

Professional Identity Formation of Psychotherapists with a Blended Therapy Solution (Research-in-progress)

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Overview

Blended therapy is a form of therapy that combines face-to-face psychotherapy with internet- and mobile-based interventions. It is seen as particularly promising for improving psychotherapy because it provides additional support to patient treatment without replacing the relational work of psychotherapists (Baumeister et al., 2020). Extant research on the use of blended therapy has revealed potential benefits for both patients and psychotherapists, including increases in patients' self-management, a more independent patient-therapist relationship, lower costs, and psychotherapists better personalizing exercises to a specific patient, disorder, and therapeutic process (Baumeister et al., 2020). However, the impact of a blended therapy solution on patients' health is dependent upon how psychotherapists use the solution to assign their patients materials and exercises.

Whilst prior literature has identified factors that may influence therapists' decisions to implement blended therapy into their work (see Baumeister et al., 2020; Schuster et al., 2020), little is known about the role of psychotherapists' professional identities. The introduction of information systems into professional contexts has been found to influence professionals' identities. More specifically, literature has observed how the introduction of information systems can lead professionals to engage in *identity work*, a process of "forming, repairing, maintaining, strengthening or revising" their identities (Sveningsson & Alvesson, 2003, p.1165). This is because information systems can both enhance and challenge professionals' identities, leading them to adapt and redefine their identities (see Boudreau et al., 2014; Korica & Molloy, 2010; Lamb & Davidson, 2005; Vaast & Pinsonneault, 2021). While scholars examined the different ways professionals engage in identity work with information systems, few studies have looked at how new information systems may influence the process of identity formation amongst novices.

We aim to explore how the use of blended therapy intervenes with the formation of psychotherapists' professional identities. We focus specifically on psychotherapists currently training in cognitive-behavioral therapy (CBT), a psychotherapeutic approach that uses evidence-based, standardized treatment manuals to help patients identify cognitive and behavioral patterns causing their mental disorders. Studying cognitive behavioral therapists in training is compelling for the following reasons: First, when learning the CBT approach, psychotherapists face the challenge of when to follow the

standardized manuals and when to deviate from them. Second, psychotherapists obtain asynchronous feedback from other psychotherapists during supervisions. These supervisions are crucial in the process of developing psychotherapists' sense of identity as psychotherapists (Friedman & Kaslow, 1986). Hence, psychotherapists form their professional identity in an environment where they must navigate the tension between preserving a personal therapeutic relationship with their patients whilst following standardized exercises without direct feedback. Against this backdrop, we address the following question: *How does the use of a blended therapy solution intervene with psychotherapists' professional identity formation?*

In the following, we will briefly outline the theoretical background on identity formation in the context of information systems and the research context in which our study is set. Then, we will present our preliminary findings and expected contributions.

Information systems use and identity formation

Extant literature found new information systems can both enhance and challenge established professional identities and necessitate professionals to engage in identity work as they strive to adapt and redefine their roles and identities to remain relevant in their respective fields (see Korica & Molloy, 2010; Lamb & Davidson, 2005; Vaast & Pinsonneault, 2021). Studies also found identity work can shape how professionals use information systems. For example, professionals appear to develop new identities in relation to the technology's possibilities through processes of sensemaking (see Boudreau et al., 2014; Nach, 2015) or using IT artifacts as landmarks to enact preferred professional identities (Stein et al., 2013). Some professionals also develop an IT-identity, which describes the extent to which individuals view the use of IT as integral to their sense of self (Carter et al., 2020). Overall, prior work suggests that the use of technology co-evolves with the identity work of professionals with established identities.

However, there is a gap in our theoretical understanding of how information systems influence the process of identity formation. During identity formation, novices experiment with *provisional selves*, or "trials for possible but not yet fully elaborated professional identities" (Ibarra, 1999, p.765). The extent to which they experiment with provisional selves and the outcome of this phase is influenced by how strong one's current professional identity is (see Pratt et al., 2006). They further build their identities upon an image of an *ideal self*, which describes their expectations of how they should behave as a certain professional (Ahuja et al., 2019). As novices must manage the tension between their *ideal self* and *provisional self*, they may rely more on information systems to seek support in forming their professional identities. Existing literature indicates novices are more open to using technology than more established professionals (see Korica & Molloy, 2010; Lamb & Davidson, 2005). Thus, novices may use information systems in novel and possibly unexpected ways during their identity formation, and information systems may intervene with their identity work in unique ways.

Research context

We investigate how psychotherapists in CBT training use a blended therapy application for outpatient therapy, *elona therapy*, developed by Elona Health GmbH (Elona Health), a start-up team in Germany. *Elona therapy* states they improve the overall efficiency of therapeutic work by providing patients with additional therapeutic content outside face-to-face sessions to support patients' behavior changes in their daily lives, lessening psychotherapists' workload by reducing paper-heavy procedures, and increasing job satisfaction through more patient compliance on exercises (Elona Health GmbH, 2022). Patients can use their smartphone to assess their daily mood, write a private diary, and perform exercises and read materials about their mental disorder (video, text based) their psychotherapists assign them. Psychotherapists can schedule appointments, manage their waiting lists, assign materials and exercises to their patients, and visit a dashboard about each specific patient in which they can, amongst others, view the patients' moods. Not all information, such as the patients' diary, is shared with the psychotherapists. In fall 2021, the application was used in a feasibility trial for treating students with elevated levels of depression and anxiety, and in early 2022, for a randomized control trial comparing the treatment of patients with depression and anxiety disorders against the same treatment supported by *elona therapy* in outpatient clinics in Germany.

Data sources, data analysis approach, and first results

We aim to conduct a longitudinal exploration of how the professional identity of psychotherapists using *elona therapy* evolves over time. We have already conducted 17 semi-structured narrative interviews with psychotherapists at different stages of their psychotherapeutic training. These include three interviews pre-usage and 14 interviews during usage with patients suffering from depression and anxiety (some interviewees were interviewed twice). Each interview lasted between 30 minutes and one hour, averaging around 40 minutes. The interviews were conducted from August 2021 (pre-usage) to summer 2022. We acquired additional data through a series of rigorous informal workshops and discussions with Elona Health's CEO and CTO. These sessions provided insights into how the development team incorporates the psychotherapists' feedback and decides which features to implement. We plan to collect the following additional data: follow-up interviews with the psychotherapists early next year; meeting notes from past feedback workshops between Elona Health's development team and the psychotherapists; and observational notes from development workshops led by the development team. Furthermore, we intend to assess how *elona therapy* usage data can be used to develop deeper insights into feature usage.

Data analysis follows the grounded theory methodology (Corbin & Strauss, 2008) and an inductive approach. We are currently analyzing the data by focusing specifically on different tensions psychotherapists express in using *elona therapy* and their professional identity as psychotherapists. Figure 1 provides our first insights into the data analysis.

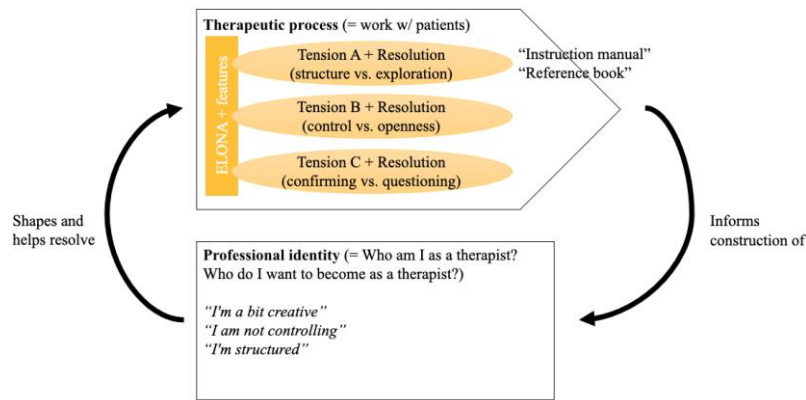


Figure 1: First overview of the preliminary findings

Our initial analysis reveals that *elona therapy*'s features create three different tensions in the psychotherapists' therapeutic work. *First*, *elona therapy* creates tension between adhering to the standardized structure it provides and the autonomy of exploring a wide set of exercises tailored to the patient's unique situation. The *second* tension is between the possibility of controlling patients via *elona therapy* and remaining open to the patients' spontaneous reactions. For example, *elona therapy* enables psychotherapists to monitor their patients' moods via a dashboard and see if their patients completed their homework. These features allow monitoring for and controlling of the patients' therapeutic progress. The *third* tension describes how *elona therapy* affects the relationship between patients and psychotherapists, particularly when educational materials and exercises are used. Using these materials can help inexperienced psychotherapists gain credibility by signaling that their treatment approach is indeed science-based. However, these features can also be used by patients to question their psychotherapist's professional competence, especially if the psychotherapist provides materials not included in the application.

We also see different patterns in how psychotherapists solve these tensions. Some psychotherapists report avoiding using specific features (such as not checking if their patient completed their homework) because this would not comply with their understanding of their professional identity. Others claim that *elona therapy* helped them become more structured, something they perceive as necessary for their professional role. Overall, the data points to an interesting dynamic between the process of identity formation and the usage of *elona therapy*'s features.

Expected contributions and intended feedback at the CNoW workshop

Our expected contributions are as follows: First, we intend on contributing to the literature on IT identity (Carter et al., 2020) and identity work with information systems (Vaast & Pinsonneault, 2021) by outlining how information systems can influence the process of identity formation amongst novices. Second, we intend to contribute to practice by developing recommendations on how to implement digital technologies in psychotherapeutic work to account for professional identity dynamics. We hope to receive

feedback at the workshop on the theoretical framing of the manuscript and ideas on directions we could develop the paper further.

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