get right. As highlighted by Davies et al. (2023) generally trainers have a default position of using self-disclosures, although they are aware of the consequences of the potential negative impact they could have if they are not delivered effectively. Davies et al. also highlighted the need for trainers to feel safe in the moment and the consideration that trainers made in terms of whether their disclosure would be helpful for TCPs. The results from this research suggest that from a TCP perspective they

have similar expectations from hearing disclosures. To support trainers with increased chances of getting self-disclosures right, training courses should provide trainers with a space to consider the impact of self-disclosures (e.g. reflective practice, supervision), as also suggested by Davies et al. Training courses may also wish to consider the potential considerations expressed by TCPs within this research including their preferences on the delivery of trainer self-disclosures and the purpose of the self-disclosure from a TCP perspective. However, trainers should also be able to use this space to consider the personal impact of self-disclosures on the trainer, including when they may not have been received in a helpful way, which could be on reflection of the trainer or from perceived TCPs reactions. Of particular note, it may also be helpful for trainers to consider potentially it could be unrealistic to expect all self-disclosures to be helpful or relevant for each TCP and whilst at times these may have a negative impact on TCPs, unhelpful self-disclosures can also positively impact on their own learning around self-disclosures.

### **Implications**

Across the various themes it appeared for some TCPs, trainer self-disclosures supported them to potentially accept their own difficult experiences or emotions and hearing challenging experiences or difficult emotions from others was not at odds of working within Clinical Psychology. As also identified, for some TCPs hearing trainer self-disclosures also made trainers more approachable and could potentially support TCPs to make their own self-disclosures. As highlighted by the previous literature (Hinshaw, 2008 & Kemp et al., 2020), some mental health professions can feel they are unable to speak about their difficult experiences and these discussions need to occur to reduce the silence. This research supports this suggestion that reducing the silence by discussing difficulties in an open and supportive environment can enable some TCPs to feel this is acceptable and appropriate. Whilst trainer self-disclosures are not the only contributing factor enabling this supportive environment, this



research suggests for some TCPs it may contribute towards this, therefore trainer self-disclosure maybe helpful in TCPs speaking out and getting support if needed. Training courses should therefore support trainers with self-disclosures if they chose and this should be included in course policies to ensure the support from management.

A clear finding across the data was whilst some TCPs found trainer self-disclosures to be a positive experience with positive outcomes, there were other examples which were perceived less favourably and had a negative impact such as perceptions of hindering individuals learning. However, of great importance is that TCPs did not appear to be either in favour or against self-disclosures, rather appraising self-disclosures as event specific. Whilst opinion and preference of individual TCPs could account for observed differences, the reported delivery of self-disclosures from trainers varied. In line with BPS guidance (Kemp et al., 2020), training institutions should provide trainers a space to consider self-disclosures and provide guidance/ discussion around this. However, when trainer self-disclosures were perceived favourably and as helpful this had important implications for TCPs as individuals (e.g., confidence to share their own experiences) and for the wider Clinical Psychology profession (e.g., mental health professionals accessing mental health services). The research also suggested the use of trainer self-disclosure could have an increased impact within teaching when compared with standard methods such as case studies or role plays.

### **Limitations**

It is important to note the lack of diversity in terms of the participants who self-selected to take part in this study, especially considering the recent focus on creating a more diverse and representative workforce within the profession (BPS, 2023). There is the potential that participants who volunteered to take part in the study may have done so due to having a particular interest in self-disclosure and therefore the results could be biased towards

those with a more positive view of self-disclosure, or for those who wanted their personal experiences of self-disclosures heard.

Although the principal investigator was conscious about remaining subjective throughout interviews, as captured in the reflective diary, it was apparent that some of the participants were conscious of the researcher's dual identity during the interview process, such as assuming the principal investigator shared similar experiences with them. Therefore, participants responses may have been influenced by withholding information they felt may not be socially desirable or omitting details due to the perceived assumptions of the principal investigator or the wider Clinical Psychology field, knowing how the findings may be used.

### **Conclusion and Recommendations for Future Research**

This research aimed to be the first to explore TCPs' experiences of hearing trainer self-disclosure within the academic environment. Extensive data were collected throughout the interview process with several participants having numerous examples of trainer self-disclosures within different academic settings (e.g., on an individual basis, smaller cohort groups and whole cohort lectures). The potential impacts and implications of trainer self-disclosures were discussed. Further research may benefit from exploring potential differences between how TCPs experience trainer self-disclosures dependant on the type of academic setting and other variables such as the relationship between TCPs and the trainer (e.g., perceived closeness of the relationship).

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**CHAPTER 5**  
**Additional Methodology**



## **Additional Methodology**

The following chapter provides further details of the method that were not captured in the empirical research paper and systematic review due to the limited word counts specified by the proposed journal of publication (See Appendix A).

### **Systematic Review**

#### **Search Terms for the Systematic Review**

##### ***Database Search Strategy***

A total of five databases were searched in June 2023: Academic Search Ultimate, CINAHL Ultimate, Medline Ultimate, PsycInfo and Scopus. Databases were searched for empirical research investigating TCP's experience of self-disclosure within the academic aspect of the ClinPsyD. Please refer to Appendix B for the full search terms used for the databases.

##### ***Grey Literature Search Strategy***

Several of the databases used within the main search of literature also involved searching of grey literature. Grey literature highlighted from the databases which did not include the full journal but highlighted relevant research (e.g., conference presentations or abstracts only) were further sought using search engines such as Google.

A further search of places not in conventional library databases was conducted as a way of cross referencing and identifying potential grey literature in November 2023. This included google scholar, which provided unpublished thesis work and other grey literature. Variations on the search terms used in the databases (See Appendix B) were also used in the grey literature search. Further publications of authors of papers who met the inclusion criteria were also searched, which did not provide any further results.

## **Narrative Synthesis Process**

The narrative synthesis conducted on the data was guided by Popay et al. (2006). Following quality appraisal of the studies, relevant data were extracted which addressed the review question. Initially, methodological details such as the participant sample and study design were extracted, followed by pertinent data relating to the review question (e.g. experiences of TCPs). These data were then reviewed several times to identify common themes similar to conduct of a thematic analysis (Popay et al. 2006). Dominant themes extracted from the main findings across the studies relating to TCP's experiences of self-disclosure were reported within the systematic review paper.

## **Empirical Research**

### **Further Procedural Details**

Participants were recruited through course and researcher directors acting as gatekeepers. The primary researcher sent an email with a gatekeeper information sheet (See Appendix C) to individual courses for the attention of the course or research director. Within this email, there were several attachments, including the recruitment poster (See Appendix D), the participant information sheet (see Appendix E) and the participant consent form (see Appendix F). The research or course director was asked to forward the relevant material to current Trainee Clinical Psychologists (TCPs) if they consented to act as a gatekeeper.

Once potential participants had registered an interest to take part in the study, by contacting the primary researcher, they were electronically sent a copy of the participant information sheet and the consent form, with the option of requesting clarification as required. Participants returned completed consent forms prior to the interview and consent was verbally verified again prior to the start of each interview. At this point, participants were also reminded of the key ethical considerations such as consent, confidentiality (and the limitations of this), the choice not to answer any questions, their right to withdraw and the

principal researcher confirmed their eligibility to take part (Please see Appendix G, for participant inclusion and exclusion criteria).

On completion of the interview, participants were verbally debriefed by the principal researcher and emailed a debrief form which included signposting to various support services and further information around mental health in relation to the Clinical Psychology profession (See Appendix H).

### **Further Ethical Considerations**

The research was granted ethical approval from the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) at the University of East Anglia (see Appendix I). Amendments were submitted and approved as required (e.g. a change to the method of recording the interviews).

To protect the confidentiality of trainers' disclosures, participants were explicitly asked not to disclose any information which could identify the trainer such as names or topics of the lecture. At the point of transcription, any identifying information which could have been used to identify trainers was removed so that data were therefore fully anonymised.

Participants' identities were also further protected by recording only the audio from the interview, rather than the video as well. This was done by recording the data on a separate software package rather than Microsoft Teams that only allows both audio and video to be recorded.

### **Topic Guide**

Feedback from current trainers on the topic guide was deemed important for two reasons: (1) to gain current trainers' guidance on the questions being asked to address the research question, and (2) because there was the potential for the data to support development of advice for trainers and training institutions and it was important, therefore, to gain their

perspective on how these results or outcomes could be gathered and what would be helpful to know.

Prior to the interviews being conducted, a draft topic guide was sent by email to a small number of current trainers on UK-based ClinPsyD courses with a request for their feedback including on the wording of the questions (see Appendix J and K). The primary supervisor sent the draft topic guide to associates from various UK-based courses who were known to be involved within various TCP wellbeing initiatives. Responses were forwarded to the primary researcher and after discussions with research supervisors, the topic guide was updated accordingly. Updates were made to the topic guide if they were deemed to contribute towards the identified research question and methodology (See Appendix L for final version used within the research). Amendments included changing the wording of specific questions to make them more appropriate for a semi-structured format (e.g. allowing a more open response) and adding specific questions that had not been originally considered (such as if participants could identify times when they felt trainer self-disclosure would have been helpful).

### **Reflexivity**

To ensure reflexivity and reduce subjectivity (due to the principal researcher being a current TCP whilst exploring other TCPs experiences), a reflective diary was kept throughout the research process. This was used to record thoughts and feelings throughout data collection, data analysis (including coding and establishing and reviewing themes) and during the write up of the empirical research.

Items which the principal researcher considered may have been biased by their own experiences or opinions were discussed in research supervision. For example, during the transcription process of a particular interview, it was noted that whilst summarising and reflecting a participant's response, the principal researcher may have biased the participants

suggestion. Therefore, the principal researcher took the anonymised transcription to supervision to discuss this prior to the coding of the data (See Figure 2.1) to reduce bias and subjectivity.

The principal researcher also used the reflective diary and research supervision to ensure that the original research question was being addressed accurately. This was particularly important when considering the inclusion criteria required the self-disclosure to be emotive for the trainer who made the disclosure, rather than whether the participant who received it had an emotional response. By writing these queries during the transcription process, the principal investigator was then able to consider this further before analysing the data.

### **Figure 2.1**

*Excerpt from Reflective Diary of Supervision Discussion*

#### **Supervision discussions |**

Discussion 1:

Took excerpt of interview where I had summarized participants answer to check whether I had biased their answer by suggestion. Discussion around how far my summary was from the participants original point...agreed that I had not made any largely different claim, supervisor felt it was an appropriate summary and therefore agreed the information should be included in the analysis.

The reflective diary was also used to note when the principal researcher experienced emotional reactions in the interviews. At times this was relating with the participants experiences but also when the experiences being discussed were opposed to their own experiences (see Figure 2.2). When the principal researcher identified opposing views, they were able to review the transcripts to assess whether their reaction had biased the outcomes e.g. through allocating less time to these experiences. The process of noticing and monitoring this influence also made this potential issue more salient in further interviews, which therefore enabled them to pro-actively recognise and manage this.

## Figure 2.2

### *Excerpt from Reflective Diary of Personal Impact of Interview*

I was surprised that a lot of the time taken up initially was on a negative experience.....maybe my own biases coming in again there. However, on reflection I felt like I managed this appropriately and gave it the time it needed.

In line with good practice, as highlighted by Braun and Clarke (2006) , excerpts from the transcripts were also independently coded by the primary researcher's supervisors.

Coding's given by individuals were discussed and aided the principal investigator to reduce subjectivity by thinking about others' perspectives, which was also applied independently when later generating codes.

### **Data Analysis**

A predominately inductive approach was applied to the data to reflect the content rather than being informed by conceptual frameworks, which aligns with the constructionist epistemology underpinning this research. However, some deductive analysis was applied to ensure codes and themes were generated in an appropriate manner to answer the research question (as highlighted by Byrne, 2022).

Data were analysed using Braun and Clarke's (2006) six stage process (see Table 3.1) of thematic analysis which identified themes amongst the data. Complete coding was applied with both semantic codes (a summary of the content of the data) and latent codes (implicit meaning interpreted by the researcher) applied by working through each transcript in full (Braun & Clarke, 2013, p206-207). Coding was completed on a line-by-line basis for each individual transcript.

A second coder was not deemed required in line with the epistemology. As also highlighted by Byrne (2022) the researcher has an active role in the analysis of data and therefore two coders would not be expected to reach the same opinions. However, codes were

reviewed with research supervisors in a reflective manner to aid to the discussion and “sense-check” (p.1393) the primary researcher’s codes and themes (Byrne, 2022).

**Table 3.1**

*Braun and Clarke (2006), Six Stage Phase of Thematic Analysis*

Phase number	Process
One	Familiarising self with data
Two	Generating initial codes
Three	Searching for themes
Four	Reviewing themes
Five	Defining and naming themes
Six	Producing the report

*Note. Adapted from Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology.*

*Qualitative Research in Psychology, 3(2), 77-101.*

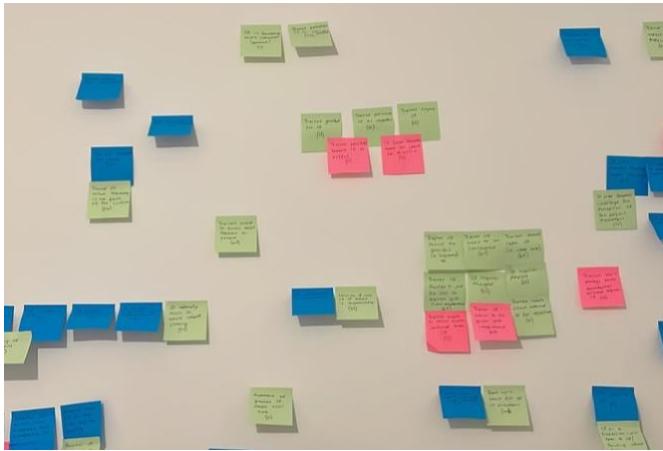
<https://doi.org/10.1191/1478088706qp063oa>. CC 2006 by Edward Arnold (Publishers) Ltd.

### **From Generating Initial Codes Through to Reviewing and Defining Themes**

For each unique individual code identified throughout the data analysis process, the principal researcher noted this on a post-it note. Initially, these post-it notes were roughly placed in groups thought to be related (see Figure 2.3). Once all codes had been generated, these were reviewed and grouped into the initial themes (see Figure 2.4). Themes were reviewed several times before they were defined and named (see Figure 2.5).

**Figure 2.3**

*Organisation of Initial Codes.*

**Figure 2.4**

*Grouping of Initial Themes*

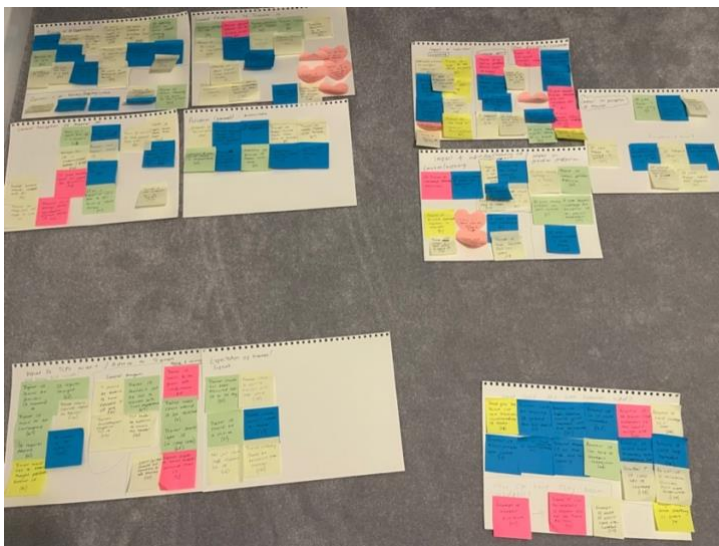
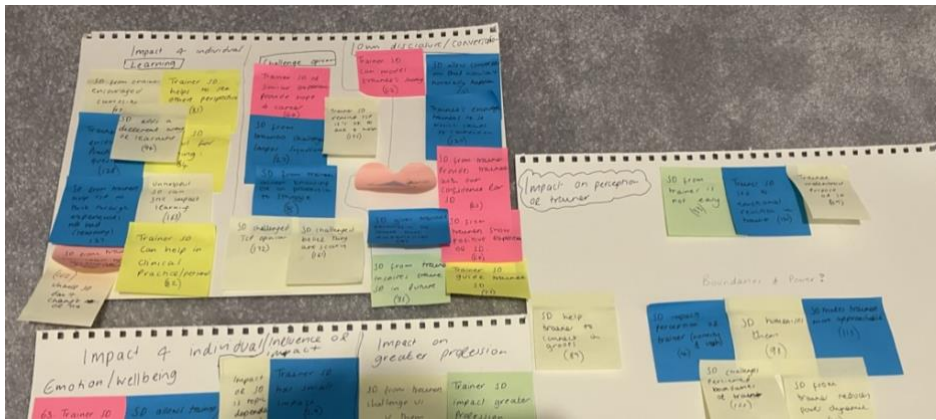




Figure 5

Defining and Naming Themes



**CHAPTER 6**  
**Additional Results**

## **Additional Results**

Due to the limited word count as determined by the chosen journal publishers' guidelines (Counselling and Psychotherapy Research) (See Appendix A), it was not possible to include all the results from the empirical research paper. The empirical research paper described the results which were perceived by the research team to a) be most relevant to the research questions and b) have the most impact for both participants and the wider Clinical Psychology field. However, further results including additional themes and subthemes were identified which warranted further dissemination and are therefore presented below (please see Table 4.1).

### **Presentation of Participant Data**

Each participant was given a pseudonym to protect the identity of the individual participants whilst allowing readers to see which quotes related to which participant. The use of a pseudonym was also important for transparency and to ensure that the quotes presented within the written document reflected a diverse range of participants' data.

### **Additional Findings of Interest**

In addition to those presented in the Empirical Paper, two further themes, with additional subthemes, were identified: 1. Trainees' prior experiences of trainer self-disclosures, and 2. Trainees' insight into the value of further trainer self-disclosure (see Table 4.1).

**Table 4.1***Additional Identified Themes and Subthemes*

Theme	Subthemes
1. Trainees' prior experiences of trainer self-disclosures	<ul style="list-style-type: none"> <li>• Exception vs the norm</li> <li>• The environment where trainer self-disclosures happened</li> <li>• The content of trainer self-disclosures</li> </ul>
2. Trainees' insight into the value of further trainer self-disclosure	<ul style="list-style-type: none"> <li>• Potential benefits of further trainer self-disclosures</li> <li>• Potential topics of further trainer self-disclosure</li> </ul>

**Trainee's Prior Experiences of Trainer Self-disclosures**

This theme related to TCPs' experience of hearing trainer self-disclosures throughout their training experience in terms of the frequency, the type of academic setting they had experienced them in and the type of content that trainers had self-disclosed.

***Exception vs the Norm***

The frequency of self-disclosures appeared to vary between participants with one participant reporting them being a frequent experience, whereas for many of the other participants trainer self-disclosures appeared to be the exception rather than the norm.

*"I mean there's been, there's been so many honestly, I think....maybe my course is quite good at it? I dunno" Lola*

*"So and like I said, it hasn't happened as often as perhaps it could happen. So at those moments, like my ears do perk up..." Maya.*

Some participants reported that there were not as many trainer self-disclosures as they had expected prior to starting training and how this made them more memorable.

*"I guess I remember them because they feel really refreshing and different." Ava*

As highlighted by Lola's comment the frequency of trainer self-disclosures may have been because of the course and individual trainers valuing self-disclosures. Whereas for

others, their perception was that their course did not feel as though it had an open culture which made it more difficult for trainers to self-disclose.

*“So I went into the training with an expectation that we all came from psychological background(s) and we're mindful in the way that we would all be able to share our difficulties and experiences and have it be heard and understood. I very quickly learned that's not the case...” Freya.*

*“I guess I feel really grateful to those people who have shared their experiences, particularly when it's not within like the culture and that it feels again, like quite brave.,” Ava.*

### ***The Environment Where Trainer Self-disclosures Happened***

Participants' experiences of trainer self-disclosures were varied in terms of the academic environment in which they occurred. For many they occurred across different academic settings, whereas for others they more frequently occurred in one setting such as whole group lectures.

*“So I guess it's been a bit of a mix and (of?) teaching and kind of individual meetings..” Mary.*

*“The majority of experiences that I had were were within the, you know, group teaching session. Ummm I, I think there were a few where I was one to one....” Summer.*

However, as highlighted by Lola, this maybe a result of whole group teaching sessions being more frequent in comparison to other academic elements of the course and, therefore, assumptions as to the frequency in relation to different environments in which they are occurring should be made with caution.

*“It probably happens most in teaching but then that's probably because we have more teaching.....” Lola.*

### ***The Content of Trainer Self-disclosures***

The content of trainer self-disclosures also varied depending on the participants, with some reporting specific topics not being discussed such as trauma or mental health difficulties. However, others did have experiences of people talking about their own lived experience of mental health difficulties or accessing personal therapy.

*“..quite a few lectures, have shared that they, they've had their own therapy and the, and the benefits that they've experienced of that...” Paisley.*

*“So from my perspective, I think when it happens, it's more ummm or it has been more in lectures themselves when thinking about either difficult moments with clients or there's been one, one or two occasions where they've reflected on their own mental health difficulties and that's been really powerful.” Maya.*

Many participants reported that trainer self-disclosures usually related to personal experiences trainers had faced within their clinical practice or experience of finding the training process difficult.

*“a trainer has come in and spoke really openly about..... I suppose kind of vicarious trauma.” Heidi.*

### **Trainees' Insight into the Value of Further Trainer Self-Disclosure**

For those TCPs who expressed a preference for more self-disclosures within the academic environment, they provided examples of the types of self-disclosure they would be keen to hear and why they thought this would add to their training experience.

### ***Potential Topics of Further Trainer Self-Disclosure***

Topics of further self-disclosures varied between participants with some suggesting that more mental health disclosures could be made. For one participant personal self-disclosures around the challenges of training from trainers could add to the sincerity of recognising the demands rather than comments from university staff being tokenistic.

*“I like, I think it would be nice to have a kind of acknowledgment of like, like yes, it is stressful like, oh, do you know what, like, like, I found it really stressful as well...” Aria.*

Whilst for another participant they identified that trainers providing disclosures around their own identity would be helpful for them to understand trainers’ experiences behind their teaching.

*“So I think sometimes having that put in in the beginning of the lecture can be quite helpful to know where someone is coming from, in the content that they're delivering, because it will impact on what they're teaching us.....” Olivia.*

### ***Potential Benefits of Further Trainer Self-Disclosures***

Participants identified several areas of which they thought potential self-disclosures from trainers could add to their training experiences including creating an open culture for TCPs to be able to discuss their own experiences, providing TCPs with guidance with their own disclosure and providing acceptance of their own experiences through normalisation.

*“You might be giving the impression, well, this is something that everybody finds easy. Why am I struggling? It's something with me... you might think, oh, I shouldn't have difficulties there, but why not? You know others are having, so it's OK.....” Summer.*

Participants also suggested that the benefits of further self-disclosures from trainers around personal difficulties including (but not exclusive to) mental health difficulties could also challenge the misconception that Clinical Psychologists are immune from experiencing challenges. Also, by not disclosing topics in certain areas this could add to the thought that self-disclosures may not be acceptable.

*“....we tend to think of only certain topics or situations where we might think, oh self-disclosure is helpful then. However, I think by not self-disclosing in other situations for whatever reason, maybe that, there is the impression created that that should.....that's that in*

*those situations you as a clinician or a health professional should, should not have difficulties.” Summer.*

For Olivia this was particularly important when teaching involved Experts by Experience.<sup>3</sup>

*“I think that could ummm be really helpful because it again sort of bridges that gap a little bit rather than OK, now the the Experts by Experience come in and they're going to talk to you about ummm their lived experience, but then we're still quite separate from that.”*  
*Olivia.*

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<sup>3</sup> Expert by Experience typically refers to people who have experience of using a service. In the mental health field this can often be as a direct patient/ service user or a family member/ carer to a patient/ service user.



**CHAPTER 7**

**Discussion and Critical Evaluation**

## **Discussion and Critical Evaluation**

### **Introduction**

#### ***Thesis Portfolio Aims***

The aim of this thesis portfolio was to explore UK-based Trainee Clinical Psychologists' (TCPs) experiences of delivering personal self-disclosures and hearing trainers' self-disclosures on Clinical Psychology Doctorate (ClinPsyD) programmes within the academic element of the course. The academic environment refers to formal teaching (e.g., lectures and seminars), reflective group practice and research projects (e.g., research supervision, both on an individual and group level), rather than clinical placement experiences. Most of the existing research on this topic is often in the context of the clinical component of training, for example within clinical supervision whilst TCPs are on clinical placements. This thesis was driven by identified gaps in the literature in this area. The systematic review examined and synthesized the existing literature related to opportunities and experiences that TCPs had of delivering self-disclosures within the academic element of the ClinPsyD, whereas the empirical research used a qualitative design to explore the experiences of TCPs on UK ClinPsyD courses of hearing their trainers deliver self-disclosures within the academic environment.

#### ***Summary of Collective Findings***

The systematic review highlighted that TCPs deliver self-disclosures within the academic elements of the ClinPsyD in several settings including on a 1:1 basis (e.g., in academic supervision) and in group settings (e.g. reflective practice groups and lectures) to both peers and academic staff. Further findings were identified in terms of to whom TCPs delivered self-disclosures: peers, academic staff or within reflective group practices, with reflective group practice referring to individuals sharing their own experiences with others to learn from, which is a common practice within Clinical Psychology. Regardless of the

recipients of the disclosures, both positive and negative experiences or outcomes were described by the TCP delivering the disclosure. The types of outcomes varied depending on the recipients of self-disclosures. In conclusion, the systematic review highlighted the complexities around self-disclosures and that there is not necessarily a template for a self-disclosure being experienced positively, but rather several complicated factors interacting with each other. Despite it being difficult to predict how to make a self-disclosure being perceived as positive, the systematic review found that when the TCP perceived the outcome as helpful this had a positive impact on the individual's training experience.

The results from the systematic review were consistent with both the Disclosure Processes Model (DPM) proposed by Chaudoir and Fisher (2010) and the model of self-disclosure for TCPs by Turner et al. (2022), who proposed a link between their model and that from Chaudoir and Fisher. Both describe proposed decision making and outcome processes which influence further self-disclosures. As highlighted by the DPM, one of the distinct outcomes of self-disclosures is social support, which is solely dependent on the response of the individuals receiving the disclosures. A theme that emerged in some of the research within the systematic review was that when self-disclosures are perceived to be received or responded to in a negative manner, this can have a negative impact on the individual's training experience.

The results of the systematic review where some participants reported barriers specific to the ClinPsyD (e.g., a self-disclosure having a negative impact on their career) were also consistent with barriers described within the Turner et al. (2022) model of TCP disclosure, and suggests that although TCPs did have these concerns, they still went onto make disclosures within the academic environment.

The empirical research explored TCPs' experiences of hearing trainer self-disclosures. A qualitative research design was employed, and a thematic analysis of the data collected,

generated several themes and subthemes (see Appendix M). The themes were: 1. The impact of trainer self-disclosures on individual trainees; 2. The trainees' perceptions of the trainer following self-disclosure; 3. The impact of trainer self-disclosure on the greater profession; 4. Potential considerations for trainer self-disclosures; 5. Trainees' prior experiences of trainer self-disclosures; and 6. Trainees' insight into the value of further trainer self-disclosure. TCPs described experiences of both helpful and unhelpful trainer self-disclosures. In general, these appeared to be dependent on each experience rather than viewing the helpfulness of trainer self-disclosures in a binary way.

The empirical research suggests that self-disclosures from trainers may contribute towards TCPs making their own disclosures or accepting their own experiences whilst on training which may contribute to a more compassionate environment. However, similarly to findings from Lyons et al. (2019) who researched the impact of reflective group practice on TCPs, it is not clear as to how much direct influence trainer self-disclosures have, as it is difficult to entangle this from other experiences on training. This highlights how trainer self-disclosures may only be one way of many in which courses can support the wellbeing of TCPs. As highlighted by Turner et al. (2022) TCPs require an "in road" (p.5) to make their own self-disclosures and trainer self-disclosures maybe one in road in which TCPs feel they may be able to share their own experiences. There may be other methods of creating this supportive environment including involvement of peer support workers which has also been found to reduce stigma of mental health and normalise mental health difficulties within teams (Hunt & Byrne, 2019) and also increase mental health professionals' likeliness to disclose their own lived experiences (Byrne et al., 2021).

The findings of the results from both the systematic review and the empirical paper highlight the complexities of self-disclosures generally. In particular, the current research highlights the perceived helpfulness of disclosures as being on a continuum rather than linear.

TCPs do not appear to see self-disclosures as either helpful or unhelpful. However, it appears that TCPs consider the various complexities of self-disclosures and judge each self-disclosure on an individual basis when both receiving and delivering them. For example, one self-disclosure could be received by several TCPs but depending on how the individuals relates to the self-disclosure and or rates the value or usefulness of it, can mean that for some it will be helpful, whereas for others it will not. This suggests that the content of the disclosure is not necessarily problematic, but several other factors (e.g. perceived helpfulness) determine the outcome of a self-disclosure. Likewise, when TCPs are delivering self-disclosures to trainers, the same reaction from a trainer may be helpful for some TCPs and not for others, depending on their desired result from their self-disclosure. This also suggests that it may be helpful for trainers to know the TCP's desired outcome, so that they can make it more helpful for the individual. Within an individual setting such as when a TCP is making a disclosure to an individual staff member this may be easier compared to within a reflective group practice for example. However, this would be something for courses and individuals to consider when hearing and making disclosing on training more generally.

### **Strengths and Weakness**

An area of strength within the research was the reflective skills adopted by the principal researcher, evidenced throughout the thesis project. The principal researcher's use of the reflective diary, research supervision and involvement of UK-based trainers in developing the topic guide for the empirical research, enabled the monitoring of subjectivity based on their own experiences within the research, whilst also showing transparency within the analysis and interpretations of the results. Within the systematic review, transparency and reducing reported bias were also further considered using an Assistant Psychologist to screen initial papers independently against the inclusion/ exclusion criteria and quality assess the included papers. However, the transparency of the systematic review could have been made

clearer through an application for pre-registration with PROSPERO (the international register of systematic reviews) which is an item listed on the PRISMA (The Preferred Reporting Items for Systematic Reviews and Meta-Analysis) Checklist (Page et al. 2021). A PROSPERO registration would also have been important for the wider research community to prevent potential duplication of research being carried out.

A further strength of the empirical research was that interviews were conducted remotely. This allowed participants to be recruited from across UK-wide courses and therefore decreased the likelihood of experiences being related to specific courses and reflecting a general course ethos. Whilst there is some criticism of online based research in terms of reducing access and inclusivity, it is important to note that the population recruited from are required to be computer literate and is therefore unlikely to have skewed the sample. As highlighted by the British Psychological Society (BPS) course guidelines (2019), training institutions have flexibility to apply the standards to develop distinct identities and therefore differences between courses maybe expected.

As highlighted within the Empirical Paper (Chapter 4) most respondents were white European females and whilst this represents most of the training population, there were underrepresented groups within the sample. Whilst the methodology employed by the primary researcher did not intend to provide results which would represent the whole training population, the demographic backgrounds of the participants reflect that there were underrepresented groups within Clinical Psychology training who did not take part in the research. The primary researcher is not aware of any research which has specifically investigated potential gender differences in terms of self-disclosure within the clinical psychology training population. However, previous research into general self-disclosure around mental distress and help seeking suggests gender differences, with men being less likely to disclose difficulties and seek help for mental health difficulties (Dindia & Allen,

1992; Oliver et al., 2005; Lynch et al., 2018; Wagner & Reifegerste, 2024). Potential gender differences and other individual differences, including ethnicity and academic ability would be an interesting area of future research to ensure that recommendations to support self-disclosure within the training environment are inclusive.

A potential weakness identified within the research could potentially be the definition of self-disclosure utilised and how individuals and the primary researcher quantified 'emotive experiences. Barret et al. (2007) reviewed the complexities of understanding individuals' emotions, including how they are felt. They highlighted how emotional experiences are "largely underspecified from a scientific standpoint" (p.18), suggesting that scientifically to understand emotions, it requires an in-depth understanding of what is experienced and a casual explanation of how the experience is processed by the brain, with an explanatory framework to mediate this. Therefore, it must be noted that perceptions of an emotional experience will vary between individuals. This also aligns with the principal researcher's ontological position of relativism, in that more than one reality exists. To capture these potential differences of opinions in terms of the emotional experiences, the thesis was conducted with a broad view of emotional experiences. However, it could be argued that the principal researcher's own experiences and opinions of emotions would have influenced the data selection and analysis. However, as mentioned in the principal researcher's reflections (chapter 8) this was something they were conscious about and used various methods (e.g. a reflective diary and research supervision) to reduce subjectivity. However, whilst subjectivity is important, qualitative research, particularly reflective thematic analysis, accepts that researcher experiences will have an impact and as highlighted by Braun and Clarke (2023) thematic analysis can not occur in a "theoretical vacuum" (p.4).

## **Consideration of Alternative Methodologies**

### ***Empirical Research***

The empirical research employed a qualitative design with the aim of gathering a richer understanding of TCPs' experiences in an under-researched area of the literature. Whilst semi-structured interviews were employed to gather data, the principal researcher also considered the use of focus groups and surveys to explore TCPs' experiences. Focus groups and surveys may have potentially enabled a larger number of participants. However, they would not have provided as much individual detailed richness about personal experiences and perspectives. Braun and Clarke (2013) highlight the advantage of using interviews over focus groups and surveys when people have a personal stake in the research. When the principal investigator was initially familiarising themselves with the literature, they were aware previous research into mental health difficulties within the Clinical Psychology community suggested participants maybe more likely to participate if they or somebody they knew had lived experience of mental health difficulties (Tay et al., 2018; Grice et al., 2018). Although this research was not specifically focusing on individuals' mental health difficulties, self-disclosures are often viewed by mental health practitioners as relating to mental health difficulties (Ruddle & Dilks, 2015). As highlighted within the empirical research, for some TCPs, there was an emotional reaction to hearing self-disclosures which may also have suggested participants had an individual stake in the research.

The use of thematic analysis allowed individuals' experiences of hearing trainer self-disclosure to be explored whilst also looking for patterns across the data in line with the epistemological and ontological stance. As highlighted by Braun and Clarke (2020), thematic analysis is more favorable in comparison to other techniques when identifying themes across data of personal experiences within wider socio-cultural contexts. During the design of the empirical research, the principal researcher had considered the use of Interpretative



Phenomenological Analysis (IPA). IPA explores in detail how people make sense of their experiences and considers the individuals' perceptions of these events and experiences, rather than trying to provide an objective truth (Smith & Osborn., 2003). On a similar note, grounded theory is often used to understand social processes and create a theory or hypothesis from the data. However, due to the limited current research in the area, the research question was deliberately broader to allow it to be more explorative. Therefore, themes of experiences rather than the sense-making of TCP's experiences or creating a theory of experiences appeared more appropriate.

The primary researcher's social constructionist stance also meant they were not looking for one truth in relation to that data, rather that there were multiple truths shaped by experiences which would change over time. Thematic analysis aligns with this stance in which the principal researcher would be able to tell multiple truths throughout the themes. This was also deemed to be of particular importance due to participants being recruited from different courses across the UK which may have different approaches to, or values about self-disclosure within the academic environment.

Thematic analysis is also often recognised to be a suitable starting point for researchers with less experience within qualitative research, although, as argued by Braun and Clarke (2020), this does not mean that the analysis should be considered less insightful when the thematic analysis is thorough and careful. Therefore, when considering the research question, epistemology and the principal researcher's experience, thematic analysis appeared to be most appropriate framework for analysis.

### ***Systematic Review***

The systematic review was completed using a narrative synthesis guided by Popay et al. (2006) though potentially, the data could also have been analysed using a meta-synthesis.

Lachal et al. (2017) report that “meta-synthesis proposes a third level of comprehension and interpretation that brings original insights” (p.8). Walsh and Downe (2004) highlight the complexities of completing a meta-synthesis noting advanced skills and knowledge of qualitative research is required. A meta-synthesis was deemed not to be appropriate due to the limited existing research of self-disclosure particularly within the academic environment of the ClinPsyD. Therefore, the main aim of the systematic review was to consolidate the research that was present, rather than provide additional comprehension and insight. As highlighted within the systematic review chapter, much of the research did not have self-disclosures within the academic environment as the main research question, but this was detailed as part of the research question. Thus, the self-disclosure environments, topics and contexts of the included studies were very different and, without knowing if this could have an implication, further analysis and comprehension did not appear appropriate to keep the integrity of original data. Also, immersion in the data is an essential part of the analysis of searching for themes within qualitative data (Braun & Clarke, 2006) and the principal researcher was conscious of the limited knowledge that she had of the analysis and interpretation for each included study.

### **Practical Implications for Clinical Psychology Doctorate Programmes**

The British Psychological Society (BPS) programme standards (BPS, 2019) for Doctoral Programmes in Clinical Psychology highlight that all training programmes should ensure TCPs have high level skills in self-care, critical reflection, and self-awareness on completion of the training. As highlighted within the results of the thesis portfolio, the use of self-disclosure by both trainers on the programme and TCPs delivering their own self-disclosures could contribute towards developing these skills. However, both trainers and TCPs need to feel confident and safe to be able to discuss their own emotive experiences.

Therefore, the following recommendations may support trainers and TCPs with this process whilst completing the ClinPsyD.

### ***Further Guidance and Discussions Around Self-Disclosures***

Throughout the thesis portfolio research, a common theme was that individuals were not always aware of the boundaries around making self-disclosures. This was for both those making the disclosures and those receiving them. As also highlighted within the empirical research, TCPs appeared to value self-disclosures from trainers when they were more natural and emotionally contained. This suggests the need for courses to provide a safe space for self-disclosures for all involved (e.g., trainers and TCPs). Another key finding is the mixed results in terms of the perceived helpfulness of self-disclosures suggesting it may be difficult to ‘get them right’. This appeared consistent for TCPs when both hearing disclosures from trainers and when making their own self-disclosures to others. To support TCPs and trainers to feel more confident in delivering and receiving self-disclosures, training courses may benefit from allowing staff and TCPs opportunities to discuss this. As highlighted by Joseph et al. (2022) health care professionals including Clinical Psychologist would like further examples of how to respond to trainees’ self-disclosures to ensure they are equipped with the skills to do this. Discussions are likely to vary depending on the environment in which these self-disclosures are made (e.g., in a one-to-one setting such as research supervision compared to a self-disclosure made to the training cohort as a whole). However, a safe, emotionally contained space to discuss concerns or the desired outcomes may provide all of those involved with self-disclosures with a little more certainty and confidence.

### ***A Desire for Further Reflective Spaces***

During the empirical research, TCPs described a desire for further reflective spaces to focus specifically on the experience of self-disclosures generally within training, reporting they had not been able to reflect on this until the interview and they found it to be a positive

experience. This generally occurred during the debrief conversation, rather than the actual interview, in which several participants reflected on how they had enjoyed having a space to reflect on self-disclosure. Whilst this was not officially part of the research, participants appeared to have appreciated this space and may benefit from being provided with a more structured environment to do this on training. This is consistent with research by Lyons (2017) who also reported individuals needed a space to reflect on experiences following reflective practice groups and suggests training courses should provide more areas to reflect on the training experiences than are currently being offered.

The above recommendations are consistent with previous research and guidance around self-disclosure and supporting those with mental health difficulties within mental health professionals (Hinshaw, 2008; Kemp et al., 2020; Turner et al., 2022). This suggests that these recommendations are still required, despite some of them being made some time ago. Although Hill et al. (2015) described how TCPs report the process of the ClinPsyD as being stressful and that many of these stressors were thought to resolve on completion of the programme, the current findings suggest the ability to discuss difficulties would be of value throughout their training and into their qualified carers.

### **Suggestions for Further Research**

Most of the previous research has focused on self-disclosure in relation to delivering self-disclosures rather than receiving them. The previous research and resulting models such as those proposed by Chaudoir and Fisher (2010) and Turner et al. (2022) has been helpful in terms of understanding the thought processes and decisions involved in making disclosures, as well as how each event is understood and feedback in terms of making further self-disclosures. However, what is currently unknown is how self-disclosures that individuals have heard from others fit within these models. As highlighted within the empirical research, some TCPs reported there may be a link between hearing trainer disclosures and then

delivering their own. Therefore, research could further investigate whether hearing and delivering self-disclosures are linked and, if so, contribute to the existing models of self-disclosure within the TCP population.

As also highlighted above, the empirical research was limited in terms of diversity within the participants, although limited demographic information was collected (see Appendix N). During the scope of the systematic review, the demographic information of participants was not fully gathered and therefore, there is also a risk that the findings reported did not represent the diversity of the training population. As highlighted by Toki and Byrne (2020), reflections can vary depending on individuals' cultures and therefore, there needs to be more broad thinking in terms of reflections. Whilst the aim of this thesis was to review TCPs' experiences of self-disclosures, self-disclosures occurred in the use of reflection such as in reflective group practices. Therefore, underrepresented groups views might need further exploration.

## **Summary**

This thesis portfolio was to the author's knowledge the first piece of research undertaken to look specifically at self-disclosures within the academic environment (rather than a focus on the clinical environment or a mixture) of UK-based Clinical Psychology training programmes. Findings from the systematic review and empirical research suggest that when self-disclosures are well delivered and or received, they can potentially provide TCPs with several benefits. However, when the self-disclosures are deemed to be less helpful, they can potentially have negative impacts on individuals, and this can potentially prevent them from making further self-disclosures. Training institutions may benefit from providing both staff and TCPs with a safe space to further explore self-disclosures to support them with both the delivery of making self-disclosures and how to appropriately respond within the academic element of the ClinPsyD.

**CHAPTER 8**

**Reflective Chapter**

## **Reflective Chapter**

### **Introduction to the Reflective Chapter**

The following chapter is a more in-depth account of the of the primary researchers' reflections throughout the research project. Whilst the previous chapters document some personal reflections, this chapter aims to build on those reflections and provide further details. When engaging in qualitative research, it is good practice to monitor and note the researchers' reflections to reduce bias, manage subjectivity and enhance the creditability of the research (Noble & Smith, 2015).

### **Reflections on the General Research Process**

Prior to completing the Clinical Psychology Doctorate (ClinPsyD), my research experience, whilst enjoyed, was limited. It was predominately completed in academia as a requirement for my undergraduate and Master's degrees. The undergraduate project explored social identity, categorization and the impact on driving attitudes and behaviour for fire fighters, to assess whether driving behaviour off duty could potentially be a risk predictor for driving behaviour whilst on duty. Whereas the Master's research assessed the effects of interruptions on routine sequential tasks (e.g. making a hot drink) for neurologically healthy participants compared to those with frontal lobe damage (as simulated in neurologically healthy participants by using a dual task condition). Both these research projects used a quantitative design and were completed several years prior to starting the ClinPsyD. Therefore, on undertaking this research project I was aware that I needed to refresh and build upon my research skills generally to feel more confident in the research process, as well as developing further research skills and acquiring more knowledge to complete doctoral level research.

## **Qualitative Methodology Reflections**

Although it was not an essential deciding factor in my choice of research project, I was keen to complete a qualitative research project to gain this valuable experience in a supportive and knowledgeable environment. Due to the limited existing literature relating to the specific topic of the empirical research, an initial qualitative project was appropriate to explore the area, whilst also providing a rich narrative of participants' experiences.

Following familiarising myself with the literature on the process of conducting qualitative research, including collecting qualitative data, I felt reasonably confident in completing the interviews with TCPs. Perhaps this relative feeling of ease was also influenced as talking to people and building relationships is a core role in Clinical Psychology. However, when it came to data analysis (coding and themes), this was a more daunting experience, potentially due to this being a novel experience.

Whilst I was aware that due to the qualitative approach and my constructionist epistemological stance, codes and themes were subjective, I was conscious about making sure that the results were impactful and meaningful to both the participants who had kindly donated their time, but also to the wider clinical psychology population (through publication of the research). Initially this dilemma was challenging both within the analysis stage and during the write up of the empirical paper. Whilst searching and reviewing of themes, I had difficulties not including some codes as I did not want individuals' voices to be missed. Initially this meant that data within themes were initially not as well triangulated as within the final version. However, when I recognised that data had to inevitably be cut, this significantly helped with the process, which was confirmed during the process of reviewing themes. At times, naming the themes was also a challenge but the significant amount of time invested in developing and reviewing the themes made this process easier. However, certain themes were renamed several times to ensure that the name encapsulated the data being



presented. The use of supervision and reflection on the above challenges was instrumental in helping with navigating this and ensuring the research was both meaningful and impactful.

### **Reflexivity and Researcher's Position**

When starting this project, I was aware that my own experiences within training and the literature I had read could potentially influence the research and I was keen to be as objective as possible. For example, there were certain concepts that I particularly aligned with such as the us and them dynamic highlighted by Hinshaw (2008) in which mental health professionals were seen as distinct to users of mental health services. Hinshaw noted that the silence that surrounds mental health professionals disclosing their own challenges maintains the stigma and reinforces the us and them dynamic. Throughout my career I had always been appreciative of others who had shared their own difficulties within a professional capacity and on reflection recognised the positive influence this had had on my own experiences.

From a personal perspective, I was generally of the view that self-disclosure within the training context (both trainers and TCPs delivering self-disclosures) was a positive influence for the wellbeing of TCPs and for the greater clinical psychology profession. Most self-disclosures I had experienced within my career, including on the ClinPsyD, were positive and I felt had made a positive contribution to my wellbeing and opinions around self-disclosures within the profession.

It was also important to consider the social identity theory (Tajfel, 1974) which highlighted the different social identities one can hold and switch between depending on the specific situation, which will in turn mean an individual may reflect the differing values of a particular group identity. Reflecting on my own experiences and values between my identities was also a helpful task in highlighting the challenges that some individuals could potentially face within this profession. Therefore, I was particularly conscious whilst interviewing,

completing the data analysis and writing up the findings that my results were not biased by my own judgments or social identity of being a current TCP.

Being aware of any potential bias through my positive experiences and opinions of self-disclosure, meant that I was conscious of remaining as subjective as possible by holding my opinions in mind to reduce assumptions I was making as a researcher. The method of line-by-line coding was particularly helpful with reducing my own bias by ensuring that I was not missing information due to confirmation or attentional bias, as was the use of supervision. When reviewing my written drafts, I was conscious of checking that results and summaries were also not focussed on the positive experiences that TCPs reported which were more aligned with my experiences.

### **Further Reflections on the Empirical Research**

As a TCP myself, I was pleasantly surprised with the amount of interest that I received from the initial recruitment drive. When planning the recruitment strategy, I was under the impression that I would probably require a few attempts at advertising the research on various platforms including social media, assuming the various demands on TCPs would make recruitment more of a challenge. However, I was pleasantly surprised when I recruited enough participants with just the initial contact from myself to the various training courses, further confirming the wider interest in this research topic.

It was also really interesting to be a TCP from one academic training institution, hearing experiences from TCPs from other courses. Outside of this thesis portfolio, I had very limited experience of speaking to TCPs outside of my course, so this was a novel experience for me. There were general comments made by TCPs about their challenges on their courses which I could relate to such as the demands of the course. However, there were clearly course specific comments that I wasn't necessarily expecting, which was really helpful in terms of

remembering that individual courses had their unique ethos's and ensuring that this was not lost in the analysis of data.

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## Appendix A

### Author Guidelines for Counselling and Psychotherapy Research

#### Author Guidelines

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*Potential contributors may also wish to consult the following resources:*

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### **Contribution to knowledge**

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Submissions via the new Research Exchange portal can be uploaded either as a single document (containing the main text, tables and figures), or with figures and tables provided as separate files. Should your manuscript reach revision stage, figures and tables must be

provided as separate files. The main manuscript file can be submitted in Microsoft Word (.doc or .docx) or LaTeX (.tex) formats.

If submitting your manuscript file in LaTeX format via Research Exchange, select the file designation “Main Document – LaTeX .tex File” on upload. When submitting a Latex Main Document, you must also provide a PDF version of the manuscript for Peer Review. Please upload this file as “Main Document - LaTeX PDF.” All supporting files that are referred to in the Latex Main Document should be uploaded as a “LaTeX Supplementary File.”

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## Appendix B

### Full Search Terms for Systematic Review

#### Search Terms for Databases

Five databases were searched in June 2023: Academic Search Ultimate, CINAHL Ultimate, Medline Ultimate, PsycInfo and Scopus. The following search terms were used:

( ( AB ( "clinical psych\*" N3 (train\* or doctora\*)) or "ClinPsyD" or "DClinPsy" ) or TI ( "clinical psych\*" N3 (train\* or doctora\*)) or "ClinPsyD" or "DClinPsy" ) )

And

( self-disclos\* or experience\* or reflect\* or disclos\* )

## Appendix C

### Email and Gatekeeper Information Sheet Sent to Course/ Research Directors on UK-Based Clinical Psychology Doctorate Programmes

To whom it may concern (admin team),

**Re: For attention of Course Director/ Research Director. Request for consent to contact trainee clinical psychologists for research recruitment.**

My name is Jess Dobson, and I am a postgraduate researcher/ trainee clinical psychologist completing the Doctorate in Clinical Psychology at the University of East Anglia (UEA). I am contacting you to ask if you could please forward the below email and the attachments on to your Course or Research Director? This is to support my thesis research project for which I am currently recruiting participants.

Please let me know if you have any questions.

Thank you for taking the time to read this email and consider my request.

Many thanks in advance.

Best wishes,

Jess Dobson  
Trainee Clinical Psychologist  
University of East Anglia

\*\*\*\*\*

Dear Course Director/ Research Director,

**Re: Request for consent to contact trainee clinical psychologists for research recruitment.**

**Project Title:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

My name is Jess Dobson, and I am a postgraduate researcher/trainee clinical psychologist completing the Doctorate in Clinical Psychology at the University of East Anglia (UEA). As you will know, this entails completion of a thesis research project. I am contacting you to request you consider sharing the details of my study with your current trainee clinical psychologists on your programme. The study will involve virtual interviews with 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year trainees who would like to take part. The study has been approved by the UEA Faculty of Medicine and Health Sciences Research Ethics Committee.

The aim of the study is to understand how trainees on UK Clinical Psychology Doctorate programmes (ClinPsyD) experience hearing self-disclosure from trainers within the teaching environment. To promote wellbeing of trainee clinical psychologists, it has been suggested that modelling from staff would support trainees to discuss openly the challenges they may

face whilst completing the programme. Despite recommendations in support of modelling, there has not been any research to understand how trainees experience trainers' self-disclosure. This study will therefore allow us to understand how self-disclosure is perceived by trainees in the context of the teaching environment and potentially provide guidance to courses on how this can be used to support the transition through training.

Please find attached the gatekeeper information sheet which provides further information about the study.

I have also attached the participant information sheet and an advert to be disseminated to your current cohorts if you chose to share this study on my behalf. If you do consent to acting as a gatekeeper and sharing this information on my behalf, please could you reply to this email to confirm your consent, in accordance with ethical committee review and approval of this project. My email address is [Jessica.dobson@uea.ac.uk](mailto:Jessica.dobson@uea.ac.uk)

Thank you for your time and for supporting my research. I very much appreciate your support with it.

Please let me know if you would like any additional information or to discuss this further.

Best wishes,  
Jess Dobson  
Trainee Clinical Psychologist  
University of East Anglia



### Gatekeeper Information

Dear Research/ Programme Director,

My name is Jess Dobson and I am a postgraduate researcher/ trainee clinical psychologist completing the Clinical Psychology Doctorate (ClinPsyD) at the University of East Anglia (UEA), currently in my second year of training. I am contacting you to request assistance with recruiting participants for my ClinPsyD research project. Please see below for further information to consider about the research before deciding whether to circulate this information. Please also feel free to contact me with any questions that you may have.

#### **Title of Study**

Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

#### **What are the aims of the study and why is this important?**

The aim of the study is to understand how trainees on UK Clinical Psychology Doctorate programmes (ClinPsyD) experience hearing self-disclosure from trainers within the teaching environment. Several recommendations have been made within recent literature suggesting that self-disclosure within ClinPsyD programmes should be facilitated via the use of trainers modelling and by creating a supportive environment to facilitate this, with the overall aim of supporting trainee wellbeing. Despite recommendations in support of modelling, there has not been any research to understand how trainees experience this. Depending on the information that emerges from interviews, I aim to be able to make recommendations to trainers about what is or is not helpful. These recommendations may also inform course procedures on creating compassionate spaces that promotes self-disclosure with the aim of improving trainee wellbeing.

#### **What is meant by self-disclosure?**

Whilst self-disclosure can be defined differently, for the purposes of this research, I will be taking the broader definition of self-disclosure, which encompasses trainers sharing any aspects of emotive personal experiences, including personal experiences such as mental health concerns.

#### **What involvement from you will require**

I am seeking your consent for this research to be advertised amongst trainees currently enrolled on your programme. Your role would be to advertise the study by sharing information about it, including an advert for the study and the participant information form. If you consent to sharing this information on my behalf, please can you email me confirming your consent. My email address is [jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk)

#### **What will be required from participants?**

I am looking to recruit approximately 10-12 trainee clinical psychologists currently enrolled on a ClinPsyD programme within the UK (excluding UEA). Participants will be asked to email myself with consent to be contacted in relation to taking part. Following receipt of their response email, I will contact participants directly and answer any queries they have prior to them choosing whether or not to consent to take part.

Participants will be required to complete a virtual interview online using video conferencing software. The audio from the interview will be recorded. The interview is anticipated to last for approximately one hour. Basic demographic data such as age and the geographical region of their course will be collected at the interview, followed by a more in-depth interview regarding their experiences of self-disclosure. Throughout the interview, participants can choose to not answer any questions at any point without further explanation. Participation is, of course, voluntary and participants may withdraw from the interview at any time. However, once interviews have been transcribed and anonymised participants will not be able to withdraw their information. Transcription will take place 2 weeks after the date of the interview. However, as previously mentioned, personal information will be removed and therefore participants will not be identifiable. Participants will be made aware of the limitations around withdrawing their data prior to the interview.

Following attendance at the interview, participants will be given a £10 Amazon e-voucher to thank them for taking part.

**Who will have access to the collected data and how will this be used?**

Audio recordings of the interview will only be accessed by myself as the principal investigator unless the safety of participants or others were at risk. Participants will be made aware of the limits of confidentiality. Once the interview has been transcribed and identifying information removed, transcripts may be shared with the researchers' supervisors for purposes such as analysing the information and to review interview techniques.

At the point of transcription, data will be anonymised by removing any information that could identify participants with the interview and the transcription of this. All anonymised data including the transcripts will also be stored separately to information that has identifying information on such as the consent form.

An external transcription service may also be used to transcribe information interviews, consent for which will be requested from participants prior to this being completed. This will mean the audio from the recording of the interview will be sent to the service, who will transcribe it and return to the principal investigator. The audio recording may contain personal identifying information such as course details if shared during the interview. However, once the initial transcription has been received, all identifying information will be removed.

Information from the interview will be anonymised at the point of transcription and stored securely in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR, 2018). Data that contains identifying information, such as audio recordings will be destroyed as soon as possible. For example, audio recordings will be destroyed at the point of transcription. However, consent forms will be kept until the end of the research at which point, they will be destroyed. All further data will be kept for a minimum of ten years. Once the research is complete or when I complete the training course, all relevant anonymised research information will be securely shared with the primary supervisory of the project via a password protected OneDrive folder. At this point the primary supervisor will become responsible for the storage of this information.

**What will happen to the results of the study?**

It is intended that results of the study will be submitted for publication in peer-reviewed journals and presented at research conferences. All identifying information, including university names, will be removed and therefore individuals will not be identifiable. As part of the publication process, quotes from the interview maybe published once identifying information has been removed. Participants will be provided with a summary of the outcome of the research, if they consent to receive it, and will be asked to provide contact details for this to be shared with them.

**Contact details for further information**

If you have any questions or concerns about the research, you can contact me on the following details:

Jess Dobson  
Norwich Medical School  
Faculty of Medicine and Health Sciences  
University of East Anglia  
NORWICH  
NR4 7TJ  
[jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk)

If you would like to speak to somebody independent of the study, including to discuss concerns around how this study is being conducted, you can contact the UEA Acting Programme Director Professor Sian Coker at:

[S.Coker@uea.ac.uk](mailto:S.Coker@uea.ac.uk)  
Norwich Medical School  
Faculty of Medicine and Health Sciences  
University of East Anglia  
NORWICH  
NR4 7TJ

Many thanks in advance for taking the time to read this information.


Kind regards,  
Jess Dobson,  
Trainee Clinical Psychologist  
University of East Anglia

## Appendix D

### Empirical Research Recruitment Poster

£10  
Amazon  
E-  
voucher  
for  
taking  
part!

## Trainee Clinical Psychologists Needed for Research!



Research Title: Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

Are you:

- ✓ A current Trainee enrolled on a ClinPsyD Programme in the UK (excluding UEA)?
- ✓ Have you experienced your trainers talking about their own experiences within teaching?

If so, you maybe able to take part in the research!

- Trainees' wellbeing is of great importance with courses attempting to achieve a safe, compassionate environment for trainees to be able to openly discuss their experiences.
- Various suggestions have been made encouraging trainers to model self-disclosure of their own difficult experiences, to enable to trainees to do the same. However, there is no current research looking into how trainees experience this.
- This project aims to explore trainees' experiences of trainer self-disclosure to support training.

---

- We hope this research will add to current guidelines for training programmes on supporting trainee wellbeing, and provide guidance on how self-disclosure can be facilitated in a compassionate environment.

I am looking to recruit trainees to take part in an online interview which will last about an hour.

To find out more information about the study please email me at [jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk)

Study approved by University of East Anglia (UEA) Faculty of Medicine and Health Sciences Research Ethics Committee.



## Appendix E

### Empirical Research Participant Information Sheet



#### Participant Information Sheet

**Title of Study:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

**Who am I and why am I contacting you?**

My name is Jess Dobson and I am a postgraduate researcher completing the Doctorate in Clinical Psychology (ClinPsyD) at the University of East Anglia (UEA), currently in my second year of training. I am looking to recruit first, second and third year trainees currently enrolled on a UK-based ClinPsyD programme (excluding UEA) for involvement in my research. To take part in the research you will need to have had experience of hearing training staff on your course (rather than within clinical supervision on placement) disclose details about personal experiences.

**What are the aims of the study and why is this important?**

The aim of the study will be to understand how trainees on UK Clinical Psychology Doctorate programmes (ClinPsyD) experience hearing self-disclosure from trainers within the teaching environment. Several recommendations have been made within recent literature suggesting that self-disclosure within ClinPsyD programmes should be facilitated through trainers modelling this and by creating a supportive environment to facilitate this with the overall aim of supporting trainee wellbeing. Despite recommendations of trainer modelling, there has not been any research to understand how trainees experience this. Depending on the information that emerges from interviews, I aim to be able to make recommendations to trainers about what is or is not helpful. These recommendations may also inform course procedures on creating compassionate spaces that promotes self-disclosure with the aim of improving trainee wellbeing.

**What is meant by self-disclosure?**

Self-disclosure can be defined differently; for some it can be disclosing a mental health condition or for others it can be a much broader definition. For the purposes of this research, I will be taking the broader definition of self-disclosure, which will involve trainers sharing of any aspects of emotive personal experiences such as personal experiences of mental health concerns.

**What involvement from you will require**

If you decide to participate, please email me at [jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk) to confirm that I can contact you with further information about the research. Please also let me know your preferred times of contact. I will then respond to your email; answer any questions you may have and arrange a convenient time with you to complete the interview if you choose to take part.

The semi-structured interview will be completed virtually using video conferencing software and the audio from the interview will be recorded. The interview will take about an hour to complete. At the start of this meeting, you will also be asked for basic demographic details such as your age, region of your course provider and ethnicity, however, you have the right to not answer these questions without explanation. This information will be stored anonymously and separately from the transcripts and audio recording of your interview. Throughout the interview you can choose to not answer any questions at any point without explaining this and you can also choose to end the interview at any time. Once you have completed the

interview and this has been transcribed anonymously (all identifying information has been removed), it will not be possible to withdraw your information from the interview, as it will have been anonymised and merged with other participants' data, and therefore cannot be identified and separated. You will have 14 days from the date of your interview before the data is transcribed and can therefore no longer be withdrawn from the research. However, as previously mentioned, personal information will be removed and therefore you will not be identifiable. On completion of the interview, you will be given a £10 Amazon e-voucher to thank you for your time.

**What are the possible benefits of taking part?**

Although we cannot guarantee any personal benefits from taking part in this research, some people find it rewarding to contribute to research and may experience indirect benefits of talking about their experiences. However, some research does deliver wider benefits on completion. In relation to this study, the aim is to provide trainers with information about how trainees have experienced self-disclosure within the teaching environment which may or may not impact on further disclosures.

**What are the possible disadvantages of taking part?**

As participants are being asked about their experiences of hearing their trainers self-disclose, there is the potential they may have found this distressing. However, you can decline to answer any questions.

As interviews will be completed virtually, there is a small chance you maybe fatigued by completing the interview online. However, interviews are unlikely to last more than an hour and you can take a break as needed.

**How to request further information or volunteer to participate**

If you would like to ask any further questions prior to agreeing to take part in the study, or if you would like to volunteer to do so, please email me at [jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk). I shall reply to your email with further information including potential interview details if you chose to be involved with the study. However, you have the right to withdraw your consent to take part in the interview at any time without an explanation.

**Confidentiality**

The information you share will be kept confidential. However, if you were to share information that suggested that you or another person were at risk this may need to be shared with other relevant agencies or safeguarding teams. However, where possible the need to share this information with others would be discussed with you beforehand.

**What will happen to the results of the study?**

It is intended that results of the study will be submitted for publication in peer-reviewed journals and presented at research conferences. However, all personal information, including university names, will be removed and therefore individuals will not be identifiable. As part of the publication process, quotes from your interview maybe published once identifying information has been removed. A summary of the results on completion of the research will be available if you would like to receive this. You will be asked to give your consent for this and share your contact details to do so.

**Who will have access to the collected data?**

By consenting to the study, you provide agreement that the data collected can be used for the purpose of this study only. Audio recordings of the interview will only be accessed by the myself as the principal investigator unless as described above, the safety of yourself or others were at risk. At the point of transcription, data will be anonymised by removing any information that could identify you with the interview and the transcription of this. For example, if you were to state the name of your university, this would be removed. All anonymised data including the transcripts will also be stored separately to information that has identifying information on such as the consent form. Once the interview has been transcribed and identifying information removed, transcripts may be shared with the researchers' supervisors for purposes such as analysing the information and to review interview techniques.

An external transcription service may also be used to transcribe information from your interview, your consent for which will be requested prior to this being completed. This will mean the audio from the recording of the interview will be sent to the service, who will transcribe it and return to the principal investigator. The audio recording may contain personal identifying information such as course details if you were to share this during the interview. However, once the initial transcription has been received, all identifying information will be removed.

Your demographic information will be anonymised at the point of data collection and stored securely in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR, 2018). Data that contains identifying information, such as audio recordings will be destroyed as soon as possible. For example, audio recordings will be destroyed at the point of transcription. However, consent forms will be kept until the end of the research at which point they will be destroyed. All further data will be kept for a minimum of ten years. Once the research is complete or when I complete the training course, all relevant anonymised research information will be securely shared with the primary supervisory. At this point, the primary supervisor will become responsible for the storage of this information.

**Contact details for further information**

If you have any questions or concerns about the research, you can contact me on the following details:

Jess Dobson  
Norwich Medical School  
Faculty of Medicine and Health Sciences  
University of East Anglia  
NORWICH  
NR4 7TJ  
[jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk)

If you would like to speak to somebody independent of the study, including to discuss concerns around how this study is being conducted, you can contact the UEA Acting Programme Director Professor Sian Coker at:

[S.Coker@uea.ac.uk](mailto:S.Coker@uea.ac.uk)  
Norwich Medical School

Faculty of Medicine and Health Sciences  
University of East Anglia  
NORWICH  
NR4 7TJ

Many thanks in advance for reading this information and considering taking part in this research.

**Jess Dobson**  
**Trainee Clinical Psychologist**  
**University of East Anglia**

## Appendix F

### Empirical Research Participant Consent Form

#### Participant Consent Form



#### Title of Study

Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

**Name of researcher:** Jess Dobson

Please initial  
box

I confirm that I have read the participant information sheet (version 6, dated 28 02 23) and have been able to weigh up this information. I have also received satisfactory responses to any questions I may have.

I confirm that I am aware that my participation in the interview is voluntary, and I can withdraw my consent to take part at any time without giving a reason.

I confirm that I am aware that once data have been anonymised, I will no longer be able to withdraw the information I have provided from being used within the research.

I confirm that an audio recording of my interview maybe shared with an external transcription service.

I confirm that I understand that information I share will be confidential and will not be shared with others unless there is a significant need to do so.

I am aware of how my information will be used and stored throughout the study.

I agree to take part in the study

**Name of Participant:**

**Signature of Participant:**

**Date:**

**Signature of Person seeking consent:**

**Date:**

On completion of the study, I consent to being sent a summary of the findings:

Yes/ No (please delete as appropriate)

Email address for summary of information to be sent: |

**Signature of Participant:**

**Date:**

## **Appendix G**

### **Empirical Research Participant Inclusion/ Exclusion Criteria**

#### **Inclusion Criteria**

Participants will be currently enrolled on a Doctorate in Clinical Psychology programme (ClinPsyD) in the UK, with experience of hearing their trainers using self-disclosure within the teaching environment, rather than disclosure within a clinical setting such as clinical supervision. Experience of self-disclosure relates to trainees hearing trainers share any aspects of personal experiences which are emotive, such as distress.

#### **Exclusion criteria**

Participants who are currently enrolled on the ClinPsyD programme at the University of East Anglia (UEA) will be excluded from the study due to the ethical implications and considerations of the project being completed at UEA. A further exclusion will be for those who have not had experience of trainer self- disclosure within the teaching environment.

## Appendix H

### Empirical Research Participant Debrief Form



#### Debrief information

Thank you for taking part in the research! If you have any further questions, please email me at [jessica.dobson@uea.ac.uk](mailto:jessica.dobson@uea.ac.uk)

As you are aware, the aim of the research was to understand how trainee clinical psychologists experience hearing their trainers' self-disclosures within the teaching environment, with the aim of providing courses with guidance of how this can be supported. For further organisations that maybe useful for trainees throughout the training process, please see below:

#### **Mind Mental Health Charity:**

<https://www.mind.org.uk/information-support/>

#### **Samaritan's 24 hour support service:**

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Telephone number: 116 123

#### **Carers UK**

A charity providing support for carers within the UK

<https://www.carersuk.org>

#### **GP**

Your GP is also available for immediate support and advice

#### **NHS 111: 24-hour support for urgent physical and mental health support and guidance:**

Telephone number: 111

Here are also some resources if you would like to learn more about mental health in relation to Clinical Psychology:

#### **British Psychological Society (BPS). Supporting and valuing lived experience of mental health difficulties in clinical Psychology training:**

[https://www.ucl.ac.uk/clinical-psychology-doctorate/sites/clinical\\_psychology\\_doctorate/files/section\\_32\\_appendix\\_1\\_supporting\\_and\\_valuing\\_lived\\_experience\\_of\\_mental\\_health\\_difficulties\\_in\\_clinical\\_psychology\\_training.pdf](https://www.ucl.ac.uk/clinical-psychology-doctorate/sites/clinical_psychology_doctorate/files/section_32_appendix_1_supporting_and_valuing_lived_experience_of_mental_health_difficulties_in_clinical_psychology_training.pdf)

#### **BPS. Statement on clinical psychologists with lived experience of mental health difficulties:**

<https://cms.bps.org.uk/sites/default/files/2022-07/Statement%20on%20clinical%20psychologists%20with%20lived%20experience%20of%20mental%20health%20difficulties.pdf>

**Appendix I**

**Empirical Research Ethical Approval Granted by the FMH S-REC (Faculty of  
Medicine and Health Sciences Research Ethics Subcommittee), University of East  
Anglia**



University of East Anglia  
Norwich Research Park  
Norwich, NR4 7TJ  
Email: [ethicsmonitor@uea.ac.uk](mailto:ethicsmonitor@uea.ac.uk)  
Web: [www.uea.ac.uk](http://www.uea.ac.uk)

**Study title:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

**Application ID:** ETH2324-0038 (significant amendments)

Dear Jess,

Your amendment to your study was considered on 12th August 2023 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the [IRAS](#) system.

This approval will expire on **19th March 2024**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer ([dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)).

Please can you send your report once your project is completed to the FMH S-REC ([fmh.ethics@uea.ac.uk](mailto:fmh.ethics@uea.ac.uk)).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Dr Paul Linsley



## Appendix J

### Email to Current UK-based Trainers Requesting Input on Topic Guide

To whom it may concern,

RE: Request for Current ClinPsyD trainers to review topic guide for proposed research.

My name is Jess Dobson, and I am a postgraduate researcher/trainee clinical psychologist completing the Doctorate in Clinical Psychology at the University of East Anglia (UEA). I am contacting you to ask if you are willing to spare a few minutes of your time reviewing the topic guide I am currently designing to guide the interview process for my thesis project. The research will be supervised by Dr Imogen Rushworth, who I believe you know through her role on the UEA ClinPsyD. I am currently in the process of applying for ethical approval from UEA's Faculty of Medicine and Health Sciences Research Ethics Committee.

**Title of Proposed Study:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

The aim of the study is to understand how trainees on UK Clinical Psychology Doctorate programmes (ClinPsyD) experience hearing self-disclosure from trainers within the teaching environment. To promote wellbeing of trainee clinical psychologists, some research has suggested that modelling from staff would support trainees to openly discuss challenges they face whilst completing the programme. Despite these recommendations for modelling (BPS document, Kemp et al., 2020), there has not been any research to date to understand how trainees experience this. The aim of this study is to explore how self-disclosure is perceived by trainees in the teaching environment and potentially provide guidance to courses on how this can be best delivered.

I am currently in the process of drafting the topic guide to support the semi-structured interview process. As current trainers on UK-based ClinPsyD courses I would very much value seeing your views on the topic guide in relation to whether you think the questions will be helpful to answer the research question. Any feedback would be greatly appreciated in any form, such as comments on the proposed questions and/or suggestions for other areas to explore.

I have attached also the proposed Participant Information Sheet for further information on the study. However, please do let me know if you have any further questions and I would be happy to discuss this further. Alternatively, you can contact Imogen directly on [I.Rushworth@uea.ac.uk](mailto:I.Rushworth@uea.ac.uk)

Thank you very much for taking the time to read this email and consider my request.

Many thanks in advance.

Best wishes,

## Appendix K

### Empirical Research Draft Topic Guide



#### Draft Topic Guide (v1)

**Project Title:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

**Principal Investigator:** Jess Dobson

**Research Supervisor:** Dr Imogen Rushworth

#### Opening question:

- To start with it would be good to hear about being a current trainee. Can you tell me what it's like for you?

#### Main questions:

- How often would you say that you have heard trainers on your course disclosing emotive personal information?
- Are there any experiences that you heard that were particularly important or memorable? *If so, what do you think was important about it?*
- How did you experience it at the time?
- Looking back on it now has anything changed about how you experienced the disclosure at the time compared to now?
- Do you think that hearing trainers' experiences has had an impact on your training experience?
- Do you think that hearing trainers' experiences has had any impact on the conversations you have with others on the course *such as course staff or other trainees?*
- Would you say it was either helpful or unhelpful to hear trainers' experiences?
- If a trainer asked you about sharing their experiences with trainees, would there be any advice you would give them?

#### Closing question:

- That was all the questions I had, but is there anything that we haven't talked about that would be helpful or do you have any final thoughts?

## Appendix L

### Empirical Research Final Topic Guide



#### Topic Guide (v3)

**Project Title:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

**Principal Investigator:** Jess Dobson

**Research Supervisor:** Dr Imogen Rushworth

#### Opening question:

- To start with it would be good to hear about being a current trainee. Can you tell me what it's like for you?
- In your experience of training so far, what are your thoughts around self-disclosure from others?

#### Main questions (To be used if required or felt helpful. Prompts in italics):

- Have you had experience of trainers sharing experiences of their own difficulties with you to support you during your training, for example as part of teaching sessions?  
Prompt: *With you, with other trainees, to a whole cohort? In what context did trainer disclosure happen? / most often happen? (e.g., teaching, reflective practice spaces, personal tutor meetings, other etc?).*
- What information that you heard was particularly important or memorable?  
Prompt: *What do you think was important about it?*
- How has it been unhelpful to hear trainers' experiences?  
Prompt: *If something was unhelpful, would there have been a way the trainer could have made it more helpful?*
- Looking back on it now has anything changed about how you experienced the disclosure at the time compared to now?  
Prompt: *How do you think about the trainer/ feel towards them?*
- How has hearing trainers' experiences had an impact on your training experience?  
Prompt: *Has it impacted on the conversations you have had or have with others on the course, such as course staff or other trainees? Do you think you say more about yourself after your experiences of staff sharing theirs? Does it feel safer now to share more?*
- How has it been helpful or unhelpful to hear trainers' experiences?
- Do you think there would have been times when it would have been helpful for trainers to use self-disclosure but didn't?  
Prompt: *Why would this have been helpful?*
- Do you think it differs from hearing or learning from your peers' experiences (compared to trainers?)  
Prompt: *How?*

- If a trainer asked you about sharing their experiences with trainees, would there be any advice you would give them?

**Closing question:**

- That was all the questions I had, but is there anything that we haven't talked about that would be helpful?
- Do you have any final thoughts?

## Appendix M

### Empirical Research Findings: Themes and Subthemes

#### *Themes and Subthemes*

Theme	Subthemes
1. The impact of trainer self-disclosures on individual trainees	<ul style="list-style-type: none"> <li>● Impact on learning</li> <li>● Challenging of trainees' opinions</li> <li>● Impact on shaping further conversations</li> <li>● Emotional impact</li> </ul>
2. The trainees' perception of the trainer following self-disclosures	<ul style="list-style-type: none"> <li>● Impact for the trainer</li> <li>● The humanising of trainers</li> <li>● A shift in the power dynamic</li> </ul>
3. The impact of trainer self-disclosures on the greater profession;	<ul style="list-style-type: none"> <li>● Challenging the myth of the "perfect psychologist"</li> <li>● Challenging the "us vs them" dichotomy</li> <li>● Enabling an open culture</li> </ul>
4. Potential considerations for trainer self-disclosures (from a trainee's perspective)	<ul style="list-style-type: none"> <li>● Expectations of Trainers</li> <li>● Perceived needs and purpose of valued self-disclosures</li> <li>● Guidance for delivery</li> </ul>

## Appendix N

### Demographic Questionnaire used within Empirical Research



#### Demographic Questionnaire

**Research Project Title:** Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes.

Principal Investigator: Jess Dobson

**Participants to be advised they can decline to provide an answer for any of the following demographic questions.**

**Age:**

**Gender:**

**Ethnicity:**

**Geographical region of course:**

**Year of course:**