

<h1>OCD &amp; RACISM</h1>	<p><b>Monnica Williams, PhD</b></p> <p>University of Ottawa School of Psychology</p>
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	<h2><b>MONNICA T. WILLIAMS, PHD, ABPP</b></h2> <p><b>Professor, School of Psychology, University of Ottawa</b> <b>Canada Research Chair for Mental Health Disparities</b> <b>Clinical Director of Behavioral Wellness Clinic, LLC &amp; New England OCD Institute</b></p> <p><b>Board Certified in Behavioral and Cognitive Psychology</b> <b>Licensed Clinical Psychologist in Canada &amp; US</b></p> <p><b>Member of IOCDF Scientific and Clinical Advisory Board</b></p> <p><b>Co-founder of the IOCDF Diversity Equity &amp; Inclusion Advisory Council</b></p> <p>2</p>
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# LEARNING OBJECTIVES

## Participants will learn:

- How OCD can impact symptom expression in people of color
- How racism can prevent people of color from getting effective care
- Common concerns people of color may have about treatment

IOCDF 2023

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# ABOUT OCD



Global lifetime prevalence rate of OCD is estimated to be 1.3%, which is approximately 102 million members of the worldwide population

OCD is a complex disorder that can manifest in a variety of ways and contains within it a range of different symptom presentations

Many people with OCD go underdiagnosed and undertreated, despite many effective interventions

WILLIAMS, LA TORRE, &amp; MACINTYRE (IN PRESS)

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# OCD CAN BE FATAL



- OCD is associated with a range of autoimmune diseases and other physical ailments
- The mortality risk in OCD is higher than that of the general population
- The risk of death by suicide in OCD is established (4- to 10-fold higher risk)
- There is also a risk due to unnatural causes, including homicides and accidents

DE LA CRUZ ET AL. (2022)

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1. Culture
2. Race & Ethnicity
3. Gender
4. Sexual Orientation
5. SES
6. Age
7. Disability
8. Religion

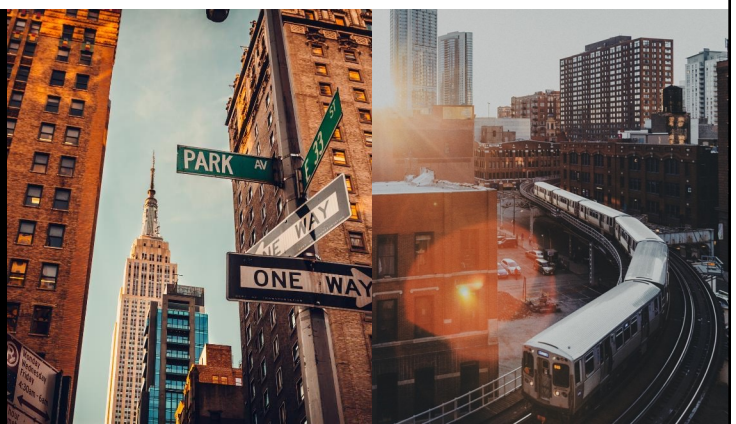


## THE BIG EIGHT OF DIVERSITY

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# OVERVIEW

- About racism
- Racism and OCD symptoms
- Barriers to care
- Cultural concerns



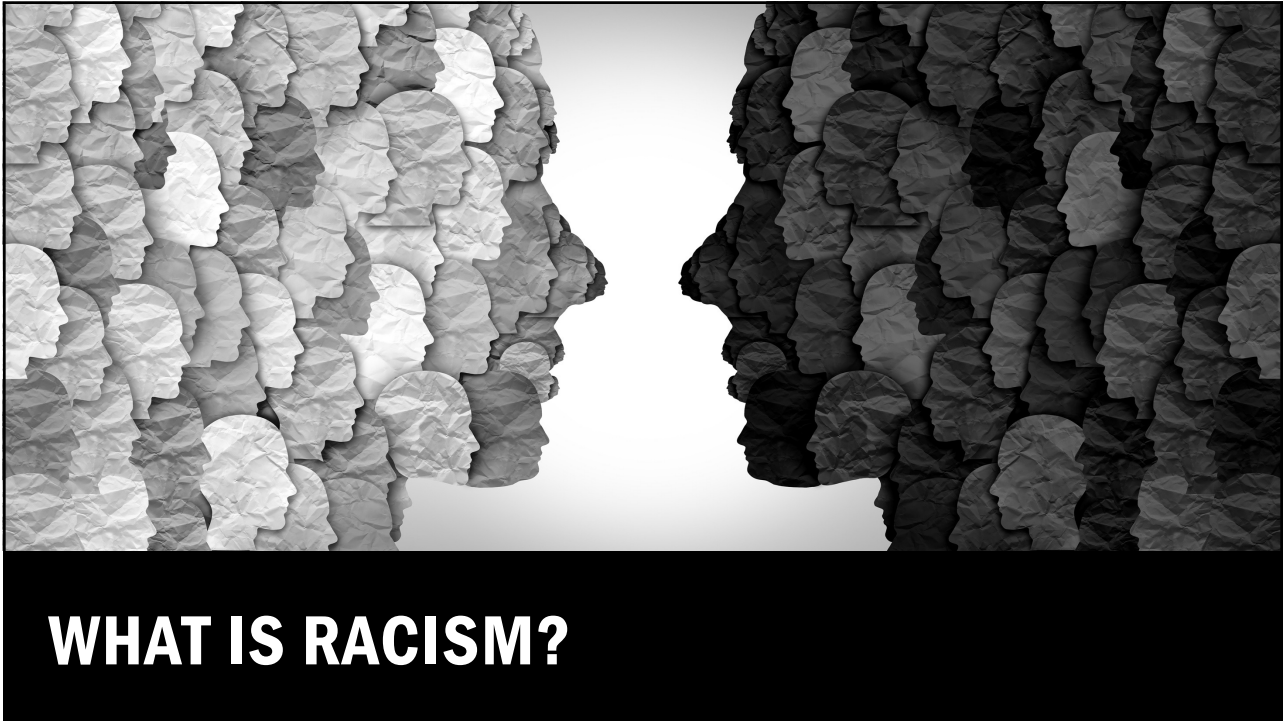
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## RACISM IS A PANDEMIC


Overt and legalized forms of racism have declined over recent decades.

However, racism remains embedded in:

- our structures and systems
- the psyches of many throughout the Western world

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## WHAT IS RACE?

Race is a cultural invention used to define groups based on appearance and presumed ancestry.

Racial groups are subject to specific social attitudes and beliefs that are imposed upon them as stereotypes.

Modern researchers have concluded that the concept of race has no biological validity.

SAMPLE FOOTER TEXT

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## WHAT IS WHITENESS?

Most White people do not think about their own Whiteness, do not define themselves by skin color, and experience themselves as non-racialized

They also do not see how their Whiteness has given them power and privilege compared to people of color, especially if their own experience of their lives has included hard work and struggle

This can make developing a positive and prosocial White racial identity challenging

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## WHY SHOULD WE TALK ABOUT RACE?

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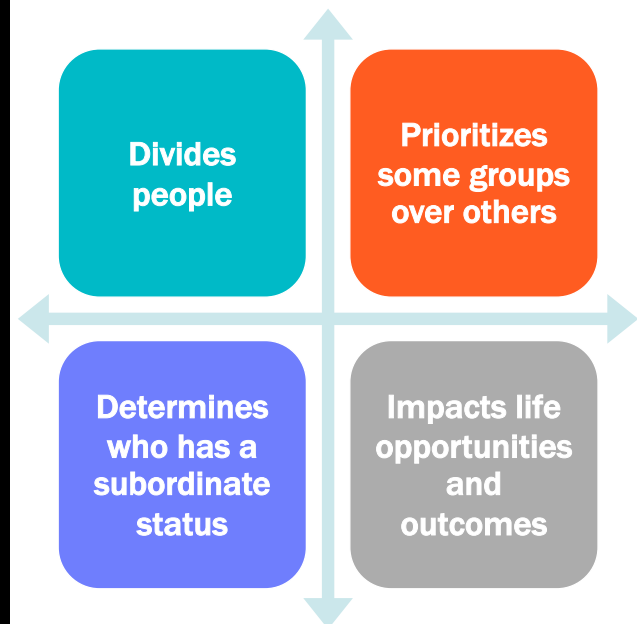
# WHY WE MUST TALK ABOUT RACE

- Race is a major determinant of physical and mental health outcomes across a person's lifespan.
- The United States, Canada, and most other Western nations are racialized societies.
- It is important to discuss and study race because it predicts physical and mental health outcomes across a person's lifespan.
- This means that opportunities and outcomes in life are influenced by the invented category called "race", which is often characterized by skin shade but has no meaningful connection with meaningful biological traits.

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## WHAT DOES RACE DO IN RACIALIZED SOCIETIES?



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## OCD SYMPTOMS AND RACIAL DISCRIMINATION

In one of the first OCD studies examining racial discrimination in a university student sample of African Americans

Greater experiences of discrimination were associated with significantly higher levels of OCD-related distress

WILLS & NEBLETT (2018)

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# RACISM → OCD

### National Survey of American Life (NSAL) Study

Everyday racial discrimination was linked to experiencing all obsessions and compulsions examined among African Americans in a national sample

Non-racial discrimination, on the other hand, was unrelated to any of the obsessions or compulsions categories

WILLIAMS ET AL., (2017)

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# RACISM ---> OCD

## National Survey of American Life (NSAL) Study

There were similar findings for Black Caribbean Americans

Racial discrimination was associated with contamination and harm obsessions, as well as washing and repeating compulsions

No studies were found that investigate the impact of racial discrimination/non-racial discrimination among other ethnic groups

WILLIAMS ET AL., (2021)

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## RACIAL MICRO-AGGRESSIONS AND OC SYMPTOMS

In a study of OCD symptoms in a university sample, experiences of racial microaggressions contributed to anxiety about responsibility for harm and contamination

BROWNING ET AL. (2023)



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# STEREOTYPES & OCD

People of color may have compulsions aimed at preventing others from believing false racial stereotypes

## Example

- Samantha is a Black high school student and worries that she may be stereotyped as unintelligent
- She constantly rechecks her schoolwork to make sure there are no errors
- If there are mistakes her teacher might think this stereotype about her is true

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# RACISM AND OBSESSIONAL CONTENT

OCD content might also revolve around fears of being victimized due to race: Almah's story

MACINTYRE, ZARE, & WILLIAMS (2023)



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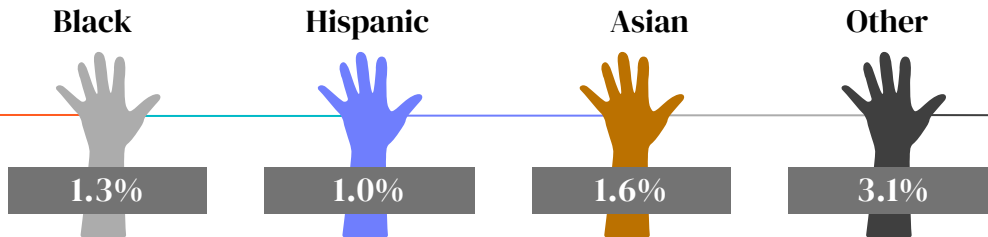
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# INCLUSION IN RESEARCH

BIPOC participation in research is limited, and recruitment approaches for diversifying samples have been inefficient (Williams et al., 2010)

According to a review of 21 trials from 1995 to 2008:



Similarly, a review of 90 US and Canadian efficacy studies and effectiveness trials for OCD revealed that only 11 (24%) studies included Latino participants (Wetterneck et al., 2012)

BIPOC = Black, Indigenous, & other People of Color

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# AFRICAN AMERICANS UNDERTREATED

Only 20% of African Americans with a current OCD diagnosis received help from a mental health specialist

Only 20% were using an SRI medication

12-Month OCD and Service Use	OCD Severity		
Received help from <u>any</u> mental health specialist	Mild	Moderate	Severe
United States All, NCS-R	26.9%	13.4%	59.7%
Black Americans, NSAL	0%	4.9%	38.8%

Himle et al. (2008)

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## ACCESS TO CARE

Even though all ethnic and racial groups experienced equivalent average levels of severity, people of color with more severe symptoms were not receiving treatment at the same rates

Compared to White patients, BIPOC were much less likely to receive counseling, exposure and ritual prevention, or medication

KATZ ET AL. (2020)



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# SPECIALTY TREATMENT CENTERS

Participants included 924 children and adults diagnosed with OCD at Rogers Memorial Hospital between 1999 - 2012

The overwhelming majority of participants were non-Hispanic White (93.3%)

Patients of color required significantly longer stays than White patients

Williams et al. (2015)



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# BARRIERS: CHILDREN

## ALL PARTICIPANTS

- Lack of knowledge of mental health issues
- Inadequacy of public health system
- Previous negative experiences in health system
- Lack of trust in the mental health system (treatment, confidentiality, records)
- Lack of time and financial issues
- Lack of emotional and practical support
- Bullying in school
- inconvenient location of services

## FAMILIES OF COLOR

- Stigma from within family and ethnic community
- Feelings of shame and denial
- Lack of trust in the health care system (general)
- Different cultural beliefs about mental health issues
- Discrimination from within the system due to minoritized status

Kolvenbach et al. (2018)

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**“YOU ARE SUPPOSED TO HAVE SOME TRUST IN THE SYSTEM, WHICH I GUESS WE DON’T HAVE NOW BECAUSE THE SYSTEM HAS FAILED US SO BADLY.”**

- Male, 47, Black African Father

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# **TREATMENT ANXIETIES IN AFRICAN AMERICANS**

- Cost of treatment
- Stigma and judgment
- Being forced to change
- Saw no need for treatment
- Afraid of therapy
- Worries that the clinician will be unable to help
- Too busy for treatment
- Does not trust White health care establishment

Williams et al. (2012)

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# STEREOTYPES & OCD

People of color may be hesitant to disclose symptoms that could validate false racial stereotypes

## Example

- Aaron is a Brown-skinned Latino and worries that he may be stereotyped as criminal or violent
- He has constant mental images of pushing children into traffic
- He is sure if anyone knew, they would label him as a homicidal maniac and he would be locked away

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# MISDIAGNOSIS

## 01

OCD is one of the most misdiagnosed issues in primary care

## 02

Among psychologists misidentification rate across four vignettes was 39%

## 03

Mental health providers struggle to identify unacceptable thoughts as symptoms of OCD

GLAZIER ET AL. (2013)

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# MISDIAGNOSIS?

*People of color may be even more likely to be missed*

Assessment measures may function differently in different ethnic and cultural groups

Stereotypes about the mental health issues that are salient to various racial groups influences diagnostic decisions

e.g., if potentially psychotic elements are present African Americans are more likely to be misdiagnosed.

WILLIAMS, LA TORRE, & MACINTYRE, (IN PRESS)

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# OCD MISINTERPRETED AS CULTURAL ISSUE

Afghani immigrant man came to get treatment saying he had a “looking problem”

He worried if he made too much eye contact people might think he was staring or leering at them – instead he didn’t make good eye contact

He also did mental review as a compulsion reassure himself that he didn’t offend anyone in that way

Could not keep a job as he was deemed a poor cultural fit rather than being recognized as having OCD

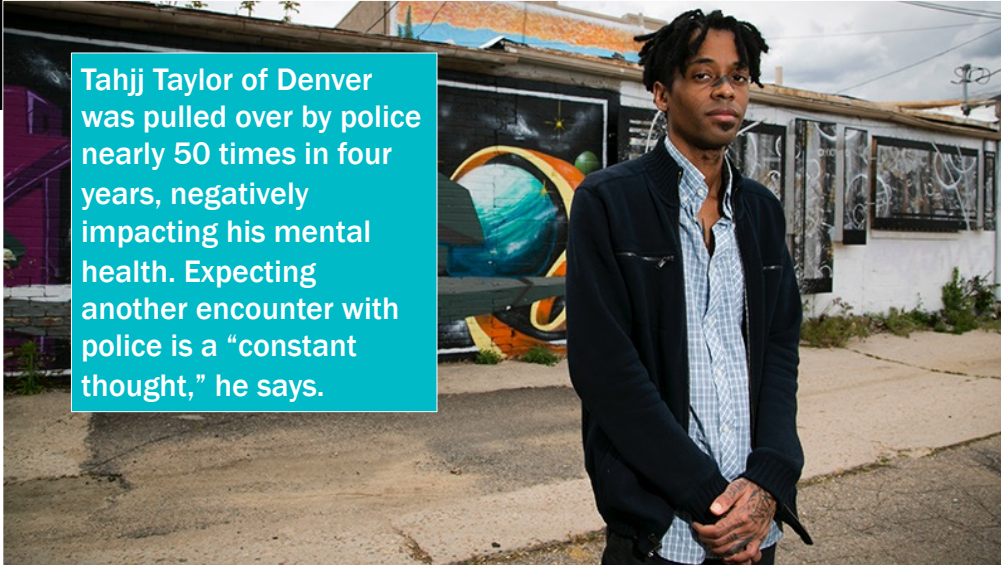
He was afraid to tell his employer he had OCD

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## RACIAL TRAUMA OR OCD?



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## WHERE DO WE GO FROM HERE?

Next Steps in Promoting Equity

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**“IN A RACIST  
SOCIETY, IT’S  
NOT ENOUGH TO  
BE NON-RACIST.  
WE MUST BE  
ANTI-RACIST.”**

- Angela Davis, PhD

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## **BE ANTI-RACIST PRACTITIONERS**

Williams, M. T., Rouleau, T. M., La Torre, J. T., & Sharif, N. (2020). Cultural competency in the treatment of obsessive-compulsive disorder: practitioner guidelines. *The Cognitive Behaviour Therapist*, 13, e48.

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## Cultural Competence is defined as...



... the ability to work in an effective, inclusive, and equitable manner with individuals across cultural differences.

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## RECOMMENDATIONS FOR PRACTITIONERS

Increase your cultural knowledge or different groups

Cultivate cultural-competency and cultural-humility

Understand the limitations of OCD measures

Utilize measures to assess for experiences of racism

Tailor interventions as needed to account for experiences of racism

Understand the role of racial and ethnic identity in clients

MACINTYRE, ZARE, & WILLIAMS (2023)

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# RECOMMENDATIONS FOR EQUITABLE RESEARCH

## NEW STUDIES NEEDED

- Conduct research on the connection between racism and OCD using clinical samples
- Develop culturally-informed interventions
- Explore best ways to help racialized people with OCD

## APPROACH FOR ALL STUDIES

- Utilize an anti-racism lens
- Culturally-informed research design
- Use racially and ethnically-diverse samples
- Conduct sub-group analyses
- Respectful reporting representation

MACINTYRE, ZARE, & WILLIAMS (2023)

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# CULTIVATE ANTI-RACIST PRACTICE IN OCD ORGANIZATIONS

The International OCD Foundation has been working to improve participation of people of color.

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# IMPROVING DIVERSITY EQUITY AND INCLUSION AT IOCDF

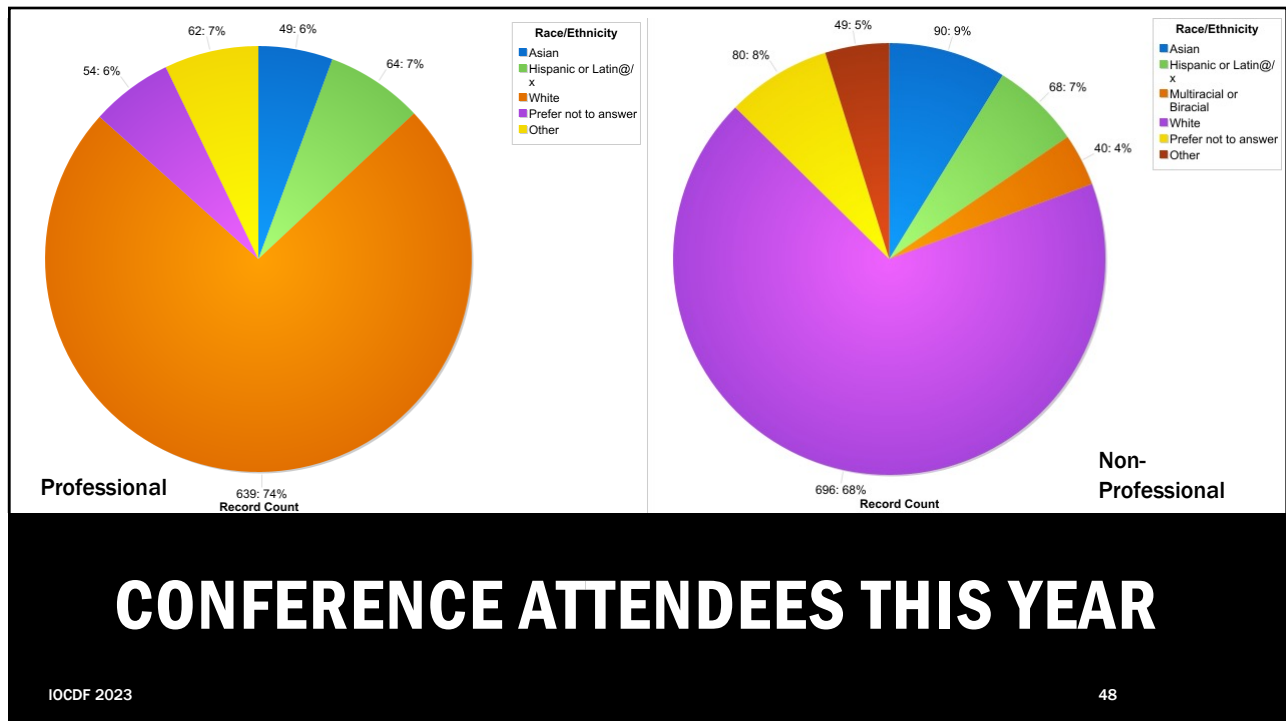
- Increasing membership of people of color
- Funding research focused on people of color
- Funding researchers of color
- Increasing culturally-relevant training opportunities
- Community outreach

**Behavior Therapy Training Institute (BTTI):  
A Training for Treating OCD in Communities of Color**

*Created for BIPOC clinicians,  
taught by BIPOC faculty*

**Atlanta, GA  
May 19–21, 2023**

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# CULTIVATE ORGANIZATIONAL ANTI- RACIST PRACTICES

Ensure diverse voices are part of all decision-making  
Practice racial justice allyship by centering the voices  
of people of color for all racial issues

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## RESOURCES

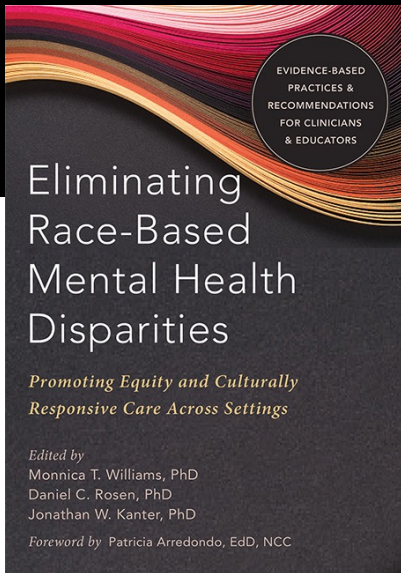


***Managing  
Microaggressions***  
Addressing Everyday Racism in  
Therapeutic Spaces

Monnica Williams, Ph.D., ABPP

Publisher: Oxford University Press

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# ELIMINATING RACE-BASED MENTAL HEALTH DISPARITIES

**PROMOTING EQUITY AND CULTURALLY RESPONSIVE CARE ACROSS SETTINGS**

**Evidence-based practices and recommendations for clinicians and educators**

**Monnica Williams, Ph.D., ABPP, Dan Rosen, Ph.D., & Jonathan Kanter, Ph.D.**

**Publisher: New Harbinger**

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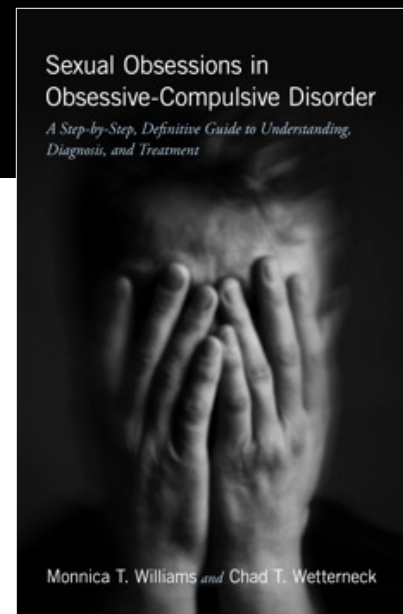
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# SEXUAL OBSESSIONS IN OCD

***A STEP-BY-STEP, DEFINITIVE GUIDE TO UNDERSTANDING, DIAGNOSIS, & TREATMENT***

**Monnica T. Williams, Ph.D., ABPP & Chad T. Wetterneck, Ph.D.**

Doi: 10.1093/med-psych/9780190624798.001.0001  
 Specialty: Clinical Psychology, Psychosocial Interventions & Psychotherapy  
 ISBN: 9780190624798  
 Disorder: Sexual Disorders, Obsessive-Compulsive Disorder



Monnica T. Williams and Chad T. Wetterneck

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## ANTI-RACISM INTERNATIONAL: USA, CANADA, AND EUROPE

Anti-Racism International Meet-Up Group welcomes anyone who would like to have a respectful and open conversation about issues related to racism in the Western world. We ask for honest soul searching and a willingness to learn and grow.

Becoming anti-racist in the 21st century can be complicated and confusing. This group is intended to provide a space for deep conversations about race, racism, White supremacy, White privilege, Black Lives Matter, police violence, religion, psychology, mental health, people of color, racial trauma, history, and human connection. All are welcome to join!



<https://www.meetup.com/anti-racism-international-usa-canada-and-europe/>

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**THANK YOU**

MONNICA WILLIAMS, PHD, ABPP      WWW.MONNICAWILLIAMS.COM  
 MONNICA.WILLIAMS@UOTTAWA.CA

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