Equity, Inclusion, & Diversity

KAISER MENTAL HEALTH TRAINING PROGRAMS
NEWS BULLETIN | | SPRING/SUMMER 2020

UPDATES

NEWS
*Kaiser staff & trainees participated in Kaiser African American History Month Health Fairs in Oakland in the month of February
Thank you to those who volunteered.

May celebrated Ramadan and Asian American Heritage Month
June recognizes Pride as well as Juneteenth!

The goal of this newsletter was to begin to spotlight clinicians who are making a difference in their communities and clinics.

We invite anyone who would like to contribute to this newsletter to contact us. Thank you!

COVID-19

As we entered 2020 many people saw this as the year to view things from a new perspective, a year of perfect vision, a year to look ahead, a visionary year. Less than three months into the new year and things began to quickly change for most of us. Faced with the first ever worldwide pandemic of our lifetime, COVID-19. COVID-19 has changed the way we work, the way we live and socialize and yet it has not changed our belief in diversity, equity and inclusion. It has not changed the fact that these are still imperatives. It does not change the fact that we still need to be catalyst for change and advocate for our patients and families. In the face of COVID-19 we have seen disparities continue to be present. We have seen disparities in the
African American and Latinx communities. There has been an increase in Xenophobia. We know that COVID-19 is having detrimental effects on immigrants as well as the LGBTQ community. We can no longer assume that things are better, and issues have been resolved when we continue to face staggering health disparities for communities of color. What will be different for you professionally and personally as we go through this time. How will your voice make a difference?

Equality For All

As the Equity, Inclusion, & Diversity Liaisons for our training programs, we feel the tragic events in Minneapolis, the current civil unrest, COVID-19, and the impact of these events on you and your patients should be named explicitly. We stand with you in solidarity as you may be experiencing anger, fear, grief, disappointment, and sometimes a mixture of un-namely emotions. These moments may create increased stress, distress, and anxiety. We encourage you, as mental health professionals, to check in with yourselves, as well as your colleagues.

When Senator Kamala Harris launched her Presidential Bid in Oakland in January 2019, she said our nation was at an inflection point. Who would have imagined then our nation would be in the grip of the world’s worse pandemic or the tragic loss of life? Many have spoken passionately about the economic and health inequalities we face, as well as the grotesque injustice of unarmed Black citizens living in terror from gun violence and police violence. Was it an unrealistic hope that we would not have another hashtag to represent another life lost at the hands of police violence and gun violence? Yet we find ourselves grieving #MilesArmstead, #HenryBrown, 26-year-old #BreonnaTaylor, 25-year-old #AhmaudArbery and we continue to grieve countless others whose precious lives have been ripped away from us far too soon. These senseless deaths are compounded by the thousands who have lost their lives to COVID-19. From a social justice perspective, we can no longer assume that things are better, and issues have been resolved when we continue to face staggering health disparities for communities of color.

Some questions to consider and reflect on at this time: What will be different for you professionally and personally as we go through this time? How will your voice make a difference? Did COVID-19 expose that our “normal” was never sustainable or acceptable? Was racial inequality something of the past that no longer needs our attention? Can we go on without asking ourselves what continues to keep so many of us bitterly divided, skeptical and
unengaged in a democracy that increasingly works for the few, not the many. Must we continue in this same manner? Not only on “#blackoutTuesday,” which was a moment created by the music industry to reflect/protest on the systemic violence and racism that continues to exist, but often, we hope you take an opportunity to reflect on your personal biases (https://implicit.harvard.edu/implicit/takeatest.html), ways you can work towards reducing these biases and engage in reflective moments as you may need them.

Please know that we are also open to supporting you within our abilities. If you need additional supports, please be sure to connect with your local Employee Assistance Program.

Below are also resources from both KPAAPA (Kaiser Permanente African American Professional Association) and KPLA (Kaiser Permanente Latinx Association) which are business resource groups in Kaiser Permanente.

Resources and Tools:

- **National Equity, Inclusion, & Diversity**: [https://equityinclusionanddiversity.kaiserpermanente.org/](https://equityinclusionanddiversity.kaiserpermanente.org/)
- **Northern CA Equity, Inclusion, & Diversity**: [https://wiki.kp.org/wiki/display/ncaleid](https://wiki.kp.org/wiki/display/ncaleid)
- **Use Your Outside Voice (Allyship)**: [https://ceoarj.com/home/2020/5/30/use-your-outside-voice](https://ceoarj.com/home/2020/5/30/use-your-outside-voice)
- **Book**: How To Be An Antiracist by Dr. Ibram X. Kendi. [https://www.ibramxkendi.com/](https://www.ibramxkendi.com/)
- **App**: Liberate is the #1 meditation app for the Black, Indigenous, and People of Color community. Listen to dozens of guided meditations to ease anxiety, find gratitude, heal internalized racism and micro-aggressions and celebrate Blackness. [https://liberatemeditation.com/](https://liberatemeditation.com/)
- **Racial Equity Tools**: [https://www.racialequitytools.org/home](https://www.racialequitytools.org/home)
Click here for KP Learn (Class ID 00790089): Overcoming your own unconscious bias
Click here to listen to the TedTalk, "Don't Be a Savior, Be An Ally."
Click here to watch the video, "Inclusion Starts with I"
Click here to watch the short film, "Silent Beats"

Thank You!!!!
We would like to take this opportunity to thank our colleague Dr Jeannie Celestial who served on the EID Team from 2016 to 2020. She was very honored to help foster the EID programming for the region. She has a strong passion for EID work and will be missed. Dr. Celestial stepped down from the EID role in February 2020.

A little about Dr Celestial.... she earned a Doctorate in Philosophy (Ph.D.) in Clinical Psychology at the Pacific Graduate School of Psychology at Palo Alto University with an Emphasis in Clinical Neuropsychology and an Emphasis in Meditation and Psychology. She has earned a Minority Fellowship from the American Psychological Association (MFP) for her commitment in promoting culturally competent behavioral health services. Additionally, she holds a Bachelor of Arts degree in Sociology from the University of California at Berkeley and a Master of Social Work degree from San Francisco State University. She sustains herself through her faith and spirituality, spending time with friends and family, being outdoors, and through Pilates and yoga. She is also more recently an author of a cookbook “The Filipino Instant Pot Cookbook...”

She has a true passion for social justice and decreasing shame and
stigma about seeking mental health services.

*Chinue Brown, PsyD & Mandeep Tumber-Bhela, PhD will continue as EID Liaisons. Please contact them for any concerns or questions (e.g., Mentorship Program, EID Forums, etc.)
Email: Chinue.Brown@kp.org or mandeep.k.tumber@kp.org

Therapist Spotlight
Ngonidzashe Kundidzora, PsyD

Q: What cultures do you identify with?
A: I identify ethnically as Zimbabwean (specifically Shona) & Jewish. Racially, I am black & have a deep connection with the black American experience.

Q: What strengths from your cultures do you bring to your clinical work?
A: Shona & Jewish culture are both community-oriented cultures. In my clinical group work, I spend a great deal of energy fostering a healing & open community. Shona culture is deeply allegorical, while Jewish culture frequently uses questioning to arrive at deeper truths. Deep questioning & identifying metaphors that help clients understand their lives are a part of my work with individuals. I also have been deeply motivated & inspired by the liberation struggle of black people both here in the US & around the globe. My clinical...
Dr. Ngonidzashe Kundidzora obtained his undergraduate degree from Harvard University & his Master’s & Doctorate from the Wright Institute. He has worked at the Kaiser Vallejo Addiction Medicine & Recovery program for the past five years. Previously, he served in community mental health, a methadone clinic, forensic settings, & on a college campus. His areas of clinical focus are trauma, substance abuse treatment & working with people of color with particular attention paid to black psychology. His self-care is primarily about spending time with my family & community. He is often with his 4-year-old son, nieces, & nephews. Dr. Kundidzora has a deeply rooted friend group in the Bay Area who likes to get together to eat, watch sports, & consider the existential & political questions.

work often focuses on both personal & collective liberation.

Q: Why did you choose to become a therapist?  
A: When I was 20 years old...it became clear to me that I should become a healer of the spirit & mind.

Q: What is your favorite thing about being a therapist?  
A: I enjoy having a job where my duties are primarily to have deep, honest conversations with people with the goal of improving their lives.

Q: Who is someone you admire or look up to?  
As a clinician, I primarily work with people who use or abuse substances. I often admire my clients due to their drive to heal themselves despite having lived through some of the most painful circumstances & experiences in life.

Q: What is one value that drives you in your clinical work?  
A: My clinical work is oriented around the values of social justice, truth seeking, & acceptance of the present moment.

Q: What do you do for self-care?  
A: While I’m at work, I frequently consult or chat with my colleagues. Creating & maintaining a sense of community at my workplace is a deep practice of self-care for me.

Q: What is one piece of advice you would give your younger therapist self?  
A: I would advise my younger self to be more bold, attempting to provide therapy without deep courage will get meager results.

Q: What is a favorite movie, book, or TV show & why?  
A: *The Wire* is my favorite TV show, it’s portrayal of the American city is honest, disturbing & motivating. My favorite book is *Parable of the Sower* by Octavia Butler, which portrays people in community while living in a dystopian (but all too realistic) future). My favorite movie is *Boys Don’t Cry*. 
Therapist Spotlight
Jakks Raines, PsyD

Q: What is a Gender Specialist? A: According to gaylesta.org, “A gender specialist is a licensed therapist who has specialized knowledge about gender dysphoria (& euphoria), gender identity, gender nonconformity, transphobia (& how it works in real life) & how to help [folks] with transition.” A gender specialist is an advocate & works among multiple disciplines to educate patients, providers & themselves through consultation & staying up to date on WPATH (World Professional Association for Transgender Health) updates, changes & areas where systems are lacking.

Q: Why did you choose to become a Gender Specialist? A: I chose to receive specialized training in transgender health & gender specialty because identification, willingness & allyship are insufficient for effectiveness. Being a member of a marginalized group & caring about other members in it certainly provide the passion & fire, but specialized training offers direction & purpose. In 2017, Kaiser offered a comprehensive, multi-day training which included education on how to build a TGNC (transgender gender non-conforming)-affirming practice, coordinate between disciplines, educate, advocate, balance multiple roles & support patients as they face intersecting challenges/changes in a variety of settings. Since that time, I have routinely consulted & received follow-up supervision from seasoned gender specialists to build my proficiency. I continue to participate in monthly northern California regional consultation groups with other gender specialists.

Q: What has been a rewarding experience with serving in this role? A: Honestly, many of the folks I’ve worked with have had very poor experiences in trying to access gender-affirming care. Being able to offer corrective experiences, in collaboration with colleagues, & see folks be more fully able to live in alignment with themselves & others is tremendously rewarding. I feel very honored to support & bear witness to these processes. It is important to note that although many transgender folks have experienced distress that impacts their mental health, that many folks do not need further mental health services once they have concluded their gender-affirming care/interventions.

Q: What would you like folks to know about gender-affirming care? A: Anyone has the capacity to provide gender-affirming care. At the most basic level, gender-affirming care is simply one iteration of providing affirming care to a patient. As a clinician, it requires all those same skill sets that we prize: clarity, compassion, courage, confidence, curiosity, calmness, creativity, & connectedness. Fostering these attributes in ourselves, builds our capacity to foster them in the people with whom we work clinically (colleagues & patients alike). Some ways in which you can build your capacity for gender-affirming care is by asking basic questions like what a patients pronouns are, what name they would like me to use for them (or how they would like to be
practices by taking a more intersectional lens, clinical supervision, community-based participatory research, & adapting acceptance & behavior-based principles for LGBTQ+ POC & first- & second-generation populations.

addressed) & asking questions rather than assuming. Remember that anyone can be transgender or gender variant - there is no way to know without inquiry. Knowing our patients in context helps us to be better at our jobs. Some questions in our broader work: 1. Is this clinically relevant? 2. What biases/beliefs am I bring to this interaction. 3. Have I asked the pt how they feel about their body? 5. Am I centering the patient’s perspective, even if I don’t share it?

HELPFUL RESOURCES (Not an exhaustive list):

Pronouns: https://www.mypronouns.org/resources
https://mydoctor.kaiserpermanente.org/ncal/promotions/#/transgender-care
https://www.wpath.org/education/upcoming-conferences

IMPLICIT BIAS TEST:
https://implicit.harvard.edu/implicit/takeatest.html

PROFESSIONAL ASSOCIATIONS AND UPCOMING CONFERENCES 2020/2021

Asian American Psychological Association
https://aapaonline.org/
Division on Filipinx Americans
https://aapaonline.org/divisions/division-on-filipinx-americans/
Filipinx Mental Health Initiative-Solano Division on South Asians Americans
https://aapaonline.org/divisions/division-on-south-asian-americans/
Worship & Mental Health Conference:
https://www.eventbrite.com/e/wade-in-the-water-tickets-92133550931
APA Division 45: Culture, Ethnicity, & Race Research Conference
http://www.apadivision45conference.com/
Association of Black Psychologists
https://www.abpsi.org/
Association of Black Social Workers
https://www.nabsw.org/
National Latinx Psychological Association Conference
http://www.nlpaconference.org/
National Indian Health Board
http://www.nihb.org/communications/events_calendar.php