

ABSTRACT

Trainings and Individual Predictors of Attitudes Toward Serious Mental Illness Amongst Clinical Psychology Doctoral Students

by

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Clinical psychologists are grossly underrepresented in treatment provision for individuals with serious mental illness (SMI; Roe, Yanos, Lysaker, 2006). Systemic (e.g., emergence of managed care) and training-based (e.g., limitations to SMI specific training) factors contribute to the establishment of this underrepresentation, while mental health stigma amongst psychologists may play a role in perpetuating it. Many individual and experiential factors have been found to impact clinicians' attitudes toward those with SMI (Henderson et al., 2014; Schulzes, 2007). Though many of these factors are present and relevant from the beginning of one's career and may involve elements related to training, little research has examined factors impacting doctoral students' attitudes. This study aimed to assess the current state of SMI training in clinical psychology and explore factors associated with mental health stigma amongst clinical doctoral students. Data was collected in two stages – (1) a national sample of DCTs were recruited to provide program level data on SMI training and, (2) students from select programs completed a survey on attitudes and associated factors. Bivariate correlations and regression analyses were conducted to examine the relationship among four dimensions of student attitudes (stereotypes, intended social distancing, recovery knowledge, and restriction of civil rights), with student (individual and experiential) and training level factors. Overall, clinical training in SMI has shown little to no growth or expansion over the last 10 years (Reddy et al., 2010). When looking

across regression analyses, recovery knowledge, burnout, and disidentification emerged as the most robust and consistent predictors of attitudes. Level of disidentification was found to vary across clinical populations, with “a person with schizophrenia” seen as least similar to self, and “a person with borderline personality disorder” as least desirable. Other predictors of attitudes included clinical interest in SMI, training in acute settings, number of clinical placements completed, the presence of SMI focused faculty, and students’ endorsement of professors’ stigma. Future research is needed to examine the specific nature of SMI training (e.g., recovery model vs. biomedical) and the role this may play in forming attitudes. Further, research must aim to establish specific recommendations for training reform and adapt clinician based stigma interventions to student populations.

Keywords: stigma, clinician stigma, mental health, serious mental illness, clinical training