

PSYCHEDELICS
AND RACIAL
TRAUMA:
EQUITY & ACCESS



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1

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- Board Certified in Behavioral and Cognitive Psychology
- Licensed clinical psychologist in Pennsylvania, Virginia, Connecticut, & Ontario

2

2

PSYCHEDELIC RESEARCH

Laboratory for Culture and Mental Health Disparities
(www.mentalhealthdisparities.org)
Laboratory for Psychedelic Clinical Research



Research on clinical and therapeutic applications of psychedelics for mental health

3

THE BIG EIGHT OF DIVERSITY

- 1. Culture
- 2. Race/Ethnicity
- 3. Gender
- 4. Sexual Orientation
- 5. Social/Economic Classification
- 6. Age
- 7. Disability
- 8. Religion



Graphic: A diverse group of people all wearing business clothes.

4

A DIVIDED PERSPECTIVE

(SUE ET AL., 2007)

White people in our society tend to believe that:

- Racialized groups are doing well in life
- Racism is no longer an issue and discrimination is declining
- They are not capable of racist behaviors

People in racialized groups, on the other hand, are confronted with daily acts of racism and thus have a different racial reality.

- White people tend to limit their definition of racism to blatant, intentional, overt acts
- But few people who commit racist acts will admit to intentionally wanting to harm others due to race, so under this definition, very few acts of racism would be defined as such
- Even “good people” enact racism

5

RACISM IS REAL AND SYSTEMIC

Black Americans

- Home Ownership: 43.5%
- Median Household Income: \$35,416
- Per Capita Income: \$19,297
- Unemployment Rate: 11.4%
- Poverty Rate: 27.2%
- College Graduation Rate (2 year degree): 33%
- Median Household Wealth: \$6,446
- Infant mortality: 11.7 per 1,000 births
- Maternal mortality: 40.0 per 100,000 births
- Childhood obesity: 20%
- Childhood hypertension: 13.8%
- Diabetes: 13.4%

White Americans

- Home Ownership: 72.9%
- Median Household Income: \$59,754
- Per Capita Income: \$31,752
- Unemployment Rate: 5.3%
- Poverty Rate: 9.7%
- College Graduation Rate (2 yr degree): 47%
- Median Household Wealth: \$91,405
- Infant mortality: 4.8 per 1,000 births
- Maternal mortality: 12.4 per 100,000 births
- Childhood obesity: 15%
- Childhood hypertension: 8.4%
- Diabetes: 7.3%

6

- PTSD (Pieterse et al., 2012; Williams et al., 2014)
- **Stress** (Clark et al., 1999; Berger & Sarnyai, 2015)
- **Anxiety** (Soto, Dawson-Andoh, & BeLue, 2011)
- **Depression** (Banks & Kohn-Wood, 2007; Torres et al., 2010)
- **Substance use** (Gerrard et al., 2012)
- **Alcohol abuse** (Blume et al., 2012; Hurd et al., 2014)
- **Binge eating** (Harrington et al., 2010)
- **Severe psychological distress** (Chae et al., 2011; Chao, Mallinckrodt, & Wei, 2012)
- **Psychosis** (Anglin et al., 2014; Janssen et al., 2003; Oh et al., 2014)
- **Disability** (Carter & Forsyth, 2009)
- **Suicide** (O'Keefe et al., 2015; Hollingsworth et al., 2017)
- **Obsessive-Compulsive Disorder** (Williams et al., 2017)

RACISM & MENTAL HEALTH

Victims of racially hostile environments may experience diagnosable psychiatric symptoms.

RACIAL TRAUMA

7

WHAT IS RACIAL TRAUMA?

8

AT&T Wi-Fi 9:17 PM 94%

Imani >

Hi sorry if you're busy

I just read about this terrible thing that happened where a black man was killed by the police and it the video was so awful that I cried and I don't know who to talk to about it so I called you cause it's so late that my mom is asleep

George Floyd in the NYT

Anyways I know you have a lot on your plate so don't worry about

"Please... I can't breathe, officer..."

9

I feel a heavy weight on me. It's the weight of centuries of hate and oppression. There are White people's hands coming from all directions, grabbing and pulling at me...

10

COMMON RACIAL TRAUMAS (1)

- Police harassment, search, and assault
- Workplace discrimination
- Community violence
- Murder of loved ones
- Incarceration
- Distressing medical and/or childbirth experiences



Williams, M. T., Printz, D., Ching, T., & Wetterneck, C. T. (2018). Assessing PTSD in ethnic and racial minorities: Trauma and racial trauma. *Directions in Psychiatry*, 38(3), 179-196.

11

COMMON RACIAL TRAUMAS (2)

- Experiencing or witnessing torture
- Ethnic cleansing & persecution
- Destruction of cultural practices
- Living in a war zone
- Immigration difficulties
- Deportation



Williams, M. T., Printz, D., Ching, T., & Wetterneck, C. T. (2018). Assessing PTSD in ethnic and racial minorities: Trauma and racial trauma. *Directions in Psychiatry*, 38(3), 179-196.

12

RACISM IN HEALTH CARE SYSTEMS

Indigenous woman and mother of seven, **Joyce Echaquan**, was verbally abused by healthcare staff as she lay dying in a Quebec hospital.



RACISM HAPPENS IN CANADA TOO

13



Even small instances of racism can cause psychological distress when experienced with enough frequency.

MICROAGGRESSIONS

14

WAR ON DRUGS OR ON BIPOC?

- Original drug laws were intended to target people of color, and in many ways still do
- Policing efforts are heavily biased in favor of low-income neighborhoods and people of color (Beckett, Nyrop, & Pfingst, 2006)
- These assaults have resulted in incarceration and trauma, primarily in Black, Brown, and Indigenous communities
- The presence of law enforcement is a trigger for trauma for many people of color



15



16



LEGAL ISSUES & POLICE VIOLENCE

- Black and Hispanic men are heavily subject to profiling by law enforcement
- As a result they may be dealing with stressful legal issues in addition to traumatization
- “Drugs” are frequently an excuse for humiliating and traumatizing searches and incarceration
- Contributes to drug stigma in communities of color

17

MEDICAL MISTRUST

- People of color often under-utilize health care services out of fear of mistreatment, being hospitalized involuntarily, or being used as “guinea pigs”
- Black people appear to have greater distrust of the medical establishment and mental health care, many believing that medical institutions hold racist attitudes
- Negative perceptions may be rooted in historical abuses of slaves
- US government sanctioned research abuses such as the Tuskegee Syphilis Study
 - Study ran for 40 years
 - No knowledge or consent
 - Over 100 died in the experiment

18



CIA-FUNDED PSYCHEDELIC EXPERIMENTS (STRAUSS, DE LA SALLE, SLOSHOWER, & WILLIAMS, IN PRESS)

- MK ULTRA program was launched in 1952 to study mind control techniques
- Hundreds of people were given LSD, including many without knowledge or consent
 - Subjects included Americans, Canadians, and internationals
- Most abuses were of Black men

Strauss, D. & Williams, M. T. (2021, July 19). [CIA-Funded Psychedelic Experiments: A Review of Data and Ethical Concerns](#). *Journal of Medical Ethics*.

19

19

CAN PSYCHEDELICS HEAL RACIAL TRAUMA?

20

20

2018

PSYCHEDELIC RESEARCH

TONIC


PSYCHEDELICS | By Kaitlin Sullivan | OCT 2018, 8:00am
Open Access

Black Americans Are Being Left Out of Psychedelic Research

One team is trying to figure out how to change that.

SHARE

f
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Background Despite renewed interest in studying the safety and efficacy of psychedelic-assisted psychotherapy for the treatment of psychological disorders, the enrollment of racially diverse participants and the unique presentation of psychopathology in this population has not been a focus of this potentially ground-breaking area of research. In 1993, the United States National Institutes of Health issued a mandate that funded research must include participants of color and proposals must include methods for achieving diverse samples.

Methods A methodological search of psychedelic studies from 1989 to 2017 was conducted to evaluate ethnic/racial differences in inclusion and effective methods of recruiting people of color.

Results Of the 18 studies that met full criteria (n = 282 participants), 82.3% of the participants were non-Hispanic White, 2.3% were African-American, 2.1% were of Latino origin, 1.6% were of Asian origin, 4.6% were of Indigenous origin, 4.6% were of mixed race, 1.8% identified their race as "other," and the ethnicity of 8.2% of participants was unknown. There were no significant differences in recruitment methodologies between those studies that had higher (> 20%) rates of inclusion.

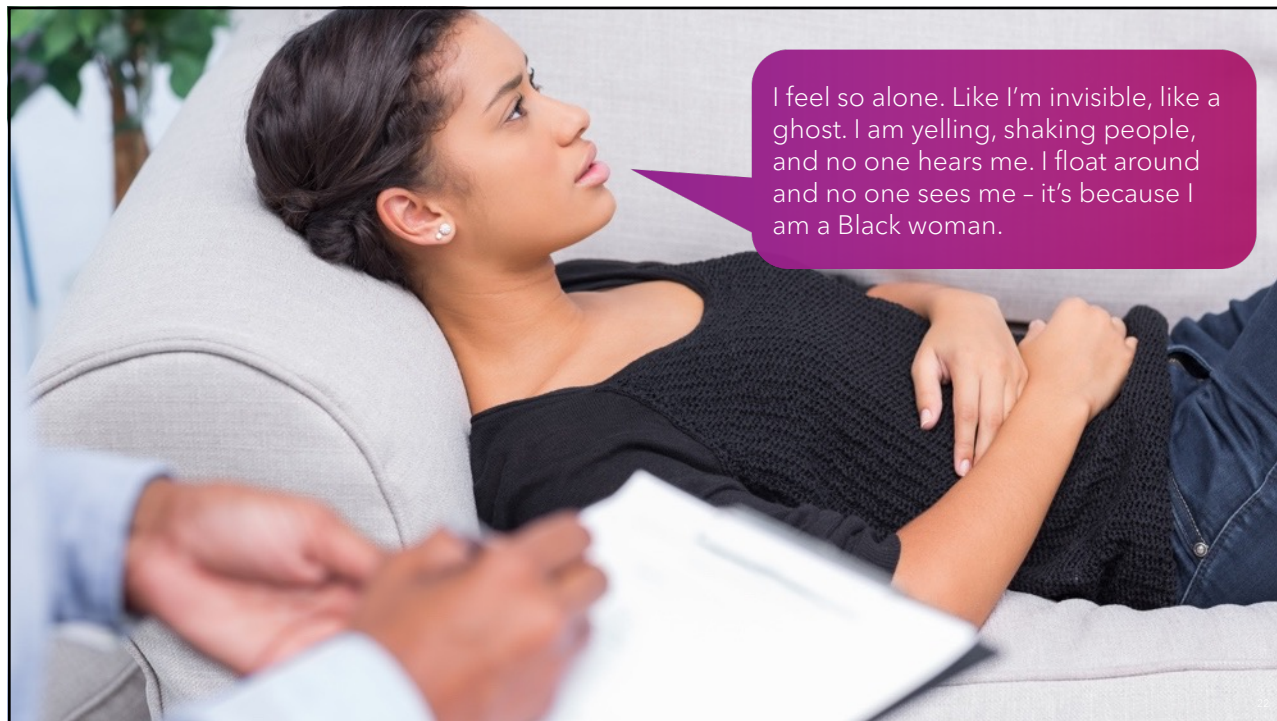
Conclusions As minorities are greatly underrepresented in psychedelic medicine studies, reported treatment outcomes may not generalize to all ethnic and cultural groups. Inclusion of minorities in future studies and improved recruitment strategies are necessary to better understand the efficacy of psychedelic-assisted psychotherapy in people of color and provide all with equal opportunities for involvement in this potentially promising treatment paradigm.

Keywords Psychedelic-assisted psychotherapy, Ethnic differences, Minority recruitment, People of color

Background The use of altered or non-ordinary states of consciousness for medicinal purposes is neither novel nor modern, but rather dates back thousands of years in the spiritual practices of indigenous communities across the world. For indigenous peoples, psychedelic use is considered a both a sacred and healing act, that requires the guidance of a highly trained spiritual leader (shaman), and entails psychoactive rituals that bring humans closer to the spiritual world, in an effort to treat both physical and spiritual ill (1). While the full history of indigenous healing practices has been covered elsewhere (2), understanding its roots within the historical origins of psychedelic-assisted psychotherapy serves as an important reference point, given that modern psychedelic medicine has struggled to include marginalized communities, especially people of color. In this movement, and is only now beginning to acknowledge the importance of their inclusion (3-5).

Western medicine's explanation of psychedelics for treatment purposes can be divided into two distinct periods, with the first occurring between 1900 and 1960 (often referred to as the "first wave"), when synthetic psychedelic compounds were just being discovered, and the second (often referred to as the "second wave") beginning around the late 1990s and continuing to this day (6). This periodic distinction has been observed by

21



I feel so alone. Like I'm invisible, like a ghost. I am yelling, shaking people, and no one hears me. I float around and no one sees me - it's because I am a Black woman.

22

11

THERAPISTS OF COLOR

With grant funding from Open Society Foundations (OSF), organized a training with MAPS to train the largest cohort of psychedelic therapists of color ever.



MDMA THERAPY TRAINING FOR COMMUNITIES OF COLOR

AUGUST 10 - 17
2019

LOUISVILLE
KY

MARCELA OT'ALORA G., MA, LPC
Lead MDMA Therapy Trainer, Principal Investigator

MONNICA WILLIAMS, PHD, ABPP
Lead Culturally-Informed Therapy Trainer, Psychologist

23

PSYCHEDELICS AND RACIAL TRAUMA

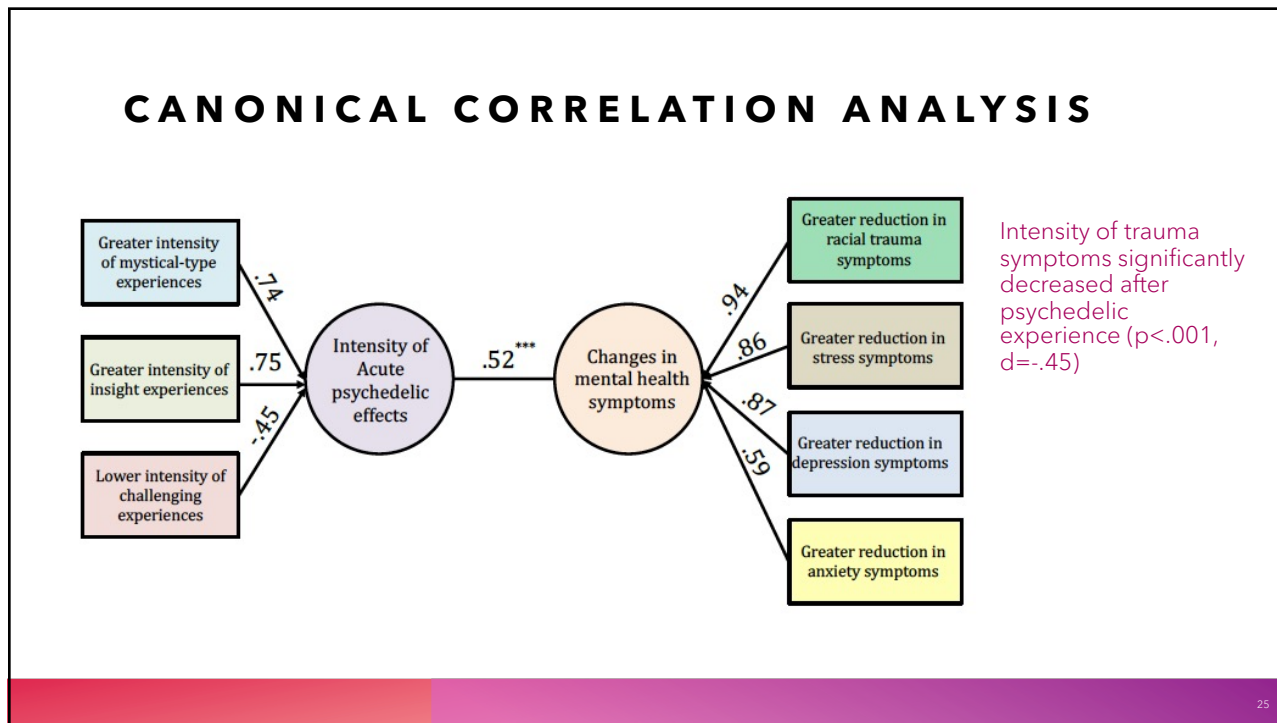
- Nationwide data collected in Canada and the US using Qualtrics Panels
- Participants of color asked about past experiences with racial trauma and mental health symptoms
- Included those who said that using psychedelics helped them manage racial and ethnic discrimination

Cross-sectional internet-based survey on coping with racism

- N=313 US/Canada
- Changes assessed by retrospective report of the 30 days before/after the memorable psychedelic experience
- M_{age}=32; Female=57%; Never married=28%

Williams, M., Davis, A., Xin, Y., Sepeda, N., Colon-Grigas, P., Sinnott, S., & Haeny, A. (2021). People of color in North America report improvements in racial trauma and mental health symptoms following psychedelic experiences. *Drugs: Education, Prevention & Policy*, 28(3), 215-226. <https://doi.org/10.1080/09687637.2020.1854688>

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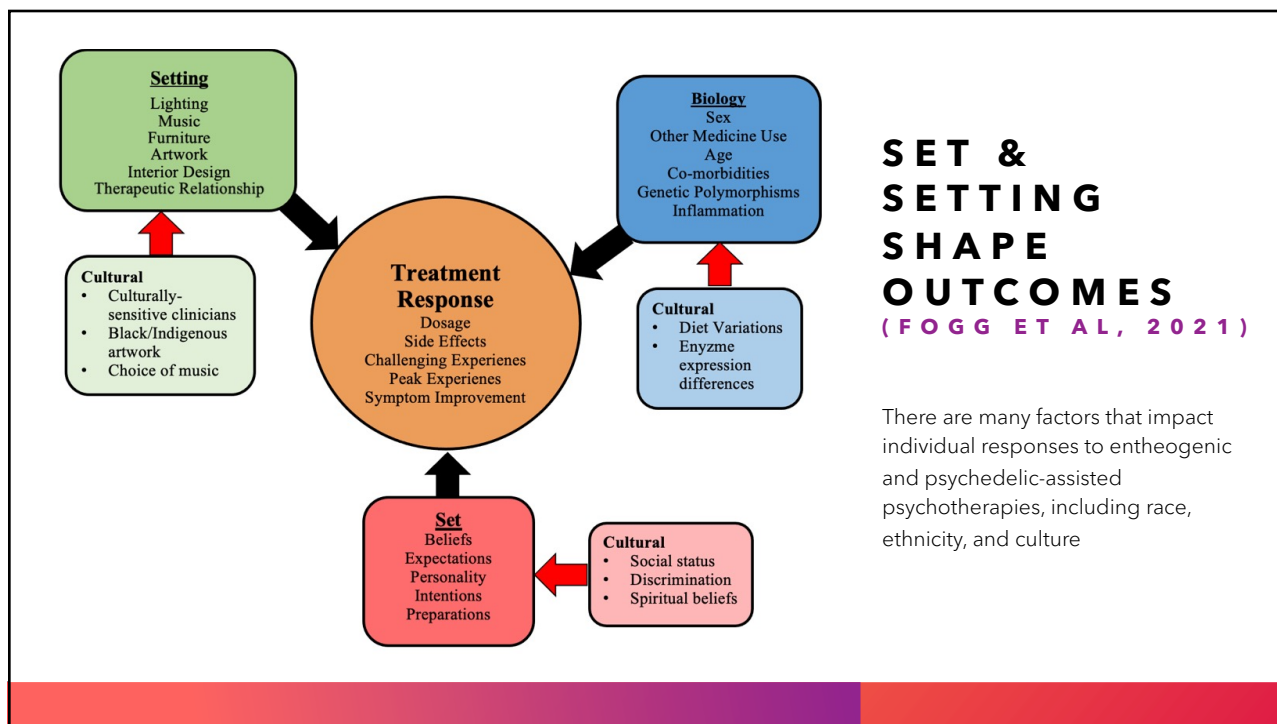
CAN PSYCHEDELICS CAUSE RACIAL TRAUMA?

26



THREE BLACK WOMEN THERAPISTS DESCRIBE THEIR MDMA EXPERIENCES

Williams, M. T., Reed, S., & George, J. (2020). Culture and psychedelic psychotherapy: Ethnic and racial themes from three Black women therapists. *Journal of Psychedelic Studies*, 4(3), 125-138.



PSYCHEDELIC- ASSISTED PSYCHOTHERAPIES HAVE ARRIVED

- How will we ensure mental health professionals are equipped to do this important work?
- How do we ensure safety of the most vulnerable groups?



HEALTH | News

Four terminally ill Canadians get special exemption to use psychedelic therapy



Alexandra Mae Jones CTVNews.ca writer
@AlexandraMaeJ | Contact

Published Tuesday, August 4, 2020 9:33PM EDT
Last Updated Tuesday, August 4, 2020 9:43PM EDT



Thomas Hartle of Saskatoon is one of a handful of terminally ill Canadians who appealed to the federal health minister for a special exemption that would allow them to use psilocybin.

29

29

SAFETY AND COMPETENCE

- Maximize benefits of psychedelic therapies while reducing potential harm
- Can be achieved through
 - Provider education/training
 - Credentialing/certification
 - A code of ethics
 - Oversight and accountability
- Needed infrastructure in progress

Rochester, Vallely, Grof, Williams, Chang, & Caldwell (in press)

30

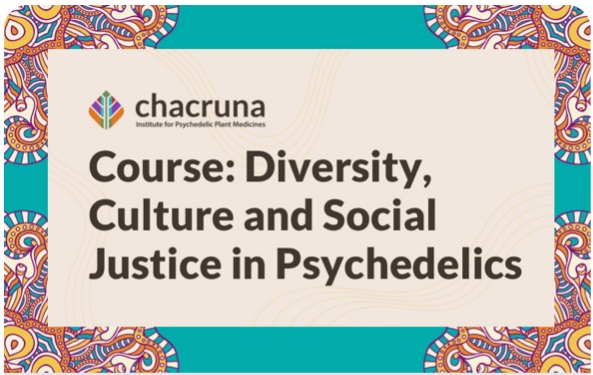
PRIORITY AREAS TO PROMOTE ACCESS AND EQUITY

- Training standards must include **cultural competencies** for the safety of people of color and others with marginalized identities
- Diversification of psychedelic training programs (students and instructors)
- Public education about psychedelics, focused for different communities
- Encourage/fund communities of color to develop their own paradigms for psychedelic treatment and healing

31

**TRAINING
OPTION:
EXAMPLE**

CHACRUNA INSTITUTE
FOR PSYCHEDELIC
PLANT MEDICINES



Course: Diversity, Culture and Social Justice in Psychedelics
chacruna.net

This 9-week course taught by leading experts, will teach students to consider the cultural, social, historical, and economic context that influences the psychedelic renaissance and psychedelic-assisted therapies.

32

BOARD OF PSYCHEDELIC MEDICINE AND THERAPIES

BOARD CERTIFICATION

BPMT HOME OVERVIEW SERVICES FAQ PEOPLE ABOUT US CONTACT US

Board of Psychedelic Medicine and Therapies

Making psychedelic therapies safe and accessible.

[Learn More](#)

WELCOME

Psychedelic medicine and therapies have arrived.

The Board of Psychedelic Medicine and Therapies (BPMT) is a non-profit public benefit corporation dedicated to creating board certification for psychedelic medicine practitioners and educating practitioners, the health care system, and potential consumers about the inherent value of the certification process.

Why is the Board of Psychedelic Medicine and Therapies needed?

Psychedelic medicine remains in its professional infancy. Clinical standards are ill defined and informal. Psychedelic medicine has no current metrics to assess skill and competency for practitioners. Training is difficult to obtain, inconsistent in depth and without agreed upon competencies. Various subcultures exist within psychedelic medicine and each carries different beliefs and unique

33

RESOURCES (1)

Psychedelics and Social Justice

Halstead, M., Reed, S., Krause, R., & Williams, M. T. (2021). Ketamine-assisted psychotherapy for PTSD related to experiences of racial discrimination. *Clinical Case Studies*, 20(4), 310-330. doi: 10.1177/1534650121990894

Jahn, Z. W., Lopez, J., de la Salle, S., Faber, S., & Williams, M. T. (2021). Racial/Ethnic differences in prevalence for hallucinogen use by age cohort: Findings from the 2018 National Survey on Drug Use and Health. *Journal of Psychedelic Studies*, 5(2), 69-82. <https://doi.org/10.1556/2054.2021.00166>

Williams, M. T., Reed, S., & George, J. (2020). Culture and psychedelic psychotherapy: Ethnic and racial themes from three Black women therapists. *Journal of Psychedelic Studies*, 4(3), 125-138.

Williams, M. T., Reed, S., & Aggarwal, R. (2020). Culturally-informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder. *Journal of Psychedelic Studies*, 4(1), 40-50. doi: 10.1556/2054.2019.016

George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1), 4-15.

Michaels, T. I., Purdon, J., Collins, A. & Williams, M. T. (2018). Inclusion of people of color in psychedelic-assisted psychotherapy: A review of the literature. *BMC Psychiatry*, 18(245), 1-9. doi: 10.1186/s12888-018-1824-6.

Williams, M. T., & Leins, C. (2016). Race-based trauma: The challenge and promise of MDMA-assisted psychotherapy. *Multidisciplinary Association for Psychedelic Studies (MAPS) Bulletin*, 26(1), 32-37.

34

34

RESOURCES (2)

Psychedelics and Social Justice

Fogg, C., Michaels, T. I., de la Salle, S., Jahn, Z. W., & Williams, M. T. (2021). Ethnoracial health disparities and the ethnopsychopharmacology of psychedelic medicine. *Experimental and Clinical Psychopharmacology*, 29(5), 539-554. <https://doi.org/10.1037/pha0000490>

Williams, M., Davis, A., Xin, Y., Sepeda, N., Colon-Grigas, P., Sinnott, S., & Haeny, A. (2021). People of color in North America report improvements in racial trauma and mental health symptoms following psychedelic experiences. *Drugs: Education, Prevention & Policy*, 28(3), 215-226. <https://doi.org/10.1080/09687637.2020.1854688>

Strauss, D., de la Salle, S., Slosower, J., & Williams, M. T. (in press). Research abuses against people of colour and other vulnerable groups in early psychedelic research. *Journal of Medical Ethics*. <http://dx.doi.org/10.1136/medethics-2021-107262>

Davis, A. K., Xin, Y., Sepeda, N. D., Garcia-Romeu, A., & Williams, M. T. (in press). Increases in psychological flexibility mediate the relationship between acute psychedelic effects and decreases in racial trauma symptoms among people of color. *Chronic Stress*. <https://doi.org/10.1177/24705470211035607>

Ching, T., Davis, A. K., Xin, Y., & Williams, M. T. (in press). Effects of psychedelic use on racial trauma symptoms and ethnic identity among Asians in North America. *Journal of Psychoactive Drugs*. <https://doi.org/10.1080/02791072.2022.2025960>

Ching, T., Williams, M., Reed, S., Kisicki, M., Wang, J., Yazar-Klosinski, B., Emerson, A., & Doblin, R. (in press). MDMA-assisted therapy for posttraumatic stress disorder: A mixed-methods case study of a participant of color from an open-label trial. *Journal of Humanistic Psychology*. <https://doi.org/10.1177/00221678221076993>

35

35

THANK YOU

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Questions?



36

36