

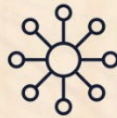
Psilocybin sessions are an approach to treating mental health symptoms and diagnoses. It combines the pharmacological effects of psilocybin, a psychoactive substance, with psychological support and aids in disrupting the default, or regular, response network. Psilocybin is an active ingredient in some species of mushrooms. In addition, studies have shown that psilocybin could be safe and effective for patients with depression, anxiety, and other mental illnesses when administered with psychological support from trained personnel.

Our body digests psilocybin and creates psilocin, which prevents the reuptake of the neurotransmitter Serotonin, increasing the amount in the brain. In addition, psilocin models the molecular structure of Serotonin and, as a result, increases stimulation and insight.

Reactions:

The brain temporarily inhibits itself by pausing normal “activation pathways” and immediately creates new biologically stable brain connections resulting in:

- Decreased fear response
- Feelings of closeness, joy, and connection
- Increases resilience
- Ability to see different meanings (creating new insights)
- Decrease in depressive or anxiety symptoms
- Memory activation
- Can facilitate mental health healing/trauma work
- Feeling a sense of purpose
- Enhanced mental flexibility (open-mindedness)
- Decreased ability to have self-conscious thoughts
- Emotional regions of the brain are chemically activated
- Expanding consciousness & thinking outside of the box
- Increase of “open-ness” and other beneficial shifts in personality
- Improved mood and decreased depressive-type symptoms
- It allows you to dissolve the ego and increase creativity
- Stimulates the growth of new brain cells
- Increased energy



Neurogenesis: the ability to create new neurons (brain cells) and connections between neurons.



Neuroplasticity: the capacity of the brain to change and rewire itself in response to the stimulation of learning and experience.



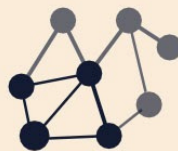
Neurogenesis

Continuous generation of new neurons in certain brain regions



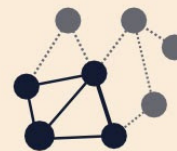
New synapses

New skills and experiences create new neural connections



Strengthened synapses

Repetition and practice strengthens neural connections



Weakened synapses

Connections in the brain that aren't used become weak

QUICK FACTS

Psilocybin Assisted Services

Potential Risks

- Temporary anxiety, worry
- Short term: Headache, drowsiness, dizziness
- Complex or suppressed emotions coming up
- Longer term risks not fully understood

Research

Psilocybin also activates the hippocampus and anterior singular cortex, associated with dreaming, so you may feel as though you are dreaming while awake.

In addition, a randomized clinical trial found that psilocybin-assisted therapy was efficacious in producing significant, rapid, and sustained antidepressant effects in patients with major depressive disorder.*

In 2017, clinical trials showed that three doses of psilocybin mixed with cognitive behavioral therapy sessions helped patients quit smoking. In 2020, John Hopkins Medical Researchers showed that two doses rapidly and profoundly reduced depression.

Functional MRIs performed during the psychedelic experience induced by psilocybin mushrooms suggest that these mushrooms break up the usual control mechanisms of the brain, facilitating unusual states of consciousness, and potentially helping to treat depression.

Safety

Dried mushrooms are typically more potent than fresh ones. The risk of fatal overdose is virtually nonexistent with psilocybin mushrooms, but risky behaviors sometimes occur while people are under the influence. Due to the theoretical risk of serotonin syndrome, the current tricyclic antidepressants, serotonin-reuptake inhibitors (most standard antidepressants), MAOIs, and St. John's Wort should be avoided. SSRIs work by preventing the clearance of excess serotonin from the brain, meaning that serotonin levels are temporarily boosted. While in rare cases, it has been hypothesized that this can lead to serotonin syndrome, with proper guidance and supervision, such risks can be mitigated when taking medications like:

- Citalopram (Celexa, Cipramil)
- Escitalopram (Lexapro, Cipralex)
- Fluoxetine (Prozac, Sarafem)
- Fluvoxamine (Luvox, Faverin)
- Paroxetine (Paxil, Seroxat)
- Sertraline (Zoloft, Lustral)

Phase One: Preparation

In these first preparation sessions, the facilitator and client get to know each other and form a trusting relationship so the client can feel supported and at ease during the psilocybin session. In addition, these sessions may include history taking, coping skills, counseling, and creating a plan for phases two and three.

Phase two: The psilocybin session

The client lies down or is seated comfortably. They receive a dose of psilocybin per their weight and history. During the experience, clients listen to a specially designed music playlist and wear an eye mask to help them focus internally. A facilitator and sometimes an assistant is present throughout the session.

Phase three: Integration

Clients are encouraged to discuss their experiences of the psilocybin session. Then, with guidance from their facilitator, the goal is for clients to generate their insights and ideas from the experience to change unhelpful emotional and behavioral patterns.

* Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., Finan, P. H., & Griffiths, R. R. (2021). Effects of psilocybin-assisted therapy on major depressive disorder. *JAMA Psychiatry*, 78(5), 481. <https://doi.org/10.1001/jamapsychiatry.2020.3285>

QUICK FACTS

Psilocybin Assisted Services

Length/Time

- Generally lasts between 2-8 hours
- Onset: 20-45 min
 - Peak: 90-180 min
 - Duration 2-6 Hours

Difficult experiences

- Almost 30% of participants experience some form of anxiety
- Nausea or vomiting
- Loss of coordination
- Increased heart rate or blood pressure

Experiences with negative consequences are more likely to occur when used during recreation, or in a non-therapeutic environment, and when a person resist confronting difficult emotions and tries to escape from them.

Non-Participants

You would not be a good candidate for psilocybin if you:

- Suffer from epilepsy
- Have heart disease
- Have abnormal liver functions
- Problems with alcohol
- have a drug addiction (only cannabis addiction is not critical)
- Diagnosis of personality disorder - borderline - or more clinical severe situations
- You are emotionally unstable
- You are pregnant
- You are taking drugs with MAO Inhibitors

Your Intention

Questions to ask yourself as you investigate your intention:

- What is the alive thing for me (in the present), energetically and emotionally?
- What do I want to resolve/reconcile:
 - Internalized racism
 - A romantic relationship
 - A major decision to make
 - Understanding patterns of anger
 - Understanding patterns of depression
 - Working on anxiety
- What do I want to get from this experience?
- Why am I even doing this?
- What do I want to work on?
- What kind of joy do I want to experience?
 - What is blocking my joy
- What is holding me back?
- What pieces of myself or my life need some love or improvement?
- What do I want to cultivate? (Keep this in mind: attention over improvement)

Setting an Intention

- Keep it simple. One word or phrase will do.
- Make a mantra — that seems to help people quickly access their intentions.
- Intentions are tied to a desire to live your life in a certain way in the present moment and the future. They don't necessarily need to be attached to a particular outcome but rather a spectrum of possibilities.

What to Eat (3-14 days prior)

- Whole plants, like fruit and veggies, and a protein, like chicken or fish; try to avoid dairy.
- Do not overeat; the day of, and even in the days leading up to your journey, try to eat light and healthy.
- Try to avoid caffeine and sugar in the days leading up to your experience.

Power Objects/Grounding

- Practice breathing techniques, which may help you start clearing the mind and relaxing the nervous system to help you open up from a grounded place. In other words, more simply put, relax, and focus on the breath.
- Consider bringing meaningful objects and setting the space: your favorite book, a teddy bear, an eye mask, a crystal, bundles of sage, etc.

During the Experience

- Psychedelics are a non-specific amplifier of our moment-to-moment consciousness. Bring an attitude of mindfulness into your journey.
- Open yourself to the experience. Identify where you're holding resistance points and try to explore and breathe into that. Get curious about what the experience is teaching you. And accept whatever happens— even if it feels challenging.
- If you feel overwhelmed, remember you can go back to your “power objects.” Bring your awareness to being held and supported in your body. Breathe into that until the psyche and body calm down. See if you can find space inside yourself or objects/practices to ground you to help you move through the experience. Depending on the context, trying to state change could be helpful if it is overwhelming or too much. This can also be the moment to ask for help or support from your facilitator.

A Note on Ego Dissolution

Ego dissolution may be scary as it challenges how we have experienced ourselves and our lives till now. By continuously opening up to what is happening in the psychedelic experience, you may feel a sense of empathy, peacefulness, unity, connection to spiritual insights, dimension, and so forth.

- If you find yourself experiencing ego transcendence/dissolution, let yourself exist at the moment with confidence that you will return to “yourself”; it's a good opportunity to ask yourself what part of you wants to transform and to observe what part of you isn't controlling your perception and experience anymore. What are you experiencing now?
- Regardless of what happens during the experience, if you are adequately prepared and within a safe container, you should go into the experience with confidence that you will get what you were meant to.
- Go into the experience with your intention and openness to whatever else wants to present itself. We cannot control the psychedelic experience, but we can be active participants and navigate within it.

Facilitator Support/Practice During Session

Most facilitators have been trained to believe that touching a client/participant is inappropriate and demonstrates boundary-crossing. When working with psychedelics, touch can be very helpful in the healing process. It can be problematic if touch is not offered, as this is not responding appropriately to the therapeutic needs of the participant. Bodywork, hand-holding, and hugging can be essential to the therapeutic process when the participant welcomes it. I will wait to see if the invitation to touch is accepted.

Some Forms of Facilitator - Support May Include:

- | | |
|-------------------------------------|---|
| • Verbal & non-verbal encouragement | • Validating |
| • Invitation rather than direction | • Reassuring |
| • Paraphrasing | • Allowing participants to come to conclusions themselves |
| • Reflecting | |
| • Emotional labeling | |