

Any Minute Now They'll Figure Me Out

Imposter Phenomenon
in Women
in Behavioral Health

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**DO I
BELONG
HERE?**

A Little Permission Before We Start...

**You can be
competent**

and still feel
uncertain.

**You can be
learning**

without being a
fraud.

**The environment
matters**

Sometimes “I don’t
belong” is not just an
individual thought - it is
a response to what the
environment
communicates.

Today's Conversation

- What imposter phenomenon is —and what it isn't
- How the imposter cycle keeps itself going
- Why behavioral health can be fertile ground for it
- How gender, identity, hierarchy & lived experience shape belonging
- What individuals, supervisors & organizations can actually do
- How to build psychological safety without lowering expectations

Along the way: reflection * scenarios * discussion * practice

STOP & DO

Quiet Self Check

Think of a time you were qualified to be in the room - but didn't feel qualified to be in the room.

What did your inner voice say?

You do NOT have to share.

QUICK ROOM CHECK

What Did Your Inner Voice Sound Like?

“I got lucky.”

“They’re going to realize I don’t know enough.”

“Everyone else seems more confident.”

“I should already know this.”

“I’m not experienced enough.”

“I can’t mess this up.”

WHAT ARE WE ACTUALLY TALKING ABOUT?

Imposter Phenomenon

A persistent pattern of doubting or discounting one's competence and accomplishments- despite evidence of success

- paired with fear of being exposed as less capable than others believe.

Not a formal psychiatric diagnosis. Not proof of incompetence.

Self Doubt $\neq$ Imposter Phenomenon

Ordinary self-doubt

“I’m new at this. I have more to learn.”

Uncertainty may match the situation and change with experience.

Clinical anxiety

Broader fear/worry that may extend well beyond professional competence and may warrant assessment or treatment.

Imposter phenomenon

“Evidence says I’m capable - but I don’t believe the evidence applies to me.”

Success is discounted or explained away.

“I know I did it... I’m just not sure it counts.”

The problem is often not the absence of evidence ~~it~~ is how the evidence gets explained.

The Imposter Cycle



...and the next challenge starts the cycle again.

Two Common Ways the Cycle Hides

OVER PREPARING

Extra hours
Repeated checking
Difficulty delegating
Never feeling “ready”
Perfection as protection

THE SAME FEAR

“If I don’t do more than
everyone else, they’ll see
I’m not actually good
enough.”

PROCRASTINATING

Avoiding the task
Waiting for certainty
Last-minute sprint
Relief after success
“At least I have an excuse
if it isn’t perfect.”

STOP & DO

Which Explanation Wins?

You receive excellent feedback after leading a difficult client meeting.

A. “I handled that skillfully.”

B. “They were just being nice.”

C. “Anyone could have done that.”

D. “I got lucky this time.”

Which explanation would your inner critic choose first?

2 minutes • quick show of hands

So...How Common Is This?

The short answer: common enough to matter.

The more accurate answer: estimates vary A LOT.

62%

pooled estimate among health
service providers in a 2025 meta
analysis

9– 82%

range reported across studies in
an earlier systematic review

**Different measures & cutoffs = different estimates. There
is no gold standard diagnostic test.**

Why Talk About Women?

- The phenomenon was first described in high-achieving women.
- Women are not the only people who experience it.
- Gendered expectations can shape how competence, confidence, leadership & mistakes are interpreted.
- Women with other marginalized identities may navigate additional “belonging uncertainty.”
- The question is not “What is wrong with women?”- it is “What are women being asked to navigate?”

“Sometimes “I don’t belong here” is a thought.
Sometimes it is information about the room.”

Behavioral Health Has Its Own Perfect Storm

- High-stakes decisions
- Complex clients / no perfect answers
- Constant exposure to others' expertise
- Ethical responsibility
- Vicarious trauma / burnout
- Emotional labor
- Credential & role hierarchies
- Documentation & productivity pressure
- Supervision & evaluation
- Expectation to 'have it together'

The “Good Helper” Trap

I should know

“If I were really competent, I would know what to do.”

I should fix

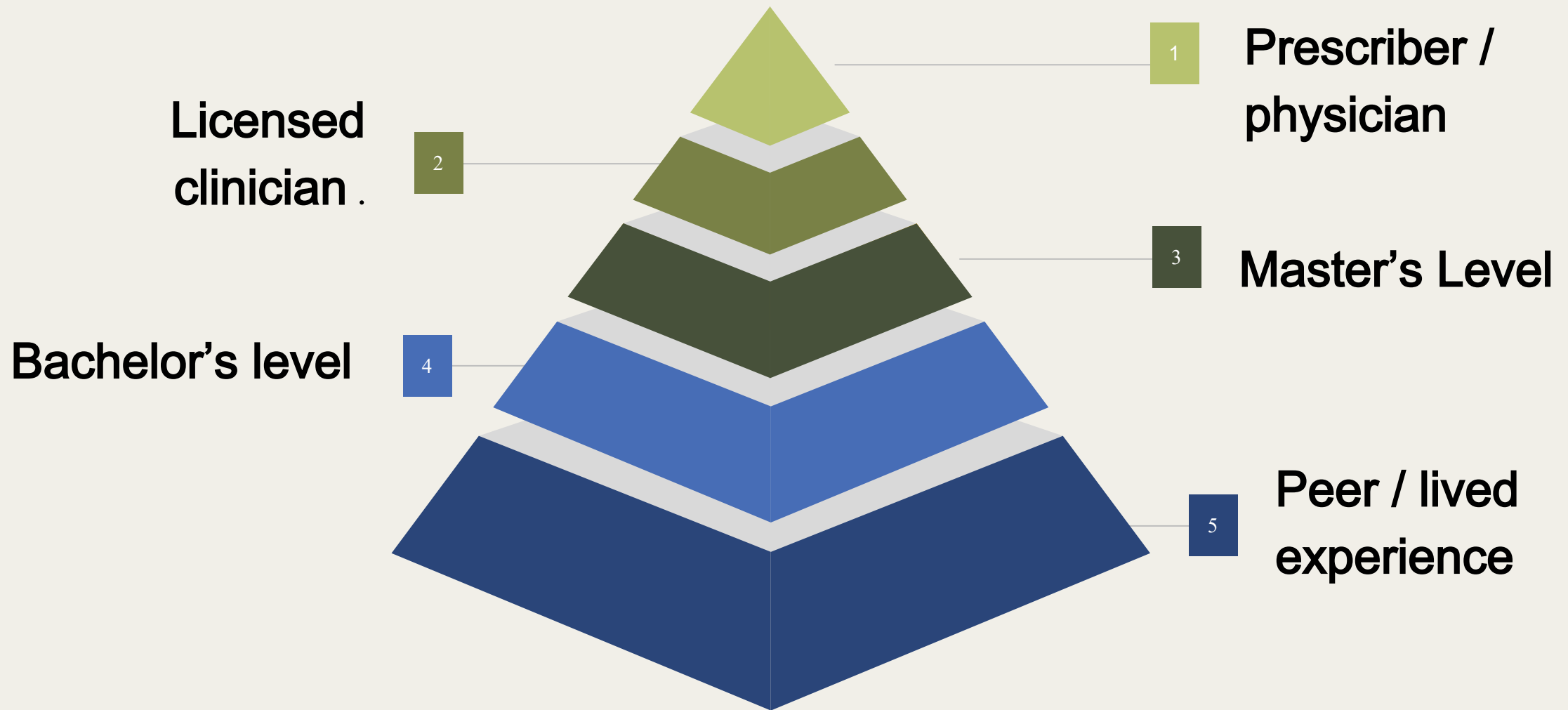
“If the client isn’t improving, I must be doing something wrong.”

I should handle it

“Good helpers shouldn’t need help, consultation, supervision, or a break.”

Those are impossible standards disguised as professionalism.

When the Hierarchy Gets Loud



Hierarchy can organize roles. It can also accidentally communicate whose knowledge “counts.”

PEER RECOVERY & BEHAVIORAL HEALTH

Lived Experience ☐ Professional Experience

The very experience that qualifies someone to help can also become the thing they fear makes them “less professional.”

- “Do I belong on this team?”
- “Do they see me as a colleague or as a former client?”
- “Is my lived experience expertise, or is it something I have to prove I’ve overcome?”
- “Can I disagree with the clinical team without looking difficult?”
- “How much of my story am I expected to disclose?”

STOP & DO

Whose Voice Is That?

Write down ONE thought that begins with:

‘I should already know...’ OR ‘I’m not ____
enough...’

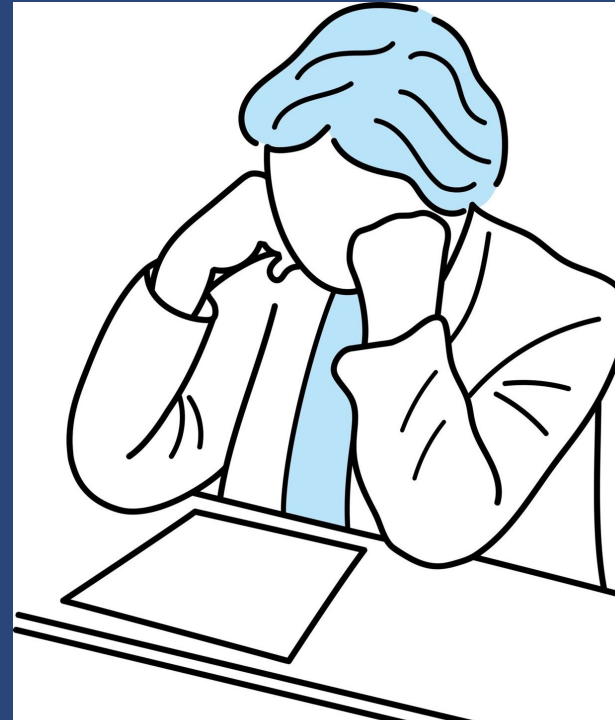
Then ask:

Who taught me that standard?

What evidence supports it?

What evidence contradicts it?

4 minutes • individual reflection



What Keeps the Feeling Alive at Work?

AMBIGUITY

Unclear roles
Unclear expectations
Inconsistent feedback
“Figure it out” onboarding

HIERARCHY

Credential worship
Gatekeeping
Who gets heard
Who gets interrupted
Whose mistakes are tolerated

ISOLATION

No mentoring
Few people who share your identity
Competitive culture
No safe place to admit uncertainty

The Feedback Vacuum

NO
FEEDBACK



I fill in the blank

VAGUE
PRAISE



“They’re just being
nice.”

SPECIFIC
FEEDBACK



Evidence I can use

“Your risk assessment was thorough, and you
slowed down when the client became
overwhelmed.”

“STOP TRYING TO FIX THE
WOMAN.”

*If the environment repeatedly creates doubt, the intervention
cannot live only inside the employee.*

Three Levels of Intervention

INDIVIDUAL

- Notice the attribution pattern
- Collect evidence
- Name learning edges accurately
- Practice self-compassion
- Seek mentoring / consultation

SUPERVISOR / TEAM

- Specific feedback
- Normalize learning
- Clarify role & expectations
- Model uncertainty
- Sponsor, not just mentor

ORGANIZATION

- Psychological safety
- Transparent advancement
- Equitable evaluation
- Role respect
- Structured onboarding & mentorship

Individual: Build an Evidence File

- Save specific positive feedback.
- Track outcomes you influenced - not outcomes you controlled.
- Write down what YOU contributed to a success.
- Notice “yes, but...” explanations.
- Replace global labels with accurate learning statements.

Instead of: “I have no idea what I’m doing.”

Try: “This is my first time doing this independently, and I know when to consult.”

Supervisor: Make Learning Safe

- Say what “good enough” looks like.
- Give specific, timely feedback—not just correction.
- Normalize consultation: “Bring me the cases you’re unsure about.”
- Model your own uncertainty without dumping anxiety on staff.
- Separate a mistake from a global judgment of competence.
- Ask: “What support would help you take the next step?”

Organization: Make Belonging Visible

- Structured onboarding
- Mentorship + sponsorship
- Equitable access to stretch opportunities
- Bias-aware evaluation
- Leaders who model learning
- Transparent expectations
- Respect for peer/lived-experience roles
- Clear pathways for advancement
- Room to ask questions
- Workload that allows actual competence

Psychological Safety Does NOT mean “Anything Goes”

NOT THIS

- No accountability
- No difficult feedback
- Everyone is always comfortable
- Lower standards

IT IS THIS

- Questions are allowed
- Mistakes can be discussed
- Feedback is respectful
- People can disagree
- Learning is expected

THE GOAL

High standards + high support

“I can be accountable here without being humiliated.”

STOP & DO

Same Situation. Three Levels.

CASE: A newly licensed clinician says, “I feel like everyone here knows more than I do. I’m terrified I’m going to miss something.”

Group 1: What could the INDIVIDUAL do?

Group 2: What could a SUPERVISOR/TEAM do?

Group 3: What could the ORGANIZATION do?

6 minutes • small groups

WHAT IS THE ENVIRONMENT TEACHING?

Case Challenge

At your table, choose a scenario. Discuss:

- What sounds like ordinary learning anxiety?
- What sounds like imposter phenomenon?
- What workplace conditions may be feeding it?
- What would NOT be helpful to say?
- What could the person, supervisor/team, and organization do?

You do not need to “diagnose” the person.

SCENARIO A

Nia recently completed her master's degree and is in her first behavioral health position. She receives positive feedback from clients and her supervisor, but before every case presentation she spends hours rehearsing because she is convinced the team will realize she "doesn't know enough to be here." When praised, she says, "I'm just good at sounding prepared."

SCENARIO B

Tasha is a certified peer recovery specialist with several years of recovery and strong rapport with clients. In interdisciplinary meetings, she rarely speaks unless someone directly asks for the "peer perspective." After a clinician corrects a minor documentation issue, Tasha says, "See? This is why I shouldn't be sitting at the same table as all these professionals."

SCENARIO C

Elena was promoted from clinician to team supervisor after several years of strong performance. She now supervises two people who have been in the field longer than she has. She avoids giving corrective feedback because she worries they will think, "Who is she to tell me what to do?" She spends evenings rechecking routine decisions and tells a colleague she thinks leadership was "overestimated" her.

SCENARIO D

Aisha is one of the only women of color on a behavioral health leadership team. Her ideas are sometimes overlooked until another colleague repeats them, and she is frequently asked to take notes or organize team celebrations. After being passed over for a high-visibility project, she says, "Maybe I'm just not leadership material." Her supervisor responds, "You need to stop doubting yourself and put yourself out there more."

What NOT to Say

“Everyone feels that way.”

“Just be more confident.”

“Fake it till you make it.”

“You’re overthinking.”

“But you’re amazing!”

“You need thicker skin.”

Validation without curiosity can become another way of dismissing the experience.

Try This Instead

GET SPECIFIC

“What part of the role feels most uncertain right now?”

“What evidence are you using to judge yourself?”

NAME THE LEARNING

“You are new to this task - not new to everything.”

“Needing consultation here is appropriate.”

CHECK THE ENVIRONMENT

“Are expectations clear?”

“Are you getting enough feedback?”

“Is something happening here that makes it harder to feel you belong?”

STOP & DO

Supervisor Practice

Partner A: “I don’t think I’m ready to handle this case. Everyone else here seems to know exactly what they’re doing.”

Partner B: Respond **WITHOUT** immediately reassuring.

Try: curiosity → evidence → support → next step.

Then switch.

STOP & DO

Supervisor Practice

Partner A says: ‘I’m supposed to lead group tomorrow and I keep thinking they’re going to know I’ve never done this before.’”

Partner B: Ask before reassuring. What is uncertain? What evidence exists? What support is appropriate? What is the next step?

Try: curiosity → evidence → support → next step.

Then switch.

STOP & DO

Supervisor Practice

Partner A says: “I’m supervising people who have more years in the field than I do. I feel ridiculous giving them feedback.”

Partner B: Ask before reassuring. What is uncertain? What evidence exists? What support is appropriate? What is the next step?

Try: curiosity → evidence → support → next step.

Then switch.

STOP & DO

Supervisor Practice

Partner A says: “I made one documentation error and now I’m thinking maybe I’m not cut out for this work.”

Partner B: Ask before reassuring. What is uncertain? What evidence exists? What support is appropriate? What is the next step?

Try: curiosity → evidence → support → next step.

Then switch.

STOP & DO

Supervisor Practice

Partner A says: “Everyone on this team has letters after their name that I don’t have. I feel like I need to prove myself every time I speak.”

Partner B: Ask before reassuring. What is uncertain? What evidence exists? What support is appropriate? What is the next step?

Try: curiosity → evidence → support → next step.

Then switch.

When Self Doubt Is Actually Useful

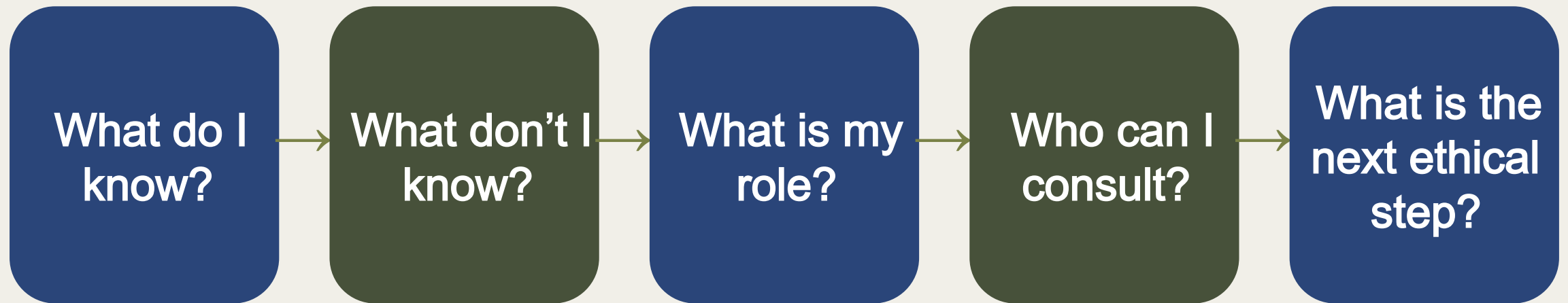
- It points to a real learning edge.
- It prompts consultation before a high-risk decision.
- It helps us notice scope-of-practice limits.
- It keeps us open to feedback.
- It reminds us that confidence is not the same as competence.

The goal is not zero doubt.

The goal is doubt that is proportional, informative, and updateable.

A Better Question Than “Am I Good Enough?”

What does this situation actually require from me?

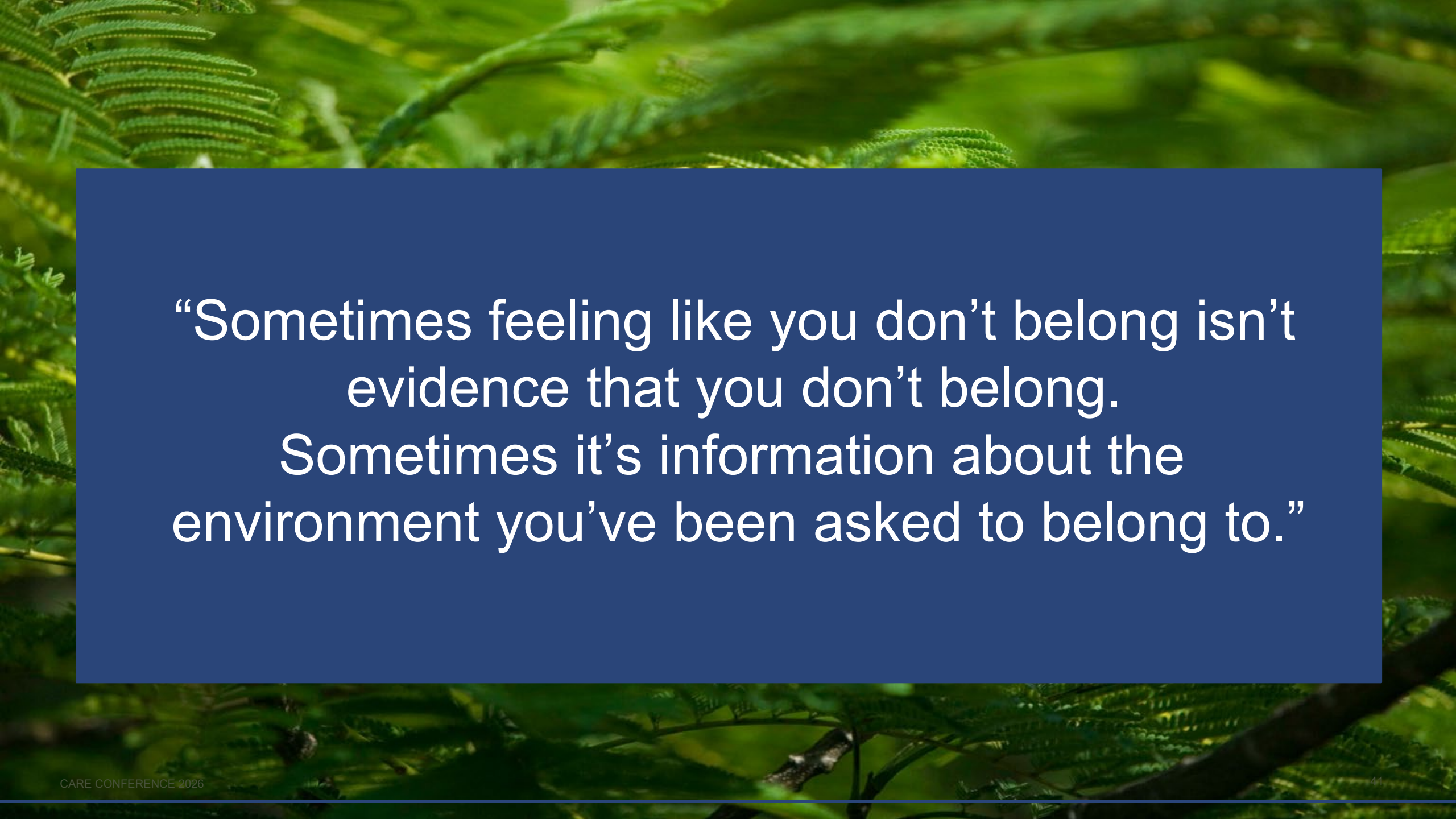


STOP & DO

One Small Change

What is ONE thing you can change after today?

- Something you tell yourself
- How you give feedback
- How you supervise
- How your team talks about expertise
- A workplace practice that affects belonging



“Sometimes feeling like you don’t belong isn’t
evidence that you don’t belong.
Sometimes it’s information about the
environment you’ve been asked to belong to.”

Take This With You

You can be learning and still belong.

You can need supervision and still be competent.

You can make a mistake and still be worthy of
the role.

And sometimes the intervention is not more confidence.
Sometimes it is a better environment.

Selected References & Resources

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