

Support of SB 1009

Good Day. My name is Amy Johnson, I have been an independently licensed clinical social worker in Maryland and Washington, DC for over 13 years. I have been living and raising a family in Silver Spring, MD for the past 15 years. My professional area of focus is working with adult trauma survivors, supporting folks in understanding, meaning making and finding healthy, holistic paths beyond the painful lived experience of complex trauma(s). I have worked in a variety of mental healthcare settings including Community Mental Health, Rape Crisis Advocacy, Hospice and Palliative Care, Couples and Sex Therapy, Grief Counseling and over the past 3 years as a Psychedelic Harm Reduction & Integration Therapist and Coach. It is with this decade of direct services experience with trauma survivors that I provide this written testimony in support of SB 1009.

We are living through a Psychedelic Renaissance; however, the enthusiasm of these now more widely available modalities and interventions must be couched in the lived experience of those taking the medicine and facing an unregulated system of care.

A Personal share: I've been asked many times over the past few years to share client stories, but I think it more profound to share my own. Following a sexual assault in 2021 I was overwhelmed and unmoored; I couldn't eat, couldn't sleep, couldn't work. As a trauma-informed victim services provider I knew all the right people to seek support from, but unable to work I couldn't afford them, or because of our personal connection was unable to work with them. 10 years in complex, trauma-informed mental healthcare and I too fell through the gaps. I developed destabilizing symptoms, the worst of which were spontaneous vomiting, losing 30lbs in 6 weeks, and experienced near constant suicidal imagery; I was terrified. I could barely function and was consumed with ruminating thoughts around panic, shame, and an unshakable fear.

After reaching out to many providers, I made a last-ditch effort and contacted a ketamine clinic. I met criteria for care, was given IV ketamine, left alone in a medical office room for about 2 hours and asked to come back when ready. Despite my questions, (what was ready, how long will I need to do this, will I be ok?) - the medicine worked. After 3 treatments the more alarming of my symptoms relented, I could eat, I began to sleep through the night, no more imagery. While grateful for the care (and I am deeply grateful for the care), it was not enough. No longer suicidal I had to recommit to my life; putting the pieces back together truly is the hardest part of trauma recovery. To do this I needed an integration therapist or coach, and I could not find any. Over time, as my system settled and I began to heal I entered Psychedelic Studies with the goal of becoming the provider I needed, BIPOC and trauma informed. Throughout my training, community organization, interdisciplinary care models, dismantling of oppressive systems, mindfulness, the values of time and attention came into ever greater focus.

I truly believe psychedelic medicines hold the potential to support the healing of many, but it is the interpersonal healing work, community reconnections, collaborative care designs, dedication of trauma-informed supports and the time it takes to develop new, healthier patterns that is just as important as the medicine we ingest. For so many, like me, the medicine is the beginning of a healing journey. I believe SB 1009 is a beginning, and I encourage you all to vote in favor of this renaissance.

Respectfully Submitted,

Amy Johnson, LCSW-C/LICSW, PHRI

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