UCLA

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VOLUME 2

Justice, Equity, Diversity, and Inclusion

NEWSLETTER

FOR CHILD AND ADOLESCENT PSYCHIATRY & PSYCHOLOGY TRAINEES

Welcome to the JEDI Newsletter

The purpose of this space is three fold:
1) To foster connection and camaraderie between trainees
2) To keep JEDI alive and central in our minds
3) To encourage dialogue regarding JEDI in psychiatry

Please contact Tashalee Brown (tashaleebrown@mednet.ucla.edu) with questions, comments, ideas, and feedback.

In this issue

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Featured Trainee:

Dr. José Flores

Child and Adolescent Psychiatry Fellow

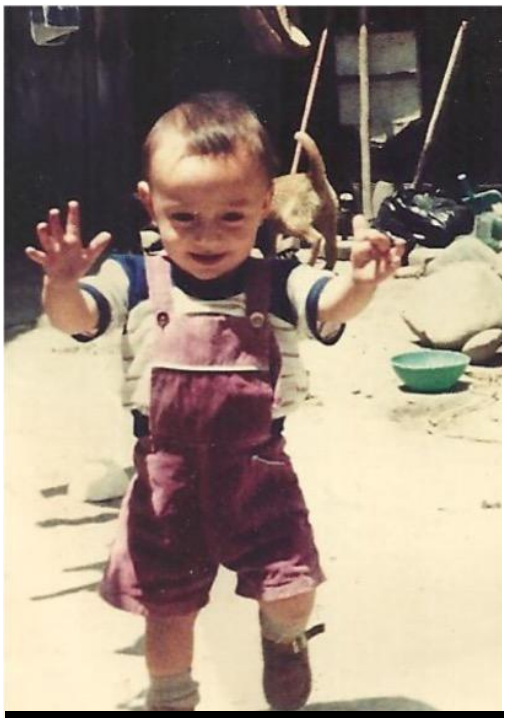
"If not you, then who? And if not now, when?"

One afternoon of March, 1998, when I was just thirteen-years-old, what started as an ordinary day in my hometown of Loja, Ecuador turned into the start of a life-changing journey. My mother returned home from a trip to the American Embassy and asked us to pack our favorite toys and clothes in a few oversized, beaten suitcases.

"¡Vamos a visitar a su papá en Nueva York!"

Growing up in an impoverished, undocumented, non-English speaking family tested the limits of my endurance but also showed me the immense human capital that inhabits the margins of American society. Poverty in Ecuador was markedly different from poverty in the United States. In Ecuador, my parents could not find stable jobs and struggled to afford even the simplest commodities. In the US, while my parents worked multiple jobs to provide for us, we had access to food, shelter and education.

Yet, despite the many improvements in our lives, I saw little difference between impoverished families in Ecuador and my new American neighbors in terms of their ability to access healthcare; both groups struggled without proper medical care and neither saw a way to make their health a higher priority.



First steps as a human

A year later, I asked my mother about our return tickets. But we never returned, and I never asked again. I knew that my parents could not bear to send us back. It was a heartbreaking decision and we vastly underestimated what the next decades would bring, but with the help of many and some luck, our family remained intact. It took me 18 years to become a United States citizen, and while the decision to immigrate was completely out of my control, the decision to stay was my only option. The US is my home and is the home of my best friends, my teachers, my neighbors, the towns I love, my US-born brother and most recently, my adorable nieces (María Victoria and Julieta). It is where I learned to love diversity and where I discovered that dreams were more than just illusions.

This insight, made possible by the intersection of unanticipated multicultural perspectives, is one of the most important factors that helped me persevere as a young Latino immigrant on my medical journey.

But the obstacles started early. I faced doubt and ridicule when I first declared an interest in medicine. My school counselor told me that a medical career was too expensive, and that given my family's financial struggles, she had the responsibility to recommend a different technical profession. My first boss told me that "people from Ecuador do not go to medical school". Their words turned into self-doubt and began to reside permanently in my psyche. I soon became convinced that college was in fact out of my reach. Thankfully, I had not convinced everyone despite my subconscious attempts to sabotage my own future. Family, friends, and strangers continued to encouraged me to become a doctor.

In 2005, I stopped working as a janitor to study for the SATs and was accepted at Penn State University. Despite continued financial obstacles, I persisted. At a critical moment, my physics college professor inspired me with the phrase, "If not you, then who?" after I had asked him if he thought I would be able to get a scholarship to finance my education. I worked hard and after my second semester at Penn State, I received multiple scholarships and was admitted by the University's Honors College. My college academic advisor also believed in me, assuring me that any medical career was within my reach.

In much the same way that self-doubt emerged earlier on due to the skepticism from others, the words of encouragement by my professors and college counselor turned into self-confidence. I enrolled at Johns Hopkins in 2009 where I earned my medical degree, a Master in Public Health and a PhD in epidemiology. Again, it was the dean of student affairs who motivated me when I asked if it was not too late for me to become a physician scientist, responding with a familiar phrase: “If not now, when?”

I went on to complete my psychiatry residency and addiction psychiatry fellowship at Yale. Although my self-confidence was stronger, my self-doubt continued to be revived during harmful interactions with certain individuals, who ranged from random strangers to professors. Nonetheless, I gained an extensive network of mentors and for every negative interaction, I recognized that many more rallied for my success. In their own words, these remarkable mentors and friends, and now my own patients would say something like, “If not you then who? And if not now, then when?”

I am now a child and adolescent psychiatry fellow at UCLA. This new phase in my career was a decision to combine all of my experiences during my medical training to intervene at an early age to inspire children, adolescents and young adults to overcome their obstacles and self-doubt.

First steps as a US citizen

In my work, I frequently recognize the vulnerability of young people to be affected by the cynicism of others or the impact of unplanned circumstances that deter youth from becoming the best version of themselves. I have now had the opportunity to encourage many children, and nothing has been more powerful than to see their self-confidence become ever more reachable.

I now recognize that becoming a doctor is more than an individual dream and certainly more than an individual choice. Rather, it is the result of countless acts of kindness and trust, sometimes coming from friends and family, sometimes from a teacher, sometimes from a stranger.

It takes a village to form a doctor. I’ve developed enough resilience to refuse to be held back by my circumstances, and I work hard so that even my youngest patients can adopt this stance. In addition, despite encountering skeptics and cynics from time to time, I continue to find many more people who propel me to my next personal and professional phase, making a conscious effort to keep the latter as members of my own village. Finally, as an immigrant doctor, a new set of values has emerged: 1) to be a member of someone else’s village and play an active role in the achievement of their dreams, 2) to encourage others to break away from their self-doubt, and 3) to be a good host and make others feel at home.

First step as a doctor

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RESEARCH CORNER

Featured Trainee:

Daisy Lopez

Psychology Intern

Daisy Lopez is a bilingual Chicana, second-generation immigrant, first-generation college graduate, and PhD candidate from the University of Miami's Clinical Psychology program. Her work aims to serve and better represent various minoritized and marginalized communities such as Black and brown people, people with serious mental illnesses, immigrants, and people with diverse sexual orientations and gender identities. More specifically, her research centers around examining social determinants of psychotic spectrum disorders and self-injurious thoughts and behaviors. Daisy's dissertation examines the intersection of certain cultural factors, such as interdependence and acculturation/enculturation, and sexual orientation and gender identity on suicidal ideation and subclinical symptoms of psychosis.

She is a current intern at UCLA's Center for the Assessment and Prevention of Prodromal States (CAPPS). She has also worked at UCLA's Aftercare, EMPWR, and Spanish Speaking Psychosocial Clinics. Daisy will continue her work next year at UCLA as a postdoctoral fellow. Ultimately, Daisy aims to help the communities represented in her research through an academic career that includes community-based work, collaborations with individuals with lived experience, dissemination and advocacy efforts, and mentorship.

JEDI Journal Club

A discussion exploring the impact of and application of health disparities research in psychiatry.

Associations of Restraint and Seclusion With Race and Ethnicity on an Adolescent Inpatient Psychiatry Service

Daniels, Teresa E., Colleen Victor, Eric M. Smith, Christa Belgrave, Erica Robinson, Jennifer C. Wolff, Jeffrey Hunt, and Elizabeth H. Brannan.

In this letter to the editor, Daniels et al. from Brown University present a retrospective analysis of demographic and restraint/seclusion data from an electronic medical records of 1,865 admissions of 1,327 patients from an adolescent inpatient psychiatric service from June 2018 to 2021. Race was grouped into the categories: Black/African American, other (American Indian or Alaskan Native, Asian, multiracial, other), and White. They conducted a binary logistic regression with a repeated subject effect to account for multiple admissions and regressed restraint/seclusion onto race and adjusted for age, gender, and length of stay. There was an overall significant association of restraint/seclusion use and race, but not ethnicity. In a regression model adjusted for age, gender, and length of stay, they found that patients who were identified as Black/African american were at significantly higher risk of restraints/seclusion compared with patients identified as White (OR =1.66 p=.036).

Clinical Implications

The authors outline potential next steps for their organization including collecting focus group data from key hospital stakeholders to identify factors that may contribute to these disparities and opportunities to reduce restraint/seclusion use and designing targeted interventions. They highlight that multiple structural factors may exist that could contribute to these disparities for example: insufficient training in de-escalation strategies, staffing limitations, fatigue and burnout and more and seek to collaborate with other institutions to address these disparities.

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"Letter to my former self"

A reflective piece written by UCLA psychiatry alumni.

Spring is a time for renewal and growth. With that spirit, I reflect on things that have enriched my life personally and professionally.

Slow down and reflect. Often in training, we are thinking about the next thing. We are focused on the next week, the next rotation, the next year, or the next five years. There is nothing wrong with this per se, but if it gets in the way of being present in the moment in your professional or personal life, you may miss something important. Reflecting helps me gain self-awareness and clarity, so I can live with intention and continue my personal growth. Learning to take mindful moments to reflect can occur in multiple situations: before or after a meeting with a patient or colleague, at the end of the day, or at the start of a new week. Some reflective questions you might ask yourself include: How am I feeling in this moment? What are my biases or assumptions that may impact how I proceed? What went well? What was challenging? Am I acting in line with my values? It is easier to slow down and reflect if you are not stressed or burned out.

This is why **Building community** is essential. As the African proverb says, "If you want to go fast, go alone. If you want to go far, go together." Building a community can be as simple as hanging out with colleagues, joining a sport, participating in a religious or spiritual organization, or volunteering. For example, I connect with my former fellowship class through monthly group supervision and recreational activities. The work we do in this healing profession can be stressful. Having people to have fun with, commiserate with, or share a higher purpose has been valuable in my life. It has also benefited me professionally through connections to mentors and sponsors. This relational approach is not only helpful personally, but it can help us in our clinical work.

Hanging out with my toddler during residency

Building community is part of a **strengths-based approach**, which I encourage you to use with patients. The field of medicine, in general, focuses on treating disease and illness, even though many definitions of health state that it is not just an absence of infirmity but also the ability to flourish. Over time, I have tried to incorporate more ways to recognize the strengths of the people I serve. These strengths include their relationships with others, personal interests, natural talents and abilities, and perseverance. In my clinical interviews, I ask what people are proud of or what positive qualities others know them for. I try to start my interviews with these questions when possible. Further, I assess for positive childhood experiences. These experiences have been shown to buffer against stress. Encouraging patients to engage in these experiences is a worthwhile intervention.

I hope this Spring is a season of new beginnings for you. I hope it brings rejuvenation and growth. It is never too late to start anew.

From Dr. Kunmi Sobowale, MD

UCLA Child and Adolescent Psychiatry Alumni Class of 2022