FEELING LIKE AN IMPOSTER: LIVING WITH BIPOLAR DISORDER WHILE PROVIDING PSYCHOTHERAPY DANIELA GUERRERO, MA, LPC



Acknowledgements

My Lived Experience

Burnout

Self-Care

Cultural Considerations

ACKNOWLEDGEMENTS

- We acknowledge that we are on native land of the Ho-Chunk and Menominee nations.
- We acknowledge that the mental health care system in the United States is largely Eurocentric, contributing to the erasure of indigenous practices and those of other marginalized groups



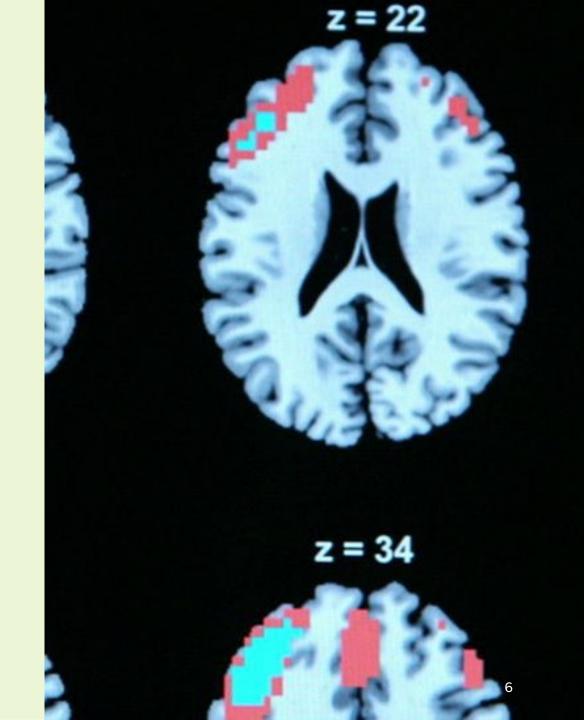


MY LIVED EXPERIENCE



- Anger/Irritability as a child
- SI began at 12 y.o.
- Hospitalization at 17 y.o.
- Suicide attempt at 20 y.o.
 - Intensive Outpatient
 - Neuropsychological evaluation
- Mania at 20 y.o.
- Several attempts throughout adulthood
- ECT in 2021

WORKING WHILE MENTALLY ILL



ECT

CHRONIC SUICIDALITY

BIPOLAR DISORDER

ECT

- Electroconvulsive Therapy
- 2021
- Memory Loss

Chronic Suicidality

- Started age 12
- Feeling stuck can trigger SI
- Heaviness of caseload

Bipolar Disorder

- Loss of self-care
- Depression is debilitating
- Mania is unpredictable
- Compliance to medications is crucial



NEGATIVE CORE BELIEFS

"I am defective"

- + "I am trapped"
- + "I'm not good enough"
- + "I am responsible"
- = imposter syndrome

Imposter syndrome:

feeling like a fraud,
experiencing self-doubt
and feelings of
inadequacy, especially in
occupation

SELF-CARE

❖ Breaks will help with efficiency and focus

- Macro-breaks
 - ❖ At least one day off a month
- Meso-breaks
 - ❖ At least 1 hour a day
 - Boundaries before and after scheduled work hours
- Micro-breaks
 - Short breaks throughout the day up to 15 minutes

Basic needs

- Nutrition, hydration, sleep, breathing
- ❖ Lack of sleep will always worsen symptoms
- Medication Compliance

Time off

- Schedule days off in advance
- Consider taking the day off when struggling with SI – therapy sessions are not appropriate for "distraction"

Incorporate movement

- ❖ You can't logic out of dysregulation
- Stillness is not always what is needed
- Stretching, walking, changing seated position

SELF-CARE

***** THERAPISTS NEED THERAPY

- Try techniques you teach clients
- Mindfulness
- Schedule your day...entirely
 - Account for downtime, naps, commute, etc.
- Maintain creativity
- Vitamin D
 - Get blood work done
 - Happy Lamp

- Spend time in nature
 - Decreased stress levels, depression, anxiety
 - Results in more physical activity and better cardiovascular health
- Have a good support network (professional and personal)
- Schedule meals into your day
- Spirituality
- Hobbies are essential
- Keep your space peaceful

BURNOUT IN MENTAL HEALTH PROFESSIONALS

Burnout

- 45% of mental health professionals reported burnout in 2022
- Prevention is not only on worker; employers must view causes at an organization level
- People with workplace burnout have a 180% increased risk of depression
 - 84% increased risk of type 2 diabetes

- My experience (aka symptoms of burnout)
 - Apathy towards job and clients
 - Dreading sessions
 - Calling off work
 - Fatigue
 - Depression
 - Restlessness
 - Increased negative self-talk
 - Difficulty concentrating

BURNOUT IN MENTAL HEALTH PROFESSIONALS (CON'T)

- * Risk factors:
 - Increased levels of burnout among less experienced therapists
 - Increased level of burnout among mental health professionals in community work than private practice

- Work-related characteristics:
 - Higher workload
 - Supervision/Peer consultation
 - Experience level

STATISTICS FOR MENTAL HEALTH PROFESSIONALS

- 30% of mental health professionals disclose having SI at some point
- 4% reported having a suicide attempt
- Generally, mental health professionals have higher mental illness rates than the general population

Meta-analysis of 65 studies from clinicians around the world:

- Prevalence rates of depression: 21.7%
- Prevalence rates of anxiety: 22.1%
- Prevalence rates of PTSD: 21.5%

CULTURAL FACTORS IN MENTAL HEALTH PROFESSIONALS

- Representation among psychotherapists (77% white):
 - Marriage and Family Therapists
 - Asian/Pacific Islander 3.7%
 - Hispanic 9.96%
 - Black 12%
 - Social Workers
 - Asian/Pacific Islander 3.4%
 - Hispanic 10.6%
 - Black 19.75%
 - Native American 0.5%

- BIPOC therapists are leaving their positions at an increasing rate
- Increasing demand for BIPOC mental health providers = higher workload
- Multilingual therapists rarely compensated for use of non-English language
- Effects of racial and systemic oppression among BIPOC therapists
 - 85% of BIPOC healthcare workers experience racial discrimination, structural racism to interpersonal racism

THANK YOU

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Contact info (my opinions are my own and do not reflect opinions of the clinic):

QUEST Counseling and Consultation Center

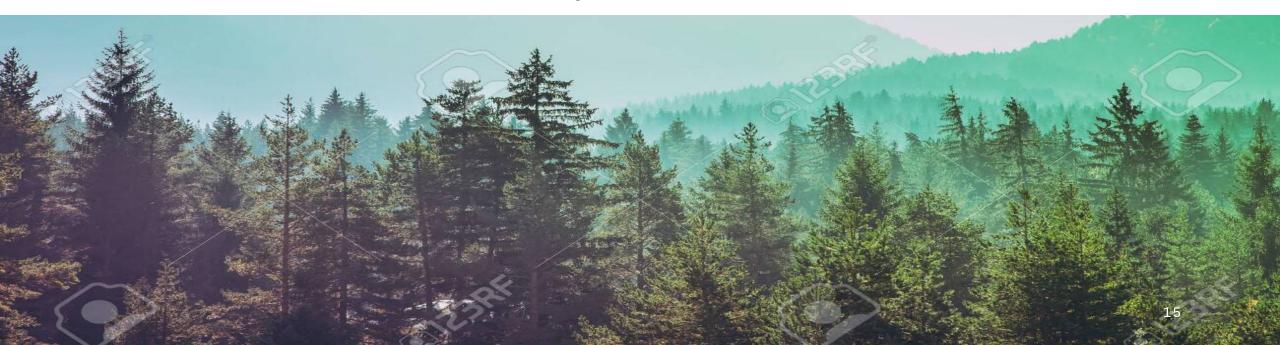
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