

# When two worlds collide: Reflections of a mother and second-year trainee clinical psychologist on placement in a community intellectual disability team

April Lloyd

---

## Summary

- *This article is written by a trainee clinical psychologist working in Intellectual Disability services who is also a mother to a child with additional learning needs.*
- *Taking time to think about how these two roles affect each other is important.*
- *There are certain things I have found supportive throughout this time.*
- *Sharing this information may be helpful to other people who are working in services that may also be relevant to their personal lives.*

*As reflective practitioners, it is important to consider the relationship and interplay between personal and professional roles and experiences. Working as a trainee clinical psychologist on placement in an Intellectual Disability Service whilst parenting a child with additional learning needs has presented unique challenges, as well as opportunities for growth and development. In this article, I share some of my honest thoughts and reflections on the challenges and insights I have developed on this placement, the support mechanisms I have found most helpful throughout this time, as well as how this experience has shaped my hopes for the future.*

**Keywords:** *Parenting; intellectual disabilities; trainee clinical psychologist.*

**A**S THE END of my first year of clinical training approached, I began to anticipate where my next placement would be. The notification arrived, and I was informed that I would be allocated to a year-long placement in the Community Adult Intellectual Disabilities (ID) Service at Swansea Bay Health Board in South Wales. I was very excited to take on this role. Whilst I have always felt an air of anticipatory anxiety before beginning a placement or a new role, this time felt a little different. I had never worked in ID services before, and

I wondered what it would be like for some aspects of my professional and personal life to meet. Alongside my role as a trainee, I also have the role of 'Mam' to two beautiful children; one of whom has additional learning needs (ALN). The opportunity to write this article came at a pertinent time as parts of it were written at my child's hospital bedside, where I found myself reflecting on the challenges and barriers that I, and the families of those with ID face. In this article, I hope to share my honest experiences and reflections as a mother of a child

with ALN whilst working as a trainee clinical psychologist in an ID service, as well as the support mechanisms I have found most helpful throughout this time. Writing down these thoughts and reflections has felt a little exposing at times, but I hope that this article will be valuable in some way to trainees and/or supervisors in the future who may also have similar experiences.

As I am sure is true for most trainees, I usually prepare for a new placement by reading relevant documents and textbooks related to the service area, but preparation for this placement felt a little more personal. In the lead-up to beginning the placement, it seemed as though I might be afforded a unique opportunity to experience what some aspects of my family life could look like in the future. I felt privileged to have this opportunity, but it also left me with apprehension and anxiety about whether I was prepared to face the reality of some of the challenges we are likely to encounter as a family in years to come. Sharing my current circumstances with my soon-to-be supervisors before beginning the placement gave me a space to discuss any concerns or anxieties, and I was grateful to have supervisors who initiated these conversations, who I felt able to be open and honest with.

Becoming a parent has been my life's most rewarding and fulfilling experience and I am so grateful to my child for opening my eyes and heart to the world of ID and autism. Along with the wonderful highs, there have also been many challenges and times of worry. I wholeheartedly believe that my parental experiences have supported me to take a genuinely non-judgmental and empathic approach; helping me to

connect with those I work with. At the same time, I feel that these experiences have also led me to place pressure on myself as a trainee to support the individuals I am working with as quickly as possible, as I hold an awareness of how difficult day-to-day life may be for them. For example, I have underestimated the time it takes to develop a Positive Behavioural Support plan that is truly collaborative. Reviewing my progress in clinical supervision and discussing the urge I have to rush and attempt to 'fix things' as quickly as possible has been extremely helpful in relieving myself of the pressure I place on myself, allowing myself the necessary time to complete pieces of work to the highest possible standard.

It has also been important for me to develop self-awareness and consider how to manage the influence that my personal experiences have on my role as a trainee. At times, I have experienced frustration and utter despair when I have been unable to understand what is going on for my child, what they are feeling, or the cause of their distress and pain. I have witnessed their frustration and sadness when they can't communicate what they need and have felt profound guilt for being unable to advocate for their needs effectively to professionals, as I struggle to comprehend them myself. As a trainee, I feel that it is helpful to hold in mind these barriers and difficulties alongside an awareness of any assumptions or pre-judgments that I make for the families I am working with; challenging these thoughts or assumptions to make sure that I am not projecting my own experiences, thoughts, and feelings onto others. I always endeavour to gather information during the assess-

ment phase about families' past interactions with professionals and services, what they found most helpful and unhelpful, and the approach that they feel fits best with them. This supports me to ensure I am hearing their story which helps to build positive therapeutic relationships and enables me to consider how I can empower the individuals I am working with to advocate for themselves.

The decision of whether to share that I am a parent to a child with ALN has often left me feeling conflicted. Throughout my career, I have met psychologists who have advised against self-disclosure and others who encourage sharing personal information when appropriate, to show humility and develop a deeper connection and therapeutic alliance. At times I have noticed feeling compelled to share this information, particularly when families have expressed shame around behaviours that challenge, their perceived inability to cope, or have reported feeling that they are not 'doing a good enough job'. Referring to the Sharing Lived Experience Framework (Dunlop et al., 2021) has helped me to think carefully about self-disclosure before sharing any information. The framework provides many useful questions and prompts to encourage consideration in three areas; what I am preparing to share, what my motivation is behind sharing this information, and what the impact may be on the individual I am sharing with. The framework also helpfully suggests key questions for discussion in clinical supervision, which I have found helpful to guide conversations and reflection following self-disclosure.

It is interesting to me that I have felt compelled to share parts of my

story with families when they expressed feelings of 'not being good enough', as this is a feeling that I have often resonated with as both a parent and trainee, as I am sure is true for so many. My colleagues and I have had many conversations on perfectionism within the psychology profession and having to surrender to the notion of being a 'good enough psychologist' to manage such pressures. Applying the same rule to being a 'good enough mother' has felt more challenging during this placement. I have found myself becoming self-critical for being able to identify and provide interventions to support the needs of those I am working with, whilst struggling to feel competent to do this for my own child at times. Sharing these frustrations with those closest to me has helped me to reflect on the value of seeking support from family and friends, but also from professionals and others who are disconnected from the current challenge. I have found it helpful to gain support from a variety of professionals (e.g. Occupational Therapy, Speech and Language Therapy) to obtain an objective perspective on the situation which has led to suggestions and ideas for interventions that were not previously considered. I have also found practising exercises from a compassion-focused therapy framework helpful in quietening my inner critic and being compassionate to myself.

Finally, I have found myself reflecting on my renewed sense of hope and optimism that I have for the future. Throughout this placement, I have been fortunate to meet incredible families who have reminded me to enjoy the little things, always to have hope, and to always 'have a plan B'! I also feel

very lucky to have worked alongside and learn from such dedicated, committed, and determined professionals, whom I have grown to admire. I have witnessed these professionals work as a truly collaborative and effective multi-disciplinary team, who strive to make a meaningful difference in the lives of those with ID, as well as their families. Not only to provide equitable care but to provide greater opportunities for people with ID to achieve an enhanced quality of life and to create meaningful change on an individual, family, community, and even national level. Thanks to those colleagues, I will leave this placement with hope that the world can continue to adapt to accommodate the needs of people with ID, to ensure that they have the care, opportunities, and life they deserve.

I have learned so much during this placement, and yet I am aware that there is still so much more to learn in the future, which is an exciting pros-

pect. This experience has inspired me to pursue a career where I can make a meaningful impact and contribute to positive change. I can only hope for such opportunities in the future and to hopefully one day inspire others, as much as I have been inspired.

### **Acknowledgements**

I want to thank all the professionals I have had the pleasure of working with across Learning Disability Services in Swansea Bay Health Board. I would especially like to thank my supervisors Dr. Nistor Becia and Dr. Clare Trudgeon for their kindness, guidance and constant support throughout this placement.

### **The author**

#### **April Lloyd**

Trainee Clinical Psychologist:  
Cardiff University & Swansea Bay  
University Health Board, Wales.

### **Correspondence**

[lloydae4@cardiff.ac.uk](mailto:lloydae4@cardiff.ac.uk)

### **References**

- Dunlop, B.J., Woods, B., Lovell, J., O'Connell, A., Rawcliffe-Foo, S. & Hinsby, K. (2021). Sharing Lived Experiences Framework (SLEF): a framework for mental health practitioners when making disclosure decisions. *Journal of Social Work Practice*, 36(1), 1–15. doi:10.1080/02650533.2021.1922367