Self-Care and Working within LGBT Communities

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Who am I?
(Bronfenbrenner style)

Me:
LGBT
ECP

My Connections
CLIENTS
FRIENDS
FAMILY
STUDENTS

Indirect Connections
COLLEAGUES
FRIENDS of
FRIENDS

Larger Context
-CITY
-STATE
-FEDERAL
-BUDGET
-MEDICAL
-SYSTEM

-ISMS and
DISCRIMINATION
-HIV/AIDS

SOCIAL NORMS:
i.e. GENDER
ROLE
Factors common to all small communities

- Few degrees of separation between clients and therapists
  - Frequent boundary negotiations
  - Our partners/families may also need to navigate boundaries related to our profession
- Higher risk of vicarious traumatization due to shared experience with clients
Factors unique to LGBT communities

- “High risk” population
  - Minority stress
  - Increased risk of trauma
  - Being subject to discrimination
  - Internalized homo/bi/trans-phobia
  - Higher rates of suicide, substance abuse, HIV infection

- Clients may seek us out specifically due to presumed commonalities
  - Mirroring vs. idealization
Importance of Therapist Self-Care

• Resolution of own issues related to trauma, internalized oppression and facing discrimination
  – Also, ownership of privilege
• Building and maintaining support networks, and navigating potential overlaps with clients
• Consultation with colleagues
ABCs of Self-Care (O’Conner)

• Awareness
  – Personal vulnerabilities
  – Impact of work

• Balance
  – Time to rest and play

• Connection
  – Friends
  – Colleagues
Further Reading

- 2008 Spring and Summer Division 44 Newsletters
  http://www.apadivision44.org/publications