UCLA Child and Adolescent Psychiatry & Psychology Trainees Justice, Equity, Diversity, and Inclusion Newsletter

Welcome to the JEDI Newsletter for Child and Adolescent Psychiatry and Psychology Trainees

The purpose of this space is two-fold: 1) To foster connection and camaraderie between trainees 2) To keep JEDI alive and central in our minds.

This space can be whatever we want it to be. Please send your feedback to mfkhan@mednet.ucla.edu

In this edition, we have…

MY INCREDIBLE STORY

This section will capture the amazing stories of minority and minoritized fellows and faculty. The idea is to amplify and celebrate our journeys and how our journeys intersect with those of our patients.

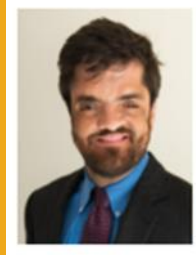
EVERYDAY JEDI SKILLS

This section is for JEDI skills that we can employ in our everyday practice. These are simple, down-to-earth, no-frills skills.

JEDI ON MY MIND

This section is for conversations. Conversations that can stem from literature, YouTube videos, patient encounters, chat with colleagues, etc.

Although our first edition has these sections, but we don't have to feel constrained by them. We can have a section on resources (for health equity), a section on the cool JEDI project you are doing, your fantasies for future projects and calls for collaboration, your thoughts on JEDI, your pictures, your accomplishments, your journey…



Everyday JEDI

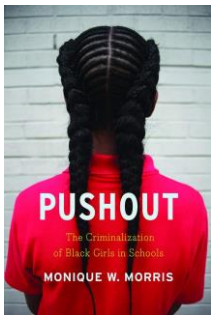
When you find yourself wanting to strongly react in a situation, remember to

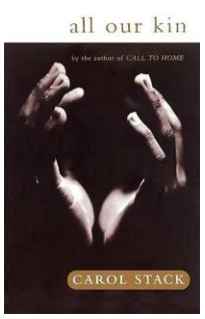
STOP, DROP, and ROLL!

STOP and don't respond right away. Take a breath before speaking or acting.

DROP your assumptions. Show curiosity by asking questions without judgment.

ROLL with the right thing to do.





Book Recs

MY INCREDIBLE STORY
By Dr. Karina España

My mother immigrated to California from Scotland in her early 20's, where she continued her career as an elementary school teacher. My father is Mexican and Native American (Yaqui). He grew up in East LA and began his career in community development and social justice. They met in Long Beach, and would later move to the Pacific Northwest where my two older brothers and I were raised in a multi-racial household in a predominantly White suburb in SW Washington. Our household was enriched with variety of practices that blended my upbringing by two parents who had fairly different cultural backgrounds. My parents have been powerful influences on my value system and my career choices thus far. My mother has been a fierce advocate for helping children read and write, allowing them to discover their power behind the pencil and assume authorship of their own stories. My father was a tireless, steady voice for historically underrepresented communities. He cofounded the Latino Network as well as the Coalition of Communities of Color, and spent the end of his career as the deputy director for the Native American Youth & Family Center.

My father was known as a "visionary" for communities of color in the Pacific Northwest – spearheading projects such as the Early College Academy (Many Nations Academy) which provides a culturally-relevant, student-centered learning environment for 9th-12th grade specifically for indigenous youth in order to promote access to college. Recognizing the overrepresentation of Native children in the foster system, I had the opportunity of joining him on the last project of his career (Generations Project), which is an intergenerational housing community that supports families of foster children with mentorship from Elders with wraparound services. My father had a tremendous impact on LatinX and Native children and families in various sectors such as education, strategic community planning, housing, government relations, policy, and economic development. In my father's words, he was guided by a vision for social justice, equity, and creating economic opportunity for communities of color.

My love for the sciences and my family's public service values ultimately led to an interest in medicine. I often felt troubled with how I would find my way to it. I was not around other children who looked like my brothers and I, nor were there mentors who could directly relate to my lived experiences. My family didn't really know what we were doing, but were simply doing our best. I experienced racism throughout my education, professional, and personal pursuits – in ways that often overtly suggested that I simply couldn't be the doctor in the room based on my race and/or gender. This remained true even as I found my "home" in psychiatry. The sense of feeling like an imposter has never really gone away, but my parents, patients, and mentors have reaffirmed the power of feeling seen exactly as I am. This has pressed me to think critically about how the field of medicine considers one's cultural identity into one's professional capacity. My view of health and healing is strongly influenced by the Medicine Wheel. It is also strongly influenced by the storytelling, wisdom, and life's teachings of my Elders. My culture emphasizes the interconnectedness of life, and that this interconnectedness allows us to find balance, understanding, and respect for one another. I firmly believe that by building room for our different cultural identities as physicians, we become more engaged as agents of change, feeling called for collective action and accountability as it relates to structural racism and inequities in care delivery. Importantly, this accountability must extend beyond the duties of people of color.

Through the art of storytelling, one is able to gather wisdom about lived experiences of another's hardships and triumphs. In medicine, we do this through M&M conferences, case conferences, and Grand Rounds to create meaning of the medicine and care we provide. I challenge us to consider our patient as the storytellers as a way to define our directions in medicine – even when it may feel uncomfortable or perhaps even threatening to the historical constructs that have defined our practices. The field of psychiatry represents a powerful directive to alleviate mental and emotional suffering. Undoubtedly, this is directly tethered to inequities for communities of color in systems of education, vocation, criminal justice, housing, substance use, among others. I hope psychiatry continues to work to honor the diverse narratives and intersectional identities of its patients and communities to alleviate suffering. The power of intergenerational storytelling has helped me put a listening ear to the diverse communities I work with in order to identify community-driven solutions. My Elders have taught me that as healers we must remain vigilant of opportunities to promote the capacity of our patients to assume authorship of their stories and lives, sin fronteras.

JEDI on my mind!

Colonialism is defined as "a practice of domination, which involves the subjugation of one people to another." The history of the United States is marred by colonialism and slavery, and the remnants are still present, to be seen, within and outside our hospitals. Whether it's news about mass graves being discovered in Canada or the USMLE vignettes about the high rates of suicide amongst indigenous populations, the impact of loss, especially as it relates with the external reality is not difficult to imagine. Plundering, looting, and usurping of resources has been documented to cause harm on communities. But for us, as psychiatrists, we can also conceptualize this loss intra-psychically (occurring within the mind of an individual). Loss of agency, loss of initiative, loss of traditions, loss of culture, loss of identity. Lost elders and lost generations. Loss of history, loss of stories, loss of belonging, loss of language. Lost meaning. Amidst all these losses, there can also be the loss of fondness that accompanies our happy memories – now tainted by atrocities which followed. Similarly, there is another loss – loss of "what could have been", a loss of future free from its manufactured horrors. As I sit and sift through these thoughts in my office, I wonder how I am both "the colonized" and "the colonizer". Colonized because of my own ancestral history in the Indian Subcontinent (Pakistan, India, and Bangladesh) and colonizer as I carry the coveted designation, physician with a medical degree. This brings to light the concept of intersectionality of identities and the positionality on the spectrum of privilege and oppression. When I am in the room with a patient, an intra and intersubjective interaction of identities takes place, and a hierarchy (in terms of physician-patient relationship) emerges. I wonder how psychiatry's past, and present plays a role in colonization. The pathologization of anything that has existed outside the narrowly sanctioned way of being is well-known and it takes many forms – diagnosis of drapetomania, denial of womens' accounts of sexual abuse, conversion therapy, etc. However, that was then, and I am in the "here and now". I reflect on my encounters with patients and their sense of loss, before and after the acquisition of diagnoses. The diagnoses that I dole out. The ways of being that I pathologize. The loss of fondness to their memories, "I don't feel like myself anymore on these medications!" … the loss of fantasies that they had for their future "what will the future look like for my child?". I diagnose and I treat. Imposing my way of being, with my diagnostic tools, and my diagnostic measures, my risk-benefit analyses, my medications and their side effects, and my constructs of functionality … onto "the other". Sometimes, I do this in 20 minutes, and I am awfully proud of myself for keeping on schedule. Sometimes, I do this with a mere symptom-reduction lens, without ever slowing down to question what is this symptom reduction in service of? What are my patient's developmental goals and how can I (with my tools and relational reservoir) be of service to them? Where is the meaning in this chaos? Lost meanings and lost beings! Maybe next time I see a patient, I will do it without the desire to impose… but with the hope to explore!

Inhale
I feel the pain of another.

Exhale
Let it compel me to do justice.