

# How Did We Help (or Not)? A Qualitative Analysis of Helpful Resources Used by Psychology Trainees With Disabilities

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Little research has been conducted on the experiences of psychology trainees with disabilities, but there is growing evidence that this group of trainees faces a variety of barriers in their training. In this secondary analysis of data from 41 psychologists and psychology trainees with disabilities, we analyzed participants' responses to an open-ended question regarding what resources they found helpful during their training. Seven themes emerged: (a) no helpful resources; (b) professional supports and organizations; (c) mentor supports; (d) accommodations; (e) peer supports; (f) external supports in the form of health services; and (g) personal supports. Participants identified both formal and informal resources that were helpful, but more than a third of participants said that there were no disability-related resources that were helpful to them during their training. Implications for programs and trainees are discussed.

## Public Significance Statement

This article provides novel information on the resources used by psychology trainees with disabilities, an underrepresented and underresearched population, in their training. It provides guidance for supervisors and faculty working with trainees with disabilities, as well as a call to action regarding better support for trainees with disabilities.

**Keywords:** disability, professional psychology, psychologists with disabilities, psychology training, resources

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Although disability has been recognized as a component of diversity in psychology (Olkin, 2002), scant research has been conducted on the experiences, wants, and needs of psychology trainees and psychologists with disabilities (Andrews et al., 2013; Lund, Andrews, & Holt, 2014). As Andrews and Lund (2015) discuss, minimal data exist on the representation of psychologists and psychology trainees with disabilities in professional psychology, possibly because data collection sources have no clear or consistent means of defining and querying disability status. In their analyses, Andrews and Lund (2015) found that about three percent of students in American Psychological Association (APA)-accredited doctoral programs were identified as "being subject to the Americans with Disabilities Act" (i.e., as having a disability). Analysis of data from the Association of Psychology Postdoctoral and Internship Centers (APPIC) surveys of internship applicants (see Andrews et al., 2013; Andrews & Lund, 2015) revealed that about 6% to 8% of internship applicants in each application cycle reported having one or more disabilities. These rates of identified disability are much lower than 20% prevalence rate of disability estimated in the general U.S. population (Brault, 2012), suggesting that people with disabilities are markedly underrepresented in professional psychology.

Similar to the lack of in-depth demographic data about the prevalence of disability among psychology and psychology trainees, there is very little empirical examination of the experiences of psychology trainees and psychologists with disabilities, and scholarly articles that have addressed the issue are primarily conceptual or experiential in the nature. In 2009, the APA's Office of Disability Issues conducted an unpublished survey of 92 psychology students with disabilities from all levels of postsecondary education across all fields of psychology, 39.1% of whom were pursuing a doctoral degree in psychology. More than 90% of respondents to that survey reported experiencing disability-related barriers during their education. Commonly cited barriers were time issues, such as the need for additional time to complete a program or dissertation, reduced course-load requirements, or requests to take time off during the program; attitudinal barriers including lack of understanding, and stigma toward disability; barriers created by the disability-specific symptoms or treatment side effects; and difficulty accessing appropriate accommodations or materials. Respondents recommended that programs provide mentoring and support by and for students with disabilities and increase overall information about, acceptance, and awareness of disability. About two-fifths of respondents expressed negative views regarding faculty knowledge of disability, and slightly more than half believed they had fewer options in their training than did students without disabilities, particularly with practicum and internship opportunities.

In an unpublished dissertation, Joshi (2006) interviewed 19 blind or visually impaired students or graduates regarding their experiences in masters (63.2%) or doctoral (36.8%) programs in clinical or counseling psychology. Those participants reported that they received more assistance through informal channels (e.g., sighted peers, friends, or family members) than through formal channels, such as a disability services office. They reported that educational materials were frequently inaccessible and that they sometimes missed out on important information and events because the details were not provided in a timely and accessible manner. Additionally, participants often reported negative experi-

ences with faculty attitudes and knowledge regarding disability and expressed that more disability-related education and training for faculty would have improved their experience of and access to graduate training.

Lund and colleagues (2014) conducted the first peer-reviewed empirical study of the experiences of psychologists and psychology trainees with disabilities. Responses were collected from 56 professional psychologists and psychology trainees with disabilities regarding their experiences in graduate school, internship, and postdoctoral training. Similar to the findings of Joshi (2006) and APA (2009), participants reported frequent disability-related barriers during their training, with two thirds reporting barriers during graduate school or the graduate school admissions process and more than two-fifths noting such barriers during internship and postdoctoral training. Participants were divided regarding the overall disability-related knowledge of their faculty and supervisors, with responses equally split between negative, positive, and neutral ratings. Less than half of participants reported receiving any formal accommodations, with 28.6% reporting that they obtained only informal accommodations and 20.4% reporting receiving a mix of formal and informal accommodations. These results are congruent with Joshi's (2006), which suggest the widespread use of informal supports among psychology trainees with disabilities.

Lund, Andrews, and Holt (2016) analyzed qualitative data on advice from respondents from the same survey to trainees with similar disabilities and found that respondents frequently cited mentorship, advocacy, and acquisition of appropriate accommodations as important strategies. Participants often reflected on the unique difficulties and challenges experienced by trainees with disabilities; some participants dissuaded hypothetical trainees with disabilities from pursuing training in professional psychology, whereas others encouraged trainees to persevere through difficulties and play a part in increasing inclusivity in the field. Interestingly, Joshi (2006) reported that several respondents stated they would not have pursued degrees in professional psychology had they known all the barriers that they would face.

### Purpose of Present Study

Although relatively little is known about the experiences of psychology trainees with disabilities, emergent research suggests that these trainees face significant barriers in their training and rely on a variety of formal and informal resources to surmount these barriers. This study was intended to further the knowledge-base by systematically analyzing the open-ended qualitative responses to the question from Lund and colleagues' (2014) survey that asks what resources that trainees found helpful during training in professional psychology. Thus, our research question is as follows:

What resources did psychology trainees with disabilities find helpful during their training?

### Method

#### Recruitment

Data utilized in the present analyses are responses to one open-ended item from a broader online survey of psychologists and psychology trainees with disabilities (Lund et al., 2014). The

complete survey consisted of 30 questions, six of which were open-ended. Participants for this survey were recruited via e-mails sent out to listservs that addressed issues related to professional psychology, disability, or both. Examples of listservs used for recruitment include but are not limited to the Disabled Student Services in Higher Education (DSSHE) listserv, the Division 22 (Rehabilitation Psychology) listserv, the Early Career Psychologists listserv, and the Disability Studies in the Humanities listserv. We elected to send the recruitment notice to nonpsychology listservs related to disability to broaden the potential reach of the survey, both through initial receipt of the recruitment notice and through potential secondary receipt (i.e., forwarding from listserv members to eligible individuals not on the listserv). Accordingly, recipients were asked to forward the recruitment notice to other potential participants. We did not ask participants via what listserv or other channel they received the recruitment notice.

A reminder notice was sent out after two weeks. Most participants completed the survey during the initial 4-week period of data collection. However, participants who completed the survey after that point were also included in analyses.

The survey was hosted on a secure, university-based Qualtrics server and was checked for screen-reader accessibility prior to data collection. The survey contained a number of demographic, quantitative, and qualitative items regarding participants' education and training, disabilities, and experiences in graduate school, internship, and postdoctoral training. A thorough description of the survey can be found in Lund and colleagues (2014). All materials and data collection procedures were approved by a university institutional review board (IRB) prior to data collection, and no identifying information was collected during the survey. In order to maximize confidentiality, participants were not paid for participation.

Eligibility criteria for inclusion in the present analyses were as follows: (a) self-identification as disabled or as Deaf/hard of hearing; (b) earned or currently earning a doctoral degree in professional psychology (i.e., clinical, counseling, counseling, or rehabilitation psychology); and (c) responded the open-ended item regarding resources that they found helpful during their training.

## Participants

Forty-one participants were eligible for inclusion in these analyses. Thirty-one (75.6%) identified as female, and the remaining 10 (24.4%) identified as male. The mean age was 40.87 years ( $n = 40$ ;  $SD = 12.70$ , range = 23–63). Thirty-six participants identified as White or Caucasian alone (87.8%), two (4.9%) as White and Hispanic/Latino, one (2.4%) as White and Jewish American, one (2.4%) as Asian or Pacific Islander, and one (2.4%) as Black or African American. Relative to the APPIC survey data (APPIC, 2014), White trainees were overrepresented in our sample.

Most participants ( $n = 27$ ; 65.9%) reported one disability, 10 (24.4%) identified two, and four (9.8%) identified three disabilities. Twenty-one (51.2%) indicated that their disability was obvious or readily apparent, while the remaining 20 participants (48.8%) indicated that it was hidden. The most common types of disabilities reported were physical or orthopedic disabilities (36.6%;  $n = 15$ ), blindness or visual impairment (22.0%;  $n = 9$ ), Deafness or hearing impairment (19.5%;  $n = 8$ ), chronic health conditions (17.1%;  $n = 7$ ), and attention-deficit/hyperactivity dis-

order (17.1%;  $n = 7$ ). Participants also reported learning disabilities (12.2%;  $n = 5$ ), psychiatric disabilities (9.8%;  $n = 4$ ), cognitive disabilities including traumatic brain injury (7.3%;  $n = 3$ ), and speech disability (2.4%;  $n = 1$ ). No participants identified as having autism spectrum disorders. As with the overall sample (Lund et al., 2014), when compared with the APPIC survey data, this subsample overrepresented physical/orthopedic and sensory disabilities while underrepresenting learning and psychiatric disabilities. Thirty-two (78.0%) acquired or were diagnosed with their disability prior to beginning graduate school, five (12.2%) during graduate school, one (2.4%) during postdoctoral training, and three (7.3%) after postdoctoral training. Responses from the three participants who were diagnosed with a disability after training were included because they included information regarding resources that were helpful in managing yet undiagnosed disability-related issues during training.

In terms of education and training, 23 (56.5%) participants were licensed psychologists, and an additional participant (2.4%) completed training but was in a position that did not require licensure. Of the remaining 17 trainee participants, nine (22.0% of all participants) were preinternship doctoral students, three (7.3%) were predoctoral interns, one (2.4%) was postinternship and working on their dissertation, and four (9.8%) were postdoctoral fellows. Of the 24 participants not currently in training at the time of the survey, only five had completed their degree prior to 1990, when the Americans with Disabilities Act was passed, and 14 had completed their degree in 2000 or later.

## Data Analysis

We used a modified grounded theory approach to coding our data; ground theory is based on a theory-building, rather than theory-confirming, approach (Glaser, 1998; Strauss & Corbin, 1990), thus making it a good choice for our exploratory analysis of these novel data. Pursuant to the principles of ground theory, we first identified themes via open coding. Two researchers independently reviewed all data and generated a list of proposed themes. They then compared those themes and discussed disagreements and differences in order to reach consensus. This process resulted in a final total of seven themes: (a) no helpful resources; (b) professional support and organizations; (c) mentor support; (d) accommodations; (e) peer support; (f) external support in the form of health services; and (g) personal supports.

## Interrater Agreement

After themes were identified, the same two researchers independently coded each response for the presence or absence of each theme; each response could contain multiple themes. For example, a response could discuss both mentorship and accommodations as helpful resources. The one exception to this was the *no helpful resources* category, which, given its nature, was exclusive. To verify that the researchers were consistently identifying the themes in the same way, we calculated interrater agreement (IRA) for both individual themes and the overall data. We calculated simple agreement, with a target percent agreement of 80% or higher. This level is within the guidelines suggested for IRA for the coding of archival data (Graham, Millanowski, & Miller, 2012) and similar to that which has been used in other research (Lund et al., 2016;

Lund & Thomas, 2015). Additionally, we also provided Cohen's kappa scores for interrater reliability, using the guidelines suggested by Wongpakaran, Wongpakaran, Wedding, and Gwet (2013).

Across all codes, there were a total of 10 disagreements, yielding an overall IRA of 96%. Theme-level agreement was also high, ranging from 90.2% to 100%. Only one theme had an IRA below 95%. Furthermore, one had an IRA of 100%, and five had an IRA of 97.6%, reflecting only one disagreement per theme. In addition, we also calculated Cohen's kappa for each theme. For five of themes, kappa was the *very good* range (above .8), with one other theme falling in *good* range (.78) and the other falling in the *moderate* range (.45). The IRA, kappa, and number of disagreements per theme and overall can be seen in Table 1. High levels of agreement enabled us to use the ratings of one coder ratings to determine theme frequency and categorization.

## Results

### No Helpful Resources

Fifteen participants (36.6%) reported that they could not identify any resources that were helpful to them during their training. Of these 15, six reported that their disability was visible or readily apparent, and nine reported that it was not. Four of the 15 participants reported receiving their degree before 1990, and an additional four received their degree before 2010. Although some simply indicated that there were no resources that they found helpful, many elaborated on this response. For example, one participant stated that he or she felt like they did not have any resources available to find helpful because of the stigmatized nature of his or her psychiatric disability:

There is a schism between mental and physical disability. There is a good deal of resource, compassion, support, acceptance for visible/physical disabilities and much discrimination against those with psychiatric conditions. Even among our own brethren in the field there is a tendency to distance ourselves if not outright avoid or invalidate colleagues with psychiatric issues. On one job it was proposed I should find another (by a licensed psychologist) when I explored taking time off for a recurrent episode of severe depression.

Similarly, another participant noted that "the faculties were not much of a help." One participant noted that he or she had been trained "in a time where even the most basic aspects of diversity

Table 1  
Interrater Agreement (IRA) Overall and by Theme

Theme	Number of disagreements	Percent agreement	Kappa
Peer support	1	97.4%	.91
Mentor support	2	95.1%	.85
External supports via health services	4	90.2%	.45
Professional organizations and supports	1	97.6%	.94
Accommodations	1	97.6%	.92
Personal supports	1	97.6%	.78
No helpful supports	0	100%	1.0
Overall	10	96.0%	

were barely on the radar" and thus experienced little awareness of or resources for individuals with disabilities in training. Likewise, another participant commented, "I was aware of very few resources available during my training. Fortunately for me I was young and still physically able to maneuver in my environment without experiencing barriers."

One participant indicated that he or she actually found the lack of disability services office—a potential resource for many students—to be a positive aspect of their training, stating that he or she appreciated "not having to deal with a disability support services office, as they generally get in the way of what I need rather than help." Another participant said that he or she did not feel the need to access many resources due to previous experiences and learned adaptation strategies, as captured in the following quote: "Not really. I've lived with my hearing loss since birth and learning adaptive techniques from childhood to maximize my hearing in an educational setting."

### Professional Supports and Organizations

Ten participants (24.4%) reported that they accessed professional supports and organizations during graduate school. These included university disability services offices, state vocational rehabilitation services offices, and libraries and alternative text services for the blind. Some participants also mentioned condition- or disability-specific organizations (e.g., the National Organization for Rare Disorders). One participant mentioned that participating in a "national group geared at providing support for graduate and doctoral students with psychiatric disabilities" was helpful. Another participant noted that he or she found the existence of resources that were separate from the program and psychology department to be extremely useful, due to concerns about confidentiality, stigma, and departmental politics:

I am very glad my university had a reliable disability-related resource department. I felt like someone was looking out for my needs that was independent of my faculty. In clinical psych, the departments are *so small*, and politics become so convoluted, that I was glad to have an outside person help guide me through the system. Once I came into internship and postdoc I really didn't want to reveal my status if I didn't need to (since testing is a primary area of difficulty for me, otherwise I manage okay), because of fears of negative evaluation/judgment.

Likewise, another participant noted that "Student Affairs has been helpful as an outside resource in keeping the communication around my disability collaborative versus confrontational," indicating that the assistance of resources detached from the department were helpful in maintaining a productive dialogue with the training program regarding accommodations.

### Mentor Support

Nine participants (22.0%) reported that they received helpful support from mentors. For example, one participant received "advice and very specific suggestions from knowledgeable and sympathetic professors and supervisors on how to work around and compensate for my disability." Similarly, another participant noted that "particular supervisors were extremely supportive and helpful to me when I encountered a barrier. These specific people would also act as an advocate with more senior members if I needed the

support." One participant described a "very involved" director of clinical training (DCT) who was willing to learn and consult regarding disability-related issues, and "consulted the literature and other DCTs to ensure that she was doing everything she needed to do." Likewise, another participant noted the overall disability-affirmative environment of his or her internship site, noting "there is a real focus on disability," and that "my supervisor gave me the contact information for someone who had also completed training at my site with a disability." One participant indicated that he or she found clinical and teaching supervisors to more "understanding" of disability issues in general compared to research-focused faculty.

One participant even indicated that supportive mentors had a positive impact before disability diagnosis or the ability to access formal assistance:

Mentors I met during clinical externships and whom I maintained a professional relationship were helpful in providing me with insight into my areas of difficulty, and from there I was able to find the appropriate professional diagnosis and help. But there were not direct resources available at the time I was in training.

### Accommodations

Eight participants (19.5%) mentioned specific accommodations that they had found helpful during training. These included modifications like "separate testing room and double time for tests" as well as services like alternate format books. Some participants mentioned specific assistive technology that was helpful, such as Kurzweil, Questia (prior to a change in its accessibility for the participant), and closed-circuit TV (CCTV). One participant disclosed an accommodation of assistance with transportation, explaining that "on internship, the counseling center director allocated taxi funds for me so I could get back and forth to the counseling center since the area didn't have a city bus system."

### Peer Support

Six participants (14.6%) reported finding support from other trainees with disabilities to be helpful. For example, one participant noted that he or she connected with students with disabilities both in and outside of the training program. Another participant mentioned creating a "student led support group for students 'struggling with chronic illness or disability at my program.'" Some participants noted that it was particularly helpful to communicate with others with similar disabilities; one participant stated, "talking to other students with physical disabilities helped," whereas another described obtaining support through a group specifically for graduate students with psychiatric disabilities. However, one participant noted that the nature of his or her disability limited the utility of peer supports:

Finding a few peers with disabilities [was helpful], although frankly I found that club difficult too. . . . I am not disabled enough to share all of their difficulties and concerns so I end up on the margin there too. That has been the experience- to feel on the margin of many groups and really included [and] welcomed in none. I find the more diverse the context the more likely I am to feel I have a place.

### External Supports Through Health Services and Personal Supports

Three participants (7.3%) mentioned that they found external supports via health services helpful. For example, one participant specifically mentioned the benefits of working in a health care setting with regards to disability logistics:

Having access to the House Officer [HO] during my fellowship was hugely helpful. I had a really hard time getting out to see my [primary care provider] during training, but having the HO at the hospital and able to get my prescriptions (and filled at the hospital pharmacy) was great.

Similarly, another participant mentioned the value of being able to access both medical and therapeutic support at reduced cost during training: "My medication manufacturer . . . helped off-set the costs of my medication compared to the pitiful coverage my university's health insurance provided; [the] therapist at the counseling center at my graduate school [was also helpful]."

Finally, two participants (4.9%) reported that they found support through personal reading about coping with disability and navigating stigma and prejudices, namely texts in rehabilitation psychology and disability studies.

### Discussion

In this study we examined the responses of psychologists and psychology trainees with disabilities to an open-ended item regarding what disability-related resources they found helpful during their training in professional psychology. Through grounded theory coding, we identified seven themes: (a) no helpful resources; (b) professional supports and organizations; (c) mentor supports; (d) accommodations; (e) peer supports; (f) external supports in the form of health services; and (g) personal supports. Slightly more than a third of participants report there were no resources that they found helpful, with many elaborating that limited supports were available when they went through training, that they used adaptive skills that they had developed earlier in their lives or education to cope, or that supports that were intended to be helpful were actually barriers. Many participants who did report utilizing supports and resources during their training reported that they sought assistance through formal channels, such as disability services offices or national organizations related to their disability. Several participants noted that they found it important to be able to access resources not affiliated with their department—and sometimes even their university—because of concerns about stigma, discrimination, or judgment from faculty. On the other hand, many participants reported benefiting from formal accommodations such as alternative format text, assistive technology, and extended time. Additionally, participants mentioned the value that they found in support from understanding and disability-affirmative faculty and supervisors and in connection with other trainees with disabilities.

The importance placed by so many respondents on professional mentorship and support stands in contrast to data suggesting that faculty and trainees with disabilities tend to exist in different settings, which may limit the availability of access to mentors (Andrews & Lund, 2015). Although other research on psychology trainees and psychologists with disabilities has indicated that guidance and support from mentors with similar disabilities is valued

intersect to affect participants' access to, utilization of, and evaluation of different resources (Lightfoot & Williams, 2009). Additionally, we did not ask about other minority or marginalized identities that participants may hold, such as identification with the lesbian, gay, bisexual, or transgender (LGBT) community or originating from a low socioeconomic status background, which could also affect whether and how participants can access resources during their training. Finally, our sample included participants from a range of points in their professional careers or training across a broad time span. Participants who trained at different times or are at different stages of training could well differ in the types of resources that they access or need. This study should be replicated with a newer, larger, and more diverse sample better access to what degree these findings are generalizable to the broader population of psychology trainees with disabilities.

This study is also limited by the fact that the data were obtained from a question on an anonymous, single-session survey. Because of this, we were unable to query participants about their responses or ask clarifying or follow-up questions, all of which may have potentially led to more complex, in-depth responses. Similarly, the response cost associated with having to type out responses may have led to shorter length or less detail in some participant responses. A follow-up study of psychology trainees and psychologists with disabilities involving live interviews or focus groups could be an excellent source of data to clarify and elaborate on our findings. Additionally, it should be considered that participants with more negative or challenging experiences in training may have more likely to respond to our survey than those trainees with unchallenging or neutral training experiences.

## Conclusion

We found that psychologists and psychology trainees with disabilities accessed a variety of formal and informal disability-related resources to assist them in their training, including formal accommodations and assistive technology, support from professional organizations, mentor support, and peer support. However, a substantial minority of participants reported that there were no disability-related resources that they found helpful during their training, suggesting possible barriers to accessing disability-related resources during training. Additional efforts should be made to support psychology trainees with disabilities and connect them to helpful resources.

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